



NAEMT Position Statement

Credentialing of Military Medics By Medical Director

Statement:

NAEMT calls on the Department of Defense to implement a program to ensure all military prehospital clinical providers (including medics, corpsmen, EMTs, paramedics), both active duty and civilian, are credentialed through their medical director. Credentialing is a critical component to assure the delivery of safe and effective prehospital care. As stated in the National Highway Traffic Safety Administration National EMS Scope of Practice Model, credentialing is one of four processes required to define a prehospital provider scope of practice. The three other processes include Education, Certification, and Licensure.

Background:

The United States Department of Defense arguably fields the largest prehospital medical force in existence. There have been significant advances across the past two decades to standardize and improve the quality of care delivered across the force. Despite these improvements, there remains the opportunity to do more. Eastridge et al investigated all combat-related deaths from 2001-2011 and identified 24% that were considered preventable. Of those 24%, 87% occurred in the prehospital setting (1). Tactical Combat Casualty Care guidelines have addressed many first responder shortfalls in medical knowledge, skills, and training, and implementation of those guidelines has demonstrated mortality benefits on the battlefield (2). Through several National Defense Authorization Acts, a Joint Trauma System has been created and supported by three Defense Committees on Trauma. As a result, the work of early pioneers in military prehospital medicine has been codified in doctrine and policy and supporting infrastructure developed to continue identifying best practices to save lives across the continuum of care. The establishment of a credentialing program is synergistic with these other efforts to reduce the variability of prehospital care and improve patient outcomes.

Credentialing of medical providers has been routinely performed since first recommended by the American College of Surgeons in the early 1900's. The credentialing process is a critical piece of the culture of safety embraced in the hospital. A similar process has been implemented in civilian prehospital agencies as well to ensure the safe and effective delivery of prehospital care. In a 2022 article, Patel and Sharma describe credentialing as "a formal process that utilizes an established series of guidelines to ensure that patients receive the highest level of care from healthcare professionals who have undergone the most stringent scrutiny regarding their ability to practice medicine. Credentialing also assures the patient that they are being treated by providers whose qualifications, training, licensure, and ability to practice medicine are acceptable. Credentialing also ensures that all healthcare workers are held to the same standard."(3) While a

great deal of emphasis has been placed on the thorough vetting and credentialing of DOD physicians, similarly defined expectations have not been defined for prehospital clinicians (4).

Requiring credentialing of prehospital clinicians, similar to the process used for health care providers within the hospital setting, ensures patients receive care from appropriately capable providers endorsed by a responsible physician medical director. Credentialing is a tool that should be used by a physician medical director to match the knowledge, skills and training of prehospital clinicians with the care needs of the community supported. It should also be used as a critical component of the quality assurance and continuing education process. At present, a well-defined process of ongoing skill and knowledge verification and documentation beyond initial certification has not been defined by the DOD. Without a clearly defined requirement for a prehospital clinician credentialing program, no funding exists to develop and implement such a program.

Requiring US Military prehospital clinicians to participate in a credentialing program supporting a clearly defined scope of practice would establish a framework to optimize the public safety of military communities and preparedness of first responders during operational training and missions, guide skill sustainment and maintenance of certification expectations, and ensure the care delivered meets or exceeds established standards.

Implementing a credentialing standard would also facilitate routine mutual aid support between military and civilian community EMS systems as well as Defense Support of Civil Authorities missions in times of crisis. Additionally, it would facilitate the transition of military prehospital clinicians into the civilian EMS community upon completion of their military service.

References

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