



Strategic Plan

2013-2016

**Respiratory Care
Board of California**

MEMBERS OF THE RESPIRATORY CARE BOARD OF CALIFORNIA

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ABOUT THE RESPIRATORY CARE BOARD OF CALIFORNIA

The Respiratory Care Board of California (RCB) licenses and regulates Respiratory Care Practitioners (RCPs) who perform critical lifesaving and life support procedures prescribed by physicians, which directly affect the body's major organs. Working with patients of all ages in different care settings, RCPs treat people who suffer from chronic lung problems, cystic fibrosis, lung cancer, AIDS, as well as heart attack and accident victims and premature infants.

The mandate of the RCB is to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. To accomplish this, the RCB must ensure that applicants meet education and examination requirements in addition to passing a criminal history background check, prior to receiving to an RCP license. The Board assures the continued qualification of its licensees through license renewal, continuing education, investigation of complaints, and discipline of those found in violation. The Respiratory Care Practice Act (RCPA) is comprised of the Business and Professions Code Section 3700, et. seq. and the California Code of Regulations, Title 16, Division 13.6, Article 1, et. seq.

The enabling statute to license RCPs was signed into law over 30 years ago in 1982. The Board is comprised of a total of nine members, including four public members, four RCP members, and one physician and surgeon member. Each appointing authority - the Governor, the Senate Rules Committee, and the Speaker of the Assembly- appoints three members. The Board appoints the Executive Officer who oversees a staff of 18 permanent positions and 2 temporary positions. This current framework provides a balanced representation needed to accomplish the Board's mandate to protect the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care.

The Board continually strives to enforce its mandate and mission in the most efficient manner, through exploring new and/or revised policies, programs, and processes. The Board also pursues increasing the quality or availability of services, as well as regularly providing courteous and competent service to its stakeholders.

RECENT ACCOMPLISHMENTS

As a part of the strategic planning process, Board members evaluated the goals set forth in its previous strategic plan, and identified the objectives that were accomplished. The following are the significant Board accomplishments since the last strategic plan was adopted in 2008:

- Published and annually update Respiratory Care Practitioner school pass rates on website.
- Developed practice issues in emergency situations and included recommendations for improved procedures, including training for the LTV 1200 machine.
- Informed RCPs about proper protocol for concurrent therapy through the RCB Newsletter and website.
- Used the 25-year RCB anniversary as a springboard to conduct a public outreach media campaign with the California Society for Respiratory Care.
- Revised Disciplinary Guidelines including terms and conditions of probation for use by Administrative Law Judges and Board Members to determine consistent and appropriate discipline against RCPs who have violated the RCPA.
- Delegated authority to the Executive Officer to prepare and file proposed default decisions, and to adopt stipulated settlements where an action to revoke the license has been filed and the respondent agrees to surrender his or her license. The Executive Officer's authority to sign maximizes consumer protection by expediting enforcement.
- Improved consumer protection by increasing the frequency of testing for licensees on probation for substance abuse/use issues.
- Began acceptance of alternative payment methods (i.e., credit cards) for license fees and reduced application processing times for license renewals.

- Promulgated regulations to:
 - Incorporate the newly developed Uniform Standards regarding substance abusing healing arts licensees, consistent with the requirements of Senate Bill 1441, Ridley-Thomas (Chapter 548, Statutes of 2008).
 - Authorize the issuance of a notice to cease practice to any licensee placed on probation who has committed a “Major Violation” as identified in the Board’s Disciplinary Guidelines.
 - Further recognize military education and experience as part of education waiver criteria.
 - Streamline the citation and fine process.
 - Clarify and add criteria substantially related to the practice of respiratory care.
- Maintained Board Member quorum at all Board meetings since 2007.
- Increased outreach by fostering relationships with professional societies and associations, and through the distribution of the RCB newsletters.
- Created a process to query out-of-state applicants with the National Practitioner Data Bank to ensure that the applicant has not been disciplined in another state before applying for licensure in California.
- Developed a record retention policy to ensure cost effective and efficient record keeping practices, while preserving historical information.
- In accordance with SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008), the Board adopted a policy concerning drug testing frequency (including increased testing to 52-104 times per year) for persons whose licenses have been placed on probation.

