NATIONAL EMS ADVISORY COUNCIL
COMMITTEE REPORT AND ADVISORY
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Committee: Innovative Practices of the EMS Workforce
Title: Changing the Nomenclature of Emergency Medical Services is Necessary
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Issue Synopsis:

It is generally agreed that the dawn of modern day emergency medical services (EMS) in America began with the enactment of federal legislation in 1966 known as the ***National Highway Safety Act*** (Public Law 89-564)[1]. It was, at least partially, in response to a landmark publication of the National Research Council of the National Academy of Sciences. This white paper was entitled ***Accidental Death and Disability****:* ***The Neglected Disease of Modern Society***. It highlighted dramatically, and empirically, for the first time, the absolute need for appropriately trained care-givers to attend those seriously injured by motor vehicle accidents, as well as a system to respond and transport them to hospitals for definitive care[2].

The ***National Highway Safety Act*** identified *emergency medical care* as a necessary element to reducing death and disability associated with traffic accidents. The term "*emergency medical services*" never actually appeared in the legislation. "*Emergency services*", "*emergency medical care*", "*emergency service plans*" and "*transportation of the injured*" were the associated phrases used. The law itself was void of specific language regarding EMS, as a proper noun, and its components. However, regulations issued in 1969, pursuant to the Act, formally identified EMS as a particular service, along with its elements and characteristics[3].

A. Problem Statement

A diverse array of terms has accumulated over time to describe this field of health care and its practitioners. This acts to frequently confuse colleagues within the industry, providers of other public safety and health care agencies, the media and our legislators, as well as the general public.

This segment of the health care industry which has provided the care and transportation of the acutely injured (and subsequently, as these services expanded, those who suddenly became seriously ill) outside of the hospital, has evolved and divided into several sub-specialties, becoming known by various names in the process. This particular field of health care service, as well as its sub-groups of specialized clinical services, are now described by several titles, sometimes interchangeably, sometimes specifically to describe only one component.

Some of the terms in use today for this field of health care, or some of its components are;

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[1] (Vincent D. Robbins, 2015)
[2] (National Academy of Sciences, 1966)
[3] 23 U.S.C. 401

- Ambulance services
- Emergency ambulance services
- 9-1-1 ambulance services
- Medical transportation services
- Critical care transportation services
- Specialty care transportation services
- Mobile intensive care services
- Emergency medical services
- Basic life support services
- Advanced life support services
- Medical rescue services
- Mobile health care services
- Mobile integrated health care services
- Community paramedicine service

Likewise, references used to identify the providers of care in this field of health care include a wide array of titles. Some denote a specific level of licensure or certification, identify a particular scope of practice, or specify a hierarchy of medical authority, while others are used more generically to describe a larger group of practitioners generally. Today, this vocabulary includes the following;

- Ambulance driver
- Ambulance attendant
- Ambulance care technician
- Ambulance care assistant
- Ambulance worker
- First responder
- Rescue worker
- EMS worker
- EMSer
- Emergency medical responder
- Cardiac rescue technician
- Advanced care technician
- EMT (emergency medical technician)
- Advanced EMT
- EMT-Intermediate
- EMT-Paramedic
- Paramedic
- Mobile intensive care paramedic
- Critical care transport paramedic
- Mobile intensive care nurse
- Flight paramedic
- Flight nurse
- Community paramedic

B. Crosswalk with other standards documents or past recommendations

In 2011, **International Paramedic**[4] published their Initiation Document following their organizational meeting. It stated in pertinent part; "*It was universally agreed that the profession was being harmed by internal divisions and a lack of clarity related to nomenclature; who was the professional and what is their profession called*."[5] They concluded with the following description of proposed standardized nomenclature;

- *The **Paramedic** is the professional practitioner*
- *A **Paramedic Service** is the provider of emergency medical services staffed by paramedics; and*
- ***Paramedicine** is the discipline and the area of medical study and knowledge.*

The **National EMS Management Association** (NEMSMA) issued a Position Statement in July of 2012 that definitively defined **paramedicine** as *"…an allied health profession focused on assisting individuals, families, and communities in attaining, re-attaining, and maintaining optimal health, often following acute or sudden onset of medical or traumatic events. Paramedicine is practiced predominantly in the out of hospital setting. The practice of paramedicine is based on the sciences of human anatomy, physiology, and pathophysiology."*[6]

Likewise, the **EMS 3.0** initiative[7] collaborative has described this field in a very similar way; "***Paramedicine** as a **discipline** is much broader than the current roles performed by EMS personnel and includes the totality of the roles and responsibilities of individuals trained, certified, licensed, and credentialed as EMS practitioners. **Paramedicine** is a professional space that begins with emergency medical response and intervention, but expands to a health profession focused on assisting individuals, families, and communities in attaining, re-attaining, and maintaining optimal health*."

