

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.”¹

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.

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.

¹ 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 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 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.

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
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”¹. *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).ⁱⁱ

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

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

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

