Policy Brief

for

Florida's Lifeline in Focus

NREMT Performance Review 2025

Florida Center for Emergency Medical Services
Morsani College of Medicine
University of South Florida
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Full Report available at: https://flcems.org/resource-library/

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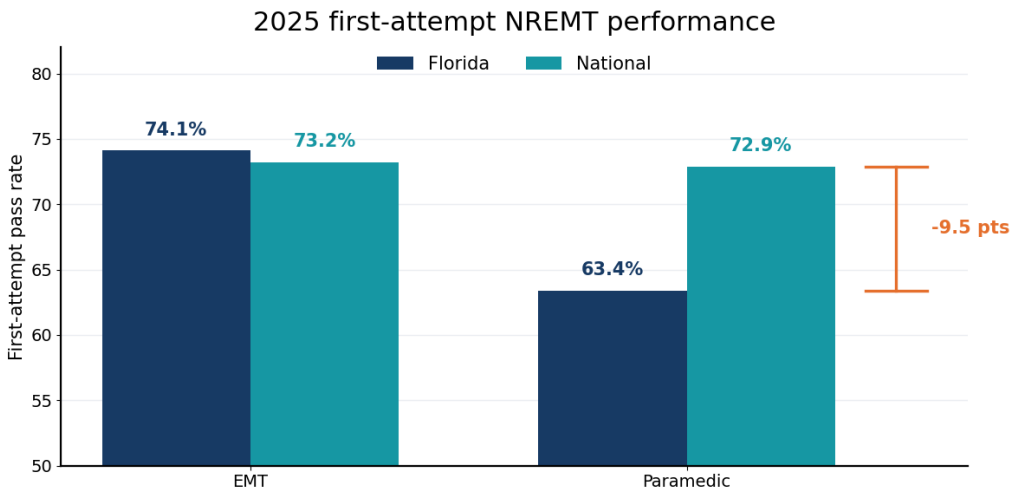
POLICY BRIEF

Florida Center for Emergency Medical Services

Florida's Lifeline in Focus

NREMT Performance Review 2025

What 2025 certification outcomes reveal about Florida's EMT and paramedic education pipeline - and where targeted policy can make the largest difference.



74.1%	63.4%	-9.5 pts
Florida EMT first-attempt pass rate	Florida paramedic first-attempt pass rate	Paramedic gap vs. national benchmark

About This Policy Brief

This policy brief summarizes the major findings and recommendations from Florida's Lifeline in Focus: NREMT Performance Review 2025. The full report analyzes first-attempt performance on the National Registry of Emergency Medical Technicians (NREMT) certification examinations among Florida-approved EMT and paramedic education programs, with particular attention to statewide trends, regional differences, program characteristics, and opportunities for targeted improvement.

The analysis examines the 2023 through 2025 graduating cohorts using certification data provided by the Florida Department of Health. Statewide and regional rates are weighted by candidate volume so that larger programs contribute proportionally to the results. Program-level trend analyses use multi-year performance and minimum candidate-volume thresholds to reduce the risk of treating normal statistical fluctuation in small cohorts as evidence of persistent program quality differences.

The purpose of this brief is to translate those findings into practical policy options for state EMS leadership, education programs, policymakers, and other stakeholders responsible for maintaining a reliable pipeline of well-prepared EMTs and paramedics.

HOW TO READ THIS BRIEF

First-attempt pass rate is a review trigger, not a complete verdict on quality

The full report repeatedly cautions that first-attempt performance measures one dimension of program quality. Small annual cohorts can be unstable, category-level associations are descriptive rather than causal, and cumulative-attempt outcomes add important context. Policy should therefore lead with reliable measurement and support, then reserve consequences for sustained, well-measured failure.

2025 at a Glance

5,873	1,869	74.1%	63.4%
EMT candidates	Paramedic candidates	Florida EMT first attempt	Florida paramedic first attempt

Florida is a major contributor to the national EMS workforce. In 2025, the state trained roughly one in ten of the paramedics newly certified nationwide, giving the quality of Florida paramedic education significance beyond the state itself.

