

## **Idaho PINES** **Scope of Practice Talking Points**



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**\*\* Dates/requirements are estimated only and are subject to change\*\***

Other Resources:

Implementation of EMS Education Agenda for the Future: [NASEMSO FAQ](#) March 2009; [NASEMSO Talking Points](#) March 2009

**What is Scope of Practice?**

“‘Scope of practice’ is a legal description of the distinction between licensed health care personnel and the lay public and among different licensed health care professionals. It describes the authority, vested by a State, in licensed individuals practicing within that State. Scope of practice establishes which activities and procedures represent illegal activity if performed without licensure. In addition to drawing the boundaries between the professionals and the layperson, scope of practice also defines the boundaries among professionals, creating either exclusive or overlapping domains of practice.”<sup>1</sup>

Scope of Practice is a description of what a licensed individual legally can and cannot do.

**What is Idaho’s Scope of Practice?**

Idaho’s authorized Scope of Practice is articulated in the State of Idaho EMS Physician Commission (EMSPC) Standards Manual available on EMSPC website at [www.EMSPC.dhw.idaho.gov](http://www.EMSPC.dhw.idaho.gov).

**What are “floor” tasks?**

Specific psychomotor skills and patient care interventions indicated by Xs in the EMSPC Appendix A Scope of Practice grid are ‘floor’ skills. Licensed EMS personnel must receive training and demonstrate competency in each skill and intervention that lies within their ‘floor’ prior to being licensed or credentialed for that scope. It must be noted that no currently licensed provider in Idaho is operating at the levels indicated by Xs in 2009-1 Appendix A and that it is only upon completion of required education, competency assessment, state licensure, and credentialing by their medical director that a provider can perform the procedures.

**What are Optional Modules?**

Skills and interventions designated by “OM” in Appendix A may be authorized by the EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician and are considered optional. These skills and interventions lie between the “floor” and “ceiling” of the specified level of EMS certification. The EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician must ensure that licensed personnel receive appropriate initial and continuing training for optional skills and interventions. In addition, the EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician must take an active role in verifying competency in optional skills and interventions since state EMS licensure will not address optional skills and interventions.

All ‘OM’ designated by a “2” in Appendix A require the Medical Director to use, at minimum, the Idaho developed standardized training prior to verifying competency assessment and credentialing a provider to use that specific skill or intervention. Idaho specific standardized training and implementation policies and procedures, including documentation and/or state notification requirements, for Optional Modules are currently being developed. Please continue to check this document for updates.

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<sup>1</sup> NHTSA. 2007. National EMS Scope of Practice Model. Washington, DC. Washington, D.C.: DOT

**How can my agency personnel perform optional tasks?**

Licensed Idaho EMS personnel can only perform optional tasks for which they have received appropriate training, competency assessment and credentialing by their Medical Director. Idaho specific standardized training and implementation policies and procedures, including documentation and/or state notification requirements, for Optional Modules are currently being developed.

Please continue to check this document for updates.

**When will the new scope be effective?**

The Idaho EMSPC Standards Manual sets the effective date of the existing scope of practice. However, only upon completion of required education, competency assessment, state licensing and credentialing by their medical director can a provider perform the procedures.

The expected availability of transition course materials and implementation of state licensing to the new levels is dependent on many changes and product development on the national level such as updating educational materials, creation of the transition courses, and finalization of the new competency assessment exams. Currently there are no firm expected dates for rollout of these materials. Please continue to check this document for updates.

A draft scope implementation timeline for Idaho is available. This timeline is only a draft and is subject to change. (added at the end)

For details to specific agency implementation of scope of practice changes, contact your agency administration.

**When will I, as a provider, be able to perform tasks added to the 2009-1 scope of practice?**

The EMSPC updates the Idaho Standards Manual and Scope of Practice frequently. Please continue to check the EMSPC website at [www.EMSPC.dhw.idaho.gov](http://www.EMSPC.dhw.idaho.gov) for the most current scope.

Only upon completion of required education, competency assessment, state licensing and credentialing by a medical director can a provider perform the skills or interventions added to the Idaho Scope of Practice. This means providers must successfully complete all transition requirements including, but not limited to, the state approved transition course, prior to performing skills or interventions added to the Idaho Scope of Practice.

