

**International Association of Flight & Critical Care Paramedics
Board of Directors**



**2018-2023 Strategic Plan
Approved October 15, 2017**

Executive Summary

Targeted growth driven by value-based activities is vitally important to a successful association. The International Association of Flight & Critical Care Paramedics Board of Directors has developed this strategic plan to serve as a guide for the association's activities. While the strategic plan does not include all activities undertaken by the association, the plan reflects the association's key priorities for future growth. As an association, we recognize that we represent medical professionals within an increasingly demanding specialty whose time and money are both valuable. Specialty care paramedics have their choice as to where they invest; through association led research we have learned that most specialty care paramedics receive no funding to support their education and they are looking for associations who help them grow. We recognize that there are many associations within the United States and countries around the world, however to date we remain the only association focusing on collaborating and growing as a single international community.

The IAFCCP Board of Directors has established strategic growth activities on The Pittman Course, membership engagement activities, membership retention, specialty care paramedic standardization, international community growth, and our delegates program. Each of these focus areas provides measurable opportunities for increasing membership involvement that improves our ability to advocate, educate, and promote specialty care paramedics.

Over the next 5 years, the IAFCCP will focus growth on three unique membership bases: United States Paramedics, The European nations, and developing countries. The latter developing countries is based on the developing countries list published by the United Nations, and our growth will focus in South and Central America. Growing in each of these areas requires building relationships within each region, engaging the medical communities within their work areas and countries, and delivering a consistent clear message to the specialty care paramedics.

Key messages

The International Association of Flight & Critical Care Paramedics' Strategic plan is prepared by the association's board of directors and is designed to guide the association's efforts to engage association members by providing them education opportunities, supporting them through strategic political advocacy at both state and national levels, and by setting a vision for the specialty care transport paramedics of the future.

Prehospital specialty care medicine is a dynamic field that is continuously changing and evolving. As the profession evolves it is necessary to adapt to our strategic plan, thus this plan is reviewed annually and updated a minimum of every third year.

The purpose of this strategic plan is to provide board and association members perspective of the association's history and help the association prioritize its activities to help meet the association's mission.

About the International Association of Flight & Critical Care Paramedics

Founded in 1986, the National Flight Paramedic Association, currently known as the International Association of Flight & Critical Care Paramedics, is the largest independent paramedic association in the world. Our focus is the professional paramedic and our purpose is to serve as advocates to the profession on an international basis. IAFCCP members are involved in transporting critical care patients by airplane, helicopter and ground ambulance.

The IAFCCP continues to provide advocacy, leadership development and educational opportunities for critical care paramedics. Our website is a valuable resource for everyone interested in the evolving field of critical care paramedicine, and provides an increased level of service to our members, and supports our mission of representation, education and development of our profession.

Today, the IAFCCP represents over 2,100 paramedics who work in various civilian and military capacities throughout the United States, Canada, Europe, Central and South America. Over the past year there has been a rise in new association members who working in United Nations-designated Developing Countries. Each year the association continues to expand its reach to paramedics in new areas throughout the world. As our reach has increased, the IAFCCP has gained a reputation as an international voice advocating for the advancement of paramedics into specialty care practices.

The association's position statements are posted on our website and are regularly reviewed for currency. In addition to actively supporting more than a dozen bills in the U.S. Congress, we have in the past year updated our bylaws to formally advocate for and represent Community Paramedics. Further, we developed an *Emeritus Board* to help provide the association a source of legacy information and launched our newest certification preparation review course, *The Pittman Course*, designed to help learners prepare for the Certified Flight Paramedic and Certified Critical Care Paramedic examinations.

Mission Statement, Vision, & Values

Mission: *The mission of the IAFCCP is to provide advocacy, leadership, professional development, and education opportunities for specialty care paramedics.*

Vision: To develop and promote the standards of specialty care paramedicine through education, research, safety, and provider advocacy.

