

Respiratory Care Board of California Professional Qualifications Committee (PQC) Focus Groups Summary

The Respiratory Care Board's PQC conducted focus groups throughout the month of March 2023 to explore how professionals in Respiratory Care perceive educational preparation for the field to better serve the California consumer.

Participants were selected based on their experience in the field as Respiratory Care educators, Department leaders, specialty practitioners, and legislative or professional organizations.

Participant		
Abdullah Alismail, PhD, RRT-NPS, RRT-SDS, FCCP	Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) Loma Linda University Medical Center	CoBGRTE Board Member Program Director, Cardiopulmonary Sciences
Jennifer Anderson, Ed.D., RRT, RRT-NPS	American Association for Respiratory Care (AARC) Midwestern State University Texas	Education Section Chair Associate Professor
Craig Cole BSRC, RRT-NPS, AE-C, RCP	Alameda Health System	
Krystal Craddock, MSRC, RRT, RRT-NPS, RRT-ACCS, AE-C, CCM, RCP	UC Davis Health California Society for Respiratory Care	
Jeffrey Davis, RRT, RCP	UC Los Angeles	
Heather Esparza, MSRT, RRT-NPS	UCSF Benioff Children's Hospital Skyline College	Clinical Educator Neonatal, Director Respiratory Care & Allied Health
Melinda P Hofmeister	Kaiser Permanente, Northern California Regional Office	Respiratory Clinical Practice Consultant
Dave Groza, BA, RRT	Sleep Medicine	Sleep medicine
Brenda Hanning, DHSc, MHSc, RRT, RCP	Foothill College	Program Director Interventional Pulmonary Cert. Training
Mark Martinez, BS, RRT	Sutter Care at Home	Clinical Effective Consultant
Jodi McEdward	TechEd Consultants, Inc.	Certified Asthma Educator, Instructor for Pulmonary Function, Quality Control, Clinical lab
Christine Molina	Respiratory Care Board of California (RCB)	Staff Services Manager
Stephanie Nunez	Respiratory Care Board of California (RCB)	Executive Officer
Sabryna Pacheco MPH, CHT, RCP, RRT	Loma Linda University Medical Center	Hyperbaric Safety Coordinator
Thomas R. Smalling, Ph.D., RRT, RRT-SDS, RPFT, RPSGT, FAARC	Commission on Accreditation for Respiratory Care (CoARC)	Chief Executive Officer
Marco Soto, MBA, RCP, RRT	Loma Linda University Medical Center East Campus Hospital and Surgical Hospital	Director Respiratory Care and Sleep Disorders Center
Lori M. Tinkler, MBA, ICE-CCP	National Board for Respiratory Care (NBRC)	Chief Executive Officer
Steve Vinci	Home Care	RCP - Home Care Specialist
Jasmine Vo, RCP, RRT	Loma Linda University Medical Center	ECMO Specialist

Wayne A. Walls, MBA, RRT-ACCS, RRT-NPS, RCP	California Society for Respiratory Care (CSRC)	President
Mary Rose Weiner, BS, RRT	Mt. San Antonio College	Respiratory Care Department Chair

Participants were invited to share their feedback after reviewing:

- The [Mandate](#) of the California Respiratory Care Board
- The relevant charge from the Respiratory Care Board's Strategic Plans from [2017](#) and [2023](#)
Respiratory Care Board Strategic Plan 2017 – 2021
 - Ensure the initial and continuous competency of all licensed Respiratory Care Practitioners (RCPs).
 - Develop an action plan to incorporate a baccalaureate degree provision in the Respiratory Care Practice Act (RCPA) to ensure education requirements meet the demand of the respiratory care field.*Respiratory Care Board Strategic Plan 2023 - 2027*
 - 2.3 Evaluate current respiratory care educational requirements and revise, as necessary, to support practice standards and patient safety.
- The 2017 [California Respiratory Care Workforce Study](#)
- The [AARC position statement](#) on entry requirements to Respiratory Therapy practice 2030 and thereafter
- The [CRSC Position Statement](#) on Minimal Education Requirements 2021
- The PQC's [presentations](#) to the RCB over the last year on this subject
- An excerpt from the CA Legislature Sunset Review Committee's Responses to Background Paper 03-25-22 regarding concerns about increasing educational requirements for entry into the field of Respiratory Care.

Questions were posed to the participants prior to the sessions so they could provide comprehensive responses. The sessions were interactive and iterative, requesting feedback concerning the posed questions and what the other participants shared.

