

Perspectives on Credential Maintenance

by

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Part 1

The original continuing competency program was implemented in July 2002 and was developed with two outcomes in mind – 1) to enhance and maintain competence as time passes and 2) to require participants to provide evidence they continue to meet current competency expectations. Eighteen years later, NBRC credential holders fall into one of three categories:

Group 1: credentials do not expire

Group 2: credentials expire

Group 3: some credentials expire and some do not

If you are uncertain into which group you fall, you are encouraged to login to the [Practitioner Portal](#) at nbrc.org to review your credential information. If a credential you earned has an expiration date, it will be clearly displayed on your personal dashboard.

As time goes on, the number of credentialed practitioners in Group 1 shrinks in size because these therapists retire from the profession and no new lifetime credentials are awarded. Likewise, Group 3 shrinks in size although not as rapidly as Group 1 since earning a new credential tends to be the behavior of a therapist who continues to practice. Additionally, a therapist can transition from Group 1 to Group 3 by achieving a new credential so there is a low level of addition even as retiring practitioners shrink the size of Group 3. The size of Group 2 is maintained or grows since it is regularly replenished as new therapists enter the profession although some voluntarily let their credentials expire.

Continuing Competency Program (CCP) Details

Prior to implementation in July 2002, an advisory committee recommended the first operational details for the program. Committee members included stakeholders from various backgrounds including representation from the American Association for Respiratory Care (AARC), state licensure agencies, physicians, and respiratory therapists. At that time, most states already implemented licensing for respiratory therapy and that had an influence on credential renewal requirements.

One option for CCP participation was **continuing education as documented by 30 credits over 5 years**. The number of credits was defined by using the smallest number required annually by states who require CEUs to maintain a license. Another option for participation was **resetting the credential expiration date when a therapist achieves a new credential**. Lastly, a therapist can **reset the credential expiration date by retaking the examination** for the credential they are renewing. Additionally, assigning a **five-year expiration period** has been in place since 2002, which the NBRC reaffirmed in 2018 based on a study of expectations about therapists who stop practicing.

Credential Maintenance Program (CMP) Details

In 2020, the program name was changed to better communicate to therapists that some aspects of the program are different. The most significant change is the introduction of quarterly assessments. The way in which a therapist views these assessments is influenced by the group in which one resides. Descriptions of these points-of-view will begin with Group 2 since it is the group most impacted by the change.

Group 2 – All my credentials expire

Practitioners in this group allow their credential to expire when they do not provide documentation of the required CEUs, or earn a new credential, or pass the examination linked to their credential before it expires. The NBRC sends communications by mail and email to therapists annually and multiple communications are sent in the final year of their credential cycle. The NBRC's database of credential holders is the source of the email and street addresses to which such communications are sent. It is the responsibility of each therapist to keep their contact information up to date. The therapist can do this by logging into their Practitioner Portal at nbrc.org or by contacting the NBRC by phone or email.

The public, who receive respiratory care, expect a professional will manage those things that are necessary to keep themselves in good standing. An employer holds the same expectation although some may remind therapists when they are getting close to their expiration dates.

By responding to quarterly assessments, a Group 2 practitioner creates an opportunity to reduce the number of required continuing education credits to 15 or even to 0. Each credentialed practitioner has a color-coded dashboard built into his or her Practitioner Portal account. A credentialed practitioner can learn their performance level (green=high, yellow=medium, red=low) from their personal dashboard and whether documented continuing education credits will be reduced (assuming the same assessment performance level over 16 quarters). Unanswered assessments are also listed in the dashboard. If a practitioner cannot log in to his or her account to see the dashboard, then an email sent to CMPSupport@nbrc.org will start the process of gaining access.

Within the subset of Group 2 who have achieved multiple credentials, **the color-coded assessment performance level depends on the net score of assessments for each credential held.** Illustrating net score with an example, when a therapist has taken 10 assessment items for the RRT credential and 5 assessment items for the RRT-NPS credential, the performance level is based on the net score from 15 items. **The performance level affects whether a total of 30, 15, or 0 credits will be documented for both credentials.** Guidance about how required credits will be distributed for a practitioner with multiple credentials is given among the CMP [FAQs](#) - How many CEUs am I required to document?

