

## **RT Coalition**

Meeting Minutes: Date/ Time: 1/28/26 8pm EST

Location: Zoom

Purpose: Initial Planning Meeting for the RT Coalition

Attendees: (refer to Amy Peacock's documentation)

	<b>Topic</b>		<b>Time</b>	<b>Notes</b>
1.	Introductions		5 min	
2.	Mission and Vision Proposal		10 min	Survey, then will finalize
3.	Organization of Goals & Roles		20 min	
4.	Communication		10 min	
5.	Action Items Recap		10 min	

### 1. Introductions

#### a. Leadership

- i. RT Ambassador, Angela Sherman BS, RRT, RPFT, RRT-ACCS
- ii. Physician Champions, Dr. Amit "Bobby" Mahajan, MD, FCCP, DAABIP, and Dr. José De Cárdenas MD, FCCP, DAABIP.
- iii. Facilitator: Molly Jozefowski MS, PA-C; Rebecca Priebe, NP- Chair APP & AH Chapter
- iv. AABIP Education Committee

#### a. Coalition Participants

- i. Credentials & Roles of RTs, hospital/OR/ clinic- RTs in many varied roles in interventional pulmonology, OR, cross cover critical care, clinic, lung nodule navigators, etc.

### 3. Mission and Vision proposal: critical to have a true north, collective goals-

- a. Mission: To empower and educate Respiratory Therapists (RTs) by establishing standardized clinical, educational, and administrative practices within the field of Interventional Pulmonology. To elevate the professionalism and impact of RTs, ensuring high-quality patient care and advancement in IP.
  - i. Much of our work is in parallel with institutions. We would like to define the roles of RTs. Education is important. Perhaps future credential/certification for specialized training and work.
    - 1. Pull work together, impact RTs, share what is working for patients.
    - 2. Shared effort- shared mission with physicians, APPs, AH- share knowledge. Standards to advance in careers. Plan for protocols to come in the future.  
we discussed what we would want as group- how to elevate our profession.  
Acknowledge impact of RTs on IP teams and patients. Empathy for patients, RTs focused on bronchoscopy side.
    - 3. Growth ceilings due to lack of structure. How to standardize RTs in this profession.
    - 4. Coalition to advocate. Will bring more people into field, will hopefully “open up” ceilings. Sustainable growth, job stability, recognized compensation standards. Exciting time for this profession!
- a. Vision: To create a comprehensive, standardized educational curriculum that equips RTs for official and recognized Interventional Pulmonology RT certification, enhancing professional recognition, and advocates for equitable compensation.

## 1. Organization of Goals & Roles

- a. Proposed GOALS: will help achieve our vision and mission.
  - i. Define IP RT Roles- many, various, overlapping.
  - ii. Education of RTs- standardize growth- formalize as to not reinvent at each institution
  - iii. Certification Process for RTs- propose for AARC perhaps NBRC
  - iv. Compensation for RTs-
    - 1. Currently institution dependent- ceilings
    - 2. Discussion of Ladders and what the future looks like
    - 3. Justifying cost of RT vs RN. What can RT do for billable charges. Starting pleural disease program. RT allowed to do thora? State by state clinical standards/definitions scope of practice. Physician liaisons help define protocols. Create productivity for RTs. Looking forward to working together.
  - v. Bobby Mahajan- Needs to be research, reference. Inova is currently working on some. Published update in 2025. Show national standards, be able to back up with data. Collaborating through coalition by looking at numbers.
- b. Proposed ROLES, consider committees
  - i. Ambassadors: everyone work together- share the workload
    - 1. Academic- Randy Solly is working in this area currently- bronchoscopy touched on entry level exams, RPFT credential covered most, RRT-ACCS credential, NRBC testing matrix. Didactic vs lab
    - 2. Curriculum- different institutions put together-firming up comparing-putting together educational content- from curriculum can create standardized credential. Perhaps crossover material. Foothill college 1 year program. Covering more procedures, already practicing RT.
      - 1. Dwayne Free- Stanford- manager IP- similar problems on west coast. Completed the foothill program- good for foundation- educational book standpoint. What is

missing is lab and hands on. Mindy Lamb is one of the instructors.

2.

3. Clinical Practice Guideline (CPG)

4. Secretary & Communications

ii. Liaisons

1. AARC- Bobby Mahajan, Angela Sherman, UofMaryland, contact? Will be in touch

2. AABIP, with Angela Sherman

2. Communication within the Coalition

a. Meetings, we agree monthly to keep energy going

b. Future -- Committees report back at main Coalition meeting.

c. Contact list – planning to collect contact info to be shared

i. Put together a time to meet with RT coalition at AABIP Conference August 2026. This may be the APP and AH chapter meeting.

d. please take the survey at end, perhaps consider become a member.

i. Carla Lamb- DIU committee with many representatives, please take the survey, encouraging membership as well.

ii. Bobby M. agrees- Will help show critical mass of people interested

3. Action Items Recap- bring together professionals with similar passion and work together.

Thank you for your participation!

Next meeting: The fourth Wednesday of the month: Wed Feb 25th 8PM EST  
many thumbs up for next meeting. Will include next meeting on AABIP APP and AH website, will be able to register