C. Analysis

Thus, it has become clearly self-evident that the field of knowledge associated with this segment of the broader health care industry has become its own **discipline**[8] and the service provided relative to this discipline, has become a **profession**[9]As evidence, in addition to the

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[4] International Paramedic is a collaborative of recognized EMS thought-leaders from five countries formed in 2011, with the expressed purpose of facilitating "cooperation, coordination, communication and collaboration" among EMS medical responders and practitioners.
[5] (International Paramedic, 2011)
[6] (National EMS Management Association, 2012)
[7] EMS 3.0 is a collaborative initiative to define and describe the necessary evolution of EMS to coincide with the broader U.S. health care system reform currently underway. Member organizations include NEMSMA, NAEMT, NASEMSO, NAEMSP and NAEMSE.
[8] A "discipline" in health care is generally defined as "A branch or domain of knowledge, instruction, or learning" of medicine or health care.
[9] A "profession" is generally defined as a vocation consisting of persons educated in a discipline according to nationally regulated or recognized, defined, and monitored standards.

statements of professional associations and groups listed above, the following hallmarks of a discipline and profession now exist for this field:

- The National Association of EMS Physicians (NAEMSP) was organized in 1984 to represent medical doctors who practice in this field.
- In 2010, the American Board of Medical Specialties (ABMS) recognized EMS as a practice of medicine. This formal recognition has aligned the importance and impact of the patient care provided by EMS providers and physicians with the other established medical specialties. As a sector within the practice of medicine, the ABMS designated the American Board of Emergency Medicine to determine the core content of EMS medicine and to oversee the testing, continuing education, and board certification of physicians in EMS medicine.
- Various national associations now exist to represent a multitude of segments within the field, such as managers, educators, regulators, physicians and dispatchers.
- Practitioners in this field are certified or licensed by each state at various levels throughout the country and regulated to provide clinical care within defined scopes of practice.
- Specific clinical treatment protocols are both required by most jurisdictions and promulgated by medical authorities to govern the care provided to patients.
- Nationally recognized credentialing now exists for the different levels of management for eligible and competent individuals in the field.
- Dozens of specific research studies are conducted annually throughout the United States in this field[10]
- Many academic institutions in the United States now offer accredited degrees, from Associates to Masters, in the field, often referring to them as part of "paramedicine", and frequently identify them as part of their schools of the Allied Health (Care) Professions.
- Both peer reviewed professional journals and industry specific trade magazines are published regularly, specific to the field.
- Numerous text books have been published that provide instruction in the various components of the field and are routinely used by educators, teachers and professors.

D. Committee Conclusions

As with other disciplines and professions in our society, standardized, generic terms should be established to describe them and their practitioners. In health care, the discipline and profession of medicine is practiced by physicians and nursing by nurses. In the public safety sector of our society, the discipline and profession of law enforcement is performed by law enforcement officers and fire service by firefighters. When speaking in general terms, distinctions are not made between the various delineations of each discipline's sub-domains or its profession's levels of practitioners.

However, we recognize that some states may have statutes that specifically name practitioners using discrete titles and delineate their scope of practice in detail by title. In fact, some states actually prohibit by law, or regulation, anyone other than the qualifying practitioner, from using certain titles, including the terms "emergency medical technician" and "paramedic". This Advisory is not intended to force changes in individual state laws, or to interfere with a state's

[10] PubMed, Research Gate & Clinical Trials provide thousands of papers, studies and research specific to EMS

right to regulate within this profession. However, a clear need has been identified to establish a national standard nomenclature regarding this discipline and profession.

Recommended Actions/Strategies:

NEMSAC Recommends to the:

National Highway Traffic Safety Administration and Federal Interagency Committee on Emergency Medical Services

Recommendation 1: FICEMS and the DOT should officially recognize and use the term "paramedicine", to describe the distinct discipline and profession which has emerged within the out of hospital health care field, moving forward. In addition, they should collaborate with the working groups on the revision of national documents such as, but not limited to, the *EMS Agenda for the Future*, to clearly designate the discipline.

Recommendation 2: FICEMS and the DOT should officially recognize and promulgate an all-inclusive standard generic term nationally to describe all health care providers performing within the field of paramedicine, regardless of certification or licensure. In addition, they should collaborate with the working groups on the revision of national documents such as, but not limited to, the *EMS Agenda for the Future*, to clearly designate the provider.

Recommendation 3: FICEMS and DOT should establish a Multidisciplinary Stakeholders Workgroup to create a nomenclature framework and develop a work plan to address the designation of provider level nomenclature.

All of these recommendations are interrelated and link to FICEMS Strategic Plan **Goal 6:** *A well-educated and uniformly credentialed EMS workforce*. **Objective 6.1**: Promote implementation of the "EMS Education Agenda for the Future" to encourage more uniform EMS education, national certification, and state licensing. **Objective 6.2**: Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.

References and Resources:

International Paramedic. (2011, July 27). Initiation Document. 2. Ottawa, Ontario, Canada: International Paramedic.

National Academy of Sciences. (1966). *Accidental Death and Disability: The Neglected Disease of Modern Society.* Washington, DC: National Academy of Sciences.

National EMS Management Association. (2012). *Paramedicine as a Profession.* Platte City: National EMS Management Association.

Vincent D. Robbins, F. (2015). The History of Ambulance Services and Medical Transportation Systems in the United States. In J. T. Lindsey, *Management of Ambulance Services* (pp. 1-35). Upper Saddle River: Pearson.