



Issue Paper — Entry to Respiratory Therapy Practice 2030

PURPOSE

The Entry to Respiratory Therapy Practice 2030 issue paper presents the American Association for Respiratory Care's (AACRC) proposed recommendations for the requirements for Respiratory Therapists entering the workforce in 2030 and thereafter. These requirements, which must be achieved by all new therapists prior to beginning their practice, are as follows:

- Must obtain a minimum of a baccalaureate degree in respiratory therapy, or health sciences with a concentration in respiratory therapy,

AND

- Must have earned the Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC).

Evidence supporting these recommendations as well as resources for the proposed roadmap to 2030 are provided. The proposed requirements are not intended to negatively affect the practice of respiratory therapists engaged in active practice prior to 2030, if they have maintained their NBRC credentials and state licensure in good standing. However, state licensure regulations will ultimately determine the impact on this group of practitioners.

INTRODUCTION

The respiratory therapy profession has made several transitions since its beginning as inhalation therapy. Education has transitioned from on-the-job training to certificate programs and entry into practice, as of this publication, requires a minimum of an associate's degree with options for baccalaureate and master's degrees. Paralleling these education changes, a credentialing system has been developed to assess whether a candidate has sufficient competency to provide safe and effective respiratory therapy services. While the Certified Respiratory Therapist (CRT) credential granted by the NBRC is the minimum credential required to practice in many states, all respiratory therapy educational programs are accredited based on their ability to prepare graduates to meet the admission requirements for taking the NBRC examinations for the RRT credential. Since the most recent education

and credentialing requirements were implemented, health care has dramatically changed and the respiratory therapy profession must now prepare for the next phase. Each health care profession is being tasked to expand its scope in order to support the needs of patients within the ever-changing system, or become obsolete. Advances in technology, disease management, telemedicine, patient navigation, disease protocols, evidence-based medicine, palliative care, and clinical research now are mainstays in medicine and clinical practice. The future demands respiratory therapists to be well versed in these areas of patient care in order to remain relevant members of the interprofessional health care team.

Baccalaureate Degree for Entry to Practice

With former specialty areas in medicine merging into mainstream health care, there is a demand to include these areas in the entry level curriculum of respiratory therapy educational programs. However, the need for additional credit hours and clinical time typically stretches beyond what is achievable within a two-year curriculum. Additionally there is evidence to support that baccalaureate degree educational programs can provide improved opportunities for the development of psychosocial, critical thinking, and critical decision making skills. These skills are considered essential for respiratory therapists to improve the quality and effectiveness of their patient care, become active team members on interprofessional health care teams, and assume leadership positions within the developing interdisciplinary practice model of patient care.

RRT for Entry to Practice

The Commission on Accreditation for Respiratory Care's (CoARC) current respiratory therapy program accreditation standards have been developed to prepare respiratory therapy educational program graduates to demonstrate competence at the RRT level. With this as the CoARC standard, there is no longer a need to continue to award the CRT credential as all new graduates are expected to be prepared at the RRT level. This is supported by the content matrix and structure of the clinical simulation examination which is designed to test the candidate's decision-making skills in a variety of simulated real-life clinical situations.

The ability to competently demonstrate this skill set is highly desirable, and essential, for respiratory therapists to effectively provide patient care and practice as a member of the interprofessional health care team.

The proposed changes in the education degree and NBRC credential required license for entry to practice may necessitate policy changes at the state level. These changes may include, but are not limited to:

- licensure law changes to alter the requirements to include a minimum of a baccalaureate degree and the RRT credential for all new license applications,
- grandfather clauses to acknowledge licensees who are in good standing within the state at the time of the implementation of the proposed requirements, and
- education policy changes allowing community colleges to provide baccalaureate degrees or develop articulation agreements with institutions that award baccalaureate degrees.

Resources are currently available to AARC state affiliates to assist in the implementation of the changes, if required. These include successful models employed by AARC state affiliates that have already made the transition to the RRT credential for licensure and respiratory therapy programs based at community colleges that have either received permission to award baccalaureate degrees or developed articulation agreements with other institutions of higher education.

SUMMARY

This issue paper provides the evidence-based justifications for both the proposed baccalaureate degree and RRT requirements for respiratory therapists to enter practice beginning in 2030 and thereafter. Some resources for achieving these goals in the proposed time frame are provided within the document.