

National Continued Competency Requirements  
(NREMT Recertification Requirements)

# TRAINING OFFICER GUIDE



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## **BRIEF HISTORY OF CONTINUED COMPETENCY FOR NATIONAL REGISTRY OF EMTS (NREMT)**

Since the registration of the first NREMT in 1971, EMS practice has evolved significantly. Over the last 42 years the EMS occupation has advanced from the provision of rudimentary care and transportation, to the delivery of sophisticated emergency medicine in the field environment.

The 2006 release of the National EMS Scope of Practice Model identified four levels of provider care.

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (P)

In 2009 the National EMS Education Standards were completed. These standards provided the educational topics and identified the depth and breadth of education necessary to bring entry-level providers to a competency level recognized in the National EMS Scope of Practice Model.

Since its inception, the National Registry of EMTs has been in the business of verifying entry level and continued competence. As the educational standards have evolved the Registry has carried out the task of updating the measurement of knowledge and skill for the EMS occupation. As entry-level requirements have changed, so too must the requirements for continued competency.

Ultimately the Goal of the National Registry of EMTs is protection of the public by assuring EMS personnel have the requisite entry-level knowledge and skill. Throughout the career of an EMS provider, the Registry establishes recertification standards to help assure that providers are competent and current in the art and science of pre-hospital emergency medicine.

Since the 1980s, recertification requirements were based on the premise that all providers completed the same “clock hours” of training. While it was permissible to adapt some training to local needs, the recertification process did not formalize it. Refresher content areas did not prescribe training over areas of practice where significant change had occurred. There was no method of self-assessment to identify weakness and direct self-improvement. Lastly, there was no venue for medical directors and systems to focus training on needs identified by the continuous quality improvement process.

## **PRINCIPLES OF THE CONTINUED COMPETENCY PROGRAM**

In 2010 a Task Force met to consider revisions of the National Registry of EMTs recertification process. The task force was a multi-disciplinary group comprised of representatives of the major regulatory, medical oversight and operational components of Emergency Medical Services.

During the 2000's continued competency was being addressed as a necessity for all medical specialties. The ongoing work of the American Board of Medical Specialties (ABMS) was reviewed by the Task Force. In summary they adopted five key principles identified by ABMS that should be adopted and included in the recertification requirements for the NREMTs National EMS Certification. These principles are:

- Professional Standing
- Practice Performance
- Life-long Learning
- Individual Continuing Education
- Self-Assessment

### ***Professional Standing***

For an individual to hold National EMS Certification he/she must not be barred from licensure/certification in a state. This is a critical element to assuring the public that EMS providers have not faced disciplinary action that would bar them from practice.

### ***Practice Performance***

Each EMS system in the US has evolved to serve the unique needs of its community or region. Competent care is delivered at the patient's side at the local level as part of a recognized EMS system. EMS systems assess competency by having continuous quality assurance programs (CQA). CQA is an element of most EMS services across the United States. All 50 state EMS systems are collecting run data and reporting the data to state and national databases via the National EMS Information Systems (NEMSIS). NEMSIS data, reported and analyzed at the local level provides valuable information about EMS system use, needs, and outcomes. When CQA and NEMSIS data are reviewed by local system administrators and medical directors, competency of both the EMS professionals and system performance are improved.

### ***Life-long Learning***

Initial training/education is intended to provide a base of knowledge and skill to assure safe entry-level practice. Continued competency must be maintained throughout a practitioner's career. Life-long learning is an individual and professional responsibility. EMS practice continually changes during a provider's career. The EMS Education Agenda for the Future: A Systems Approach involves a process of review based upon evidenced based medicine principles, changes in the practice analysis, and desired scope of practice changes via a consensus process. The American Heart Association changes their resuscitation guidelines on a periodic basis. Position papers that affect EMS care are published by many subspecialties in medicine. The federal government supports an evidence based medicine model for EMS. Competency covering infrequent skill and care delivery that is also highly critical to patient outcome is researched. Knowledge and skill degradation has been recognized in many professions. Changes in practice, expected practice and proven patient care outcomes necessitate an attitude of life-long learning as a principle for all EMS professionals.

### ***Self-Assessment***

EMS providers are expected to be competent over the entire clinical domain of emergency care. Measurement has proven to be a method to identify strengths and weaknesses of knowledge. Self-assessment is an accepted model to identify areas for self-improvement. Self-improvement is a professional responsibility. Continued competency programs require individual assessment and improvement in areas of weakness.

### ***Individual Continuing Education***

Improvement of self-assessed weaknesses must part of a continuous competency program. Continuing education, properly structured is a part of re-licensure and recertification. Education focused on areas of weakness has the potential to improve knowledge. Enhanced knowledge has the potential to improve performance. A self-assessment guide identifies areas of needed continuing education.

## **APPLICATION OF CONTINUED COMPETENCY PRINCIPLES IN NATIONAL EMS CERTIFICATION**

### ***Professional Standing***

Eligibility for licensure must be maintained in order to retain National EMS Certification. Every individual who possesses NREMTs National EMS Certification must be eligible and not barred from licensure in a state. The NREMT requires validation of current, unlimited state licensure as part of recertification.

All NREMTs must validate as part of recertification a current state license to practice.

