



RESPIRATORY
CARE BOARD
OF CALIFORNIA

***Professional Qualifications Committee
Education Requirements Study Session
3/24/2022***

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Education Requirements Study Session

6/30/2021

- History of RC Profession
- Regulatory and Professional Organizations
- RCB Strategic Plan
- Landscape Supporting Increased Educational Requirements
- Case Study - Nursing

Education Requirements Study Session

3/24/2022

- Case Study #2: Physical Therapy
- Academic Requirements
- Respiratory Care Workforce Study
- CoARC Standards Update
- Employer Perspectives
- Next Steps

Case Study #2: Physical Therapy



Case Study

Physical Therapy

- History of Physical Therapy
 - 1921: American Physical Therapy Association
 - 1927: First Bachelors Program NYU
 - 1928: Accreditation Standards
 - 1935: Credential Process
 - 1954: Standardized Licensing Exam
 - 1969: First graduates of PTA Program
 - 1973: First PhD Program
 - 2000: [Vision Statement](#) Established

Physical Therapy Profession Licensure Requirements

- **Physical Therapist**
 - Completion an accredited four-to-six-year college program
 - Prerequisites similar to other health care programs
 - Pass BOTH the (1) National Physical Therapy Exam and (2) California Law Exam (Practice of Physical Therapy)
- **Physical Therapist Assistant**
 - Completion an accredited two-year college program
 - Prerequisites similar to other health care programs
 - Pass BOTH the (1) National Physical Therapy Assistant Exam and (2) California Law Exam (Practice of Physical Therapy)
- **Physical Therapy Aide**
 - On the job trainee
 - No formal education
 - Supervised by a licensed Physical Therapist

Physical Therapy Profession Practice

- **Physical Therapists** *practice in a wide variety of settings*, including hospitals, rehabilitation clinics, private practices, home care, schools, and in industry.
- **Physical Therapist Assistants** may *assist in the provision of physical therapy treatment without the physical therapist being in the same facility*, as long as the *physical therapist assistant is supervised*. A physical therapist assistant is only *permitted to provide physical therapy treatment as directed by the supervising physical therapist*. A physical therapist assistant is not allowed to perform the initial evaluation, re-evaluations, change a treatment plan, supervise another physical therapist assistant and/or physical therapy aide or conduct a discharge and discharge summary.
- **Physical Therapy Aides** *may only provide physical therapy treatment in the same facility as the supervising physical therapist and is required to have direct and immediate supervision*. Treatment by a physical therapy aide must also include treatment by the supervising physical therapist on that same day.

Public Comment Board Discussion



CA Licensure Academic Requirement



All applicants for licensure must complete an education program for respiratory care that is accredited by the [Commission on Accreditation of Allied Health Education Programs](#) and been awarded a **minimum of an associate degree** from an institution or university accredited by a regional accreditation agency or association recognized by the United States Department of Education.

Associate Degree Types

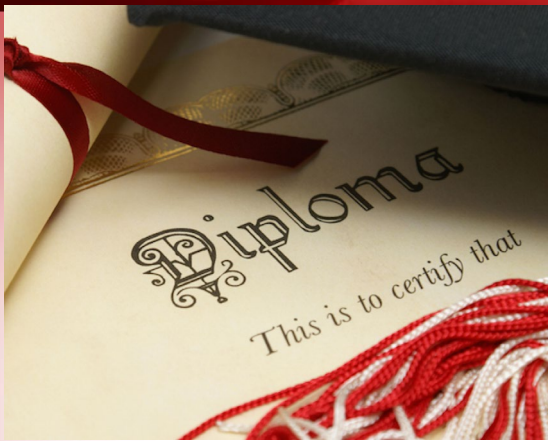
ASSOCIATE OF SCIENCE IN RESPIRATORY CARE (ASRC)

- Completion of the degree entails over 60 credit hours often past two years, including credits in a particular program specialization.
- Major credits in the field of study
- General education credit requirements of a four-year bachelor's degree
- Focuses on coursework in the direct sciences.

