AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

April 24, 2015 • Grapevine, TX

Minutes

Attendance
Frank Salvatore, RRT, MBA, FAARC, President
George Gaebler, MSEd, RRT, FAARC, Past President
Cynthia White, MSc, RRT-NPS, AE-C, CPFT, FAARC, VP External Affairs
Lynda Goodfellow, EdD, RRT, FAARC, VP Internal Affairs
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
Timothy Op't Holt, EdD, RRT, AE-C
Lisa Trujillo, DHSc, RRT
Bill Lamb, BS, RRT, CPFT, FAARC
Doug McIntyre, MS, RRT, FAARC
Sheri Tooley, BSRT, RRT-NPS, CPFT, CPFT, AE-C, FAARC
Gary Wickman, BA, RRT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Keith Lamb, RRT
Natalie Napolitano, MPH, RRT-NPS, FAARC
Ellen Becker, PhD, RRT-NPS, FAARC
Kimberly Wiles, BS, RRT, CPFT

Consultants
Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
John Wilgis, MBA, RRT, HOD Speaker
Jakki Grimball, RRT, AE-C, PAHM, HOD Speaker-elect
Curt Merriman, BA, RRT, CPFT, HOD Treasurer
Deb Skees, MBA, RRT, CPFT, Past Speaker
Steve Boas, MD, BOMA Chair
Teri Miller, MEd, RRT, CPFT, HOD Secretary

Staff
Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Sherry Milligan, MBA, Associate Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Cheryl West, MHA, Director of Government Affairs
Tony Lovio, Controller
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER
President Frank Salvatore called the meeting of the AARC Board of Directors to order at 8:00am CDT, Friday, April 24, 2015. Secretary/Treasurer Karen Schell called the roll and declared a quorum.

DISCLOSURE
President Salvatore reminded members of the importance of disclosure and potential for conflict of interest.

WELCOME AND INTRODUCTIONS
Members introduced themselves and stated their disclosures as follows:

Karen Schell – FDA Pulmonary Asthma/Allergy Advisory Committee, Washburn University Advisory Board Respiratory Care Program
Lisa Trujillo – CoBGRTE Committee member of International Outreach
Lynda Goodfellow – NAECB Board member, CoBGRTE member
Ellen Becker – CoBGRTE member, Chicago Asthma Institute Consortium Board of Directors, Chicago Area Patient-Centered Outcomes Research Network Steering Committee
Tim Op't Holt – CoBGRTE member, NAECB member
Curt Merriman – Project Manager LAS-MD-45, AARC Grant Project
John Wilgis – National Healthcare Preparedness Program – Grant Program for Hospital of Public Health Emergency Preparedness
Jakki Grimball – ALA Southwest Board of Directors
Teri Miller – Chair of Dept of Respiratory Therapy Middle George State University, Advisory Council for School of Health Sciences and RT Dept, CoBGRTE member
Natalie Napolitano – Research relationships with Aerogen, Nihon-Kohden, Draeger, CVS Health, CoBGRTE member, Allergy & Asthma Network Board member
Gary Wickman – CoBGRTE member
Bill Lamb – Ohio Medical, University of Missouri, St. Louis Community College, Southwest Illinois College
John Lindsey – Director Respiratory Care Chicago St. Vincent Hot Springs, Advisory Committee member National Park Community College Hot Springs, AR, Seark College Pine Bluff, AR
Keith Lamb – GE, Masimo, Sunovian
Cheryl Hoerr – Southmedic, Cardinal, Advisory Boards for Rolla Technical Center, St. Louis College of Health Careers, Missouri State University – West Mains
Cyndi White – Philips, Aerogen, Vapotherm, Discovery Labs, PhD student at Rush Univ., Advisory Board for Masters in Respiratory Leadership Program at Northwestern Univ.
Frank Salvatore – SUNY – Sullivan Community College Advisory Board

APPROVAL OF MINUTES
Karen Schell moved to approve the minutes of the December 7, 2014 meeting of the AARC Board of Directors.
Motion carried

