



## NCRCB CONTINUING EDUCATION NEWS

**March 2015**

To All NC RCP's,

This special newsletter should address the concerns and questions about the new continuing education changes that have been received to date.

The FAQ section on NCRCB website was posted after approval in October and included in the news section on the website during the 60 day comment period; however, the new rule has been on the website since August 2014. Following the required 60 day public comment period, the North Carolina Respiratory Care Board met on October 31, 2014 and approved the Board Rule change for [21 NCAC 61.0401](#). On November 18, 2014, emails were sent to all organizations and managers in NC regarding the FAQ posted on October 10, 2014. On December 20, 2014, the NC Rules Commission approved the new rules, and then published the rules on January 15<sup>th</sup>, 2015 for the effective date of January 1<sup>st</sup>, 2015. The January newsletter included this notification. If a staff member did not have an email, they did not receive the information. The Board Chair, Larry Simpson, RRT, RCP approved the start date of February 1<sup>st</sup>, 2015 to ensure that the notice was received. For this reason, if you have completed all CE's by February 1<sup>st</sup>, 2015 you are compliant under the old rule.

With any change, confusion occurs over what it really means. This special newsletter should address the concerns and questions received to date.

### **What are the new rules for continuing education?**

According to the amended rule 21 NCAC 61 .0401 CONTINUING EDUCATION REQUIREMENTS: All courses and programs shall: 1) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of respiratory; 2) Provide experiences which contain scientific integrity, relevant subject matter and course materials; and 3) Be developed and presented by persons with education and/or experience in the subject matter of the program. At least six contact hours shall be obtained each reporting year from workshops, panel, seminars, lectures, or symposiums that provide for direct interaction between the speakers and the participants. Please note that this part of the rule only applies when selecting option 1 for your credits.

## **What are the CE options under the new rule if there must be direct interaction for six of the credits?**

First, online CE's are still allowed under the new rule, so RCP's may continue using approved online courses. Regarding the six remaining CE's as defined in 21 NCAC 61 .0401, a lecture is a "discourse given for instruction before an audience or through teleconference." This allows for CE's to be achieved in a live webinar or teleconference or traditional face-to-face environment. Web-based supplemental content when combined with direct interaction during a live teleconference or webinar with online assignments including but not limited to readings, chat rooms and examinations are considered blended or hybrid formats. It is our position that continuing education through a hybrid or blended format is acceptable form of educational activity to meet the new rules for direct interaction.

This means ACLS, PALS, and NRP qualifies as direct interaction when the classroom portion is offered online since these all require face-to-face interaction for skills testing. In addition, three hours of CE's for clinical instruction was approved by the Board to encourage professional engagement with future respiratory therapist and is considered direct interaction. In conclusion, online or distance learning courses combined with interaction in some form between the presenter and the audience is equivalent to the traditional face-to-face format when attending a seminar, conference, or lecture. Here are 5 additional options:

**Option 1)** ACLS, PALS, and NRP qualifies as 5 direct interaction credits when the classroom portion is offered online since these all require face-to-face interaction for skills testing.

**Option 2)** Three hours of CE's are awarded for clinical instruction to encourage professional engagement with future respiratory therapist and is considered direct interaction. See precepting question.

**Option 3)** Hospitals, homecare, and DME companies provide CE's for the therapist by applying for CE courses to be delivered at their facility or a central location either through the AARC or the NCRCB. Your facility or organization could offer and teach as many CE's to fulfill the requirement without any traveling, thus limiting any negative impact on the facility staff or you as an individual. If you teach the CE courses, you count the CE's you teach as well towards your direct interaction.

**Option 4)** The organizations provided below have Recorded and Live options. Make sure you select the Live or Traditional CE options when using these sites.

1. The AARC offers Live and recorded webinars: [https://www.aarc.org/education/webcast\\_central/](https://www.aarc.org/education/webcast_central/)
2. Advance for Respiratory Care also publishes a list of live and recorded webinars: <http://respiratory-care-sleep-medicine.advanceweb.com/Webinar/Editorial-Webinar/Informational-Webinars.aspx>
3. Clinical Foundations has live and recorded webinars: <http://www.clinicalfoundations.org/webinars.html>
4. Smith Seminars has live and recorded webinars: <http://www.smithseminars.com/live-online-courses.php>

**Option 5)** You can earn your entire year of credits without meeting NEW RULE requirement if you do any of the following:

