



September 26, 2022

Ricardo Guzman, President  
Stephanie Nunez, Executive Officer  
Respiratory Care Board of California  
3750 Rosin Court, Suite 100  
Sacramento, CA, 95834

RE: Continuing Education, Continuing Education Providers, Law and Professional Ethics Course, Approved CE Programs, Preceptors, and Citation and Fine

Dear Ricardo and Stephanie,

We appreciate the RCB's efforts to enhance, clarify and define the requirements for Continuing Education (CE) of the RCPs of California. The CSRC views the measures being taken are aimed at improving public safety through enhanced continuing education. We are hopeful that these measures will raise RCP knowledge and awareness and in turn, result in improving public safety by reduced untoward events upon the public.

The CSRC has reviewed the RCB's text of proposed changes in the regulations listed above which is published to the RCB website. Several of the changes will have direct impact upon the CSRC's operations and essentially all will impact its membership along with the RCPs of California. This compelled us to look deeper into each piece of proposed regulation.

We discussed them amongst the CSRC Board and held an open forum of CSRC educators and leaders to gather feedback. As a result, the CSRC identified several areas it desires to formally weigh in on as public feedback under the "Written Comment Period." We are submitting these written comments in time to be considered at the published October 6, 2022, Public Hearing.

We have created a companion document to this letter which identifies each passage of regulation which concerns the CSRC. The document lists the current standard(s), proposed standard(s), recommendation(s) from the CSRC, and considerations/understandings/ comments supporting CSRC's recommendations. The ask is for the RCB to review the CSRC's submission and adopt the recommendations. The CSRC is open for any dialogue the RCB may desire for clarity or reconsideration. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Wayne A. Walls".

Wayne A. Walls, MBA, RRT, RRT-ACCS, RRT-NPS, RCP  
President  
California Society for Respiratory Care



**CSRC Response/Recommendations to  
RCB Proposed CE Requirements 2022**

Legislation	Current Requirements	Proposed Requirements (Paraphrased)	CSRC Recommendation	Considerations/Understandings/Comments
<b>AMEND § 1399.350. Continuing Education Required.</b>	(a) At least two-thirds required CE hours shall be directly related to clinical practice.	25 of the 30 required CE hours shall be directly related to clinical practice.	Clarify to state: "A minimum of 20 CE hours shall be directly related to clinical practice."	<ul style="list-style-type: none"> <li>• Contradicts 1399.350.(a)(1) in that it is understood/perceived that clinical practice and leadership are separate categories.</li> <li>• Minimum of 20 allows for RCPs to earn &gt;20 CE hours.</li> </ul>
		(a)(1) A minimum of 10 hours must be directly related to RCP leadership training in case management, health-care financial reimbursement, health care cost containment or health care management. Hours earned as part of a licensee's successful completion of the Law and Professional Ethics Course and preceptor participation.	Clarify and remove contradiction of 1399.350. by stating: "A minimum of 5 CE hours shall be in leadership training..."	<ul style="list-style-type: none"> <li>• Contradicts 1399.350. It is understood/perceived that clinical practice and leadership are separate categories.</li> <li>• The RCB is defining the Law &amp; Professional Ethics course as leadership education</li> <li>• The RCB is defining future Preceptor training and work as a Preceptor as leadership education.</li> <li>• Suggestions/feedback received from the community:               <ul style="list-style-type: none"> <li>○ 5 CE hours in leadership</li> <li>○ Community appears lack of understanding/ reading of RCB's proposed language of what constitutes leadership</li> <li>○ CSRC should define leadership not RCB</li> </ul> </li> <li>• The recommendation will allow flexibility between clinical practice and leadership training</li> </ul>
		(a)(2) A minimum of 15 hours must be directly related to clinical practice...successful completion of credentialing or certification examinations shall be considered qualifying...	Remove the contradiction by aligning the number of clinical practice CEs with the above recommendation of 20 CE hours.	<ul style="list-style-type: none"> <li>• Contradicts 1399.350. and 1399.350.(a)(1) in the number of CEs in clinical practice.</li> </ul>
		(b) An RCP may earn up to 5 hours of CE credit through physical attendance at Respiratory Care Board,	To address the points made, CSRC makes the following recommendations for changes:	<ul style="list-style-type: none"> <li>• Note the red/underlined/highlighted language. The AARC and CSRC are private organizations, not public organizations. There are references in CSRC's Bylaws (Article 3 Meetings of Members) for</li> </ul>



