Fostering Quality in Respiratory Therapy Education – A Need of the Hour

The respiratory care profession was formally established in India over 25 years ago; concomitantly, numerous training programs were also started in different parts of the country.[1] Even though these programs started simultaneously, the core curriculum varied in its structure and duration between different institutions. Factors that still need attention to ensure Respiratory Therapist's (RT) quality of education and skills include a uniform nomenclature and good curriculum design, providing qualified faculty and adequate resources.[2]

The Age of Stagnation

Changes in the health-care policies and booming of multispecialty tertiary care centers resulted in a breakthrough demand for respiratory therapy and other allied health-care (AHC) professionals in the country.[3] Subsequently, the country witnessed the installation of many academic institutions offering respiratory therapy programs.[1] Majority of them operate without any regulations or control over the quality of education or the number of student intake every year. A statutory authority over the practice of respiratory therapy and a licensing body is not yet in place. This affects the quality of respiratory therapy education along with other AHC professions.[4] Several additional factors also need attention. A good quality teaching model, qualified educators, self-evaluation and review, better working conditions, responsive relationship with the students, collecting and scrutinizing feedback from the stakeholders, and learning outcome assessments are also required.[5] Finally, as with many other professions, the "brain drain" phenomenon has resulted in most well-trained RTs leaving the country's shores for greener pastures in other countries.[6]

It is our view from the long-lasting experience in the professional organization as present and past office bearers that the respiratory therapists across the country must show more initiative and foresight. The "ideal" model needs to change to provide room for remodelling with the changing times. They need to adapt to changing practices in respiratory care over the years. They should be willing to embrace new ideas or change practices, exchange ideas, review recent literature, and expand the scope of practice to avoid stagnation in professional growth.

A leader must always be ahead of time and have the courage to test new ideas.[7] Many young RTs are pushed into administrators and leaders early in life, which allows them to learn, administer, and bring in new ideas. Even though technically competent, some leaders take on the starring role without the fundamental provisions to do the job well. They must learn to solicit or have access to opportunities to participate in relevant professional learning and improvement.[7] Respiratory Therapy in India, as a profession, is at a critical juncture; opportunities have arisen and it is time for the RTs to transform drastically at this time. There is a real prospect to see the profession in India reach great heights.

Hope and Progress

If we need respiratory care to be a relevant and esteemed health-care profession, it is essential to establish entry-level academic credentials.[8] Respiratory therapy in India is a relatively new and fast-growing speciality. There is a surge in the number of universities and academic institutions offering the respiratory therapy program; at this bourgeoning phase, it would be essential to regulate the course curriculum, the available facilities, the teachers and the number of registered candidates. Only then would we be able to see dignified, respectable, and reliant RTs in the country in the future. Furthermore, the current leadership, especially those who run an academic program, are duty-bound to establish a demarcated organizational structure within their institution that is expected to accommodate continuous quality improvement.[9]

The Government of India has introduced the newly constituted National Commission for Allied and Health Care Professions (NCAHCP) bill 2020 to rationalize the country's Allied Health Care profession and bring more opportunities for the respiratory therapy profession.[10] The long-term dream of the Indian Association of Respiratory Care (IARC) and the Respiratory Therapists of India has finally borne fruit. The Society now has an enhanced responsibility in the development and organization of respiratory therapy practice and education in the country.[11] The recently established Indian Academy of Respiratory Care, under the auspices of IARC as its academic wing, has a substantial role in defining the professional practice guidelines and curriculum development, emphasizing interactive and clinically integrated teaching strategies.[12] A significant challenge that the Society envisages is unifying the contents of the curriculum for the entire country. IARC should also seize the opportunity offered by the NCAHCP bill to bring the various respiratory therapy courses conducted under different nomenclatures under a single umbrella.

A large group of expert clinicians and the public in our country may not have heard of a respiratory therapist until the pandemic. However, they have been an integral member of the multi-disciplinary health-care team for years. As the number of patients with COVID-19 has grown, so has the demand for RT's more than ever before.[13,14] The role of an RT might be challenging and stressful; their role would have

been reverberated as challenging well before the pandemic and, it has now turned out to be multifaceted. Considering the challenging involvement of the RTs at all levels of patient care, they will have a major role in the future of health-care services in our country.

RT's scope of practice will increase exponentially when the Indian Government's idea of establishing small-scale intensive-care settings in rural areas and advanced home care/long-term care facilities are implemented.[15] To participate optimally in these processes, RT's roles, knowledge, competencies, and practices need to be renewed and reformed to innovative clinical and management norms.[16] Academic institutions and government authorities must take the initiative to rationalize the need for establishing quality measures in respiratory therapy education and AHC as a whole.[5] It is the need of the hour to find the gaps in AHC education, the scope of practice, and its alignment with the current work structure.[17] There is, therefore, a clear need to rationalize the investments made by the Government and various organizations in the deployment of resources and structures in respiratory therapy and AHC education, strategies adopted for the making of information about quality measures, desirable performance indicators, and the stakeholder's awareness of these policies.

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