### ***Practice Performance***

EMS care is delivered at the local level. National EMS Certification requires competency and education at the local level. Continuous competency to practice is validated by EMS supervisors or training officers at the EMT and EMT level. Continuous competency to practice at the AEMT and Paramedic level are validated by the EMS system medical director. In order to maintain National EMS Certification as an active provider an individual must be practicing in an EMS system or delivering advanced level skills in a health care system. EMS systems seek patient care and system delivery improvement. The NREMTs Continued Competency Program requires local EMS system needs assessment and education.

### ***Life-long Learning***

The NREMTs National EMS Certification Program requires lifelong learning as a part of continued competency. Patient care improvement is a goal regardless of the location of the patient. Citizens expect quality care wherever they live or travel. Evidence based medicine, changes in the scope of practice model, revisions of guidelines and clinical position papers are meant to be delivered nationally. Changes can only be known by providers when life-long learning is a part of the profession.

### ***Self-Assessment***

The NREMT will publish a self-assessment guide on its website every year. The self-assessment guide content will cover important concepts the EMS domain. Every registered EMS provider must complete the assessment guide within the last 6 months of their certification period. Assessment guide results are private to the individual. Aggregated EMS system results of the assessment guide (de-identified by provider) are available to EMS system training officers and medical directors.

All NREMTs who maintain National EMS Certification must complete the self-assessment guide within the last six months of their certification cycle in order to submit their recertification application.

### ***Individual Continuing Education***

Twenty-five percent (25%) of the NREMT Continued Competency Program education must be completed at the individual level. Assessment guide results will identify individual continuing education recommendations for the providers following recertification cycle.

## CONTINUED COMPETENCY PROGRAM REQUIREMENTS FOR THE NREMT

### Hours Required For Recertification

The NREMT provides National EMS Certification at four levels of care.

- Emergency Medical Responder (NREMR)
- Emergency Medical Technician (NREMT)
- Advanced Emergency Medical Technicians (NRAEMT)
- Paramedic (NRP)

The required hours of education vary at each level of care based upon the complexity of maintenance of continued competency, the invasiveness of the care provided, and the depth and breadth of their knowledge base.

The following chart lists the required number of hours of education at each level of National EMS Certification.

Provider Level	National Requirements (NCCR)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours
Emergency Medical Responder	8	4	4	16
Emergency Medical Technician	20	10	10	40
Advanced EMT	25	12.5	12.5	50
Paramedic	30	15	15	60

Topics included in the National Continued Competency Requirements are changed every five years based upon input obtain via a National Continuous Competency Assurance Program assembly convened by the National Registry of EMTs.

Prominent EMS physicians, EMS researchers, State EMS Officials, EMS Operations Chiefs/Supervisors, National EMS Scope of Practice Model panelists, topical experts and members of the NREMT Board of Directors comprise the panel that selects the topics. This group meets every five years following release of new guidelines from the American Heart Association.

Topics identified by the panel are then approved for inclusion into the NREMTs National EMS Certification Continuous Competency Assurance Program by the NREMT Board of Directors.

## **IMPLEMENTATION OF THE CONTINUOUS COMPETENCY PROGRAM**

### ***The Three Components of National Registry Continued Competency***

- NATIONAL Continued Competency Requirements (NCCR)
- LOCAL Continued Competency Requirements (LCCR)
- INDIVIDUAL Continued Competency Requirements (ICCR)

### **NATIONAL Continued Competency Requirements (NCCR)**

National Continued Competency Requirements are determined by the NREMT Board of Directors based upon widespread input from EMS researchers, EMS physician and EMS provider stakeholders. The NCCR comprises 50% of the overall requirements necessary to recertify. Topics in the NCCR are chosen among the following: evidence-based medicine, any changes in the National EMS Scope of Practice Model, science-related position papers that affect EMS patient care, topics which cover patient care tasks that have low frequency yet high criticality, and articles which improve knowledge to deliver patient care. The NREMT will provide the educational materials for this component to the EMS community as part of their mission - to protect the public.

The National Continued Competency Requirements for the North Dakota Pilot have been identified as

Emergency Medical Technician	Paramedic
<p><b>Airway, Respiration &amp; Ventilation: 4 hours</b></p> <p><b>Ventilation: 3 hours</b></p> <ul style="list-style-type: none"> <li>• Minute ventilation</li> <li>• Effect on cardiac return</li> <li>• Assisted Ventilation                             <ul style="list-style-type: none"> <li>◊ Assessment/when to vent</li> <li>◊ Respiratory failure– recognition, etc.</li> <li>◊ Adjuncts                                     <ul style="list-style-type: none"> <li>◊ ATV</li> </ul> </li> <li>◊ Positioning (adult &amp; pediatric)</li> <li>◊ Suctioning</li> </ul> </li> </ul> <p><b>Oxygenation: 1 hour</b></p>	<p><b>Airway, Respiration &amp; Ventilation: 4 hours</b></p> <p><b>Ventilation: 2 hours</b></p> <ul style="list-style-type: none"> <li>• Assessment/when to vent</li> <li>• Respiratory failure-recognition, etc.</li> <li>• Positioning (adult &amp; pediatric)</li> <li>• Suctioning</li> <li>• Minute Ventilation                             <ul style="list-style-type: none"> <li>◊ Effect on cardiac return</li> </ul> </li> </ul> <p><b>Capnography: 1 hour</b> (in-line, side stream, perfusing &amp; non. )</p> <p><b>Airway Management: 1 hour</b> (adult &amp; pediatric)</p> <ul style="list-style-type: none"> <li>• Intubation vs. supraglottic airway</li> </ul>

