In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) published the national consensus document titled *EMS Agenda for the Future (Agenda).* The intent of the *Agenda* is to create a common vision for the future of EMS and is designed for use by government and private organizations at the national, state and local levels to help guide EMS planning, decision making, and policy including EMS education.

In 2000, the *Agenda* was followed by the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*. The purpose of the *Education Agenda* is to establish a system of EMS education that more closely parallels that of other allied health care professions. Since the release of the *Education Agenda*, much has been accomplished. The *National EMS Core Content (Core Content), National EMS Scope of Practice Model (Scope of Practice Model),* and *National EMS Education Standards (Education Standards)* have been completed. This document provides answers to many questions encountered over the past several years concerning the implementation of the *Education Agenda*. "Frequently Asked Questions" have been organized into three categories: Implementing the *Education Agenda*, National EMS Education Program Accreditation, and National EMS Certification.

Implementing the EMS Education Agenda

1. Who is the driving force behind implementing the Education Agenda?

The *Education Agenda* was developed at the request of the National Association of State EMS Officials (NASEMSO) with support from the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) following the release of the 1996 *EMS Agenda for the Future*. As the professional association that represents state lead agencies for EMS, NASEMSO has taken the primary role in coordinating implementation of the EMS Education Agenda. We intend to assume this responsibility through partnerships and collaboration with other stakeholders at the local, state, and national levels.

2. Why is implementation of the *Education Agenda* so important?

EMS stakeholders who participated in the development of the *Education Agenda* believed that:

- an established national EMS education system would align EMS with other health professions and enhance the professional credibility of EMS practitioners.
- *National EMS Education Standards (Education Standards)* should replace the National Standard Curricula (NSC) in order to increase instructor flexibility and provide a greater ability to adapt to local needs and resources.

- *Education Standards* would permit the introduction of new technologies and evidence-based medicine without requiring a full revision of the entire program of education.

- the *Education Agenda* would assist states in standardizing provider levels across the Nation affording ease of reciprocity and greater opportunities for career growth in EMS.

- EMS scope of practice should be based on evidence, including practice analysis and research of what does and doesn't work in the field.

- National EMS Certification standardizes verification of entry level competency and supports EMS career mobility.

3. Are states required to implement the *Education Agenda*?

While compliance with the *Education Agenda* is voluntary, NASEMSO believes it will provide career mobility for individuals who seek reciprocity among the states, ensure a consistency of quality and content, and will enhance the image of the profession. NASEMSO will be collaborating with national EMS stakeholders and Federal partners to assist states in implementing the *Education Agenda*.

4. What options do states have in implementing the *Education Agenda*?

There are several options for states. They can implement none, some, or ALL components of the *Education Agenda* but full implementation of the *Education Agenda* by all states will bring us closest to the vision of a true national system.

Although the state remains the authority in determining its level of participation, the more that states deviate from the components described by the *Education Agenda*, the less likely that the EMS profession will achieve the maturity and respect of other allied health professions. Some problems that states may encounter by not fully implementing the *Education Agenda* include:

- Education methods may not match publisher texts and curriculum materials.
- States will be responsible for developing and defending their own testing if they don't use National EMS Certification.
- States are responsible for the security of testing materials when testing remains at the state level.
- Practitioners in that state will have reduced opportunity for reciprocity among states.
- States will have to reconcile differences between state levels and national levels.

5. Are there any pitfalls for EMS practitioners living in states that aren't consistent with the *Education Agenda*?

Consistency of the EMS educational structure improves the profession. Practitioners living in states where the education is not consistent with the *Education Agenda* may find difficulties in career growth, mobility among states for licensure, and professional recognition.

6. What does the *National EMS Scope of Practice Model* (*Scope of Practice Model*) really mean for states and EMS personnel?

The *Scope of Practice Model* was developed with primary leadership from NASEMSO using a multi-disciplinary nationwide stakeholder process. It describes a progression of knowledge and skills among multiple levels of EMS personnel based on the *Core Content,* best available research, expert consensus, and multiple national reviews. The model also provides nationally standardized titles for EMS practitioners.