Karen Schell moved to approve the minutes of the December 8, 2014 meeting of the AARC Board of Directors.
Motion carried

Bill Lamb moved to approve the minutes of the December 12, 2014 meeting of the AARC Board of Directors.
Motion carried

E-MOTION ACCEPTANCE
Karen Schell moved to ratify the E-motions.
Motion carried

GENERAL REPORTS

President
Karen Schell moved to accept Recommendation 15-1-4.1 "That the AARC Board of Directors approves the creation of the Joint Taskforce on a White Paper Regarding – Safe Initiation and Management of Mechanical Ventilation." (See Attachment "A")
Motion carried

Karen Schell moved to accept Recommendation 15-1-4.2 "That the AARC Board of Directors approves the objectives and membership of the Ad Hoc Committee on Advanced RT Practices, Credentialing and Education." (See Attachment "B")
Motion carried
Ellen Becker abstained since she is a committee member.

Karen Schell moved to accept Recommendation 15-1-4.3 "That the AARC Board of Directors approves the membership additions to the American Respiratory Care Foundation: Anthony L. DeWitt, Mark A. Valentine, Christianna Vance, and Tonya Armer Winders."
Motion carried

Karen Schell moved to accept Recommendation 15-1-4.4 "That the AARC Board of Directors ratifies the appointment of Peter Allen, BSRC, RRT-NPS-SDS, RPSGT, RST as the interim chair of the Sleep Section."
Motion carried

FM 15-1-42.1 Natalie Napolitano moved to change the name of the "Asthma Disease Management Roundtable" to the "Pulmonary Disease Management Roundtable".
Motion carried

AUDITORS REPORT
Bill Sims, of Salmon, Sims, & Thomas updated the Board on the audited financial statements and answered questions from Board members.

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 8:58am CDT Friday, April 24, 2015.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 9:15am CDT Friday, April 24, 2015.

INVESTMENT REPORT
John Barrett and Nancy Bello of Merrill Lynch gave an overview of the current investments of the Association and answered questions from Board members.

LEGAL COUNSEL
Larry Wolfish gave an overview of Board member fiduciary responsibility and answered questions from Board members.

FM 15-1-14.1 Natalie Napolitano moved that the Executive Office, along with the Judicial Committee, create a guidance document for the Board of Directors on Conflicts of Interest.
Motion carried

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 10:50am CDT Friday, April 24, 2015.

RECONVENE
Frank Salvatore reconvened the meeting of the AARC Board of Directors at 11:05am CDT Friday, April 24, 2015.

COMMISSION ON ACCREDITATION OF RESPIRATORY CARE (CoARC)
Kathy Rye, President of CoARC, and Tom Smalling, Executive Director of CoARC gave highlights of their written report.

INSTALLATION BOARD MEMBERS
Doug McIntyre, John Lindsey, and Dianne Lewis were sworn in as members of the Board of Directors by Immediate Past President George Gaebler.

Executive Director
Tom Kallstrom gave highlights of his written report. The Associate Executive Directors gave updates of their respective departments.

Natalie Napolitano moved to accept Recommendation 15-1-1.2 “That the AARC Board of Directors authorize $6,000 for development of the Fundamental of Respiratory Care Support

Course (FRCSC)."
Motion carried

Bill Lamb moved to accept Recommendation 15-1-1.1 "That the Board of Directors authorize up to $379,660 for Technology Refresh 2015, which will provide an updated system capable of providing the support necessary to manage the needs of the association for the next five years."
Motion carried

Executive Office referrals from the December 2014 Board meeting were reviewed.

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 12:05pm CDT Friday, April 24, 2015.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 1:50pm CDT Friday, April 24, 2015.

INSTALLATION BOARD MEMBERS
Immediate Past President George Gaebler swore in Dr. Steven Boas to the Board of Directors.

GENERAL REPORTS CONT'D

House of Delegates
House Speaker John Wilgis gave highlights of the written report he submitted.

Board of Medical Advisors (BOMA)
BOMA Chair Dr. Steven Boas gave highlights of his written report.

