



January 28, 2014

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

Dear Mr. Reinert,

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

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

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

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

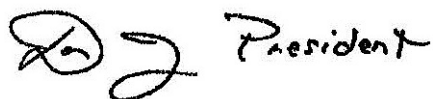
Our specific recommendations are as follows:

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Don Lundy", followed by the word "President" written in a cursive, handwritten style.

Don Lundy, BS, NREMT-P  
President, NAEMT