

**From:** [McHenry, Susan \(NHTSA\)](#)  
**To:** [NHTSA NEMSAC \(NHTSA\)](#)  
**Cc:** [Smith, Noah \(NHTSA\)](#); [Dawson, Drew \(NHTSA\)](#)  
**Subject:** FW: National EMS Advisory Council request for input on updates to EMS Education Agenda for the Future: A System's Approach  
**Date:** Thursday, November 07, 2013 11:46:54 AM

---

**From:** Goold, Grant [<mailto:Gooldg@arc.losrios.edu>]  
**Sent:** Thursday, November 07, 2013 11:40 AM  
**To:** McHenry, Susan (NHTSA)  
**Subject:** RE: National EMS Advisory Council request for input on updates to EMS Education Agenda for the Future: A System's Approach

The recommendations are sound, science-based, and relevant.

I would only humbly suggest the entire EMS community needs to address the issues of expanding scopes of practice and the projected need for better educated EMS providers as soon as possible. I am afraid that once we address the expanding educational needs of the industry, using the Education Agenda for the Future, too much time may elapse before agencies ramp up the new requirements allowing other allied health industries to quickly fill the gap and leave EMS professionals out in the cold.

For example, in our area, I hear conversations involving medical assistants, LVNs, RNs, and other groups looking at how they might be able to respond to non-life threatening calls eliminating the need for 911. Take away those responses for EMS and our industry might be left with only the "5%" !

Thank you for all your efforts and the outstanding reports you provide.

Kindest regards,

Dr. Grant Goold  
Paramedic Department  
American River College  
(916) 484-8843  
[gooldg@arc.losrios.edu](mailto:gooldg@arc.losrios.edu)

**From:** [communique.central@gmail.com](mailto:communique.central@gmail.com) on behalf of [Anthony Mendoza](#)  
**To:** [NHTSA NEMSAC \(NHTSA\)](#)  
**Subject:** EMS Agenda Comments  
**Date:** Friday, December 20, 2013 6:45:43 PM

---

EMS has a need for better communication and involvement from the street-level providers. I do not know the best method/path, but there is a definitely a need for better unification. I think this is the the most important component out of the ones that have been been addressed yet. It is our weakest point. It is the reason we do not have the strength, status, and quality as a profession that we need to have. Outreach to our own members should be incorporated as a priority.

Anthony Mendoza  
Los Angeles / Ventura, California



# McLean County Area EMS System

705 North East Street  
Bloomington, IL 61701

Phone: (309) 827-4348  
Fax: (309) 827-2017

January 13, 2014

Aarron Reinert  
Chair  
National EMS Advisory Council  
c/o The Office of EMS  
1200 New Jersey Ave, SE, NTI-140  
Washington, DC 20590

Dear Mr. Reinert:

This letter is to provide public comment related to the *National EMS Education Agenda for the Future: A Systems Approach*. Our organization recognizes that only minimal updates are being considered. The thoughtful deliberation that our organization has taken is based upon the premise that this document is the foundation for all education of the future generations of EMS care providers.

The following comments are not organized in any specific order of importance:

- The *National EMS Scope of Practice* minimums should be updated prior to development of the future education agenda;
- Core content should be based upon sound evidence based research;
- Accreditation of all initial EMS education programs should be mandated;
- Continuing EMS education should be based upon competency based models utilizing established national standards;
- There should be more of an emphasis placed upon EMS research studies and the availability of Federal funding for those studies;
- All federal EMS documents should be reviewed and updated every two years;
- There should be minimum *National Education Standards* developed for Mobile Integrated Healthcare/Community Paramedic program;
- Minimum of National EMS Certification required for every State;





# McLean County Area EMS System

705 North East Street  
Bloomington, IL 61701

Phone: (309) 827-4348  
Fax: (309) 827-2017

- Move toward Paramedics holding a minimum of an Associate of Applied Science degree;
- Promote innovative relationships between academic and non-academic EMS training programs;
- Designate the Department of Health and Human Services as the Federal lead agency for EMS; and
- Designate the National Highway and Traffic Safety Administration as the Federal lead agency for trauma care as well as EMS safety standards.

Please do not hesitate to contact me if you have any questions at (309) 827-4348 or [gscott@mcleancountyems.org](mailto:gscott@mcleancountyems.org)

Sincerely,

*Gregory Scott*

Gregory Scott, R.N., M.S., EMT-P, CHEC  
Director

cc: Michael Crabtree, MCAEMS System QA Coordinator  
Jim Davis, MCAEMS System Education Coordinator  
Joel Gollnitz, MCAEMS System Education Specialist  
File



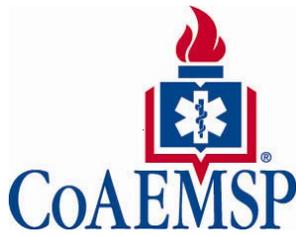
**Response to Request for Public Comment on EMS Education Agenda for the Future: A Systems Approach.**

EMS professionals must deal with a dynamic body of knowledge requiring that they maintain, update, and refine their cognitive and psychomotor skills continually. Until recently, EMS educators have coped with this evolving body of knowledge with required “refresher” training, somewhat incorrectly designated as (CE) because it does not “continue” learning; rather, it goes over the same material again and again with a few updates thrown in. Unfortunately, *EMS Education Agenda for the Future: A Systems Approach* does not address CE, education that may be as important to patient outcomes as initial training. This omission must be addressed in the interest of patient outcomes.

Further, EMS professionals are exactly that—*professionals*. Their CE should be challenging, non-repetitive, include evidence based guidelines and be competency based. It should enrich and enhance EMS providers’ knowledge and critical thinking skills with credits based on demonstration of competencies rather than time-on-task. EMS providers frequently view “refresher” training as a mindless exercise they must repeat periodically, not as an opportunity to master challenging new cognitive and psychomotor skills that will improve patient outcomes. *“Tell me and I forget. Teach me and I remember. Involve me and I learn.” Benjamin Franklin*

For a number of years, CECBEMS has required that the CE it accredits includes current information based on references that include: evidence based guidelines based on the latest research in addition to the standard texts, oversight by a qualified EMS physician, and well written test items. In addition CECBEMS audits CE providers for continuing education hour (CEH) inflation, plagiarism, use of appropriate permission statement on quoted or copied material, quality and accuracy of lesson content, attendance verification, and process for minimizing cheating. We are encouraging CE providers to move toward a competency based approach that involves the student actively. However, we need the support that results from a comprehensive treatment of CE in such significant EMS documents as *EMS Education Agenda for the Future: A Systems Approach*.

We would be happy to provide information, assistance, participation, or any other service to make EMS CE meaningful and pragmatic for the EMS professional.



**Committee on Accreditation**  
of Educational Programs for the EMS Professions

8301 Lakeview Pkwy  
Suite #111-312  
Rowlett, TX 75088  
Main 214-703-8445  
Fax 214-703-8992  
www.coaemsp.org

January 27, 2014

The National EMS Advisory Council  
c/o The Office of Emergency Medical Services  
1200 New Jersey Ave, SE, NTI-140,  
Washington, DC 20590

Dear Mr. Reinart and NEMSAC Members,

The Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) is in support of **minimal updates** to the *EMS Education Agenda for the Future: A System's Approach* as discussed by NEMSAC in the Fall of 2013. CoAEMSP is currently working with nearly seven hundred (700) Paramedic educational programs throughout the nation in all fifty (50) states and the United States Military to facilitate attainment of national Paramedic programmatic accreditation through our work with the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the recognized single, programmatic accreditor of Paramedic educational programs in the United States as evidenced by over thirty-six (36) years of work to date in Emergency Medical Services.

The Board of Directors of the CoAEMSP, comprised of fourteen (14) sponsoring organizations representing all aspects of EMS, support the notion of a single national programmatic accrediting organization as well as a single national certification organization to ensure that EMS personnel are able to gain appropriate education and certification for safe and effective practice of pre-hospital emergency care throughout the nation. As the implementation of the *EMS Education Agenda* has continued to evolve with the requirement of national programmatic accreditation of all Paramedic educational programs to gain eligibility for national certification through the National Registry of EMT's, it is safe to say that we are still working to achieve full implementation of the *Agenda*.