Executive Summary

Florida's EMS education system presents two different policy stories at the EMT and paramedic levels. EMT performance is encouraging: 5,873 Florida EMT candidates achieved a 74.1% first-attempt pass rate in 2025, statistically indistinguishable from the national benchmark of 73.2%, and the statewide rate improved 5.5 percentage points from 2023. The EMT level supports continued monitoring rather than broad intervention.

Paramedic education remains the principal concern. Among 1,869 Florida paramedic candidates in the 2025 cohort, 63.4% passed on the first attempt, compared with 72.9% nationally - a 9.5-point gap. The 2025 rate improved 3.5 points from 2023, but the longer record shows a persistent shortfall. Florida has trailed the rest of the nation in every comparable cohort since the NREMT examination became required for Florida paramedic licensure in 2018; pooled across 2018-2023, Florida-trained candidates had roughly half the odds of first-attempt success of candidates trained elsewhere.

The weakness does not appear to be caused by students failing to complete paramedic education. Florida paramedic retention is about 81%, compared with 82% nationally. The gap opens at certification, which directs attention toward examination readiness, clinical judgment, curriculum alignment, clinical experience, and related instructional factors rather than simply increasing enrollment or reducing attrition.

The shortfall is also concentrated. The Southeast trains the largest number of candidates and posts the lowest first-attempt rate at both certification levels. Three paramedic programs have remained below 50% first-attempt performance in every year with available data and account for a disproportionate share of statewide failures. Program size and county rurality do not explain the pattern; commercial ownership is independently associated with lower paramedic first-attempt success after adjustment for size.

74.1%	73.2%	63.4%	72.9%
EMT: Florida	EMT: national	Paramedic: Florida	Paramedic: national

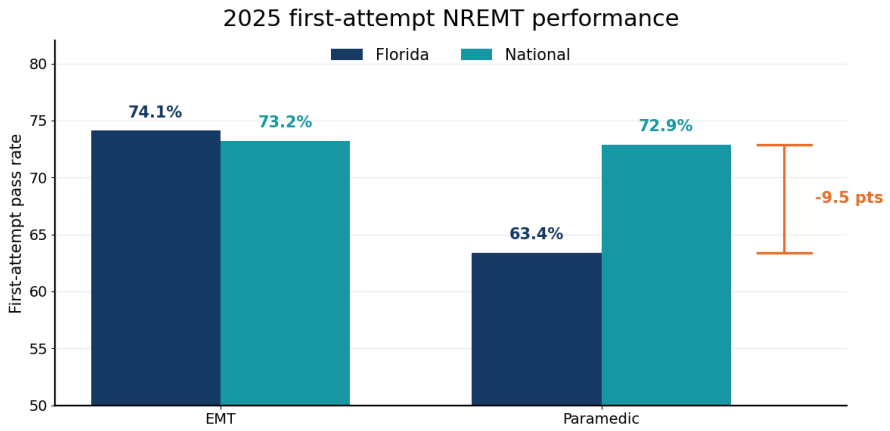
BOTTOM LINE

Target the paramedic gap, not the whole education system

Florida does not need a uniform intervention across every EMS training program. The data support targeted oversight of sustained underperformance, a focused Southeast improvement initiative, stronger alignment with the clinical-judgment examination model, better graduate-to-certification tracking, and continued public reporting.

Two Certification Levels, Two Policy Stories

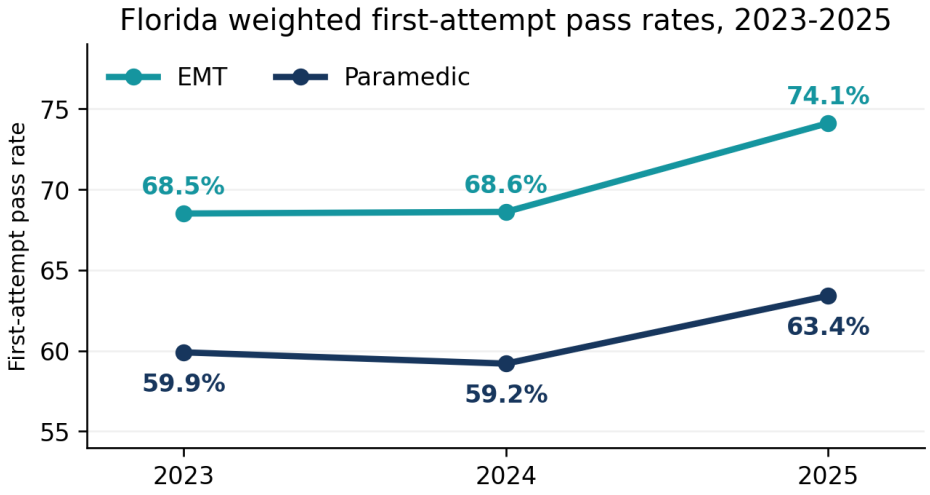
Florida's 2025 statewide results separate cleanly by certification level. EMT candidates performed at the national standard; paramedic candidates did not. That distinction is important because it argues against treating EMS education as a single statewide problem.



