A National Strategy for EMS Specialty Certification

National Association of State EMS Officials

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I. EXECUTIVE SUMMARY

For over 100 years, healthcare in the United States has primarily been regulated by the states. Such regulation includes the establishment of licensure requirements and enforcement of standards of practice for health providers, including physicians, nurses, pharmacists, mental health practitioners, and others. The licensure authority is administered with the goal of ensuring that healthcare professionals are academically qualified, competent, and mentally and physically fit to provide the activities covered by the license\(^1\). States maintain the authority to regulate activities that affect the health, safety, and welfare of citizens within their borders under the Tenth Amendment to the U.S. Constitution. In order to provide professional healthcare services, most health professionals are required to obtain a “certificate” or “license” from the state in which their practice is located.

Certification can be used to enhance the licensure process but certification alone is not a license to practice. Under the licensure system, states use statutes, rules, or regulations to define the tasks, function, or scope of practice of a profession and provide that only those who are licensed and recognized by the state may legally perform these tasks (including those who are nationally certified.) In other words, the legal authority for personnel to practice is established by state legislative action. While the terms certification and licensure have frequently been used interchangeably\(^2\), licensure authority prohibits anyone from practicing the profession who is not licensed and authorized \textit{by the state}, regardless of whether or not the individual has been certified by a nongovernmental or private organization.

According to the Institute of Medicine\(^3\), Emergency Medical Services (EMS) personnel have become part of the healthcare workforce only within the past 40 years. Through the collaborative efforts of many individuals, states, national organizations, and federal agencies, changes are currently being implemented to standardize professional education and training standards for EMS personnel. Eligibility criteria for national certification in EMS include successful completion of a state approved EMS education program, criminal background considerations, cardiopulmonary resuscitation (CPR) validation, and passing approved psychomotor (practical) and cognitive (knowledge-based) examinations. In the EMS industry, the majority of states rely on a reliable, validated, legally defensible and psychometrically sound examination process offered by the National Registry of Emergency Medical Technicians (NREMT) as one condition
that must be met before the state will issue a license to an individual on an entry level basis.

Specialty recognition, credentialing, or endorsement on the other hand, is the outcome of a formally defined process and mechanism for actively assessing that an individual possesses and has mastered a unique body of knowledge over and above entry-level cognitive, affective, and psychomotor domains and that they can apply this knowledge and related skill set to improve care provided for patients. Numerous health care and non-healthcare professions regulated by states have one or more specialty certification areas that have been defined, in part, by members of the profession itself.

Like national entry-level certification, specialty certification in and of itself does not provide permission to practice nor does it provide a right to the practitioner to function in a given location or to utilize the psychomotor domain of the specialty area body of knowledge. Specialty certification does not replace a license. As such it is presumed that obtaining specialty certification does not enable a significantly different scope of practice or other practice parameter that requires the states to consider another level of licensure. Finally, specialty certification is not a guarantee of skill or competency and should always be validated by the medical authority for an EMS organization before providing this type of care.

When, how, and why a given specialty certification may be required in order to practice is outlined below, as are the considerations for what may comprise prerequisites and requirements for specialty certification, and various options for where the specialty certification body could be housed.

The National Association of State EMS Officials (NASEMSO) is a non-profit, non-governmental national organization comprised of the leaders of State and Territorial EMS agencies that supports an appropriate regulatory environment focused on patient safety and protection of the public during the delivery of out-of-hospital care delivered by licensed EMS practitioners. NASEMSO supports its members in developing EMS policy and oversight, as well as in providing vision, leadership and resources in the development and improvement of state, regional and local EMS and emergency care systems. Membership is comprised of the state EMS regulatory agencies in all 50 states and six US territories seeking to explore pathways to allow practitioners to provide services to the full extent of their current knowledge, training, experience, and skills. As the national membership organization exclusive to state and territorial EMS regulatory agencies, NASEMSO is the appropriate forum for determining the several discreet areas of planning and decision making that must be accomplished in order to implement an
organized, accountable, and reputable system of specialty certification in the EMS industry in the US. Utilizing consensus and community-based processes, NASEMSO seeks to generate a national focus on the matter of EMS specialties, identify the system engineering necessary for recognition, and to provide technical assistance to states for implementation.

