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## **Education Requirements for Respiratory Care Practitioners**

### **Position Statement**

***The California Society for Respiratory Care endorses and supports bachelor's degree programs in respiratory care (or equivalent) for education and training as a minimum requirement for licensure beginning in 2030. A bachelor's degree will meet the demands for practitioners to critically think, assess, and practice within a more independent scope. Additionally, higher education will help move the profession to allow greater opportunities for practitioners to engage in specialized care that is outcomes-focused, providing a more significant impact on the healthcare delivery system. Finally, Respiratory Care Practitioners seeking to practice in advanced clinical settings, leadership roles, research, and professional educator roles are encouraged to earn masters or doctoral degrees.***

### **Introduction**

After more than half a century, the respiratory care profession has evolved from an on-the-job trained workforce to a college-educated and licensed profession. In this era, Respiratory Care Practitioners (RCP's) are expected to assess and quantify their patient's conditions while appropriately applying algorithmic protocols to provide respiratory care. Critical thinking, decision-making, and competence to perform these responsibilities are demanded of practitioners at an advanced level. The American Association for Respiratory Care (AARC) and the California Society for Respiratory Care (CSRC), representing respiratory care programs, advise that increasing levels of credentialing and education are essential for today's RCPs.

### **American Association for Respiratory Care (AARC) "2015 and Beyond" Conference Series**

The AARC's "2015 and Beyond" project was launched in 2007 to set future directions for the respiratory care profession and a series of three conferences were held. Representatives from all stakeholder groups, including RCPs, physicians, payers, government officials, credentialing agencies, accreditors, patients, and employers participated. Potential new roles and responsibilities of RCP's in 2015 and beyond were discussed and the elements of education, training, and competency-documentation needed to assure safe and effective execution of those roles and responsibilities.

A second conference identified the competencies, knowledge, skills, and attributes required to fulfill those future roles. There was broad consensus achieved, however when it came to attempt to parse

the entry-level and advanced level, there was less success in achieving a similar level of consensus<sup>2</sup>. The proceedings were published in the 2010 paper; “Competencies Needed by Graduate Respiratory Care Practitioners in 2015 and Beyond.”

The final conference focused on transition issues. As a result, the following recommendations were identified<sup>3</sup>:

***Education:***

- Request the Commission on Accreditation for Respiratory Care to change accreditation standards requiring minimum education standards at the bachelor’s level by 2020.

***Credentials:***

- The Certified Respiratory Therapist (CRT) examination be retired, and National Board for Respiratory Care (NBRC) examinations be modified to reflect appropriate credentialing exams.

***Licensure:***

- Establish a commission to assist state regulatory boards transition to the RRT credential as the entry-level requirement for licensure as an RCP.

***Transition of Respiratory Care Workforce***

- Develop standards to assess the competency of RCPs in a variety of work sites addressing knowledge, skills, and attributes relative to tasks being evaluated.

***Continuing Education:***

- Use clinical simulation as a major tactic for increasing the competency of the workforce.

***Promotion of a Career Ladder:***

- Explore development and promotion of career ladder education options for the existing workforce to obtain advanced competencies and the Baccalaureate degree.

In November 2015, the AARC updated their position statement on Respiratory Care education, recommending the attainment of Baccalaureate, Masters, and Doctoral degree educational attainment to support competency within the profession<sup>4</sup>.

**Beyond 2015: California Society for Respiratory Care (CSRC) Advocates for RRT as Entry Level Standard**

Even before the AARC began its landmark meetings, members of the CSRC were actively engaged in dialog centered on advancing the profession in California.

- 2004 – The CSRC requests the California Respiratory Care Board (RCB) change the entry-level examination from the CRT to RRT to provide higher quality respiratory care.
- 2005 – The CSRC established an Advanced Practice Commission (APC) to produce a call to

action in the form of a CSRC Whitepaper on advancing the profession. The CSRC and RCB in partnership drafted proposed legislative initiatives to effect this change.

- 2007 – The RCB published its comprehensive Respiratory Care in California Workforce Report. This report gave the facts and figures necessary to understand the RCP workforce in California fully. Many California Schools responded to changes in the market by opting to close out their entry programs (CRT) in favor of the more comprehensive (RRT) programs.
- 2013 – The CSRC created a CSRC Position Paper to accompany its updated Professional Advancement Whitepaper<sup>6</sup>. After CSRC testimony before the RCB, a formal legislative process was initiated to request the California Legislature approve the RRT as the minimum requirement for licensure.
- 2015 – The requirements outlined in Assembly Bill 1972 was approved by the California Legislature and was signed into law by Governor Jerry Brown. California, one of a handful of states to enact the RRT as the minimum requirement for licensure has led the nation in advancing competency for the profession.

