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June 4, 2021

To the NREMT Certification Committee

Dear Committee Members,

On behalf of the National Association of Emergency Medical Technicians (NAEMT), American Academy of Pediatrics (AAP), and American Heart Association (AHA), we appreciate the opportunity to comment on plans for the 2022 NREMT recertification cycle.

As three leading non-profit medical organizations whose missions are focused on optimizing health and well-being through education and advocacy for our constituents, we see firsthand how health professionals can play a powerful role in the care of a child or adult.

It is crucial for EMS practitioners to be prepared to perform life-saving critical skills when responding to a scene. These life-saving skills are mastered through necessary, repeated hands-on practice. In those critical moments when such life-saving skills are needed, having successfully demonstrated competence in those skills improves the likelihood that they will be performed correctly in life and death clinical situations, improving patient outcomes.

We believe that the U.S. EMS education community has the ability and capacity to provide the full spectrum of continuing education needed by practitioners, including skills practice and verification. While we understand NREMT's need to assess and modify its recertification policies for EMS practitioners during the pandemic, we have great concerns about any decisions that would permit the extension of requirements on distributive education for hands-on skills practice for another year. For example, if NREMT were to allow practitioners to recertify exclusively through "distance education" for the 2022 recertification cycle, many EMS practitioners may not receive any skills practice nor have their psychomotor competency verified over a three- to four-year time span. Particularly for low-frequency, high-acuity illness and injury, such as pediatric arrest, this would inevitably result in further skills decay in our EMS community, as well as the potential for negative patient outcomes in our most vulnerable of patients.

For these reasons, NAEMT, AAP, and AHA recommend that NREMT return to the recertification requirements that were in place before the pandemic.

We believe that under the right conditions and with appropriate parameters, online (asynchronous or synchronous) or virtual (live) education can provide EMS practitioners with a refresh or expansion of the cognitive knowledge they need to continue to provide quality care to their patients. However, we also recognize that there are limitations to both online and virtual education, particularly in the psychomotor and affective learning domains. We also believe that all continuing education—online, virtual, or traditional classroom—must require a means of student assessment. Without assessment, there is no assurance of practitioners' continued competency, the foundational purpose of all continuing education.

All three organizations have been carefully tracking course and student registrations and have noted an increase in registration totals that reached close to pre-pandemic levels in April. We expect that registrations will begin to exceed 2019 registrations by June. We also expect that other organizations providing EMS continuing education are experiencing similar trends.

We thank you for your consideration of our comment on this very important matter and stand ready to work with NREMT to help ensure that EMS practitioners can receive the continuing education they need to provide high quality care to all prehospital patients.

Sincerely,



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