

**CRT Credential
Dead or Alive?**

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» CoARC will no longer include/require program graduate results on the RRT exam as an outcome measure for continued accreditation status.

True or False

» The CRTT credential was the first credential established by the profession?

The Profession of Respiratory Care was established in what decade?

- >> 1940's
- 1950's
- 1960's

Significance of these dates/numbers?

- >> 1982- 16,595
- 2010- 117,000

Evolution of NBRC Credentials

- ▶ The profession was born on **April 15, 1947**, when the Inhalation Therapy Association (ITA) was legally chartered as a not-for-profit entity in the State of Illinois.
- ▶ The name was changed to the more global American Association of Inhalation Therapists (AAIT) on **March 16, 1954**
- ▶ The American Registry of Inhalation Therapists (ARIT) established the Registry credential (RRT) process **November 18, 1960** in Minneapolis. It was a two part exam.

Evolution of NBRC Credentials

- ▶ In 1969, leaders from the American Association for Inhalation Therapy (AAIT — the precursor to the AARC) lobbied the ARIT to develop a lower form of credentialing for “technicians.”
- ▶ The reason this was done was that at the time the only credential was the registry credential and most of the practicing RT’s were OJT’s and did not meet the qualifications for the registry process.
- ▶ The push was made for a lower form of credentialing using the logic that some credentialing is better than none!

Evolution of NBRC Credentials

- ▶ The ARIT declined on the grounds that such a provision would lower the standards of excellence in the field.
- ▶ Subsequently, the AAIT formed the Technician Certification Board (TCB) and developed a new examination leading to the Certified Inhalation Therapy Technician (CITT) credential (predecessor of the CRTT, and later, the CRT credentials)

Evolution of NBRC Credentials

- ▶ The certification examination, which required only job experience for eligibility, brought practitioners into the field with less formal educational preparation than registered inhalation therapists, but usually with the same job responsibilities.
- ▶ Thus, a two-level credentialing system was created that did not reflect actual practice.
- ▶ Licensure laws did not exist at the time, and even the majority of present laws do not distinguish or limit practice based on CRT vs RRT.

Evolution of NBRC Credentials

- ▶ Over the past 25 years we have had **two levels of credentials** and **two levels of education** **giving the impression** that we have **two levels of practice**, when in reality we really don't.
- ▶ The fact is that CRTs and RRTs perform largely **the same tasks** continues to create confusion within the profession and community.
- ▶ **Do we still need the CRT credential???**

Evolution of NBRC Credentials

- ▶ In 1974, the National Board for Respiratory Therapy (NBRT, now **NBRC**) **took over the TCB** at the request of the AAIT.
- ▶ In the late 1970s and early 1980s, the **NBRC conducted a national role delineation study**, revealing that at entry into the profession, new graduates of "therapist" and "technician" programs **performed identical sets of tasks**.
- ▶ An opportunity existed for **one credential** but the **two level system continued**. Entry & Advanced levels.

Evolution of NBRC Credentials

- ▶ In the 1980's the AARC pushed for legal credentialing and now we have licensure in **48 states and the District of Columbia**.
- ▶ The concept of **licensure** is based on "**entry level**" validation to assure safe practice.
- ▶ The **CRT exam is the "entry-level"** examination and is used as the exam to validate this knowledge/skill.
- ▶ The **value of the RRT exam was undercut** by this decision.

Evolution of NBRC Credentials

- ▶ Registry-prepared graduates overwhelmingly take **only the certification exam**.
- ▶ If the **RRT examinations** can be taken **within 4 weeks post graduation**, do they not measure **“entry-level skills and knowledge too?”**
- ▶ If the purpose of the RRT exams is to denote **“advanced-level knowledge and skill”**, how can that be so, if graduates can take and pass the exam within 4 weeks of graduation?
- ▶ The concept of “advanced-level” knowledge should be associated with **“time, skill, and advanced practice knowledge”**.

What Credential Model(s) Best Serves the Profession?

- ▶ The point is that **most practicing CRTs are actually registry-prepared** and are hired to perform at a level commensurate with their preparation.
- ▶ The **AS Degree is the minimum standard** now for all respiratory care programs.
- ▶ When we examine the content difference between the **CRT and RRT exam** the major difference is **“application & analysis”** type questions/content.

What Credential Model(s) Best Serves the Profession?

- ▶ Our credentialing system hurts the profession because it encourages new graduates to forgo the credential for which they have prepared. **They don't have to take the RRT exam to obtain a license!**
- ▶ **We need a single credentialing exam *reflecting today's predominant educational preparation at entry into the profession*** — in other words, a blend of the current “entry-level” and “advanced-level” exams.
- ▶ The claim that the RRT exams test something beyond entry level practice is arguable at best.

What Credential Model(s) Best Serves the profession?

- ▶ **One entry level credential:** A new RRT exam that is a blend of the CRT and RRT with branching logic questions that test knowledge/application and clinical simulation level skill sets.
- ▶ The development of more "specialty board exams (credentials)" such as "adult critical care", "home care", "disease management" etc. This would create a model similar to nursing and other professions.
- ▶ Specialty board exams validate "advanced practice knowledge."

What Credential Model(s) Best Serves the Profession?

- ▶ Barriers to moving towards one entry level credential:
 - Fear that graduates will not be able to pass the new RRT examination as entry into practice.
 - NBRC not willing to make the change.
 - AARC pushing to make the change.
 - Change/Impact to existing licensure laws.
 - Impact on RT Departments pay scales, level systems and assigned duties.
 - Impression that we are "watering" down" the RRT credential, taking credibility away from those who earned it prior to this type of structural change.

What Credential Model(s) Best Serves the Profession?

- ▶ Some hospitals have instituted policies that require a CRT to earn the RRT credential within a limited time span.
- ▶ This does help promote more individuals taking the RRT exam. However, this is not a universal policy and most likely reflects a small percentage of hospitals enforcing such a policy.
- ▶ With CoARC no longer enforcing this requirement, will the number attempting the RRT decline further?

Time to Change is Now!

- ▶ Respiratory Programs should only have to prepare graduates to **take and pass one mandatory credential** and that should be the **RRT**.
- ▶ The RRT credential should be the standard to practice into the profession (similar to the RN). **The specialty credentials** would be the standard to **demonstrate advanced practice and knowledge** in a specific area of respiratory expertise.

Time to Change is Now!

- ▶ CRT's who have earned an Associate Degree and are registry eligible would be able to take the **new RRT exam as the standard practice exam**.
- ▶ There should no longer be a requirement set by the NBRC to **take and pass the RRT within three years**, otherwise you have to re-take the CRT.
- ▶ Why three years? Why not two? Why not five? That provision is BS!

Time to Change is Now!

- ▶ Between 1982 and 2010 approximately **100,000 RT's have earned the registry credential (RRT)**. The NBRC has credentialed 204,000 individuals since inception.
- ▶ Almost **twice as many CRT's** as RRT's?
- ▶ **Are we meeting the needs of the profession by our current two-level credential system?**
- ▶ Are we behind the times in our credential model?
- ▶ Do we want to create the Therapist/assistant model similar to PT?

Time to Change is Now!

- ▶ “Being an active member in the national groups of practitioners credentialed by the NBRC means you care about protecting your professional future. Your annual renewal fee helps the NBRC work for uniform licensure and develop examinations that uphold the standards of the respiratory care profession”



Time to Change is Now!

- ▶ [American Association for Respiratory Care](#)
- ▶ [American College of Chest Physicians](#)
- ▶ [American Society of Anesthesiologists](#)
- ▶ [American Thoracic Society](#)

- ▶ NBRC Sponsors