- Participated in “Transitioning the Respiratory Therapist Workforce for 2015 and Beyond,” a professional planning conference hosted by the American Association for Respiratory Care.
- Validated the disciplinary cycle by implementing and reviewing process changes consistent with the Department’s Consumer Protection Enforcement Initiative (CPEI) spearheaded by the RCB, thereby reducing disciplinary case processing times within 12 to 18 months.
- Launched the “Inspire” campaign to bring awareness to the profession as a meaningful and smart career choice. The Board also launched its “Inspire” Facebook page and a dedicated website. (www.2BeARespiratoryTherapist.ca.gov).
- Initiated the momentum resulting in Senate Bill 132 (Denham, Chapter 635, Statutes of 2009) which established certification for polysomnographic technologists under the Medical Board of California. [Previous legislative attempts in 2008: SB 1125 (Denham) and SB 1526 (Perata)].
- Senate Bill 819 (Committee on Business, Professions and Economic Development, Chapter 308, Statutes of 2009) clarifies existing law authorizing the Board to recoup costs for disciplinary matters and added the Respiratory Care Practitioner to a list of other health care providers who are not held liable for any injury sustained in a state of an emergency.
- Continued to place priority on customer service to RCB stakeholders by rejecting the use of automated voice response systems.
- Reengineered internal processes and eliminated the initial licensing fee to improve initial application processing times.

OUR MISSION

To protect and serve consumers by licensing qualified respiratory care practitioners, enforcing the provisions of the Respiratory Care Practice Act, expanding the availability of respiratory care services, increasing public awareness of the profession, and supporting the development and education of respiratory care practitioners.

OUR VISION

All California consumers are aware of the Respiratory Care profession and its licensing Board, and receive competent and qualified respiratory care.

OUR VALUES

Ethical – Possession of the morals and values to make decisions with integrity that are consistent with the Board’s mandate and mission.

Diversity – Recognize the rights of all individuals to mutual respect and acceptance of others without biases based on differences of any kind.

Dignity – Conduct business honorably without compromise to the Board or individual values.

Quality – Strive for superior service and products and meaningful actions in serving stakeholders.

Flexibility – Provide sincere considerations of other interests, factors, and conditions and be willing and/or able to modify previous positions for the betterment of the Board and its mandate and mission.

Teamwork – Strive to work cooperatively and in a positive manner to reach common goals and objectives.

Efficiency – Continually improve our system of service delivery through innovation, effective communications, and development, while mindful of the time, costs, and expectations stakeholders have invested.

GOAL 1: ENFORCEMENT

Protect consumers by preventing violations and effectively enforcing laws and regulations when violations occur.

1.1 Pursue legislation to allow the release of criminal records without authorization for individuals seeking licensure with the Board. (Essential)

1.2 Partner with other healing arts boards to pursue legislation that will allow for the immediate suspension of a license for an egregious act. (Essential)

1.3 Establish a maximum time period to post on the internet, citations, fines and disciplinary matters. (Essential)

1.4 Reengineer the Board's enforcement processes for formal disciplinary actions by securing authority to draft routine accusations, statements of issue, and possibly stipulated agreements. (Important)

1.5 Further define the process for addressing practice-related violations using the Board's authority to issue reprimands. (Important)

*The Board established three levels of priorities for objectives within a goal category that include:
Essential (E) *Necessary to support our most critical functions or ensure our compliance with law and/or regulation*
Important (I) *Increase the functionality of our business processes and greatly enhance our effectiveness*
Beneficial (B) *Implementation would be beneficial to our organization but not critical to our success*
During the course of the facilitation consensus was reached on the priority level with the status annotated.