A therapist who chooses to respond to assessment items is also choosing to keep current about content in which the public should be especially interested because they will be better protected. The NBRC knows this because topics covered by assessment items were identified by a job analysis study. Assessments cover topics that change rapidly while being the highest risk to patients. As a result, the NBRC expects learning to be encouraged in therapists who respond to assessment items regardless of whether they correctly answer an item. It is the exposure to topics covered by assessments that truly adds public protection value rather than the score earned. If some practitioners in Group 2 are given a break by submitting a reduced number of continuing education credits along the way, then that is a nice added benefit but not the primary goal.

Despite the potentially added public protection value from responding to assessments, a therapist in Group 2 may choose to ignore assessments as long as he or she documents 30 continuing education credits every 5 years or resets the credential expiration by taking an examination. Whether an individual shows the highest regard for public protection by responding to assessments is up to the individual. Like any behavior impacting patient care, an employer could use assessment participation to acknowledge differences among therapists. Part 2 of this article series will address this point more thoroughly.

Group 3 – Some of my credentials expire

From the perspective of a Group 3 practitioner, only a credential with an expiration date will expire if no new credential is achieved, no retake of the initial credentialing examination is made, and less than 30 continuing education credits are documented in 5 years. By responding to assessments, someone in this group can reduce the documentation required to 15 credits or 0 credits.

The same rule about net assessment performance affecting credits to be documented is in effect for Group 3 practitioners. Even though there is a credential that will not expire, assessments attributed to this credential will contribute to the net score. Someone in this group who intends to reduce the credit documentation requirement to 15 or 0 should respond to assessments linked to credentials with and without expiration dates. If reducing the credits to be documented is not a therapist's goal, then he or she can choose to focus on topics in the specialty area by only responding to the corresponding assessment.

Even though it is not true, a member of the public may assume every therapist who provides them with respiratory care is participating in taking assessments because they expect what is best for themselves. While there is no mechanism for the public to learn who has or has not responded to CMP assessments, practitioners in Group 3 who want to show the highest regard for public protection are encouraged to respond to assessments for specialty and respiratory therapy credentials. This article was written in the middle of the COVID pandemic when human and equipment resources were stretched thin which highlights the fact that a therapist may not have the luxury of providing patient care in the specialty to which his or her career has transitioned. Responding to assessments linked to general respiratory therapy as well as a specialty is a way to remain ready in areas that put the public at risk.

Group 1 – None of my credentials expire

Group 1 is ever-shrinking in size to the point there will someday be none. However, this day is still a couple of decades away. The NBRC considered whether to allow members of this group to access assessments with the implementation of the CMP. The conclusion that prevailed was that the public would be better protected by allowing this group to access assessments so they could engage in the same learning about vital topics. Individuals from this group that opt-in to participate in assessments will continue to have life-long credentials without an expiration date and no continuing education credit documentation is required, regardless of their assessment performance.

By opting in, each therapist should first understand that the color-coding of the performance level in the dashboard is again impacted by the net assessment score. Those who intend to see green or yellow in their dashboards should plan on responding to each assessment for each credential he or she holds.

There is again no way for the public to know who from any group has responded to CMP assessments. The highest regard for public protection is in part shown by those positive things a therapist does that are neither required nor observed by someone else. A practitioner in Group 1 who wants to opt-in should

be able to do so after logging in to his or her Practitioner Portal account at nbrc.org. If the practitioner is unable to login an email sent to CMPSupport@nbrc.org will get the process started.

Part 2

Part 1 of the 'Perspectives on Credential Maintenance' article series focused on how practitioners choose to either respond to Credential Maintenance Program (CMP) assessments or ignore them. Choosing to respond to CMP assessments is an indicator of a practitioner who shows the highest regard for public protection. An employer with this same level of regard for public protection could choose to integrate participation of the CMP assessments into employment expectations. The purpose of this article is to review participation information that became available after CMP assessments went into full effect in January 2020. The NBRC first released CMP assessments as a pilot program in 2019.

