

## Response to Questions posed from APRT Webcast

- **Will the APRT be able to work in the ICU under the supervision of an intensivist or only work in the pulmonologist office?**

**Answer:** In the November 2020 issue of RC, this article, “Physician Support for Non-Physician Advanced Practice Providers for Persons with Cardiopulmonary Disease”, noted that the physicians most interested in hiring advanced practice providers with cardiopulmonary expertise were Sleep Physicians, Pulmonologists and Critical Care Physicians. The ability to work for an intensivist will depend on the interest of the physician and possibly the health care facility policy. According to the AARC Scope of Practice, “the APRT may be involved in care of the patients of the supervising physician in any medical setting for which the physician is responsible”.

- **How would you see the APRT integrating into state licensure acts?**

**Answer:** State societies will have to create legislative language to establish the Advanced Practice respiratory therapist with a definition of the APRT, APRT scope of practice, APRT qualifications (education and exam), physician supervisory and prescriptive authority requirements. This will likely require amending the current RC law and passing new legislation.

- **As RT have been proposed as physician extenders, how would the APRT be distinguished by academics and clinical practice.**

**Answer:** Our APRT legislative language qualifications requires the completion of a specialized master’s or doctoral program which is accredited for APRT curriculum. They will have to complete an exam that the Board recognizes which assesses the necessary competencies to provide higher level care, including disease management and prescribing. Their clinical practice will need to be defined in statute, which in our bill includes care related to cardio-pulmonary disease management.

- **Will the APRT be on par with a physician assistant?**

**Answer:** The APRT will be an advanced practice provider with specialized skills to support physicians who manage patients with cardio-pulmonary disease and conditions. We are pursuing prescriptive power in Ohio.

- **What is the timeline for the APRT to be complete to include setting up the NBRC exam?**

**Answer:** We would hope to pass our legislation in this current legislative session (2021-2023). We understand the NBRC is working on a competency (outcome) exam for programs which we hope will be available by the time the legislation is enacted.

- **Question for Shane- as a past Dean of e-Learning.... do you foresee a possibility that an APRT program might be offered on-line? Or mostly on-line?**

**Answer:** I think that hybrid delivery models could exist with some of the didactic course work being offered online; however, the clinical component would require in person clinical rotations at designated clinical sites.

- **How do you propose to best approach practice acts at the state level? I believe I may have read at one point that North Carolina may have ruled that a lot of the advanced practice is already available under their practice act, but I also understand the Ohio is currently looking at changes to their practice act to explicitly provide for APRT practice**

**Answer:** It depends on what you call advanced practice. If the advanced practice is defined under the current scope for respiratory therapists (i.e., intubation, needle thoracentesis, etc.), it is essentially working at the top of the RT scope with additional training or requirements. That is much different than licensing a new professional with prescriptive power supervised by a physician who may be their employer.

- **We may have missed this when we joined, does NBRC have an exam for APRT or when will this be available?**

**Answer:** We understand the NBRC is working on a competency (outcome) exam for programs which we hope will be available by the time the legislation is enacted. A high stakes national credentialing exam will not be considered until there are sufficient numbers of graduates to support the exam.

- **What would differentiate the RRT-APRT from an RRT with concomitant ACCS and/or FCCS?**

**Answer:** An advanced practice respiratory therapist (APRT) is a skilled person, qualified by academic and clinical education to provide diagnosis and treatment of respiratory diseases and disorders to patients under the supervision and responsibility of a licensed Doctor of Medicine or Osteopathy. An Adult Critical Care Specialist (ACCS) is a respiratory therapist who has earned advance credentials as an adult critical care specialist and has demonstrated competencies that are unique to adult critical care and go beyond general respiratory care activities.

- **RE: CoARC requirement - what types of baccalaureate degree would be acceptable?**

**Answer:** Under the current APRT standards and the proposed revised standards the CoARC does not require a specific baccalaureate degree. However, a program may choose to require a specific type of baccalaureate degree as part of their program admission standards.

- **Another question - I know nursing has moved to a DNP as the entry to practice as an ARNP, and pharmacy moved to a PharmD several years ago. There are currently practice oriented doctoral programs for PAs as well, not to mention Physical and Occupational therapy. How much consideration has been given to a professional doctorate as the standard vice a masters?**

**Answer:** The CoARC standards for APRT require a graduate degree. This could be a Master's degree or a Doctoral degree.

- **How did the Ohio Society for Respiratory Care support this advanced degree especially related to licensure laws in OH?**

**Answer:** Our OSRC board established a strategic plan to pursue APRT licensing in 2018. Our efforts were discussed at all OSRC Board meetings and legislative conference calls monthly. We established a core group to manage the details with our physician advisor, Dr. George Burton and followed our detailed plan to inform the State Medical Board, our constituents (RCPs in Ohio and our affiliate physicians) and key stakeholders of our plans and the need for this new APRT professional.

- **Could the APRT be expected, although under the supervision of the MD, be expected to function independently in select circumstances?**

**Answer:** In Ohio, the supervising physician must be available by phone in our proposed language. This may vary by state licensure.

- **I am sorry if I missed this but who started this process? Was it OH State or OSRC or specific hospitals or MDs or some other group???**

**Answer:** OSU first proposed the pursuit of their MRT program in response to a perceived need. This need was supported by a survey and their advisory council agreed to move forward with a curriculum and degree for APRT. As soon as the new degree was approved to be offered in the state of Ohio, the OSRC developed a strategic plan to address APRT licensing.

- **How much pushback have you had from PA and NP groups? Are they worried about competition?**

**Answer:** They were invited to our stakeholder forums. They are both key interested parties who will be meeting with us to discuss their concerns. We assume their concerns will be related to limiting our scope to our "niche" of cardiopulmonary disease management, so that we do not compete with them for broader, more general advanced care.

- **What other colleges or states are seeking accreditation or legislature?**

**Answer:** Universities in North Carolina, Georgia, Idaho, and Utah have all expressed interest in starting new APRT programs. I am only aware of Ohio and North Carolina seeking legislative changes regarding APRT.