Additionally, prior to each session it was announced that the nature of these focus groups was exploratory and the Respiratory Care Board (RCB) had made no conclusions nor formulated recommendations to the identified strategic licensure goal. Any recommended change that might arise from this information would follow normal processes and could be expected to be implemented in a 5-to-20-year time frame. All changes would be applied to new licensees at time of implementation and would not affect previously established licensees.

Focus Groups Response Data

Questions for all participants:

- Do you agree with the findings of the UCSF California Workforce Study?

UCSF – California Respiratory Care Workforce Study finding - [17 final workforce study.pdf \(ucsf.edu\)](#)

“Although there was support among participants for maintaining the current standard of requiring an associate degree for entry into professional practice, overall, there was stronger support for shifting respiratory therapy education to the baccalaureate degree level. RC directors felt strongly that moving respiratory therapy education to the bachelor’s level would raise the field’s professional standing and help create career opportunities. RTs in the focus groups saw value in the additional didactic and clinical training, believing it would produce therapists who are clinicians as opposed to technicians. Focus group participants also cited the need for RTs to keep pace with the general trend toward higher degrees in health professions education. Education program directors expressed the belief that shifting to the bachelor’s degree would allow more in-depth coverage of topics that are highly compressed in the current curriculum due to time constraints, and that it would likely increase students’ exposure to clinical procedures. However, the most important factor driving support among education directors was the expectation that a bachelor’s degree program would further encourage the development of critical thinking and clinical reasoning.”

- A majority, (83.3%), of respondents fully endorsed the findings as continuing to be relevant to the situation today. The remainder expressed doubts related to how the COVID-19 pandemic may have changed these dynamics.
- Respondent consensus to concept of Bachelor’s Degree as minimum education requirement for licensure in California. Respondents emphasized clinical experience time during current associate degree education phase lacking for clinical competency upon graduation.
- How would a Bachelor’s Degree requirement for RCPs affect patient safety?
 - A majority of respondents, (66.7%), did not think there was any evidence that increasing safety would be an effect of requiring a Bachelor’s Degree for entry to the field.
 - A majority of respondents, (88%), felt there were some indications or possibilities that this could be an effect, but this would need to be studied. Respondents could not point to direct evidence (studies) linking RCP education and patient safety.
 - Respondent consensus that a Bachelor’s Degree minimum requirement would enhance critical thinking skills and effective integration of evidenced based medicine practice.
- Are there any benefits for the public in requiring a Bachelor’s Degree for RCPs?
 - Possible public benefits that might be encountered by increasing to a Bachelor’s Degree:
 - Less hospital admissions / readmissions
 - Better leadership/communication skills within the profession
 - Increased public and physician trust in the profession
 - Improved staff and professional retention
 - Improved specialty expertise
 - Is a BSRT the base standard for a Bachelor’s Degree or will other BS degrees be accepted as long as licensees have completed RC entry into practice requirements (i.e. AS in Respiratory Care and a BS in Kinesiology, Business, or Psychology)?

- How would you structure a tiered license to enhance patient safety?
 - A majority of respondents (55.6%) favored tiered licensure structures, while the remainder doubted the practicality of this design. Respondents expressed varying perspectives on how a tiered licensing would be structured (specialty practice, level of technical/acuity expertise and function, competency and skills requiring increased education and/or credentials).
 - Some Employers expressed concern over managing a tiered license structure.
- How would an RCP internship/residency requirement affect the public?
 - A majority of respondents, (72.2%), liked the idea of incorporating a residency/internship in licensure.
 - A majority of respondents, (88.9%), expressed concern/doubts about the practicality of incorporating a residency/internship in licensure. Respondents raised questions as to whether internship/residency would occur during or post education requirements.

CoARC practice standard 5.09 (p. 43-43) does provide parameters for limited paid internship/apprenticeship opportunities while participating in a Respiratory Care academic program.

<https://coarc.com/wp-content/uploads/2023/05/CoARC-Entry-Standards-1.1.2022-updated-3.23.pdf>

- What barriers are there for increasing RCP educational requirements?
 - The major barrier identified for increasing educational requirements was the lack of programs currently available in California that offer a BSRT.
 - Another barrier is the lack of qualified faculty to offer the BSRT.
 - Concern over the effect on RT education enrollment was also expressed.
 - A comprehensive plan and timeline for increased licensure educational requirement implementation is essential to ensure adequate infrastructure and minimal disruption to workforce pipeline.

