

CoARC Update

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Mission Statement

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research and service.

Value of Programmatic Accreditation

Provides **consumer protection**, advances and enhances a profession, and protects against compromise of educational quality.

What Does CoARC Do?

- Holds programs accountable to the profession, consumers, employers, students and their families, practitioners— and to one another by ensuring that program goals and outcomes are appropriate to prepare individuals to fulfill their expected roles;
- Evaluates the success of programs in achieving goals and outcomes;
- Assesses the extent to which programs meet accreditation Standards;
- Informs the public of the purposes and values of accreditation and identifies programs that meet accreditation standards; and,
- Fosters continuing improvement in programs and, thereby, in professional practice.

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Value of CoARC Accreditation

- Established accreditation standards at all degree levels for entry into practice as well as degree advancement and advanced practice respiratory therapy (APRT) that ensure quality respiratory therapy education and optimally reflect the needs of the Respiratory Care profession;
- Accreditation standards and services supported by and in collaboration with the AARC and nationally-recognized physician organizations (ATS, ASA, and ACCP);
- Reputable and vetted outcomes data that inform the public and prospective students of programs' success in achieving outcomes deemed important for competent practice;



Value of CoARC Accreditation

- Committed support of the profession's goal of increasing the number of respiratory therapists who earn baccalaureate and graduate degrees;
- Accreditation decisions and responses to professional issues are conducted by well-informed and experienced peers of the respiratory therapy profession as opposed to a group of allied health occupations and professions where respiratory therapy has a minority voice;
- Demonstrated independence from any parent entity, or sponsoring entity, for the conduct of accreditation activities and determination of accreditation status.

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CAAHEP, NA2RC, and the JRCRC

- At its March meeting, the CoARC was informed that the National Association for Associate Degree Respiratory Care (NA2RC) applied to the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to sponsor a new accrediting committee the Joint Review Committee on Education in Respiratory Care (JRCRC);
- On April 14, CAAHEP approved the NA2RC sponsorship of the JRCRC;
- Currently, the NA2RC is the only sponsor of JRCRC.



CAAHEP, NA2RC, and the JRCRC

- In May, the CoARC sent letters to CHEST, ASA, and ATS asking the organizations not to support the JRCRC. In June, the CoARC sent similar letters to NAMDRC and SCCM.
- At request, the CoARC also provided the AARC BOMA and BOD with an overview document explaining the events leading up to this.
- To date, ASAHP, ATS, and CoBGRTE have provided written support for CoARC. AARC, ASA, CHEST, and NAMDRC are reviewing.

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March 2019 CoARC Communication

At our March 2019 meeting, the CoARC reviewed comments regarding the continued accreditation of associate degree programs. The CoARC wants to re-emphasize our commitment to support existing accredited associate degree programs. We continue to recognize the prominent role played by associate degree respiratory care programs in addressing workforce needs. We also reaffirm our position that there is the need for increasing numbers of respiratory therapists with baccalaureate and graduate education to serve as educators, researchers, managers, clinical specialists, and in other roles throughout the healthcare delivery system. The CoARC continues to work with other stakeholders to develop alternative pathways, including degree advancement, to meet this goal.



Program Numbers by CoARC Level as of July 1, 2019 (1 =451)								
	200-level (Entry Base)	210-level (Entry ADT BS)	220-level (Entry ADT MS)	300-level (U.S. satellites)	400-level (Sleep cert)	500-level (Degree Advancement)		
Continuing Accreditation	375	1	3	9	4	0		
Probationary Accreditation	7	0	0	0	0	0		
Provisional Accreditation	22	2	1	1	1	6		
Inactive Accreditation	1	0	0	0	0	0		
Approval of Intent	4	0	0	1	0	6		
Letter of Intent	2	0	0	0	0	5		
	356 Entry							
	67 Entry; 15 DA							
	6 Entry; 2 DA							

2018-19 Voluntary Withdrawals

- Since January 1, 2018 to July 31, 2019, there have been 25 program and program options that have withdrawn.
- 20 base programs. 3 satellites, and 2 PSG certificate option
- 13 states (AL, AR, AZ, CA, IL, KY, MI, MO, NJ, OH, PA, TX, VA)
- 9 AAS, 1 AOS, 6 AS, 6 BS, 1 MS, 2 PSG Cert
 - 2 BS (VA and NJ) were the only BS Entry programs in that state
- Stated Reasons for Withdrawal:
 - 7 low enrollments (5/9 AAS [AR, AZ, IL, MI, MO], 1 BS [VA], 1MS (AL))
 - Adverse action by institutional accreditor (4); Suspend admissions
 (4); Sat to base conversion (1); limited hiring opportunities (1); others were non-specific.

