

STAFFING

1. **REASON FOR ISSUE:** To revise the Department of Veterans Affairs (VA) qualification standard for Registered Respiratory Therapist (RRT), GS-0601, appointed under 38 U.S.C. § 7401(3), Appointments in Veterans Health Administration and 38 U.S.C. §§ 7405(a)(1)(B) and 7405(a)(1)(D), Temporary full-time appointments, part-time appointments and without-compensation appointments.
2. **SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains mandatory procedures on staffing. The pages in this handbook replaces the existing Registered Respiratory Therapists qualification standard in VA Handbook 5005, Part II, Appendix G11, in its entirety. The new standard is effective on the date of publication. These changes will be incorporated into the electronic version of VA Handbook 5005, Staffing, that is maintained on the [Office of the Chief Human Capital Officer website](#) and the [VA Publications website](#). Significant changes include:
 - a. Adds an exception to appoint Respiratory Therapists, who are certified and working towards obtaining their “registration” credential, on a temporary appointment.
 - b. Adds license and credential (certification and registration) requirements.
 - c. Adds new assignments within the occupation.
 - d. Incorporates the subspecialty of pulmonary to this standard. The incorporation of pulmonary to this standard abolishes the subspecialty of Medical Instrument Technician (Pulmonary Function) and all assignments designated under VA Handbook 5005, Part II, Appendix G27, Appendix J.
3. **RESPONSIBLE OFFICE:** Office of the Chief Human Capital Officer, Recruitment and Placement Policy Service (059).
4. **RELATED DIRECTIVE:** VA Directive 5005, Staffing.

**Department of Veterans Affairs
Washington, DC 20420**

**VA HANDBOOK 5005/141
Transmittal Sheet
March 12, 2021**

- 5. RESCISSIONS:** VA Handbook 5005, Part II, Appendix G11, dated April 15, 2002 and Appendix G27, Appendix J, dated March 17, 2006.

CERTIFIED BY:

**BY DIRECTION OF THE SECRETARY OF
VETERANS AFFAIRS:**

/s/

John P. Medve
Acting Assistant Secretary
for Enterprise Integration

/s/

Paula Molloy, Ph.D.
Assistant Secretary for Human
Resources and Administration/
Operations, Security and Preparedness

DISTRIBUTION: Electronic Only

NOTE: This transmittal page accompanied the former VA Handbook 5005, Staffing publication. It is provided for reference to the revisions made to this qualification standard.

FORMER VA HANDBOOK REFERENCE: PART II APPENDIX G11
EFFECTIVE DATE: March 12, 2021

**REGISTERED RESPIRATORY THERAPIST
QUALIFICATION STANDARD
GS-0601
Veterans Health Administration**

1. **COVERAGE.** The following are the requirements for appointment and advancement as a Registered Respiratory Therapist, GS-0601, in the Veterans Health Administration (VHA). RRTs in VHA perform or supervise work concerned with administering respiratory care and life support to patients with cardiopulmonary deficiencies, diseases and abnormalities.

2. **AUTHORITIES.**
 - a. [P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010;](#)
 - b. [38 U.S.C. § 7401, Appointments in Veterans Health Administration;](#)
 - c. [38 U.S.C. § 7402, Qualifications of appointees;](#)
 - d. [38 U.S.C. § 7403, Period of appointments; promotions;](#)
 - e. [38 U.S.C. § 7405, Temporary full-time appointments, part-time appointments and without-compensation appointments;](#)
 - f. [38 U.S.C. § 7407, Administrative provisions for section 7405 and 7406 appointments.](#)

3. **BACKGROUND.** P.L. 98-160, The Veterans' Health Care Amendments of 1983, authorizes full-time, permanent appointments in three occupations under authority of 38 U.S.C. § 4104(3) which included RRTs. Prior to the enactment of this law, VA hired nonregistered or certified respiratory therapists and inhalation therapy technicians in the GS-0651 series. Information and guidance on the conversion and implementation from title 5 to title 38 was provided in Circular 00-85-9, Employment of Certified or Registered Respiratory Therapist, Licensed Physical Therapist and Licensed Practical or Vocational Nurse under 38 U.S.C. Chapter 73, dated March 12, 1985, with amendments issued in 1987 and 1988. Supplemental circular issued April 26, 1988, provided notification that Respiratory Therapists could no longer be hired under title 5 and implemented the requirement for a therapist to be certified and/or registered; therefore, Respiratory Therapists could no longer be hired under the GS-0651 series since it did not include the requirement to be certified or registered. The circulars and supplements provided guidance and processes for converting employees who provided evidence of certification and/or registration.

4. DEFINITIONS.

- a. **Journey Level.** The full performance level for this qualification standard is the GS-11 grade level.
- b. **Creditable Experience.** Experience is only creditable if credentialed as a Certified Respiratory Therapist (CRT) or RRT, the experience is in respiratory care, pulmonary function testing or polysomnography and directly related to the position being filled. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills and abilities (KSA) associated with current practice in paid employment as a CRT or RRT.
- c. **Part-Time Experience.** Part-time experience is credited according to its relationship to the full-time workweek (e.g., an RRT who worked 20 hours a week would receive one full-time workweek of credit for each two weeks of service).
- d. **Clinical Supervision.** Clinical supervision is between a credentialed and non-credentialed clinician or trainee in which the clinical work is reviewed and reflected upon, with the aims of improving work with clients, ensuring client welfare and supporting professional development. This includes co-signing clinical notes and supervising an individual as he/she is working towards the credential.
- e. **Administrative Supervision.** Administrative supervision is supervisory responsibility including but not limited to assigning and evaluating the work of subordinate staff, resolving complex problems to ensure patient services are met, making final decisions on selections, evaluating performance and taking disciplinary action when necessary. The employee has full administrative and professional responsibility for planning and directing the work.
- f. **American Association for Respiratory Care (AARC).** Professional organization responsible for oversight of the occupation/profession.
- g. **Commission on Accreditation for Respiratory Care (CoARC).** The accrediting body for respiratory programs at colleges and universities.
- h. **National Board for Respiratory Care (NBRC).** The credentialing body to vet and administer tests and award the credentials to become a CRT and RRT.
- i. **Board of Registered Polysomnographic Technologists (BRPT).** An independent, nonprofit certification board that provides credential in sleep technology – the Registered Polysomnographic Technologist (RPSGT) credential. The RPSGT credential is accredited by the National Commission for Certifying Agencies (NCCA).
- j. **Credential.** In the field of respiratory care there are two types of credentials granted in the credentialing process to becoming registered as defined below:
 - (1) **CRT.** Upon graduation from an accredited program, Respiratory Therapists (RT) are eligible to take a national examination and upon passing, the

individual is granted the credential of CRT by the NBRC. RTs who hold a CRT credential are limited in duties and responsibilities and differ from those who hold an RRT credential.