Questions for specific groups:

Educators:

If BSRT is established as entry criteria to the profession, what could be added to the curriculum?

- Clinical hours and requirements
- Evidence Based Medicine
- Leadership / Communication
- Patient Education
- Research Methods and Statistics
- Specialty tracts

Employers:

How would the requirement of the Bachelor's Degree affect your ability to hire and retain staff?

- All participants agreed that requiring a BSRT would likely improve the retention of qualified staff and decrease professional turnover.
- 50% of respondents perceived a decrease in committed employee orientation and competency training time.
- Improvement in preparation and training in the neonatal/pediatric specialty and case management skills.

Acute Care and Specialty Practice:

Do you think requiring a Bachelor's Degree to practice in Specialty Areas such as ECMO, HBO, Interventional Pulmonology or Conscious Sedation would be appropriate?

- Both respondents endorsed this idea emphasizing the importance of critical thinking and preparation for better patient outcomes.

Legislative/Professional Organizations

How would increased educational requirements affect RCPs coming to California?

- The group thought this would decrease the number of out of state RCPs seeking California licensure, though there might be ways to lessen the impact of this through equitable regulatory design.

General Statements by Participant Organizations:

NBRC: expressed it does not have a position on whether a baccalaureate degree affects patient safety. Identified that respiratory therapists are in high demand and the current number of baccalaureate degree programs could not fulfill the need. Continue to support respiratory therapy education at all levels.

CoARC: holds a neutral position to many focus group questions regarding a minimum standard of a Bachelor's Degree for licensure. CoARC provided a "[CoARC Communication to our Communities of Interest](#)" on November 3, 2021 which speaks to their position:

"The CoARC strongly encourages partnerships between associate degree, baccalaureate degree, and graduate degree programs so that educational progression does not require repetition of prior education and experience. The CoARC also believes that in order to move to higher degree requirements, the profession needs to pursue employer support; requiring higher degree levels to practice as a respiratory therapist without any financial benefit will adversely affect student recruitment.

In short, the CoARC believes that it is the responsibility and purview of the AARC and state respiratory therapy societies to work collaboratively with their licensing boards, accredited programs, employers of respiratory therapists, and other stakeholders, when considering legislative options to address minimum educational requirements and to meet workforce demands."

Summary:

- Most respondents supported the Bachelor's Degree as a minimum standard for licensed RCPs in California. They concluded the additional education would provide more clinical training, enhanced critical thinking skills, improved integration of evidenced based medicine practice, increase professional and staff retention, and other patient and public benefits.
- Questions were raised as to whether the Bachelor's Degree should be an award in Respiratory Care or whether other BS degrees can be acceptable as long as licensees have completed RC entry into practice requirements (i.e. AS in Respiratory Care and a BS in Kinesiology, Business, or Psychology)?
- Most respondents felt that requiring a Bachelor's Degree for licensure could improve patient safety. Respondents could not point to direct evidence (studies) linking RCP education and patient safety and further study might be beneficial to support this perspective.
- Most respondents favored tiered licensure structures. They expressed varying perspectives to how a tiered licensing could be structured (specialty practice, level of technical/acuity expertise and function, competency and skills requiring increased education and/or credentials).
- The Legislative/Professional Organization focus group indicated an increased educational requirement may negatively impact the number of out of state RCPs seeking California licensure, though there might be ways to lessen the impact of this through equitable regulatory design. The RCB is confident that it can mitigate any concerns with out of state RCPs seeking CA licensure.

Recommendations

- Identify and conduct follow up strategies for receiving more perspectives with applicable stakeholders (surveys, focus groups, open forums, etc.).
- Explore and review possible models for addressing the strategic plan goals.
- Identify a Bachelor's Degree education structure that prepares RC graduates to provide competent, safe care.
- Explore sponsorship for a study focused on RCP education/training and patient safety (communication and patient safety).
- Promote increase in number of California RC Bachelor's Degree programs. The legislature has revised CA law to allow the community college system to develop and implement Bachelor's Degree programs in needed industries.
- Identify a reasonable comprehensive plan and timeline for implementation to ensure adequate infrastructure and minimal disruption to the RCP workforce pipeline should changes to RCP licensure requirements be realized addressing the strategic plan goal. Include timeline approach for short term and long-term implementation strategies.

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Professional Qualifications Committee
Respiratory Care Board of California