President's Council
Dianne Lewis gave highlights of her written report.

STANDING COMMITTEES REPORTS

Audit Subcommittee
Lynda Goodfellow moved to accept Recommendation 15-1-13.1 "That, as per policies FM.002 and FM.018 and having served the AARC for several years in good standing with complete, accurate, and acceptable results, continue to retain the services of Salmon Sims Thomas & Associates, LLC for independent auditing services."
Motion carried

Sheri Tooley moved to accept Recommendation 15-1-13.2 "That the Board of Directors accept the auditor's report as presented."
Motion carried

Bylaws Committee
Lynda Goodfellow moved to accept Recommendation 15-1-9.1 "That the AARC Board of Directors find that the Indiana Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."
Motion carried

Lynda Goodfellow moved to accept Recommendation 15-1-9.2 "That the AARC Board of Directors find that the Pennsylvania Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."
Motion carried

FM 15-1-9.0 Bill Lamb moved to postpone votes on the Bylaws recommendations until the July meeting during Joint Session.
Motion carried

Recommendation 15-1-9.3 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

> **Article II, Section 1.**
> The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist."

Recommendation 15-1-9.4 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

> **Article III, Section 7(a).**
> a. Specialty Sections representing particular areas of interest within respiratory care shall be made available to Active, Associate, and Special Members of the Association. The purpose, organization and responsibilities of Specialty Sections shall be defined in the policies and procedures of the Association. A seat on the Board of Directors, up to a maximum of six seats, were granted to those Specialty Sections ~~consisting of at least~~ with a minimum of 1000 active members as defined in the policies and procedures of the Association ~~to be considered for a seat on the Board~~."

Recommendation 15-1-9.5 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

> **Article IV, Section 1(b).**
> b. Officers of the Association shall not concurrently be members of the national respiratory care credentialing or accreditation bodies or chartered affiliate staff or voting members of their Board of Directors."

Recommendation 15-1-9.6 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

Article IV, Section 4(c and d).

c. Vice President for Internal Affairs - The Vice President for Internal Affairs shall serve as a liaison to the ~~Chartered Affiliates, Specialty Sections, and~~ committees and groups of the Association as designated by the President and perform such other duties as shall be assigned by the President or the Board of Directors. The Vice President for Internal Affairs shall assume the duties of the President-elect in the event of the President-elect's absence, resignation, or disability, but will also carry out the duties of the office of the Vice President for Internal Affairs.

d. Vice President for External Affairs – The Vice President for External Affairs shall serve as a liaison to ~~the sponsors of the Association and to other organizations and associations with which the Association has a relationship~~ committees and groups as designated by the President, and perform such other duties as shall be assigned by the President or the Board of Directors."

Recommendation 15-1-9.7 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

a. The executive government of the Association shall be vested in a board of ~~at least~~ no more than ~~seventeen~~ eighteen (~~17~~ 18) Active Members consisting of at least five (5) Officers, ~~at least six~~ and twelve (~~6~~ 12) Directors-at-Large, and/or ~~a~~ Section Chairs serving as a Director from ~~each~~ Specialty Sections ~~of at least~~ with a minimum of 1000 active members of the Association ~~to be~~ that were considered for a seat on the Board of Directors as defined in the policies and procedures of the Association. So as long as the number of Section Chairs serving as Directors is at least six (6), the number of at-Large Directors shall be equal to the number of Section Chairs serving as Directors. If the number of Sections Chairs serving as Directors is less than six (6), the number of at-Large Directors shall be increased to assure a minimum of

b. ~~seventeen~~ twelve (~~17~~ 12) ~~members~~ Directors on ~~of~~ the Board of Directors. The Immediate Past Speaker of the House of Delegates, the Chair of the President's Council and the Chair of the Board of Medical Advisors shall serve as non-voting members. Directors shall be elected in accordance with the provisions of Article XII, Section 2 (b).

b. Members of the Board of Directors shall not concurrently be members of national respiratory care credentialing, ~~or~~ national respiratory care accreditation bodies or chartered affiliate staff and/or voting members of their Board of Directors."

