

**Why Paramedic Program Accreditation Matters
and How it Could Matter More**

by Chris Caulkins

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This article addresses the current controversy over paramedic accreditation requirements in the United States.

Situation

In June 2022, the National Registry of Emergency Medical Technicians (NREMT) Board introduced a resolution that changes its position that examinees must complete their education from a program that is Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited and allows for the assessment of students having graduated from a paramedic program that has the approval of their EMS office (NREMT, 2022).

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), which conducts site visits and assessments for CAAHEP, has written a position statement in opposition to the resolution. The CoAEMSP (2022) maintains that,

CAAHEP accreditation is necessary for a well-prepared and qualified workforce in Emergency Medical Services. Thus, it stands firmly behind its mission and vision, and will continue to maintain the highest of standards for evidence-based accreditation as defined in the *EMS Education Agenda for the Future*.

Most people I have talked with are in the “oppose the resolution” mode, although there are obviously people also on the “support the resolution” side. EMS is a microcosm of society, so it is of little surprise that the situation has become rapidly

polarized. It seems polarization is just business as usual these days—and I, for one, think we need to bring the rational discussion back into play.

Background

A single accreditor was established in 1978, and until 2012, accreditation was voluntary (CoAEMSP, n.d.b.). This voluntary accreditation policy continued until 2013.

The 1996 Agenda for the Future called for increased reliance on accreditation processes that afford flexibility yet promote a minimum set of competencies (NHTSA, 2000, p. 11).

In 2000, a vision was advanced that “accreditation is applied to all nationally recognized provider levels and is universal. Accreditation is the major mechanism for verifying educational program quality for the protection of students and the public. Accreditation enhances the consistency of the evaluation of instructional quality” (p. 4).

The requirement that paramedic testers must have graduated from an accredited program began on January 1, 2013 (NREMT, 2022). This requirement is still in place as of this writing.

Research

The results of four studies indicate that accredited programs produce students with higher odds of becoming a paramedic and passing earlier than students not from accredited programs (Dickison et al., 2006; Fernandez et al., Rodriquez, 2016, 2018).

There are other variables that impact student success (Fernandez et al., 2008, Rodriquez, 2016). One could argue that those seeking accreditation are more interested in quality assurance, concerned about the success of its students, has a higher caliber of instructors, and is progressive overall.

Assessment

The issues most concerning to me are clique formations, monopolistic behavior, and lack of accountability. There are more issues, such as the arbitrary minimum competencies, but that is a more nuanced conversation I am choosing not to engage in at present.

Cliques

If you have been in EMS education very long, you know many of the national players. These folks have generally known each other for a long time, gone to school together, worked together, and may even be related to each other. Different factions form various cliques, also known as “good ‘ole boys clubs,” although women participate as well (just not as many of them). Cliques are often detrimental to the functioning of organizations, teams, and interpersonal relationships (Peretz et al., 2021).

The International Association of Fire Fighters (IAFF) proclaims it is “one of the most active lobbying organizations in Washington, DC” and “The IAFF Political Action Committee, FIREPAC, is among the top one-half of one percent of all federally registered PACs in the country” (IAFF, n.d.). Why is the IAFF on the CoAEMSP board? I would hazard a guess that someone knew someone and the adage “It is not what you know, but who you know that matters” is applicable. If union participation truly mattered, it would include EMS-only unions and not just one fire oriented group that is significantly engaged in politics.

Cliques conduct and condone activities that subvert policies, undermine an agency’s mission, or promote values contrary to those of the organization (Graham, 2020). Tactics include exclusion of certain people or groups, intimidation, and disregard

of dissent. Cliques often discriminate when other groups are unaligned with their beliefs (Tajfel et al., 1979).

Monopoly

CAAHEP accreditation has a monopoly. On its website footer, the CoAEMSP declares itself “The only nationally recognized accreditation available for EMS education is through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).”

Other healthcare educational programs have choices. For example, nursing programs can choose the Accreditation Commission for Education in Nursing, Commission on Collegiate Nursing Education, or National League for Nursing Commission for Nursing Education Accreditation (Council for Higher Education Accreditation, n.d.).

