



Michigan Society For Respiratory Care

POSITION STATEMENT BY THE MICHIGAN SOCIETY FOR RESPIRATORY CARE

STANDARDS FOR PROFESSIONAL COMPETENCY IN THE PRACTICE OF RESPIRATORY CARE

As Adopted April 7, 1995
And Amended December 8, 1995
And Amended June 3, 2005
And Amended October 8, 2018
As Reviewed October 8, 2023

WHEREAS, Michigan Society for Respiratory Care (MSRC) believes that the professional practice of respiratory care must be continuously developed and strengthened; and

WHEREAS, the MSRC is committed to promoting a minimum level of professional competency within the practice of respiratory care; and

WHEREAS, the purposes of minimum professional competency standards are to provide the highest level of quality care to the public; to meet the expectations of the purchaser community for patient-centric, high quality, and cost-effective delivery of services; and to meet the needs of the other health care providers with whom respiratory therapists are allied.

RESOLVED, that the MSRC endorses, herein, the minimum professional competency standards in the practice of Respiratory Care stipulated by the State of Michigan Public Health Code requirements for licensure as a respiratory therapist or respiratory care practitioner.

RESOLVED, that the MSRC strongly recommends all licensed practitioners to obtain post-licensure Respiratory Care continuing education (RCCE) and to minimally include the following content requirements:

1. a minimum of fifteen contact hours of relevant RCCE every two years, beginning with the license renewal date and ending on the license expiration.
 - (a) One time contact hour of RCCE on Michigan Human Trafficking training or its successor training requirements as set forth by Administrative Rules 338.1751a.
 - (b) Complete a minimum of 1 hour of implicit bias training for each year of the applicant's license or registration cycle as set forth by Administrative Rule 338.7001(c).



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(c) Include content relating to the provision of clinical respiratory care, and include indirectly related content, including, but not limited to, activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

(d) Include at least 7.5 RCCEs of the 15 contact hours be “live”, in person seminars/conferences/presentations/webinars.

(e) At least seven of the required contact hours to include content relating to the provision of clinical respiratory care.

(f) The remaining two contact hours may include indirectly related content, including, but not limited to activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

2. Education activities not recommended include Basic life Support or cardiopulmonary resuscitation renewal courses, repetition of any educational activity with identical objectives and content within the same reporting period, employer specific orientation or in-service programs which do not significantly enhance the practice of respiratory care or related technologies, or self-directed reading of texts or journal articles.

RESOLVED FURTHER, that the MSRC strongly encourages all practitioners currently employed in the practice of respiratory care to successfully complete the Registered Respiratory Therapist (RRT) board examinations administered by the National Board for Respiratory Care (NBRC); and

That the MSRC strongly encourages all respiratory therapists to pursue advanced educational degrees beyond the minimum Associates Degree requirement for licensure; and

That the MSRC believes that the practice of respiratory care should be consistent with evidence-based clinical practice guidelines, as developed and published by the American Association for Respiratory Care (AARC) and other professional health care organizations.