**Refer to Continued Competency Program Guide**

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<ul style="list-style-type: none"> <li>• Induced hypothermia</li> </ul> <p><b>Stroke: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Assessment (Stroke scale)</li> <li>• Oxygen administration</li> <li>• Time of onset (duration)</li> <li>• Transport destination</li> </ul> <p><b>Cardiac Arrest: 0.5 hour</b></p> <ul style="list-style-type: none"> <li>• VAD</li> <li>• Termination Decisions</li> </ul> <p><b>Cardiac Rate Disturbance (Ped): 1 hour</b></p> <ul style="list-style-type: none"> <li>• Tachycardia</li> <li>• Bradycardia</li> <li>• Irregular pulse</li> </ul>	<ul style="list-style-type: none"> <li>• Hemodynamics</li> <li>• Oxygenation</li> <li>• Induced hypothermia</li> </ul> <p><b>VAD: 0.5 hour</b></p> <p><b>Stroke: 1.5 hours</b></p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Oxygen administration</li> <li>• Time of onset (duration)</li> <li>• Transport destination</li> <li>• Fibrinolytics (checklist)</li> </ul> <p><b>Cardiac Arrest: 2 hours</b></p> <ul style="list-style-type: none"> <li>• Optimal chest compressions                             <ul style="list-style-type: none"> <li>◊ Depth, rate, recoil &amp; pause</li> <li>◊ Mechanical CPR devices</li> </ul> </li> <li>• Airway issues with cardiac arrest                             <ul style="list-style-type: none"> <li>◊ Halting CPR to intubate</li> <li>◊ Hyperventilation</li> <li>◊ Supraglottic vs. ET vs. BVM</li> </ul> </li> </ul>
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Emergency Medical Technician	Paramedic
<p><b>Cardiovascular—continued</b></p> <p><b>Pediatric Cardiac Arrest: 2 hours</b></p> <ul style="list-style-type: none"> <li>• Two-thumb encircling technique</li> <li>• Ventilation/Compression ratios <ul style="list-style-type: none"> <li>◊ One and two operator</li> <li>◊ AED</li> </ul> </li> </ul> <p><b>Chest Pain from Cardiovascular Cause (Adult): 1 hour</b></p> <ul style="list-style-type: none"> <li>• Nitroglycerin administration</li> <li>• ASA administration</li> <li>• Oxygen administration</li> <li>• Transportation destination</li> </ul>	<p><b>Cardiovascular—continued</b></p> <p><b>Cardiac Arrest (cont.)</b></p> <ul style="list-style-type: none"> <li>• Chain of Survival</li> <li>• Termination Decisions (Adult &amp; Pediatric) Criteria <ul style="list-style-type: none"> <li>◊ NAEMSP/AHA Position</li> </ul> </li> <li>• ETCO<sub>2</sub> changes during arrest and ROSC</li> </ul> <p><b>Congestive Heart Failure: 0.5 hour</b></p> <ul style="list-style-type: none"> <li>• Recognition</li> <li>• Treatment</li> </ul> <p><b>Pediatric Cardiac Arrest: 1.5 hours</b></p> <ul style="list-style-type: none"> <li>• Optimal chest compressions</li> <li>• Techniques</li> <li>• Ventilation/Compression ratios <ul style="list-style-type: none"> <li>◊ Single and 2-rescuer CPR</li> </ul> </li> </ul>

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	<p><b>ACS: 1 hour</b></p> <ul style="list-style-type: none"> <li>• 12 Lead Review</li> <li>• STEMI imposters</li> <li>• Oxygen administration</li> <li>• Transportation destination (systems of care)</li> </ul>
<p><b>Trauma: 2 hours</b></p> <p><b>CNS Injury: 0.5 hour</b></p> <ul style="list-style-type: none"> <li>• Sports injuries <ul style="list-style-type: none"> <li>◊ Concussion</li> </ul> </li> </ul> <p><b>Tourniquets: 0.5 hour</b></p> <p><b>Field Triage: 1 hour</b></p> <ul style="list-style-type: none"> <li>• CDC Trauma Triage</li> <li>• MCI (MUCC/SALT)</li> </ul>	<p><b>Trauma: 4 hours</b></p> <p><b>CNS Injury: 2 hours</b></p> <ul style="list-style-type: none"> <li>• Sports injuries <ul style="list-style-type: none"> <li>◊ Concussion</li> <li>◊ Helmet considerations</li> </ul> </li> <li>• ETCO<sub>2</sub> monitoring</li> </ul> <p><b>Tourniquets: 0.5 hour</b></p> <p><b>Field Triage: 1 hour</b></p> <ul style="list-style-type: none"> <li>• CDC Trauma Triage</li> <li>• MCI (MUCC/SALT)</li> </ul> <p><b>Fluid Resuscitation (phys/over-loading): 0.5 hour</b></p>