- (2) **RRT.** Upon graduation from an accredited program, RTs are eligible to take a national examination and upon passing, the individual is granted the credential of RRT by the NBRC.
- k. **License.** Licensing within the respiratory occupation is outside of the credentialing process. Those who have obtained their degree from an accredited program in respiratory care and hold a CRT or RRT credential may be granted a license from a state.
- l. **Certification.** Certifications are granted to RRTs who have successfully completed the appropriate requirements (e.g., education, training, examination) in specialty areas (see certifications below). This examination goes above and beyond general respiratory care activities to focus specifically on competencies that are unique to diagnosing and treating sleep disorders.
- (1) **Certified Pulmonary Function Technologist (CPFT).** A certification awarded by the NBRC after passing an examination which goes above and beyond general respiratory care activities to objectively measure the essential tasks required of pulmonary function technologists.
 - (2) **Registered Pulmonary Function Technologist (RPFT).** A certification awarded by the NBRC after passing an examination which goes above and beyond general respiratory care activities to objectively measure the essential tasks required of pulmonary function technologists.
 - (3) **Sleep Disorders Specialist (SDS).** A certification awarded by the NBRC after passing an examination which objectively measures the knowledge and skills of RRTs who perform sleep disorders testing and therapeutic intervention.
 - (4) **Registered Polysomnographic Technologists (RPSGT).** Certification awarded by the BRPT after passing an examination. The RPSGT certification is accredited by the NCCA.
 - (5) **Asthma Educator Certification (AE-C) Certification.** Certification awarded by the National Asthma Educator Certification Board (NAECB) following successful completion of an examination that assesses qualified health professionals' knowledge in asthma education.
 - (6) **Adult Critical Care Specialist.** A certification awarded by the NBRC after passing an examination which goes above and beyond general respiratory care activities to objectively measure the essential competencies that are unique to adult critical care.
 - (7) **Certified Tobacco Treatment Specialist.** A professional who has been

awarded certification and possesses the knowledge, skills and training to assist individuals who want to stop using tobacco.

- m. **Chronic Obstructive Pulmonary Disease (COPD) Educator Course.** A course recognized by the professional organization of AARC offered to those who are licensed and hold the credential of RRT is accepted for this qualification standard. The course focuses on diagnosis, assessment, treatment, oxygen therapy, medication and disease management as well as how to teach patients about COPD and how to motivate patients to control the disease.
- n. **American Thoracic Society (ATS).** Professional organization focused on improving care for pulmonary care, critical illness and sleep-related breathing disorders.

5. BASIC REQUIREMENTS. To qualify for appointment as an RRT, all applicants must possess the following:

- a. **Citizenship.** Citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, of this part. See 38 U.S.C. § 7407(a) for more information.
- b. **Education.** Individuals must have successfully completed a respiratory care program accredited by the CoARC or its successor.
- c. **Licensure.** Persons appointed or reassigned to RRT positions in the GS-0601 series must possess and maintain for the duration of employment a full, current and unrestricted license from a state to practice as an RRT.
- d. **Credential.** Persons appointed or reassigned to RRT positions in the GS-0601 series must possess and maintain for the duration of employment a valid, current, unrestricted credential of RRT.

(1) **Exception.** RT positions will be designated only to individuals who are in the process of obtaining credentials to become an RRT. These individuals will only be hired on a temporary appointment as provided below.

- (a) VHA may waive the RRT credential requirement for persons who are otherwise qualified and pending completion of prerequisites for RRT credential. Individuals who have successfully completed a respiratory care program accredited by the CoARC or its successor, acquired the CRT credential, are fully licensed by their state and are working toward completion of their RRT credential may be given a temporary appointment as an RT. The temporary appointment is made under the authority of 38 U.S.C. § 7401(a)(1)(B) for a period not to exceed one year from date of employment. Candidates must hold an active, current, full and unrestricted RRT credential and be licensed to hold a position at or above the GS-07 level.

- (b) RTs may only be temporarily appointed at the GS-05 level and may not be promoted/converted to a higher-level position as an RRT until the RRT credential is received.
- (c) RTs must provide care only under the close supervision of an RRT.
- (d) Temporary RT appointments may not be extended beyond one year or converted to a new temporary appointment.
- (e) **Failure to Obtain Credential.** In all cases, RTs must actively pursue meeting national prerequisites for the RRT credential from the first day of their appointment. Failure to become credentialed within one year from date of appointment will result in removal from the GS-0601 RT series and may result in termination of employment. The Human Resources (HR) Office staff will provide RTs, in writing, the requirement to 1) obtain their RRT credential; 2) the date by which the RRT credential must be acquired; and 3) the consequences for not becoming RRT credentialed by the deadline. The HR Office staff must provide the written notice to selectees prior to entrance on duty date and maintain a copy in the electronic Official Personnel Folder.

(2) **Loss of Licensure, Certification or Credentials.** An employee in this occupation, who fails to maintain the required certifications, RRT credential or license must be removed from the occupation, which may also result in the termination of employment. Once credentialed, licensed or certified, RTs/RRTs must maintain a full, valid and unrestricted license, credential and certification to practice respiratory care.