It is our belief that changing more than what has been proposed by NEMSAC would make it difficult to fully implement and evaluate the success of this endeavor. Therefore, we suggest NEMSAC make only **minimal updates** to the *EMS Education Agenda for the Future: A System's Approach*. Thank you for the opportunity to provide feedback on this important project. As always, we look forward to working with the national EMS community to assure quality educational outcomes and stand ready to assist as needed.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hatch", with a stylized flourish at the end.

George W. Hatch, Jr., EdD, LP, EMT-P  
Executive Director  
Committee on Educational Programs for the EMS Professions  
8301 Lakeview Parkway, Suite 111-312  
Rowlett, Texas 75088  
(214) 703-8445  
george@coaemsp.org

CC: Douglas K. York, Chairman of the Board  
Kathleen Megivern, JD, CAAHEP Executive Director



January 28, 2014

Mr. Aaron Reinert  
Chair, National EMS Advisory Council  
c/o The Office of Emergency Medical Services  
1200 New Jersey Ave, SE, NTI-140  
Washington, DC 20590

Dear Mr. Reinert,

On behalf of the **National Association of Emergency Medical Technicians (NAEMT)**, thank you for the opportunity to comment on the proposal from the National EMS Advisory Council (NEMSAC) to implement minor updates to the *EMS Education Agenda for the Future: A Systems Approach*.

One of NAEMT's core values is the belief that professional education and national education standards are essential to the consistent delivery of high quality, evidence-based medical care. This belief is the foundation upon which our education programs are built. In 2013, over 67,000 students participated in NAEMT EMS education courses. NAEMT's comment is based on feedback from those members of our association who develop the curricula for and teach our EMS education courses.

Since the publication of the EMS Education Agenda fifteen years ago, many of the recommendations it contains have been implemented or significant progress has been made in their accomplishment. We applaud the significant work that has been achieved, but recognize that work will be required in the future to ensure that EMS education meets our profession's evolving needs.

We understand from the cover letter which accompanied the NEMSAC request for comment that a major update is not desired at this time. However, after careful review of the document, we believe that the EMS Education Agenda requires a major update. This update should be based on a new assessment of the state of EMS education for the purpose of establishing a new path for EMS education in the coming decades.

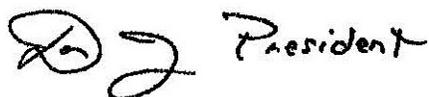
Our specific recommendations are as follows:

1. The "Opportunities for Improvement" section beginning on page 11 should be updated to reflect the current situation.
2. The Agenda needs to support the educational needs of an EMS system that continues to expand and evolve as practice and healthcare delivery change over time. One example of this is the establishment of mobile integrated healthcare and community paramedicine programs. Another is the use of technology in the delivery of patient care.
3. Practitioner level terminology within the document needs to be updated to reflect current terminology.

4. The sections of the Agenda that relate to the National EMS Core Content, the National EMS Scope of Practice Model, the National EMS Education Standards, the National EMS Education Program Accreditation and National EMS Certification should be updated to reflect the current situation and expanded to include the need for a process to maintain and update these documents on a scheduled basis as EMS continues to evolve and practice changes over time.
5. The Agenda seems to approach the education of the EMS practitioner as a technician type role. The Agenda should advocate that EMS practitioner education be an integrated component of medical education of all types and levels. There is no real discussion of the appropriate academic level to which an EMS practitioner should be educated. This is an important issue because although these individuals may operate under medical protocols established by physicians, they are essentially providing direct medical care in the field as autonomous and independent practitioners. Oversight of their medical practice is, in most cases, performed retrospectively. Integration of EMS practitioner education into the overall hierarchy of medical education will better support career advancement within the medical profession should an EMS practitioner choose to do so.
6. Missing from the Agenda is any reference to the educators that are crucial to the on-going delivery of education to EMS practitioners at all levels. Educators are an integral component of the EMS practitioners' learning experience and the Agenda should articulate a vision for the appropriate development and utilization of EMS educators. No longer should it be accepted that a "good" paramedic is promoted to become the next instructor when a vacancy occurs. Just as the Agenda advocates for a system of education for the EMS practitioner, so too should it address the integration of the educator into the teaching process.
7. The Agenda should also advocate for educational materials to be developed by subject matter experts, to include both field practitioners and physicians knowledgeable in EMS and emergency care, and be based on available science. The Agenda should recommend a process and mechanism to update education content on a regular schedule, based on changes in science and practice.
8. Finally, the Agenda hints at continuing education and competencies but does not explicitly advocate for this issue. Continuing education and skill proficiency are just as important as primary EMS education. The Agenda should advocate for continuing education requirements defined for each level that are uniform across the country and based on the ever changing way we practice. Sites providing continuing education should be subject to the same stringent accreditation as primary education sites.

Again, thank you very much for allowing us to review and comment on this important document. Please do not hesitate to contact us with any questions or comments.

Sincerely,

A handwritten signature in black ink that reads "Don Lundy" followed by the word "President" in a cursive script.

Don Lundy, BS, NREMT-P  
President, NAEMT

**From:** [Bourn, Scott](#)  
**To:** [NHTSA NEMSAC \(NHTSA\)](#)  
**Cc:** [Aaron Reinert](#); [Dawson, Drew \(NHTSA\)](#)  
**Subject:** NAEMSE input on the National EMS Advisory Council request for input on updates to EMS Education Agenda for the Future: A System's Approach  
**Date:** Friday, January 31, 2014 6:45:22 PM  
**Attachments:** [image005.png](#)

---

The National Association of EMS Educators (NAEMSE) is proud to have participated in the EMS Education Conference in 1996 and the subsequent development of the National EMS Education Agenda. We believe that the Agenda has significantly contributed to the safety and efficacy of EMS patient care through its visionary commitment to evidence based content, program accreditation, a single national certification, and clearly communicated education standards.

NAEMSE believes that the Agenda will benefit from a thoughtful revision as part of a larger update and alignment of all the EMS "agendas". The clinical practice of EMS has dramatically changed since these documents were drafted, and a revision will assure the continued relevance of the EMS Education Agenda through: inclusion of core content related to mobile integrated care; strengthened recommendations for program accreditation and a single national certification; revision of education standards to reflect evolving educational delivery strategies; and strengthening of the "CQI" process to include a more regular review and revision of the Agenda.

NAEMSE concurs with the incremental update process recommended by NEMSAC, and commits-- in partnership with other national EMS leadership organizations-- to the creation of an evolved agenda that will continue to guide EMS education into the future.

Thank you for the opportunity to comment, and to participate in this important and exciting process.



Scott Bourn, PhD, RN, EMT-P  
President  
[scott.bourn@naemse.org](mailto:scott.bourn@naemse.org)





*Continually improving the care delivered to EMS patients by discovering, developing, and promoting the best EMS management practices.*

January 31, 2014

**National EMS Management Association  
Comments Regarding the Revision of the  
EMS Education Agenda for the Future: A Systems Approach**

The *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)* advocated for the creation of five EMS education system components; all five of the components have been created or are in their final stages. Recognizing this and the fact that the document is over a decade old, the NEMSAC has requested public input concerning “minor revisions” or “minimal updates” of the *Education Agenda*.

The National EMS Management Association’s (NEMSMA) response to the request follows.

The *Education Agenda* set the foundation supporting the development of an EMS education system. The foundation is composed of five components. Because the *Education Agenda* is intricately linked to the five EMS education system components, any attempt to update or revise it would potentially require updating and revising one or all of the system components and could have complex and cascading influences on the rest of the structure.

After consideration, it is our opinion that investing in the time and effort needed to write and implement “minor revisions” or “minimal rewrites” of the *Education Agenda* are temporizing measures. We believe the effort should be directed towards a full rewrite of the *EMS Agenda for the Future*.

