



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

CoARC Communication to our Communities of Interest November 3, 2021

The Commission on Accreditation for Respiratory Care (CoARC) has completed its review of the individual and organizational responses to our call for comments on the first draft of the revision of Standard 1.01 in the Entry into Practice Standards. The CoARC greatly appreciates the feedback from its communities of interest.

Since 2008, with the advent of the American Association for Respiratory Care's (AARC's) 2015 and Beyond Conferences, the CoARC Board has had lengthy discussions internally, as well as with other organizations, regarding the AARC's goal of requiring the baccalaureate as the minimum degree for entry into practice. Throughout these discussions, the CoARC has maintained that any change in the educational requirements must be based on evidence that professional practice throughout the country requires such a change, and that the increased educational requirements of the change will not exacerbate workforce shortages of respiratory therapists by negatively impacting student applications to Respiratory Therapy (RT) educational programs.

In January 2018, the CoARC decided that, while it would continue to accredit existing associate degree programs, it would no longer accredit new programs at that level. The CoARC believed that such a change would preserve the prominent role played by associate degree RT educational programs in providing an adequate workforce, while addressing efforts by the profession to increase the number of respiratory therapists with baccalaureate and graduate education, who would serve as educators, researchers, managers, clinical specialists, and in other roles as determined by employers.

Prior to and following the January 2018 change to Standard 1.01, the CoARC has been providing our collaborating and participating organizations, as well as the respiratory care professional community, with updates on the steady, nationwide, decreases in the number of students in accredited RT educational programs. These persistent decreases in the number of RT educational program graduates entering the workforce while demands for respiratory therapists continued to increase, coupled with the lack of empirical evidence supporting the need for an increase in the educational requirements for professional practice, have formed the basis for the CoARC's decision to reverse its January 2018 decision.

The CoARC acknowledges the need to provide respiratory therapists with the educational background that will enhance their prospects for the academic advancement necessary for leadership, management, and research positions. We also recognize that higher levels of education for those entering the profession may enhance their capacity to acquire the ever-changing skills required for patient care. Accordingly, the CoARC has begun preliminary discussions on the comprehensive revision of the Accreditation Standards for Entry into Professional Respiratory Care Practice to be adopted in 2025. There is a distinct possibility that the 2025 Entry Standards may specify programmatic goals and expected competencies based on the type of degree offered by a program. Revision of the Standards will likely commence in late 2022 and, as usual, will involve input from the CoARC's communities of interest.

In the following section we are providing detailed responses to some of the comments we received on the first draft revision of Entry into Practice Standard 1.01.



New associate degree programs will compete for applicants, causing increased pressure on existing programs, especially those with low enrollments. The priority should be to boost enrollment in existing programs rather than opening new ones.

The CoARC understands that the best way to provide for adequate qualified personnel to address the urgent local, regional, and national workforce needs is by increasing the number of graduates from accredited programs. It is important to emphasize that most of the requests the CoARC has received related to renewing its accreditation of associate degree programs are from areas of the country with no, or very few, RT educational programs.

The primary purpose of accreditation is to ensure that a program produces adequately trained graduates. The CoARC has several criteria by which this determination is made. For example, prior to initial accreditation, and then during subsequent reaccreditation actions, the CoARC assesses the program's curriculum to confirm that it covers all the skills that a respiratory therapist will need for entry into practice. It should be noted that this assessment is based on the NBRC Matrix, which is updated every five years. In addition, the CoARC also determines whether the program resources (faculty, classroom and laboratory space/equipment, clinical experience, etc.) are sufficient to provide students with a quality education.

What the CoARC cannot do is make accreditation decisions based on considerations not grounded on the adequacy of the education and training provided by a program. Indeed, refusing to accredit associate degree programs that meet the Standards in order to boost enrollment in baccalaureate programs may well be seen as anticompetitive. Likewise, if the CoARC were to refuse to consider an accreditation application because there may be an excess of programs in the area, that refusal could raise antitrust issues. Should such an excess have a detrimental effect on student access to clinical experiences, the CoARC has the authority to refuse accreditation based on its reasoned and documented conclusion that students in the program would not be appropriately trained.

In short, the CoARC cannot refuse to evaluate the merits of a particular application for accreditation because of the degree granted by the program, or because it believes that there are already enough respiratory therapy programs in that area. Rather, as noted above, the CoARC will assess the quality of the program's educational system and base its accreditation decision on a good-faith evaluation of that information.

Allowing for new associate degree programs may open the door for "for-profit" institutions and "short curriculum" programs and thereby increase student debt.

The CoARC cannot specify which type of sponsoring institution can or cannot apply for accreditation (see response above). However, there's no evidence to support this statement. Since 2010, there has been a steady decrease in the number of CoARC accredited programs sponsored by for-profit institutions. In 2011, there were 60 such programs; currently there are 41, of which the two most recently accredited offer the baccalaureate degree. Any effort by the CoARC to close the door to for-profit programs would in all likelihood be seen as an effort to suppress competition. As noted above, the sole consideration for the CoARC is whether a program meets the Accreditation Standards, which are designed to make sure that graduates of accredited RT educational programs are adequately trained to care for patients.



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The proposed change will conflict with some state licensure acts as they require a bachelor's degree and the RRT credential as a minimum to practice.

It should be noted that, currently, no states require the bachelor's degree for licensure, and it should be emphasized that this is a decision to be made by each state, not the CoARC. However, although the Certified Respiratory Therapist (CRT) credential is the minimum required credential in 42 state practice acts, the CoARC specifies that all accredited programs "...prepare graduates with demonstrated competence in the cognitive, psychomotor and affective learning domains of respiratory care practice as performed by Registered Respiratory Therapists (RRTs)" (Standard 3.01). This means that nationally established competencies for entry into practice are the same regardless of the degree granted by the program's sponsor (<https://www.aarc.org/education/educator-resources/competencies-entry-respiratory-therapy-practice/>). In addition, the CoARC continues to promote baccalaureate and graduate educational attainment, as evidenced by its recent establishment of accreditation standards for Degree Advancement (DA) and Advanced Practice Respiratory Therapist (APRT) programs.

The CoARC strongly encourages partnerships between associate degree, baccalaureate degree, and graduate degree programs so that educational progression does not require repetition of prior education and experience. The CoARC also believes that in order to move to higher degree requirements, the profession needs to pursue employer support; requiring higher degree levels to practice as a respiratory therapist without any financial benefit will adversely affect student recruitment.

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.

The language in the proposed revision interpretive guideline that refers to CoARC strongly encouraging academic progression should be mandated.

At both its September and November Board meetings, the CoARC deliberated on the need for all programs to establish academic progression pathways. It was determined that developing appropriate mechanisms to monitor compliance and outcomes metrics associated with such a mandate, as well as providing all programs with sufficient time to put these mechanisms in place, were the main impediments to establishing such a mandate at this time. The CoARC will revisit this during the aforementioned comprehensive revision of the Entry into Practice Standards.

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