Source: Florida's Lifeline in Focus: NREMT Performance Review 2025. Florida Department of Health/NREMT data as reported in the full report.

Three-Year Direction

Both certification levels improved between 2023 and 2025. EMT first-attempt performance rose from 68.5% to 74.1%, a 5.5-point gain, and reached the national benchmark. Paramedic performance rose from 59.9% to 63.4%, a 3.5-point gain. The paramedic increase is real and encouraging, but it remains insufficient to erase a nearly ten-point 2025 national gap.



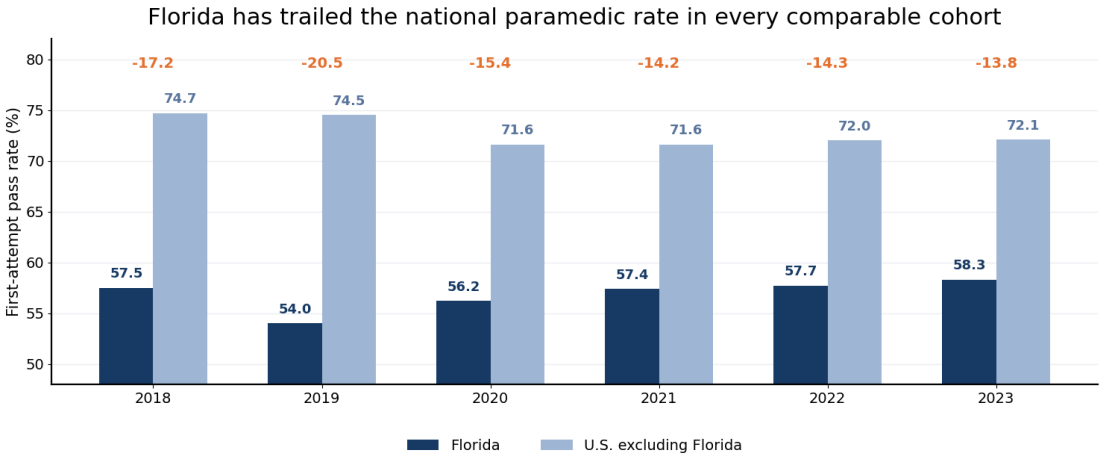
POLICY INTERPRETATION

Improvement does not mean convergence

The EMT trend supports monitoring. The paramedic trend still supports intervention: Florida improved in 2025, but progress should be judged against the national benchmark and the longer historical record.

The Paramedic Gap Is Structural

Florida did not require the NREMT examination for paramedic licensure until August 1, 2018, making the 2018 graduating cohort the first clean point for like-for-like comparison with the rest of the nation. Across every comparable cohort through 2023, Florida trailed the national first-attempt rate. The annual gap ranged from 13.8 to 20.6 percentage points, and every difference was statistically significant.



Comparable completed cohorts, 2018-2023. National figures exclude Florida candidates. Values reproduced from the full report.

Pooled across the 2018-2023 cohorts, Florida-trained paramedic candidates had roughly half the odds of first-attempt success of candidates trained elsewhere. The gap narrowed over time, but roughly half of that convergence reflects a declining national rate rather than improvement in Florida. The 2025 increase to 63.4% is therefore best read as a positive recent development within a much longer pattern of underperformance.