The model represents nationally consistent minimum entry level of knowledge and skills for states to consider when establishing state-specific EMS scopes of practice. Generally, states will want to meet the skills and knowledge contained in the *Scope of Practice Model* for several reasons:

- The National EMS Certification exams at all levels will be consistent with the *Scope of Practice Model*.
- Texts and other publisher- created support materials will be based upon the *Scope of Practice Model*.
- The public will come to expect that persons who carry the specific title of Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) or Paramedic have the scope of practice associated with that title.
- States that receive practitioners from another state will expect those who transfer licensure based on a particular EMS level to have at least been prepared on that level's *Scope of Practice Model* content.
- The *Scope of Practice Model* is intended to be updated periodically and has been created in a way that it can adapt to the introduction of new technologies and evidence-based medicine.
- The *Scope of Practice Model* describes a national standard that can be used to facilitate reciprocity when practitioners are called upon to participate in interstate mutual aid activities that support a wide area disaster response under the National Incident Management System (NIMS.)

7. Will accepting the *Scope of Practice Model* limit our practitioners to those skills outlined in the model?

The *Scope of Practice Model* describes a <u>minimum</u> set of competencies. States and their medical directors maintain the legal authority to establish their scope of practice.

- Implications for states that exceed the *Scope of Practice Model* include:
    - Texts and publisher-created support materials may not include the state added content.
    - The National EMS Certification exams may not cover the comment added by the state.

- The state would need to ensure an orientation process and verification of competency for persons who transfer into the state from another location that may not have included the additional content.
- The additional material creates some element of confusion about what would be allowed when there is a mobilization of resources for an event requiring an EMS response among multiple states.

8. How do current "Intermediate" levels under the *National Standard Curricula* correlate with the new *Scope of Practice Model*?

NASEMSO is currently working on a comparison document of the skills and knowledge objectives to make this more understandable as well as documents that will assist states transition experienced practitioners into the new provider levels. Once this effort is completed, states will have better information to make these decisions. The "old to new" transitions that currently appear most logical are "Intermediate-85" to Advanced EMT and "Intermediate-99" to Paramedic.

9. Will states that currently use "Intermediates" have to eliminate that level?

No, some states may continue to train and license personnel at a level that fits between one of the new national levels. In this situation, the state would be responsible for managing all aspects of the unique level's training and testing. In addition, state reciprocity for this level would be quite limited since the level would be unique to the state of origin.

10. Why are the states being rushed into implementation of the *Education Agenda*?

This vision has been 12 years in the making. The EMS Agenda for the Future (1996) was the first to describe the outcomes and goals for EMS Education in 2010. The *Education Agenda* and its model components are simply the roadmaps that NASEMSO requested in 2000 to achieve the goal. . The components of the *Education Agenda* have been unfolding for a considerable length of time—the *Core Content* was published in 2005, the *Scope of Practice Model* was published in 2007, and the *Education Standards* were published in 2009. National EMS Education Program Accreditation (*Program Accreditation*) will not be expected before 2013.

11. What was wrong with the National Standard Curricula (NSC)?

The NSC have been essential to the development of EMS education programs since its inception. However, community reliance on the NSC has decreased education program flexibility, limited creativity, and impaired development of alternative delivery methods. Because each curriculum was developed independently of the others and by different contractors using different processes, content and instructional methodologies were inconsistent among the levels, making it difficult for one level to bridge to the next higher level. In addition, studies suggest that there may be detrimental effects of standardized curricula because they lack the ability to respond to practice changes quickly. The new *Education Standards* were created through a single process with many opportunities for public input. Unlike the NSC, they are broad, identify the necessary depth and breadth of content, and can be easily

modified. We anticipate this approach will enhance the transition of one provider level to another while enabling educational changes to keep pace with new science.