Values: As the voice for specialty care paramedics, we place our emphasis on: safety, leadership, education, collaboration, innovation, and evidence based medicine

Environmental Analysis

Measuring the true scope and depth of the United States and international Emergency Medical Service (EMS) Systems is extremely difficult due to the fracture of the national and international systems. The last major US profession snapshot was completed in 2011. At the time, there were over 21,000 licensed EMS agencies throughout the United States. However, more than half (51%) of these agencies are licensed as Basic Life Support systems. Interestingly, 40% of EMS systems are fire department-based and 33% of systems are volunteer. The best available estimates are that there are over 840,000 licensed EMS professionals and roughly 40%, or 336,000, are paramedics. While these numbers were last published in 2010 by the Bureau of Labor Statistics, 33 percent growth was projected by 2020, which would mean that today there are roughly 400,000 paramedics serving within the United States. Presently, there are no formal means of determining how many of these paramedics work in specialty care capacities. Specialty care capacities include critical care ground, air medical, and community paramedicine. Conservatively this should be 15% of the industry, or 60,000 individuals. While this exact number is unknown, the specialty care setting continues to grow rapidly.

There are several associations who indirectly provide services similar to those offered by the IAFCCP. These associations can be broken into two different groupings. The first group serves paramedics typically serving in a 911 capacity throughout the United States or in countries around the world, while the second group serves critical care transport providers that include paramedics. Associations in this latter group traditionally have focused on the industry as a whole or other critical care transport professionals as opposed to focusing on the advancement of paramedics.

The largest and most well-known United States paramedic association is the National Association of Emergency Medical Technicians (NAEMT). This association welcomes members of all prehospital specialties including both *emergency medical technicians* and *paramedics*. In 2016, NAEMT asserted that they focused their advocacy efforts on 12 U.S. Bills in the United States Senate, published 8 reports and position statements, taught over 94,766 students through their copyrighted certification courses, and offered their courses at 2,196 sites in 64 countries. Their instructor course is offered in both English and Spanish and is annually completed by nearly 4,000 individuals. NAEMT's efforts appear to focus on their U.S. government advocacy and the expansion of their specialty courses which currently include a specialty trauma course. By far, NAEMT's largest courses is Prehospital Trauma Life Support, taken by over 45,000 participants in 2016. There are rumors that NAEMT is working to develop a critical care medicine course similar to their other specialty courses, which are no more than 16 hours (2 days) in length. As of 2016 the NAEMT had 60,457 members, of which 9,743 were paid voting members; the remainder were new members who were "registered" by taking and completing one of their course offerings. The IAFCCP suspects, but cannot validate that many of our own members are also NAEMT members.

Other 911 focused associations include:

- Alabama EMT Association
- San Francisco Paramedics Association
- Minnesota Paramedic Association
- New Jersey Association of Paramedic Programs
- Oregon State Paramedic Association
- Wisconsin EMS Association
- Community Paramedic Association and Registry

Non-U.S. associations include:

- Ambulance Paramedics of British Columbia
- Paramedics Association of Manitoba
- Professional Paramedic Association of Winnipeg
- Paramedic Association of New Brunswick
- Nova Scotia College of Paramedics
- Durham Paramedic Association
- Ontario Paramedic Association
- Saskatchewan Paramedic Association
- Paramedic Association of Canada
- Paramedics Australasia

There are far fewer specialty care transport associations working internationally, and the largest similar association is the Air Surface Transport Nurses Association. ASTNA does welcome paramedics as non-voting members, ASTNA is known for their nurse advocacy and development of specialty certification courses. TPATC, Transport Provider Advanced Trauma Course, is ASTNA's most profitable course as it meets the advanced trauma course standard from the Commission on Accreditation of Medical Transport Services (CAMTS), for which there are few current course offerings. Previously ASTNA partnered with IAFCPP on a specialty certification prep course that is no longer offered. A relationship remains through the collaborative development of the core curriculum textbook.

Other specialty care transport associations include:

- Florida Air Medical Association
- Michigan Association of Air Medical Services
- Association of Air Medical Services
- Air Medical Physicians Association
- Association of Critical Care Transport

Continuing education for advanced care paramedics is a competitive industry. Currently 75 transport systems, education institutions, and for-profit education centers offer FP-C or CCP-C exam training courses approved by the International Board of Specialty Certification (IBSC). For-profit and single proprietors over 20 of these courses, which range in length between 16 and 60 hours with costs ranging between \$250 and 800. Both in-person and online courses are available, with most online courses being responsible for the higher cost prep courses. Currently it is nearly impossible to estimate the number of courses offered without IBSC approval. Most prep courses follow the IBSC FP-C or CCP-C content outline available online (<https://www.ibscertifications.org/exam/exam-preparation>). A content outline is also available for the certified community paramedic exam, however to date there are no IBSC approved prep courses.

