



Est. 1974

NYC REMAC

Advisory No.	2018-05		
Title:	Modified CME Requirements for Paramedics		
Issue Date:	May 3, 2018		
Effective Date:	Immediate		
Supersedes:		Page:	1 of 4

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The Regional EMS Medical Advisory Committee of NYC has recently modified the Continuing Medical Education requirements for paramedic providers.

The updates to the Certification & Credentialing Manual are demonstrated in the following pages with explanations regarding the changes and the operational implementation.

The REMAC ALS Certification & Credentialing Manual will be posted on the REMSCO website.

Current Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org. Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, FACEP
Chair, Regional Emergency Medical Advisory
Committee of New York City

Marie C. Diglio, EMT-P
Executive Director Operations, Regional Emergency
Medical Services Council of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

REMAC Advisory 2018-05: Modified CME Requirements for Paramedics

Regional EMS Medical Advisory Committee of NYC
Certification & Credentialing Manual
Continuing Medical Education Modifications

2.2 CME HOURLY REQUIREMENTS

2.2.1 **Category A:** Physician Directed Call Review, 36 hours (at least 12 hours of Prehospital Care Report Review)

- A. Prehospital Care Report Review;
- B. Quality Assurance/Improvement Review;
- C. Emergency Department Teaching Rounds;
- D. On-Line Medical Control Rotation;
- E. **Direct Patient Care Post-Interaction Education:**
 - 1. **Case-Based Journal Article CME by agency Medical Director (or designee)**
 - 2. **Case Write-up of Actual Patient by treating Paramedic with submission to agency Medical Director (or designee)**

2.2.2 **Category B:** Alternative Source CME, 36 hours (maximum of 12 hours in any one venue):

- A. Online CME: recommended providers posted on REMSCO website. Any non-recommended provider requires approval by the Certification and Credentialing Subcommittee Chair or designee.
- B. Clinical rotation, as approved by the service Medical Director;
- C. Lecture, conference or symposium;
- D. Journal article CME with completion certificate;
- E. Associated Certifications: e.g., BCLS / ACLS / PALS / NRP / PHTLS.

1.10 Notable Changes

- Nomenclature Changes to 2.2.1 and 2.2.2
 - “Category A” now represents all methods of physician-directed review of patient care. These should be performed by the agency’s REMAC approved Medical Director and/or their designee.
 - “Category B” now represents all didactic, non-patient care, related education.
- New Methods of CME
 - Category A, point E is a new initiative in distance learning for the region.
 - Number 1: Case-Based Journal Article CME by agency Medical Director (or designee)
 - Number 2: Case Write-up of Actual Patient by treating Paramedic with submission to agency Medical Director (or designee)
 - A more detailed explanation of the two new forms of regional CME is listed below.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

REMAC Advisory 2018-05: Modified CME Requirements for Paramedics

- Online CME
 - To enhance quality of Online CME, recommendations for the online providers will be posted on the REMSCO website via the Training & Education committee.
 - Agency Medical Directors and their designees should be aware of which programs their providers are securing Online CME hours through.

Case-Based Journal Article CME

*The expectation for the first new method of CME hours is physician-led education via a distance-learning model **with a post-event competency to validate paramedic completion**. An example of this is the medical director publishes a case-based CME, i.e. a Call Review lecture slide set, through a learning management system with a post-event competency. This is not meant to replace live attendance at Call Review lectures, which is preferred, but to enhance the ability of paramedics to obtain call review that may have been delivered already. Hours should be on an hour-for-hour basis similar to Call Review.*

Case Write-up of Actual Patient by Treating Paramedic

The expectation for the second new method of CME hours is paramedic-led offline education with submission of a write-up to the agency Medical Director for attestation of study hours on an actual patient they treated. The ePCR should be included in this write-up, as well as a discussion of the with the treatment decisions made including the varying differential diagnoses. Emerging topics as well as current literature should be part of this write-up and the agency Medical Director should strive to provide the patient's outcome if possible.

Hours assigned for the activity are at the discretion of the agency Medical Director but should reflect appropriate time spent by the paramedic studying their call.

Despite this additional methods of obtaining CME hours, the CME verification letter for the REMAC exam remains at the discretion of the agency Medical Director.

1.10 Unchanged Items

- The hourly requirements for both types of CME remain unaffected.
- The expectations for Category A CME, points A through D, are unchanged.
- The expectations for Category B CME, points A through E, are unchanged.

2.3 CME PROVIDERS

2.3.1 NYC REMAC Accreditation

- A. Nationally recognized emergency medicine and EMS organizations such as the American Medical Association (AMA), American Academy of Emergency Medicine (AAEM), American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP), NYS DOH, and REMSCO are accredited by NYC REMAC to provide CME.
- B. To receive NYC REMAC CME accreditation, other agencies must be pre-approved by the NYC REMAC Certification & Credentialing Subcommittee.

2.3.2 Lecture, conference and symposium guidelines:

- A. Lecture time will be accredited on an hour-for-hour basis if provided by a REMAC approved Medical Director**
- B. Instructors may receive CME hours for lecturing on topics with the prior written approval of the Certification & Credentialing Subcommittee.**

1.11 Notable Changes:

- **2.3.2 Lecture, Conference and Symposium Lecture Time**
 - REMAC approved Medical Directors are the subject matter experts in prehospital care in this region. Their lecture CME time will be hour-for-hour as the content is based in enhancing EMS education.
 - There is no need for a REMAC approved Medical Director to submit their CME provision to the Certification & Credentialing Subcommittee for pre-approval.
 - Lectures provided by other instructors may be subject matter experts in a myriad of other fields of medicine. These educators are likely to involve prehospital care as well, but their expertise is not as prehospital-specific as that of the EMS Physician.
 - Instructors that are not REMAC approved Medical Directors must get prior approval from the Certification & Credentialing Subcommittee for hourly assignment of their CME content.

Questions about these changes can be directed to the NYC REMAC Certification & Credentialing Committee.