Recommendation 15-1-9.8 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

Article VIII, Section 3 (b)

b. The Board of Directors of the Association and all its committees and specialty

sections may consult with the Board of Medical Advisors in regard to medical issues. ~~The Board of Medical Advisors must approve all matters regarding medical policy.~~ The Board of Medical Advisors shall assist the appropriate committees and specialty sections regarding medical and educational issues."

Recommendation 15-1-9.9 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

Article VIII, Section 4
An annual meeting of the Board of Medical Advisors shall be held at the time and place of the Annual Meeting of the Association~~, and other meetings shall be held at such times and places as shall be determined necessary by the Board of Medical Advisors~~."

Recommendation 15-1-9.10 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

Article XI, Section 4
~~**SECTION 4. INTERNATIONAL AFFILIATE DUTIES**~~
~~A copy of the minutes of every meeting of the governing body and other business meetings of the International Affiliate shall be sent to the Executive Office of the Association within thirty (30) calendar days following the meetings.~~"

Recommendation 15-1-9.11 "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws and re-index accordingly:

Article XII, Section 2 (b) items 1&2

1. The committee shall be composed of five (5) Active Members; three (3) elected by the House of Delegates and ~~two~~ one (1) elected by the Board of Directors and the seated Past President. The Chair shall be selected by the House of Delegates. The term of office for each member except the seated Past President shall be three (3) years. The election of the members shall be staggered, so that no more than 50% of the membership changes each year."

Executive Committee
Bill Lamb moved that the AARC Board of Directors ratifies the Executive Committee vote consenting to the CoARC Accreditation Standards for Advanced Practice Programs in Respiratory Care.
Motion carried

Program Committee
Karen Schell moved to accept **FM 15-1-15.1** "That the AARC Board of Directors approve Las Vegas, NV and the Mandalay Bay Convention Center and Hotel as the host city and headquarter hotel for AARC Congress 2018."
Motion carried

Lynda Goodfellow moved to accept the Standing Committee reports as presented.
Motion carried

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 2:50pm CDT Friday, April 24, 2015.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 3:10pm CDT Friday, April 24, 2015.

SPECIALTY SECTION REPORTS

Adult Acute Care
Lynda Goodfellow moved to accept Recommendation 15-1-50.1 "That the Board explore methods to support respiratory care practitioner formed research groups, such as CARTER (**C**onsortium to **A**dvance **R**espiratory **T**herapy through **E**xcellence in **R**esearch)."

Lynda Goodfellow moved to refer to Executive Office to form a committee and report back by November 2015 Board meeting.
Motion carried

Lynda Goodfellow moved to accept the Specialty Section reports as presented.
Motion carried

SPECIAL COMMITTEE REPORTS

Position Statement Committee
Lynda Goodfellow moved to accept Recommendation 15-1-26.1 "Approve and publish the revised Position Statement 'Ethics and Professional Conduct'."
Motion carried

Lynda Goodfellow moved to accept Recommendation 15-1-26.2 "Approve and publish the Position Statement 'Licensure of Respiratory Care Personnel' with no revisions."
Motion carried

Lynda Goodfellow moved to accept Recommendation 15-1-26.3 "Approve and publish the Position Statement 'AARC Statement of Continuing Education' with no revisions."
Motion carried

(See Attachment "C" for all revised position statements.)

Lynda Goodfellow moved to accept Recommendation 15-1-26.4 "Be it resolved the AARC develop and publish a new Position Statement regarding respiratory therapists inserting and maintaining arterial lines."
Motion carried

Lynda Goodfellow moved to accept Recommendation 15-1-26.5 “Be it resolved the AARC develop and publish a new Position Statement regarding respiratory therapists inserting and maintaining vascular lines.”
Motion carried

Lynda Goodfellow moved to accept the Special Committee reports as presented.
Motion carried

SPECIAL REPRESENTATIVES REPORTS

American Heart Association
Cyndi White moved to accept Recommendation 15-1-64.1 “That Keith Lamb replace Brian Walsh as AARC Liaison to the AHA.”
Motion carried
Keith Lamb abstained.