12. How does the *Education Agenda* fit in with the goals of health professions education as a whole?

In 2003 as part of its Quality Chasm series, the Institute of Medicine (IOM) published a consensus document, *"Health Professions Education: A Bridge to Quality."* In its visions for health professions education, the IOM states *"All health professionals should be educated to deliver patient- centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics."* The *Education Agenda* embodies all of these characteristics.

13. Is the approach identified by the *Education Agenda* common in other allied health professions?

Yes, the modeling and approach of the *Education Agenda* is common in the health professions as reflected in various documents published by the IOM, the Pew Health Commission Taskforce on Healthcare Workforce Regulation, the University of California at San Francisco (UCSF) Center for the Health Professions, and representatives of the regulatory boards of several healthcare professions.

14. What elements should be in place before instructors/coordinators start teaching from the *Education Standards*?

NHTSA has posted the final *Education Standards* at www.ems.gov. Educational programs should communicate and coordinate with their state EMS office prior to using the *Education Standards* to ensure that:

- the state has adopted the scope of practice levels consistent with the *Scope of Practice Model*.
- the state has defined any instructor qualifications that must be met prior to using the *Education Standards*.
- a transition process for existing EMS personnel and instructors has been identified.
- adequate text and support materials are in place for program delivery.
- certification is based on the *Education Standards.*

15. How will the length of training courses be determined?

The new *Education Standards* are LESS prescriptive than its predecessor, the NSC. Accordingly, hours to deliver a particular course will vary. The goal of the new *Education Standards* is to focus on OUTCOMES, not the time spent achieving them. The class should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce class materials, if needed.) The current NSC model

does not accommodate that need. The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery essential content.

National EMS Education Program Accreditation

16. What impact will National EMS Education Program Accreditation (Program Accreditation) have on current EMS practitioners?

None, really. NASEMSO acknowledges the recent announcement by the National Registry of EMTs (NREMT) to add an eligibility requirement for paramedic testing, effective December 31, 2012. The NREMT move towards programmatic accreditation is in response to the *Education Agenda* and impacts candidates entering paramedic programs AFTER January 1, 2013. It will not have an effect on currently licensed EMS paramedics. It has NO bearing or impact on recertification of paramedics. Only students who have yet to be trained will be impacted by the NREMT requirement beginning in 2013.

17. Do other allied health professions currently require national certification based upon graduation from an accredited program?

Yes. Most allied health programs have a registration or certification process that is national in scope and typically sponsored by an independent organization. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest programmatic accreditor in the allied health sciences field. In collaboration with the Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in twenty (20) allied health science occupations.

18. How is NASEMSO working with the NREMT, CoAEMSP, and other national partners to implement paramedic program accreditation?

The *Education Agenda* calls upon the national certification organization to award certification based upon successful completion of an accredited program of instruction. States along with their education programs and the Committee on Accreditation of Emergency Medical Services Professions (CoAEMSP) are working together to identify processes and timelines to achieve paramedic program accreditation. Although the NREMT has established a goal for this to be accomplished by 2013, NASEMSO has called upon the NREMT to assist NASEMSO and the states develop plans for implementing paramedic program accreditation by the end of 2010 and to collaborate with the Association in reviewing these plans prior to enforcing the deadline. NASEMSO's Resolution 2008-03 on Education Program Accreditation is available on the Association's web site at www.nasemso.org.

19. At present *Program Accreditation* is being implemented for Paramedic programs only. The *Education Agenda* calls for the accreditation of all EMS training levels. How will other levels of training be accredited in the future?

At present, *Program Accreditation* is only being implemented for Paramedic programs. This approach is being taken for several reasons. Paramedic programs are of a sufficient length and academic complexity that accreditation requirements make sense when applied to them, the number of independent

Paramedic programs nationally is challenging for accreditation to be achieved over the next several years, and applying accreditation standards to other levels of programs would be overwhelming from a workload perspective.