Engagement Level

Notices about the release of CMP assessments were sent to about 82,500 practitioners whose credentials have an expiration date associated with it. Assessments are released in January, April, July, and October. As of this writing, the first quarter set of assessments had gone through a full three months of availability.

NBRC policy allows those who fail to complete the assessment in the current quarter until the last day of the next quarter to finish the assessment, so the final participation level is not fully known but still fairly clear in *Figure 1*. Two-thirds of those with expiring credentials chose not to participate in the assessments. Among the one-third of practitioners who engaged with assessments, most completed them.

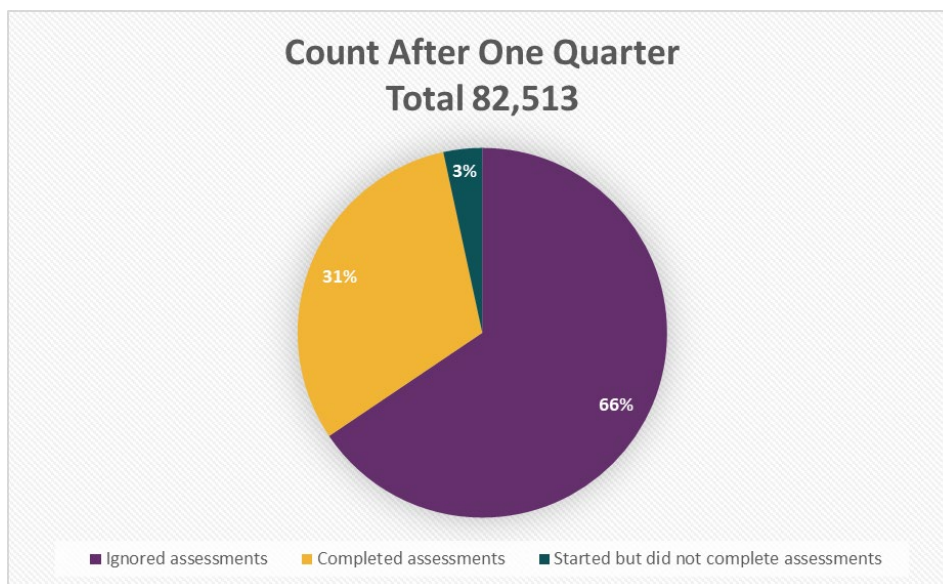


Figure 1. Proportions of therapists who engaged with and ignored assessments

Typical Response Load

It will help to understand the information in *Table 1* for interpretation of *Figure 2*. Most practitioners who started assessments responded to 10 items which is consistent with those who intended to maintain their CRT or RRT credential. It is possible that some of the practitioners who submitted 10 responses were focusing on two 5-item specialties, but most of those described in the second bar of *Figure 2* were maintaining CRT or RRT credentials. After observing that the next largest subgroup had submitted 15 responses in the third bar of *Figure 2*, most of this subgroup were maintaining the CRT or RRT credential along with one specialty credential.

Table 1. Assessment Details

| Assessment Group | Number of Assessment Items per Quarter |
|--------------------------------|--|
| Respiratory Therapy | 10 |
| Pulmonary Function Technology | 5 |
| Neonatal / Pediatric Specialty | 5 |
| Sleep Disorders Specialty | 5 |
| Adult Critical Care Specialty | 5 |

