



2018 Committee on Accreditation for Respiratory Care Requirements [Sections with Changes Noted Below and FAQ]

Institutional Accreditation

1.01

1.01 Except as provided in the following sentence, an educational sponsor 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 an associate or higher degree at the completion of the program. ~~must award graduates of the program a baccalaureate or graduate degree upon completion of the program.~~ For associate degree programs that applied for accreditation or were accredited prior to January 1, 2018, an educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the USDE. These programs may continue to award graduates of the program an associate degree as long as they remain accredited by the CoARC.

Evidence of Compliance:

- Documentation of current accreditation status;
- Documentation of authorization by a state agency to provide a post-secondary education program (if applicable).

Interpretive Guideline:

A copy of the most current institutional accreditation certificate or letter denoting accreditation status must be submitted with the self-study or Letter of Intent Application. There are additional questions relating to institutional accreditation status and authority under applicable state laws to provide postsecondary education in the Application for Accreditation Services. The sponsor is responsible for notifying the CoARC of any adverse change in its institutional accreditation status as per CoARC Policy 1.07.

Sponsor Responsibilities

1.03

1.03 The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit from other regionally or nationally accredited institutions for these courses, and must be capable of providing the didactic and laboratory instruction, as well as the clinical experience requisite to respiratory care education.

Evidence of Compliance:

- Institutional academic catalog listing programs of study and course offerings;
- Transfer of credit policies, if applicable.

Interpretive Guideline:

This Standard is applicable to all programs, regardless of sponsorship. A list of all courses in the curriculum (and which member of the consortium is responsible for each course, if applicable) must be provided.

All required educational resources (didactic, laboratory and clinical) must be available prior to the admission of students into the program. For programs with a distance learning component, arrangements for laboratory and clinical instruction/experience of sufficient quality for the program to meet the Standards (such as 3.01, 3.12, 4.02, 4.09) must be in place prior to each student's enrollment.

1.04 The sponsor is responsible for:

1.04

- a) curriculum planning, course selection and coordination of instruction by program faculty;
- b) continued professional growth of faculty.

Evidence of Compliance:

- Institutional policies and procedures requiring curriculum planning, course selection and coordination of instruction by program faculty;
- Program faculty minutes of meetings for curriculum planning, course selection and instruction coordination;
- Institutional policies demonstrating support for continued professional growth of faculty;
- Documentation of continuing professional development activities of the faculty and institutional support of these activities.

Interpretive Guideline:

On at least an annual basis, the sponsor should provide program faculty the time and support needed to review the curriculum based on the most recent TMC Subscores by Content Domain report provided by the NBRC, to develop program concepts, to conceptualize curriculum design and course delivery format, and to enhance the curriculum based on feedback from course evaluations by students, graduates and instructors. During the school year, program faculty should meet on a regular basis to discuss the curriculum evaluations and to make any modifications necessary to ensure that the curriculum is up to date and effective. Programs should maintain the minutes of these meetings.

Professional development requires that faculty remain current with clinical and academic skills and that they develop new skills as needed for position responsibilities. The types of professional development opportunities for faculty members supported by institutions vary. They may include: funding for maintaining National Board for Respiratory Care (NBRC) credential status, attending professional organizational meetings and/or for continuing education conferences, provision of non-vacation time for professional organizational activities for clinical practice or for research/scholarly activities, encouraging faculty to pursue an advanced degree by offering tuition remission or time off, payment of dues and fees related to credential maintenance and/or time needed for review and study. Evidence for institutional support can include written program policies, institutional policies, and listing of the continued professional development activities of the faculty along with documentation of institutional support of these activities.

Institutional Resources

2.01

2.01 The sponsor must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals and objectives, as defined in Standard III, for all program locations, regardless of the instructional methodology used.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM).
- For distance learning programs, copies of agreements/contracts with laboratories, clinical site(s) and preceptors/instructors for each student enrolled in the program.

Interpretive Guideline:

The sponsor should have the financial resources required to develop and sustain the program on a continuing basis. The program should be able to employ sufficient faculty and to purchase and maintain sufficient and appropriate academic resources as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for the innovations and changes, including technological advances, necessary to reflect current concepts of education in the profession. The budget should be such that resources are assured for current students, even in the event of program closure.