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		<p>California Society for Respiratory Care (CSRC), or American Association for Respiratory Care (AARC) meetings <u>open to the public...</u></p>	<p>“(b) An RCP may earn up to 5 hours of <b>leadership</b> CE credit through <b>physical</b> attendance at Respiratory Care Board <b>meetings</b>, California Society for Respiratory Care (CSRC), <del>or American Association for Respiratory Care (AARC) meetings</del> <b>open to its membership to include general membership meetings, CSRC Board meetings, Region Board meetings, Managers meetings, and Educators Meetings.</b></p>	<p>membership meetings. CSRC does NOT have regularly scheduled “Membership Meetings” where the membership is invited to be aware of current issues or address the BOD.</p> <ul style="list-style-type: none"> <li>• Attendance at any meeting of the CSRC is open to its members or non-members at the invite of the CSRC President.</li> <li>• BOD meetings in most organizations are limited to the BOD and any invitees. Same applies to committee meetings.</li> <li>• Internal CSRC recommendation: Ad Hoc Committee to research and report findings/provide recommendation on holding “Membership Meetings.”</li> <li>• Currently, CSRC has no process in place for the recording of identifying attendees membership status, attendance, issuance and tracking of CEs. The CSRC will need to develop a process which meets all the requirements.</li> <li>• Do these CEs fall under clinical practice or leadership?</li> <li>• Most meetings are held virtually and likely will continue to do so for quite some time.</li> <li>• California cannot mandate to AARC to facilitate any/all requirements for attendance at AARC meeting.</li> </ul>
		<p>(c) ...a minimum of 15 hours of CE as outlined in subdivision (a) must be earned from live courses or meetings provided with interaction between the licensee and instructor in real time.</p>	<p>Agree with language</p> <p>Please consider adding “Instructor led skills days” to the list of acceptable providers.</p>	<p><b><u>Feedback/objections/perceptions from members:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Where does the data come from to suggest these numbers?</b></li> <li>• <b>Requires too many live CEs</b> The 50/50 concept was introduced several years ago - the pushback then was not enough online CEs available.</li> <li>• <b>The CSRC is NOT the sole provider of live CE events</b> THE RCB provides an extensive list of approved providers of live CEs: (1) Any post-secondary institution accredited by a regional accreditation agency or association recognized by the United States Department of Education. (2) A general acute care hospital or health-care facility licensed by the California Department of Health Services.</li> </ul>



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				<p>(3) AARC  (4) CSRC (and all other state affiliates of AARC)  (5) AMA  (6) CMA  (7) CTS  (8) American College of Surgeons  (9) American College of Chest Physicians  (10) American Heart Association  (11) American Lung Association  (12) Allergy and Asthma Network  (13) Society for Critical Care Medicine  (14) National Asthma Education Certification ...Additional CE providers are approved by the Board...”  (1) any entity identified in subdivision (h)  (2) California Board of Registered Nursing, or (3) Accreditation Council for Continuing Medical Education</p> <ul style="list-style-type: none"> <li>• <b>Distance/time off work is a barrier for attending live events.</b></li> <li>• Live CE events is defined as “...provided with interaction between the licensee and instructor in real time.”</li> <li>• This would include hospital/dept in services, instructor led trainings, presentations at meetings whether they are live or online.</li> <li>• Instructor-led “skills days” qualifies for CE credit. The facility would have to submit required paperwork for issuing CEs.</li> </ul>
<p><b>AMEND § 1399.350.5. Law and Professional Ethics Course.</b></p>	<p>(b) Continuing education units earned in accordance with this section shall represent three units toward the non-clinical practice</p>	<p>(b) Continuing education units earned in accordance with this section shall represent three units toward RCP leadership requirements</p>	<p>Agree with the language</p>	<ul style="list-style-type: none"> <li>• The RCB is defining the Law &amp; Professional Ethics course as leadership education</li> </ul>
<p><b>AMMEND § 1399.351. Approved CE Programs.</b></p>	<p>(b) Passing an official credentialing or proctored self-evaluation examination</p>	<p>(b) The Board shall approve 15 hours of continuing education (CE) credit for the award of any of the following <b>initial</b></p>	<p>Agree with the language</p>	<ul style="list-style-type: none"> <li>• Note the red/underlined/bold of the term “initial.” The RCB appears to be emphasizing this as a point of further clarification.</li> <li>• At the time of this draft, the NBRC had not yet announced the addition of the AE-</li> </ul>