CoAEMSP’s gross receipts are \$11,200 - \$21,900 per program over the five-year accreditation period (CoAEMSP, n.d.a.). Site visitors (SVs) are volunteers. 22,540 SV hours were logged, and 139 visits were conducted, during 2018-19 (CoAEMSP, 2020). An annual conference grosses \$525 - \$1,000 per participant (CoAEMSP, 2022).

Board members and administrators boast of Hawaii site visits reserved for them—and have shown photos. SVs are largely ineligible—unless they are clique members.

Self-accountability

Unfortunately, the CoAEMSP too frequently does not follow its own standards, guidelines, and policies.

Site Visitor Requirements. SVs must be...

employed as an educator in a CAAHEP accredited Paramedic educational program, at least 30% employee to the program or if retired and not currently working in a CAAHEP accredited Paramedic educational program, has worked in EMS education within the past five (5) years (CoAEMSP, n.d.c.).

Too many SVs do not meet standards. There are people who retired from EMS over a decade ago who volunteer in various capacities for the CoAEMSP—including board members. How can SVs, staff, and board members be effective if they have not worked in EMS for some time? Technology, procedures, protocols, equipment, medications, and andragogy evolve and change at an ever-increasing pace.

PD Qualifications. Standard III.B.1.b. requires that a program director “possess a minimum of a Bachelor’s [*sic*] degree” from “an accredited institution of higher learning” (CoAEMSP, 2015). The interpretation of the standard notes that the institution’s accreditation is one recognized by the U.S. Department of Education (USDOE, 2015).

On one site visit, the director’s degree was from Antioch Bible College, which is accredited by the Accrediting Commission International. This accreditor is not a USDOE-recognized body and is noted as an “accreditation mill” by a watchdog organization (GetEducated.com, n.d.). After e-mailing the CoAEMSP, this was the reply.

The Standard speaks to "an accredited institution of higher education" and not the language we specifically refer to in the Interpretation of the USDE. In short, we need to look to tighten that wording up in the 2020 version of the Standards when they are next revised. So Kathy concluded that although it was problematic we were hard pressed to NOT approve it. In conclusion, we work hard to assure that these issues are mediated long before the SV but in this case your questions did allow us to fact check it and determine if we had done our due diligence. Don't allow this instance to defer your inquiry. Just chalk it up to even CAAHEP Standards require further tightening in the future. We will get there (G. Hatch, personal communication, November 19, 2016).

Over five years and five revisions later (CoAEMSP, 2020), this wording has not changed. Why should anyone care if a program is accredited by a USDOE-recognized accreditor? CAAHEP and CoAEMSP do not appear to care about accreditation on a college or university level, yet they argue it matters within paramedic programs. This is a rather hypocritical approach they are taking in arguing against the NREMT's resolution.

On August 15, 2019, I communicated the following to the CoAEMSP.

I feel obligated to let you know that our program still does not have a program director in spite of what the CoA has been advised by our administration. Our dean and CAO had planned to appoint [redacted] to the position and submitted

the paperwork to the CoA before he had actually been hired. In fact, the job offer to [redacted] was rescinded as facts about his work history at other institutions began to emerge. As a result, [redacted] never did any work for the Century EMS program, yet he continues to be listed on the CAAHEP site as PD—even days after the rescindment. As evidence, the staff directory does not reflect [redacted] as an employee and it is dubious as to whether the e-mail [redacted] was ever an active account. The directory can be found at [redacted].

This all means that our administration filed a false change of program director with the CoA in an effort to fill the position they were given 30 days by the CoA to meet (clock started July 1). Further, admin failed to notify the CoA that our program has no program director when their hire did not work out. As of this writing, there is still not a declared program director. In a previous meeting with our president, we advised that lack of administrative support was a concern that came out in the pre-SV surveys. Our president advised us that “we work these problems out internally” and not to discuss this with the CoA. An e-mail was sent to our union about this and the union supports faculty in not deceiving the CoA because, for the health and viability of our program, these are exactly the types of problems the CoA exists to ensure get addressed.