Emergency Medical Technician	Paramedic
<p><b>Medical: 6 hours</b></p> <p><b>Special Healthcare Needs: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Tracheostomy care</li> <li>• Dialysis shunts</li> <li>• How to deal with patient and equipment               <ul style="list-style-type: none"> <li>◊ (Feeding tubes, VP shunts, etc.)</li> <li>◊ Cognitive issues</li> </ul> </li> </ul> <p><b>OB Emergency: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Suctioning of the neonate</li> <li>• Neonatal resuscitation</li> <li>• Abnormal presentation</li> <li>• Nuchal cord</li> </ul> <p><b>Psychiatric Emergencies: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Patient restraint</li> <li>• Excited delirium</li> <li>• Depression/suicide</li> </ul> <p><b>Toxicological Emergencies: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Synthetic stimulants</li> </ul>	<p><b>Medical: 7 hours</b></p> <p><b>Special Healthcare Needs: 2 hours</b></p> <ul style="list-style-type: none"> <li>• Tracheostomy care</li> <li>• Dialysis shunts</li> <li>• How to deal with patient and equipment               <ul style="list-style-type: none"> <li>◊ (Feeding tubes, VP shunts, etc.)</li> <li>◊ Cognitive issues</li> </ul> </li> </ul> <p><b>OB Emergency: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Suctioning of the neonate</li> <li>• Neonatal resuscitation</li> <li>• Abnormal presentation</li> <li>• Nuchal cord</li> </ul> <p><b>Communicable Diseases: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Hygiene (hand washing, etc.)</li> <li>• Vaccines (CDC recommendations)</li> <li>• MRSA/Influenza               <ul style="list-style-type: none"> <li>◊ Public health—pandemics, reporting, etc.</li> </ul> </li> </ul>

**Refer to Continued Competency Program Guide**

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<p><b>Immunological Diseases: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Allergic reaction</li> <li>• Anaphylaxis</li> </ul> <p><b>Communicable Diseases: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Appropriate precautions</li> <li>• Hygiene (handwashing, etc.)</li> <li>• Vaccines (CDC recommendations)</li> <li>• MRSA/Influenza</li> <li>• Public health—pandemics, reporting, etc.</li> </ul>	<p><b>Pain Management: 1 hour</b></p> <ul style="list-style-type: none"> <li>• NAEMSP pain management</li> <li>• AAP pediatric pain management</li> </ul> <p><b>Psychiatric Emergencies: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Patient restraint</li> <li>• Excited delirium</li> <li>• Depression/suicide</li> <li>• Toxicological emergencies</li> </ul>
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Emergency Medical Technician	Paramedic
<p><b>Operations: 2 hours</b></p> <p><b>At-Risk Populations: 1 hour</b></p> <ul style="list-style-type: none"> <li>• Human trafficking (see DHS presentation)</li> <li>• Pediatric</li> <li>• Geriatric</li> <li>• Economically disadvantaged</li> <li>• Domestic violence</li> </ul>	<p><b>Operations: 2 hours</b></p> <p><b>At-Risk Populations: 2 hours</b></p> <ul style="list-style-type: none"> <li>• Human trafficking (see DHS presentation)</li> <li>• Pediatric</li> <li>• Geriatric</li> <li>• Economically disadvantaged</li> <li>• Domestic violence</li> <li>• LGBT</li> </ul>

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	<ul style="list-style-type: none"> <li>• Professionalism</li> <li>• Cultural competency <ul style="list-style-type: none"> <li>◊ Changing demographics</li> </ul> </li> </ul> <p><b>Crew Resource Management: 1 hour</b></p> <p><b>Role of Research: 0.5 hour</b></p>
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**SPECIAL NOTICE TO:**

**EMT-Intermediate/85s or Advanced EMTs**

To document your continued competency, you must complete the Emergency Medical Technician National Continued Competency Requirements **PLUS an additional 5 hours** of ALS EMS education to meet your NCCR requirement of 25 hours in addition to your LCCR and ICCR Requirements for a **Total of 50 hours**

## **LOCAL Continued Competency Requirements (LCCR)**

Local Continued Competency Requirements are developed and delivered at the local EMS level. LCCR represents 25% of the necessary requirements for all provider levels. The LCCR topics are chosen by local authorities (or State EMS Office, if applicable). These topics may include changes in local protocols, tasks which require remediation based upon a quality assurance system, and/or topics noted to be of importance based upon run data reported to the National EMS Information Systems from the local level. These topics are locally chosen and will likely be different for every EMS system in the nation.

Implementation of local competencies can occur via a variety of methods. Meetings of local EMS system authorities such as the Chief of Operations, Medical Director, Training Officers and other officials can occur where topics can be identified based upon known data regarding local care. Following these meetings, educational methodologies can be utilized to determine how and when to deliver education to all affected providers in an EMS system.

In some areas protocols are state initiated. When these are implemented education regarding changes can be used to meet the local competency requirements.