ASSOCIATE OF APPLIED SCIENCE IN RESPIRATORY CARE (AASRC)

ASSOCIATE OF OCCUPATIONAL STUDIES IN RESPIRATORY CARE (AASRC)

- Completion of the degree entails 60 credit hours which can be accomplished in two years, including credits in a particular program specialization.
- Major credits in the field of study
- Minimal general education requirements
- Focuses on coursework in the direct sciences.
- Less credits applicable for transfer



Degree Requirements A.S. vs A.A.S./A.O.S.

Requirements	A.S.	A.A.S. A.O.S.
Prerequisites: Medical Term, Anatomy, Physiology, Chemistry, Microbiology, Algebra, Physics	24-29	< 24
Core Major Coursework (aligned with CoARC standards)	40-55 ~ 48	40-55 ~48
Clinical Experience	Varies	Varies
General Education	> 18	< 18
TOTAL:	82 - 106	60 - 75

CoARC Accredited Programs

Type	CA	FL	TX
			2
Associate of Applied Science (A.A.S.)	1	1	27
Associate of Occupational Studies (A.O.S)	3	0	0
Bachelor of Science (B.S.) (Entry into Practice)	1	3	5
Bachelor of Science Degree Advancement (B.S.) (Entry after completing Associate Degree)	2	0	0
Masters of Science (M.S.)	1	0	3
Advanced Practice Respiratory Therapist (A.P.R.T) 1 CoARC Accredited Program Nationwide			

Public Comment Board Discussion



California Respiratory Care Workforce Study



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Toretsky, MPH Joanne Spetz, PhD

Philip R. Lee Institute for Health Policy Studies

University of California, San Francisco May 1, 2017

Study Conduct

- The principal objective of the study was to discover the **perceptions and opinions** of key stakeholders on a range of critical respiratory care workforce issues.
- The study was conducted over the course of 18 months between July 2015 and December 2016.

Objectives

- To assess

- the preparedness of new graduate respiratory therapists (RT) to enter the workforce

- the supervised clinical experiences in respiratory therapy education

- the minimum degree requirements for entry into professional practice, utilization of RT-driven protocols

- the continuing education requirements for RT's

- Additional objectives

- to describe curricular content differences between baccalaureate-level and associate degree-level RT education programs

- to describe differences in the stated competencies and minimum curricular content requirements between entry-level RT education programs and physician assistant, physical therapy, nurse practitioner, and baccalaureate registered nursing education programs

- to conduct a search of academic literature to identify scholarly work that addresses the relationship between the type of degree earned by respiratory therapists and patient outcomes

Preparedness of new graduate respiratory therapists

- **Directors of respiratory therapy education programs** identified **critical thinking** as the single most important competency area that should receive greater emphasis in entry-level respiratory therapy education.
- Many of the **education directors** noted that employers consistently provide feedback that **students' diagnostic skills are “not where they should be.”**
- **RTs** that participated in the focus groups reported new graduates' diagnostic and clinical reasoning **skills are underdeveloped**, describing new graduates as having conceptual knowledge of tests, procedures, equipment and modes of therapy, but being unable to connect what they have learned with the patient they need to treat.

Preparedness of new graduate respiratory therapists (continued)

- **Only 42%** of surveyed **RC directors** reported they believe that new graduates are **prepared to incorporate evidence-based medicine** into their clinical decision-making.
- **Education directors** reported that evidence-based medicine is woven into all aspects of the curriculum, however, it was acknowledged that there is **substantial variation in the extent to which students are exposed to evidence-based practice during their supervised clinical experiences.**
- **RTs** cited the importance of students having the opportunity to **complete rotations at clinical sites that have a highly engaged respiratory care department.**

Minimum degree requirements for entry into professional practice

- **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.
- **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.
- **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.

