

AARC Membership Update – 2015 and Beyond

December 5, 2012

This update is provided to avoid any confusion about the AARC’s positions related to 2015 and Beyond. The AARC Board of Directors (BOD) has acted only on the recommendations identified and discussed in this update and the previous [December 2010](#), [May 2012](#) and [August 2012 AARC member updates](#) reported online.

All future actions by the Board related to 2015 and Beyond will be reported to the membership as they occur.

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Background: At its November 2012 meeting, the BOD focused on actions necessary to transition the future respiratory therapy workforce to provide the knowledge, skills and attributes required to fulfill requirements of the future health care system as previously reported in “Creating a Vision for Respiratory Care in 2015 and Beyond” by Kacmarek et al, *Respir Care* 2009;54(3):375–389; as well as instill the competencies needed by future graduate respiratory therapists and current respiratory therapists in the workforce as recommended in “Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond” by Barnes et al *Respir Care* 2010;55(5):601–616.

Transition Plan Attributes

The AARC BOD has clearly identified that any unintended consequences (i.e. creating new problems in an attempt to solve prior problems) would be marginalized by mandating the 2015 “Transition Plans Attributes,” originally approved by the BOD at its 2010 fall meeting (for background see recommendation #1 of the [May 2012 member report](#)), were strictly enforced. An important example of an unintended consequence is creating a new initiative that cannot provide adequate numbers of RT graduates (8,000 to 13,000 annually). These attributes will also mandate the consideration of virtually all tactics and strategies put forth while providing assurance of goal-directed change that will not only move the profession forward, but also address the many challenges manifested in such a transition. Each transition plan suggestion from the third conference was evaluated by the AARC BOD only after consideration of the following pre-approved 2015 attributes:

The transition plan must:

1. Maintain an adequate respiratory therapist workforce throughout the transition.
2. Address unintended consequences such as respiratory therapist shortages.
3. Require multiple options and flexibility in educating both students and the existing workforce (e.g. affiliation agreements, internships, special skills, workshops, continuing education, etc.).
4. Require competency documentation options for new graduates.
5. Support a process of competency documentation for the existing workforce.
6. Assure that credentialing and licensure recommendations evolve with changes in practice.
7. Address implications of changes in licensing, credentialing and accreditation.
8. Establish practical timelines for recommended actions.
9. Reflect the outcomes of the previous two 2015 and Beyond conferences
10. Identify the agencies most appropriate to implement identified elements.

Board Actions on Ad Hoc Committee for 2015 and Beyond Recommendations

The BOD passed each of the following 3 recommendations brought forth by the Ad Hoc Committee for 2015 and Beyond in its final report (for background regarding the Ad Hoc Committee for 2015, review the [May 2012 member report](#)). All were referred to the 2013 President for implementation with a progress report due at the April 2013 BOD meeting.

Ad Hoc Committee Recommendation #1: “The 2015 ad hoc committee recommends increased access to baccalaureate degrees (either Bachelors Science Respiratory Therapy {BSRT} or Bachelor’s degree from an accredited school of higher education in a health science field) for both respiratory therapy students enrolled in associate degree granting programs and for associate-prepared respiratory therapists who are already in the workforce, be readily available to access by established articulation or transfer agreements by 2015.”

Further Explanation: Karen Stewart, AARC President stated that she perceives a future increased demand for baccalaureate-prepared respiratory therapists. Thus students currently enrolled in programs as well as therapists currently practicing must have seamless access to higher educational opportunities.

Ad Hoc Committee Recommendation #2: “The 2015 ad hoc committee recommends the acquisition of the competencies approved at the July 2012 BOD meeting by segregating those required at entry level and those that can be acquired after entering practice by 2015.”

Further Explanation: The BOD will establish a mechanism to separate the required competencies that must be acquired at entry level for inclusion in the future curricula of accredited programs from those that will be required for post-graduation practice in advanced practice or specialty areas.