RETENTION IS NOT THE MAIN GAP

Florida paramedic retention was 81% in 2023, only one point below the national 82%. Students are completing programs at close to the national pace.

THE GAP OPENS AT CERTIFICATION

Florida first-attempt and cumulative pass rates trail national benchmarks. That shifts attention toward examination readiness, applied clinical judgment, and instructional alignment rather than simple program completion.

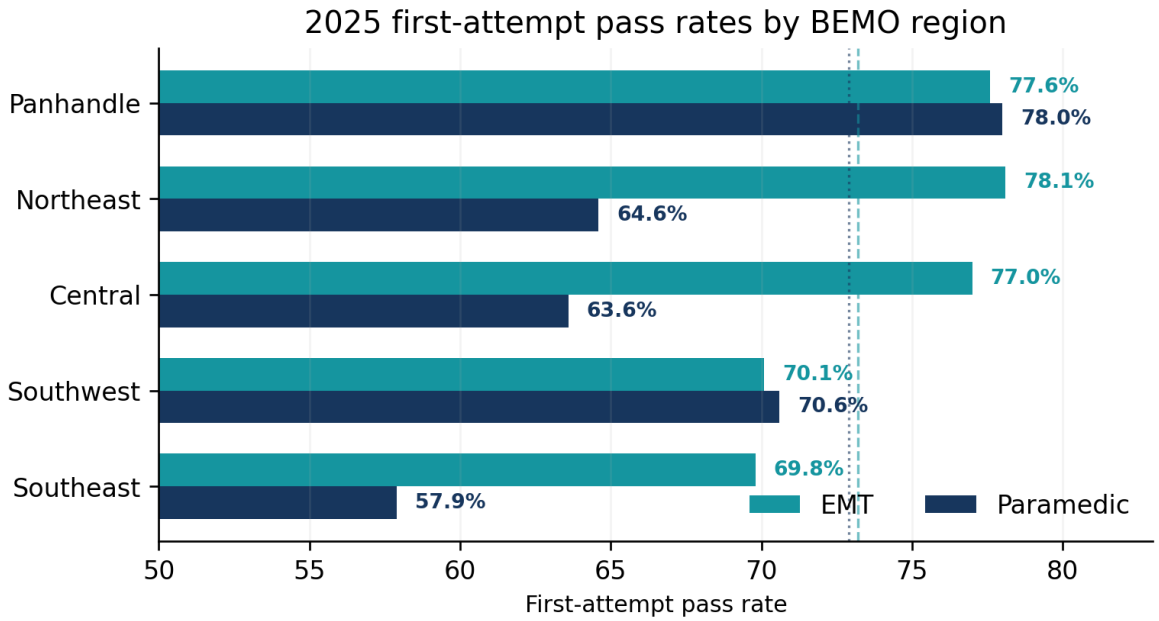
WHY THIS MATTERS

Florida trains enough paramedics to influence the national workforce

Florida is one of the nation's largest single-state contributors to new paramedic supply. A persistent Florida performance gap therefore represents both a state workforce issue and a meaningful share of the national paramedic pipeline.

The Problem Is Concentrated, Not Diffuse

The strongest policy opportunity is concentration. Florida's statewide paramedic gap is not evenly distributed across regions or programs, which means targeted intervention can move the statewide figure more efficiently than uniform reform.



National benchmarks: 73.2% EMT and 72.9% paramedic. Regional rates are weighted by candidate volume.

The Southeast enrolled 692 paramedic candidates in 2025 - the largest volume of any BEMO region - and posted the state's lowest paramedic first-attempt rate at 57.9%. It also recorded the lowest EMT rate, 69.8%. The Panhandle exceeded the national benchmark at both levels, although its paramedic rate of 78.0% is based on only 100 candidates and should be interpreted cautiously.

Regional differences are not explained by program size. When region and size are entered into the same model, region remains significant at both certification levels while size contributes nothing. The Southeast therefore represents a genuine axis of variation worthy of focused examination of local instructional practice, clinical placement, and program mix.