Community paramedics were first envisioned in the 2004 report: Rural and Frontier EMS Agenda of the Future. Since then this niche specialty of advanced care paramedicine has grown at a rapid pace. Community paramedics provide on non-urgent patient care in the out of hospital setting with a focus that varies between cities. Most commonly, community paramedics focus on mental healthcare, preventing hospital readmissions among high-risk patient groups, and reducing repetitive 911 activation from frequent users. In part, due to this specialty's rapid growth, and lack of standard definition, community paramedicine continues to be poorly defined between cities and even states. However, community paramedics are a legitimate partner with the advanced care paramedic practice, in 2012 the

US DHHS published a community paramedicine evaluation tool, and the profession continues to receive significant state and federal funding. Further, the American Nursing Association has released a position paper identifying the role of the community paramedic as an important one in the healthcare setting; this position paper begs for standardized definitions for community paramedic training and practice. Community paramedics work outside of the 911 environment and focus on a thorough understanding of patient disease processes and must comprehend long term management, two aspects of medicine that align community paramedics within the specialty care paramedic realm. In 2016, the IAFCCP approved bylaw changes to begin advocating for community paramedics while providing them leadership and education opportunities becoming one of the first associations filling this need. However, the NAEMT has also begun community paramedic advocacy, and recently the Community Paramedic Association and Registry (CPAR) was established and is currently within the nursing network and has a mission of advocating for community health and excellence in community paramedicine practice. The CPAR is moving forward quickly but currently does not have recognition or a broad membership base.

Today's socio-economic and political climate must be considered when evaluating the environment in which specialty care paramedics operate. Today's market is demanding continuously enhanced measurable patient care quality, while insurance providers are challenging the costs associated with any prehospital patient care experience. Thus, the industry is experiencing reduced margins caused by reduced reimbursement rates from insurance providers. Potentially complicating reimbursement rates are the costs associated with increased training requirements of specialty care paramedics.

We learned through a 2015 IAFCCP ground critical care transport survey that 80 percent of reported employers do not pay costs associated with specialty certifications and training courses. Often these courses are expensive given the average paramedic hour rate range widely. The last critical care transport salary survey (Air Med Journal 2014, 33:6, 257-264) reflected a \$14-\$46/hr pay range.

The current United States political climate is evolving, and currently it is impossible to predict what may or may not change in regard to federal standards surrounding prehospital education and licensing requirements and reimbursement rates. Presently, the federal government sets standards in regard to prehospital training and vehicle design while states have jurisdiction over licensing and scope of practice. Importantly, the Recognition of *EMS Personnel Licensure Interstate CompAct (REPLICA)* recently gained an agreement from its 12th state, allowing the agreement to become law. The REPLICA agreement improves operability of prehospital professionals between states.

Based upon our understanding of the current prehospital patient care profession, and the external factors influencing its care, our association is making the following assumptions about the future of the industry:

- There will be a continuously increasing demand for specialty care trained paramedics working outside of the 911 environment
- The training and education requirements for specialty care paramedics will continue to grow
- Reimbursement rates for patient care experiences will decrease
- Paramedics employed as specialty care providers are likely to be required to fund education opportunities without employer support.
- Paramedics have their choice in associations representing their personal interests and will likely migrate to the association that provides them the clearest value for their time and money

SWOT Analysis

The following Strengths, weaknesses, opportunities, & threats assessment was completed April 2017 by the IAFCCP Board of Directors.

Strengths

- Designed, built and run by paramedics → focus on paramedicine
- Voice for specialty care paramedicine
- Close association with ISBC with representation on their board
- Strong executive director and leadership
- 30 years of history
- brand recognition in air medical transport profession
- Passion and organizational strength
- Shown adaptability with change in industry
- Consistent membership base over 2,000
- Attempt to promote the practice of evidence based medicine
- Pittman course and education in general
- Broad membership services
- Represent military
- Strong willingness to work with other groups / organizations.
- Where known, we are well liked.
- Only association focused exclusively on specialty care paramedics
- Member association of both CAMTS and CAMTS EU with board representation on both

Weaknesses

- Membership retention
- Disorganized state delegate plan
- Business development planning
- Prone to reactive decision making
- Industry penetration
- Difficulty with long term planning
- Low non-dues revenue
- Project completion
- Infrequent use of membership talent to further association
- Poor membership engagement
- Volunteer board
- High turnover of board...
- Lots of projects... no structure in deciding which projects go first
- No continuity in board turnover
- Poor Brand retention
- Marketing
- Poor membership feedback
- Do not engage all our disciplines
- Spend too much time on HEMS
- Not broad education offering (limited education and products)
- Poor Follow through