The NEMSAC has already recognized that the 1996 *EMS Agenda for the Future* is dated and acknowledges that EMS needs a fresh, bold vision that will guide EMS over the next 10, 15, or 20 years. The NEMSMA suggests that the community of EMS stakeholders focus efforts on that critical task. We must articulate a new vision for the future and craft a new document that will identify goals, serve as a guide, provide a roadmap, and support progress. EMS education can be included in the new *EMS Agenda for the Future* or can be, as it was previously, a standalone EMS Education Agenda document. If the EMS community chooses to make it a separate agenda, it should follow the general *EMS Agenda for the Future*.

Rather than rewriting or revising the *Education Agenda*, we recommend making additions and revisions to the National EMS Education Standards as noted below.

### Topics that need revision or that should be added

- Expand the "Scene Leadership" standard (p. 55) to specifically address leadership competencies to prepare students to meet the field internship "Team Lead" requirements
- Expand the "Professionalism" standard (p. 53) into multiple standards that specifically address the critical behaviors and attributes of professional EMS practitioners
- Include additional Affective domain components e.g. those related to attitude and values such as:
  - Willingness to accept criticism
  - Volunteering to participate
  - Behaving in ways consistent with professional values
  - Being nonjudgmental
- Separate the "Therapeutic communication and cultural competency" standard (p. 51) into two or more standards
  - One or more standards that address the full range of therapeutic communication
  - One or more standards that specifically address a broader range of cultural considerations
- Add education standards related to responding to "active shooter" incidents
- Update the Multiple Casualty Incidents standards to include the Model Uniform Core Criteria for Mass Casualty Incident Triage (MUCC)

In the Conclusion and Next Steps section the *Education Agenda* says, "To be successful in our implementation of the *Education Agenda*, we need to place a special focus on **instructor** and program development (p. 33, emphasis added). We believe that this "special focus" on instructor development has not been sufficiently established. Therefore, in addition to those items listed above, the education standards should address the breadth and depth of EMS instructors' knowledge, skills, abilities, and attitudes and methods that we use to create and certify EMS educators.

As EMS and EMS education continue to grow and evolve, it is important that the members of the broad EMS community participate in the processes that will guide us into the future. The NEMSMA appreciates the opportunity to provide the requested comments and input to the NEMSAC.

Respectfully submitted,



Troy M. Hagen, MBA, Paramedic  
President  
National EMS Management Association



**National Association of State EMS Officials**

201 Park Washington Court • Falls Church, VA 22046-4527 •  
www.nasemso.org  
703-538-1799 • fax 703-241-5603 • info@nasemso.org

Aarron Reinert  
Chairman, National EMS Advisory Council  
Office of Emergency Medical Services  
National Highway Traffic Safety Administration  
1200 New Jersey Ave, SE  
Washington, DC 20590

January 14, 2014

**Re: Comments on the Education Agenda for the Future: A Systems Approach—  
Recommendations for Revision**

Dear Aarron:

The National Association of State EMS Officials (NASEMSO) wishes to express appreciation to the National EMS Advisory Council (NEMSAC) for its recommendations regarding revisions to the EMS Education Agenda for the Future: A Systems Approach (*Agenda*), dated June 7, 2013. NASEMSO also commends NEMSAC for its thoughtful roundtable in March 2012 and subsequent stakeholder discussions that led to the recommendations. NASEMSO has played a leading role in the implementation of the *Agenda* and its components since 2007. We wish to acknowledge statewide implementation as a “work in progress” and reemphasize NASEMSO’s commitment to continue our forward momentum in implementing a national agenda.

The *Agenda* is and will continue to be a landmark document in the history of EMS. Its components provide a critical framework to states that facilitate improvements in EMS education and credentialing and thus, the delivery of prehospital patient care across the Nation. Historically, EMS was one of the few allied health professions that did not enjoy educational consistency, program structure, and testing standardization to support the image of a true profession. Today, the vision of the *Agenda* is becoming a reality and while we can demonstrate considerable improvement, we still have some work to do to accomplish our goals with ongoing state transition activities planned into 2020.

NASEMSO would like to take this opportunity to remind NEMSAC that the *Agenda* was established through a consensus process involving input from 30 EMS-related organizations. It was crafted as a foundational document and it envisioned revisions

of the various components at intervals, not a wholesale revision of the *Agenda* itself. For example:

Page 5: “The Blueprint and National EMS Education Standards should be revised periodically (major revision every 5 to 7 years, minor updates every 2 to 3 years).”

Page 17: “In the EMS education system of the future, the National EMS Core Content and National EMS Scope of Practice Model will be periodically updated based upon new information and research. The National EMS Education Standards can then be revised more frequently.”

Page 22: “The entire process follows a continuous quality improvement model, with review and revisions at regularly scheduled intervals. The EMS education system is defined by a continuum ranging from National EMS Core Content through National EMS Certification. National EMS Core Content is revised least frequently while National EMS Certification is revised most frequently. Revision of National EMS Core Content may necessitate a revision of every other component. During the revision of each EMS education system component, interested parties may find out exactly how and when they may provide input and participate in the process. The decision makers are clearly defined.”

To address specific recommendations, NASEMSO offers the following comments:

**1) Should the *Education Agenda* be revised or updated or both?**

NASEMSO supports NEMSAC’s assertion that minimal updates to reflect changes in current EMS practice without extensive revisions are reasonable. We offer the following benchmarks to assist in the evaluation of the current state of implementation:

<b>Benchmark</b>	<b>2007</b>	<b>2012</b>
Percentage of states intending to use SOP Model as foundation for state licensure-- EMR	58%	64%
Percentage of states intending to use SOP Model as foundation for state licensure-- EMT	78%	85%
Percentage of states intending to use SOP Model as foundation for state licensure-- AEMT	58%	69%
Percentage of states intending to use SOP Model as foundation for state licensure-- Paramedic	76%	81%
Percentage of states requiring National EMS Program Accreditation at the Paramedic level	24%	84%
Percentage of states requiring National EMS Certification at the EMR level for initial certification		50%
Percentage of states requiring National EMS Certification at the EMT level for initial certification		82%

Percentage of states requiring National EMS Certification at the AEMT level for initial certification		70%
Percentage of states requiring National EMS Certification at the Paramedic level for initial certification		90%

**2) Are there gaps in the document compared to current practice? Is there a need to expand the document?**

NASEMSO agrees that there may be clinical gaps in the *Agenda* and the scope should be consistent with current standards of practice. We encourage NEMSAC to consider the important role that the “Statewide Implementation of an Evidence-Based Guideline” and “Model EMS Clinical Guidelines” (currently in progress) should play within the educational framework.

**3) Are there barriers to implementing the *Education Agenda* that should be studied and addressed (ceilings, nomenclature, etc.)?**

NASEMSO appreciates NEMSAC’s thoughts regarding third party accreditation and certification yet we believe there is increasing statewide support for the current model.

- NASEMSO continues to support national accreditation by the Commission of Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the largest programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in 23 health science occupations.
- Many locally and state-created certification examinations do not adhere to the standards established by the American Psychological Association’s (APA) Standards for Educational and Psychological Testing utilized by other allied health care professions. In 2003, the National Registry of EMTs (NREMT) received accreditation of all levels of exams from the National Commission for Certifying Agencies (NCCC), a certification-accrediting agency sponsored by the Institute of Credentialing Excellence (formerly known as the National Organization for Competency Assurance) and is indicative of their commitment to the professional certification process. Currently, 55 state and territorial EMS regulatory agencies, the US Army, the US Air Force, and the Department of Homeland Security use one or more of the National Registry of Emergency Medical Technicians (NREMT) examinations.

Should states wish to pursue third party accreditation and/or certification, any entity wishing to offer these services should be held to the same rigorous standards and peer review processes utilized by CAAHEP and ICE.

NASEMSO also believes there is ongoing confusion about nomenclature related to “certification” and “licensure.” NEMSAC could help clarify these definitions within the EMS community.

**4) Are there changes to the environment that would necessitate a revision of the *Education Agenda*? What is the process by which each of the components are revised?**

NASEMSO wishes to reiterate the position that implementation is an active work in progress and large-scale revisions to the *Agenda* at this point would not only be disruptive and costly to the states; they could undermine the progress that has already been achieved. In the future, a process that supports broad stakeholder input and consideration of relevant scientific evidence would be appropriate. NEMSAC and its federal partners should help ensure that a current practice analysis is used to inform future decisions related to EMS scope of practice.