Below is an example of how one local EMS system implemented the local competency requirement:

- A meeting of the EMS Operations Chief, Medical Director, Training Officer and some EMS supervisors occurred
- Data regarding runs that were reviewed to improve local delivery of care was gathered and reviewed by these officers
- Data that was obtained based upon local EMS system runs over the past year was presented to these officers
- The Medical Director suggested changes in local protocols and/or suggested enhanced interventions within the state scope of practice
- EMS supervisors suggested topics based upon feedback they had received from EMS providers regarding their desires or weaknesses
- The committee reviewed all of the data and input and determines top priorities and corresponding topics to be placed in the upcoming years local competencies.
- The Training Officer contacted local medical authorities who had expertise over the topic, requested the Medical Director to participate and or assigned a willing supervisor to develop education delivery models based upon the identified topics.

During monthly in-services topics were presented by either, the local Medical Director, supervisor, educator, Training Officer or subject matter expert to present the topic.

A roster of who attended the lectures was maintained by the Training Officer who then entered the information on the NREMT website so that all who attended received credit for the hours toward meeting the local competency requirements.

### **Individual competencies**

There are two components regarding provider's individual competencies; one is via continuing education and the other regards verification of skill and practice competency.

#### ***Practice Performance competency is assured by two methods.***

Part One is validation of skills and attitude competencies by the local training officer.

Currently the following competencies must be attested by a Training Officer or Medical Director for each certified provider to upon recertification for every NREMT

- Patient Assessment/Management: Medical & Trauma
- Ventilatory Management Skills/Knowledge
  - Simple Adjuncts
  - Supplemental Oxygen
  - Bag-valve-mask device
  - Single rescuer CPR
  - 2-rescuer CPR
- Cardiac Arrest Management
- Hemorrhage Control
- Spinal Immobilization
- OB/Gynecologic Skills/Knowledge
- Communicating with patients
- Team work and diplomacy
- Careful Delivery of Service
- Patient Advocacy

Training Officers can utilize a multitude of methods to validate these competencies. Practical examinations are one method for the skills/knowledge. Quality Assurance/Quality Improvement processes will identify individuals who need remedial education over a skill, knowledge or attitude that may need completed prior to recertification. Direct observation is accomplished during ambulance observations of patient care. EMS systems may develop other methods to assure competencies. The expectation of validation of this part of the local requirements is that the EMT has not been identified to be incompetent over any of the above skills, knowledge or attitudinal behaviors without remediation.

Part two of the individual requirements regards individual education. Individual educational requirements are based upon completion of an assessment guide by the provider during the last 6 months of his prior certification period.

## **INDIVIDUAL Continued Competency Requirements (ICCR)**

Individual Continued Competency Requirements represent 25% of the needed education. For the individual's first ICCR, they may select any EMS related education. For following recertification periods, NREMTs will identify what these recommendations are based upon outcomes of a self-assessment guide (offered at no additional fee) on the NREMT website as part of the recertification submission process.

The assessment guide will help providers assess their knowledge and remediate any identified deficiencies over the EMS domain. The specific assessment guide results are provided only to the individual EMS provider; de-identified, aggregate data will be provided to Training Officers and **no actions** will be taken to restrict practice or certification of providers who need remediation. If no deficiencies are indicated, the EMS provider may select any EMS related education for their ICCR component.

Training Officers can use the aggregate assessment guide data provided by the NREMT to help structure an education program to meet the provider's individual requirements. For example, if you are a training officer responsible for a department with 30 providers that are due to recertify, and the NREMT reports that 2 of those individuals require additional hours in cardiology and 10 providers require additional hours in medical topics, then a meeting can be held with the medical director, educators, and subject matter experts to develop a program to deliver the needed education.

Individual recommendations may also be fulfilled by the individual provider by seeking education at local EMS education facilities, state or national conferences, via in-service training, or by CECBEMS accredited distributive education. Please remember that a provider cannot use distributive education for more than 1/3 of their total educational requirements.

In order to keep the individual provider's assessment guide results confidential, the NREMT cannot report aggregate results to an EMS Agency that has fewer than 10 affiliated providers.

Remember, individual continuing education hours are above and beyond the local competency education. A provider who obtains hours to meet local competencies cannot "double dip" those hours and use them again as individual hours.

## **The Self-Assessment Guide: Purpose, Use and Myths**

The results of the assessment guide are intended to improve knowledge and are not intended to result in revocation of certification or any other limitation on the right to retain certification. The guide is not a “practice” NREMT examination and is not available to candidates who are seeking National EMS Certification. Only current NREMTs or those authorized by the NREMT are allowed access to the assessment guide. Individualized assessment guide results will not be released to any person other than the individual provider.

An assessment guide is not a test! In order for something to be of use, the user must understand it’s development and purpose. The NREMTs recertification assessment guide has a number of purposes outlined below:

- The primary purpose is for the provider to assess themselves over the knowledge of patient care topics in EMS
- Another purpose is for the provider to identify any weaknesses they may have in their knowledge base
- When a weakness is present the EMS professional will target continuing education to strengthen that weakness
- If no weaknesses are identified, the EMS professional can choose any clinical topic available to him/her in order to complete the required individual requirements.
- The outcome of an assessment guide is for the EMS provider’s personal knowledge. The NREMT will not release the individual results to anyone!