### **Entry Requirements to Respiratory Therapy Practice: 2030 and Thereafter**

In May of 2019, the AARC released an updated position statement and accompanying issue paper calling for an updated target implementation date of 2030. The AARC asserts that meeting these requirements is essential for respiratory therapists to demonstrate the minimum competencies needed to provide safe, effective, and efficient patient care in an increasingly complex and evolving environment.

The Respiratory Therapist entering practice in 2030 and thereafter must:

- Obtain a minimum of a baccalaureate degree in respiratory therapy or health sciences with a concentration in respiratory therapy,  
AND
- Have earned the Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC).

### **California Respiratory Care Workforce Study**

In 2016 the University of California San Francisco (UCSF) - Philip R. Lee Institute for Health Policy Studies, supported by the RCB, conducted a study of California's respiratory care workforce<sup>8</sup>. The principal objective of the study was to discover the perceptions and opinions of key stakeholders, including respiratory care service directors, educators, and currently employed RCP's, on a range of critical respiratory care workforce issues. Study components included an academic literature review, an in-depth comparative analysis of respiratory care education competencies and curricular content. Over 60 percent of directors support an advanced degree to address the technical complexity of respiratory care, the clinical knowledge it requires, and the broadening roles and responsibilities of RCPs as care providers. In addition, they also agreed that moving respiratory care education to the baccalaureate degree level is necessary to create career opportunities in the profession. There was a strong agreement among directors that respiratory care is perceived as a technical occupation. Moving towards a baccalaureate degree requirement is necessary to raise the field's professional standing.

Focus group RCPs offered several reasons in support of a baccalaureate degree requirement for entry into practice. Many recognized the benefits of receiving additional didactic and clinical training, believing it will produce RCPs who are valued as integral members of the multidisciplinary team. Participants were also sensitive to their standing relative to other health professionals, particularly Registered Nurses (RNs). A common theme among these focus group participants was that a bachelor's degree is needed to develop the clinical competencies and depth of knowledge required to prepare RCPs to practice to the full extent of their legal scope. One of the focus group participants who had returned to school to earn her baccalaureate degree in respiratory care felt that the value came from "being exposed to advanced diagnostics, to clinical research, to statistics...from engaging all of these things at a much deeper level... to deal with complex cases."

Educational directors were in favor of shifting respiratory care education to a bachelor's degree level. The educational directors surveyed believed that the advanced level of education would allow for a more in-depth coverage of topics related to leadership, healthcare finance, research methods, professional communication as well as increasing the RCP's exposure to sophisticated clinical procedures. The most important factor driving support for the baccalaureate degree among education directors was the expectation that it would encourage the development of critical thinking, which is a broadly applied skill influencing all other areas of competency. This greater understanding includes critiquing published research, interpreting statistical testing, modifying protocols based on new evidence, and articulating rationales for modes of therapy.

There is evidence that a greater breadth of coursework is associated with an expanded degree of critical thinking ability. In a study of respiratory care students enrolled in a baccalaureate-level program, those with strong science course background scored significantly higher on the Watson-Glaser Critical Thinking Appraisal compared to students who had a less comprehensive background. Other studies of critical thinking ability in health sciences students have shown that coursework in the humanities and interdisciplinary fields has a statistically significant positive association with critical thinking. If developing an RCP's ability to think critically is necessary, for all the reasons noted by focus group participants, there is evidence to support shifting entry-level education to the baccalaureate level to achieve this goal.

### **Continuing Education for California Practitioners**

Continuing education (CE) has been a critical component in supporting competent and high-quality care for our patients in California. The CSRC and RCB performed a study to evaluate requirement standards for other states as well as other health care professions. When comparing minimum requirements with other licensing states throughout the nation, California ranked 11 out of 50. When compared to other healthcare professions with high levels of responsibility and autonomy, CE requirements for RCPs were the lowest. The RCB amended its CE regulations, increasing the number of CE units required for license renewal. Beginning with licenses that expired on July 31, 2017, the number of CEs required increased from 15 to 30<sup>9</sup>.

The requirement stipulates that at least two-thirds of CE units be directly related to clinical practice. The RCB continues to evaluate CE programs to ensure the quality of continuing education being

provided to our California RCP workforce is robust and promotes outstanding patient care. Many states have incorporated a mix of live versus online CE courses in order to promote the quality of continuing education and inherently, better patient care.

### **Formal Education Standards for Practitioners**

More than ever, RCP's are expected to be highly knowledgeable, compile an array of information and assess complex conditions. Professionals must offer quality services in many areas directly focused and related to respiratory care. With growing emphasis on evidence-based medicine, respiratory disease management, and advanced patient assessment RCP's must achieve higher education to commensurate with an advanced practice role.