3	29-32 pts	1 region
paramedic programs below 50% in every year with data	gains achieved by several improving paramedic programs	Southeast combines highest volume with lowest rates

POLICY OPPORTUNITY

Use Florida's own improvers as the intervention

Several programs improved sharply under the same statutes, examination, and labor market as programs that did not improve. A Southeast collaborative can pair low-performing programs with documented improvers and high performers for structured peer review of curriculum, clinical placement, faculty engagement, and examination preparation.

What Does Not Explain the Gap - and What May

The full report tested several intuitive explanations for program performance. Two do not hold up in Florida: program size and county rurality. A third characteristic - ownership - is associated with paramedic performance and deserves closer scrutiny, while remaining a correlate rather than a causal finding.

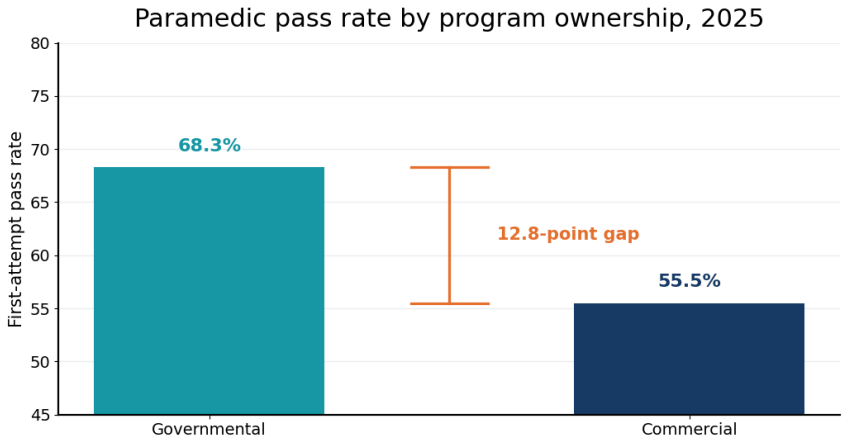
PROGRAM SIZE IS NOT QUALITY

Program size was not significantly associated with first-attempt pass rate at either certification level. Once region is considered, size contributes nothing. Arbitrary size tiers can create misleading patterns because the underlying size distribution is a smooth continuum.

RURALITY DOES NOT EXPLAIN REGIONAL DIFFERENCES

Programs in rural-designated counties did not perform significantly differently from programs in non-rural counties at either level. Rurality is therefore not the reason some BEMO regions outperform others.

Ownership Is Associated with Paramedic Performance



Governmental and commercial groups contain most programs. Smaller ownership categories are omitted from this visual for clarity.

Governmental paramedic programs achieved a 68.3% first-attempt rate in 2025 compared with 55.5% among commercial programs. Commercial programs are larger on average, but size does not account for the difference. In a candidate-weighted model, commercial ownership remained associated with lower first-attempt success after adjustment for program size, while size itself was not significant.

CAUTION

Ownership is a signal for inquiry, not a verdict

Strong and weak programs exist within ownership categories. The association does not establish that commercial ownership causes lower outcomes. It identifies a program characteristic that should prompt closer examination of instructional, clinical, faculty, admission, and organizational practices.

Close the Gap Between Graduation and Certification

Not every loss in the paramedic workforce occurs inside the classroom. From 2018 through 2023, about 6% of eligible Florida paramedic graduates - approximately 495 individuals - never attempted the certification examination. Those graduates represent training investment that never reached licensure.

About 6% of eligible Florida paramedic graduates (2018-2023) never attempted certification.

Enrollment, graduation, and retention figures use 2023 CoAEMSP program data; certification attempt leakage is reported across 2018-2023 cohorts.

Programs should therefore track graduates through their first examination attempt, encourage prompt testing after course completion, and maintain contact with unsuccessful candidates during the retest window. Time from program completion to first attempt, the share of graduates who never test, and the share of failing candidates who never retest are measurable from existing National Registry data and can be incorporated into routine monitoring.

Align Instruction with the Clinical-Judgment Model

The integrated NREMT paramedic examination introduced in July 2024 places substantial weight on clinical judgment and scenario-based decision making. The full report argues that improvement plans should therefore evaluate whether instruction gives students repeated opportunities to recognize and analyze cues, form hypotheses, act on decisions, and evaluate results - rather than relying principally on didactic knowledge delivery.