Academic resources include (but are not limited to) audio/visual equipment; instructional materials; laboratory equipment and supplies; technological resources that provide access to medical information and current literature: current books, journals, periodicals and other reference materials related to the curriculum. Physical proximity of library facilities or ready access to online materials, library/computer lab with extended hours for student use should be evident. Capital equipment (e.g., ventilators, mannequins, etc.), can be purchased or leased, but must be available to students when needed.

Physical resources refer to the space allocated to the program including that for offices, classrooms and laboratories, for confidential academic counseling of students, for program conferences and meetings and for secure storage of student files and records.

For distance learning programs/components, arrangements for all necessary (see Standards 3.01, 3.12, 4.09, and 4.10) laboratory and clinical instruction/experience for each student must be completed prior to her/his enrollment into the program.

Key Program Personnel

2.02

2.02 The sponsor must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

Evidence of Compliance:

- Documentation of Employment;
- Written job descriptions including minimal qualifications.

Interpretive Guideline:

Full-time faculty includes all persons who are employed full-time by the institution, who are appointed primarily to the respiratory care program, and whose job responsibilities include teaching, regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty). The length of the full-time appointment (e.g., 10-month, 12-month, etc.) must be sufficient to allow the Program Director and Director of Clinical Education to fulfill their responsibilities as identified in 2.03 and 2.07, respectively. Only one individual can assume the responsibility of either the Program Director or Director of Clinical Education; thus, these full-time positions cannot be shared. The Medical Director (or co-directors) is/are not required to have full-time appointments. Documentation of employment must include Letters of Appointment and Acceptance (templates are available on the CoARC website). Key program personnel must have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. A listing of both the key personnel and the program faculty should be published (at a minimum on the program's website).

Medical Director

2.11

2.11 A Medical Director (MD) must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meets current practice guidelines. The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care.

Evidence of Compliance:

- Copy of state license and board certificate(s);
- Curriculum vitae;
- Appointment Letter/Contractual Agreement;
- Records of interaction with Key Personnel including attendance at Advisory Committee meetings;
- Documentation of physician interaction with students;
- Results of annual program resource assessment as documented in the CoARC RAM.

Interpretive Guideline:

The Medical Director (MD) works with the Program Director and Director of Clinical Education to ensure that both didactic instruction and supervised clinical practice experiences meet current practice standards as they relate to the respiratory therapists' role in providing patient care. The Medical Director must be a member of the Advisory Committee.

~~Documentation of credential validation confirming that the specialty credential is both valid and current~~ can include a copy of the board certificate or a Credentials Verification Letter from the appropriate credentialing agency. ~~Expired board certificates are not valid.~~ Documentation of current licensure can include a copy of the license certificate or a License Verification Letter from the appropriate licensing agency. Both the license and specialty credentials must be current. ~~Expired licenses are not valid.~~

The CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae. The CV or CoARC CV Outline Form must include documentation of the clinical site(s) where the physician is credentialed.

Documentation of appointment as MD by the program must include letters of appointment and acceptance (templates are available on the CoARC website).

Examples of documenting physician interaction with students can include physician interaction log in student clinical handbook, copies of student presentations to physicians in the didactic and clinical setting, or documentation of student participation in research activities supervised by physicians.

Assessment of Program Goals

3.05

3.05 The program must formulate a systematic assessment process to evaluate the achievement of its goal(s) and expected student learning outcomes.

Evidence of Compliance:

- Results of the program's annual Report of Current Status, with supporting documentation (NBRC Annual School Summary);
- Documentation demonstrating the program's review and analysis of the ~~NBRC School Score Reports~~ TMC Sub Scores by Content Domain at least annually. For each content area where scores fall below the national mean, an action plan must be developed and implemented for curriculum improvement.

Interpretive Guideline:

A well designed self-assessment process should reflect the ability of the program to collect and interpret information regarding student learning and program outcomes, as well as administrative functions. The process incorporates both the review of the quantitative and qualitative performance data collected and its critical analysis by the program. The process should provide evidence that the program gives careful thought to data collection, management and interpretation and that determination of the potential for improvement or change is based on the relevance of the collected data to the various aspects of the program.

