



National Association of EMS Physicians®

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The National Association of EMS Physicians Board of Directors has considered the recommendations made to NHTSA by the National EMS Advisory Council (NEMSAC) regarding nomenclature for the EMS profession. After careful deliberation and the polling of its membership it is providing the following response.

The recommendations articulated in the NEMSAC report are:

1. FICEMS and the DOT should officially recognize and use the term “paramedicine”, to describe the distinct discipline and profession which has emerged within the out of hospital health care field, moving forward. In addition, they should collaborate with the working groups on the revision of national documents such as, but not limited to, the EMS Agenda for the Future, to clearly designate the discipline.
2. FICEMS and the DOT should officially recognize and promulgate an all-inclusive standard generic term nationally to describe all health care providers performing within the field of paramedicine, regardless of certification or licensure. In addition, they should collaborate with the working groups on the revision of national documents such as, but not limited to, the *EMS Agenda for the Future*, to clearly designate the provider.
3. FICEMS and DOT should establish a Multidisciplinary Stakeholders Workgroup to create a nomenclature framework and develop a work plan to address the designation of provider level nomenclature.

Recommendation 1: Officially recognize and use the term “paramedicine” to broadly describe the out-of-hospital realm of healthcare.

- The National Association of EMS Physicians would support use of the term paramedicine to define the delivery of clinical care in the community by allied health professionals as defined by the providers’ state licensure, state scope of practice and with the oversight of a qualified physician.
- The National Association of EMS Physicians believes that the terms "paramedicine" and "emergency medical services" can co-exist in the profession's nomenclature. Paramedicine can be performed and will often be performed in the delivery of "emergency medical services".
- The National Association of EMS Physicians supports terms for professionals practicing in the out of hospital setting that are commensurate with their education and training. For example, whatever term is used by paramedics and EMTs that care for the acutely ill or injured, physicians practice medicine and nurses practice nursing, whether inside or outside the hospital.
- The National Association of EMS Physicians reaffirms that paramedics and nurses working in EMS systems provide clinical care that is authorized by their state-defined scope of practice, while utilizing approved clinical care guidelines, with the oversight of a qualified physician.
- The National Association of EMS Physicians hesitates to abandon the term “emergency medical services”. Delivery of emergency care is a core mission of

this profession. EMS is broadly recognized in the community and among community leaders. While types of non-emergent care that “assist individuals, families and communities in attaining, re-attaining, and maintaining optimal health” may also be delivered by these professionals, acknowledgment of the core mission in the name has value.

Recommendation 2: Officially recognize and promulgate an all-inclusive standard generic term for all healthcare providers performing within the field of paramedicine, regardless of certification or licensure (in the same way that the fire service is populated by firefighters, and the nursing profession is populated by nurses).

- The National Association of EMS Physicians could support use of a generic term (e.g. paramedic, medic, etc.) to generically describe professionals licensed by the state EMS office, if the state EMS office is in agreement.
- The National Association of EMS Physicians believes it will still be necessary to have professional designations that delineate the education, training and scope of practice of the provider.
- The National Association of EMS Physicians cautions that changes in nomenclature at the state level may require inordinate lobbying of state legislators to effect the change, especially in cases where the nomenclature is defined in statute.
- The National Association of EMS Physicians would not support the use of a generic term (e.g. paramedic, medic, etc.) broadly if the intent is to include practitioners that are licensed as physicians, nurses, or specific allied health professionals simply because they are delivering care in the “out-of-hospital” environment. These professionals’ licensure and their attendant scopes of practice should continue to be acknowledged.

Recommendation 3: Establish a multidisciplinary stakeholder workgroup to create a nomenclature framework and develop a work plan to address the designation of provider levels.

- The National Association of EMS Physicians supports the engagement of multidisciplinary stakeholder workgroups and commits to participation in workgroups convened by NHTSA to address these issues.