Opportunities

- Pittman Course
- CP Courses
- Education for membership
 - Information to share
- EMS world expo and other conferences
- Course gaps
 - Trauma
- Engage population with education
- Inform our population (members) of education opportunities
- Mobile APP for iphones and drones (i.e. critical)
 - Revenue
 - Education
- A monthly membership for app
- Accredited CE
- Investments of capital... manage finance
- International opportunities through liaison
- EMSWorld south America (EMS conference in South America)
- European meetings
- Marketing
- Community outreach (paramedic schools)
- Local level conferences (representation)
- State-level conferences
- International courses with Pittman in Europe and elsewhere
- Military FP-C opportunities for special ops personnel
- Grow courses that are relevant to organization needs (i.e. trauma program)
- Collaboration with organizations and industry leaders.
- Review book revisions

Threats

- Rapid expansion without clear plan
- Spreading out too thin
- Loss of recognized identity
- No means to prevent another specialty care paramedic association from being formed
- 100+ FP-C courses
- Competition with other organizations
- AMTC reputation reflects on our system.
- NAEMT critical care course
- Specialty care paramedic definitions are not standardized.
- National reimbursement models fractured
- Industry regulation and political climate
- Declining conference participation
 - Applies to both member and non-member paramedics at the critical care related conferences (AMTC, CCTMC)
- Increasing conference costs

Goals

The IAFCCP Board recognizes the importance of forwarding our association's mission through continued growth and projects designed to maximize our impact on the work of specialty care paramedics. To help guide our activities the board had formulated the following strategic goals:

1. Engage our association members with education opportunities designed to provide members tools for professional success.
2. Design association-related networking opportunities for each specialty care area we serve.
3. Encourage active membership involvement within the association
4. Communicate clearly the association's positions on industry challenges in a timely manner to association members, stakeholders, and key decision makers
5. Grow our presence within the international specialty care paramedic community
6. Ensure we maximize the value of member dollars spent on education, advocacy, and leadership development activities.

In an effort to meet our strategic goals, the association has developed the following goals for the next 5 years:

- 1-year goals
 1. Establish The Pittman Course as the FP-C/CCP-C review course of choice
 2. Update the AMTC contract to reinforce our commitment to AMTC success while exploring other conference support options
 3. Improve membership retention and recruitment
 4. Have delegates deliver measurable outcomes to association
 5. Form formal agreement with EMSWorld EXPO to support conference
 6. Reduce cost for conferences for association members
 7. Publish a definition of critical care paramedics (joint statement) and Develop networking strategy with state EMS Offices
- 3-year goals
 1. Create an interactive association APP
 2. Hold an international meeting
 3. Develop strategic business plan
 4. Develop a specialty trauma course
 5. Revise FP-C/CCP-C review Book
 6. Create a CP-C review course
 7. Co-sponsor a community paramedic event (training course, conference, etc.)
 8. Build Community Paramedic web opportunities and education page
- 5-year goals
 1. Improve paramedic industry penetration
 2. Develop strategy to accredit critical care continuing education
 3. Determine method for measuring and improving member engagement
 4. Improve the AMTC continuing education reputation
 5. Leverage our reputation for inter-association networking

Key Performance Indicators

Using Fiscal Year 2017 as a baseline, the following key performance indicators will be measured:

1. Number of Pittman Courses hosted by host programs/schools
2. Number of programs/schools committing to serve as Pittman Course Host site
3. Overall membership
4. Number of memberships expiring/not renewed per month
5. Number of new memberships per month
6. Number of international members
7. Number of IAFCCP members attending AMTC and EMSWorld EXPO
8. Number of states approached for specialty care paramedicine standardization
9. Number of states accepting assistance with specialty care paramedicine standardization
10. Number of visits to iafccp.org
11. Number of times IAFCCP is tagged on social media platforms

Target Audiences

During the next five years, the IAFCCP must focus its outreach and communication activities to current and new members. At all times, we must clearly communicate and engage existing members. In addition, this plan requires that we have target strategies for growing our U.S. and international membership base.

Growing our U.S. base requires engaging existing and aspiring specialty care paramedics. This means penetrating the classroom settings where students are first learning their specialty as well as engaging paramedics at conferences, on social media, and at their places of employment

In addition, we must focus activities on growing our international membership base. For the first 2 years of this 5-year plan, we need to focus on both European and South American growth. The rationale for this strategy focus is to capitalize on the development of CAMTS-EU and the existing interest we have had in membership activities from Caribbean and South American Countries. Looking beyond the first years of this plan, future growth activities are needed for countries with developed Specialty care paramedic programs.

