North Carolina Board of **Recreational Therapy** Licensure
PO Box 2655 Durham, NC (336) 212-1133 www.ncbrtl.org

December 19, 2014

Dear Mr. Hefren,

The North Carolina Board of Recreational Therapy Licensure (NCBRTL) appreciates all of your Committee's work concerning Occupational Licensing Boards (OLA) in NC. NCBRTL welcomes increased communications from the legislators through an OLA Commission as a means to ensure quality performance. While we also agree that our statute could use some changes that would improve the overall functioning and operation of the board, we do not think the report accurately reflects the effectiveness and value of the Chapter 90C and the NCBRTL to not only our profession but also the public. The following will provide some contextual information and will address each of the criteria utilized by the committee.

Contextual Information: In order to respond and to place things in context, please note the following events that impacted the 2013 snap shot assessment of the NCBRTL performance. In 2013, which is the only year examined by the Committee, the administrative office of NCBRTL was significantly impacted by a fire. The fire resulted in massive interruptions for Board functions as well as access to data. All NCBRTL records were engaged in a 9 month restoration process and unavailable to the Board. As a result, the NCBRTL made the replacement of our Board's computer system and the restoration of normal operating of the utmost priority. In addition, it was during 2012-2013 that the NCBRTL identified website updates and revisions a strategic priority. To accomplish this objective, NCBRTL entered a bid process for a new website design. The bid process was completed and our web site to facilitate electronic submission, including improved reporting features is being developed with an anticipated launch in early 2015.

Citations and Sanctions: One of the criteria the committee used to determine the validity of the licensure boards was based on the number of sanctions for suspension and revocation per 10,000. As a smaller professional licensing board, the Committee viewed numbers from the point of how many licensees there were at that point in time. In 2011-2012, there were 650 licensees. The NCBRTL conducted 52 investigations and issued 42 sanctions. So from the NCBRTL's point of view, it was felt that this was an unacceptably high percentage; hence, the NCBRTL made the decision to implement proactive steps (Corrective actions plans and Compliance and Ethic Training) to reduce the number of sanctions.

As a result of a larger number of investigation and sanctions occurring in 2011- 2012, the NCBRTL analyzed the incidents proactively implemented new strategies to reduce the dominant citations in the profession. In turn, NCBRTL implemented a process of "corrective action plans" so those LRTs and LRTAs with compliance issues could make corrections and learn from the real and anticipated violations. At this time, the NCBRTL does not have the authority to issue civil penalties. Therefore, the required NCBRTL sanctioning grid addresses non-compliance issues in the same manner as practice issues. It was also felt that one of the roles of NCBRTL was to improve licensees' conduct and, in response, initiated an NCBRTL Compliance and Ethics Training requirement for all licensees during their first year of licensure. So, in 2013 there was a significant drop in both investigations and sanctions.

While NCBRTL agrees that accepting complaints should be more visible to the public, as a healthcare profession, it is important to note that most complaints/reports originate within hospitals or other healthcare facilities and, therefore, these reports come from within the hospitals rather than from the open public. NCBRTL Rules requires that all reports either by self-report or by the responsible supervisor must be made within 72 hours. If this does not occur, then the licensee and/or supervisor may subject to additional sanctioning. So the NCBRTL reports generally come from the licensees themselves and not the effected patient/client or the public.

Licensee Mobility Criteria: The Committee's comparison of licensees' mobility by comparing the licensure of recreational therapy to other state credentialing laws warrants comment. Currently, as reported in the audit, NC is one of 4 states that have implemented licensure for recreational therapy practice. NC is considered a "model" program within the United States with other states adopting our statute to increase state licensure. North Carolina is the third largest employer of RTs in the United States and the national professional organization has implemented a 50 state initiative to ensure licensure in all 50 states as a means to protect the public from harm and professional misrepresentation. . Since Chapter 90C does not require state residency, some out of state licensees, maintain their license in NC for acknowledgement as a "licensed healthcare professional". This is an accepted criterion for many healthcare professions.

Level of Credentialing: The Committee also addressed the differing level of credentialing. From an historical perspective, the NCBRTL was originally a certification Board for 6 years prior to licensure. The designation of title legislation only was extremely problematic as agencies including DHHS merely changed job titles and engaged in the practice of hiring unqualified people (individuals that did not possess the educational background or competencies in client assessment, treatment planning, and treatment implementation and outcome evaluation in RT) in these positions. Since, the individual was not referred to as a recreational therapist; the board received complaints but had no authority to take action. The hiring of unqualified individuals to perform essential health care services was a large issue in the state hospitals and small nursing homes and a significant body of consumers were not protected and did not receive services by competent, qualified professionals.

Recreational therapy is often a misapplied term with numerous reports about individuals, (e.g., such as Activity Directors), who may be practicing or representing themselves as a recreational therapist and placing consumers at potential risk. These individuals are not required to possess any more than a 90

hour training course and there is no legal authority over their practice. NCBRTL believes that greater public protection would be possible with increased authority to do inspections. Onsite inspections could help identify those practicing RT without proper professional education and credentials. With the changing demographics of the state toward a more aging and fragile population, there will be increased demand for qualified and credentialed professionals to deliver quality treatment services across settings. These changing demographics will require a significantly stronger services provider with the credentials and competencies for practice delivery.

The NCBRTL would welcome the opportunity to further clarify any of our responses. We understand, your report has already been accepted by the Joint Legislative Program Evaluation Committee but we do hope you further communicate that NCBRTL does have an effect on protecting the public and is a valuable OLA in the state of NC.

Sincerely,

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