AN OPEN LETTER TO THE NORTH CAROLINA RESPIRATORY CARE COMMUNITY CONCERNING BACCALAUREATE AND GRADUATE RESPIRATORY CARE EDUCATION --

The North Carolina Respiratory Care Board has been charged by the General Assembly with responsibility to ensure the competency of respiratory care in this state and to protect the citizens of North Carolina from the unqualified practice of respiratory care. In keeping with this responsibility, the Board is issuing this letter to address the need for more intensive educational programs for Respiratory Care Practitioners (RCP’s). The increasing demands on the practice of Respiratory Care require careful attention to the clinical skills that will be necessary for future practice.

There are over four thousand practitioners in North Carolina who have been nationally credentialed and have become licensed by the Board. Like the 100,000 RCP’s across the United States, North Carolina RCP’s work with patients of all ages and in many different care settings. RCP’s work in hospitals where they perform intensive care procedures in the adult, pediatric and neonatal critical care units, and are typically a vital part of the hospital's lifesaving response team that handles patient emergencies. They also are a vital part of the health care team that provides respiratory care for patients with heart and lung disorders in many non-institutional settings.

Wherever they practice, RCPs are expected to participate in the development, modification and evaluation of care plans, protocol administration, disease management and patient education. The continued growth and advancement of the profession, and the expectations placed on RCP’s will require that every RCP demonstrate an advanced level of critical thinking, assessment and problem solving skills. These skills are essential in today’s health care environment not only to improve the quality of care, but also to reduce inappropriate care and control costs.

The associate degree programs have been the foundation for the respiratory care profession and do an outstanding job in providing the initial training of many practitioners in the field, but there is an increasing need for RCP’s with advanced credentials and education who can take on leadership roles, including research, education, management, as well as advanced clinical diagnostic skills. Therefore, the Board supports the development of baccalaureate and masters level education in respiratory care.

There is currently one baccalaureate level education program in respiratory care at the University of North Carolina at Charlotte. In order to meet the current and future need for RCP’s with advanced credentials and education, the Board supports the establishment of at least two more similar programs in the state to accommodate selected graduates of the 14 associate degree programs in the state. The Board also supports the establishment of a Clinical Masters Respiratory Care program in the state.
to provide a midlevel Clinical Respiratory Care Practitioner who can function as a clinical assistant to physicians such as Pulmonologists, Anesthesiologists, Hospitalists and Intensivists.

The Board also plans to explore several amendments to the Respiratory Care Practice Act which would:

- allow for the associate level respiratory care graduate who has passed the Certified Respiratory Therapist (CRT) exam to practice with a basic / provisional license under the direct supervision of an active / advanced licensed RCP. The provisional licensee would be limited in the procedures that he/she may perform.
- require the associate level graduate to successfully pass the Registered Respiratory Therapist (RRT) exam and complete a baccalaureate degree in respiratory care or other health services related degree within a set period of time, such as 5 years.
- allow RCP’s who have passed the RRT exam and completed a baccalaureate degree in respiratory care or other degree program approved by the Board to practice advanced procedures such as ECMO, protocol development, respiratory care consult, ventilation management, and advanced medication administration such as moderate sedation, nitric oxide administration, and prostaglandin administration.
- grandfather those individuals that are currently licensed as RCP’s on the effective date of the statute.

In conclusion, the Board believes that the establishment of baccalaureate level education programs in respiratory care and the requirement of a baccalaureate degree in respiratory care as the minimum entry level for advanced practice is needed to advance the respiratory care profession and improve patient outcomes. The Board also supports the development of masters level respiratory care education programs for clinical practice, education and management.

The Board is issuing this letter to start a dialogue within the respiratory care community about these critical issues for the future of our profession.

On behalf of
The North Carolina Respiratory Care Board:

Floyd E. Boyer, RCP
Executive Director

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