As of July 1, 2008, your credentialing medical director may choose to train and implement the allowed optional modules for your agency, unless it is accompanied by a "2". See questions related to Optional Modules for details related to training availability and timelines.

The expected availability of transition course materials and implementation of state licensing to the new levels is dependent on many changes and product development on the national level such as updating educational materials, creation of the transition courses, and finalization of the new competency assessment exams. Currently there are no firm expected dates for rollout of these materials. Please continue to check this document for updates.

Idaho EMS personnel can only perform skills & interventions for which they have received training, testing, state licensing and Medical Director credentialing.

A draft scope implementation timeline for Idaho is available. This timeline is only a draft and is subject to change. (added at the end)

For details to specific agency implementation of scope of practice changes, contact your agency administration.

### **What is the overall timeline for transition to the new scope of practice?**

The expected availability of transition timeline for implementation of scope is dependent on many changes and product development on the national level such as updating educational materials, creation of the transition courses, and finalization of the new competency assessment exams. Currently there are no firm expected dates for rollout of these materials. Please continue to check this document for updates.

A draft scope implementation timeline for Idaho is available. This timeline is only a draft and is subject to change. (added at the end)

### **How will I be able to transition between Idaho licensure levels?**

Specific Idaho requirements to transition from the 2007 Scope to the Idaho EMSPC Scope have not yet been determined. Required transition to the new scope for currently licensed personnel is *estimated* to begin with First Responder/EMR and EMT (Basic) licenses expiring fall of 2011 and continuing through 2014.

A draft scope implementation timeline for Idaho is available. This timeline is only a draft and is subject to change. (added at the end)

Please continue to check this document for updates.

The National Registry of EMTs has published a rough outline of their general transition requirements. These requirements, which will likely serve as a model for Idaho EMS, can be found in "From Fragmentation to Unity: How to make the Transition to the National EMS Scope of Practice Model" 2008 JEMS article.

[http://www.jems.com/news\\_and\\_articles/articles/jems/3309/from\\_fragmentation\\_to\\_unity.html](http://www.jems.com/news_and_articles/articles/jems/3309/from_fragmentation_to_unity.html) or

<http://www.the-iaa.org/aux/2008/Brown%20Scope%20of%20Practice.pdf>

### **How long will the transition course be?**

Course length to transition between the 2007 Scope to the Idaho EMSPC Scope has not yet been estimated. The gap between FR to EMR, EMT-Basic to EMT, and EMT-P to Paramedic levels does not include extensive additional material. I-85 to the AEMT, however, has the largest gap and will include a longer course and possibly extra requirements. Transition courses for all levels will include Idaho Specific training. Please continue to check this document for updates.

### **Will Idaho require a competency assessment exam to transition between levels?**

Specific requirements to transition from the 2007 Scope to the Idaho EMSPC Scope, including possible competency assessment, have not yet been determined.

A draft scope implementation timeline for Idaho is available. This timeline is only a draft and is subject to change. (added at the end)

Please continue to check this document for updates.

**What will happen if I do not transition to the new scope?**

The minimum Idaho EMSPC Scope of Practice includes some skills and interventions at each level not included in the 2007 scope. If a provider takes no action to transition their license the EMS Bureau will not re-license the provider once their existing license expires. New Idaho specifics at all levels mean that a provider who takes no transition action cannot revert their license to a lower level and will not be re-licensed.

The gap between FR to EMR, EMT-Basic to EMT, and EMT-P to Paramedic levels is currently being assessed, but does not seem to include extensive additional material. Current Idaho Advanced EMT-A (I-85) to the AEMT, however, has the largest gap and will include a longer course and possibly extra requirements. Transition between the current Idaho Advanced EMT-A (I-85) to the new EMT or EMR levels will be an option for providers who do not want to transition to the new AEMT, however, additional training will still be required.

**I am looking to become a new EMS Provider in Idaho during the next 12-24 months, how will the Scope of Practice changes effect me?**

Students who complete training based on the 2009 National EMS Education Standards and successfully pass competency assessment by the NREMT to these standards will need to complete training and be assessed for competency in the Idaho specific skills prior to be licensed as an EMS provider in Idaho.

Students who complete training based on the existing National Standard Curricula and successfully pass competency assessment by the NREMT to these standards can be licensed in Idaho until the transition deadline. However, these students will need to transition to the Idaho Scope prior to their next relicensure cycle following all transition requirements.

