NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

ENGAGING WITH THE EMS COMMUNITY FOR A BETTER FUTURE

2008 ANNUAL REPORT
The year 2008 historically will be labeled as the year of change. Many will tie the change to the national elections, particularly the historic election of Barack Obama as President of the United States. The year 2008 was also the bicentennial; 2008 is our year of change. In 1999, after two years, six meetings and a national blue ribbon consensus meeting, a National Highway Traffic Safety Administration (NHTSA) Task force published their work titled EMS Education Agenda for the Future: A Systems Approach. Publication led to widespread endorsement, praise was bestowed upon the authors, kudos were heard in the halls of EMS, and the “lead” organization for the complications of delivery of EMS outside of a “systems” approach. Solutions were finally proposed to eighteen different stumbling blocks that challenged the improvement of EMS education, licensure and certification across America (see pg 12-15 in the Agenda). In the year 2000, pledges toward accomplishment of the Agenda abounded among the EMS organizations, states and national stakeholder organizations.

In 2008 we saw a slightly different picture. We have accomplished much, and coming up is more. The National Association of EMS Physicians completed a NHTSA funded “National EMS Core Content.” The first— and least controversial— component of the National EMS Education Agenda was complete. Then the National Association of State EMS Officials led a much more controversial NHTSA project: the National EMS Scope of Practice Model. Many struggles occurred during development of the Scope of Practice but consensus was finally reached. Solutions were finally proposed to eighteen different stumbling blocks that challenged the improvement of EMS education, licensure and certification across America (see pg 12-15 in the Agenda). In the year 2000, pledges toward accomplishment of the Agenda abounded among the EMS organizations, states and national stakeholder organizations.

2008: A YEAR OF CHANGE

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The NREMT Board directs the Registry to continually assess and enhance the NREMT as the National EMS Certification. The NREMT staff visited many states and spoke to stakeholders regarding the Registry’s agenda and projects, some related to the five components of the EMS Education Agenda. The next five components of the EMS Education Agenda for the Future: A Systems Approach to improvement and enhancement will be the focus of future reporting.

The NREMT does not stand alone in support of the EMS Education Agenda. For the Future: A Systems Approach to improvement and enhancement, the EMS Education Agenda Implementation Team, members of the Committee on Accreditation for the EMS Professions (CoAEMSP), the National Association of EMS Educators (NAEMSE) and the National Association of EMTs (NAEMT) have position statements regarding accreditation and the Agenda. The National Commission for the Accreditation of EMS Education (CoAEMSP) is the Accreditation Council on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). The National Association of EMS Educators (NAEMSE) has a large number of states, federal agencies and stakeholders in the making of our current standards and programs. Toward 2040, as the Agenda implementation continues, all of these efforts are followed by many individuals who support implementation because they understand the nature of the EMS Education Agenda for the Future: A Systems Approach to improvement and enhancement.

We don’t like failure in our EMS mission. EMS workforce into the future. The change agents of the past set the course. The change agents of today are responsible for following the plan to implementation. We need theEMS workforce to be members of state or federal legislatures, or physician or nursing professions who judge our contribution to public health and welfare. When EMS does not have the leadership that makes professional norms, the people who are competing for scarce resources will not be able to compete for funding even if our notoriety is known to all our customers.

We feed on success and when the time is right, we feed on change. The EMS Education Agenda for the Future: A Systems Approach to improvement and enhancement is an excellent vehicle for making our voice heard. We must not be afraid of change and the opportunities that it brings.

The validity of the voices of advocacy is judged by others who may not be members of state of federal legislatures, or physician or nursing professions who judge our contribution to public health and welfare. When EMS does not have the leadership that makes professional norms, the people who are competing for scarce resources will not be able to compete for funding even if our notoriety is known to all our customers.

The EMS Education Agenda for the Future: A Systems Approach to improvement and enhancement is an excellent vehicle for making our voice heard. We must not be afraid of change and the opportunities that it brings. EMS is in the process of its professional development. The voices of the American people and EMS workforce will be heard.

The National Association of EMS Educators (NAEMSE) and the National Association of EMTs (NAEMT) have position statements regarding accreditation and the Agenda. The EMS Education Agenda Implementation Team, members of the Committee on Accreditation for the EMS Professions (CoAEMSP) have position statements regarding accreditation and the Agenda. The NREMT Board directs the Registry to continually assess and enhance the NREMT as the National EMS Certification. The NREMT staff visited many states and spoke to stakeholders regarding the Registry’s agenda and projects, some related to the five components of the EMS Education Agenda. The next five components of the EMS Education Agenda for the Future: A Systems Approach to improvement and enhancement will be the focus of future reporting.
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NREMT Senior Leadership left to right: William E. Brown Jr., Executive Director; Gregg S. Margolis, Associate Director; Sherry A. Mason, Director of Information Systems; Robert L. Wagoner, Associate Director; Terry Markwood, Certification Coordinator.