- 1) Retake the Therapist Multiple-Choice Exam, administered by the National Board for Respiratory Care (NBRC), and achieve a passing score as determined by the NBRC for the CRT credential
- 2) Take any of the following examinations and achieve a passing score as determined by the sponsor of the examination: the Therapist Multiple-Choice Exam for Advanced Respiratory Therapists (RRT), administered by the NBRC; the Neonatal/Pediatric Respiratory Care Specialty Examination (NPS), administered by the NBRC; the Certification Examination for Entry Level Pulmonary Function Technologists (CPFT), administered by the NBRC; the Registry Examination for Advanced Pulmonary Function Technologist (RPFT), administered by the NBRC; the Sleep Disorders Specialty (SDS) exam, administered by the NBRC; Adult Critical Care Specialty (ACCS) exam, administered by the NBRC; the Registry Examination for Polysomnographic Technologist (RPSGT), administered by the Board of Registered Polysomnographic Technologists (BRPT); or the Asthma Educators Certification Examination (AE-C), administered by the National Asthma Educator Certification Board (NAECB);
- 3) Complete a Respiratory Care refresher course offered through a Respiratory Care Education program accredited by the Commission for the Accreditation of Allied Health Educational Programs;
- 4) Complete three semester hours of post-licensure respiratory care academic education leading to a baccalaureate or masters degree in Respiratory Care;
- 5) Present a Respiratory Care Research study at a continuing education conference;
- 6) Author and publish a Respiratory Care book or Respiratory Care article published in a medical peer review journal.

### **Why is this change CE necessary?**

In a statement revised by the AARC in 2012: “It is critical for all health care practitioners to participate in continuing education in order to enhance their knowledge, improve their clinical practice and meet state licensure and national credentialing requirements. Participation in continuing education, whether mandatory or voluntary, offers the potential to be one of the most powerful tools to ensure safe, efficient, and quality patient care. The American Association for Respiratory Care (AARC) recognizes the value of, and need for, participation in continuing education and recommends that practitioners participate in educational activities on a continual basis. AARC members may utilize the Continuing Respiratory Care Education (CRCE) system as the mechanism for recognition and documentation of such activities.

The AARC encourages Respiratory Therapists who have completed the required entry level education to pursue baccalaureate and graduate degrees relevant to their professional pursuits. The AARC encourages Respiratory Therapists to select continuing education activities relevant to their personal and professional needs. Providers of continuing education activities (which can include clinical institutions, educational institutions, public and private associations or organizations, and proprietary corporations) are encouraged to conduct needs assessments in order to design and develop valuable educational activities that will enable practitioners to meet their professional goals. In addition, providers of continuing education are encouraged to review, evaluate and measure their activities' effectiveness. Providers are also urged to use instructional technology, incorporate multiple learning styles, current research-based learning and assessment theories, and foster critical thinking to promote effective learning.”

Therefore, increased continuing educational standards are essential in today's health care environment; not only to improve the quality of care, but also to reduce inappropriate care and thereby reduce costs. Respiratory Care Professionals are expected to participate in the development, modification and evaluation of care plans, protocol administration, disease management, and patient education. Currently, the standards for online continuing education vary widely and are not consistent. As a result, the NCRCB has modified the continuing education requirements to facilitate continued growth and development of the respiratory care in NC. As a collective group, we are devoted to our professional growth and

development through higher levels of education in order to improve the most important aspect of our profession - the patient.

**What are the requirements for earning CE's for clinical precepting?**

The most recent rule change in 21 NCAC 61 .0401 (Continuing Education Requirements) allows for licensees to earn 3 credits for clinical precepting towards the 12 credits required each year. Upon application for license renewal, a licensee shall attest to having completed clinical precepting as part of the learning activities when claiming the 12 CE credits during the preceding renewal cycle. The licensee must be prepared to submit evidence of completion if requested by the Board. This evidence shall include a copy of the licensee's annual preceptor evaluation completed by the college that reflects an overall satisfactory rating. The board does not stipulate the number of hours required to earn this credit since the hours required are determined by the policies of each facility and educational institution. A licensee that provides clinical instruction as their primary employment status may not use this option for credit. UPDATE: The Education Committee approved a [temporary documentation form](#) until the college programs establish more universal criteria. This form may only be used for the 2015 renewals.

Thanks for all that you do in improving patient care and the Respiratory Care profession!

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