Minimum degree requirements for entry into professional practice

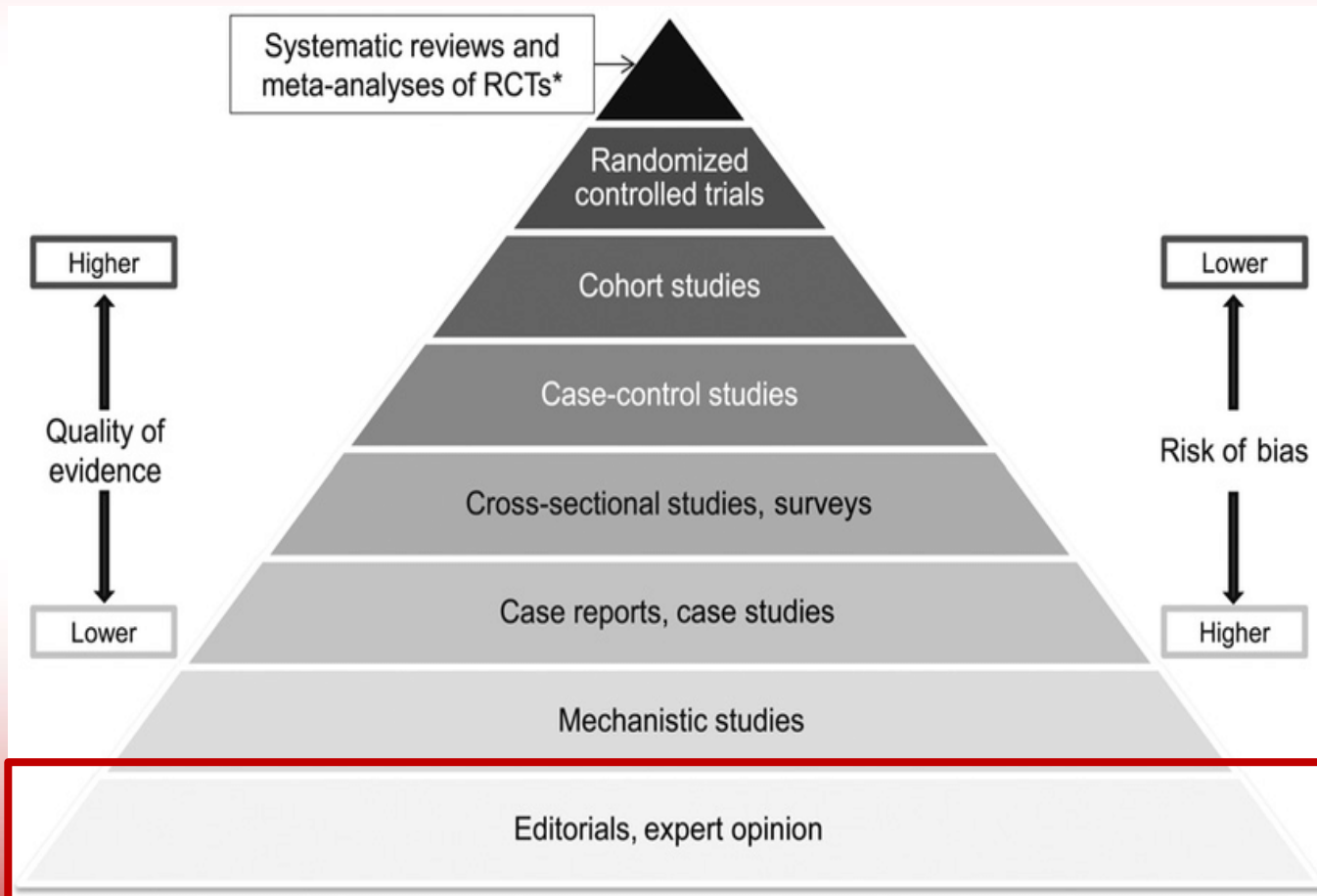
(continued)

- **There is widespread support for moving respiratory therapy education to the baccalaureate degree level, however, education directors identified several concerns, including the administrative demands such a transition would entail.**