**5) How do we keep that process sustainable?**

NEMSAC's analogy to the process utilized by the International Liaison Committee on Resuscitation (ILCOR) is a desirable model: periodic revision based on scientific evidence. With consideration to the unique needs of the EMS practice environment, NASEMSO believes the compendium of EMS research is growing and increased access to competent EMS scientists would make this strategy doable.

**6) Should the *Education Agenda* review process include a comparison analysis of EMS systems internationally, to include a) scope of practice, b) regulatory structure, c) education standards, d) others?**

It is important to understand variances of EMS scopes of practice in bordering countries and while NASEMSO believes that international partners and access to international resources are an important consideration, we do not feel this is an appropriate focus for efforts and revisions related to the *Agenda*.

**7) What is the scientific basis of the current *Agenda* and evidence for future revisions?**

NASEMSO agrees with the NEMSAC opinion and recommendation regarding the scientific basis of the current *Agenda*.

**8) What would be the impact of proposed revisions? State law and regulation? Economic impact? Impact to localities, particularly rural areas?**

NASEMSO's Gap Analysis Template identifies essential components of EMS practice that lie outside the scope of the *National EMS Education Standards* as well as several areas for improvement to existing EMS course objectives/requirements. In regards to disaster paramedicine, patient and provider safety, NASEMSO feels that numerous federal and national resources currently exist in this regard without the need for states or EMS agencies to incur additional expense.

Regarding projected costs for even minimal revisions, NASEMSO and its members have already invested significant resources in implementing the *Education Agenda*, including the revision of individual state statutes, rollout and transition programs, and countless manpower hours educating practitioners and EMS programs, developing materials, and facilitating change. Our organization would not support

major revisions that we believe would lead to significant additional implementation costs.

**9) What are the most appropriate immediate next steps for the NHTSA?**

NASEMSO agrees with the NEMSAC recommendation regarding minimal updates to ensure currency with clinical practice standards. We respectfully submit that effective strategies for measuring practitioner competencies would be a useful albeit future adjunct to the *Agenda*.

**10) What are the most appropriate immediate steps for the FICEMS?**

NASEMSO is unclear about the intent/content for a “Future Agenda” and would need additional information prior to comment on this element however we do agree with the NEMSAC recommendation that supports broader federal endorsement of *Agenda* initiatives.

In summary, NASEMSO supports the original plan for timely revisions involving various components of the *Agenda* with consideration to evidence-based practice and integration with evolving model documents. NASEMSO remains uniquely positioned and fully committed to assist NEMSAC, NHTSA, and other federal partners implement the *Agenda* in a manner consistent with NEMSAC’s vision. Thank you for the opportunity to provide these comments.

Sincerely,



Jim DeTienne  
President

Cc Drew Dawson, Designated Federal Official



National Association of EMS Physicians®

P.O. Box 19570, Lenexa, KS 66285

Phone: (913) 895-4611, Toll Free: 800-288-3677, Fax: (913) 895-4652  
info-naemsp@goAMP.com • www.naemsp.org

January 31, 2014

Aarron Reinert  
Chair, NEMSAC

Dear Mr. Reinert:

NAEMSP would like you for the opportunity to comment on NEMSAC's deliberations regarding the EMS Education Agenda for the Future: A Systems Approach. NAEMSP has long been a supporter of the EMS Agenda for the Future and the accompanying Agendas. In addition, NAEMSP strongly supports the concepts endorsed in the Education Agenda and agree with NEMSACs approach to seek small, incremental changes at this time.

Regarding NEMSAC's request, NAEMSP has the following comments:

- We are in strong support of the single national certification as well as educational program accreditation.
- The biggest weakness that we currently see is the fact the mechanism for evaluating and revising the EMS Core Content and National Scope of Practice were not included in the document. Since their original publication, EMS Medicine has advanced and the mechanism for accounting for these advances is unclear. It is imperative that these documents are living documents and that there is a well-developed plan for their revision.
- Given the fact that the EMS Agenda for Future is now over 15 years old, it may be time to revisit and renew this document. Although the document is prescient and still has significant relevance, the EMS Agenda should represent our version of public health's "Healthy People..." series.

Once again, thank you for the opportunity to comment and, as usual, NAEMSP is ready and available to assist NEMSAC, FICEMS and the Department of Transportation in any way needed.

Sincerely,

Ritu Sahni  
President, NAEMSP

There are several concerns to be addressed with the *EMS Educational Agenda For the Future*. To begin, it is our belief that the agenda boasts efforts by private non-profit companies and federal agencies to hijack control of EMS systems away from local and state governments. According to the National Registry of EMTs, EMS and its regulations are a states rights issue. We are in complete agreement with that statement and have issue with the *EMS Educational Agenda For the Future* in particular on pages 13, 14, 15, 16, 17, 19, 21, 23, 26, 27, 28, 30, and 31 when considering this problem.

The requirement of any educational program to be coerced into an agreement with a College or University to provide EMS training is another point of contention we have with the agenda. This requirement has lead to the closure of many independent educational programs and threatens many more because of lack of articulation agreements required by the accrediting agency, a sole source vendor by name in the agenda. The accreditation agency then further intrudes on the sovereignty of educational programs by dictating staffing levels and hourly requirements despite the intent to have a system that proves competency. This argument is based on pages 12, 13, 14, 15, 17, 19, 26, 27, and 28 of the educational agenda.

Another concern that we feel should be addressed is the monopoly created by the educational agenda with a single certifying test, matched to the requirement of use of a single accreditation agency (the more accurate term is oligopoly). The use of a sole source vendor for certification testing does nothing but block strives for improvement and cost control. Furthermore, the use of the same monopoly to ensure continued competency for continued licensure further limits the governmental power to control cost and dictates EMS policy. This argument is based on pages 19, 21, 23, 28, 30, and 31 of the educational agenda.

We would agree that there is a base knowledge at all levels of EMS education that should be attained, however, We also believe that the state or local government should have total control over that level of education and a “cookie cutter” type educational system should be avoided. Competent EMTs can be developed through many different methods which may differ from what an accrediting body feels is the best practice, “best practices” are often not based on data but the opinion of the accrediting body.

Respectfully,

Bryan Norris  
San Antonio Professional Firefighters Assn.  
IAFF Local 624

# EXECUTIVE SUMMARY

---

The National Emergency Medical Services Advisory Council's (NEMSAC) call for revisions to the *EMS Education Agenda for the Future: A Systems Approach* come at a time in which the national EMS education system is rapidly evolving and improving. The transition to the National EMS Education Standards, Instructional Guidelines and the requirement of national accreditation for paramedic education programs culminating to National Certification by the NREMT; the importance and impact of the Agenda has never been so clear.

While no fundamental changes to the overall document are necessary, updates to the five integrated primary components of the *Education Agenda* are needed to demonstrate how far we, as an EMS profession, have come since the Agenda's publication in 2000. Many of the suggested milestones have been achieved or are currently in progress and the accomplishments of our profession should be noted. Further, as many states and localities are still working towards the goals set forth by the *Education Agenda*, communicating progress may aid in alleviating the anecdotal fears that come hand-in-hand with change.

The minimal update suggestions following this summary were a collaborative effort between The National Registry of Emergency Medical Technicians (NREMT) and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). All suggested updates are based on quantitative data that reflect the current status of our profession. The suggested revisions contained in this document focus on two of the integrated primary components: National EMS Certification and National EMS Education Program Accreditation.

Briefly, the suggested revisions contained within this document are minimal, and include the addition of a "**2014: Where We Are Today**" subsection. This subsection contains the "Milestone" table expanded to indicate the current status of each milestone, and any additional notes that are necessary. A short summary of known changes and quantitative data follow the updated table. We suggest that similar revisions are undertaken to the remaining three integrated primary components of the *Education Agenda* to inform the profession of where we are today.

## **NATIONAL EMS CERTIFICATION**

### **2014: Where We Are Today**

#### **The National Registry of Emergency Medical Technicians**

In 2010, the National Registry of Emergency Medical Technicians (NREMT) was declared the National EMS Certification body by the National Association of State EMS Officials in their Resolution 2010-04 *National EMS Certification and Program Accreditation*.