- e. **Physical Standards.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.
- f. **English Language Proficiency.** RTs/RRTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).
- g. **Grandfathering Provision.** The following is the standard grandfathering policy for all hybrid title 38 qualification standards. Some of these provisions may not apply to this occupation. Please carefully review the qualification standard to determine the specific education, credential or certification requirements that apply to this occupation. All persons employed in VHA in this occupational series or in another occupational series and performing the duties as described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education, credential or certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time

they were appointed to it, the following provisions apply:

- (1) Employees in an occupation that does not require a licensure, certification or registration, may be reassigned, promoted or demoted within the occupation.
- (2) Employees in an occupation that requires a licensure, certification or registration, may be reassigned, promoted up to and including the full performance level or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.
- (3) Employees in an occupation that requires a licensure, certification or registration only at higher grade levels must meet the licensure, certification or registration requirement before they can be promoted to those higher-grade levels.
- (4) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.
- (5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure, certification or registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.
- (6) If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation or employment with the VA, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation and/or VA.

6. GRADE REQUIREMENTS. All individuals assigned to this occupation must meet all the basic qualification requirements above in paragraph 4 a-g and all basic qualification requirements defined in the specific assignment. All positions must be designated in one of the approved title or parenthetical title, as described below and duties must meet the definition of the assignment:

- a. **Respiratory Therapist.** Respiratory Therapist GS-05 positions designated in this qualification standard are developmental positions under the 0601 series and do not have the same requirements as Respiratory Therapists in the 0651 series. The Respiratory Therapist title in this standard may only be used at the GS-05 level while the incumbent is working towards obtaining the RRT registration.
- b. **Registered Respiratory Therapist.** Working titles, such as program coordinator, assistant chief, national program manager, etc., may be used at the organizational level to designate the work of the position.
- c. Registered Respiratory Therapist (Pulmonary)

- d. Registered Respiratory Therapist (Polysomnography)
- e. Registered Respiratory Therapist (Pulmonary/Polysomnography)
- f. Lead Registered Respiratory Therapist
- g. Supervisory Registered Respiratory Therapist

7. GRADE DETERMINATIONS.

- a. **Grade Determinations.** In addition to the basic requirements for employment in paragraph 3 above, all individuals referred and assigned to this occupation must meet all the qualification requirements and KSAs defined in the specific assignment as follows:

(1) Respiratory Therapist, GS-05.

- (a) **Experience.** None beyond the basic requirements.
- (b) **Education and Licensure.** This level assignment is designated as temporary under paragraph 4d(1) above for individuals who have successfully completed a respiratory care program accredited by the CoARC or its successor, acquired the CRT credential, licensed by their state and are working towards obtaining RRT credential.
- (c) **Assignment.** This is the entry level developmental position. RTs at this grade level perform basic therapeutic modalities in all areas of respiratory care environment under close clinical supervision by an RRT at the full performance level or higher. RTs are responsible for such assignments as medication delivery related to respiratory care, initiating and monitoring oxygen therapy, assisting with cardiopulmonary resuscitation suctioning of artificial airway, evaluating and performing aerosol humidification therapy and participating in care team rounds.

(2) Registered Respiratory Therapist, GS-07.

- (a) **Experience, Education, Licensure and Registration.** In addition to the basic requirements, candidates must possess their RRT credential.
- (b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:
 - i. Ability to perform therapeutic modalities related to respiratory care.
 - ii. Skill in analyzing physiological specimens obtained to include arterial blood gases, pulse oximetry, End tidal Co2 (ETCo2) monitoring, basic spirometry and other basic diagnostic procedures.
 - iii. Ability to collaboratively consult with physicians and other healthcare

professionals for respiratory care to help provide favorable patient outcomes.

iv. Skill in assessing oxygenation and ventilation.

v. Ability to perform basic airway management to include artificial airways and mechanical ventilation.

(c) **Assignment.** This is a developmental position. RRTs at this grade level will be responsible for the following assignments with minimal clinical supervision from an RRT at the full performance level in both inpatient and/or outpatient settings. RRTs complete patient assessment through direct contact, chart review and other means as appropriate and share the information with health care team members. They use accepted measuring/monitoring tools for determining plan of care. They place nasal and oropharyngeal airway and perform nasal and tracheal suctioning. RRTs obtain, analyze and report arterial and venous blood gas samples. They perform duties in the critical area with close supervision to include in-line suctioning, re-positioning and securing Endo Tracheal tube, bag valve mask ventilation, assisting in patient transport and performing patient ventilator assessment. RRTs provide outpatient services, such as positive airway pressure (PAP) therapy, oxygen therapy and COPD care.

(3) Registered Respiratory Therapist, GS-09.

(a) **Experience or Education, Licensure and Credential.** Candidates must have:

i. One year of creditable experience equivalent to the GS-07 grade level demonstrating the clinical competencies described at that level;

OR

ii. A Master of Science degree in respiratory care AND a license AND an RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Skill in performing therapeutic modalities related to respiratory care.

ii. Ability to collaboratively consult with physicians and other healthcare professionals to help provide favorable patient outcomes.

iii. Skill in assessing oxygenation and ventilation.

iv. Ability to perform airway management to include artificial airways and mechanical ventilation.

(c) **Assignments.** This is a developmental position. RRTs at this grade level

are responsible for the following under general guidance in both inpatient and/or outpatient settings. RRTs obtain, interpret and analyze physiological specimens and data. They consult with physicians and other healthcare professionals to ensure quality of patient care within area of specialty. They manage and maintain the airway and ventilation of the patient through the use of appropriate mechanical means. RRTs assess and evaluate patients to determine and recommend intervention to develop and implement a plan of care, such as, implementing protocols, intubation, monitoring critical systems and uses advanced modes of ventilation. They provide outpatient services such as home ventilators, PAP therapy, oxygen therapy and COPD care.

(4) Registered Respiratory Therapist, GS-11.

(a) Experience, Licensure and Credential. Candidates must have:

- i. One year of creditable experience equivalent to the GS-09 grade level demonstrating the clinical competencies described at that level.
- ii. Hold an active license and RRT credential.

(b) Demonstrated Knowledge, Skills and Abilities. In addition to the requirements above, candidates must demonstrate all the following KSAs:

- i. Ability to collaboratively consult with physicians and other healthcare professionals for complex respiratory care to develop care plans to provide favorable patient outcomes.
- ii. Skill in evaluating the efficacies of therapeutic modalities.
- iii. Skill in performing advanced airway and ventilation management.