Long term, it would improve the credibility of other levels of EMS training to fall under an accreditation model. It is less clear how the approach being taken with Paramedic programs and other allied health disciplines could or should apply to EMS training below the Paramedic level. For instance, most people seem to agree that it is not practical to have an independent site review for a 65-hour EMR course. The discussion of how to apply programmatic accreditation to levels of EMS training other than Paramedic has not yet occurred and will need to involve state, educator, accreditation, employer, certification and other stakeholders.

20. Why aren't states being provided more agency options for *Program Accreditation*?

States maintain the authority to implement *Program Accreditation* in ways that best meet their needs. The *Education Agenda* specifically calls for "A single national accreditation agency… identified and accepted by state regulatory offices. This accrediting agency will have a board of directors with representation from a broad range of EMS organizations." Currently, the only nationally recognized accreditation available for EMS education is through CAAHEP's Committee on Accreditation of Emergency Medical Services Professions. Although CAAHEP is the actual accrediting agency, the CoAEMSP has been representing the EMS profession since the Paramedic was recognized as an allied health occupation by the American Medical Association in 1975.

21. What organizations are currently represented on the CoAEMSP Board of Directors?

American Academy of Pediatrics (AAP), the American College of Cardiology (ACC), the American College of Emergency Physicians (ACEP), the American College of Osteopathic Emergency Physicians (ACOEP), the American College of Surgeons (ACS), the American Society of Anesthesiologists (ASA), the National Association of Emergency Medical Services Educators (NAEMSE), the National Association of Emergency Medical Services Physicians (NAEMSP), the National Association of Emergency Medical Technicians (NAEMT), the National Association of State Emergency Medical Services Officials (NASEMSO), and the National Registry of Emergency Medical Technicians (NREMT) are all current sponsoring organizations and comprise the Board of the Directors of the CoAEMSP. Additionally, the International Association of Fire Chiefs (IAFC) and the American Ambulance Association (AAA) are expected to become sponsoring organizations on the Board of Directors in April, 2009.

22. Won't state autonomy be affected by an outside accreditation process?

No. Individual state laws, rules, and requirements remain the central authority for who is authorized to provide EMS education in each state. States are free to establish or retain an approval process that may be provided by an accredited educational program. The CAAHEP accreditation process is designed to supplement and support state EMS offices in providing clear guidelines and standards for delivering education and is not designed for discipline or enforcement. Their standards are relatively broad since they apply to all types of programs throughout the United States. Individual states may have more

specific requirements or implement standards related to issues in their locale. The precedence has already been established in health care through independent, non-state regulated peer- review processes such as The Joint Commission (formerly the Joint Commission for Accreditation of Healthcare Organizations.) Healthcare organizations participate in voluntary peer-review activities as an essential component of continuous quality improvement. The JCAHO process parallels but does not interfere with state licensing efforts. NASEMSO believes the peer review process is one essential element to the improvement of the EMS profession and that using the CAAHEP process will enhance objectivity and consistency among the states.

23. How will the accreditation process help EMS practitioners and their patients?

The accreditation process for educational programs is similar in concept to the trauma center verification/designation process or the review and accreditation process for ground and air ambulance services. It is designed to support a philosophy of on-going improvements within a program that will ensure the highest quality education for EMS professionals throughout the country. As in other professions, the accrediting agency helps identify opportunities for improvement from an outside perspective and then assists students, faculty, and programs in finding solutions for them. Simply stated, it's more difficult for those in an organization to ignore the recommendations of an outside, independent agency that is recommending improvements in the educational process.

24. Is it true that an individual without a Bachelors degree or a Bachelors degree in another field would not be eligible to serve as a Program Director in an EMS training program?

Any Program Director without a Bachelor's degree who applies for accreditation before 1/1/2011 and shows continual progress towards a degree will be recognized for accreditation purposes. The Bachelor's (or higher) degree requirement for the Program Director is not EMS or education specific.