The number of Idaho specific trainings skills and interventions are relatively few for students tested to the 2009 National Education Standards than for candidates tested with the existing NREMT First Responder, EMT-Basic, Advanced I-85, or EMT-Paramedic exams. There are no currently published dates for NREMT testing to the 2009 National EMS Education Standards, but these tests are estimated to be available by mid-2011. Please continue to check this document for updates.

**As an Instructor, what will be my requirements to teach the new material?**

Idaho course and instructor requirements have not yet been defined. New instructor requirements related to these materials will be tied to changes in Idaho statute, rule, national processes, as well as specific scope changes. Please continue to check this document for updates.

**When will the new material be available to teach?**

Many updated training materials based on the National Education Standards are currently available for EMR, EMT and even Paramedic level courses from publishers and more will be available throughout 2009 and 2010.

Idaho specific training and competency assessment for floor skills not included in the 2009 National Education Standards are in the development process.

Idaho optional module standardized training and implementation policies and procedures, including documentation and/or state notification requirements are being developed.

Idaho course and instructor requirements have not yet been defined. New instructor requirements related to these materials will be tied to changes in Idaho statute, rule, national processes, as well as specific scope changes. Please continue to check this document for updates.

A draft scope implementation timeline for Idaho is available. This timeline is only a draft and is subject to change. (added at the end)

**What will be the Idaho requirements for training courses?**

Specific Idaho requirements for new initial, refresher, and transition courses based on the 2009 National Education Standards have not yet been determined. However, Idaho approved initial training courses and programs will be based on the Idaho EMSPC Scope of Practice and grounded in the NHTSA National EMS Education Standards. Idaho specific training and competency assessment for floor skills not included in the 2009 National Education Standards are in the development process.

NHTSA National EMS Education Standards are available for review at [www.ems.gov](http://www.ems.gov).

Please continue to check this document for updates.

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**How many hours will the new training take?**

Initial Training:

Course length for all initial training based on the National Education Standards is competency based. The NHTSA Standards estimated course length is listed below. Idaho specific training requirements will be in addition to the estimated hours below. Estimated length of Idaho specific training is currently unavailable. Please continue to check this document for updates.

**2009 National Education Standards Estimated Course Length:**

Education Infrastructure – Course Length			
EMR	EMT	AEMT	Paramedic
Course length is estimated to take approximately 48-60 didactic and laboratory clock hours.	Course length is estimated to take approximately 150-190 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.	Course length is estimated to take approximately 150-250 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.	Reference Committee on Accreditation for EMS Professional (CoAEMSP) <i>Standards and Guidelines</i> (www.coaemsp.org)

### Transition Training:

Course length to transition between the 2007 Scope to the Idaho EMSPC Scope of Practice has not yet been estimated. The gap between FR to EMR, EMT-Basic to EMT, and EMT-P to Paramedic levels is currently being assessed, but does not seem to include extensive additional material. Current Idaho Advanced EMT-A (I-85) to the AEMT, however, has the largest gap and will include a longer course and possibly extra requirements. Transition courses for all levels will include Idaho Specific training. Please continue to check this document for updates.

### **Who can I contact regarding Scope of Practice changes?**

The EMS Bureau strongly recommends all individual providers contact their affiliating agency for specific details related to scope of practice implementation.

The Idaho EMS Physician Commission defines the scope of practice for Idaho EMS personnel. If you have a comment related to content of the scope or effects of the changes, please contact the EMSPC (contact information below).

If you have a question regarding implementation of scope of practice changes or educational standards, contact an Idaho EMS Bureau Compliance Specialist at (208)334-4000.

[EMSPhysicianComm@dhw.idaho.gov](mailto:EMSPhysicianComm@dhw.idaho.gov)  
[www.emspc.dhw.idaho.gov](http://www.emspc.dhw.idaho.gov)

Idaho EMS Physician Commission  
590 W. Washington St.  
Boise ID 83702  
(208) 334-4000  
Fax (208) 334-4015

### **Why did the Scope of Practice Change?**

Since the publication of the *EMS Agenda for the future: A Systems Approach* in 1996, EMS in Idaho and the United States has been evolving into a “community-based health management (system) that is fully integrated with the overall health care system”<sup>i</sup>. *EMS Education Agenda for the Future: A Systems Approach*, one component of a plan for an integrated, interdependent system, supports a nationwide licensure system for EMS personnel similar to other allied health professions.