2019 Annual Report of Current Status

- The data collected for the 2019 RCS will focus on the reporting years for 2016, 2017, and 2018 (i.e., outcomes data from January 1, 2016 thru December 31, 2018);
- The 2019 RCS opening date is September 1 and the due date is November 1.
- The validation/review of the 2018 Annual Report of Current Status (RCS) will be completed prior to the December 2019 Board meeting.

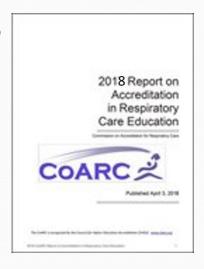
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2018 Report on Accreditation

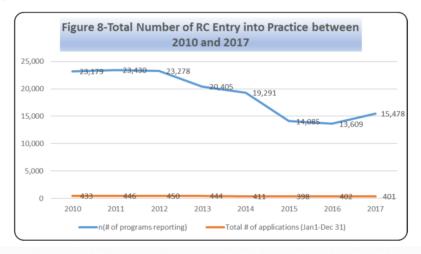
The 2018 Report on Accreditation in Respiratory Care Education was published in early June.

The report is available for download at www.coarc.com.



Total Applications

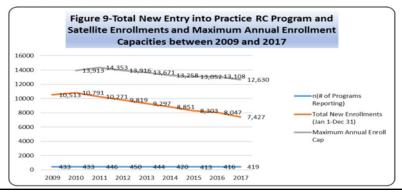
Each year, programs are required to report the number of applications they received. Figure 8 shows the total number of applications to RC programs from 2010 through 2017. Total applications reached a peak of 23,430 in 2011, and then decreased by 41.3% between 2011 and 2016. The number of applications increased by 13.7% between 2016 and 2017. The mean number of applications per program was 39 in 2017. 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, and 38 in 2010.

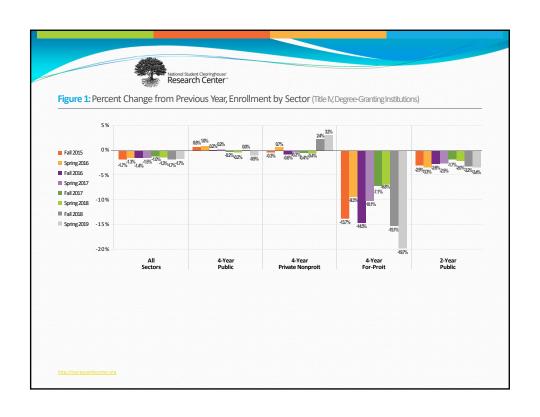


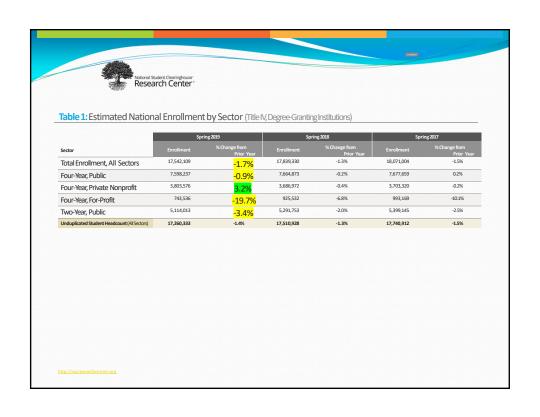
Total New Enrollments

Programmatic enrollment is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course; i.e. a non-survey/non-prerequisite course available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used for calculating programmatic attrition, on-time graduation rates, and maximum annual enrollment. Figure 9 shows total new enrollments from 2009 through 2017. Enrollments for 2010 through 2017 are compared to the total maximum annual enrollment capacity in the CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 58.8% of maximum annual enrollment capacity in 2011, 81.4% of capacity in 2016, 63.6% in 2015, 66.8% of capacity in 2014, 68.0% of capacity in 2013, 70.5% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. For 2017, 8.1% (34 of the 419) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 34 programs, 11 offered the AS degree, 11 offered the AS degree, 11 offered the AS degree, 11 offered the AS degree. 11 offered the AS degree.