### **What an assessment guide is not!**

- Assessment guides are not punitive. It has been designed to “guide” individual education
- Results on assessment guides have no impact on an EMS professional’s ability to continue National EMS Certification by the NREMT
- There is no “passing” or “failing” score on an assessment guide

### **What is the use of an assessment guide?**

- The NREMT placed an assessment guide within the recertification requirements so that EMS providers can assess themselves
- Following the close of the recertification period, the provider receives a message from NREMT which will tell them how their assessment results. Included in that message will be recommendations for their Individual Continued Competency Requirements (ICCR) for their next recertification cycle.

*A provider’s specific assessment guide results will not be communicated to anyone other than the provider!*

## **How an assessment guide is developed**

Committees of EMS providers, educators, and physicians will write the items in the assessment guide.

Items on an assessment guide will cover the range of expected knowledge for practicing EMS professionals. Many conditions will be presented. Items will range from very easy to very difficult. A provider is not expected to get every item correct! It will be “OK” to miss some. The assessment guide will be assessing the extent of a provider’s knowledge.

## **How will a provider take the assessment guide?**

- The NREMT will notify the provider via e-mail when the assessment guide is ready for administration. Reminder e-mails will also be sent
- The guide will be available via a pass word protected log-in on the NREMT website
- The provider will have 100 minutes to complete the guide

How well a provider did on the assessment guide will always be available to the provider via his/her pass word log-in on the website and e-mailed once in early April of a certification cycle.

## **What else should I know about the assessment guide?**

- This is an individual assessment guide
- The assessment guide outcome for all providers in an EMS system will be de-identified (providers name removed) and available to the agency training officer
- An EMS System Training Officer can only see their EMS providers de-identified results via the NREMT website
- An EMS System Training Officer can also see national and statewide assessment results via the NREMT website
- The aggregate results of an EMS service are being provided to the Training Officer so that they can establish continuing education at the service level to help providers obtain the individual continuing education requirements
- If a provider wants specific topical assessment that provides more detail on, for example, what specific part of cardiology they should cover to meet the individual requirements he/she should find a commercially available targeted assessment guide over cardiology.
- The NREMT assessment guide will not provide that level of detail. We are will not retain your specific score on items so we cannot tell you which items you got correct or which items you missed.
- Usefulness of aggregated assessment guide results and local options (agencies with 10 or more affiliated providers)

### **Ethical use of an assessment guide**

This is a personal assessment and not a group exercise. Individuals who are reported to the NREMT to have used outside resources or others to complete the assessment guide may be disciplined by the NREMT or denied recertification.

Administration of the assessment guide is regarded as a non-controlled self-assessment guide. If an EMS provider or system does not assure providers have individually taken the assessment guide or have passed around information regarding the content or perceived answers to items on the assessment guide this is improper behavior and is damaging to the underlying principles of individual assessment. If, this type of activity is reported to the NREMT via credible sources, the NREMT will contact the Chief of the EMS service to implement corrective action against those who participated.

## **ACCEPTABLE CONTINUING EDUCATION METHODOLOGIES**

Continuing Education may occur at the EMS system level with multiple EMS providers present or by individuals seeking to meet the recertification requirements. This guide includes types of education individuals or systems may use to deliver the education requirements.

When an EMS system hosts the education for groups of EMS providers they may encompass providers from multiple levels. Education does not have to be offered separately at each level. When groups of different levels of providers are present, the Training Officer should structure the course so that fundamental information is offered to all providers and then advanced level information regarding interventions can be offered to advanced providers toward the end of the educational offering. When topics are unique to a level only those providers need to be present.

Individuals seeking to meet the requirements may do so via offerings within their EMS systems or via other methods. Other methods may include:

- Structured Continuing Education
- Formal Training Programs
- Conferences and Symposia
- Nationally Recognized Continuing Education Courses
- Distributive Education (no more than 1/3 of total hours in all 3 categories)
- Case Reviews
- Grand Rounds
- Directed Studies
- Teaching

### **Explanation of Acceptable Education Methodologies**

#### ***Structured Continuing Education***

Structured continuing education is delivered via lecture presented by physicians, nurses with EMS experiences, state approved EMS instructors, or providers with expertise in the subject matter. Many states have rules which detail who may deliver structured continuing education. When a state does have these rules, all NREMTs must follow the rules of their states in order for the NREMT to accept their education.

Structured continuing education in the NREMT Continuous Competency Program must be at the depth and breadth required in the NREMT Recertification Instructional Guidelines available on the NREMT website. Conference lecturers, vendors of education and distributive education providers must include these guidelines in their presentation and inform attending NREMTs that this information is provided in the educational offering.

For ease of presentation vendors, instructors and lecturers should obtain the Continued Competency Instructional Guidelines via the NREMT website.

### ***Organizationally Structured Continuing Education***

An EMS agency, state or national conference, or a formal educational institution/continuing education provider may choose to provide a service to NREMTs covering all of the National Continued Competency requirements for recertification.

In an organizationally structured approach, the organization's Training Officer/Service Director can access the NREMT website to enter continuing education information directly into the NREMT's account. The individual NREMT can also enter their continuing education information/hours directly into their account.