5 YEAR NATIONAL CERTIFICATION TRENDS
NUMBER OF NATIONALLY CERTIFIED EMS PROFESSIONALS

<table>
<thead>
<tr>
<th>Year</th>
<th>First Responder</th>
<th>EMT Basic</th>
<th>EMT-I 85</th>
<th>EMT-I 99</th>
<th>Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>7,774</td>
<td>88,222</td>
<td>6,004</td>
<td>1,521</td>
<td>15,339</td>
</tr>
<tr>
<td>2005</td>
<td>6,761</td>
<td>92,090</td>
<td>5,231</td>
<td>1,869</td>
<td>15,815</td>
</tr>
<tr>
<td>2006</td>
<td>7,307</td>
<td>94,616</td>
<td>5,518</td>
<td>1,704</td>
<td>17,380</td>
</tr>
<tr>
<td>2007</td>
<td>4,053</td>
<td>83,709</td>
<td>5,341</td>
<td>1,537</td>
<td>17,001</td>
</tr>
<tr>
<td>2008</td>
<td>4,335</td>
<td>91,323</td>
<td>5,523</td>
<td>1,623</td>
<td>18,424</td>
</tr>
</tbody>
</table>

FIRST TIME PASS RATE

<table>
<thead>
<tr>
<th>Year</th>
<th>First Responder</th>
<th>EMT Basic</th>
<th>EMT-I 85</th>
<th>EMT-I 99</th>
<th>Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>73%</td>
<td>64%</td>
<td>55%</td>
<td>65%</td>
<td>63%</td>
</tr>
<tr>
<td>2005</td>
<td>71%</td>
<td>65%</td>
<td>61%</td>
<td>63%</td>
<td>64%</td>
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<tr>
<td>2006</td>
<td>65%</td>
<td>71%</td>
<td>65%</td>
<td>65%</td>
<td>62%</td>
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<tr>
<td>2007</td>
<td>78%</td>
<td>70%</td>
<td>70%</td>
<td>71%</td>
<td>63%</td>
</tr>
<tr>
<td>2008</td>
<td>76%</td>
<td>68%</td>
<td>71%</td>
<td>72%</td>
<td>68%</td>
</tr>
</tbody>
</table>
A competent emergency physician is one who went through an accredited residency, received appropriate training from an accredited educational program, and then demonstrated competency.

Dr. Sahni explains the importance of national certification with the example of emergency medicine. She emphasizes that national certification is a crucial step in the process of becoming a competent emergency physician.

The NREMT wishes to thank those who made the transition to CBT a positive experience! The NREMT compared 2005 to 2008. We did not use 2006 and 2007 because we considered these to be ‘transition’ years. However, testing figures for 2008 have been calculated and they are available! The NREMT compared 2005 to 2008. We did not use 2006 and 2007 because we considered these to be ‘transition’ years. However, testing figures for 2008 have been calculated and they are available!

Recruitment is a multi-faceted issue. A number of factors can affect recruitment, including educational programs. In order to attract the best candidates, educational programs must ensure that individuals meet the necessary requirements for certification.

The EMS community is facing these issues now. Dr. Sahni explains that, “A competent physician is one who must be granted privileges to work at a particular hospital.” For the EMS community, it is similar. EMS professionals must be affiliated with a medical director in order to work. Just like physicians must be granted privileges to work at a hospital, EMS professionals must be affiliated with a medical director.

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Recruitment is a multi-faceted issue. A number of factors can affect recruitment, including educational programs. In order to attract the best candidates, educational programs must ensure that individuals meet the necessary requirements for certification.
New Mexico, Pennsylvania, Virginia, Washington DC, and Washington use the National Registry for Paramedic certification only. Alaska, Indiana, Maryland, New Jersey, and other states utilize the Registry for Basic certification only. Florida uses the National Registry for Paramedic certification.

Notes:

1. Strive for instructional consistency.
2. Hire well qualified EMT lead instructors.
3. Build institutional support.
4. Recruit students who are positively motivated to succeed.
5. Admit students based on academic history, student high school class rank, years of education, race, gender, and estimated time since course completion.
6. Establish course passing standards that exceed minimum competency. (In collaboration with J. Mistovich.)
7. Research suggests that the national accreditation of an education program can result in increased enrollment, increased student motivation, increased student achievement, reduced course-passing time, reduced course cost, reduced course length, reduced course planning standards that exceed minimum competency. (In collaboration with J. Mistovich.)

The NREMT’s Research Department conducted studies to understand how various factors affect the probability of passing the National Certification Exam. These studies were conducted to determine the following:

- NREMT demonstrated the value of one year’s experience in increasing the probability of passing the National Certification Exam (NCE) better than any other variable.
- Medical direction is a cornerstone of modern EMS practice. Almost 2/3 of EMS professionals have had direct contact with their medical director within the last 6 months. (In collaboration with R. E. O’Connor.)
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Research was conducted to develop recommendations for NREMT’s reaccreditation processes. To meet the accreditation requirements the NREMT had to demonstrate compliance with 21 stringent standards to receive re-accreditation by the NCCA.

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“The best way for a State EMS Director to ensure that it is safe to grant a license to someone moving into his state is to have him or she have obtained national certification. Doctors adhere to this process of national certification and expect it in their profession. Why is it unreasonable to expect it from the EMS profession?”

Ritu Sahni, MD, FACEP
Oregon State Medical Director
Associate Professor of Emergency Medicine, Oregon Health & Science University
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