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	<p>shall be approved for CE as follows...(15 CEs for each exam listed)</p>	<p>credentials after successful completion of an examination given by the National Board for Respiratory Care:          (1) ACCS          (2) CPFT          (3) RPFT          (4) NPS          (5) SDS          (6) RRT, if not required at the time of initial licensure pursuant to B&amp;P section 3735.</p>		<p>C examination. It would be reasonable that this will be added to the final draft.</p>
		<p>(c) The Board shall approve 15 hours of CE for each initial certification and 5 hours of CE for each renewal or recertification for a licensee's successful completion of the following certification examinations:          ACLS, NRP, PALS, ATLS, AE-C</p>	<p>Agree with the language</p>	
		<p>(d) The following certifications are approved by the Board for continuing education credit for initial certification only and for the number of hours given by the provider named below:          (1) Pulmonary Rehabilitation-Certified (provided by the AARC and the American Association of Cardiovascular and Pulmonary Rehabilitation)          (2) Tobacco and Smoking Cessation-</p>	<p>Agree with the language</p>	



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		Certified (provided by the AARC) (3) COPD Educator-Certified (provided by the AARC).		
	(c) Any course including training regarding the characteristics and method of assessment and treatment of acquired immune deficiency syndrome (AIDS) meeting the criteria set for in this Article, will be accepted by the board for CE credit.	(e) CE credit will not be granted for: (1) any review and/or preparation courses for credentialing or certification examinations (2) basic life support credentialing (3) the renewal or recertification of any certification not expressly identified in subdivision (c), or (4) employment-related courses on subjects not described in this Article.	Agree with the language	
	(h) Each Approved continuing education courses, in any format, must be provided or approved by one of the following entities: ...	(h) Each Approved continuing education courses, in any format, must be provided or approved by one of the following entities: ... (1) Any post-secondary institution accredited by a regional accreditation agency or association recognized by the United States Department of Education. (2) A general acute care hospital or health-care facility licensed by the California Department of Health Services. (3) AARC	Agree with the language	



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		<p>(4) CSRC (and all other state affiliates of AARC)</p> <p>(5) AMA</p> <p>(6) CMA</p> <p>(7) CTS</p> <p>(8) American College of Surgeons</p> <p>(9) American College of Chest Physicians</p> <p>(10) American Heart Association</p> <p>(11) American Lung Association</p> <p>(12) Allergy and Asthma Network</p> <p>(13) Society for Critical Care Medicine</p> <p>(14) National Asthma Education Certification</p>		
		<p>(i) Additional CE providers are approved by the Board to provide live, “real-time” courses if the entity is Any entity approved or accredited by: (1) any entity identified in subdivision (h), (2) the California Board of Registered Nursing, or (3) the Accreditation Council for Continuing Medical Education.</p>	<p>Agree with the language</p>	
<p><b>ADOPT</b> <b>§</b> <b>1399.352.6.</b> <b>Preceptors.</b></p>		<p>(a) For the purposes of this division, “preceptor” means any person responsible for the direct supervision and clinical instruction of a student, as part of an approved respiratory education program per B&amp;P</p>	<p>Recommend changing the language to: <b>(a) For the purposes of this division, “preceptor” means any person responsible for the direct supervision and clinical instruction of a student, as part of an approved</b></p>	<p>Concern over the red/underlined/bold reference to limitation to acute care facility. Students gain clinical experience in other settings including LTACHs and subacute facilities.</p>