(c) Assignments. This assignment is the full performance level. RRTs at this grade level work independently providing respiratory care in both inpatient and/or outpatient settings. The specific assignments are dependent on facility structure and complexity levels. They use data and patient assessment to establish appropriate plan of care and determine if outcomes are being met. They consult with physicians and other healthcare professionals to ensure quality of patient care within area of specialty. They manage and maintain the airway and ventilation of the patient using appropriate mechanical means. RRTs determine and implement complex respiratory care such as protocols, respiratory modalities, bronchoscopy, medications or supplemental oxygen and intubation. They monitor critical systems. They use advanced modes of ventilation and outpatient services, such as home ventilators and COPD case management. RRTs suggest alternate modes of treatment where indicated based on assessment and analysis of patient response to treatment. RRTs at this grade level may perform invasive procedures such as arterial line placement. They serve as a preceptor to lower graded staff. They may lead projects developing new

policies, procedures or protocols.

(5) Registered Respiratory Therapist, GS-12.

(a) Experience, Licensure and Credential. Candidates must have:

- i. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.
- ii. Hold an active license and RRT credential. The following certifications are desirable but not required:
 - a. CPFT,
 - b. RPFT or
 - c. RPSGT.

(b) Demonstrated Knowledge, Skills and Abilities. In addition to the requirements above, candidates must demonstrate all the following KSAs:

- i. Knowledge of complex pulmonary function testing and stress/exercise testing.
- ii. Ability to maintain a quality control program related to pulmonary function testing.
- iii. Ability to treat acute complications for all pulmonary function testing.
- iv. Skill in performing polysomnographic studies to include obtaining both physiologic and diagnostic data.
- v. Skill in calibrating and troubleshooting polysomnographic equipment and physiologic and diagnostic monitoring.

(c) Assignments. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this position are designated for complexity level 3 facilities only. In addition to the assignments of the full performance

level position, incumbents are also responsible for performing home sleep testing, home oxygen evaluations and ordering, patient instruction on sleep disorders and use of therapeutic equipment along with a combination of the duties from the following assignments below as Registered Respiratory Therapist (Pulmonary), Registered Respiratory Therapist (Polysomnography) and Registered Respiratory Therapist (Pulmonary/ Polysomnography) under paragraphs(6)(a)-(c) and (7). This assignment is not appropriate and cannot be used in facilities designated at complexity level 1 and 2 (see assignments below beginning in paragraphs (6)(a)-(c) and (7) for facilities designated as complexity level 1 and 2).

(6) Registered Respiratory Therapist, GS-12.

The following assignments are advanced assignments. These advanced specialty assignments are limited in number and cannot be used for all or the majority of the staff/employees in the service/unit. The designated specialized areas in respiratory care include pulmonary, polysomnography and a combination of pulmonary/polysomnography. These three advanced specialized assignments are established for facilities where the structure and patient care supports the need for the assignment(s). The duties and responsibilities assigned to these positions are the full scope of the duties defined under the RRT, GS-11 full performance level assignment in conjunction with the duties defined below for the specialty. These specialized assignments are completed under the general supervision of a physician medical director who is qualified to supervise the RRT. Individuals assigned to one of these positions will use the designated title as shown below.

(a) Registered Respiratory Therapist (Pulmonary).

i. Experience, Licensure and Credential. Candidates must have:

a. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

b. Hold an active license and RRT credential.

ii. Certification. Incumbent must hold a CPFT or RPFT.

iii. Demonstrated Knowledge, Skills and Abilities. In addition to the requirements above, candidates must demonstrate all the following KSAs:

- a. Knowledge of complex pulmonary function testing to include but not limited to cardiopulmonary stress testing, exercise testing, metabolic testing, bronchoprovocation testing and shunt testing.
- b. Ability to establish a quality control program related to pulmonary function lab.
- c. Skill in analyzing physiologic specimen and information from basic diagnostic procedures.
- d. Skill in assessing for signs and symptoms of adverse actions to medications and or testing procedures.
- e. Skill in determining appropriate intervention for adverse actions to medications and or testing procedures.
- f. Ability to provide training in advanced pulmonary function procedures.
- g. Ability to provide clinical consultation in advanced pulmonary function procedures.

iv. Assignment. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this position compare and evaluate indications and contraindications for complex pulmonary function testing (PFT) and recognizes normal/abnormal results. They perform bronchoprovocation testing utilizing a variety of medications or methodologies. They monitor patients and recognize and initiate interventions for complications of testing. They perform an initial quality review of test results and ready them for physician interpretation and determine whether the patient meets the criteria for termination of testing. RRTs conduct quality control reviews of all tests performed and all pulmonary diagnostic equipment. They maintain lab records. They train and assess staff competencies in performing simple spirometry.

(b) Registered Respiratory Therapist (Polysomnography).

- i. **Experience, Licensure and Credential.** Candidates must have:
 - a. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.
 - b. Hold an active license and RRT credential.

ii. **Certification.** Candidates must hold a RPSGT.

iii. **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate the following KSAs:

a. Skill in performing polysomnographic studies to include obtaining both physiologic and diagnostic data.

b. Skill in calibrating and troubleshooting polysomnographic equipment.

c. Skill in monitoring both physiologic and diagnostic parameters.

d. Skill in scoring data both during and post diagnostic testing.

e. Skill in analyzing data both during and post diagnostic testing.

f. Skill in preparing output for physician interpretation of data obtained both during and post diagnostic testing.

g. Skill in the assessment of oxygenation, ventilation and adverse responses.

iv. **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this position perform polysomnographic testing and titration studies including activities such as applying electrodes and various monitors to multiple body sites per protocol. They evaluate the relationship of events, sleep stages and possible medical conditions which influence or result from events occurring during sleep. They anticipate problems likely to occur during the sleep study, prepares for such situations and makes changes in established procedures. They obtain data measuring wake, sleep and breathing states and records various signals from the brain and airways, cardiac rate, oxygen saturation and position to enable the physician to assess and diagnose sleep and breathing disorders. RRTs troubleshoot and calibrate polysomnography, computer, oximeters, movement monitors and patient electrodes prior to the onset of each recording. They analyze and score patient data and summarize on report for physician interpretation. They monitor and initiate interventions for complications of testing and determines whether patient meets criteria for termination of testing. They perform electroencephalogram and home sleep testing and evaluate results.