To develop a more comprehensive and consistent systems of training and licensure, the *Education Agenda* includes five basic elements. These elements are:

- National EMS Core Content – completed with primary leadership of EMS physicians
- National EMS Scope of Practice Model – completed with primary leadership of National Association of State EMS Officials (NASEMSO)
- National EMS Education Standards – completed with primary leadership from the National Association of EMS Educators.
- National EMS Program Accreditation – planning ongoing
- National EMS Certification – planning ongoing

Together, these five elements will provide the foundational structure that will insure competency of out-of-hospital emergency medical personnel throughout the United States while allowing each state to finesse EMS to the needs of their patients and EMS systems.

Idaho's new Scope of Practice builds on the evolving national system to establish a scope for Idaho providers that works in tandem with national professional goals while meeting Idaho specific challenges.

### **How was Idaho's Scope of Practice Created?**

In April 2006, House Bill 858 was signed into law creating the Emergency Medical Services Physician Commission (EMSPC). The EMSPC regulates the scope of practice of Idaho licensed EMS personnel and develops requirements for medical directors serving EMS agencies statewide. The Commission has a dedicated budget, administrative support from the EMS Bureau of the Division of Health, and independent rulemaking authority.

Following the model of the *EMS Education Agenda for the Future* and the *National EMS Scope of Practice Model*, the Idaho EMSPC designed a consensus document guided by data, expert opinion and input from Idaho providers. This Idaho Scope of Practice identifies four levels of Idaho EMS licensure:

- Emergency Medical Responder (EMR),
- Emergency Medical Technician (EMT),
- Advanced EMT (AEMT) and
- Paramedic.

Each level aligns closely with those of the *National Scope of Practice Model* and represents a unique role, set of skills, and knowledge base.

The Idaho EMSPC Scope of Practice includes specific minimum competencies not included in the *National Scope of Practice Model* and provisions for specific skills and interventions authorized by the credentialing Medical Director. The Idaho Scope defines eligibility for State licensure by requiring EMS personnel be verifiably competent in the minimum knowledge and skills needed for each specific level. While most of the education and certification materials will be nationally consistent, inclusion of Idaho specifics requires a state specific education content, competency assessment, and quality assurance procedure.

To facilitate reciprocity and standardization of professional recognition, the EMSPC focused on reducing Idaho specific minimum competencies while allowing Idaho Medical Directors to credential skills and patient care interventions beyond the 'floor' or minimum scope. These allowable skills and interventions, or optional modules (OM), are identified for each licensure level in the Idaho Scope with the level of medical supervision required, standardized training, and/or any other restrictions.

Idaho follows the national framework of education, certification, licensure, and credentialing to determine the range of skills or roles that an individual licensed in Idaho is authorized to practice on a given day, in a given system.

**What is the relationship between education, certification, licensure, and credentialing?** (National scope pg10)

Idaho follows the national framework of education, certification, licensure, and credentialing as a system to determine the range of skills or roles that an individual licensed in Idaho is authorized to practice on a given day, in a given system. The *National Scope of Practice Model* describes this clearly:

Education includes all of the cognitive, psychomotor, and affective learning that individuals have undergone throughout their lives. This includes entry-level and continuing professional education, as well as other formal and informal learning. Clearly, many individuals have extensive education that, in some cases, exceeds their EMS skills or roles.

Certification is an external verification of the competencies that an individual has achieved and typically involves an examination process. While certification exams can be set to any level of proficiency, in health care they are typically designed to verify that an individual has achieved minimum competency to assure safe and effective patient care.

Licensure represents permission granted to an individual by the State to perform certain restricted activities. Scope of practice represents the legal limits of the licensed individual's performance. States have a variety of mechanisms to define the margins of what an individual is legally permitted to perform.

Credentialing is a local process by which an individual is permitted by a specific entity (medical director) to practice in a specific setting (EMS agency). Credentialing processes vary in sophistication and formality.

