



Joint Position Statement on Degree Requirements for Paramedics

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JOINT POSITION STATEMENT ON DEGREE REQUIREMENTS FOR PARAMEDICS

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ABSTRACT

The National Association of EMS Educators, the National EMS Management Association, and the International Association of Flight and Critical Care Paramedics believe the time has come for paramedics to be trained through a formal education process that culminates with an associate degree. Once implemented a degree requirement will improve the care delivered by paramedics and enhance paramedicine as a health profession. **Key words:** paramedic; degree; higher education; requirements; position statement

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POSITION

It is the position of the National EMS Management Association (NEMSMA), the National Association of EMS Educators (NAEMSE), and the International Association of Flight and Critical Care Paramedics (IAFCCP), collectively known as “the associations” that the time has come for paramedicine to join the community of health professions that require a college degree. We believe that a two-year associate degree is the appropriate entry level of education for practitioners at the current paramedic level. In addition, we believe that paramedics involved in specialized practice, such as flight paramedics and community

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A joint position statement of the National Association of EMS Educators (NAEMSE), the National EMS Management Association (NEMSMA), and the International Association of Flight and Critical Care Paramedics (IAFCCP).

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paramedics, among others, should be required to complete upper level undergraduate coursework up to and including a bachelor’s degree as a prerequisite to specialty certification. These requirements should apply to paramedics entering our profession and we recommend the EMS community within the United States enact such requirements by 2025.

BACKGROUND

The paramedic practitioner evolved in the 1960s from both military and civilian models with the objective of providing sophisticated advanced life support treatment in the out-of-hospital environment (1, 2). The physician community was instrumental in creating the discipline of paramedicine and continues to provide oversight of the care delivered by paramedics. In 1978, the National Registry of Emergency Medical Technicians (NREMT) administered the first paramedic level exam (3). The federal Office of EMS located within the National Highway Traffic Safety Administration (NHTSA) facilitated the development of the first Emergency Medical Technician – Paramedic National Standard Curriculum in 1985, which further described the paramedic as a “health professional with significant cognitive knowledge and psychomotor skills” (4). Paramedic educational programs began to be accredited in the early 1980s by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) (5). In 2013, NREMT fully implemented a requirement that all paramedic candidates successfully graduate from an accredited paramedic program (3). As of June 2018, approximately 60% or 365 of 607 accredited paramedic programs already offer an associates or bachelor’s degree option to students (6). Currently, two states, Kansas and Oregon, require new paramedics possess an associate degree as a condition of state licensure (7, 8).

RATIONALE

As it stands today, it is clear that the field of paramedicine and delivery of Emergency Medical Services comprises a distinct and comprehensive

body of knowledge and set of skills (9, 10). Paramedics are trained to conduct sophisticated assessments, provide lifesaving interventions, and determine differential diagnoses in order to facilitate additional care. Recent evidence indicates paramedics, if well trained, can play a key role in directing patients to the most appropriate and highest value care (11–14). Furthermore, the practice of paramedicine has become increasingly complex and future paramedics are going to be required to not only exercise high level technical skill, but must also master written and oral communications skills, provide EMS team leadership, and interact with an increasingly complex interdisciplinary and interprofessional healthcare system with rapidly evolving technologies (15–17).

Despite having a significant role in our healthcare system and public safety, EMS education for paramedicine lags behind a number of other countries. Paramedic degree requirements are the norm in Australia and the United Kingdom. Degree requirements are also common, but not yet universal, in Canada, New Zealand, and Saudi Arabia (18–22). Within the United States, many clinical allied health professions require at least an associate degree including: cardiovascular perfusionist, nuclear medicine technologist, physical therapist, radiation therapist, registered nurse, and respiratory therapist (23, 24). Within the field of public safety, employers have also been steadily increasing college education requirements for law enforcement officers while also showing an improvement in police performance by officers with degrees (25, 26).

Literature from the nursing profession has demonstrated that increased educational preparation can lead to improved outcomes. Furthermore, nursing, medicine, and many allied health professions have demonstrated that the enactment of degree requirements is both possible and beneficial to the workforce over time (27–29).

A significant often unrecognized benefit of degree requirements is the academic and research infrastructure that must accompany programs at that level. Degree programs at colleges and universities frequently receive higher levels of academic resources than workforce development or certificate programs. These resources facilitate the appointment of faculty with higher levels of educational achievement. At research universities, significant faculty effort is also devoted to research activities, a known weakness within emergency medical services (30, 31).

From an economic standpoint it is almost certain that degree requirements will restrict the supply of available paramedics to some extent. This effect has been seen in other health professions and with

restriction of supply comes a corresponding upward pressure on wages (32–35). Increased labor costs will likely drive the need for more revenue from third-party payers or local governments. Considering the ongoing concern over low wages in a variety of EMS settings (36, 37), and the ongoing debate over the proper saturation of paramedics within a community (38, 39), this effect may be helpful over the long term.

IMPLEMENTATION

The associations recognize that this position represents a significant step for the profession that demands thoughtful implementation. Our implementation recommendations include:

1. The National EMS Scope of Practice Model and the National EMS Education Standards should continue to be used as the basis of paramedic education. Additional documents, such as EMS Agenda 2050, and health sciences and professional courses for degree completion should complement paramedic education.
2. Consensus among the EMS educational community on the elements of appropriate degree programs for paramedics should be developed through an effort led by NAEMSE.
3. EMS employers and NEMSMA members should lead this effort by immediately adopting “degree required” or “degree preferred” requirements for new hires if they are in position to do so.
4. Degree requirements should be established by CoAEMSP and NREMT as a condition of educational program accreditation and national provider certification by 2025.
5. Paramedic specialty certification boards (i.e., the International Board of Specialty Certification (IBSC)) should establish educational requirements at the upper level undergraduate level (post-associate degree) as a condition of specialty certification by 2025.
6. Following the lead of Kansas and Oregon, state requirements for new paramedics to hold associate degrees should be established within statute or regulation as state-level political conditions allow.

ADDITIONAL CONSIDERATIONS

The associations recognize that policy implementation of this magnitude is not without consequences and that potential workforce dislocation must be addressed. To mitigate these effects, we recommend the following:

1. The transition to the new requirements should be specifically applied only to new paramedics as of a specified date.

2. Currently licensed paramedics should not be required to retroactively obtain a degree or be made to undergo substantial transition education.
3. Maintaining a certificate or technician level provider option should be seriously considered by the national EMS community, perhaps through modification of the current Advanced Emergency Medical Technician (AEMT) level that is currently underutilized nationally. A certificate level provider of this type may be particularly useful to rural, volunteer, and non-transport services.
4. Institutions Higher education institutions should be encouraged to experiment with bachelors and/or masters level programs such as those currently being developed internationally.

CONCLUSION

The associations in this position statement believe the time is overdue to offer the high-level paramedic practitioners within our field the opportunity to be recognized as degreed medical professionals. While this does not take away from the professionalism of providers at all levels, it does open up pathways necessary for future generations of paramedics to succeed and excel in an increasingly complex healthcare environment.

ADOPTION

Adopted by the Board of Directors of the National Association of EMS Educators June 18, 2018.

Adopted by the Board of Directors of the National EMS Management Association August 13, 2018.

Adopted by the Board of Directors of the International Association of Flight and Critical Care Paramedics August 14, 2018.

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