The mean maximum annual enrollment capacity per program was 30 in 2017, 31 in 2016, 32 in 2015 and 2014, 31 in 2013 and 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 18 in 2017, 19 in 2016, 20 in 2015, 21 in 2014 and 2013, 22 in 2012, 23 in 2011, 24 in 2010, and 24 in 2009. The median number of new enrollments per program was 16 in 2017, 12 0106, 18 in 2015, 25 in 2014, 18 in 2013, 19 in 2012 and 2011, 20 in 2010, and 19 in 2009. There was a 7.7% decrease in new enrollments in 2017 compared to 2016 and a 29.3% decrease compared to 2009.









	No	sional Student Clearinghouse esearch Center					
	Re	esearch Center					
Table	9: Estimated Unde	raraduato Enr	ollmont at Two	VoorInctitutio	nc by		
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Class	ification of Instructi	ionai Program	Family				
		Spring 2	019	Sprir	ng 2018	Spring 2017	
CIP Family Code	CIP FamilyTitle	Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year
24	Liberal Arts and Sciences, General Studies and Humanities	1,844,167	-3.0%	1,900,584	-1.8%	1,935,912	-1.9%
51	Health Professions and Related Clinical Sciences	851,084	11.0%	766,962	0.1%	766,309	<mark>-3.5%</mark>
52	Business, Management, Marketing, and Related Support	582,503	3.1%	564,851	-1.8%	575,449	-3.3%
11	Computer and Information Sciences and Support Services	221,948	6.8%	207,894	4.1%	199,753	2.3%
43	Security and Protective Services	193,999	1.4%	191,254	-7.2%	206,001	-5.5%
50	Visual and Performing Arts	152,914	8.8%	140,496	0.4%	139,898	-2.3%
30	Multi/Interdisciplinary Studies	137,088	1.2%	135,500	-0.4%	136,062	-0.6%
15	Engineering Technologies/ Technicians	120,979	3.6%	116,801	-1.2%	118,241	-5.6%
26	Biological and Biomedical Sciences	113,682	12.4%	101,162	16.3%	86,979	6.8%
13	Education	111,449	0.7%	110,653	-0.5%	111,195	-7.3%
47	Mechanic and Repair Technologies/Technician	108,708	5.8%	102,779	-1.3%	104,094	-3.4%
19	s Family and Consumer Sciences/ Human Sciences	91,510	7.6%	85,050	-7.1%	91,543	-2.4%
42	Psychology	90,409	17.0%	77,294	0.6%	76,830	5.0%
14	Engineering	84,024	-0.4%	84,332	1.8%	82,877	1.9%
45	Social Sciences	80,847	7.3%	75,313	-2.5%	77,229	2.1%
12	Personal and Culinary Services	64,650	17.6%	54,983	-4.7%	57,702	-7.0%
46	Construction Trades	63,205	15.5%	54,705	-4.4%	57,251	4.5%
48	Precision Production	59,779	4.0%	57,466	1.0%	56,906	-2.0%

Total Graduates

Figure 10 provides the total number of graduates during the time period reported (i.e., January 1, 2009 through December 31, 2017). Graduation numbers includes both students that graduated on-time and students graduating after their expected graduation date.

There were 6,314 graduates in 2017. This is a 5.7% decrease compared to 2016 and a 12.4% decrease compared to the 2012. The mean number of graduates per program was 15 in 2017, 16 in 2016, 17 in 2015, 18 in 2014 and 2013 through 2010, and 16 in 2009. The median number of graduates per program was 13 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, 15 in 2012, 14 in 2011, 13 in 2010, and 14 in 2009.

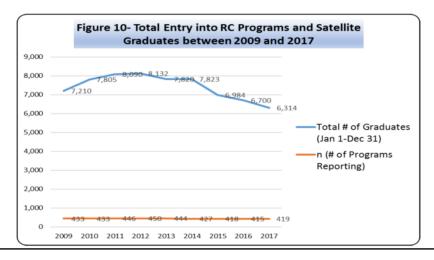


Table 21 – RC Programmatic Retention for 2012 RCS through 2018 RCS							
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Minimum Value Value		CoARC Threshold	# of Programs Above/Below Threshold		
2012 RCS Data from 1/1/09 to 12/31/11 (N=434)	17.4% (10.7)	55.0%	0%	40%	8		
2013 RCS Data from 1/1/10 to 12/31/12 (N=442)	19.1% (10.9)	50.9%	0%	40%	14		
2014 RCS Data from 1/1/11 to 12/31/13 (N=436)	19.1% (11.4)	62.5%	0%	40%	12		
2015 RCS Data from 1/1/12 to 12/31/14 (N=437)	18.9% (10.9)	71.4%	0%	40%	9		
2016 RCS Data from 1/1/13 to 12/31/15 (N=438)	18.5% (11.3)	75.0%	0%	40%	11		
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	58.5%	70%	4		
2018 RCS Data from 1/1/14 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	20		