#### **Standardizing Effect of National Certification**

##### **Training and Entry to Practice**

The National EMS Certification cognitive and psychomotor examinations are based on the National EMS Education Standards and Instructional Guidelines, current American Heart Association CPR and Emergency Cardiovascular Care guidelines, and the Center for Disease Control and Prevention's Guidelines for Field Triage of Injured Patients. These examinations ensure that entry-level competency for each of the four nationally recognized provider levels is met. National EMS Certification is widely recognized and is a valid and standardized measure of entry-level competency. As of current, 57 U.S. states, territories, and federal agencies utilize National EMS Certification as part of their state licensure processes.

##### **Interoperability of Providers**

Utilizing National EMS Certification makes relocation from one U.S. state or territory to another a more seamless process as state EMS offices are confident that a standard has been met. Through National EMS Certification, coordination between systems and states can be maximized as a result of a clear definition of a National Scope of Practice for each of the nationally recognized EMS provider levels.

##### **National Response to Disasters**

In the event of large scale natural or man-made disasters, the need for immediate response requires mobilization of EMS providers from across the country. A clear understanding of each provider's competency indicated by their National Certification level enables high levels of coordination and resource management. This increased coordination and resource management saves valuable time which results in a reduction of morbidity and mortality for disaster victims.

##### **Registry of Nationally Certified EMS providers**

The NREMT maintains an up-to-date network for all EMS professionals who maintain National Certification. In the past, this resource has been utilized to

communicate important information regarding national threats to public health. In the event of rising endemics or large scale terrorist attacks the NREMT's database can be leveraged to promptly reach hundreds of thousands EMS providers in all states and territories.

### **National Certification Examination Development**

The NREMT exams are based on a current practice analysis, the 2009 Education Standards and Instructor Guidelines, current American Heart Association CPR and Emergency Cardiovascular Care guidelines, and the Center for Disease Control and Prevention's Guidelines for Field Triage of Injured Patients. Individual examination items are developed by members of the EMS community serving on Item Writing Committees convened by the NREMT. Item Writing Committees typically have 9 to 10 national EMS experts as members (physicians, state regulators, educators and providers). Consensus by the committee must be gained so that each question is in direct reference to the tasks in the practice analysis; that the correct answer is the one and only correct answer; that each distracter option has some plausibility; and the answer can be found within commonly available EMS textbooks. Controversial questions are discarded and not placed within the pilot item pools. Items are also reviewed for the appropriate reading level and to ensure no bias exists related to race, gender or ethnicity.

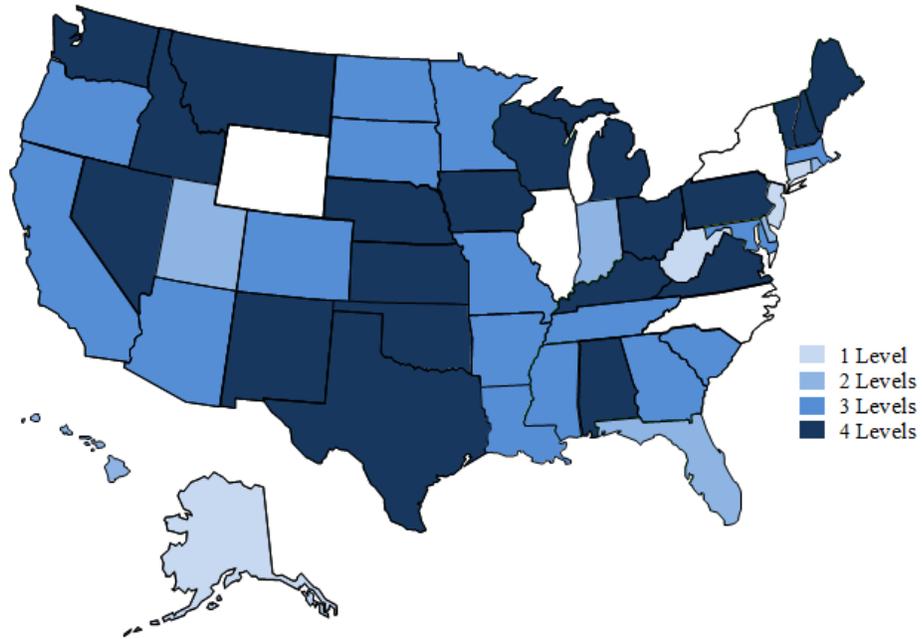
Following completion of the item-writing phase, all items are pilot tested. Pilot items are administered to candidates during computer adaptive exams. To the candidates, pilot items are indistinguishable from scored items; however, they do not count for or against the candidate. Extensive analysis of the performance of the pilot items is conducted with those functioning properly, under high stakes pilot testing. When the item analysis is complete, the items are determined to be functioning properly and are psychometrically sound; they are placed in "live" item pools.

The NREMT conducts differential statistical analysis of items in pre-test item pools and live item pools on an annual basis. Panels are then convened to review the items that show differential statistics and decisions are made regarding maintenance of any items within the pools.

### **National Utilization of NREMT Examinations**

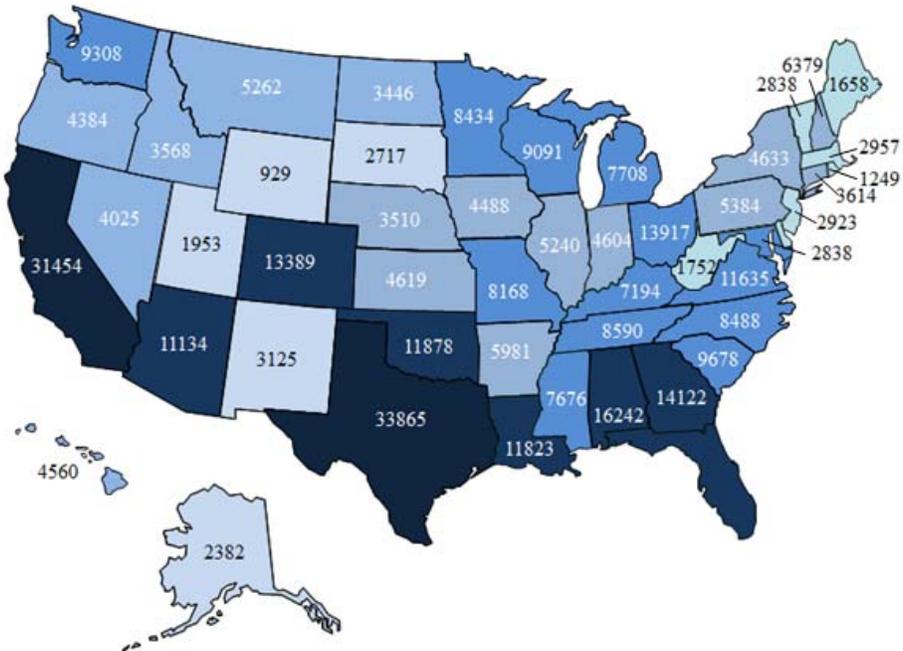
As of January 2014, 57 states, territories, and federal organizations require National Certification to grant a medical license to practice at varying levels of EMS (Figure 1). However, it is important to note, many individuals in those states that do not require National Certification still obtain and maintain National Certification at their respective practicing levels (Figure 2). A similar trend is noted in those states that only require National Certification at three or fewer levels.

