

RCB Professional Qualifications Committee Education Requirements Study Sessions (Members: Ray Hernandez, Michael Terry)

Study Session Materials Links

[June 30, 2021 Meeting](#)

[March 24, 2022 Meeting](#)

Growth of Respiratory Care Profession

Historical Development of the Respiratory Therapy profession in California has led to increasing complexity in the profession - ECMO, conscious sedation, specialty populations, advanced mechanical ventilation, responsibility for high acuity patients and situations.

Integration of evidence-based medicine and complex knowledge base require a higher level of critical thinking and decision-making in providing safe, competent respiratory care.

AARC identifies 153 of 202 [competencies](#) should be attained prior to entering the profession. The sheer amount of competencies are challenging to attain within an associate degree program.

[RCB 2017 Strategic Plan](#) – 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: 2015 and Beyond Symposium](#) – vision and framework for advancement of the profession

[AARC Position Statement \(5/2019\)](#): Entry Requirements to Respiratory Therapy Practice: 2030 and Thereafter.

[CSRC Position Statement](#) – Education Requirements for Respiratory Care Practitioners

Health Professions Case Studies

Nursing Case study – [Institute Of Medicine](#) recommended increasing baccalaureate level education in the profession to enhance patient outcomes.

Research supports better patient outcomes with practitioners trained at a Baccalaureate level.

New York BSN in Ten idea.

Physical Therapy Case Study – tiered structure that associates education and competency requirements to complexity of practice.

[Physical Therapy](#) tiered structure with OJT aides providing care with direct supervision of a Physical Therapist, PT Assistant directed by Physical Therapist can provide care without direct supervision, and Physical Therapist can work independently.

Quality and Safety

- Higher adoption of National Quality Forum safe practices⁷;
- Lower overall missed nursing care⁸;
- Higher support for evidence-based practice implementation⁹;
- Higher nurse-perceived quality of care¹⁰⁻¹²; and
- Higher patient ratings of their hospital experience¹³⁻¹⁶.

Patient Outcomes

- Lower mortality rates¹⁷⁻²²;
- Lower failure-to-rescue^{19,21};
- Lower patient fall rates²³⁻²⁴;
- Lower nosocomial infections²⁰;
- Lower hospital-acquired pressure ulcer rates²⁵; and
- Lower central line-associated bloodstream infection rates²⁶.

Magnet Status Outcomes:

<https://www.nursingworld.org/organizational-programs/magnet/about-magnet/why-become-magnet/>

Dr. Lewis relayed the Medical Board has recently increased its post-graduate training for MDs from 1 to 3 years due to advanced complexities. (Residency program as a model?)

Curricular Comparison for Educational Requirement Completion

ASRC – 60 units to include general education – most graduates usually acquire ~ 100 credits when complete (standard in CA)

AASRC and AOSRC – 60 units to include less general education – most graduates usually acquire 60-80 credits when complete

BSRC – 120 credits

[CoARC Accreditation](#) Education Structure:

- Entry into Practice (associate or bachelor completion)
- Degree Advancement (bachelor or master completion)
- Advanced Practice (master completion)

CoARC reverses [standard requirements](#) to immediately accredit new AS degree entry into practice programs

New York proposed Baccalaureate minimum for practice in Respiratory Care.

Respiratory Care Workforce Study Findings

[Respiratory Care Workforce Study](#) – Respiratory Care community in California supports the need to move entry level to a baccalaureate degree.

Directors on RC Programs

- Perceive deficit in grads diagnostic skills
- See opportunity to enhance critical thinking and clinical experience
- Perceive substantial variation in student’s clinical experiences
- Would like to “decompress” the RC curriculum

Directors of RC Departments

- Perceive new grads as unprepared to apply Evidence Based Medicine
- Feel BSRT would enhance professionalism and create opportunity

Clinical RCP’s

- Perceive under-developed clinical reasoning in grads
- Suggest improving clinical experience of students with highly engaged Respiratory Care Departments
- Think additional training would make better clinicians

Advanced Practice – National profession movement to educational pathways to Master level practice are needed.

Employer, Legislature, and Public Comments

Mary Adorno - requested that the associate level not be eliminated and have some level of RT to work with the employers providing safe, quality care. She believes the Board needs to delineate which scope can and have been handled by the current RTs with no quality of care issues and where there are disciplinary areas because they did not have enough training.

Samantha Scott-Marquina, Interim Director at UCSF, highlighted the importance of moving the profession towards having a baccalaureate degree as the minimum requirement in terms of what is expected of the RCPs at UCSF.

Employers prefer bachelor's degree applications to Associate Degree candidates. BS better at critical thinking, enhanced communication competency both with the medical team and the public. Better communication ability translates to better satisfaction survey results and JC required outcomes. BS employees had better preparation for institutional orientation and were more successful diverse assignments. BS RCPs seem to have less turnover.

Legislator's feedback at Board's sunset hearing on March 7, 2022

Exercise caution in increasing education levels from an associate to a bachelor's degree (creating a barrier to licensure), unless significant consumer protection issues exist.

Identify with some degree of specificity the differences between the "clinical experiences" for an associate program vs. bachelor's program (e.g.. Is clinical work done most entirely at the associate level and does the baccalaureate degree simply add liberal arts).

Explain how additional education will benefit daily practice? Will the additional education be used and needed for the expected number of licensees earning a bachelor's degree or is it additional education that will not be required for all respiratory positions? [Example cited was additional training is necessary to performing ECMO, but it is rarely required. We would not need all licensees formally educated to perform ECMO].

Identify the potential impact on preference of hiring; Would increasing education to a bachelor's degree make associate programs irrelevant? Would the bachelor's degree be the gold standard or minimum requirement and if not how would it be implemented and received by the industry?

Identify the potential impact of a workforce shortage.

Consider whether current and possibly future licensees with an associate degree be pushed out of the profession?

Board Discussion

What salient points come to mind reviewing information from these study sessions?

Is there additional information the board would like the committee to acquire/present?

What possible models could be proposed to address the RCB Strategic Goal?

- [RCB 2017 Strategic Plan](#) – 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.

What would be the focus and utility of a survey? Who would be the target audience?