EMS ACCREDITATION FACT SHEET

- At the present time, EMS is one of the few allied health care professions that does not require its educational programs to be accredited. To keep pace with other health related professions, accreditation of paramedic education programs is critical.

- Only 28% of states currently require national accreditation of Paramedic education programs and only approximately 31% of Paramedic education programs in this country are accredited.

- Accreditation is granted to EMS education programs through the review and recommendation of the Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP). The CoAEMSP operates under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), which issues accreditation to Paramedic education programs. CAAHEP is a non-profit, non-governmental agency, which reviews and accredits over 2000 educational programs in twenty (20) allied health science occupations and is the largest medical accrediting agency in the US.

- The primary purpose of program accreditation is student and public protection. This is achieved by providing an independent, external, objective peer- review of institutional and/or programmatic quality as compared with accepted national standards. This protects the students’ investment in their education by ensuring they graduate from a quality program and that instructors possess adequate qualifications to teach and the necessary academic credentials. Accreditation protects the public by ensuring they receive a minimum standard of care by individuals who are properly trained.

- Current research articles published in peer-review academic journals indicate an increased success rate on national certification exams from graduates of nationally accredited Paramedic programs.*

- The American Medical Association (AMA) has recognized the Paramedic as an allied health professional for over 25 years.

- Jack Trufant, Founding Member of the Board of Directors for CAAHEP states: “The maturation and growth of many health professions over the past half-century have been accompanied in nearly every case by the initiation of an accreditation process for their educational programs”. Mr. Trufant is also the former Dean of the College of Health Sciences at Rush University Medical Center in Chicago, and former President of the Association of Schools of Allied Health Professions.

- Jeffrey P. Salomone, MD, Associate Professor of Surgery, Division of Trauma/Surgical Critical Care, Department of Surgery, Emory University School of Medicine states: “The American public is best protected and served when they are cared for by individuals who are properly trained (in accredited institutions), certified as possessing the minimum level of competency (by a nationally accepted examination), duly licensed (by a state agency), and properly credentialed (by their service medical director).” Dr. Salomone is also Affiliate Faculty, Associate Professor, Center for Injury Control, Rollins School for Public Health, Emory University; Deputy Chief of Surgery
Talking Points for the EMS Education Agenda for the Future- A Systems Approach”, a document issued by the National Association of State EMS Officials (NASEMSO) in 2009, states: "**Individual state laws, rules and requirements remain the central authority for who is authorized to provide EMS education in each state.** States are free to establish or retain an approval process or course delivery that may be provided by an accredited educational program. The CAAHEP accreditation process is designed to supplement and support state EMS offices in providing clear standards and guidelines for delivering education. The CAAHEP process is not designed for discipline or enforcement. Individual states may have more specific requirements, or implement standards related to specific issues in their locale."

**HISTORY OF THE ACCREDITATION INITIATIVE FOR PARAMEDIC EDUCATION PROGRAMS**

- The Commission on Accreditation of Allied Health Education Programs (CAAHEP) Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions were initially adopted in 1978 as the Essentials/Standards of Accreditation. These Standards officially set the groundwork for accreditation activity.

- The National Emergency Medical Services Education and Practice Blueprint was released in 1993 by the National Registry of Emergency Medical Technicians (NREMT) defining an EMS educational and training system to guide the development of national standard training curricula.

- The EMS Agenda for the Future report was released by NHTSA in 1996. The Agenda was initiated by the National Association of State EMS Officials, and is a consensus document developed with input from major EMS associations in the nation. The widely endorsed document states that “EMS education programs should seek accreditation by a nationally recognized accrediting agency.” Since 1996, the strategic plan of the Board of Directors of the National Registry of Emergency Medical Technicians (NREMT), the national EMS certification agency, included an eventual implementation date for meeting the accreditation requirement outlined in the EMS Agenda for the Future.

- The EMS Education Agenda for the Future: A Systems Approach, released by the U.S. Department of Transportation in 2000, calls for "a single, nationally recognized accreditation agency."

- The 2006 Institute of Medicine (IoM) report Emergency Medical Services at the Crossroads recommends that: "**States should require national accreditation for paramedic education programs**" as part of a process of standardization in EMS education.

- In 2009, the Board of Directors of the NREMT voted to require paramedic applicants to graduate from a nationally accredited education program and will determine a date of implementation this year.

*“Estimating the Probability of Passing the National Paramedic Certification Examination”, Antonio R. Fernandez, BS, NREMT-P; Jonathan Studnek, MS, NREMT-P; Gregg S. Margolis, PhD, NREMT-P (2008).*

*“Program Accreditation Effect on Paramedic Credentialing Examination Success Rate”, Philip Dickison, RN, BBA; David Hostler, PhD; Thomas E. Platt, Med; Henry E. Wang, MD, MPH (2006).*

*“Strategies of High Performing Paramedic Programs”, Gregg Margolis, PhD, NREMT-P; Gabe Romero, MBA, NREMT-P; Antonio R. Fernandez, BS, NREMT-P; Jonathan Studnek, PhD, NREMT-P (2009).*

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