Figure 1. Requires National Certification



*1 Level:* American Samoa, Bahamas, DHS, Guam, Northern Mariana Islands, Puerto Rico, Virgin Islands  
*2 Levels:* U.S. Airforce  
*3 Levels:* U.S. Army  
*All Levels:* District of Columbia

Figure 2. Total Number of Nationally Certified EMS Providers



### Status Update on National Certification Milestones

Milestones	Organizations/Resources Involved	Status	Notes
Marketing of the EMS Education Agenda for the Future	EMS Education Task Force	Ongoing	
Fund EMS educational improvement projects	Industry, state, and federal governments	Ongoing	
Conduct a practice analysis of all provider levels	National certification agency	Complete	The National Registry of EMTs conducts a practice analysis of all nationally recognized EMS certification levels every 5 years.
Provide information about national certification to EMS organizations	National certification agency	Complete	The National Registry of EMTs participates in national, state, and regional conferences, maintains a website for easy access to information related to National Certification, and reaches out to those in its registry with pertinent information of National Certification.
Provide educational workshops in states that haven't fully implemented national certification	National certification agency	Ongoing	The National Registry of EMTs provides updates at many national EMS events, conducts ongoing outreach with state EMS offices, and attends both state and local level meetings at the state's request. The National Registry of EMTs also provides timely updates to both state offices and EMS education programs regarding National EMS Certification.
100 % of the states utilize national certification at all levels	State EMS offices	Ongoing	See Figure 1

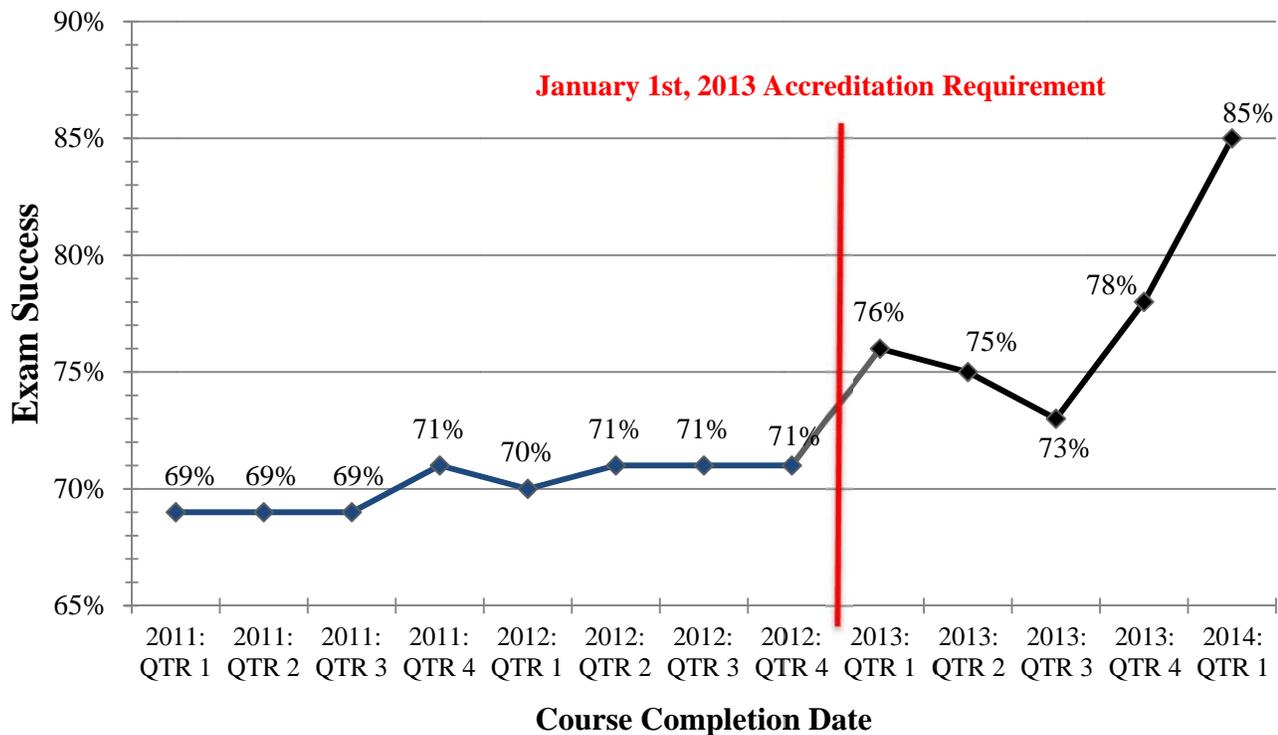
## NATIONAL EMS EDUCATION PROGRAM ACCREDITATION

### 2014: How Far We've Come:

As of January 2014, 651 EMS educational programs across the country are actively involved in the accreditation process. Of those, 376 EMS Education Programs have earned national accreditation and an additional 275 have shown the required foundational elements and have earned letters of review (LoR) towards initial accreditation. This is a substantial increase from a mere 70 programs accredited by CAAHEP twenty years ago. The increase is due largely to a mandate issued by the National Registry of Emergency Medical Technicians consistent with the EMS Agenda for the Future.

Beginning January 1, 2013 the National Registry of Emergency Medical Technicians (NREMT) implemented a policy that stated "...all initial paramedic applicants seeking the NREMT's National EMS Certification at the paramedic level must have successfully completed education from an accredited program or one that is seeking accreditation sponsored by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)." Since this accreditation policy was implemented, a substantial increase in first attempt pass rates on the national paramedic certification examination has been noted. Specifically, those individuals completing courses after January 1, 2013 had a 6.4% average increase of first time pass rate on the national paramedic certification examination (Figure 3).

Figure 3. The Relationship between National Paramedic Certification First Attempt Pass Rates and Paramedic Program Accreditation by Course Completion Date\*



\*Includes data from January 1, 2011 – January 31, 2014

Fully accredited programs and programs who have shown the required foundational elements and have earned letters of review (LoR) towards initial accreditation are contributing greatly to the supply of paramedics in the United States EMS workforce. Based on annual trends, these numbers are anticipated to significantly rise in the years to come.

The *EMS Education Agenda for the Future: A Systems Approach* set the course for a national certifying agency and a national accreditation agency to improve the standardization of EMS education and entry-level competency across the nation. The NREMT ensures that National EMS Certification is a robust process that ensures standardized safe and competent out-of-hospital emergency medical care. Similarly, national accreditation has successfully improved the quality of EMS education as evidenced by an increase in first time pass rate on the national paramedic certification examination. Together, National Certification and National Accreditation improve EMS education, and thereby, also improve the out-of-hospital care provided across the nation.

### Status Update on National Accreditation Milestones

Milestones	Organizations/Resources Involved	Status	Notes
Marketing of the EMS Education Agenda for the Future	EMS Education Task Force	On-going	
Provide information about accreditation to EMS organizations	Accreditation Experts	On-going	coaemsp.org website, workshops, and webinars
Fund EMS educational improvement projects	Private, federal, state, and local governments	On-going	Local, State and Federal Levels
Accept the National EMS Education Standards as the curriculum requirements for accreditation	National accreditation agency	Complete	
Develop standards and guidelines for accreditation of all levels of EMS education, based on current curriculum standards and community input	National accreditation agency	On-going	Paramedic Standards revision in 2014 with implementation by 2016
Develop and conduct regional accreditation workshops to help programs get accredited	National accreditation agency	On-going	CoAEMSP workshops and webinars
100% of the advanced programs accredited	State EMS offices, national accreditation agency, EMS education institutions	Future	
100% of the basic programs accredited		Future	



## Overview

Currently only one provider for national certification testing has been available and many have thought it was an actual governmental organization. It is not. It is a non-profit private corporation with a sales director and a financial business model that provides certification testing services, for a fee, to validate a provider's ability to provide competent care in a prehospital environment. But the test is expensive, and is the only option recommended by proprietary name in the Educational Agenda; with standards set by that organization must be followed and are accepted by most state regulators and their membership implementation team. These standards are followed even when the cost is high and increasing, even when the test center is a long distance from your community, no evidence has been produced demonstrating that programmatic accreditation of EMS programs will increase the competency of care by EMS providers. Many agencies and programs are continuing to recover from the worst economic recession in American history, this perceived mandate and forced implementation is not to the benefit of system development.

Options to national certification testing should be available and recognized by organizations that understand emergency medical service delivery systems and the challenges the industry faces. Options provide competition and disrupt monopolies in certification testing tied to accreditation as we have today; and most importantly it provides choice for what best serves your emergency responders and the communities they protect. Options are healthy, monopolies are not.

