Nomenclature of the EMS Profession

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INTRODUCTION

In 2017, the National EMS Advisory Council (NEMSAC) discussed the topic of EMS nomenclature at length and approved an advisory entitled "Changing the Nomenclature of Emergency Medical Services is Necessary." The council recommended adopting "the term 'paramedicine' to describe the distinct discipline and profession which has emerged within the out of hospital health care field." NEMSAC members also recommended adopting a single generic term to describe all clinicians working within this discipline and convening a stakeholder workgroup to create a nomenclature framework.[1]

In its 2017 advisory on EMS nomenclature, NEMSAC made three recommendations:

Recommendation 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.

Recommendation 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.

Recommendation 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.

After further engagement with the EMS community and in response to Recommendation 3, the National Highway Traffic Safety Administration (NHTSA) Office of EMS and the Health Resources and Safety Administration (HRSA) EMS for Children program brought stakeholders together to further discuss the issue of nomenclature. In 2019, representatives from more than two dozen organizations met in Silver Spring, Maryland, to discuss nomenclature in EMS.[2] Early on, the group decided to focus on the concepts presented in the first two NEMSAC recommendations, about using a new term (such as "paramedicine") to describe the profession and everyone who practices it, and to

[1] The National EMS Advisory Council (NEMSAC) was created in 2007 as a Federal Advisory Committee of EMS and consumer representatives. The council is authorized by Congress to provide advice and recommendations regarding EMS issues to the Department of Transportation and the Federal Interagency Committee on EMS (FICEMS).

[2] For a list of participants, see Appendix A.

defer any discussion about renaming the four national provider levels (i.e., emergency medical responder, emergency medical technician, AEMT and paramedic). This white paper is based on those discussions and subsequent teleconference meetings and written feedback, as well as previously published position statements and other materials.

BACKGROUND

Although ambulance services, rescue squads, mortuaries, fire departments and other organizations offered basic first aid and transport to hospitals, it was not until the 1960s that terms now associated with EMS came into use. Neither the landmark 1966 National Academy of Sciences white paper (*Accidental Death and Disability: The Neglected Disease of Modern Society*) nor the subsequent National Highway Safety Act included the terms "emergency medical services," "emergency medical technician" or "paramedic."

Over the last half-century, however, these terms have become recognized nationally. Most states and territories have encoded the terms in legislation and regulations, with many adhering exactly to the language adopted in national consensus documents, such as the EMS Education Agenda for the Future, and used by the National Registry of EMTs. Dozens of national organizations use these phrases in their names, from the National Association of State EMS Officials to the National Association of EMTs. Internationally, the terms are widely used as well, with many nations recognizing EMT and paramedic.

Many members of the public are not able to define the acronyms EMS or EMT. In a survey conducted by NHTSA in 2007, 42% of respondents aged 16 or older answered correctly when asked what "EMS" stands for.[3] At the same time, many people who don't know the meaning of the acronym "EMS" may still recognize that those terms refer to the people who show up when 911 is called and CPR or other immediate care is needed.

Yet some EMS stakeholders feel that confusion remains. In its advisory, NEMSAC pointed out the numerous ways EMS agencies identify themselves (e.g. mobile intensive care, medical transport, emergency medical services, ambulance services, fire and rescue, etc.). Much of the public cannot differentiate between paramedics, EMTs and other certification levels, and often use the terms interchangeably. When communicating about themselves, members of the profession struggle to use one unifying term, instead choosing phrases like "EMS providers," "medics," "EMS clinicians" or "EMS practitioners" when speaking generically about the EMS professionals certified at varying levels. This has been contrasted with the terms "nurse" and "nursing," which are used by nurses at all different certification levels and are generally understood by the public.

[3] https://www.ems.gov/pdf/research/Studies-and-Reports/MVO_Safety_Survey.pdf

In recent years, both before and after NEMSAC made its formal recommendations, several organizations representing different aspects of the EMS profession came out with statements or otherwise endorsed positions related to this topic. These include:

- The International Association of Fire Chiefs, whose board of directors adopted a position in 2017 stating opposition to "any efforts to change the name of EMS to 'paramedicine' and to call all EMS providers 'paramedics.'"[4] "It is the position of the International Association of Fire Chiefs (IAFC) that the common term 'Emergency Medical Services' (EMS) is the term recognized by the public to define out-of-hospital care provided by the current four levels of EMS providers," according to the statement.
- The National EMS Management Association, which approved a position statement in 2017 in support of "the term 'paramedicine' to describe the discipline and profession within which traditional prehospital medicine is performed."[5] The organization contended, "We will serve ourselves and our profession best by uniting under one flag. The flag of Paramedicine."
- The International Association of Firefighters (IAFF), which adopted a resolution opposing any efforts replace the term "emergency medical services" with another term or to chance the current naming structure of the four national levels of EMS clinician certification.[6]