For every individual, these four domains are of slightly different relative sizes. However, one concept remains constant: an individual may only perform a skill or role for which that person is:

- educated (has been trained to do the skill or role), AND
- certified (has demonstrated competence in the skill or role), AND
- licensed (has legal authority issued by the State to perform the skill or role), AND
- credentialed (has been authorized by medical director to perform the skill or role).<sup>ii</sup>

Idaho has traditionally followed this framework, although definitions varied between local systems. The Idaho EMS Bureau regulates education, certification and provider licensure according to Idaho Code 56-1011. The Idaho EMSPC defines credentialing as the local process by which licensed EMS personnel are authorized to provide medical care in the out-of-hospital, hospital and medical clinic setting. This includes the definition of the local scope of practice (below the 'ceiling' as determined in the Idaho scope). This process defines the skills or procedures that an individual EMS provider can perform.

For detailed definitions of the Idaho licensure levels, the Idaho authorized scope of practice, and optional modules, see the Idaho EMS Physician Commission Standards Manual.

**References:**

Brown Jr., William E. *From Fragmentation to Unity: How to Make the Transition to the National EMS Scope of Practice Model*. JEMS. September 2008. pg 46-48.

Idaho EMSPC. 2008. State of Idaho EMS Physician Commission Standards Manual. Idaho. EMSPC.

NHTSA.1996. Emergency Medical Services Agenda for the Future. Washington, DC. Washington, D.C.: DOT

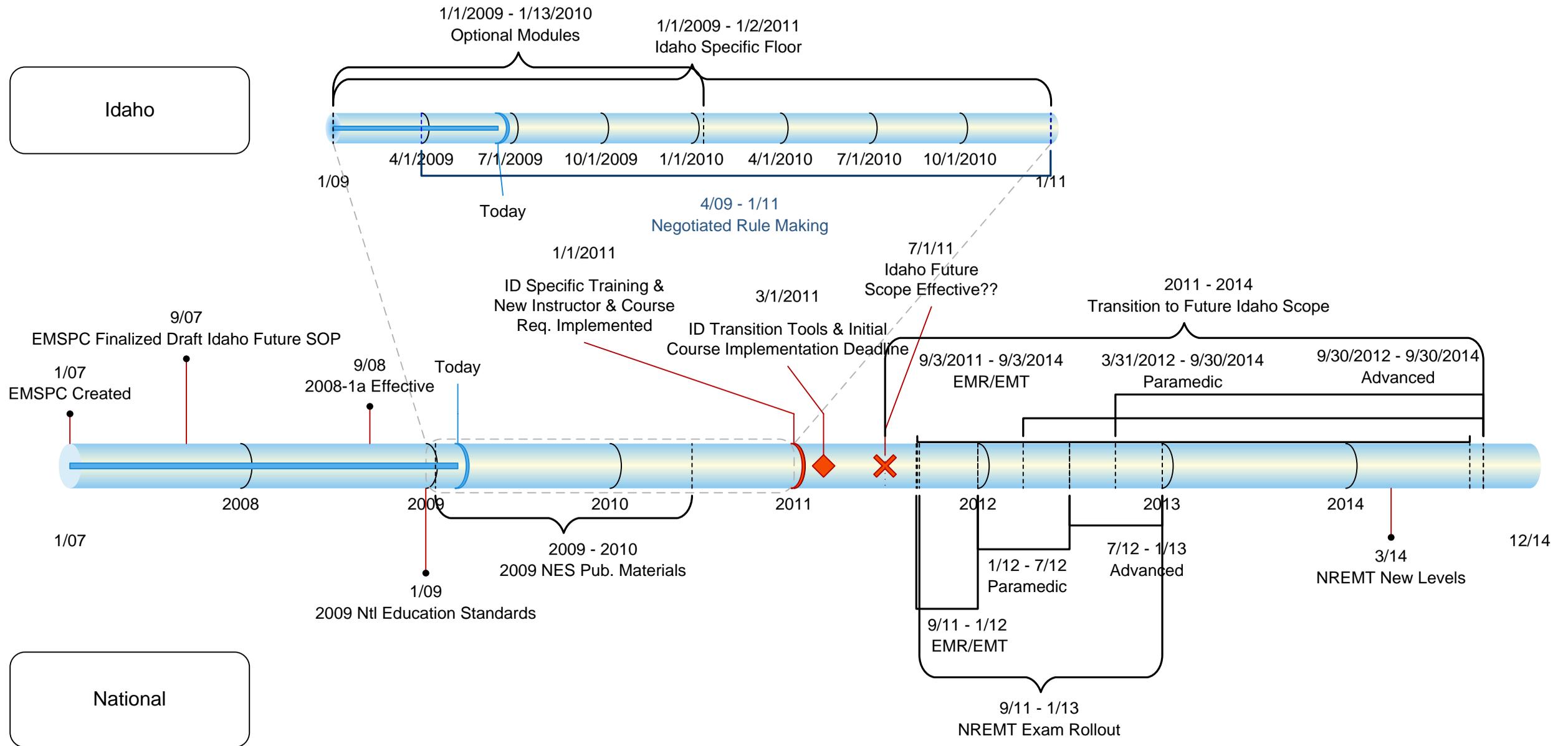
NHTSA. 2000. EMS Education Agenda for the Future: A Systems Approach. Washington, DC. Washington, D.C.: DOT