NASEMSO envisions the use of multi-association and multidisciplinary interactions to reach consensus on which potential EMS specialty areas should be recognized for state recognition or national certification. This “National Strategy for EMS Specialty Certification” (Strategy) should not be construed as a means to propose new practitioner levels or definitions for an “advanced” or expanded EMS scope of practice. We believe the initial framework for EMS specialty care is already achieved by the National EMS Scope of Practice Model (SOP Model) and future recommendations for scopes of practice should be identified in concert with states and medical authorities based on current evidence and approved specialty models. Such input could be subsequently used to advise revisions to the current SOP Model.

In summary, the Strategy is intended to provide a method for standardizing the definitions of EMS specialties as well as the method to achieve consensus around the body of knowledge, skills, and methods of EMS practitioner credentialing so that states have a consistent means for evaluating EMS specialty practice within a regulatory model.

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<th>The purpose of this proposed Strategy is twofold:</th>
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<td>1.) to describe a consensus-based means for determining and describing EMS specialties at a national level, and</td>
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<td>2.) to describe a methodology that can be adopted by the states to assist in the state recognition of EMS licensees to demonstrate that they have the requisite education, experience, and competence to safely provide a specific patient care service.</td>
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II. CONSENSUS-BASED MEANS FOR DETERMINING AND DESCRIBING EMS SPECIALITIES AT A NATIONAL LEVEL

Specialty certification in the health professions remains a comprehensive process that should involve careful planning and thoughtful consideration of various components. In recent years, several non-traditional roles have been identified for EMS clinical practitioners. Intended for experienced providers, these may include but are not limited to:

- Community Paramedicine
- Critical Care Transport
- Occupational Health
- Pediatrics
- Public Health
- Specialty Care Transport
- Tactical
- Wilderness
- Wildland Fire

While there are several proprietary courses available in several proposed EMS specialty areas, there is no national consensus about the purpose, definition, or other parameters that would enable states to recognize EMS practitioners in these areas. To facilitate further discussion and to identify consensus around a consistent model that can be adopted by the states, the National Association of State EMS Officials (NASEMSO) proposes that the American Board of EMS Specialties (“Board”) be established under the NASEMSO umbrella that allows for participation of EMS stakeholders to identify standards for the profession that can be utilized by the states for practitioner credentialing. The Board will be initially comprised of an Executive Council and four Coordinating Committees currently viewed by states as receiving the most requests for state recognition (Critical Care/Specialty Care, Wildland Fire, Tactical EMS, and Community Paramedicine.) As the national association of state agencies that regulate the EMS profession, NASEMSO will serve as the founding and single voting member of the Board’s Executive Council. Additional ex-officio members will be appointed as representatives of national EMS organizations at the discretion of the Board’s Executive Council. The Executive Council would be required to prevent undue commercial influence (such as the purveyor of a specific product or service.)

The Board’s Executive Council will review proposals to determine if an EMS specialty meets specific criteria to be recognized at a national level based on an application,
which can be provided by any interested party (such as an EMS medical director, education/training program, facility, course author, and others) and includes:

1. A basic description or definition of the proposed specialty.
2. An explanation of the expected approach to specialty care including the types and range of services that would be provided and the anticipated clinical environment/location of service.
3. A description of the population to be served.
4. A description of how medical oversight will be accomplished.
5. The level of practitioners (Basic Life Support and/or Advanced Life Support) that will be utilized to provide the service.
6. A description of the value added (i.e. how the proposed specialty fulfills an unmet need and/or complements the health and well-being of the population it will serve.)
7. A description of any potential risks of harm to patients and personnel.
8. A description of how the specialty will be integrated within EMS and the healthcare system.
9. Copies of protocols that are SPECIFIC to the proposed specialty.
10. Anticipated size of workforce needed to maintain the viability of the specialty based on population density.
11. Copies of any research/evidence that supports the need for the specialty.
12. A description of the body of knowledge (such as model course curricula), faculty and facility requirements, supervised practicum/preceptorship/experience, and/or testing requirements that will support specialty practice.
13. Identification of existing certification/testing process.
14. Policy recommendations for periodic review/renewal
15. Name and contact information for author and/or sponsor.