Marketing Plan

1. In order to be successful in our venture to get Paramedics interested in our organization we need to put our name in front of them as they gain education.
 - a. Initial concentration of getting the Pittman Course out and functioning is vital to our financial survival. Tying a 1-year membership to the course fee would be a good strategy.
Course needs to evolve into multiple language formats to support our International members.
 - b. Having our association edit/contribute to/review and endorse/author all matters of texts and materials used by Paramedics; getting our logo placed on the materials.
 - c. We should try shifting focus away from AMTC towards other conferences more mainstream to Paramedics. I'm not advocating abandoning AMTC and CCTMC, but having a greater presence at other conferences that better cater to our prospective members.
2. To help increase participation, and local recruitment, we need to better empower our regions.
 - a. If we want to increase membership, we need to get our regions up and running and empower individuals to do things that will get our organization out in front of members and potential members. This means passing funds to the regions so they can get out and promote the Association. (A bit of a Catch22, I get it).
 - b. We need to do the same with our International region, empower and fund as well as participate. Again, a costly consideration that can be piggybacked onto the US regional initiative once it shows return on investment.
3. To recruit and especially retain members we need to show value.
 - a. Benefits show value for members, but what they want to see is how we are affecting their workplace. Empowering regions to take on local issues will help show members we are invested in them. Attending conferences at the State level could help show our support; but I suggest this expansion after refocusing on the other national level conferences). Tried and true State conferences like Texas as good to continue to support. Perhaps raffle off an iPad or something for those who join, or renew, their memberships at a conference.
4. In summary:
 - a. Place our logo (and name) in front of Paramedics so we can develop brand recognition. Get a regional (delegate) system going and empowered so we can be active on a more local level (and be accessible). Get our materials and course(s) translated so we can impact the international community.

Operations Plan

Accomplishing each 1, 3, and 5-year goal requires organization and a careful planning. The action steps in the following section are not comprehensive and may need to be changed, however, they lay the framework by which the association aims to move forward.

1. Pittman Course Expansion and Recognition as the Prep Course of Choice
 - a. Expand instructor pool to at least 15 qualified instructors who all report to the IAFCCP education committee with direct oversight from a Pittman Course committee. Each instructor must agree to all course policies and teach two annual courses (volume permitting).
 - b. Proactively seek out regular host sites, with a goal of at least 10 course sites by the end of 2018. Initial growth of the host sites should focus in the regions where course instructors live and work. No course site shall be given regional exclusivity with the exception of the school at which Corey Pittman founded his course.
 - c. The IAFCCP education committee will plan and host 1 regional course per quarter (4 per year) in addition to courses offered at conferences. These courses should align with transport programs or schools which will provide facility use without at reduced fees. In addition, a focused effort is to be made to reach out to each state EMS agency to host a course as a preconference to any state EMS Conference.
2. Increase Member Engagement
 - a. Implement the member medallion program to award association members for social media activities. Require participants to track their activity and proof on iafccp.org under their member login. Regularly post the leaders and their activities and provide quarterly and annual awards.
 - b. Update the IAFCCP.com calendar to include locations of members speaking at regional, state, and national conferences. Allow them to provide a link to their lecture for advertisement of attendance; and post on social media when their speaking engagement is approaching. In addition, create a pdf IAFCCP Member logo that speakers may use to show their affiliation with us.
 - c. Create a "request a speaker" link on the IAFCCP website and allow members to submit their names and credentials for topics of their specialty.
 - d. Highlight the Pittman Course instructors on iafccp.org
3. Increase member retention
 - a. Create an online option for membership applications to permit auto-renewals so their credit card is charged each year
 - b. Create and implement an APP for iphones and androids. Reach out to Past President Kelly Edwards to build application. The APP must drive requests for auto-renewals of memberships and post updates and education/learning opportunities and conferences
 - c. Create a membership committee comprised of one board members and up to 10 association members to evaluate and propose retention suggestions. Committee will meet electronically and via phone.
 - d. Recruit 4 association members to the education committee.
 - e. Prioritize the association's attendance at state level conferences to engage current members.
 - f. Add a membership meeting/event regionally throughout the year and also add a social event to each summer board meeting to welcome, meet regional members.