GOAL 2: PRACTICE STANDARDS

Establish regulatory standards for respiratory care practice in California and ensure the professional qualifications of all Respiratory Care Practitioners (RCPs).

2.1 Transition from using the Certified Respiratory Technician (CRT) exam to the Registered Respiratory Technician (RRT) exam as the minimum standard.

(Essential)

2.2 Strengthen law and regulations governing student and/or applicant clinical supervision requirements. (Essential)

2.3 Identify exemption level, if any, for Pulmonary Function Therapists (including persons holding the Certified Pulmonary Function Therapist/Registered Pulmonary Function Therapist credential and medical assistants). (Important)

2.4 Define limits of RCP's responsibility on home delivery of equipment and patient care. (Important)

2.5 Evaluate the effectiveness and impact of the Professional Ethics and Law courses to determine whether or not the courses should be mandated.

(Important)

2.6 Consider whether or not continuing education hour requirements are sufficient to ensure clinical and technical relevance. (Important)

2.7 Explore the feasibility of modifying the minimum entry educational requirements from an AA to BS degree. (Important)

2.8 Pursue legislative or regulatory amendment to require respiratory care instructors, program directors and clinical instructors to have a valid and current RCP license or required credential. (Beneficial)

2.9 Pursue legislative or regulatory amendments to gain or clarify authorization that would allow RCPs who meet certain requirements to write orders including medications under protocol. (Beneficial)

2.10 Clarify in regulation that “associated aspects of cardiopulmonary” as used in B&P, section 3702, includes cardiac diseases and cardiac rehabilitation. (Beneficial)

2.11 Pursue legislative or regulatory amendment to authorize RCPs to test, manage and educate (not treat or diagnose) diabetic patients. (*Currently rely on “overlapping functions” in section 3701*) (Beneficial)

2.12 Update Continuing Education regulations including recognition of NBRC specialty exams, Adult Critical Care, Sleep Disorders Testing, and recognition of training and education on the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS) as acceptable continuing education (pursuant to B&P 32-amended 2011). (Beneficial)

GOAL 3: OUTREACH

Increase public and professional awareness of the RCB's mission, activities and services as well as enhance communication with stakeholders.

3.1 Keep applicants and licensees informed about the changes and new functionality that will be offered by the new BreEZe system (*e.g., Contact program directors and request assistance in educating applicants; promote the e-blast sign up and provide updates; capture in newsletters*). (Important)

3.2 Establish a routine email outreach program to inform and educate the RCP community on current RCB updates, trends and news items related to respiratory care in place of the RCB's biannual/annual newsletter. (Beneficial)

GOAL 4: ORGANIZATIONAL EFFECTIVENESS

Enhance organizational effectiveness and improve processes and the quality of customer service in all programs.

4.1. Review and update the RCB website to ensure information is current, timely and accurate, and ensure website is accessible and easy to use. (Essential)

4.2 Pursue budget change proposals to secure additional staffing to meet strategic objectives. (Important)

4.3 Create and carry out a transition plan for the BreZE license tracking system including providing public access to on-line licensing and renewals, updating application materials, and modifying internal business processes to assist the DCA in ensuring a smooth transition to the new system. (Important)

4.4 Further clarify Active Military Exemptions pursuant to AB 1904 and AB 1588 (*statutes of 2012*).

4.5 Establish out-of-state practitioner exemption from licensure for sponsored event. (*Establish minimum education, training and other requirements via regulation for practitioners licensed in good standing, in another state to provide respiratory care services through a sponsored event.*) (Reference B&P sections 900 and 901; AB 2699, *Statutes of 2010*). (Beneficial)

4.6 Amend regulations to clarify authority to request driving history records for licensed RCPs and individuals applying for licensure. (Beneficial)

4.7 Complete Record Retention Project as outlined in the Board's policy adopted February 2011. (Beneficial)

4.8 Complete Department of Justice Project: By destroying remaining records and notifying the Department of Justice of "No Longer Interested" in rap sheets, as required by law (secure temporary help to address this project). (Beneficial)