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		<p>section 3740, at an <b>acute care facility</b> who meets all of the following criteria:</p>	<p><b>respiratory education program per B&amp;P section 3740, at an acute care facility at any facility which accepts RT students performing clinical rotation(s) at that facility who meets all of the following criteria:</b></p> <p><b>(1) Holds a valid, current, and unrestricted license issued under this chapter.</b></p> <p><b>(2) Holds a current and valid Registered Respiratory Therapist credential issued by the National Board for Respiratory Care.</b></p> <p><b>(3) Has a minimum of two (2) years of full-time experience, or its equivalent, within five (5) years from the date preceptor services are provided, practicing as a respiratory care practitioner.</b></p>	
		<p>(a)(4) Has completed a preceptor course within the last four years from the current date of expiration for the license, provided by: (A) the American Association for Respiratory Care, (B) the California Society for Respiratory Care, or (C) An acute care facility and employer using the course materials from the provider listed in (A) or (B) of this subdivision.</p>	<p>Recommend changing the language to: "...at any facility which accepts RT students performing clinical rotation at that facility."</p>	<p>Concern over the red/underlined/bold reference to limitation to acute care facility. Students gain clinical experience in other settings including LTACHs and subacute facilities.</p> <p><b>Community Feedback:</b></p> <ul style="list-style-type: none"> <li>• CSRC's ability to comply with ADA requirements.</li> <li>• How to do</li> <li>• CSRC currently does not have a Preceptor training course. Has been tasked to the Education Committee and is in progress</li> </ul>





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		...Is employed by an <b>acute care facility</b> to provide patient care as an RCP.		
		(b)(2) Preceptors responsible for direct supervision and instruction to students in <b>an acute care setting</b> , in their role as a respiratory care practitioner (RCP) employed to provide patient care, may claim the following CE earned during any one renewal cycle period:	Recommend changing the language to: "...at any facility which accepts RT students performing clinical rotation at that facility."	Concern over the red/underlined/bold reference to limitation to acute care facility. Students gain clinical experience in other settings including LTACHs and subacute facilities.
		(b)(2)(A) Five (5) CE hours for one thousand (1000) to one thousand nine hundred ninety-nine (1999) hours of preceptor supervision and instruction.	Suggest <b>starting</b> with 300-500 hours/cycle period. This may be an enough incentive to claim CEs in this area.	<ul style="list-style-type: none"> <li>• 1000-1999 hours of precepting is excessive for 5 CEs.</li> <li>• The average RCP working 12 hours shifts performs 1872 hours of work/year.</li> <li>• Over a 2-year license renewal period, that RCP would have to precept 27%-53% of their work hours.</li> <li>• Reality – it is estimated that the average RCP working in a facility which takes students is closer to 10-20% of their work hours. This is due to their work schedule, number of RCPs staffed/shift vs. number of students/shifts, and how many days the students are scheduled.</li> <li>• Suggest <b>starting</b> with 300-500 hours/cycle period. This may be an enough incentive to claim CEs in this area.</li> </ul>
		(b)(2)(B) Ten (10) CE hours for two thousand (2000) to two thousand nine hundred ninety-nine (2999) hours of preceptor supervision and instruction.	Suggest <b>starting</b> with 500-800 hours/cycle period. This may be an enough incentive to claim CEs in this area.	<ul style="list-style-type: none"> <li>• 2000-2999 hours of precepting is excessive for 10 CEs.</li> <li>• The average RCP working 12 hours shifts performs 1872 hours of work/year.</li> <li>• Over a 2-year license renewal period, that RCP would have to precept 53%-80% of their work hours.</li> <li>• Reality – it is estimated that the average RCP working in a facility which takes students is closer to 10-20% of their work hours. This is due to their work schedule, number of RCPs staffed/shift vs. number of students/shifts, and how many days the students are scheduled.</li> </ul>