As for where individual members of the profession stand, no clear mandate for change exists, but there is also no unified stance against new terminology. In a 2018 survey of its members, the NAEMT asked people to respond to the following statement: "Some national EMS leaders have suggested that it is time for our profession to reconsider our name. The term 'EMS' is used by government at the state and federal levels to describe the system of care provided by emergency dispatch centers, EMS agencies, hospitals, urgent care centers, and other providers." Among the 1354 respondents, the most popular response was to continue to use the term "EMS" to describe the profession. However, there was nearly equally strong support for conducting a study to further identify the potential benefits and challenges of nomenclature change, as well as significant support for using the term "paramedicine." [Reference – courtesy NAEMT]

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[4] https://www.iafc.org/docs/default-source/1assoc/iafcpositionnomenclatureems.pdf

[5] https://www.nemsma.org/images/pdfs/Position-Paper-Paramedicine-Nomemclature-Final.pdf

[6] https://convention2018.iaff.org/wp-content/uploads/2018/08/16.ADOPTED-Opposition-to-Changing-Common-Nomenclature-of-Emergency-Medical-Services-EMS-to-Paramedicine-in-the-United-States.pdf

Similarly, in the recent 2019 EMS Trend Report published by EMS1.com, which surveyed nearly 3,000 EMS professionals, about two-thirds of field providers said the term “EMS” should continue to be used to describe the profession. “Paramedicine” had less support, with about one-fifth of all respondents preferring the term.[7]

WHAT ARE WE NAMING?

While the position statements cited above might imply an impasse unlikely to be resolved, it was also clear early on in stakeholder discussions that there were differences in opinion not only about what term to use, but about what that term would refer to. For example, even defining “emergency medical services” is not simple. To some stakeholders, it means the organizations that respond to medical emergencies in ambulances, fire engines, law enforcement cruisers and other “first response” vehicles. To others, EMS includes the entire system of care: the first responders and transport agencies, hospitals, trauma systems and even post-acute care facilities.

The same is true for labeling the individuals who are part of EMS. “EMS clinician” can mean the four national levels of certification typically associated with EMS: emergency medical responder, emergency medical technician, advanced EMT and paramedic. It could also potentially refer to other providers who are part of an EMS “system,” including nurses practicing on ambulances and in helicopters, to EMS physicians, trauma surgeons, and other levels of healthcare practitioners caring for the acutely ill and injured.

As many traditional EMS organizations and clinicians expand their services to include community paramedicine and other “non-emergent” activities, defining “EMS” appears more difficult for many members of the profession. During the stakeholder meeting, there were attempts at describing what “emergency medical services” specifically refers to. Some suggested it is an umbrella term that includes all the services potentially provided by paramedics, AEMTs, EMTs and EMRs, while others felt it was more specific to activities related to emergency response. Others reasoned that while EMS is the “core” of the profession, it does not necessarily include the other services now provided. Many stakeholders felt the roles will continue to expand as healthcare evolves, with these practitioners possibly serving as “physician extenders” for primary care and specialists.

This question—exactly what proponents of terms such as “paramedicine” or “mobile integrated healthcare” are trying to name—is at the heart of this debate. Most if not all attendees agreed that the core skills of the profession are and should remain the provision of emergency medical care in the out-of-hospital setting. However, some feel there is a need for terminology that refers to the entire domain of practice for these clinicians and distinguishes them from other

[7] EMS Trend Report 2019

providers, including nurses and physicians, who might also provide care as part of the EMS system.

Members of the Stakeholder Working Group in favor of using a single term other than EMS to describe the discipline stressed that they were not calling for the elimination of the phrase “emergency medical services.” Instead, they advocated for the use of a term such as “paramedicine” to describe the practice of the people with paramedic and EMT certifications who provide protocolized health and medical care under the direction of a physician. “EMS” could still be used to specifically describe the system that prepares for and responds to emergency medical incidents.

That the terms EMS and paramedicine *could* live side-by-side seemed generally acceptable to the stakeholder working group, but whether they *should*—and whether there was any need for “new” or additional terminology—remained a point of disagreement.