In 1966, the infamous white paper "Accidental Death and Disability, the Neglected Disease of Modern Society" was published. This white paper became the catalyst for modernizing an American EMS system for our communities. The paper established benchmarks for the development of a pre-hospital care system using Emergency Medical Technicians with a higher standard of training other than basic first aid. The paper also illustrated the need for federal funding and development of a federal agency to assist in the establishment of this new concept; an emergency medical services system. The paper also discussed important factors such as lack of research, organization and cohesion within the health care community. The term crisis was used in describing the country's emergency medical care and lack of pre-hospital systems in 1966, those same terms were recently used in the 2006 Institute of Medicines white paper "EMS at The Crossroads".

After the EMS master plan documents from the Educational Agenda for the Future were released (as **guidance** for the states in EMS system design) and review of the Institute of Medicine report "EMS at the Crossroads" (IOM 2006); many stakeholders voiced concern about the certification testing and accreditation process currently in place, specifically a sole source vendor becoming a monopoly with no other viable national certification alternatives to consider.

## **Where We Are**

The EMS Agenda for the Future and its companion guidance documents (NHSTA 2000 & 2008) call for an implementation starting in 2010 and to be completed in 2013. A large portion of the changes surround new title designations for providers and new educational standards in **competency based education** and scope of practice that **may** be adopted at the state level (including specific sole source programmatic accreditation for paramedic training programs).

The current time table is as follows:

- First responder changes to Emergency Medical Responder starting in 2011.
- Emergency Medical Technician-Basic changes to Emergency Medical Technician starting 2012.
- Intermediate Emergency Medical Technician Changes to Advanced Emergency Medical Technician starting in 2012.
- Emergency Medical Technician-Paramedic changes to Paramedic in 2013.
  - Programmatic accreditation for paramedic training programs also starts in 2013, without it candidates are not eligible to sit for the National Registry certification exam.

Each provider has minimum defined psychomotor competencies defined in the EMS Scope of Practice Model (NHTSA 2008), and they are intended to be integrated into the educational competencies by the educators. The Professional Fire Fighters of Arizona support enhancing the accountability standards of educational delivery and the accountability of psychomotor performance in the educational programs (program staff/medical director). Currently in national certification test process the EMS allied health care provider is the only profession required to perform a psychomotor assessment as part of that process. It is not required of physicians or physician assistants seeking board certification, registered nursing candidates, or nurse practitioners. The educational programs are responsible for ensuring the students (candidates) achieve psychomotor competence.

## **There are several issues with the current process for EMS providers in psychomotor testing:**

- Significant expense to the educational program and student.
- No cost control mechanism by the National Registry, even though it is their requirement and process, each representative from the National Registry may determine a fee (unless a state sets standards) to act as site administrator.
- The psychomotor skill testing evaluators are not required to be Nationally Registered; there is no certified evaluation course to prepare evaluators, no control for inter-rater reliability problems.
- Evaluators are often from the original teaching staff in the program.
- It is a Simon says evolution.
- The skills being tested are outdated and the National Registry determines equipment to be used even in it's not equipment used in that locality (increased cost to a program to test).

## Conclusion

The “EMS Educational Agenda for the Future” and its companion federal guidance documents should not state any proprietary organization to provide certification testing for EMS providers or programmatic accreditation. The emergency medical services community will benefit from additional national board certification processes that are not directly involved in setting standards, designing national systems, educational competencies or curriculum that may benefit them. An optional national certification for EMS responders provides professional workforce development and professional recognition, not system coercion. The position should be that educational and certification testing competencies and standards be designed around the federal guidance documents, based on consistent and contemporary medical guidelines for prehospital responders and the use of those standards and competencies. **Reasonable** out of hospital competencies designed around federal guidance documents should be developed that meet the requirements and needs of EMS providers and the communities they serve. We ask the members of the NEMSAC to consider providing more flexible recommendations and change the recommendation of only two companies to provide certification testing and accreditation. This would allow consideration of other educational accreditation and certification testing systems that should be recognized for professional workforce development and career transition among states. With only two recommendations by name an environment is created where state stakeholders are concerned about two companies being the only choice for EMS educational accreditation and certification testing. In addition, it is concerning that some programs based in the communities of rural areas have been forced to close as states have followed the guidance documents as if they were federal mandates. The guidance documents should refer to options in validating the nationally accepted guidelines and competency standards as provided by the National Highway Safety Traffic Administration for future system development.

In brief; any organization wishing to provide educational accreditation and certification testing services following the state’s requirements and needs in the *spirit* of the guidance documents must be considered, and not proprietary companies named in a guidance document which the state and it’s EMS industry may be forced into accepting.

Respectfully submitted;

Gene McDaniel

Director Emergency Medical Services  
Professional Fire Fighters of Arizona  
61 E. Columbus  
Phoenix, Arizona 85012

**2014 Revision Education Agenda for the Future**

**Achieving Higher Education**

by

**Walt Stoy, John Pierce, William Raynovich and Thomas Platt**

**Where We Are**

This coming year, the U.S. Department of Education is undertaking a project to rate the nation's 7,000 plus institutions of higher education. The government does not have a method to measure if the \$150 billion in college grants and loans spent annually is efficiently spent. The national trend is for tuition to rise faster than the rate of inflation and student loans to surpass \$1.2 trillion. The administration will address the question: What is a college education worth (Weise, 2013/2014)?

The EMS community needs to be informed about EMS education programs that are offered by institutions of higher education. This edition of the Education Agenda for the Future: A System Approach seeks to identify and categorize current programs by academic degrees and professional certifications that they offer.

The total number and locations of programs offering EMS Associate Degrees is unknown.

*We need to aggregate the data, determine the number of existing programs and as appropriate, seek to increase the number...*

There are, at the time of printing, 15 known programs offering a Bachelor's Degree in EMS. Of those 15, approximately nine of the programs offer paramedic education as a component of the curricula. Many other programs offer degrees that are closely related to EMS, such as degrees in emergency management, urban rescue and health administration, with a concentration in emergency services. The full scope and array of these types of program offerings is currently unknown.

*We need to establish confirmation of this number and as appropriate, seek to increase those institutions able to offer EMS programming...*

There are several, approximately three or four, programs offering a Master degree in emergency medical services, with additional MPH, MHA or related programs that offer an emphasis in EMS.

*The number and locations of programs offering graduate degrees in EMS and EMS-related fields needs to be determined and we must also assess if there is currently a need to support and advocate for more institutions to offer graduate degrees in EMS...*

There are no specific doctoral degree programs in the EMS domain – however, there are more and more individuals with doctoral degrees becoming known to the EMS profession.

*We should determine the number of individuals in the EMS profession with terminal degrees... Assist in the continued growth and development of these individuals to enhance the overall development of the EMS profession and ascertain the appropriateness and feasibility of a future doctorate in EMS.*

## **Where We Want To Be in 2025**

The original *Education Agenda for the Future: A Systems Approach* offered:

*Basic level EMS education is available in a variety of traditional and non-traditional settings. Advanced level EMS education is sponsored by institutions of higher education, and most are available for college credit. Multiple entry options exist for advanced level education, including bridging from other occupations and from basic EMS levels for individuals with no previous medical or EMS experience. All levels of EMS education are available through a variety of distance learning and creative, alternative delivery formats. (page 2)*

The EMS profession should be the position to know whether this goal has been achieved. Perhaps we are at the cusp of this endeavor. Over the next decade, we must seek to determine how higher education is interacting in the development and growth of EMS.

The following citation is from page 6 of the *Education Agenda for the Future: A Systems Approach*

*Throughout the past three decades, allied health professions experienced a transition from on-the-job training to education in formal institutions of higher education. Initially, most allied health education programs were sponsored by health care institutions. However, since the late 1960s there has been a rapid and steady trend toward collegiate and university settings. Most allied health fields instituted more and better training and have adopted educational requirements that include formal academic degrees (Farber and McTernan, 1989).*

The following citation is from page 15 of the Education Agenda for the Future: A Systems Approach

*Current limitation: The EMS educational process has developed separately from the formal post secondary education system. This has frequently precluded EMS personnel desiring to obtain academic credits from doing so. This impedes EMS personnel from pursuing higher education, which would ultimately further the EMS profession.*

The Emergency Medical Services Agenda for the Future (1996) was the foundational model for all the other EMS agenda documents. It is noteworthy that “higher education” has had zero (0) online “hits” in this document. It does seek to have “relationships” (13 times) with academic institution(s). Pages 15, 16, 27, 28, 32, 34, 35, 67, 68, 71. We must be willing and able to move beyond the aspect of a relationship with institutions of higher education. We need to promulgate and facilitate EMS toward engaging, advancing and achieving in higher education. The goal should be to have comprehensive integrated engagements with these facilities.

