

Washington State Department of Health
Office of Community Health Systems

OPEP Plan Development Guidance



DOH 530-234 October 2024

History

In 1989, the Washington State Legislature mandated the “adoption of requirements for ongoing training and evaluation, as approved by the county medical program director, to include appropriate evaluation for individual knowledge and skills. The first responder, emergency medical technician, or emergency medical services provider service may elect a program of continuing education and a written and practical examination instead of meeting the ongoing training and evaluation requirements,” RCW [18.73.081](#)(3)(c). The term first responder is known as emergency medical responder (EMR).

This legislation resulted in two methods for EMS providers to obtain education to meet recertification requirements. These include:

1. Continuing medical education (CME), which requires providers to complete written and practical skills certification examinations at the end of their certification period.
2. Ongoing training and evaluation program (OTEP), which includes ongoing written and practical skills evaluations as part of the training program.

In 1996, a pilot program was applied for and approved by the Department of Health (DOH) to allow Dr. Lynn Wittwer, Clark County Medical Program Director, to conduct a pilot OTEP program for Clark County paramedics. Upon conclusion of the pilot paramedic OTEP program and review by the DOH Licensing and Certification EMS Advisory Committee, it was recommended to expand the OTEP process to include advanced emergency medical technicians (AEMT) and EMT-paramedic certification levels, which is permissible under RCW [18.71.205](#).

The development of "OTEP" for all levels of EMS personnel recertification is intended to:

- Reduce "test anxiety" associated with the written and practical examinations.
- Assist department or service "in-house" EMS training.
- Assist departments with large numbers of volunteers.
- Provide a program based on positive reinforcement in education and evaluation.
- Simplify the recertification.
- Provide an alternative to departments or agencies that find it challenging to schedule personnel for formal practical and written examinations
- To help people who desire to maintain National Registry credentials meet the reregistration requirements.

General education requirements for recertification are listed in [WAC 246-976-161](#). These requirements consist of education that must be obtained during a provider’s certification period. Although this specific education requires providers to maintain competence in these topics and skills, the requirements also provide a total number of course hours for each certification level that must be completed. People participating in the OTEP method must meet these requirements; however, because of the competency-based nature of OTEP, fewer class hours may be needed to complete these requirements than the total course hours indicated.

General ongoing training and education programs (OTEP) requirements are listed in [WAC 246-976-026](#). This document provides information and guidelines on OTEP plan development.

Applying for an OTEP plan

To apply for an OTEP plan, the applicant must be a licensed EMS service, ESSO, a local county or regional EMS office, or an EMS county medical program director (MPD). Applicants must complete an OTEP application that can be found on the [Ongoing Training & Evaluation Program \(OTEP\) Development for EMS Services | Washington State Department of Health](#) page. Applications are required to be submitted 90 days prior to the implementation date.

Fundamental OTEP plan principles

1. Approved by the department and the MPD, if the OTEP plan covers multiple counties each MPD must sign the application;
2. Developed and implemented in accordance with [WAC 246-976-026](#);
3. Meets education requirements in [WAC 246-976-161](#);
4. Provide education on at least a quarterly basis. An EMS service in a rural area who uses volunteers may submit an alternative schedule and request an exception to this requirement;
5. Provide cognitive evaluation following didactic topics;
6. Didactic education may be provided using a distributed learning model;
7. Complete practical skill evaluations on education topics;
8. Evaluate practical skills in person;
9. Record practical skill evaluations on department-approved [practical skill evaluation forms](#) or nationally recognized skill evaluation forms. An MPD may approve an alternative method and documentation standard;
10. To receive credit for the topic, the participant must successfully complete both the didactic and any required skill evaluation for that topic;
11. Maintain training records for a minimum of seven years or in accordance with the records retention requirements of the organization, whichever is greater;
12. Provide training records to participants, the department, and MPD upon request. This includes skill sheets, rosters, evaluations, quizzes, and training content; and
13. OTEP programs must be renewed every five years.

Instructors

Didactic components need to be taught by personnel that meet requirements in [WAC 246-976-031](#). Instructors need the depth and breadth of knowledge on the topic and be approved by the MPD. DOH credentialed EMS evaluators complete practical skill evaluations to determine provider competency.

Medical program directors (MPD)

MPDs in accordance with [WAC 246-976-920](#): provide oversight of training, education, and instructors, including senior EMS instructors candidates, senior EMS instructors, EMS evaluators, and guest instructors for any EMS education and training. They also make recommendations on the approval of training programs, courses, ongoing education and training plans (OTEP), and content for continuing medical education (CME) and ongoing training.

OTEP operational plan components

1. A three-year plan outlining all education topics described in [WAC 246-976-161](#)
 - a. Note as of 9.30.24 when the new rule went into effect annual and per certification buckets were changed, with the exception of skill proficiency that must include opportunities for EMS providers to annually practice and demonstrate proficiency in high risk, low frequency skills identified in [WAC 246-976-161\(6\)](#).
2. Identify the sources of the instructional materials used.
3. Describe how the specialized training or other components required by the MPD will be incorporated into the OTEP.
4. Describe how and when the OTEP will be reviewed and updated to remain current with county, state and national standards.
5. Identify the course delivery method for didactic components.
6. Identify the course delivery method for skills evaluation component, e.g. quarterly at training center, monthly at agency stations.
7. Describe how the effectiveness of the OTEP is evaluated including what testing mechanisms are in place to assess participant competency.
8. Describe how the quality improvement activities are incorporated into the OTEP
9. Describe how OTEP records will be managed and tracked, if the record is electronic or paper, the position within the organization responsible for tracking how participants are notified of their progress, completion, and compliance with OTEP, how participants can request and receive copies of their training records during and after affiliation with the EMS service, and how records will be maintained.
10. Describe how the EMS service supervisor verifies attendance and completion of OTEP modules and that a participant has met the minimum requirements of the OTEP for recertification.
11. Provide a description of the remediation plan, including how failed or missed courses can be made up and when a certified EMS provider must recertify using the CME method because they did not meet the minimum standards of the OTEP.