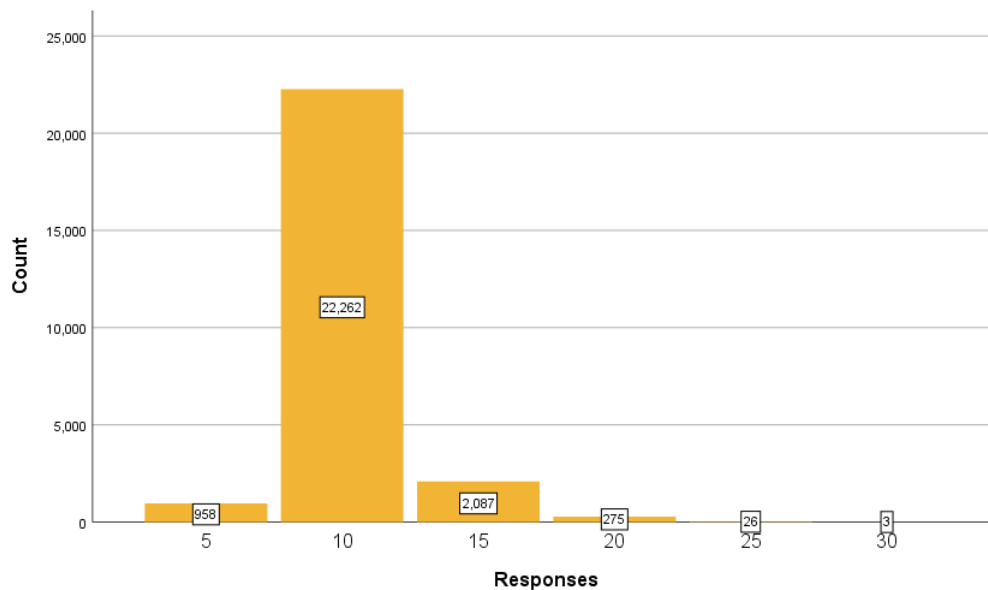


Figure 2. Number of Assessment Responses during the First Quarter for Each Practitioner

Potential to Decrease Continuing Education Credits

It may sound contrary to propose that documenting fewer continuing education credits is aligned with maintained competence. If the reason for the reduced number is evidence of higher performance through standardized formative assessments, the rationale becomes clearer. However, the rationale is clear when knowing assessment content covers topics that changes rapidly and put the public at risk .

The Part 1 article described how each practitioner can access a color-coded dashboard. Practitioners can use the dashboard to do several things including the following:

- Review the stem and options of each assessment item including the best response to which a panel of peers agreed.
- Review whether a correct response was submitted to an item.
- Learn the percentage of peers who selected the correct response to an item.
- Review the explanation of each option.
- View the reference citation from which the item approval panel relied so the content can be further studied.
- Learn the number of correctly answered assessment items and which performance color zone they fall under as defined in the Part 1 article.
- Anticipate the number of continuing education credits to be documented after 16 quarters.

Among those who responded to assessments, color zones observed after the first quarter indicate that 80% of the subgroup should anticipate a reduction in the number of continuing education credits to be documented. An assumption behind that statement is that each practitioner in the subgroup will tend to perform at the same level on future assessments.

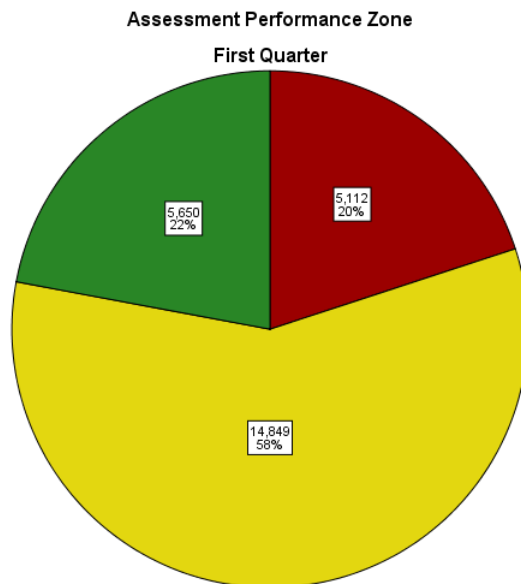


Figure 3. Zone Results from First Quarter

It is fair to conclude that if more practitioners from the purple slice of *Figure 1* were to participate in future assessments, 80% of this subgroup would see a reduction in the number of continuing education credits to be documented as their abilities are assumed to be the same as the subgroup who responded to assessments.

A final point pulled from the Part 1 article is that the act of responding to CMP assessments is more important than the number of assessment items answered correctly. Each assessment exposes respondents to ideas that are linked to rapidly changing underlying knowledge and high risk to the public.

