



Statement on Proposed Accreditation Standard Change

It is the position of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education that the current accreditation policy (CoARC Standard 1.01) remain in effect requiring that all new entry-to-practice respiratory care educational programs must award program graduates a baccalaureate or graduate degree in respiratory care upon completion.

Statement Rationale

Respiratory care is the health profession focused on the evaluation, treatment, and care of patients with acute and chronic cardiopulmonary disorders.¹ The recent coronavirus pandemic has highlighted the need for highly trained and educated respiratory therapists (RTs) to provide advanced levels of care in an increasingly complex health care environment. Respiratory therapists work across multiple healthcare settings caring for patients with cardiopulmonary disease, shock, trauma, neuromuscular disease, and those suffering from a variety of other conditions which impair oxygenation and the ability to breathe.² Respiratory therapists are responsible for the institution, adjustment, monitoring, and care of patients receiving mechanical ventilation; they often devote a great deal of their time to caring for critically ill patients in the ICU.²

The need for highly skilled respiratory therapists to provide the complex care needed by severely ill COVID-19 patients has been demonstrated time and time again across the country. COVID-19 patients often require the application of sophisticated life-support technologies, including high-flow oxygen therapy, mechanical ventilation, hemodynamic support and (in some cases) extracorporeal membrane oxygenation (ECMO). Preparation of competent respiratory therapists to provide these essential services requires a solid foundation in the basic sciences, mathematics, communication skills, and in-depth instruction in medicine, physiology, pathophysiology, pharmacology, patient assessment, and critical care.³⁻⁶

Respiratory therapists are trained at colleges and universities accredited by the Commission on Accreditation for Respiratory Care (CoARC).⁷ Because of the extensive training required, current accreditation standards require that all new respiratory therapist educational programs must award a bachelors or master's degree in respiratory care upon graduation.⁵⁻⁸ Further, the American Association for Respiratory Care (AARC) has stated that all respiratory therapists should hold a *minimum* of a baccalaureate degree in respiratory care (or an equivalent degree) by the year 2030.⁶ According to the AARC:

“Current practice requires respiratory therapists to have extensive assessment abilities and practice competencies to initiate and provide cardiopulmonary interventions for their patients across a broad scope of practice and in a variety of patient care venues. Ultimately, the goal of the respiratory therapy educational system and state licensure process is to prepare competent respiratory therapists to provide safe and effective patient care in an increasingly complex health care environment.”⁶

CoARC is currently considering changing respiratory care program accreditation standards to allow for the establishment of new two-year programs awarding the associate degree. **This proposed change is in direct opposition to the needs of patients, the public and the profession for the following reasons:**

1. Preparation of competent RTs to deliver the complex care required by today's health care environment requires advanced education and training best provided at the baccalaureate or graduate (i.e., master's degree) level.
2, 5, 6, 8
2. Lowering the educational standards for RTs jeopardizes the quality, safety, and efficacy of delivered care.
3. Establishment of new respiratory care educational programs is a complex process, generally taking extensive planning and at least two years of operations before graduates begin to contribute to the workforce. New training programs at the Associate Degree level will not have a significant impact on the workforce for several years and graduates of such programs are generally ill-prepared to care for highly complex, critically ill patients.
4. Established, accredited respiratory therapist programs are currently significantly under enrolled.⁹ The most efficient way to rapidly increase the available RT workforce is to ensure existing programs are at maximum enrollment capacity.

5. The field of respiratory care has become immensely complex. It is not possible to prepare the competent, advanced level RTs needed in today's environment within the confines of a 2-year associate degree program.^{5,6}
6. There is currently a shortage of qualified respiratory care educational program faculty; establishment of new associate degree programs may exacerbate this shortage and impair existing programs ability to meet their mission.
7. Scarce resources should be devoted to expansion of enrollment in existing respiratory care educational programs, ensuring that current programs fill all of their seats and focusing on continuing to train and educate competent RTs for the complex health care environment of the 21st century.

In summary, reducing program accreditation requirements for new respiratory care educational programs is contrary to the established goal of preparing respiratory therapists with extensive assessment abilities, and practice competencies to initiate and provide advanced cardiopulmonary interventions for their patients across a broad scope of practice and in a variety of patient care venues.^{5,6} Respiratory care educational programs must prepare competent respiratory therapists to provide safe and effective patient care in an increasingly complex health care environment. This requires minimal entry into the profession to be at the baccalaureate or graduate degree level, therefore:

It is the position of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education that the current accreditation policy (CoARC Standard 1.01) remain in effect requiring that all new entry-to-practice respiratory care educational programs must award program graduates a baccalaureate or graduate degree in respiratory care upon completion.

REFERENCES

1. American Association for Respiratory Care, Definition of Respiratory Care, <https://www.aarc.org/wp-content/uploads/2017/03/statement-of-definition-of-respiratory-care.pdf>, Accessed July 13, 2021.
2. American Association for Respiratory Care, Respiratory Care Scope of Practice, <https://www.aarc.org/wp-content/uploads/2017/03/statement-of-scope-of-practice.pdf>, Accessed July 13, 2021.

3. National Board for Respiratory Care, Therapist Multiple-Choice Examination Detailed Content Outline. <https://www.nbrc.org/wp-content/uploads/2020/11/TMC-DCO-NBRC-website-effective-01-2020.pdf>, Accessed July 13, 2021.
4. National Board for Respiratory Care, Clinical Simulation Examination Detailed Content Outline. <https://www.nbrc.org/wp-content/uploads/2019/02/CSE-DCO-NBRC-website-effective-1-2020.pdf> , Accessed July 13, 2021
5. Barnes TA, Gale DD, Kacmarek RM, Kageler WV. Competencies needed by graduate respiratory therapists in 2015 and beyond. *Respir Care* 2010; 55(5):601-616.
6. American Association for Respiratory Care, Entry to Respiratory Therapy Practice 2030, <https://www.aarc.org/wp-content/uploads/2019/09/issue-paper-entry-to-respiratory-therapy-practice-2030.pdf> , Accessed July 13, 2021.
7. Commission on Accreditation for Respiratory Care Accreditation Standards for Entry into Respiratory Care Professional Practice, <https://coarc.com/wp-content/uploads/2021/04/CoARC-Entry-Standards-7.1.2020-clarif-3.21.pdf>, Accessed July 13, 2021.
8. American Association for Respiratory Care, Competency Requirements for the Provision of Respiratory Care Services, <https://www.aarc.org/wp-content/uploads/2017/03/statement-of-competency-requirements.pdf> , Accessed July 13, 2021.
9. Commission on Accreditation for Respiratory Care, 2020 Report On Accreditation Respiratory Care Education, <http://www.coarc.com/29.html>. Accessed July 13, 2021.

www.cobgrte.org



©Copyright 2021