There is a lengthy, and documented, pattern of lack of administrative support. These documents are available to the CoA and SVs upon request. You will find there is an overwhelming preponderance of documentation supporting our

assertions. At the end of the day, politics aside, we have an obligation to serve our students, faculty, and profession in the most honorable and effective ways possible. Unfortunately, this is not the present situation we find ourselves in.

I was advised the college was fined. Fearing more ethical lapses, a colleague took the role. During our December 2019 site visit, the CoAEMSP chose not to address our administration's transgressions.

Our program got cited for inadequate secretarial support (second time). There is no penalty for the same citation on consecutive visits.

Another citation resulted from one nasotracheal intubation practice not documented in a random audit. Using the Six Sigma methodology, an acceptable error rate is 0.0004% (99.99966% accuracy, ASQ, n.d.). Our program had 100+ students during the review period. Using 100 for simplicity, our program must document 126 lab practice items per student (12,600 aggregate). One error means 99.9999% accuracy (0.000079% error rate). The Food and Drug Administration (2018) allows one maggot per 100 grams of pizza sauce—an error rate of 0.01% (accuracy of 99.99%). More maggots are in your sauce than undocumented skills in our program. In February 2022, I wrote the following to the CoAEMSP.

I am writing to express my dissatisfaction with the CoA. My experience as a site visitor, the way my complaint against our administration was handled ([redacted] got a fine and I got retaliation), and the way the last site visit to our facility was conducted is just too disheartening.

Our once great program has deteriorated into chaos and is no longer about caring for our students. I attribute this in large part to the CoA turning a blind eye, which has emboldened our administrators to continue their systematic denigration of our program, curriculum, and faculty. Accreditation is supposed to foster improvement, not destroy and harm.

Writing this e-mail to you and divulging our program's problems is a violation of my letter of expectation that states I shall not express grievances with our advisory committee, the CoA, or our clinical partners and stakeholders. The CoA allowed that to happen by their lack of sufficient response and avoiding uncomfortable, yet serious situations and conversations. Still, I will risk discipline because explaining my rationale here and now is the right thing to do--and I'm stupid enough to do it even though it could cost me my job.

The CoA, unfortunately, does not espouse the values I hold, nor does it largely adhere to the standards of its established mission, vision, and values. I am disappointed to have to relay that I have lost complete confidence in the CoA.

To that end I am resigning from being a site visitor, effective immediately.

“Thanks and I too am saddened to see you leave us and wish you well going forward. Stay SAFE and remain WELL!” was the reply (G. Hatch, personal communication, March 3, 2022).

Recommendations

I make the following recommendations based on my assessment. These recommendations are intentionally a high-level view and do not go into the smaller details.

- Allow more USDOE-recognized accreditors. Without competition, revenue overtakes quality.
- Accredite EMT and AEMT programs to produce better paramedic students.
- Reform CoAEMSP. Reassess and overhaul work to keep the evidence-based practices that are healthy, eliminate the biases and conflicts of interest, and hold it to its own standards.
- Put mechanisms in place to break up cliques, such as relationship disclosures, and deny political lobbying groups influence over accreditation.

Summary

The NREMT has proposed removing the requirement that paramedic exam candidates are only eligible to test if they graduated from a CAAHEP accredited program. CAAHEP and CoAEMSP oppose this change, citing the importance of accreditation.

Accreditation matters and is integral to producing quality paramedics and maintaining professionalism in the EMS field. However, the CoAEMSP has deteriorated into a monopolistic venture where revenue generation supersedes holding programs and the CoAEMSP itself accountable. The long history of the “good ‘ole boy” culture in EMS amplifies the problem and prevents it from being addressed adequately.

Allowing accreditation from other organizations and breaking up cliques and preventing their formation are critical actions. Competition breeds quality and accountability. EMT and AEMT programs should be accredited as those requirements would arguably be more effective at improving the quality of EMS practitioners. Waiting until one decides to be a paramedic to start insisting on quality is myopic at best—especially when many EMS providers never aspire to that level of education.

Let's see this situation as an opportunity for improvement rather than polarizing viewpoints. As with most things in life, the answer often lies somewhere in the middle. Given an accredited program's students achieve greater success, imagine how reforms will propel EMS forward. Accreditation is good. Responsive and accountable accreditation is outstanding.

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