Student Evaluation

3.06

3.06 The program must have clearly documented assessment measures by which all students are regularly evaluated, on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct and document evaluations equitably and with sufficient frequency, to keep students apprised of their progress toward achieving the expected competencies, and to allow prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame. For programs providing distance education with on-line exams or quizzes as part of the evaluation process, the program must provide evidence that testing assures academic integrity. Program faculty must demonstrate evidence of review of academic integrity processes for quality and fairness.

Evidence of Compliance:

- Student handbook or other documents readily available to students, such as course syllabi, that explains remediation policies, as well as the number and frequency of student evaluations;
- Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation;

- Student evaluations performed by faculty, supporting the equitable administration of the evaluations;
- Evaluation of instruction by students documenting satisfaction with the equitable administration of evaluations;
- Records of student academic counseling;
- Results of proctored exams and an explanation of means used to assure academic integrity (can include proctored exams, locked browser system, video monitoring, etc.) [if applicable];
- Faculty meeting minutes demonstrating review of proctoring processes and results [if applicable].

Interpretive Guideline:

Written criteria for passing, failing, and progress in the program must be given to each student upon entry into the program. Evaluation systems must be related to the objectives and competencies described in the curriculum for both didactic and applied (laboratory and clinical) components. Evaluations must occur with sufficient frequency to provide students and faculty with timely indications of the students' progress and academic standing and to serve as reliable indicators of the appropriateness of course design and the effectiveness of instruction. Thorough assessment requires both formative and summative evaluations and involves frequent assessments by a number of individuals based on the program's pre-specified criteria.

Using these criteria, both students and faculty can periodically assess student progress in relation to the stated goals and objectives of the program. If a student does not meet evaluation criteria, provision should be made for remediation or dismissal.

Evaluation of student performance is necessary to ensure that individual student learning is consistent with expected outcomes. Grading criteria must be clearly defined for each course, communicated to students, and applied consistently. The processes by which evaluations of individual student performance are to be communicated to students must be clearly understood by all concerned.

~~Student performance evaluation is the responsibility of program faculty. While faculty should seek input from clinical preceptors who facilitate student learning experiences or perform formative evaluations, the faculty are ultimately responsible for evaluation of individual student learning outcomes and subsequent remediation.~~

While clinical faculty are primarily responsible for the formative evaluation of student clinical skills, it is the responsibility of program faculty to ensure that evaluation of student performance in all settings - didactic, laboratory, and clinical – is based solely on programmatic requirements. Accordingly, program faculty must ensure that all individuals (preceptors, clinical faculty) who supervise students in the clinical setting are sufficiently cognizant of program requirements. While program faculty should seek input from these clinical supervisors in the evaluation of student clinical skills, program faculty are ultimately responsible for the summative evaluation of all individual student learning outcomes and for subsequent remediation.

When a program uses an examination with a particular cut score to override prior academic performance, the program has created a "consequential examination result." Under these circumstances the program must justify such use of both the examination and the cut score. When examinations are simply part of overall academic performance evaluation, such documentation is unnecessary.

For programs providing distance education with on-line exams or quizzes as part of the evaluation process, any individual proctoring the tests must be an employee of the sponsor or of a reputable third party. The process for conducting proctored examinations must be clear and complete and made available to all

students by the sponsor. Proctors must use valid government-issued photo identification to confirm the identity of each person who takes the proctored examination, thus ensuring that examination results will reflect each enrolled student's knowledge and competence in accordance with stated educational objectives and learning outcomes.

3.07

3.07 The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

Evidence of Compliance:

- Documentation of an inter-rater reliability plan that includes a description of evaluator training and records of training participation by clinical evaluators;
- Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations;
- Documentation of implementation of an action plan to reduce inconsistency when variability is identified.