Cyndi White moved to accept the Special Representatives reports as presented.
Motion carried

AD HOC COMMITTEE REPORTS

Ad Hoc Committee on Cultural Diversity in Patient Care
Cyndi White moved to accept Recommendation 15-1-29.1 “That the AARC continue with the program of Developing and Mentoring AARC members with the purpose of increasing the Diversity of the BOD and HOD.”
Motion carried

Cyndi White moved to accept the Ad Hoc Committee reports as presented.
Motion carried

ROUNDTABLE REPORTS

Board liaisons gave updates on their respective Roundtables and their activity.

Lynda Goodfellow moved to accept the verbal Roundtable reports.
Motion carried

POLICY REVIEW
Policy No. MP.002 – Membership – Membership Challenge Policy
Lynda Goodfellow moved to refer to the Judicial Committee to review and provide changes in time for the July 2015 Board meeting.
Motion carried

RECESS

President Salvatore called a recess of the AARC Board of Directors meeting at 4:45pm CDT on Friday, April 24, 2015.

Meeting minutes approved by AARC Board of Directors as attested to by:

____________________________	__________________
Karen Schell AARC Secretary/Treasurer	Date

Attachment “A”

Joint Taskforce on a White Paper Regarding Safe Initiation and Management of Mechanical Ventilation

Joint Taskforce on a White Paper Regarding – Safe Initiation and Management of Mechanical Ventilation

Background:
During a University Hospital System Coalition (UHC) steering committee meeting, UHC members were discussing patient safety and the common problem of non-RT staff making ventilator changes and adjustments that lead to major patient safety issues. They published a document in 2014 (pages 2-6) addressing this issue. In researching that document, they found a document from the North Carolina Board for Respiratory Care (pages 7-8) addressing the issue as well.

Current Plan:
The UHC group decided it would be beneficial to not only write a document on who can make changes but also regarding equipment setup and pre-use checks and initial patient setups. While the UHC is committed to this project and will go forward, they are seeking to develop a document to benefit all respiratory therapists, not just UHC members. They feel that the AARC has a wider reach and more national acceptability / respectability and the white paper could have a broader impact if published by or, at the least, endorsed by the AARC.

After talking with the UHC group, it was decided that a Joint Taskforce on the creation of a white paper regarding the safe initiation and management of mechanical ventilation would be set-up.

Objectives:
1. To provide guidelines for initiation and management of mechanical ventilation to improve patient care and safety.
2. To provide guidelines for the minimal training and competencies needed to effectively manage patients of mechanical ventilation.
3. To highlight the need for in depth knowledge required to safely initiate and manage patients on mechanical ventilation including adjusting appropriate alarm settings with each adjustment. To emphasize the benefit that RT brings to the interdisciplinary team regarding ventilation and its effect on patient outcomes.
4. To establish that the Respiratory Therapist is the best qualified individuals to be trained and deemed competent as new technology arises.
5. To establish importance of interdisciplinary communication on patient outcomes.
6. To set guidelines to ensure that there is timely and accurate documentation of initiation and subsequent adjustments and there effect on the patient.
7. To highlight the need for written or electronically signed physician orders for each adjustment unless covered under established protocol.

Committee Members:

Representing the AARC:

Dario Rodriquez – Co-Chair
Peter Papadakos, MD
Richard Branson

Representing University Heath System Coalition (UHC):

Lisa Stampor – Co-Chair
Joy Hargett
Tim Godwin

AARC Executive Office Liaison: Shawna Strickland

Attachment "B"

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Objectives:

