

**National Emergency Medical Services Advisory Council
Committee Reporting Template
FINAL
April 16, 2009**

Committee: Education/Workforce
Report Number: 001-EDW-05-FINAL
Title: Standardized Certification, Licensure, and Credentialing

Issue Synopsis:

A. Problem Statement

The current lack of a standardized certification, licensure and credentialing of EMS personnel across the United States affects the performance of EMS systems as they cross jurisdictional and State lines in the execution of their duties. This impacts both routine emergency medical response and mutual aid support as a result of a disaster or mass casualty incident. This lack of standardization has implications on efficiency and effectiveness, compliance with States' statutes, workforce coordination and satisfaction, medical control and EMS system human resource issues to name a few.

B. Supporting data/resources related to the issue

- Emergency Medical Services: At the Crossroads, Institute of Medicine Committee on the Future of Emergency Care in the United States Health System: 2006.
- Implementation of the National EMS Education Agenda Survey of States, National Association of State EMS Officials: March 25, 2008
(<http://www.nasemso.org/NewsAndPublications/News/documents/SurveyResults4thQ2007NationalEMSEducationAgenda.pdf>).

C. Crosswalk with other documents

- EMS Agenda for the Future (National Highway Traffic Safety Administration, 1996)
- EMS Education Agenda for the Future (National Highway Traffic Safety Administration, 2000)
- National EMS Scope of Practice Model (National Highway Traffic Safety Administration, 2007)

D. Analysis of the facts/data

Before any effort to address the concerns surrounding standardized certification, licensure and credentialing occurs, a common set of definitions must be established. Across the United States, there is no formal, universally agreed-upon definitions for the terms: certification, licensure, and credentialing. Depending upon the state or jurisdiction, the terminology is often used interchangeably. One jurisdiction's certification may mean something radically different to a neighboring one. The widespread confusion over exactly what these mean and how to apply them impairs any discussion on standardizing them. Research of the documents applicable to this issue revealed that the National EMS Scope of Practice provides a concise definition for each:

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. [National EMS Scope of Practice, pg. 11]

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. [National EMS Scope of Practice, pg. 11]

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. [National EMS Scope of Practice, pg. 11]

Taken in context with the education of an EMS provider, the Scope of Practice succinctly explains the relationship among certification, licensure and credentialing:

“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).”

[National EMS Scope of Practice, pg. 11]

The lack of a standardized system of certification, licensure and credentialing has implications on the quality of emergency medical care across the nation. “A survey of all of the States and territories was conducted in 2005. Of the 30 States and Territories that responded, we were able to identify 39 different licensure levels between the EMT and Paramedic levels. This patchwork of EMS personnel certifications has created considerable problems, including but not limited to:

- public confusion;

- reciprocity challenges;
- limited professional mobility; and
- decreased efficiency due to duplication of effort.” [National EMS Scope of Practice, pg. 5]

The Institute of Medicine’s Committee on the Future of Emergency Care in the United States Health System also raised concerns about what it referred to as uncertain quality of care. “Very little is known about the quality of care delivered by EMS services. The reason for this lack of knowledge is that there are no nationally agreed-upon measures of EMS quality, no nationwide standards for the training and certification of EMS personnel, no accreditation of institutions that educate EMS personnel, and virtually no accountability for the performance of EMS systems. While most Americans assume that their communities are served by competent EMS services, the public has no idea whether this is true, and no way to know.” [Emergency Medical Services: At the Crossroads, pg. 3]

The lack of standardization also impacts the States’ ability to support a high-quality workforce in emergency medical services. “Qualifications to become an EMS provider vary widely across the country. Education and training requirements and scope of practice designations are substantially different from one state to the next and the reciprocity afforded to providers seeking to move from one area of the country to another can be very burdensome. National efforts to promote greater uniformity have been progressing in recent years, but significant variation still remains” [Emergency Medical Services: At the Crossroads, pg. 91]. “Certification is designed to verify competency at a predetermined level of proficiency. The EMS Education Agenda anticipated that National EMS Certification would be accepted by all state EMS offices as verification of entry level competency. It envisioned that all EMS graduates would complete an accredited program of instruction and would obtain national certification to qualify for state licensure. These certifying examinations would be based on practice analysis and the National EMS Scope of Practice Model (NHTSA, 2000).” [Emergency Medical Services: At the Crossroads, pg. 96]

Widespread adoption and implementation has been met with challenges in some states. “The Committee [on the Future of Emergency Care in the United States Health System] is cognizant of the fact that requiring national certification would increase the cost of licensure, which is a significant issue for the volunteer workforce and also with EMS personnel generally, given their low wages. This, along with the difficulty of the national exams, could result in a reduction in the provider pool. While fewer, better trained, personnel may represent an improvement in the long run, this has to be weighed against the potential decline in workforce available to respond to patients in many areas across the country. For these and other reasons, the National Association of State EMS Officials has endorsed the EMS Education Agenda but with the condition that no definite timetable would be set for implementation. Within states there is still significant resistance to a national certification requirement and some state legislatures have moved to reduce or remove these requirements. NHTSA and NASEMSO are currently ramping up an initiative to support states in their efforts to implement these components

of the Education Agenda, however state EMS directors remain concerned about reducing the overall number of EMS providers by changing the requirements that states currently place upon them.” [Emergency Medical Services: At the Crossroads, pg. 97]

The National Association of State EMS Officials conducted a survey of states to identify challenges to implementing the EMS Education Agenda for the Future. Of the thirty-three states who responded to the survey, 27% identified legislative and regulatory changes as an impediment. 21% expressed a desire for assistance with developing model legislation. 39% expressed a desire for assistance with developing model regulations. [Implementation of the National EMS Education Agenda Survey of States, National Association of State EMS Officials: March 25, 2008]

It is understood that future revisions to the National EMS Scope of Practice Model should be grounded in solid research that is evidence-based. “Statistical analysis and research on patient safety, scope of practice, and EMS personnel competency must become a priority among the leadership of national associations, Federal agencies, and research institutions. When EMS data collection, subsequent analysis, and scientific conclusions are published and replicated, later versions of the National EMS Scope of Practice Model should be driven by those findings. [National EMS Scope of Practice Model, pg. 8]

E. Committee conclusion

The issue of standardized EMS certification, licensure and credentialing is only one component of a much larger framework. Addressing this single concern cannot be accomplished in a vacuum and it cannot be considered separately from the EMS Education Agenda for the Future or the National EMS Scope of Practice Model. Through our review, we found that both documents appropriately satisfy the concerns surrounding standardized certification, licensure and credentialing and all should be addressed with widespread adoption and implementation.

Recommended Actions/Strategies

National EMS Advisory Council

None

National Highway Traffic Safety Administration

1. NHTSA is encouraged to continue to support the efforts of adoption and full implementation of the EMS Education Agenda for the Future. NHTSA is strongly encouraged to continue to keep all stakeholders at the table and fully engaged in solving the challenges of implementation.
2. NHTSA is encouraged to continue to assist with the drafting of model legislation to assist States with adoption of all components of the EMS Education Agenda for the Future.
3. NHTSA is requested to provide a regular report card to the National EMS Advisory Council on how implementation of the EMS Education Agenda is progressing across the United States. This effort should include monitoring “pockets of excellence” and make this known to States in order to provide opportunities to benchmark. The report card should also include a summary of issues that are impeding implementation for those states that are not moving forward.
4. NHTSA is encouraged to support research on the Education Agenda for the Future to include the effectiveness of the various types of EMS education systems, their delivery and outcomes.

Other Department of Transportation

None

Federal Interagency Committee on Emergency Medical Services

None