Interpretive Guideline:

The intent of this standard is to ensure consistency among individuals who evaluate student skills during clinical rotations. It is important to recognize that 'evaluation of skills' can take many forms – demonstration, direction, criticism and so on, up to and including various facial expressions. Accordingly it is essential that all the individuals who supervise students during clinical rotations not only have a clear and concise understanding of how the program wants students to perform a given clinical skill, but that there be some method by which the program can confirm this understanding. Accordingly, the program must demonstrate that there is ongoing assessment of the evaluations these individuals (clinical instructors, preceptors) to ensure that their interactions with program students during clinical rotations will be focused on the achievement of program goals and outcomes rather than those of their employer. This means the program will need to provide training (e.g. training manual, training workshop, or online training sessions) to improve consistency to ensure that the supervisors understand what is necessary for them to achieve consistency in their evaluations as well as develop a means of assessing the consistency of evaluations going forward.

Initial preceptor evaluations must be conducted during the first year an individual is assigned to assess student performance in clinicals. Subsequent preceptor evaluations must be conducted when: (1) there are significant changes to the program's clinical evaluation processes; (2) curricular content changes occur after revision of the national credentialing agency content outline; (3) new accreditation Standards are published; and (4) student or program assessments (e.g., evaluation of instruction by students and program surveys) identify variability in clinical evaluations.

This process must include a comparison of the evaluations of a given clinical skill, done in a setting where program faculty can identify variability among evaluators. The evaluations must be done while preceptors are using the program's check-off for that skill. Statistical analysis can be used but is not required. When excessive variability amongst evaluators is identified, the program must have a plan of action which includes remediation, a timeline, and follow-up. The results of this process must be reviewed by the Director of Clinical Education or Program Director at least annually or whenever new preceptors or new competencies are introduced into the curriculum.

Reporting Program Outcomes

3.09

3.09 The program must, at a minimum, meet the outcome thresholds established by CoARC regardless of location and instructional methodology used.

Evidence of Compliance:

- Results of annual Report of Current Status accepted by CoARC.

Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds of Success) for each of the mandated outcomes (See www.coarc.com). A program must meet all the outcomes assessment thresholds, as documented in its Annual Report of Current Status (RCS). Programs must include analysis and action plans to address any shortcomings revealed by ~~these evaluation systems~~ subthreshold outcomes.

Credentialing exam performance is evaluated by what CoARC has defined as ‘NBRC CRT credentialing success’ and ‘NBRC RRT credentialing success’, which is the percentage of program graduates (not the percentage of those taking the test) earning the NBRC’s CRT and RRT credential, respectively. Credentialing exam performance is applicable to all accredited educational programs in Respiratory Care regardless of the Entry into Respiratory Care Professional Practice (Entry) degree awarded. Programs must also submit a copy of their NBRC Annual School Summary Report. Programs offering the Sleep Disorders Specialist Program Option must document BRPT/RPSGT credentialing success and/or NBRC SDS credentialing success. The established threshold for CRT credentialing success is 80%. There is no threshold for RRT Credentialing Success; however programs are still required to provide RRT outcomes data on annual reports. The established threshold for CRT credentialing success is 80%.

Beginning with the RCS due in July, 2018, the CoARC will require that all Entry programs also meet the threshold for the high cut score on the TMC. A threshold for the high cut score on the TMC will be established and made public prior to the submission date for the 2018 RCS. Graduates who achieve the high cut score are eligible to take the NBRC Clinical Simulation Exam (CSE). Upon successful completion of the CSE, graduates will earn the NBRC RRT credential.

Retention defined as the number of students formally enrolled in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The established threshold for retention is 70%.

Graduate and employer satisfaction surveys shall be administered six (6) to twelve (12) months after graduation. The established threshold for these surveys is that for each question at least 80% of returned graduate and employer surveys rate overall satisfaction 3 or higher on a 5-point Likert scale.

“On-Time Graduation Rate” is defined as the number of students who graduate with their enrollment cohort (i.e., within thirty (30) days of their expected graduation date) divided by the total number of students in that class who ultimately graduated. The enrollment date and the expected graduation date of each cohort are specified by the program. The established threshold for on-time graduation is 70%.

4.03

4.03 Curricular content in respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists entering the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the sleep specialist program option, curricular content must also be periodically reviewed and revised to ensure its consistency with the competencies and duties

performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards must be the basis for formulating the objectives and competencies of the program's curriculum. In addition to the annual reviews related to outcomes on the credentialing exams, an extensive review of curricular content must be conducted after any revision in the national credentialing agency content outline.