Patient Outcomes

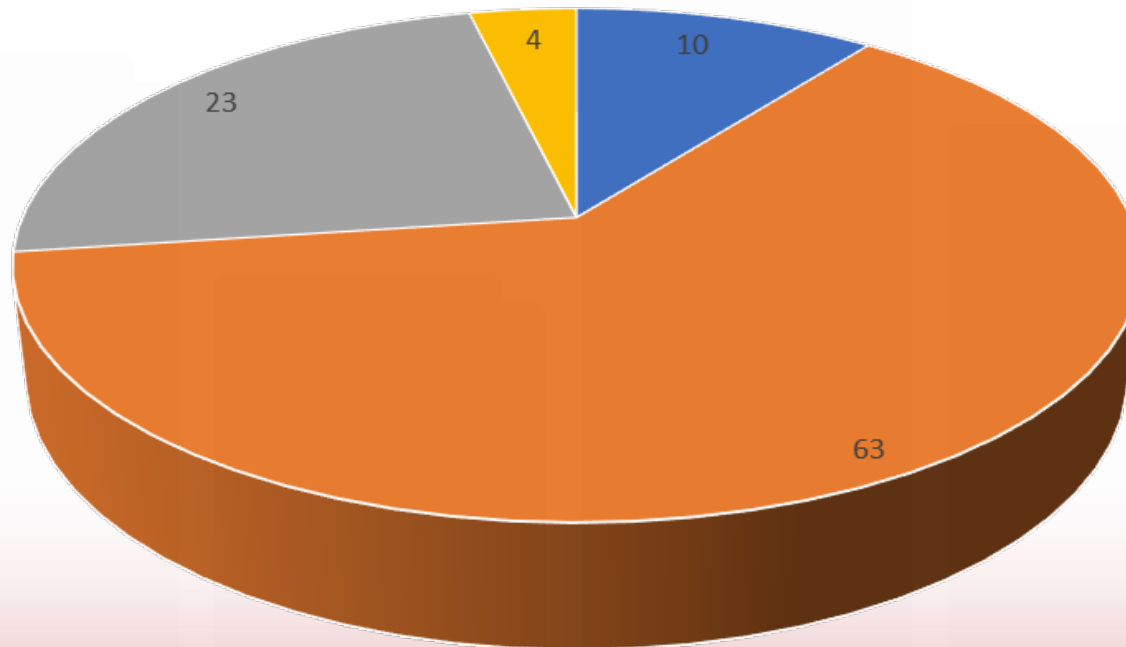
- **Our literature review did not identify** any scholarly work specifically addressing the relationship between a respiratory therapist's education level and patient outcomes.
- Nor did it identify any scholarly work examining the outcomes of respiratory therapy continuing education where degree type was a factor.
- Our review **also failed to discover** any scholarly work examining formal disciplinary actions taken against respiratory therapists **in which skills deficiencies or educational background was implicated.**

Hierarchy of Evidence



Current RCP's by Education

Data from renewals 7/19 - 6/21



■ Certificate ■ Associate Degree ■ Bachelors Degree ■ Masters/ Doctorate

CoARC Update - Standard 1.01 Entry into Practice

- CoARC to immediately accredit new AS degree entry into practice programs
- Revision of Accreditation Standards for Entry into Professional Respiratory Care Practice to be adopted in 2025
- Possibility may specify programmatic goals and expected competencies based on the type of degree offered by a program
- Revision commence in late 2022 with input from the CoARC's communities of interest

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.

Public Comment Board Discussion



Employer Perspectives

- **Gwendolyn Butler MA, RCP, RRT**
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Kaiser Permanente West Los Angeles Medical Center
- **Marco Soto MBA, RCP, RRT**
Director Respiratory Care Service
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- **Samantha J. Scott-Marquina MS, RCP, RRT**
Interim Director, Department of Respiratory Care
UCSF Medical Center | Parnassus | Mt. Zion | Mission Bay – San Francisco

Public Comment Board Discussion



Next Steps

- **Summarize study sessions key points**
- **Inhouse workforce study**
- **Formulate recommendations**