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)<sup>10</sup> aims to help students, faculty members, and the general public learn about baccalaureate and graduate respiratory care education in the United States. Focused objectives in relation to educational standards are as follows:

- Assist faculty members that are developing curricula for new baccalaureate and graduate respiratory care programs.
- Conduct research on respiratory care educational programs and the healthcare workforce.
- Engage in study and planning related to the development of new baccalaureate and graduate respiratory care programs.
- Advocate for the development and establishment of the baccalaureate and graduate respiratory care programs.

In November of 2014, the CoBGRTE published a white paper on Respiratory Care Program accreditation<sup>11</sup>. In their discussions, they advocate to increase education standards for RCP's:

“Respiratory care is at a crossroads. Respiratory therapists can choose to continue to develop as a profession by advancing the education and credentialing required for entry into practice and for advanced practice. The respiratory therapist of the future must focus on patient assessment, care plan development, protocol administration, chronic disease management and rehabilitation, and patient education, including tobacco control and tobacco cessation. This advanced level professional will continue to assume an essential role as a team member in the intensive and acute care settings, applying sophisticated cardiopulmonary technologies, additionally serving in clinics, physician offices, home care, long-term and rehabilitation facilities, industry, and educational institutions. In order to realize this potential as a profession, the numbers of baccalaureate and graduate degree programs must increase, and the numbers of respiratory therapists with advanced degrees must increase, including master's and appropriate doctoral degrees. Professional associations and accrediting agencies should promote the development of additional baccalaureate (BSRC) and master's degree programs in respiratory care, which will require the development of a new accreditation system that encourages the development of these programs and the enhancement of all existing BSRC and graduate programs.

The Committee on Accreditation for Respiratory Care (CoARC) has responded in support of the AARC's position on the bachelor's degree minimum for entry into the field of respiratory care as well

as deciding on the future of associate degree programs<sup>13</sup>. In their response, they stated the following:

“The CoARC acknowledges that respiratory therapists with baccalaureate and graduate education are needed in larger numbers to serve as educators, researchers, managers, clinical specialists, and other roles throughout the healthcare delivery system. Likewise, the CoARC recognizes the prominent role played by associate degree respiratory therapy programs. To support the increasing extent and complexity of the skills required of graduates of Respiratory Care programs and the associated movement of the profession toward baccalaureate and graduate degrees, the CoARC Board of Commissioners, in collaboration with the AARC, propose the following change to Standard 1.01 in the *Accreditation Standards for Entry into Respiratory Care Professional Practice*, to be effective January 1, 2018:

*“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 be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or graduate degree upon completion of the program.** For programs that 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, and that is authorized under applicable law or other acceptable authority to award graduates of the program an associate or equivalent degree upon completion of the program.”*

This means that moving forward, associate degree programs accredited prior to January 2018 will stay accredited and provide Associate degree education if they maintain good standing.

As a result of these discussions, the number of BSRC degree programs has expanded. More online degree completion programs have been made available for practitioners regardless of where they live. This has provided greater access for California practitioners to complete BSRC degrees, but the amount of baccalaureate degree programs in California still lacks. California holds the highest number of active, licensed respiratory care practitioners in the nation, with more than 24,000. The majority of these licensed practitioners have attained an associate degree. With the identified need for BSRC degree prepared graduates, California demonstrates a significant gap in meeting these needs.

In supporting access to baccalaureate degree education in California, Governor Jerry Brown, in September of 2014, signed SB 850 (Block), authorizing the Board of Governors of California's Community Colleges to establish a statewide baccalaureate degree pilot program at no more than 15 California Community Colleges<sup>14</sup>. Of the 15 programs, two have received approval for BSRC programs: Modesto Jr. College in Modesto, California, and Skyline College in San Bruno, California. California has become the 24<sup>th</sup> state in the nation to offer bachelor's degrees within their community college system. Loma Linda University and San Joaquin Valley College, both private colleges, also offer BSRC degrees. As of March 1, 2021, Modesto Jr. College, Skyline College, and Loma Linda are CoARC accredited.

**2020 and Beyond**

California has been a leader for RCP's across the nation. This has been made evident through standards in licensure, credentialing, formal education, and our CE program requirements. As our profession continues to mature, demands for practitioners to critically think, assess, and practice within a more independent scope will continue to expand. These efforts will help move the profession beyond providing bedside care in the hospital and allow greater opportunities for practitioners to engage in specialized care that is outcomes-focused and provides a more significant impact on the future healthcare delivery system.

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