Ad Hoc Committee Recommendation #3: “The 2015 ad hoc committee recommends that the AARC BOD recruit stakeholders who understand the issues, recognize the barriers, and are motivated to make the 2015 and Beyond efforts successful.”

Further Explanation: The AARC BOD will appoint individuals with demonstrated knowledge, competence and requisite experience to guide these initiatives.

Related Board Actions

The AARC BOD considered and took action on the recommendations in the paper that reported the proceedings of the third and final 2015 and Beyond conference titled Barnes TA et al. *Respir Care* 2011;56(5):681-690. Recommendations from the paper are listed below followed by the AARC BOD approved action related to each.

Conference Recommendation #1

That the AARC request CoARC to change by 7/1/12 accreditation standard 1.01 to read as follows:

1.01 the sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or graduate degree at the completion of the program. Programs accredited prior to 2013 that do not currently offer a baccalaureate or graduate degree must transition to conferring a baccalaureate or graduate degree, which should be awarded by the sponsoring institution, upon all RT students who matriculate into the program after 2020.

Board Floor Motion (FM 12-3-32.1): “That this conference recommendation not be considered by the AARC Board of Directors for implementation until CoARC data indicates an adequate number of future baccalaureate graduates are available to satisfy future workforce demand as required by the following transition plan attributes:

- Maintain an adequate respiratory therapist workforce throughout the transition.
- Address unintended consequences such as respiratory therapist shortages.”

Motion Carried

Further Explanation: Because there was no evidence that an adequate supply of entry level respiratory therapists could be maintained without

graduates of associate degree programs, the BOD cannot support this conference recommendation without violating its transition plan attributes.

The BOD also discussed the need to measure the outcomes of efforts to increase the percentage of respiratory therapists in the workforce holding a baccalaureate or higher degree. It was noted that the 2009 AARC Human Resources Study stated that 46.3% of the respondents reported holding a baccalaureate or higher degree. This discussion resulted in the following floor motion:

Board Floor Motion (FM 12-3-32.2): “That the AARC have an aspirational goal of a 25% increase of respiratory therapists with a baccalaureate degree or higher by 2020.” *Motion Carried*

Further Explanation: The BOD established an objective metric to gauge its progress in increasing the percentage of respiratory therapists in the workforce with baccalaureate (both BSRT and health related sciences) or higher degrees. This outcome will be evaluated by reviewing the results of future AARC human resources studies.

Conference Recommendation #2

That the AARC recommend to the NBRC on July 1, 2011, that the CRT examination be retired after 2014; and, that the AARC recommend to the NBRC on July 1, 2011 that the multiple choice examination components (CRT and RRT written) for the RRT should be combined after 2014.

Board Floor Motion (FM 12-3-32.3): “That action on this conference recommendation be postponed by the AARC Board of Directors until the impact of the NBRC’s new consolidated written examination to be implemented in 2015 is evaluated.” *Motion Carried*

Further Explanation: Since this conference recommendation was made in July 2010, the NBRC has announced a related and significant change in its credentialing system that will occur in 2015 that could reduce the number of examinations required to become an RRT. The BOD wanted to evaluate the impact of this change prior to considering this recommendation.

Conference Recommendation #3

“That the AARC establish on July 1, 2011, a commission to assist state regulatory boards’ transition to an RRT requirement for licensure as a respiratory therapist.”

Board Floor Motion (FM 12-3-32.4): “That action on this conference recommendation be postponed by the AARC Board of Directors until there is objective evidence the CRT credential no longer adequately documents minimal entry-level competency required to prevent patient harm as required by the following transition plan attributes:

- Require competency documentation options for new graduates.
- Support a process of competency documentation for the existing workforce.
- Assure that credentialing and licensure recommendations evolve with changes in practice.
- Address implications of changes in licensing, credentialing and accreditation.”