25. Must all paramedic programs be affiliated with an academic institution to gain National EMS Program Accreditation?

There are alternatives to affiliation with a college or university, such as a post-secondary academic institution, foreign post-secondary academic institution, hospital, clinic, or medical center (USDHS recognized and ACGME approval), branch of the US military, other governmental, educational, or medical service, or consortium. There are currently accredited educational programs that are not within colleges, universities, or major medical centers. Programs have been accredited in hospitals, private for-profit institutions as well as free standing fire-based and EMS-based institutions. Each program is evaluated by the CoAEMSP to ensure they meet the sponsorship requirements set forth in the CAAHEP Standards and Guidelines.

26. How long does it take to achieve *Program Accreditation*?

The length of the accreditation process is dependent on numerous factors but could be anywhere from 6-12 months (on average) following submission of the self-study.

National EMS Certification

27. What are the benefits of *National EMS Certification*?

National EMS Certification will standardize testing across the nation and optimize EMS opportunities for career mobility. It will help lessen the burden of interstate reciprocity and eliminate legal barriers to EMS personnel crossing state lines to gain licensure. It will help ensure the consistency of patient care delivered to emergency medical services patients throughout the nation.

28. What standards should a National EMS Certification body be expected to follow to ensure quality of a national certification process?

The National Commission for Certifying Agencies (NCCA), a certification accrediting agency sponsored by the National Organization for Competency Assurance (NOCA) establishes the *Standards for the Accreditation of Certification Programs.* The NCCA uses a peer- review process to establish accreditation standards, to evaluate compliance with these standards, to recognize organizations/programs which demonstrate compliance, and to serve as a resource on quality certification. NCCA Standards address the structure and governance of the certifying agency, the characteristics of the certification program, the information required to be available to applicants, certificants, and the public, and the recertification initiatives of the certifying agency. NCCA is a separately governed accreditation arm of the National Organization for Competency Assurance (NOCA), a membership association of certification organizations providing technical and educational information concerning certification practices. The NOCA Standards and Standards Interpretive Policy are available at www.noca.org.

29. What does the *Education Agenda* say about National EMS Certification and how will a National EMS Certification body be identified?

The *EMS Education Agenda for the Future: A Systems Approach* calls for a single national EMS certification agency. The document states:

> *"National EMS Certification will be conducted by a single independent national agency under the leadership of a board of directors with multi-disciplinary representation. A single certification agency will provide a consistent evaluation of recognized EMS provider entry level competencies. National EMS Certification will be accepted by all state EMS offices as verification of entry level competency. National EMS Certification is one of the steps leading to licensure for levels of EMS providers specified in the National EMS Scope of Practice Model. In order to be eligible for National EMS Certification, candidates must graduate from a nationally accredited EMS education program.*
>
> *Certification examinations are based on APA standards and a practice analysis. A nationally recognized, validated, and reliable examination is used by all state EMS agencies as a basis for state licensure. National EMS Certification would not replace states' rights to license, but would be used as one component of eligibility for licensure to practice within the state."*

The recognition of the National EMS Certification agency providing certification leading to state licensure is a matter that must be addressed on a state by state basis. The National Registry of EMTs is the only group that NASEMSO is aware of that meets the technical requirements of the *Education Agenda*. In 2003, the NREMT received accreditation of all five levels of exams from the National Commission for Certifying Agencies (NCCA), a certification accrediting agency sponsored by the National Organization for Competency Assurance (NOCA.) Currently, 46 states use the NREMT as national certification leading to licensure at one or more levels.

30. Who participates in the NREMT Board of Directors?

The NREMT is governed by a Board of Directors comprised of 21 representatives from all segments of the EMS community as well as the public who are committed to public protection and quality patient care. National EMS stakeholder organizations (such as the National Association of EMTs, IAFC, and NASEMSO) participate in the nomination process. Current representation includes EMS medical directors, surgeons, EMS chiefs, fire chiefs, state EMS directors, state training coordinators, EMS educators, and program directors, and field personnel.