### ***Personally Structured Continuing Education***

Personally structured continuing education may be achieved by a provider who familiarizes him/herself with the National Continued Competency Requirements and actively seeks out continuing education topics that are required for recertification. The provider who chooses to personally structure their National Continued Competency topics must be sure to cover each of the National topics required.

Personally structured continuing education can be obtained via conferences/symposia, distributive education (subject to limitation), nationally recognized continuing education courses, case reviews, grand rounds, sentinel event reviews or teaching provided this is approved by the Training Officer or Medical Director.

When a provider utilizes the personally structured approach, the individual should enter his/her continuing education information into their account on the NREMT website.

### ***Unaffiliated or Inactive Personally Structured Continuing Education***

Some individuals are unaffiliated with an EMS agency and are on "inactive" status. These individuals can meet the National Continued Competency Requirements via personally structured formal continuing education outlined above. Complications arise for these individuals to meet the local competencies. In these cases the unaffiliated and inactive provider will be required to double the number of hours required for individual requirements for a total of 30 hours for Paramedics, 25 for NRAEMTs, 20 for NREMTs and 10 hours for NREMRs.

### ***Formal Training Programs***

Some services may choose to deliver National and Local content by delivering comprehensive structured programs that meet the NREMT's National EMS Continued Competency Requirements and follow the instructional guidelines provided by the NREMT. Required training in this manner is often given in an "academy" format with staff members being taken off duty to attend mandatory training. This has the advantage of assuring the organization that all members complete their recertification training on a well-defined schedule.

### ***Conferences and Symposia***

Most conferences and symposia are lecture-based programs hosted by services, educational institutions, hospitals, or state/regional EMS organizations. Conference coordinators may offer topics included in the National Continued Competency Requirements provided the lecturer covers the topic sufficiently to assure the depth and breadth outlined in the NREMT offered Instructional Guidelines. When a lecture meets these guidelines, the conference coordinator should identify to those who attend that this lecture can be used to meet the NREMT recertification requirements. Conference lecturers may exceed the information outlined in these guidelines but must also include information that is in the NREMT instructional guidelines in order for it to be acceptable for recertification.

This method of completing requirements is typically self-directed and requires individual attentiveness to documentation to assure completion of recertification requirements. Providers should place the completion of this topic within his/her account on the NREMT website to be assured credit for attending.

### ***Nationally Recognized Continuing Education Courses***

A number of organizations such as the American Heart Association, National Association of EMTs, the American College of Emergency Physicians and the American Academy of Pediatrics have developed continuing education courses to improve the cognitive base of psychomotor skills in specific subject areas. These highly structured and intense programs contain many built-in mechanisms to ensure quality such as instructor credentialing, high quality educational support materials and measurement of course outcomes. Generally speaking these courses tend to review original training, may introduce new concepts and focus on the current trends in the management of patients. Some examples of these programs would include Advanced Cardiac Life Support, Pre-hospital Trauma Life Support, International Trauma Life Support, and Pediatric Education for Prehospital Professionals. In addition to EMS specific classes and certifications, many courses are developed nationally, and some are mandated for individuals working in EMS, public safety or health care settings.

Nationally Recognized Continuing Education courses can be used to fulfill a topic in the national continued competency requirements provided it meets the depth and breadth outlined in the Instructional Guidelines. These courses can also be used to meet the local requirements if mandated by the Training Officer or Medical Director. Individual Continuing education requirements based upon self-assessment examination results can also be met by attending one of these programs that cover a required area.

### ***Distributive Education***

Distributive education is defined by the Continuing Education Coordinating Board for EMS (CECBEMS) as "... an educational activity in which the learner, the instructor, and the educational materials are not all present in the same place at the same time. Continuing education activities that are offered on the Internet, via CD ROM or video, or through reading journal articles or listening to audio tapes are considered distributed learning."

To be used effectively, these programs must be developed by credible sources, be medically accurate and educationally sound. These programs should be accredited by states, CECBEMS or other accrediting bodies and include some form of outcome measurement.

Distributive education is acceptable method of attaining national, local and individual recertification requirements. However, no more than 33% of the total hours can be achieved by distributive education.

### ***Case Reviews***

Case reviews are frequently cited as part of the continuous quality improvement process. Often termed "run reviews," a case review should entail events leading up to the incident, patient assessments and management accomplished by the team, and disposition information regarding the patient. Case reviews should include pathophysiology of the condition of the patient, changes in the patient presentation based upon time or interventions provided, other measures that could have been provided to the patient, and follow-up information regarding the patient's in-hospital care. Selection of cases should be determined by system administrators and medical directors. Case reviews may include skill labs when appropriate. Identification of the providers who cared for the patient should not be provided. Case reviews are for educational purposes and not designed to admonish providers. Case reviews must protect patient privacy at all times.

A case review that is used as an educational opportunity to meet the national continued competency requirements must include within the lecture provided with the review the depth and breadth of information provided in the instructional guidelines. Case reviews used to meet local continuing education need to be selected and approved by system administrators or medical directors. When a case review is used for individual education to meet self-assessment requirements the topic of the case review must meet the topic required to recertify. Case reviews can be used as optional time for those who achieve success on the self-assessment guide.