Table 25 – RC Job Placement for 2012 RCS through 2018 RCS							
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold		
2012 RCS Data from 1/1/09 to 12/31/11 (N=422)	86.2% (12.5)	100%	0%	70%	24		
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	85.3% (11.7)	100%	13.8%	70%	41		
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	39		
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	N/A		
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	N/A		
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	N/A		
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	N/A		

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2012 RCS Data from 1/1/09 to 12/31/11 N=422)	92.1% (9.6)	100%	39.4%	80%	32
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	91.8% (9.7)	100%	45.5%	80%	41
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	92.4% (8.7)	100%	52.6%	80%	39
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	92.3% (8.4)	100%	55.9%	80%	35
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	92.5% (8.7)	100%	46.7%	80%	35
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	93.1% (10.8)	100%	45.2%	80%	21
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	93.7% (8)	100%	49%	80%	21

Table 33 – RRT Credentialing Success for 2012 RCS through 2018 RCS							
Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold			
2012 RCS Data from 1/1/09 to 12/31/11 (N=412)	62.2% (21.1)	100%	0%	N/A			
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	63.4% (22.1)	100%	0%	N/A			
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A			
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11.1%	N/A			
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	15.6%	N/A			
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	75.1% (19.0)	100%	13.8%	N/A			
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A			

The Standards Revision Timeline

- Following July 2019 Commission meeting:
 - Review the data collected from all evaluation sources;
 - Disseminate a call for public comment (with October 15, 2019 deadline);
 - Revise Standards, Evidence of Compliance, and Interpretive Guidelines, as needed;
 - Revisions to the draft will be reviewed by Full Commission at its December 2019 meeting;

The Standards Revision Timeline

- Anticipate final draft approval by Commission at its December 2019 Board meeting;
- Send the final version of the 2020 Standards to the CoARC's collaborating organizations (AARC, ATS, ASA, and ACCP) for acceptance as per CoARC Bylaw 2.05.01;
- The 2020 Standards will be posted on the CoARC web site and will go into effect on July 1, 2020.

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The Standards Revision Timeline

- Provide webinars for Key Personnel and Site Visitors on implementing the revised Standards (Mar – Aug 2020):
- Programs with self-studies due between July and December 2020 will be given the option of completing their self-study/site visit using either the 2015 or 2020 Standards. Programs with self-studies/site visits due after December 2020 will be required to demonstrate compliance with the 2020 Standards.



Graduate and Employer Survey Update

- Shortly after the release of its 2018 Annual RCS in late October, the CoARC was informed that graduate and employer survey data from prior years could not be transferred into the new RCS format.
- As a result, programs will only be able to submit survey data for 2017 in their 2018 RCS.
- Accordingly, at its November meeting, the CoARC Board determined that no accreditation decisions based on subthreshold results in graduate and employer surveys would be taken until three years of data are available, which will occur with the submission of the RCS due July 1, 2020.

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Update on High Cut Score Threshold

- Due to delays in the release and submission of the 2018 Annual Report of Current Status (RCS), the CoARC is postponing the establishment of a threshold until 2020.
- After the data from the 2019 RCS have been reviewed and a threshold established, all accredited programs will be informed.
- Compliance with the TMC threshold will be required for the annual reports due July 1, 2020.



CoARC Attends CCBA Conference

- The Community College Baccalaureate Association (CCBA) strives to promote better access to the baccalaureate degree on community college campuses, and to serve as a resource for information on various models for accomplishing this purpose.
- CoARC Immediate Past-President Brad Leidich and CEO Tom Smalling attended presentations on Skyline College's pilot RC baccalaureate program, distance education hybrid programs, dual admission and enrollment, and 3+1 transfer programs.



Health Professions Accreditors Collaborative

- CoARC is one of 23 specialized and professional accreditors that form the collaborative.
- The HPAC and the National Center for Interprofessional Practice and Education document Guidance on Developing Quality Interprofessional Education for the Health Professions is now available to the public on the new IPE Guidance tab of the HPAC website:
 - http://healthprofessionsaccreditors.org/ipe-guidance/
- Separate links to PDF versions of Guidance document, FAQs and press release are available for reading or downloading on the IPE Guidance tab.

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Upcoming Board Meetings

December 12-14, 2019

Tucson, AZ

March 12-14, 2020

Scottsdale, AZ