1 Clinical-judgment alignment Use structured scenarios and feedback that reflect the reasoning cycle assessed on the current NREMT examination.	**2 Live clinical experience** Audit the balance between live clinical skills and simulation substitution where live placements are obtainable.
3 Examination readiness Use deliberate preparation practices, supervised question work, and explicit readiness assessment before testing.	**4 Admission & progression** Review entry standards, progression policies, and the structure and availability of remediation resources.

Policy Implications and Recommended Actions

The report's seven recommendations are designed to operate as a sequence: measure reliably, identify sustained underperformance, support improvement, escalate accountability only when failure persists, and repeat the analysis annually.

1 Use rolling, volume-aware metrics Evaluate program performance using rolling multi-year first-attempt rates with a minimum pooled denominator. Supplement with cumulative-attempt outcomes. Use first-attempt performance as a trigger for review, not the sole quality verdict.	**2 Establish graduated performance review** Define a support-first pathway attached to program renewal: technical assistance -> required improvement plan -> probationary approval with disclosure -> non-renewal for sustained failure.
3 Start with programs of sustained concern Direct structured improvement planning first to programs with persistent, volume-supported underperformance. Review curriculum alignment, clinical experience, examination readiness, progression standards, and remediation.	**4 Launch a Southeast improvement collaborative** Use BEMO's regional structure to pair low-performing Southeast programs with documented Florida improvers and high performers for structured peer review and shared practice.
5 Reduce certification leakage Track every graduate to a first NREMT attempt, encourage prompt testing, and follow unsuccessful candidates through the retest window. Add these metrics to routine program monitoring.	**6 Align continuing education with clinical judgment** Reinforce deliberate practice and applied clinical reasoning in state-approved continuing education. Current data do not support ranking individual CE providers, so action should remain system-level for now.
7 Publish, disclose, and repeat Continue annual publication of program-level results. Require programs in formal review to disclose status to applicants, and repeat the statewide analysis annually on the same rolling-cohort basis.	

A Graduated Accountability Ladder

1	2	3	4
Technical assistance	**Required improvement plan**	**Probationary approval + disclosure**	**Non-renewal for sustained failure**

The report notes that Florida already has much of the administrative machinery for EMS program approval. Whether a formal outcome standard can be adopted by rule under existing authority or would require legislative change is a legal question the report does not resolve.

Conclusion

Florida's 2025 NREMT results contain both encouraging progress and a clearly defined policy challenge. EMT performance has improved to the national benchmark. Paramedic performance has also improved, but a persistent national gap remains.

That shortfall is not explained by program completion, program size, or rural location. It is concentrated in particular programs and in the Southeast region, and commercial ownership is associated with lower paramedic first-attempt success even after adjustment for program size. At the same time, several Florida programs have demonstrated that substantial improvement is possible within the existing statutory, examination, and labor environment.

This concentration creates an opportunity. Florida does not need a uniform intervention imposed on every EMS education program. It needs a disciplined system that distinguishes normal statistical variation from persistent underperformance, directs assistance where the evidence identifies the greatest opportunity for improvement, tracks graduates through certification, and learns systematically from programs already producing stronger results.

STRATEGIC DIRECTION

Measure -> target -> support -> hold accountable -> repeat

A rolling, volume-aware oversight system would allow Florida to preserve program diversity while responding proportionately to sustained failure. The strongest initial targets are the persistent paramedic certification gap, the Southeast region, programs of sustained concern, and preventable loss between graduation and certification.

Methodological Notes and Limitations

- First-attempt pass rate measures one dimension of program quality at one point in a graduate's career; it should not be used alone as a quality verdict.
- Single-year pass rates for small cohorts can be dominated by sampling variation. Multi-year pooled measures are more reliable for consequential review.
- Associations with region, ownership, and other program characteristics are descriptive and observational; they do not establish causation.
- Figures for a graduating cohort can shift modestly between NREMT database extracts because graduates may test for up to two years after program completion.
- The report contains insufficient performance data to evaluate individual continuing-education providers; CE recommendations are therefore system-level.

Full Report

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