NOTE: Individuals who are hired to perform polysomnography only must be filled under the Medical Instrument Technician (Polysomnography), GS-0649 qualification standard.

(c) **Registered Respiratory Therapist (Pulmonary/Polysomnography).**

- i. **Experience, Licensure and Credential.** Candidates must have:
 - a. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.
 - b. Hold an active license and RRT credential.
- ii. **Certification.** Candidates must hold a CPFT or RPFT and RPSGT.
- iii. **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above candidates must demonstrate all the following KSAs:
 - a. Knowledge of complex pulmonary function testing to include cardiopulmonary stress testing, metabolic testing and bronchoprovocation testing.
 - b. Ability to maintain all equipment related to pulmonary function and polysomnography testing.
 - c. Ability to maintain a quality control program related to pulmonary function and polysomnography testing.
 - d. Knowledge of treatment for acute complications for all pulmonary function and polysomnography testing.
 - e. Skill in scoring data during and post diagnostic testing.
 - f. Skill in analyzing data during and post diagnostic testing.
 - g. Skill in preparing output for physician interpretation of data obtained both during and post diagnostic testing.
 - h. Skill in the calibrations and troubleshooting of polysomnographic equipment.
 - i. Skill in monitoring both physiologic and diagnostic parameters.
- iv. **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and

range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this level compare and evaluate indications and contraindications for complex PFTs and recognizes normal/abnormal results. They administer a variety of medications or methods utilized for bronchoprovocation testing. They monitor and initiate interventions for complications of testing. They perform initial quality review of test results, ready them for physician interpretation and determine whether patient meets criteria for termination of testing. They conduct quality control expected by the ATS for all test performed and all pulmonary diagnostic equipment. They maintain lab records. RRTs perform polysomnographic testing and titration studies including activities such as applying electrodes and various monitors to multiple body sites. They evaluate the relationship of events, sleep stages and possible medical conditions which influence or result from events occurring during sleep. They anticipate problems likely to occur during the sleep study, prepare for such situations and make changes in established procedures. They obtain data measuring wake, sleep and breathing states and record various signals from the brain and airways, cardiac rate, oxygen saturation and position to enable the physician to assess and diagnose sleep and breathing disorders. RRTs troubleshoot and calibrate polysomnography, computer, oximeters, movement monitors and patient electrodes prior to the onset of each recording. They analyze and score patient data and summarize on report for physician interpretation. They monitor and initiate interventions for complications of testing and determines whether patient meets criteria for termination of testing. RRTs perform electroencephalogram and home sleep testing and evaluate results.

(7) Registered Respiratory Therapist,-GS-12.

(a) Experience, Education, Licensure and Certification. Candidates must:

- i.** Have one year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level,
- ii.** Hold a Bachelor of Science degree from a nationally accredited college or university in respiratory care, cardiopulmonary science or a health-related field and
- iii.** Hold one of the education certifications for pulmonary disease for Patient Educator OR a certification for adult critical care specialist for Staff Educator.

(b) Demonstrated Knowledge, Skills and Abilities. In addition to the requirements above, candidates must demonstrate all the following KSAs:

- i. Knowledge of instructional techniques to educate respiratory therapists in proper performance of respiratory processes and procedures.
- ii. Ability to educate individuals of varying backgrounds.
- iii. Skill in training RRTs, other staff and/or patients/caregivers on existing and newly acquired equipment, therapies and medications.
- iv. Ability to determine the continuing education needs of staff to identify appropriate resources to meet those needs.
- v. Ability to develop clinical policy, procedures, protocols, competencies and simulations relative to respiratory care.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as an Educator and can be designated as a Patient Educator, Staff Educator or a combination of both areas. Educators are responsible for the overall educational program for the specific area (patient, staff or combination) in respiratory care. They participate in the department's quality assurance program, especially with respect to identifying opportunities for improvement and developing quality and performance assessment tools. They represent the department at interdisciplinary meetings.

- i. **Staff Educators.** Staff Educators provide staff orientation and education on a wide variety of topics, including but not limited to; evidence based respiratory practice, clinical guidelines, clinical procedures, protocols, equipment, research, emerging knowledge from publications, standards of care, regulatory standards and VHA directives. They plan comprehensive teaching and training programs. They develop formal curriculum and administer clinical training programs for staff working towards completion of credentials, lower level RRTs and other facility staff, including physicians. They are instructors for the overall facility education program. They develop and implement the respiratory education program, including new employee orientation, continuous education and ongoing competency assessment. They create education plans, develop training materials and tools, create competencies, provide training and ensure continuing education credits are available for staff. They may provide the education/training in a classroom setting, electronically, via simulation or using any other acceptable method. They evaluate employees' progress and performance during orientation, provide feedback to supervisors and recommend interventions and remediation if needed. They keep abreast of current practice through literature review,

membership in professional organizations, participation in research and attending seminars. They perform regular needs assessments and recommend changes in content to promote proper orientation, maintain and improve clinical competence and facilitate professional growth. They are a resource and mentor to respiratory staff. They assist the supervisor by evaluating new medical practices and equipment.

- ii. **Patient Educators.** Patient Educators educate patients, families and/or caregivers in all aspects of their cardiopulmonary disease and the care needed during and following hospitalization or a clinic visit. The education they provide includes, but is not limited to; underlying disease, medications, therapeutic modalities, disease management and action plans. Education may be provided one-on-one during a face-to-face visit, in a classroom setting or via telehealth or using any other acceptable method for providing patient education. They provide information on available education resources within VA and the community. They assess current levels of knowledge, identify attitudes toward and barriers to learning, develop patient-specific education plans and provide education in the most appropriate setting based on the patient's needs. They assess level of retention and provide additional follow up education, when indicated. They develop education materials and identify strategies to promote optimal health. They may plan a set curriculum and deliver formal education either individually or in a group classroom environment. Patient Educators participate in discharge planning and collaborates with provider to ensure successful implementation of the home respiratory care plan. Education is provided on a continuum, beginning in the hospital or clinic and continuing into the home environment. They keep abreast of current practices through literature review, membership in professional organizations, participation in research and attending seminars. They serve as a content expert and participate in regular review of respiratory related patient education materials used by the respiratory department and/or facility and recommends changes based on emerging knowledge. They train other staff in respiratory related topics and strategies for patient education.

