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Dear EMS Standards Project Team,

On behalf of the [National Association of Emergency Medical Technicians](#) (NAEMT), thank you for the opportunity to provide comment on the final proposed revisions to the national EMS Education Standards. We appreciate the work of the Project Team on this revision and recognize the constraints that the team faced.

While a list of topics that should be covered for each EMS training level is a very valuable resource, there remains a critical need for actual education standards for the EMS workforce that clearly define the knowledge, skills and behaviors required to deliver quality EMS patient care at the training levels outlined in the national Scope of Practice Model. NAEMT would welcome the opportunity to collaborate on the development of such standards. We recommend that all EMS stakeholders – including educators, EMS practitioners, EMS agency leaders, medical directors and state regulators – engage in this undertaking.

We also hope that future consideration will be given to evolving EMS education so that the education provided to EMRs, EMTs, AEMTs and Paramedics is aligned with the provision of emergent, urgent and preventive care in a value-based healthcare system.

We have reviewed the final comment and have specific comments listed below that we submit for your consideration.

Please do not hesitate to contact me if you have any questions about this comment.

Sincerely,

Matt Zavadsky, MS-HSA, NREMT
President, NAEMT

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Specific comments/questions to National EMS Education Standards revisions

- Page 5, Figure 1
 - Is accreditation doing what it was intended to? Do graduating students have entry level competence? How has accreditation impacted workforce staffing levels? Are there any criteria established for measuring the impact of accreditation?
- Page 6, Second column, second paragraph – “Essential components of the EMS Agenda include a single National EMS Accreditation agency and a single National EMS Certification Agency to ensure consistency and quality of EMS personnel.”
 - What is the rationale for one, exclusive EMS accreditation agency and an exclusive certification agency? Is this typical in other healthcare professions? Is there evidence that this configuration supports better outcomes? Is accreditation accomplishing the task for ensuring competent entry-level EMS practitioners? How is this measured? Over 2/3 of accredited Paramedic programs graduate less than 20 students per year. EMS agencies are frequently forced to provide additional training so that new employees achieve entry-level competence.
 - How has accreditation strengthened the EMS workforce? How is this measured?
 - If one national EMS certification agency is the stated goal, then shouldn't the minimum knowledge and skills to achieve competency be outlined in this document (the floor of competency at each level)? Shouldn't each state be able to add to this baseline competency for state licensing (where states determine the ceiling of competency at each level)?
- Page 9, Second column, last full line, “...breadth of knowledge that the EMR, but not nearly as much...”
 - “That” should be “than.”
- Page 10, paramedic level
 - Non-emergent and preventive care should be included.
- Page 13, Prescriptive Education Standards “...have been labeled as “burdensome checklists” by some educators...”
 - Would this comment apply to accreditation regarding “burdensome checklists”? How do these checklists ensure that students are entry-level competent?
- Page 14, Figure 3
 - Should programs maintain accreditation when they are graduating less than 20 students per year?
- Page 15, AEMT Accreditation
 - AEMT Accreditation should be added to the list of items that are “Beyond the Scope of the Project” (also listed on Page 15) as there is also strong favoritism and opposition to this initiative.
 - “Program accreditation helps ensure clinical and educational excellence, the use of proven...”
 - Is there evidence to support this statement? If so, the research should be cited. Many EMS agencies report that graduates of accredited programs are not entry-level competent.
- Page 49, Psychomotor skills

- A specific list for the EMR, EMT, and AEMT levels should be developed. This national document should be the floor of required skills and state licensing should be the ceiling of the required skills.
- Page 49, bottom right corner, “Anticipate and prospectively intervene to improve patient outcome.”
 - Further explanation and clarification are needed.