THE CASE FOR A NEW TERM

One argument favoring adoption of a term other than “EMS” held that future roles of paramedics and EMTs could expand, making the term “emergency” less relevant. Examples could include paramedics and EMTs serving as “physician extenders” for primary care and other specialties, especially if the movement to divert people from the hospital continues influencing healthcare. At the stakeholder meeting, for example, some representatives of paramedics who perform interfacility transports, both ground and flight, pointed out that the term “EMS” is often used to refer to the 911 system, not the disparate role that paramedics and EMTs play in healthcare outside of that system.

Frequent comparisons are made to nurses and physicians. No matter where nurses practice, they are practicing nursing—in a doctor’s office, a helicopter or an intensive care unit. Physicians practice medicine, whether they are on an ambulance, deployed with a military unit or in the operating room. Do paramedics and EMTs practice EMS? Are they practicing EMS even in another setting, such as a physicians’ office or urgent care clinic? Proponents of using the word “paramedicine” say it is necessary to help define and advance the profession of the specific individuals certified as paramedics, EMTs, AEMTs and EMRs.

Advocates for a new term also point to moves in other countries, including Canada, the United Kingdom and Australia, to introduce new terminology as part of an effort to rebrand and professionalize the role of the EMS clinician. For example, the EMS Chiefs of Canada, an organization representing leadership of EMS agencies across the country, changed its name to the Paramedic Chiefs of Canada several years ago, and the largest EMS conference in Canada is known as the Paramedicine Across Canada Expo. Canada now has multiple levels of paramedic, including the primary care paramedic (PCP), the advanced care

paramedic (ACP) and the critical care paramedic, and the country also maintains the emergency medical responder (EMR) designation.

THE CASE AGAINST A NEW TERM

Emergency medical care continues to be at the core of EMT and paramedic training and practice. As long as that remains the case, the term “emergency medical services” remains an appropriate way to describe the practice of these clinicians, many stakeholders said. Using a term that does not acknowledge that core service could distance the profession from its central reason for existence, potentially damaging the work the EMS community has done to earn the public’s trust and support over the last half-century.

Using a new term to describe the discipline practiced by EMS clinicians would require educating the profession and, eventually, the rest of healthcare, public safety and the public. “EMS” has become a well-known term, even if people don’t understand exactly what it means--and the “brand” could evolve without losing the name, much like AT&T or IBM. Few people know what those abbreviations mean, or that they no longer describe the work those companies do, yet they know what they “stand for” as a brand. There was discussion about how the fire service and law enforcement brands have existed for hundreds of years; that EMS was relatively new and needed time to become as familiar to the public.

Opponents of introducing any new terminology said that the debate itself was about an identity crisis that doesn’t exist. With other pressing issues facing the profession, introducing new terminology was only a distraction from the more significant challenges facing local EMS systems across the country.

THE LOGISTICAL CHALLENGES OF CHANGE

Stakeholders across the board agree that introducing new terms could potentially present logistical challenges and would not be easy. The extent of those challenges was where opinions differed.

Stakeholders disagreed on whether regulatory or legislative change would be required to adopt a new term such as “paramedicine” to describe the domain of practice, for example. Already, some national organizations are using the term, without any obvious legal or regulatory consequences. However, more extensive adoption and use by local services or organizations could potentially raise concerns. Any changes to provider-level nomenclature (e.g., “paramedic,” “EMT”) would clearly require legislative and regulatory changes in most if not all states.

Opponents also contended that other logistical and financial hurdles existed, some as basic—yet costly—as changing labels on apparatus and uniforms or amending policies. Advocates for adopting new terminology stated that a new phrase to describe the domain would not require immediate changes at the local

level, where agencies could still describe their services as EMS. Instead, they said, the new term would fill a void to describe something that has no appropriate term currently. In addition, any changes could be phased in over a generation. Advocates for changing the terminology used to describe the domain of practice and individuals who practice it said that logistical challenges should not prevent the profession from preparing for its future, while putting off the conversation any longer would only reinforce the status quo.

CONCLUSION

The Nomenclature of the EMS Profession stakeholder working discussed issues that strike at the heart of what the profession is and what it will become. While there was no consensus, there were several organizations that expressed interest in further discussing the issue and potentially finding middle ground. At the same time, some organizations made it clear that considering any nomenclature changes or additions at this time was unnecessary.

What was agreed upon was that regardless of terminology, EMS stakeholders should find ways to work together to ensure our partners in healthcare and public safety, as well as the public, better understand what EMS is and the value it provides.