NHTSA. 2007. National EMS Scope of Practice Model. Washington, DC. Washington, D.C.: DOT

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<sup>i</sup> NHTSA.1996. Emergency Medical Services Agenda for the Future. Washington, DC. Washington, D.C.: DOT. pg *iii*

<sup>ii</sup> NHTSA. 2007. National EMS Scope of Practice Model. Washington, DC. Washington, D.C.: DOT. Pg. 11





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 minimum 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](http://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](http://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](http://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.



States license EMS personnel and EMS agencies as a means of ensuring public health and safety. The public should have access to practitioners who practice safely and competently. Because of this common and important function, the National Association of State EMS Officials (NASEMSO) has taken the lead in coordinating implementation of the [EMS Education Agenda for the Future: A Systems Approach](#) (*Education Agenda*) developed with support from the National Highway Traffic Safety Administration (NHTSA) and the Emergency Medical Services for Children (EMS-C) program at the Health Resources Services Administration (HRSA). This document will assist state EMS officials and others describe the components of the Education Agenda.

### Education Agenda-- Background and Components

- ◆ The *Education Agenda* was developed at the request of the NASEMSO following the release of the 1996 *EMS Agenda for the Future*.
- ◆ The *Education Agenda* is intended to promote quality and consistency among all EMS education programs and establish common entry level requirements for the licensure of various levels of EMS providers throughout the nation.
- ◆ Although there are currently many different certification models for EMS practitioners, the *Education Agenda* is intended to provide the national framework for EMS Education Program Accreditation and certification leading to state licensure.
- ◆ 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.
  - A national *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 entry level competency and supports EMS career mobility.

## Talking Points for the EMS Education Agenda for the Future- A Systems Approach

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- ◆ The *Education Agenda* includes five components:
  - *National EMS Core Content*
  - *National EMS Scope of Practice Model*
  - *National EMS Education Standards*
  - National EMS Education Program Accreditation
  - National EMS Certification
- ◆ Presently, the *Core Content*, *Scope of Practice Model*, and the *Education Standards* are completed.
- ◆ While compliance with the *Education Agenda* is voluntary, NASEMSO believes it will provide career mobility for individuals who seek reciprocity among the states, assure consistent quality and content, and enhance the image of the profession.
- ◆ NASEMSO is prepared to collaborate with national EMS stakeholders and Federal partners to find solutions to the challenges states may face in implementing the *Education Agenda*.
- ◆ View the *Education Agenda* at [www.ems.gov](http://www.ems.gov).

### The National EMS Core Content

- ◆ The *Core Content* defines the entire domain of EMS practice.
- ◆ The *Core Content* serves as the basis for the *National EMS Scope of Practice Model*.
- ◆ The *Core Content* was created with primary leadership from EMS physicians and it is now available at [www.ems.gov](http://www.ems.gov).

### The National EMS Scope of Practice Model

- ◆ Scope of practice is a legal description of what a licensed person can and cannot do.
- ◆ The *Scope of Practice Model* defines minimum practitioner and skill levels that can be used as a benchmark for State licensure based on national certification.
- ◆ Each state has the authority and responsibility to establish the scopes of practice for their state.
- ◆ Scope of practice is not a clinical description of what should be done or how it should be done. These elements are a combined function of education and medical direction.
- ◆ The model describes a progression of knowledge and skills among levels of EMS personnel. It was based on best available research, expert consensus, and multiple national reviews.
- ◆ The *Scope of Practice Model* promotes consistency among the states and serves as a national foundation for EMS practice. States maintain the autonomy to consider unique local needs when creating their own scopes of practice based on the *Model*.