(8) Lead Registered Respiratory Therapist, GS-12.

(a) Experience, Licensure and Credential. Candidates must:

- i. Have one year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level. RRTs at this grade level in this assignment have experience demonstrating advanced practice skills and clinical judgment across many areas of respiratory care both inpatient and outpatient.

ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to assign personnel and tasks to be accomplished in a manner that assures completion of the workload.

ii. Ability to oversee and direct clinical guidance in a manner that assures completion of the workload.

iii. Ability to communicate with individuals of varying backgrounds to solve problems and provide conflict resolution.

iv. Ability to recommend uncommon or atypical interventions.

v. Ability to recommend ways to improve patient care and operations through independent research and evaluation of new equipment and therapies

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and must be performed by the incumbent at least 25% of the time. Lead RRTs are found in higher complexity facilities (level 1 and 2) and the lead duties must be regular and reoccurring and must constitute at least 25% of the duty time. This assignment may be established as day/evening/night and/or inpatient/outpatient. They ensure work is distributed among employees in accordance with established workflow or job specialization. Lead RRTs assure timely accomplishment of the assigned workload, assess the status, quality and progress of work and make day-to-day adjustments in accordance with established priorities. They provide clinical practice guidance for other respiratory staff and assist with technical work problems not covered by precedents or established policies for non-routine or complex procedures. They assist RRTs in determining treatment options for complex patients. They study the quality and quantity of work and operating effectiveness and take or recommend needed actions. They represent the department at interdisciplinary meetings.

(9) **Registered Respiratory Therapist, GS-12.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential. The following certifications are preferred but not required:

a. Certified Tobacco Treatment Specialist

b. Pulmonary Rehabilitation Certificate issued AARC

c. AE-C awarded by the NAECB

d. COPD Educator course offered by the AARC

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to develop policies and guidelines regarding new and emerging procedures.

ii. Ability to implement policies and guidelines regarding new and emerging procedures.

iii. Ability to maintain policies and guidelines regarding new and emerging procedures.

iv. Ability to make recommendations regarding new and emerging procedures.

v. Ability to perform complex analytical studies of patient care.

vi. Ability to interpret results to coordinate the management and evaluation of patient care.

vii. Ability to coordinate the work of subordinate staff.

viii. Ability to manage all aspects of a complex patient care program including day-to-day operation, training program resources and fiscal management.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as an RRT Program Coordinator, who oversees the administrative and clinical aspects of a major specialty program at complexity level 1 and 2 facilities only. Programs managed may include, but are not limited to; home oxygen, home ventilators, amyotrophic lateral sclerosis (ALS) clinic, pulmonary procedure lab, sleep/positive airway pressure (PAP) clinic. RRTs may supervise and administratively manage employees assigned to their program(s) by providing leadership, direction,

orientation, in-service training and continuing education programs for assigned staff. They perform analytical studies and interpret results to improve operations. They conduct all phases of service delivery, program resources and fiscal management. RRTs coordinate daily operations, develops and maintains policies and procedures for program operation and prepares reports and statistics for facility and Veterans Integrated Service Network use. They conduct a variety of audits, including clinical practice audits to evaluate operations and productivity and to ensure appropriate documentation of therapy, procedure, clinical outcomes and patient safety. They assist in determining quality and compliance data to be collected and investigates problems related to quality and quantity of work and operating effectiveness and recommends needed action. They make recommendations for program improvement and expansion based on research and emerging knowledge. They represent the department at interdisciplinary meetings.

(10) **Supervisory Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

- i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level.
- ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

- i. Ability to plan and assist in the establishment of a completely integrated respiratory care program.
- ii. Ability to recommend improvements based on evaluation of facility operations.
- iii. Ability to supervise employees.
- iv. Ability to manage the fiscal aspects of the functions supervised.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. Supervisory RRTs manage and supervise the respiratory department which includes, at a minimum, assigning and evaluating the work of subordinate staff, resolving problems which may interfere with patient examination or treatment, evaluating new procedures, products and equipment, reviewing

and recommending new and emerging procedures, providing instruction and training to new staff, interviewing candidates for positions, recommending selections, advancements and promotions, taking disciplinary action when necessary, providing guidance in more complex and non-standard cases and budget management. They represent the department at interdisciplinary meetings and on facility level committees. They conduct audits of inpatient and outpatient records to ensure appropriate documentation of plan of care, assessments, therapy, procedures, clinical outcomes and patient safety. They provide information to the Chief to ensure appropriate care and compliance with regulatory standards. Supervisory RRTs maintain established departmental policies and procedures, objectives and quality assurance programs. They assist in determining quality assurance and compliance data to be collected. They attend professional meetings and professional development events and monitor the technical and clinical competence of all personnel working in the department through appropriate training, review of results and quality control checks. They evaluate the effectiveness of new procedures and equipment. They investigate quality and quantity of work problems and operating effectiveness and take needed action.

(11) **Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

- i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level.
- ii. Hold an active license and RRT credential.

(b) **Certification.** Candidates must hold a certification from one of the programs they are responsible for overseeing.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

- i. Skill in complex respiratory care in all inpatient and outpatient settings.
- ii. Skill in monitoring production and performance priorities and standards.
- iii. Ability to develop policies and guidelines.
- iv. Ability to manage patient care programs to make recommendations to improve patient care and operations.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range

of variety and must be performed by the incumbent at least 25% of the time. This position is designated as an RRT Program Manager. RRT Program Managers have broad program management responsibilities for a large program or multiple smaller programs located at one facility or multiple divisions of a facility. This assignment is appropriate for level 1 and 2 facilities only. They manage programs, which may include, but are not limited to home oxygen, home ventilators, ALS clinic, Sleep/PAP clinic, pulmonary procedure clinic, respiratory care in the Community Based Outpatient Clinics. They operate and manage key clinical, training, research or administrative programs, including the day-to-day activities, resource management and fiscal management of those programs. They oversee administrative and programmatic resources and deploy those resources in support of program needs. They may supervise staff less than 25% of the time, but this not required. They provide leadership, direction, orientation, coaching, mentoring, in-service training, staff development and continuing education programs for assigned staff. They provide strategic planning to ensure the provision of high-quality care and efficient use of program resources. They develop and implement short- and long-term goals and objectives consistent with the program and facility strategic plans. They develop and implement programs and establish policies and procedures to meet program goals and VHA policy. They initiate and conduct a variety of program and service audits to evaluate operations and productivity and to monitor outcomes using data- driven quality assurance processes. They determine quality and compliance data to be collected and investigate problems related to quality and quantity of work and operations effectiveness and takes needed action based on that data. They perform complex analytical studies. They interpret the results of these studies to develop and implement improvement strategies and prepare reports for facility, VISN and national use. They represent the department at interdisciplinary meetings and on facility level committees.