Upon receiving such a proposal, the Board’s Executive Council will assess the body of knowledge and psychomotor skills proposed by the author(s) of the proposal. If the minimal terminal learning objectives at the provider level for the proposed specialty is included within the current National EMS Education Standards (NEMSES) and no additional psychomotor skill sets are being proposed then there is no need for further state or national recognition because the model falls within the current National EMS Scope of Practice Model (SOP Model) and practitioners would have previously achieved the minimal learning objectives through the NEMSES.

If the Board’s Executive Council determines the proposed specialty does not meet a broader need or warrant an additional body of knowledge or structure to practice, the
author will be informed that the proposal is not endorsed as national in scope and no further action will be taken by the Board.

However, if sufficient depth and breadth of education and supervision beyond the NEMSES is required to ensure safe practice, additional consideration will be given to the proposal, specifically to determine if the patient care demands are unique to a specific geographical need or area or would be applicable on a larger (i.e. national) scale. The proposal will be verified (and edited as necessary) as an appropriate national model, and then disseminated by the Board as a “Proposed EMS Specialty” for a public comment period. Comments will be collated and the Board’s Executive Council will present the “proposed specialty” package for a formal endorsement. Individual states retain the authority whether or not to implement the Board’s endorsement of a national EMS specialty model.
III. METHODOLOGY TO ASSIST STATES IN RECOGNITION OF EMS LICENSEES FOR SPECIALTY CERTIFICATION

Specialty certification requirements recognize the mastery of national standards and vary widely across professions and roles. An evaluation of actual requirements and prerequisites among other health care and non-healthcare professions revealed a wide variety of requirements, examination, and documentation requirements. In many state-regulated professions, it is not possible to obtain a specialty certification unless the individual is currently licensed at the entry level.

Other requirements include any combination of, and subject to execution of this Strategy may include (and may vary by specialty):

- A minimum number of years of entry level experience
- Attestation to no alcohol or drug abuse
- Attestation to a code of conduct/ethics
- No disciplinary actions against any state license or national certification
- Supervised full time experience working in the profession in the specialty for which the individual is applying
- Formal education applicable to the certification for which the candidate is applying (this can vary in specificity)
- A supervised internship or field training experience of a specified duration
- A minimum number of patient contacts
- Home study modules
- A quantified duration of hands-on training
- Process technique validations
- Professional references
- Successful completion of an examination

Earlier in the proposal, we identified the development of four specialty Councils (additional councils to be identified as new EMS specialties are endorsed by the Board.) The Councils will be comprised of state EMS officials, subject matter experts, EMS medical directors, EMS educators, EMS managers/administrators, peer reviewers, and others (to be determined.) Once the Board has endorsed a proposed EMS specialty, each Council will be responsible to identify the parameters (i.e. national standards) for a “portfolio” of requirements that must be met for an individual to be recognized/certified by the Board. These may include:
• Experience - (such as) Supervised practicum or number of patient contacts
• Education - (such as) Approved and/or accredited course of study
• Training - (such as) Number of contact hours in the EMS specialty
• Leadership Contributions - (such as) Contributions in areas such as professional membership, speaking, publishing articles, serving on volunteer boards or committees and other areas beyond the scope of individual job requirements.
• Comprehensive Essay - Real-life scenarios are provided, and response must demonstrate knowledge, skills and abilities as listed in the essay instructions.
• Examination Requirements - (such as) Accredited certification board or other process
• Three references - (such as) Three signed letters of reference on letterhead including a reference from the candidate’s current supervisor and EMS medical director.

