Position Statement

Oppose Proposed Degree Requirements for Accredited Paramedic Programs

The International Association of Fire Chiefs (IAFC) opposes the current movement to require a college degree to graduate from an accredited paramedic program. While we support the existing standard that "entry-level" paramedics graduate from an accredited paramedic program, we believe requiring a college degree, even if just for new programs, would end the ability for fire/EMS services to develop new education programs. This would leave colleges and universities as the only venue available for paramedic education and restrict a fire/EMS department's ability to recruit and train paramedics from the whole communities they serve.

Background

Some of the first paramedic services in the country began in fire departments. As the largest provider of Emergency Medical Services in the United States, the fire service has led the way on the implementation and utilization of paramedics to provide pre-hospital care. The Emergency Medical Services Section, on behalf of the IAFC, has been actively involved in providing information and coordination with national associations and the federal government on EMS issues, development and model implementations since 1989.

The discussion that Emergency Medical Services should be the same as other allied health professions discounts the fact that both fire and EMS agencies extensively use volunteer members to provide services to their communities.

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 Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP), working under the auspices of CAAHEP, represents the EMS profession and has for over 40 years since the paramedic was recognized as an allied health occupation by the American Medical Association in 1975.

In 2009, the EMS Section recommended the IAFC become a sponsor of the paramedic accreditation process and the IAFC remains today one of the 14 sponsors of the CoAEMSP.

In 2013, the National Registry mandated all paramedic students graduate from an accredited paramedic program. This essentially changed the status of accreditation from voluntary to mandatory.

The current standard for paramedic educations is: *"To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels."*

Rationale:

Mandatory accreditation of paramedic programs has only been required since 2013. The level of paramedic education is at the highest level ever. Students in the U.S. receive the most consistent education in the world, designed for the working paramedic and based on the accreditation standards. All paramedic program directors now meet the minimum standard of a bachelor's degree.

Entry-level paramedics are technicians that generally work on an ambulance. They are not usually supervisors or management level practitioners.

While EMS is considered an allied health field, it is unlike any other. EMS works outside of the traditional (hospital or health care) setting, providing care in austere environments using a variety of delivery models. Providers range from volunteer community members to paid career responders. Unlike other health care delivery systems, not all care delivered is reimbursed. No other allied health field makes any, much less the extensive use of volunteer providers as EMS, to deliver care in the community.

Paramedic care is an important part of the public safety network yet should not and cannot realistically be compared to other allied health fields or other public safety agencies, like law enforcement. The services provided, and the practice setting, is different in all cases.

Some would argue that a college degree makes a better paramedic, yet there is no direct evidence to support that statement. The general education classes required for an associate's degree have not been shown to increase medical knowledge or skills in core paramedic training. To date, there has been no discussion of additional medical training that might increase the skills and competencies of a paramedic; only suggestions that a college degree would yield better providers. This premise is wholly untested and has no direct supporting evidence.

EMS is not the same as nursing; comparisons of their education or salaries is not relevant. The reimbursement for services delivered by a primarily hospital-based nursing workforce and EMS are vastly different.

A degree requirement would restrict the number of paramedics that graduate. Shortages experienced by many fire agencies would become worse. The result would likely force fire departments and EMS agencies to drop their level of service from Advanced Life Support (ALS) to Basic Life Support (BLS), a change that would not be in the best interests of their communities.

The thinking that a smaller pool of available paramedics will drive up salaries is very likely flawed. The economics of EMS salaries is, in fact, not based on demand, but community resources, and the woefully low reimbursement received for transports.

In fact, if a service is unable to provide ALS, the level of reimbursement declines even further.

Efforts to model the U.S. after other countries for delivery of out-of-hospital care, especially in the realm of educational requirements is ill conceived. Socioeconomic and healthcare models are vastly different than those found in the United States. The concept of the paramedic started in the United States and remains the gold standard for advanced life support care. Instituting a college degree requirement would threaten its very existence.

Submitted by the IAFC EMS Section

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