Motion Carried

Further Explanation: Inherent in this conference recommendation is the implication that the CRT examination does not document entry-level competency required to prevent harm to patients as required by state licensure acts. Evidence to support this contention could not be found. Thus the BOD cannot consider this action until documentation of this contention is available. The AARC BOD is considering conducting a survey of the state licensing boards to gather additional information.

Conference Recommendation #4

That the AARC Executive Office request that the AARC Board of Directors ask the appropriate existing specialty sections to develop standards to assess competency of RTs in the workforce relative to job assignments of the RT. Standards should address

- a. The variety of work sites that employ RTs;
- b. RT knowledge, skills and attributes relative to the tasks being evaluated.

Board Floor Motion (FM 12-3-32.5): “Refer this conference recommendation to the AARC 2013 president for execution as a component of a comprehensive strategy to identify additional competencies

to be acquired by the current workforce by a date to be established by the president.” *Motion Carried*

Further Explanation: President Gaebler will form an expert workgroup to develop strategies to document acquisition of the identified competencies addressed previously in Recommendation 12-3-32.3 referenced previously in this report. A progress report will be presented at the April 2013 BOD meeting.

Conference Recommendation #5

That AARC encourage clinical department’s educators and state affiliates’ continuing education venues to use clinical simulation as a major tactic for increasing competency levels for the current workforce.

Board Floor Motion (FM 12-3-32.6): “Refer this conference recommendation to the AARC 2013 president for execution as a component of a comprehensive strategy to identify additional competencies to be acquired by the current workforce by a date to be established by the president.” *Motion Carried*

Further Explanation: The appropriateness of clinical simulation and other relevant tactics will be explored by the expert workgroup developing strategies that allow the current workforce to acquire the identified competencies addressed previously in Recommendation 12-3-32.3 referenced earlier in this report. A progress report will be provided at the April 2013 BOD meeting.

Conference Recommendation #6

That the AARC, in cooperation with the CoARC, consider development of consortia and cooperative models for associate degree programs that wish to align with bachelor degree granting institutions for the award of the baccalaureate degree.

Board Floor Motion (FM 12-3-32.7): “Refer this conference recommendation to the AARC 2013 president to appoint an ad hoc committee of experts to work with the CoARC to develop models of consortia and cooperative agreements for associate degree programs that wish to align with bachelor degree granting institutions by a date to be established by the president.” *Motion Carried*

Further Explanation: President Gaebler will appoint experts to an ad-hoc committee to develop models of consortia and cooperative agreements. This committee will provide a progress report at the April 2013 BOD meeting.

Conference Recommendation #7

That the AARC provide budgetary resources to assist associate degree programs with the transition to baccalaureate-level respiratory therapist education.

Board Floor Motion (FM 12-3-32.8): “That the AARC Executive Office conduct a survey of CoARC accredited associate degree granting programs to identify those without existing bridges to baccalaureate programs, ascertain their future plans about establishing these bridges and identify any perceived barriers. The results of the survey are to be reported in July 2013.” *Motion Carried*

Further Explanation: There has not been an assessment of need conducted. A survey of associate-degree programs is necessary to evaluate the need and identify all barriers before making a decision about providing resources for the stated purpose.

Conference Recommendation #8

That the AARC BOD explores development and promotion of career ladder education options for the member of the existing workforce to obtain advanced competencies and the baccalaureate degree.

Board Floor Motion (FM 12-3-32.9): “Refer this conference recommendation to the AARC 2013 president for execution as a component of a comprehensive strategy to identify additional competencies to be acquired by the current workforce by a date to be established by the president.” *Motion Carried*

Further Explanation: The appropriateness of career ladder education options will be explored by the expert workgroup, which will develop strategies that allow the current workforce to acquire the identified competencies addressed previously in Recommendation 12-3-32.3 referenced earlier in this report. A progress report will be provided at the April 2013 BOD meeting.

The next 2015 and Beyond update is expected to follow the April 2013 meeting of the AARC Board of Directors. Please direct any inquiries regarding this report to Kallstrom@aacrc.org