Several organizational options for EMS licensees to pursue voluntary specialty certification have been identified from a study of actual practices among other health care and non-healthcare professions. Coupled with our knowledge of the current associations and institutions with a role in EMS certification, we have compiled a list of various options for consideration, including some that may be deemed wholly undesirable by the states but are included here for the purposes of illustration and deliberation:

• A free market enterprise emerges or is encouraged whereby purveyors of specialty courses “certify” individuals upon successful course completion, possibly based on other prerequisites (e.g., the individual is currently licensed as an EMT or paramedic in at least one state)
• States individually generate and maintain their own specialty certification requirements and exams as needed for specialties that have emerged and/or are a need in their states
• An existing national certification body develops and implements specialty certification in one or more areas upon petition by a minimum number of other organizations/associations.
• A new national certification body specific to EMS specialty certification is created as an independent organization (e.g., the National Association of Forensic Counselors was created to issue specialty certification to individuals with state licenses of various types working in the criminal justice system, such as “Certified Forensic Social Worker” and “Certified Domestic Violence Counselor”)

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• A new national verification process specific to EMS specialty certification is created and is housed within the national association of state agencies that regulate the profession.

An essential expectation regardless of the organizational home for the specialty certification body is accreditation from the National Commission for Certifying Agencies (NCCA), the accreditation arm of the Institute for Credentialing Excellence (ICE). The NCCA is recognized as the authority on accreditation standards for professional certification organizations and programs. NCCA accreditation means that the standards set by the certification organization have been reviewed by the NCCA and deemed credible for ensuring the health, welfare and safety of the public.
IV. POTENTIAL OPPORTUNITIES FOR NATIONAL EMS SPECIALTY CERTIFICATION

If there is a demand for EMS specialty certification at one or more of the levels and the need to facilitate national definitions are perceived by a majority of states, specialty certification could become a requirement beyond licensure depending on the action of states, employers/affiliations, and individuals:

- Upon enactment of appropriate rules, and as necessary changes to statutes are identified, states may require the specialty certification as a condition of an individual referring to themselves as a practitioner in that domain; this may allow an individual to exercise the capabilities outlined in the body of knowledge of the specialty certification by virtue of declaring that someone may not perform certain tasks UNLESS they have the specialty certification.
- Employers may prefer or require individuals to obtain and retain the specialty certification, either as a condition of being hired or within a specified time interval after being hired.
- Private payers seeking a contract with or services from an agency or individuals may require that the practitioners possess the specialty certification.
- Individuals may choose to pursue the specialty certification to reflect their accomplishments or sophistication.
- The Centers for Medicare & Medicaid Services and third party payers may require that the practitioner hold the certification in order to be reimbursed for that service.
- By developing a standard process and implementing the recommendations of the Board, users will assist in ensuring the safety of the patients within the expansion of services offered by local, state and national EMS systems.
V. CONSIDERATIONS FOR FINANCING AN EMS SPECIALTY CERTIFICATION/CREDENTIALING PROCESS

Developing and validating a consensus-based certification/credentialing process would require considerable resources. While some resources could feasibly be provided from in-kind sources, “seed monies” will be sought from grants and donations from industry partners, government agencies, and others to establish the market demand for EMS specialty certification at one or more levels. Sustainability may require a schedule of fees.
VI. DETERMINING THE INTEREST AND VIABILITY FOR A NATIONAL PROCESS OF EMS SPECIALTY RECOGNITION

Therefore, NASEMSO proposes that a needs assessment be conducted of its members, national EMS organizations, and various EMS stakeholders to ascertain:

1) whether the majority of states/practitioners feel a formal process for standardizing EMS specialty certification/credentialing definitions is needed, and;
2) whether states would be interested in a mechanism that could be used by the states to assist with individual practitioner credentialing, and;
3) if and at what level states/EMS agencies would use such a process for credentialing EMS licensees in specialty practice if a mechanism was available.
VII. APPENDIX A: ILLUSTRATIVE GRAPHIC

The following graphic is intended to provide a basic illustration of the proposed strategy:
VIII. REFERENCES


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