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				<ul style="list-style-type: none"> <li>• Suggest <b>starting</b> with 500-800 hours/cycle period. This may be an enough incentive to claim CEs in this area.</li> </ul>
		(b)(2)(C) Fifteen (15) CE hours for three thousand (3000) or more hours of preceptor supervision and instruction.	Suggest <b>starting</b> with 800-1200 hours/cycle period. This may be an enough incentive to claim CEs in this area.	<ul style="list-style-type: none"> <li>• 3000+ hours of precepting is excessive for 15 CEs.</li> <li>• The average RCP working 12 hours shifts performs 1872 hours of work/year.</li> <li>• Over a 2-year license renewal period, that RCP would have to precept &gt;80% of their work hours.</li> <li>• Reality – it is estimated that the average RCP working in a facility which takes students is closer to 10-20% of their work hours. This is due to their work schedule, number of RCPs staffed/shift vs. number of students/shifts, and how many days the students are scheduled.</li> <li>• Suggest <b>starting</b> with 800-1200 hours/cycle period. This may be an enough incentive to claim CEs in this area.</li> </ul>
		(b)(2)(D) Preceptors claiming CE credit shall retain records that clearly indicate the name(s) of the student(s) supervised, the hours precepted on each date and written time logs signed or initialed by the education program’s clinical director of all hours for a period of four (4) years from the date of instruction.	<p>Recommend a simpler method of tracking hours.</p> <p>Create a standardized editable PDF form good for a calendar year (Jan 1- Dec 31) which a RCP would use to track their precepting hours and have their Supervisor/Manager/Director sign off/validate at the end of the year.</p>	<p>Many concerns with this model of record keeping</p> <ul style="list-style-type: none"> <li>• Excerpted from FERPA website:             <ul style="list-style-type: none"> <li>○ Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents the right to have access to their children’s education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student (“eligible student”). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99</li> </ul> </li> <li>• Keeping detailed records as presented, will be problematic with FERPA privacy laws. Think of them as you would HIPAA.</li> <li>• This level of detail will add additional and excessive burdens upon:             <ul style="list-style-type: none"> <li>○ DCEs</li> <li>○ Employers</li> <li>○ The RCP desiring to claim CEs</li> </ul> </li> </ul>



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				○ Too much interaction between too many parties
		(c)(1) Instructor, for purposes of this section, means a person who teaches a preceptor course...	Agree with the language	Defines a person who teaches the Preceptor course during live presentations
		(c)(1)(D) Is employed by an <b>acute care facility.</b>	<p>Recommended change:          "Is employed by the facility which accepts students in clinical settings."          And add the following criteria:  <b>(c)(1) Instructor, for purposes of this section, means a person who teaches a preceptor course specified in subdivision (a)(4), to potential preceptors and meets the following requirements:</b>  <b>(A) Holds a valid, current, and unrestricted license issued under this chapter.</b>  <b>(B) Holds a current and valid Registered Respiratory Therapist credential issued by the National Board for Respiratory Care.</b>  <b>(C) Has a minimum of four (4) years of full-time experience practicing as a respiratory care practitioner prior to the time of the instruction.</b>  <b>(D) Is employed by an acute care facility <u>or designated by the AARC or CSRC to</u></b></p>	<ul style="list-style-type: none"> <li>• Concern over the red/underlined/bold reference to limitation to acute care facility. Students gain clinical experience in other settings including LTACHs and subacute facilities.</li> <li>• This will clarify what is minimally qualifies someone to be a Preceptor.</li> </ul>



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			<a href="#">provide such education.</a>	
		(c)(2) This subdivision does not include instruction to students in the role of an educator or clinical instructor employed by a respiratory care education program.	Agree with the language	Educational institutions faculty do not qualify for CEs under the B&P code.
		(d) Instructors who meet all of the criteria in subdivision (c) may claim up to ten (10) hours of CE for each renewal cycle for actual time spent teaching preceptor courses meeting the criteria in subdivision (a)(4). CE shall be calculated on an hour-for-hour basis with one hour of CE credit accepted for each hour spent teaching.	Agree with the language	Emphasis here is for actual time spent teaching preceptor courses
		(e) The CE earned as provided in this section may be counted toward hours required for the RCP leadership requirement as provided in section 1399.350(a)(1) and toward the hours required for live, real-time CE requirement as provided in section 1399.350(c).	Agree with the language	Emphasis/clarification here is that CEs earned by precepting, or teaching preceptor courses falls under the leadership CEs and live/real-time CE categories.