(12) **Supervisory Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

- i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level.
- ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

- i. Ability to assist in establishing a completely integrated patient care program.

- ii. Ability to organize work, delegate tasks, evaluate performance, manage fiscal matters and meet multiple deadlines.
- iii. Ability to supervise and manage subordinate employees.
- iv. Skill in interpersonal relationships including conflict resolution.
- v. Ability to establish and monitor standards and priorities for production and patient care.
- vi. Skill in recommending improvements to operations based on evaluation of data.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This Supervisory RRT assignment is designated as the Chief. They manage complexity level 3 facilities whose work involves providing respiratory and related care in the facility or at multiple sites. These facilities may offer specialty care and services and may be affiliated with academic institutions. Supervisory RRTs at this grade in this assignment manage and supervise all aspects of respiratory care including clinical practice, program management, education, human resources management and supervision of the service. They manage staff members, assess the needs of patients and delegate tasks appropriately. They advise leadership on policy implications, key issues and relationships to both internal and external interest groups and recommend courses of action. They maintain interdepartmental relations with other services to accomplish medical center goals. They coordinate and negotiate resolutions to complex problems. They participate in the audit of respiratory care, identify opportunities for performance improvement and recommends changes where indicated. Supervisory RRTs maintain established departmental policies and procedures, objectives and quality assurance programs. They participate, identify and develop opportunities for performance improvement. They ensure compliance with regulatory requirements (Centers for Medicare & Medicaid Services, Joint Commission, Core Measures). They participate in respiratory teaching and training. They assess and evaluate staff qualifications and competency upon employment and on an ongoing basis. They recommendation appointments, advancements and disciplinary actions, when appropriate. They represent the department at interdisciplinary meetings and on facility level committees and represent the facility to VISN-level leadership.

(13) **Supervisory Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

- i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level. It is highly desirable that the candidate possess certification in one or more functional specialties.
 - ii. Hold an active license and RRT credential.
- (b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:
- i. Ability to supervise employees.
 - ii. Ability to assist in establishing a completely integrated program.
 - iii. Skill in recommending improvements to operations, including new and emerging procedures based on evaluation of data.
 - iv. Ability to forecast resource needs and to manage fiscal matters.
 - v. Skill in problem solving including conflict resolution.
 - vi. Ability to communicate effectively and professionally with employees at varying levels of background.
 - vii. Knowledge of complex and non-standard examinations, treatments, procedures and techniques.
- (c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as an RRT Assistant Chief. They serve as full assistant to a Service Chief in complexity level 1 and 2 facilities. These facilities may offer specialty care and services and may be affiliated with academic institutions. Individuals are typically assigned to this position at moderately to highly complex respiratory care services within the organization. Supervisory RRTs share the full scope of delegated managerial responsibilities and serve as the Acting Service Chief in the absence of the Chief. They support department functions at the direction of the Chief. They make decisions affecting staff and other resources with wide latitude of control and independent judgment. They independently provide respiratory services at all levels of complexity. They supervise staff members of different levels of assignments and/or occupation. They provide direction of the program services assigned to them including utilization of resources and budget. They may develop and initiate new programs, develop policies, protocols and procedures, assure compliance with regulatory requirements and monitor staff performance.

They assist in determining quality assurance and performance data to be collected. Supervisory RRTs maintain established policies, procedures, protocols and quality assurance programs. They participate in the development of a department level plan for financial and personnel resources. They encourage professional development, resolve conflicts which might interfere with the delivery of services, identify continuing education and training needs, create an environment of learning and serve as a mentor to staff. They attend professional meetings and take responsibility for professional development. They collaborate with other healthcare team members to generate new ideas for quality improvement with regards to administration and overall function of the department, patient care and accomplishment of facility goals. They represent the department at interdisciplinary meetings and on facility level committees.

(14) **Supervisory Registered Respiratory Therapist, GS-14.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of credible experience equivalent to the GS-13 grade level demonstrating the clinical competencies described at that level. It is highly desirable that the candidate possess certification in one or more functional specialties such as critical care, pulmonary, education and sleep medicine.

ii. Hold an active license and RRT credential.

(b) **Education.** It is highly desirable that the candidate possess a Bachelor of Science degree from a nationally accredited college or university in respiratory care; cardiopulmonary science; or a health-related field.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Skill in implementing patient care and operations change by recognizing opportunities for improvement and analyzing data.

ii. Skill in the development and implementation of appropriate standards of care for respiratory care.

iii. Ability establish a completely integrated program that emulates “best practice” and follows national policies.

iv. Ability to supervise employees.

v. Ability to forecast resource needs to manage fiscal matters.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade in this assignment are designated as Chiefs. They manage complexity level 1 and 2 respiratory care department. They manage all administrative and clinical aspects of the organizational unit. The organizational unit may be located at one facility or multiple divisions of a facility. Decisions are made exercising wide latitude and independent judgment. They have broad and overall responsibility for the service-level department and full responsibility for clinical practice, program management, education, human resources management, budget management and supervision for employees whose work involves providing high acuity care. They provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues and initiatives requiring decision and action. They plan, assess and evaluate programs to ensure coordination between care delivered by the program and overall delivery of health care within the facility. Supervisory RRTs initiate and conduct audits and analyze a wide variety of data related to program planning and the specialized needs of the Veteran, the service and the medical center. They advise leadership on policy implications, key issues, relationships to both internal and external interest groups and recommend courses of action. They maintain interdepartmental relations with other services to accomplish medical center goals. They coordinate and negotiate resolutions to complex problems and report progress and resolution of problems in achieving goals and objectives to higher levels of management. They prepare special reports and responses, Congressional responses, briefing papers, issue briefs and decision papers for the medical center leadership, VISN or central office, which may be highly sensitive, confidential and of a complex nature. They develop policies, procedures and protocols, performance and quality standards, position descriptions and functional statements. They represent the department at interdisciplinary meetings and on facility level committees. They represent the facility to VISN-level leadership.

