

Clinical Credentialing of EMS Providers

A joint position statement of the:

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and the

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The practice of Emergency Medical Services (EMS) Medicine is complex, dynamic, and diverse. This practice is historically built upon the domains of education, certification, and licensure. Though these domains remain continuously relevant, there is an equally compelling need for a fourth domain in sound medical practice: EMS provider credentialing by the local EMS physician medical director.

EMS providers acquire the cognitive knowledge and psychomotor skills of entry-level competence through completion of accredited education programs. Curricula standards for such programs are commonly based on such benchmarks as the *National EMS Education Standards* and the *National EMS Scope of Practice*. While such models identify the range of skills and roles that EMS providers at specified certification levels should be able to perform, they do not authorize the local practice of EMS medicine. Authorization to practice is a function of state licensure and local credentialing by the EMS physician medical director.

Assessment for safe, entry-level cognitive and psychomotor skill competencies is primarily accomplished through national certification processes or state/provincial examinations. Once certified, there remains a need for a focused, local standards of care-based assessment of EMS providers. Simply stated, the diversity of clinical and operational protocols, scope(s) of practice, and equipment across different EMS organizations necessitates the local/regional verification of the EMS provider's clinical and operational abilities. The process of credentialing must occur at the agency or EMS system level either by or under the direction of the local EMS physician medical director(s).

The process of credentialing specifically involves the attestation by an organization's EMS physician medical director that the EMS provider possesses required competencies in the domains of cognitive, affective, and psychomotor abilities. These aptitudes must be shown in the application of clinically oriented critical thinking, particularly in situations germane to that organization's local practice of EMS medicine. Both the initial and ongoing assessments of these competencies are important components in verification of the provider's continued competence.

The NAEMSP and NREMT believe:

- The EMS physician medical director must have final authority and accountability for credentialing of EMS providers providing care under their oversight. While the physician medical director may delegate evaluation of an EMS provider's competencies, the EMS physician medical director must be actively involved in the EMS organization's clinical credentialing process.
- Credentialing involves at a minimum 1) demonstration of sufficient cognitive knowledge; 2) demonstration of mature, responsible affective ability; 3) demonstration of a command of all involved psychomotor skills; and 4) integrating the three previous domains in the application of critical thinking in the provision of clinical care for all acuties of patients that may be reasonably encountered in the jurisdictionally relevant practice of EMS medicine.

- National certification is public attestation that the individual has demonstrated entry-level competence in the cognitive and psychomotor domains of EMS knowledge, skills and abilities. State licensure is provided through statutory authority conveying the privilege to practice in the specific profession. In most states in the US, NREMT certification is a requirement for state licensure. However, these processes do not ensure readiness to work at a specific organization. Credentialing and competency verification must occur at the organizational level. When paired with verification of an EMS provider's certification and licensure, credentialing helps to ensure the delivery of high quality, safe patient care by an EMS organization and its EMS providers.
- Credentialing processes must be fair, consistent, objective, and based on clearly communicated, evidence-based clinical performance standards that are accessible to any EMS provider seeking clinical credentialing from the EMS physician medical director.
- When individual provider shortcomings are identified during the credentialing process, the following should be provided to the candidate: feedback as to why an attempt at credentialing is deemed unsuccessful, plans for an appropriate degree of cognitive, affective, and/or psychomotor skill remediation, and opportunity for additional credentialing attempt(s), if and when reasonable.
- Credentialing processes should undergo continuous review to ensure such activities are adaptive to the evolving practice of EMS medicine.
- Credentialing processes may be useful in identifying systemic knowledge or skill gaps in an organization and can be used to drive clinical development curricula for the organization's EMS providers.
- An organization's EMS physician medical director may choose to establish clinical competencies required for credentialing apart from governmentally-regulated EMS scopes of practice. Credentialing competencies may or may not be more restrictive than indexed scope(s) of practice(s) developed on national, regional, state/province or other jurisdictional levels.
- An organization's EMS physician medical director may choose to establish different clinical competencies required for initial credentialing as compared with continued credentialing ("re-credentialing").
- EMS clinical credentialing is a process that substantively helps to promote the practice of EMS medicine on par with the legitimacy that hospital medical staff credentialing promotes the practices of hospital-based medicine.
- An EMS provider's clinical credentials may be granted for differing lengths of time. However, the public is best served when re-verification of a provider's cognitive, affective, psychomotor, and critical thinking skills, pertinent to relevant clinical situations, occurs no less frequently than every two (2) years.
- Credentialing is expected to occur in all organizations that provide emergency medical services. This includes organizations that are governmental (including fire-based agencies),

nongovernmental (including hospital-based agencies), privately-owned, volunteer-based, and in all other structures that provide emergency medical services by ground, air, or otherwise.

- The public is best served when EMS providers receive externally accredited education, are nationally certified, state or provincial licensed, and when credentialed by the local EMS physician medical director.