## Talking Points for the EMS Education Agenda for the Future- A Systems Approach

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- ◆ Standardized EMS practitioner titles will help improve the public's understanding of the EMS levels of care.
- ◆ 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).
- ◆ The *Scope of Practice Model* was developed with primary leadership from NASEMSO using a multi-disciplinary nationwide stakeholder process and it is now available at [www.ems.gov](http://www.ems.gov).

### The National EMS Education Standards

- ◆ Education standards are commonly used in the health professions to guide program personnel in making appropriate decisions about classroom materials. By adopting the *Education Standards*, educators and educational institutions assume a greater role in the content and quality of their instruction.
- ◆ Education standards are used by publishers to develop instructional material.
- ◆ The *Education Standards* identify the depth and breadth of content and provide minimal terminal educational objectives for each provider level. They are designed to increase EMS education program flexibility, and encourage creativity, while improving and facilitating alternative delivery methods.
- ◆ By their very nature, the *Education Standards* will:
  - be less prescriptive than the NSC.
  - be more flexible and easier to update based on evolving scientific evidence.
  - enable educators to develop curricula that comply with state regulation.
  - better meet the individual needs of learners.

### National EMS Education Program Accreditation

- ◆ The primary purpose of program accreditation is student and public protection. This is achieved by providing an independent, external, objective peer- review of institutional and/or programmatic quality as compared with accepted national standards. Although accreditation benefits the institution, this is secondary to its role in student and public protection. As in other professions, the accrediting agency helps identify opportunities for improvement from an outside perspective which helps to eliminate potential local and political bias.
- ◆ At the present time, EMS is the only allied health care profession that does not require its educational programs to be accredited. If the EMS professions are to ever enjoy the stability, respect, and benefits of being considered an allied health care profession, we must strive to meet nationally established standards of adult medical education.

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- ◆ 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 ongoing improvements within a program that will ensure the highest quality education for EMS professionals throughout the country.
- ◆ The *Education Agenda* calls for a phased approach to a single National EMS Education Program Accreditation agency.
- ◆ The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the parent organization of the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). CAAHEP is a non-profit, non-governmental agency, which reviews and accredits over 2000 educational programs in twenty (20) allied health science occupations and is the largest medical accrediting agency in the US. Their standards are relatively broad since they apply to all types of allied health programs throughout the United States. CAAHEP issues accreditation to Paramedic education programs, based on the review and recommendation of the CoAEMSP.
- ◆ 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 or course delivery 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. The CAAHEP process is not designed for discipline or enforcement. Individual states may have more specific requirements, or implement standards related to specific issues in their locale.
- ◆ NASEMSO remains committed to a smooth phasing in of paramedic education program accreditation and promises open communications with EMS stakeholders related to how this vision can best be accomplished. EMS is at a defining moment in its history and the move toward educational program accreditation is a necessary step.

### National EMS Certification

- ◆ National EMS Certification will standardize testing across the country and optimize EMS opportunities for career mobility. It will help ensure entry level competency, lessen the burden of interstate reciprocity, and eliminate legal barriers to EMS practitioners crossing state lines.
- ◆ The *Education Agenda* calls for National EMS Certification to be conducted by a single independent national agency under the leadership of a board of directors with multi-disciplinary representation.
- ◆ Verifying entry level competency through testing is one step leading to licensure of EMS practitioners by states. State governments then use national certification as one component of their licensing process.
- ◆ In the EMS profession, state government sometimes assumes the responsibility for certifying individuals as competent to practice based upon either locally developed, state-developed or contractor-

## Talking Points for the EMS Education Agenda for the Future- A Systems Approach

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developed examinations resulting in testing inconsistencies across the country. Without a single national certification process to determine entry level competence, there is significant variability in competency among persons entering the profession. Because of these inconsistencies, reciprocity based upon standardized entry level competencies has been difficult to achieve.

- ◆ 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 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) and is indicative of their commitment to professional certification process.
- ◆ Currently, 46 state EMS regulatory agencies use one or more of the National Registry of Emergency Medical Technicians (NREMT) examinations. This may include use of a single-level examination or the use of their examinations for all levels of EMS providers. NREMT examinations are developed by a multidisciplinary group of experts with input from various EMS-related organizations. Each level of examination is validated on a continuous basis.