Remediation plan

A remediation plan outlining actions a provider needs to complete following missed OTEP module(s) to remain compliant with OTEP requirements, failed OTEP modules, and guidance on how short- or long-term absences are addressed, including military status.

Example:

Any provider failing a practical scenario or skills station will be provided with two (2) additional attempts to complete the scenario or skill successfully. Remedial training will be provided between unsuccessful attempts at any scenario or skill.

If a provider fails three (3) successive attempts to perform a scenario or skill, the provider will receive further didactic instruction. The home agency responsible will document all failures, remediations, and subsequent passing of a skill or scenario and keep it in the individual provider's EMS training record.

All providers shall complete didactic and psychomotor sessions within their assigned quarter. If a provider misses or fails to complete a didactic or psychomotor session within the assigned quarter, then the didactic module or skill session must be made up within the following quarter that it was assigned. A provider will be moved from the OTEP model to the traditional method of recertification if they fail to

meet the requirements listed in the OTEP plan. Note: An individual provider cannot 'count' the make-up of the previous month's/ quarter's didactic for another month's/quarter's didactic session; they must complete the assigned didactic session as scheduled. Quarters assigned to each agency are consistent with the month of the agency's personnel recertification as assigned DOH/EMS.

Remedial training may include additional requirements determined by the MPD and MPD policy.

If a provider is absent from duty for an extended period due to illness, injury, leave of absence, or other extenuating circumstances, the EMS agency will remove that provider from providing patient care and provide the individual with a remediation plan that will be administered by the affiliated EMS agency's training officer and be approved by the MPD prior to its being implemented. Remediation plans for such absences will include any topics that were missed by a provider on leave and skills competency verification on any missed topics. After successful remediation, the affiliated EMS agency's training officer will place the provider back onto the OTEP plan. As a last resort for remediation, a responder may be placed on the traditional method of recertification.

Any provider on military leave will contact the Washington State DOH to be placed into "military" status prior to deployment or upon activation. This status provides specific benefits and protections. The provider should notify the MPD of deployment or activation, and upon return from the same. For more information: [Military Resources - Frequently Asked Questions | Washington State Department of Health](#).

Quality improvement plan

The key to a successful OTEP is periodic assessment of instructors, evaluators, and providers. Suggested approaches to establish an in-house quality assessment (QA) program in training and evaluation include:

1. Conduct peer evaluations of instructors and evaluators.
2. Instructor feedback survey completed by OTEP participants.
3. MPD or MPD delegate involvement in training or evaluation sessions.
4. Periodically survey EMS personnel about the strengths, weaknesses, and suggestions for improvement of the OTEP program.

Documentation

The OTEP plan shall outline how training records are maintained and provided to participants, the department, and MPD upon request. This includes skill sheets, rosters, evaluations, quizzes, and training content. Documentation may be retrievable electronically or in paper form. The plan must clearly describe how participants are notified of their progress, completion, and compliance with OTEP and how participants can request and receive copies of their training records during and after affiliation with the EMS service.

Initial training, continuing medical education (CME), ongoing training and evaluation programs (OTEP), and skills maintenance may be documented on DOH 530-022. The documentation and retention of original training completion documents is the responsibility of each EMS provider and EMS service for a minimum of seven years. The EMS provider shall provide records to their EMS service, their county MPD, and the department upon request, and the EMS service. The OTEP plan should include an example of the OTEP tracking/summary form that will be submitted to the MPD for review at least 30 days prior

to the individuals' certification date. Consult with MPD on specifics on recertification documentation processes.

Documentation of initial training, continuing medical education (CME), ongoing training and evaluation programs (OTEP), and skills maintenance may be done on [DOH 530-022](#). The documentation and retention of original training completion documents is the responsibility of each EMS provider and EMS service for a minimum of seven years. The EMS provider shall provide records to their EMS service, their county MPD, and the department upon request and the EMS service

Reapproval of OTEP

OTEP programs must be renewed every five years. To renew an OTEP program:

1. Submit a completed application on forms provided by the department, postmarked or received by the department at least **90 days** prior to the OTEP start date identified on the application.
2. Meet all the requirements in [WAC 246-976-026](#).

Transitions between the OTEP and CME method

An EMS provider may transition from the CME to the OTEP method of recertification within their certification period if the provider meets all the following:

1. Has at least one year remaining in their certification cycle. Note: individuals who are simply not 'compliant' with their OTEP may not eligible for this consideration;
2. Meets all requirements in [WAC 246-976-161](#) and [WAC 246-976-163](#) by the end of their certification cycle;
3. Has completed and submitted the department continuing medical education and ongoing training gap tool to the MPD, that can be found on the [OTEP page](#). Contact MPD, county EMS office, or county coordinator for assistance;
4. Has received an MPD-approved education plan to meet any deficiencies; and
5. Has been approved by the MPD to transition recertification methods.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.