In the section of the Education Agenda for the Future: A Systems Approach presenting information on Education Systems (starting on page 33) the following comments regarding EMS education are provided.

Page 33

*... increasing number of colleges offer bachelor's degrees in EMS. (101). However, overall there is inadequate availability of EMS education opportunities in management, public health, and research principles.*

Unfortunately, we have documentation demonstrating there were institutions of higher education that did not succeed in maintaining their ability to provide higher education to EMS professionals. We need to understand those factors that determine sustainability in higher EMS education, such as leadership, economics, scholarship, political engagement, and marketing. This data then must be shared with others seeking to create this level of programming. The stronger programs should be willing to share their insights.

Page 34

*Higher level EMS education programs are affiliated with academic institutions. EMS education that is academically-based facilitates further development of EMS as a professional discipline. It increases the availability of education opportunities that acknowledge previous EMS educational/academic achievements, provides more academic degree opportunities for EMS personnel, augments the management skills among EMS professionals, and protects the value of personal and societal resources invested in education.*

Institutions of higher education should assist existing non-academic, unaccredited, and non-degree-conferring EMS programs with articulation and credit-transfer agreements in order to assist the current EMS community with a transition to higher education credentialing. The University of Pittsburgh, School of Health and Rehabilitation Sciences, Emergency Medicine Program provided leadership in this area by opening a dialogue with CoAEMSP that resulted in a model transfer agreement provision. This transfer agreement option permits a paramedic program to align with an institution of higher education and complete needed requirements of accreditation that would have otherwise been impossible. National availability of EMS educational programming must continue to be an element of the agenda.

Page 35

*Providers of EMS education should seek to establish relationships with academic institutions (e.g., colleges, universities, academic medical centers). Such relationship should enhance the academic basis of EMS education and facilitate recognition of advanced level EMS education as an accomplishment worthy of academic credit.*

*EMS education providers and academic institutions should develop innovative solutions that address cultural variation, rural circumstances, and travel and time constraints.*

## **How To Get There**

It is of utmost importance that we seek to initially benchmark our data of EMS educational programming held in institutions of higher education. We must support the growth and development of EMS program in institutions of higher education. In time, we should seek to provide a comparative analysis or report carding of these programs in order for students to be knowledgeable of the capabilities and success rates of these programs.

EMS educational programs must follow-through to formal scholarly inquiry, reporting and publication of outcomes data. All educational programs need to be encouraged to provide information regarding the outcomes of the students in the programs. **Time to step up with the other areas of health care**

For this second edition of the *Education Agenda for the Future: A Systems Approach* - we need to strongly consider the addition of academic degrees for EMS personnel. These would include Associate, Bachelor, Master and Doctoral degrees. As EMS continues to mature professionally, it must do so in the same manner that yielded success for other disciplines in the health sciences. Therefore, it is of utmost importance that EMS seeks to advance in the academic arena as part of the development of the profession.

The first publication of the Agenda assisted in advancing EMS education and enhanced the profession to a “benchmarking” level. It is now time for the profession to grow even further by demonstrating to the greater healthcare professional community that we, in EMS, recognize the importance and the need for academic credentialing and scholarship.

Much like the study of medicine, nursing or any other aspects of the health domain, EMS must seek to fulfill the missing educational link by having the study of pre-hospital care (EMS) be recognized as an academic specialty

We need to address the four areas of education that takes place in any domain of education:

**Students** – those individuals that are willing and able to achieve it.

**Instructors** – those individuals with the knowledge, skills and attitude to acquire the intended information of the EMS domain. Then, be positioned to achieve measurable success in sharing their cognitive, psychomotor and affective information to those who seek it.

**Curricula** – commonality of educational format. Building upon the structured EMS educational format and assure congruency with educational practices recognized by the other health related domains.

**Environment** – assuring that institutions with the highest reputations are those providing the education.

We must continue to facilitate the enhancement of EMS education by supporting and encouraging providers to seek and achieve college degrees within the following levels:

Associate degree – move to establish this credential as the minimum employment requirement for the entry-level practitioner

Bachelor degree – move to establish this credential as the minimum for emerging and current governmental regulatory officials, major agency executives and middle managers, EMS educators, and advanced clinical care providers in the profession. Need to encourage that those directing EMS educational programs and those providing instruction in EMS education have a degree at the same level, and preferably higher than the level that they are teaching. Need to tie critical thinking with this level of education.

Master degrees – for the education of the lower two tiers as well as for administrators; for those in post-secondary accredited institutions; for those seeking to advance to national leadership positions.

Doctoral degrees – to denote those that seek to impact education, administration and clinical aspects of EMS care through research and the establishment of national evidence based standards.

<b>Milestones</b>	<b>Organizations/ Resources Involved</b>
Position institutions of higher education to share data	EMS Education Task Force, NAEMSE, FEHSE, CAPEMS (an informal group of the BS degree granting programs)
Fund EMS educational projects towards the evaluation of degree granting programs	Private, federal, state, and local governments
Identify all of the institutions of higher education offering EMS provider education	National certification agency
Development of a national EMS data base of institutions of higher education	NHTSA, EMS medical community, EMS regulators, EMS educators, and EMS providers
Have accreditation in place for undergraduate EMS degree granting programs	CoAEMSP, CAPEMS

## **References**

Weise, K. (2013/2014, December/January). The Government Wants To Grade Your College. Bloomberg Businessweek, 31-32.

## **Authors and Reviews**

Reviewed by the following individuals of the CAPEMS group:

John C. Cook, MS  
Jefferson College of Health Sciences

Robert McDaniels, MS  
University of New Mexico

Keith Monosky, PhD  
Central Washington University

John Pierce, MBA  
University of Pittsburgh

Thomas E. Platt, EdD  
University of Pittsburgh

William Raynovich, EdD  
Creighton University

Walt Alan Stoy, PhD  
University of Pittsburgh

Bruce J. Walz, PhD  
University of Maryland Baltimore County



## INTERNATIONAL ASSOCIATION OF FIRE CHIEFS

*Providing leadership for the fire and emergency services since 1873*  
4025 FAIR RIDGE DRIVE • FAIRFAX, VA 22033-2868 • TEL: 703/273-0911 • FAX: 703/273-9363 • www.iafc.org

February 10, 2014

Mr. Drew Dawson  
Director  
Office of Emergency Medical Service  
National Highway Traffic Safety Administration  
U.S. Department of Transportation  
1200 New Jersey Avenue, S.E.  
West Building  
Washington, D.C. 20590

Dear Mr. Dawson:

On behalf of the more than 10,000 chief fire and emergency medical services officers of the International Association of Fire Chiefs (IAFC), thank you for the opportunity to offer comments on the *EMS Education Agenda for the Future: A System's Approach*. The IAFC is in support of **minimal updates** to the *EMS Education Agenda for the Future: A System's Approach* as discussed by the National EMS Advisory Council (NEMSAC) in the Fall of 2013. We support the current approach that includes a single accreditation organization and single certification agency.

The IAFC is concerned that changing more than what has been proposed by the NEMSAC would make it difficult to support any changes to the Education Agenda. Therefore, the IAFC suggests that the NEMSAC makes only **minimal updates** to the *EMS Education Agenda for the Future: A System's Approach*.

Thank you again for the opportunity to provide feedback on this important project. As always, we look forward to working with the national EMS community to assure quality educational outcomes and stand ready to assist as needed.

Sincerely,

A handwritten signature in black ink, appearing to read "William R. Metcalf". The signature is fluid and cursive, written over a white background.

Chief William R. Metcalf, EFO, CFO, MIFireE  
President and Chairman of the Board

/ed