(15) **Registered Respiratory Therapist, GS-14.**

(a) **Experience, Licensure and Credential.** Candidates must:

- i. Have one year of creditable experience equivalent to the GS-13 grade level demonstrating the clinical competencies described at that level.
- ii. Hold an active license and RRT credential.

- (b) **Education.** It is highly desirable that the candidate possess a Bachelor of Science degree from a nationally accredited college or university in respiratory care; or cardiopulmonary science; or a health-related field.
- (c) **Membership.** Candidates must be a member of the American Association for Respiratory Care (AARC).
- (d) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:
- i. Knowledge of advanced practice skills in all aspects of respiratory care.
 - ii. Ability to communicate orally and in writing at varying levels both internal and external to the organization.
 - iii. Skill in communicating data, policies and regulations.
 - iv. Ability to develop resource materials.
 - v. Skill in the development and implementation of appropriate standards of care for respiratory care.
 - vi. Ability to establish a completely integrated program that emulates “best practice” and follows national policies.
- (e) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this assignment are designated as the Network/VISN RRT Program Manager who are responsible for the respiratory care program at the Network/VISN-level with direction from the national program office for pulmonary, critical care and sleep medicine. They lead the development and implementation of appropriate standards of care for respiratory care across the network. They ensure the delivery of respiratory care emulates “best practices” and follows national policies. They lead network-wide respiratory care staff in the development of consistent policies, procedures and protocols for respiratory care services. They direct the formulation, collection and analysis of data and other information regarding respiratory care for the network and the national program office. They advise leadership regarding staffing levels and capacity, recruitment and retention initiatives and emerging practice(s). They assist in plans for relevant education and training programs as directed by the network and national program office. RRTs coordinate and work closely with other program offices (example: Logistics, Biomed, Prosthetics) to assist with network purchases. They develop and direct implementation

of strategic plan regarding opportunities for initiation, maintenance and expansion of service delivery. They conduct site visits within network independently or in association with the national program office to audit quality of care, conformance with best practices and national guidelines and assist with developing improvement plans. They lead network workgroups related to respiratory care and participates in national workgroups at the request of the national program office. They actively participate in field advisory committees. They develop or assist in developing clinical research throughout all clinical program initiatives. They are the subject matter experts in the recruitment and selection process for RRT staff when the selecting official is not in the RRT occupation.

(16) **Registered Respiratory Therapist, GS-15.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-14 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Education.** It is highly desirable that the candidate possess a Bachelor of Science degree from a nationally accredited college or university in respiratory care; or cardiopulmonary science; or a health-related field.

(c) **Membership.** Candidates must be a member of the American Association for Respiratory Care (AARC).

(d) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to lead a large, diverse group of clinical and administrative professionals to facilitate collaboration and individual and organizational development.

ii. Ability to communicate program specific information, including changes to regulations and policies to staff and community partners.

iii. Skill in advising high level officials in adopting, conforming and monitoring performance measures of national program(s).

iv. Skill in advising high level officials in other policy guidelines related to national program(s).

v. Skill in advising high level officials in setting policy for national program(s) and directing staff in the monitoring of national program(s).

- vi. Skill in advising high level officials in assessment and implementation of national program(s).
- vii. Ability to develop and sustain strategic partnerships with key internal and external stakeholders and community partners on a national level.
- viii. Skill in providing technical consultation and support for various projects and special initiatives, including responses to Congressional inquiries; developing high level briefing papers to convey findings and program positions.
- ix. Ability to develop national program databases to track program data and trends.
- x. Ability to respond to inquiries from within the Department, the Administration, Congress, Office of Management and Budget, the Government Accountability Office and others as appropriate.

(e) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as the National RRT Program Manager for the Office of National Program Director for Pulmonary, Critical Care and Sleep Medicine and reports to the National Program Director. This RRT assists in leading the development and implementation of appropriate standards of care and performance measures for respiratory care across VHA. S/he assists to ensure that the delivery of respiratory care emulates “best practices” and follows national policies. S/he leads VHA respiratory care staff in the development and implementation of consistency in policies and procedures for respiratory care services. S/he directs the formulation, collection and analysis of data and other information regarding respiratory care and develops reports for the national program office and Congress. S/he advises leadership regarding nationwide access to respiratory care expertise, i.e., staffing levels and capacity. S/he develops and directs implementation of strategic plan regarding opportunities for initiation, maintenance and expansion of service delivery. S/he keeps abreast of emerging practice(s) and represents the VHA at the national conference of American Association of Respiratory Care or their successor and other national conferences as deemed appropriate by the national program office. This RRT develops plans for relevant education and training programs to be utilized nationwide in respiratory care and associated work groups. S/he coordinates and works closely with other program offices (example: Logistics, Biomed, Prosthetics) to assist with national purchases and contracts. S/he evaluates and provides clinical expertise and guidance in the treatment of patients. S/he makes site visits independently or in

association with the national program office to audit quality of care, conformance with best practices and national guidelines and assist with developing improvement plans. S/he creates reports to convey findings to national program office, VHA Central Office or Congress. This RRT establishes, leads or participates in national workgroups related to respiratory care. S/he disseminates information regarding changes in regulations, performance measures and national policies to VISN and facility level respiratory care leadership. S/he serves as surrogate at meetings as designated by the national program office. S/he supports clinical research and education and helps to emphasize this throughout all clinical program initiatives. S/he provides subject matter expertise in the recruitment and selection process of RRT staff when the selecting official is not in the RRT occupation.

8. DEVIATIONS.

- a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.
- b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.
- c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

RESPONSIBLE OFFICE: Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP) (006), Office of the Chief Human Capital Officer (OCHCO) (05), Recruitment and Placement Policy Service (059)