1. CoARC – Develop application and accreditation documents for APRT Standards
   a. Validate if a needs assessment was done to create the CoARC standards (if it was done, share it with the group) and if not, do a survey of the current needs assessment.
2. General - Identify an institution (or institutions) to be pilot programs and provide funding through ARCF or other source (this should also tie into #3 since it would obviously not be prudent to start a pilot program in a state where there's no chance at all of having licensure to support it).
3. General - Licensure - identify states where passage of APRT licensure would have the greatest chance of success
4. AARC - Reimbursement issues
   a. The APRT workgroup supported an 'incident to' approach versus an 'independent practice' approach
   b. Direct billing versus salary from physician/facility
      i. One suggestion - 75% of physician fee schedule should be competitive with AA/CRNA, ANP, CNM, and PA
      ii. Level of supervision (general/direct/indirect)
5. NBRC – Develop the credential for the APRT.

Committee:

AARC Representatives:

Ellen Becker
Chuck Menders
John Wilgis
AARC Executive Office Liaison: Shawna Strickland

CoARC Representatives:

Dr. Kevin O'Neil
Dr. Shane Keene
Dr. George Burton
CoARC Executive Office Liaison: Tom Smalling

NBRC Representatives:

Robert Balk, MD, FCCP
Kerry George, MEd, RRT, RRT-ACCS, FAARC
Robert Joyner, PhD, RRT, RRT-ACCS, FAARC
NBRC Executive Office Liaison: Gary Smith, RRT (Hon)

Attachment "C"

AARC Statement of Ethics and Professional Conduct
Licensure of Respiratory Care Personnel
AARC Statement of Continuing Education

AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

☐Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.

☐Promote and practice evidence-based medicine.

☐Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.

☐Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.

☐Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.

☐Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family, or required by law.

☐Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

☐Promote disease prevention and wellness.

☐Refuse to participate in illegal or unethical acts.

☐Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.

☐Follow sound scientific procedures and ethical principles in research.

☐Comply with state or federal laws which govern and relate to their practice.

☐Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.

☐Promote health care delivery through improvement of the access, efficacy, and cost of patient care.

☐Encourage and promote appropriate stewardship of resources.

☐Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Effective 12/94
Revised 12/07
Revised 07/09
Revised 07/12
Revised 04/15

American Association for Respiratory Care
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Licensure of Respiratory Care Personnel

The American Association for Respiratory Care staunchly supports the non-restrictive licensing of respiratory therapists at all levels within the defined scope of practice as a means of protecting the public's health, safety, and welfare by mandating a minimal level of competency in respiratory care modalities. Respiratory Care licensure is not intended to limit, preclude or otherwise interfere with the practice of other persons who are formally trained and licensed and who have documented equivalent competency.

Effective 03/90
Revised 03/00
Revised 12/06
Revised 07/09
Revised 04/12
Reviewed 04/15

American Association for Respiratory Care
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

AARC Statement of Continuing Education

It is critical for all health care practitioners to participate in continuing education in order to enhance their knowledge, improve their clinical practice and meet state licensure and national credentialing requirements. Participation in continuing education, whether mandatory or voluntary, offers the potential to be one of the most powerful tools to ensure safe, efficient, and quality patient care. The American Association for Respiratory Care (AARC) recognizes the value of, and need for, participation in continuing education and recommends that practitioners participate in educational activities on a continual basis. AARC members may utilize the Continuing Respiratory Care Education (CRCE) system as the mechanism for recognition and documentation of such activities. The AARC encourages Respiratory Therapists who have completed the required entry level education to pursue baccalaureate and graduate degrees relevant to their professional pursuits.

The AARC encourages Respiratory Therapists to select continuing education activities relevant to their personal and professional needs. Providers of continuing education activities (which can include clinical institutions, educational institutions, public and private associations or organizations, and proprietary corporations) are encouraged to conduct needs assessments in order to design and develop valuable educational activities that will enable practitioners to meet their professional goals. In addition, providers of continuing education are encouraged to review, evaluate and measure their activities' effectiveness. Providers are also urged to use instructional technology, incorporate multiple learning styles, current research-based learning and assessment theories, and foster critical thinking to promote effective learning.

Effective 1990
Revised: 2000
Revised: 2005
Revised: 2012
Reviewed: 2015