

Minnesota Society for Respiratory Care (MSRC), an organization focused on patient care advocacy, promotion of healthcare safety and professional advancement, affirms its position that the Registered Respiratory Therapist (RRT) credential should be the minimum competency requirement for Respiratory Therapists (RT's) to practice in Minnesota.

This position strategically aligns the profession for upcoming changes in healthcare, improves patient care outcomes, improves consumer confidence, and provides leadership to advance the profession.^{1, 2}

The MSRC recognizes the following current and emerging trends that validate our position:

- Healthcare focus shifting towards clinical management of chronic disease processes as a primary work requirement in healthcare.^{1, 5, 7}
- An expanded patient care focus to include specialty areas such as sub-acute, rehabilitation, polysomnography and home care along with traditional hospital based services. ^{1, 2, 7}
- Reimbursement changes focused on patient care outcomes, evidence-based treatment and effectiveness of protocol driven therapy.^{1, 2, 3}
- Advancement of the profession and competency level to be consistent with recent changes adopted by Registered Nurses and Physical Therapists. ^{6, 7}
- Other states progressing towards RRT as a requirement for licensure.^{8,9}

The MSRC expects the following benefits from this proactive position:

- **Consumers:** Patient outcome focused care leading to improved quality and safety across the healthcare continuum.⁵
- **Practitioners**: Confirmed advanced knowledge and skills required by the practitioners to provide quality care in all healthcare settings. ^{2, 6}
- **Educators:** Standardized and improved graduate competency level to perform effectively in current and future healthcare systems.^{4, 6}
- Leaders Leadership model adept in implementing and standardizing protocol-based care, systems based delivery process, continuous quality improvement, organizational efficiency and research.¹⁰

Summary: The MSRC requests the Minnesota Board of Medical Practice and the State of Minnesota take immediate action in implementing the RRT credential as the licensure requirement for all new candidates entering the profession. This action will effectively position the profession for current healthcare environments and maintain its relevancy in the emerging healthcare industry.

- 1. Kacmarek, R. M. (2009). Creating a Vision for Respiratory Care in 2015 and Beyond. Respiratory Care. 54 (3), 375 389.
- 2. Barnes, T. A. (2010). Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond. Respiratory Care. 55 (5), 601 616.
- 3. California Code of Regulations [CCR], Title 22, Section 51082.1 (2001). Respiratory Care. 1 8.
- 4. Mikles, S. P. (2012). 2011 CoARC Report on Accreditation in Respiratory Care Education. Commission on Accreditation for Respiratory Care. 1 41.
- 5. Ross, M. (2011). H. R. 941. 112th Congress 1st Session. United States Government Printing Office. 1 4.

6. Cowles, E. L. (2007). California Respiratory Care Practitioner Workforce Study. Institute for Social Research at California State University, Sacramento. 1 – 159.

7. Barnes, T. A. (2011). Transitioning the Respiratory Therapy Workforce for 2015 and Beyond. Respiratory Care. 56 (5), 681 – 690.

8. Mays, M. K. (2011). ORCB Passes Motion to Draft a Rule Requiring the RRT Credential for Initial Licensure. The News Link. Fall Edition. 1.

^{9.} Boyer, F. E. (2012). An Open Letter To The North Carolina Respiratory Care Community Concerning Baccalaureate and Graduate Respiratory Care Education. North Carolina Respiratory Care Board. NCRCB. 1 – 2.

^{10.} Phelan, D. (2002). Applying the Principles of Organizational Learning. HealthCare & Infomatics Review Online. Vol. 6.