For programs offering a bachelor's or master's degree, curricular content must also be periodically reviewed and revised to ensure its consistency with the stated leadership goal(s) of the program.

Evidence of Compliance:

- Course syllabi for all respiratory care and sleep specialist courses which include course description, general and specific course objectives, methods of evaluation, content outline, criteria for successful course completion;
- Written documentation of the comparison of the program curriculum to the most current national credentialing agency content outline;
- Annual written review by program faculty of the ~~national credentialing agency school score report~~ NBRC TMC Sub Scores by Content Domain that is reported to the advisory committee. For each content area where scores fall below the national mean, an action plan must be developed and implemented for curriculum improvement.

Interpretive Guideline:

Respiratory Care curricular content should reflect the current competencies and duties required of registered respiratory therapists. Respiratory therapists provide patient care which includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to the following basic competencies:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies such as: obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, managing life support activities, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

The CRT/WRRT Combined Detailed Content Outline Comparison (available on the CoARC website) should be used to document the comparison of each program's curriculum with the NBRC CRT and RRT content matrices.

The Therapist Multiple Choice (TMC) Combined Detailed Content Outline Comparison (available on the CoARC website) must be used to document that faculty have revised and updated their program's curriculum to ensure its compatibility with the current NBRC TMC content matrix.

Public Information on Program Outcomes

5.03

5.03 A link to the CoARC published URL, where student/graduate outcomes for all programs can be found, must appear on the program's website and must be available to all applicants and to the public.

Evidence of Compliance:

- The program's web page showing the CoARC published URL.

Interpretive Guideline:

The intent of this Standard is that outcomes information from all programs and program options accredited by the CoARC be readily available so that potential students can use this information to assess programmatic quality when selecting a program. The program is expected to publish on its web site (or other program publications if no website is available) a link to the CoARC website (www.coarc.com/47.html) which provides outcomes data for all accredited programs, along with the following statement explaining the link:

“Programmatic outcomes are performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Programmatic outcomes data reported on the CoARC website include:

3-year time period being reported;

CRT credentialing success;

RRT credentialing success;

Achievement of the high cut score on the TMC Exam (beginning 2018);

Retention (Attrition);

Job placement;

Overall Graduate Satisfaction;

Overall Employer Satisfaction;

On-time Graduation Rate;

Total number of program enrollees;

Total number of program graduates;

Maximum Annual Enrollment.”

The program may supplement this information with concise and accurate evidence of the soundness of its operations and its overall effectiveness in meeting its mission.

[CoARC] FREQUENTLY ASKED QUESTIONS
(Changes to Standard 1.01 as of January 1, 2018)

What effect would the change have on existing accredited associate degree programs?

Existing associate degree programs will be able to participate in the accreditation process provided that they continue to comply with CoARC Standards and Policies. Programs with citations will still be allowed to continue.

My sponsoring institution has submitted a Letter of Intent application for an associate degree program. How will this change impact us?

There will be no impact on your application. The process for seeking an Approval of Intent remains the same.

How many applications for new associate degree programs have there been in recent years?

In 2012, there were two Letter of Intent applications submitted by sponsoring institutions limited to granting an Associate degree. From 2012-15, there have been two applications submitted by such institutions; two applications for associate degree programs were submitted by sponsoring institutions able to grant a baccalaureate or higher degree.

What if my institution submits a Letter of Intent application after January 1, 2018? Will we still receive accreditation?

No. All sponsoring institutions seeking accreditation of an associate degree program must submit a Letter of Intent application on or before December 31, 2017. After that date, the CoARC will no longer accept applications for new associate degree programs.

What happens if my associate degree program withdraws after January 1, 2018 and we subsequently seek reaccreditation?

In the reaccreditation process, applicant programs are considered to be new programs and must therefore comply with current, applicable Standards. Accordingly, after January 1, 2018, for such an application to be considered, the program sponsor would need to be capable of awarding a baccalaureate or graduate degree upon program completion.

Will this proposed change have any impact on CoARC's plans to establish a threshold for the higher cut score on the NBRC TMC exam?

No. Compliance with this new threshold will be required starting with the annual reports due on July 1, 2018.