If larger proportions of practitioners can be encouraged to respond to assessments, then public protection will be the beneficiary. However, when two-thirds of the population choose to ignore assessments, help from employers to create incentives for practitioners to participate would be welcomed.

Part 3

Parts 1 and 2 of the 'Perspectives on Credential Maintenance' series describe expected points-of-view from the three groups of credentialed practitioners who chose to participate in assessments for the Credential Maintenance Program (CMP). This article, Part 3, provides feedback submitted by assessment participants that all practitioners may find useful when completing assessments.

There is a time limit.

The comments below show that these individuals waited too long to submit responses to assessments.

- *I attempted to do this exam last minute. Not ideal I'm aware. The exam wasn't available to me and it appears that I have taken the exam and scored 0/10.*
- *Test closes today, except it has already closed.*

Practitioners may access an assessment until midnight (Central Time) on the last day of the quarter ending in March, June, September, and December. When assessments aren't completed by the deadline, practitioners miss the opportunity to potentially reduce the number of CE's required by the NBRC.

Your internet connection is important.

Being able to take assessments when, where, and how you choose is a tremendous benefit designed into the system. The comment below describes why it is important to have a solid internet connection when taking assessments.

- *My wifi dropped out during the CMP quiz while waiting on a question to load. Once reconnected, I was automatically sent on to the following question without ever having seen question #9 which was automatically marked wrong.*

There is no way to distinguish between intentional and accidental internet disconnections, or time expirations. Ensure a stable connection by restarting your device before you start an assessment or using a wired connection instead of a wireless connection.

Built in security.

The assessment system is intended to engage each practitioner with the content without them taking shortcuts. If one person shares assessments so others can submit responses without thinking about the content, then the learning that is expected to occur is bypassed, which could be detrimental to patients. The feedback below confirms the monitoring system that is built into the system works as intended.

- *I was taking the assessment questions and I touched the screen one second too long and it highlighted text and warned me about cheating. These are offered on smart phones and that sometimes happens.*
- *My daughter crawled on my lap and touched the screen of my phone. A red box message popped up saying I was cheating on the quiz/test. I'm not sure why that popped up.*

The assessment system tracks the number of times an attempt to copy text or screenshots occur. One event is not a problem, but too many events will get our attention, which will prompt follow up communication.

Assessment attempts cannot be reset.

We anticipated the new system could be challenging to use. Practitioners should be mindful that assessments cannot be reset and pay careful attention to having them open on mobile devices.

- My toddler was playing with my phone. I never actually took the 1st assessment. Can this be reset?

If no responses have been submitted, individuals may complete the assessment before it expires. However, the system cannot distinguish between accidental and legitimate responses.

Why assessments exist.

The primary goal in using assessments is to strengthen the relationship between competencies of credential holders and expectations linked to those credentials. Quarterly assessments are a component of the CE option to maintain credentials through the promotion of learning. A practitioner with a credential could do any of the things described in the content outline based on the results of the job analysis study. Each assessment is designed to focus on content that changes most rapidly and puts the public at highest risk. An additional goal of the assessments is to prepare a practitioner when they suddenly experience a new scope of practice after starting a new job.

- *Many of the questions are related to things I am unable to do. They are not used in the setting where I work.*

It may feel unfair to be asked about practices not all practitioners do, but a patient receiving respiratory care will think differently.

Assessments aren't so bad after all.

Among feedback saying assessment questions were confusing, vague, split hairs, impractical, or had multiple acceptable answers, some practitioners shared these insights.

- *Just wanted to say thank you, our profession needs this badly. This has awesome potential, please keep this going. I did horrible for my first time but I look forward to coming back and learning more.*
- *Wide variety of questions. I like it!*

- *This was kind of fun and it helps to try to remember things. Maybe there could be a sound when you get a correct answer.*

Right now, we focus on the basics of putting viable assessments in front of practitioners so they can receive meaningful feedback that we hope prompts learning. In the future, game-like experiences could be integrated to increase the positive reinforcement.