### ***Grand Rounds***

Grand Rounds are an educational methodology used by physicians who are seeking continuing medical education. They typically take place in a hospital. EMS providers may attend these "Grand Rounds," with the understanding that all treatments discussed during the Grand Round may not be within their scope of knowledge and practice.

### ***Directed Studies***

Directed studies, i.e., “literature reviews,” can be a valuable learning experience. The review should be defined by an EMS Training Officer or Medical Director, and include a written analysis by the provider. Directed studies are best suited for providers who need individual attention or specific educational topics or who were unable to attend offerings provided by the EMS system. When using directed studies, the Training Officer must assure the readings cover the depth and breadth of a topic outlined in the instructional guidelines. Directed studies need to be hour-for-hour. A properly conducted directed study that is awarded one hour should take one hour to read. Oral questions regarding the reading should be asked of the provider to assure the accomplishment of the objectives of the directed study.

Directed studies are classified as “Distributive Education” and no more than one-third of the total required hours may be distributive education.

### ***Teaching***

Teaching topics within the National EMS Certification Continued Competency Program is the same as taking the topic. Teachers of the topics obtain the same credit as learners on an hour-for-hour basis.

### ***APPROVAL OF CONTINUING EDUCATION (CE)***

The National Registry of Emergency Medical Technicians does not approve or endorse EMS Education (initial or continuing).

The Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and state EMS offices approve and accredit continuing education offerings. CECBEMS has established a system for evaluating continuing education offerings and assuring potential attendees/participants of the quality of such activities. This process validates the educational integrity of activities and awards accredited continuing education hours to participants. CECBEMS requires the sponsoring agency to submit an application for approval of an activity for continuing education credit. All distributive education submitted for recertification must be approved by CECBEMS.

## **RECERTIFICATION METHODS**

There are two methods that may be used to recertify

- Documentation of continuing education
- Recertification by examination

### ***Continuing Education Method***

Use the NREMT online recertification process - login to your NREMT account, click on 'My Certification,' affiliate with your Agency (employer), document your continuing education, pay the recertification application fee and submit your records for your Training Officer/Medical Director to verify prior to March 31.

### ***Recertification by Examination***

Between October 1 and March 15 - complete a 'Recertification by Examination' application. The applicant will receive their Authorization to Test (ATT) letter in their NREMT account by the next business day. They will then schedule an examination with Pearson Vue and take the current National EMS Certification exam at their current provider level. Upon successful completion of the examination they will receive an abbreviated Recertification Form from the NREMT. The completed form (with required signatures) must be returned to the NREMT by March 31 of their expiration year.

- To be eligible for recertification an applicant must be actively working within an emergency medical service, or patient health care facility using your EMT skills.
- If an individual's employer requires NREMT certification for their continued employment, they should submit their application for processing prior to February 15, to assure processing prior to March 31.

Note: Some employers and states may have special requirements in addition to those of the National Registry.

### ***General Recertification Policies***

As in other professions in which the safety of the public is paramount, emergency medical services professionals need to meet competency requirements every two years to maintain National Certification. Keeping National Certification current attests to the public and employers that certified EMS professionals are prepared to provide competent and safe emergency medical care.

### ***Audits***

One (1) in 20 applications that are submitted to the NRFEMT is randomly selected for audit. If a provider receives a notification that their application was randomly selected, they must provide documentation that they have attended the classes that are listed on their recertification form. Documentation may consist of course completion certificates, training rosters, written verification from the training officer, or other proof as applicable.

The National Registry reserves the right to investigate recertification materials at any time from the certified EMS professional. Certified EMS professionals must retain verification of attendance of all education they acquire. Failure to submit verification or documentation when audited will result in denial of eligibility to recertify.

### ***Disciplinary Policy/Revocation of Certification***

The National Registry has disciplinary procedures, rights of appeals and due process within its policies. Certified EMS professionals applying for certification or recertification who wish to exercise these rights may obtain policy information directly from the NREMT or via this website.

### ***Inactive Status***

An inactive status is designated for certified EMS professionals who are not currently engaged in emergency medical service or working in the health/patient care activity. Educators, administrators or regulators who are not actively treating patients should also recertify as “Inactive”

Inactive status will be awarded only to those who have fulfilled National and Individual continuing education requirements. Inactive status only exempts the registrant from providing proof of affiliation and specific Local Continuing Education requirements. An individual will need to complete half of their continuing education hours over National EMS Continued Competency Requirements. The remaining hours will be completed as Individual hours and will be prescribed based on the self-assessment.

Only certified EMS professionals who can document a minimum of 6 months active affiliation with an EMS service may request inactive status. A certified EMS professional may not request inactive status in their initial recertification period if they have never been affiliated with an ambulance/rescue service or never functioned in a patient health care setting.

### ***Return to Active Status***

A Nationally Certified provider may request return to active status at any time they gain active affiliation within the EMS or patient healthcare setting.

Lapsed Certification If a provider's National EMS Certification has lapsed within a two year period or they are currently state licensed as an EMS provider, they can regain National Certification by documenting completion of the National Continued Competency Requirements and successfully completing the cognitive and psychomotor examinations. If a provider's EMS certification expired more than two years ago and they do NOT hold a state license to practice, they must complete an entire state-approved course and complete the cognitive and psychomotor examinations.