



Annual Report 2015/16

Emergency Medical Assistants

Licensing Board



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Letter from the Chair

June 28, 2016

Minister of Health
Room 337 Parliament Buildings
Victoria BC V8V 1X4

Dear Honourable Terry Lake:

On behalf of the Emergency Medical Assistants Licensing Board (the board), I am pleased to present you with our 2015/16 Annual Report, in accordance with the *Emergency Health Services Act*, section 6(8).

This year, the board has continued to enhance the relationships with our stakeholders: BC Emergency Health Services, the Ministry of Health, the training institutions who deliver board recognized training programs, and the thousands of emergency medical assistants who provide emergency health services throughout the province. The board, together with members of the branch, has been able to address many topics of mutual interest regarding the training, examination and licensing of EMAs in British Columbia.

In the interest of clarity and transparency, the branch, at the board's direction, has updated existing policies and formalized many practices in policy making them all publicly available on the board's website. The branch also continued its commitment to the principles of Lean and I invite you to review the 2015/16 Highlights section to see the many process improvements made this year.

As Chair of the EMA Licensing Board, I would be pleased to meet with you at any time to discuss questions related to this annual report or any topic pertaining to the role of the board or the branch in continuing to ensure the professional standards in the EMA delivery of emergency and ancillary healthcare throughout the province.

Yours truly,

Mr. Ken M. Kramer, Q.C.
Chair
EMA Licensing Board

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Mr. Ken M. Kramer, Chair



Dr. Phillip Yoon, Vice-Chair



Mr. William (Bill) Leverett, Member

Composition of the Board

The board has three members (above) appointed by Order-In-Council. By regulation, appointments must include one licensed emergency medical assistant and one medical practitioner. Board member current terms are, Mr. Kramer, December 31, 2016, Mr. Leverett, December 31, 2017 and Dr. Yoon, December 31, 2018.

Please see [Appendix A](#) for board members' biographies.

Roles and Responsibilities

The Emergency Medical Assistants Licensing Board ensures all practitioners involved with emergency care in British Columbia comply with the *Emergency Health Services Act* and the *Emergency Medical Assistants Regulation*. This provides assurance to the public that competent, consistent, and appropriate care will be available during medical emergencies.

The board is empowered under *the Act* to examine, register and license Emergency Medical Assistants (EMAs) practicing throughout British Columbia and to set licence terms and conditions. Annual continuing competence requirements are



enforced by the director and directed to the board as necessary to ensure licensees maintain a high standard of care.

The board is also mandated to investigate complaints regarding patient care and breaches of terms and conditions of a licence and, when necessary, conduct hearings. Hearings determine whether allegations are supported and whether an EMA licensee should have conditions imposed on his or her licence, or whether the licence should be suspended for a period of time or revoked.

Finally, the board reviews and recommends legislative and regulatory changes to the Minister of Health, liaises with other emergency care bodies, and maintains positive relationships with other stakeholders in health care.

Investigations Committee

The Investigations Committee is appointed by the board and acts independently in assisting the board with assessing patient care complaints. Currently there is a four person Investigations Committee consisting of the Chair, who is an emergency room physician, a registered nurse, a paramedic, and a first responder. This committee conducts investigations, reports findings and conducts hearings when necessary.

The Emergency Medical Assistants Licensing Branch

The Emergency Medical Assistants Licensing Branch provides administrative support to the board. The branch is funded and staffed by the Ministry of Health.

The director, who also serves as the registrar, provides leadership and direction regarding the key deliverables of the branch which include: examinations, licensure and registration, management of the continuing competence program, and the receipt and preliminary investigation of patient care complaints. The director ensures that all board and branch activities are consistent with the board's legislative and regulatory mandate and with the Ministry of Health's administrative requirements.

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2015/16 Highlights

Board Recognized Training Programs

Under the legislative authority of the EMA Regulation, the EMA Licensing Board recognizes training programs in all six licence categories. As of March 31, 2016, there were 17 recognized training programs and 14 recognized endorsement training modules offered by 11 training institutions. The year over year increase in offerings was the result of two new institutions successfully completing the recognition process in the spring of 2015 making EMA training more accessible throughout the province.

Each training institution maintains recognition by submitting their program materials to the board for review every two to five years as per the recognition review schedule. During the recognition process, program materials are assessed against a wide range of criteria including the EMA Regulations and the National Occupational Competency Profile (NOCP) which defines the competencies of EMAs in Canada.

Training Institution Meetings

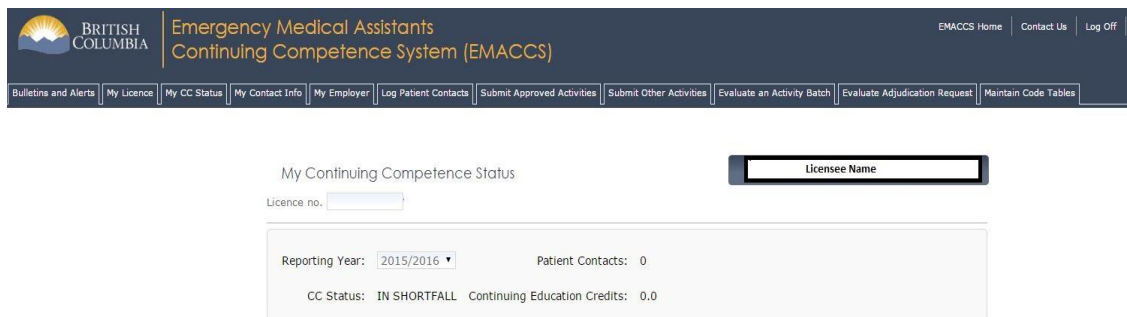
At the request of the training institutions, the EMA Licensing Branch began meeting with the institution representatives twice a year during 2015/16. Semi-annual training institution meetings were held in the spring and fall with excellent representation from all 11 provincial training institutions attending both meetings. The meetings are an opportunity for representatives of training institutions, the EMA Licensing Branch and BC Emergency Health Services to connect and to discuss topics of mutual interest related to training, examination and licensing of EMAs.



Continuing Competence

The continuing competence requirements for EMAs at the Emergency Medical Responder (EMR) level and higher are outlined in Part 4 of the EMA Regulation. In each reporting period, EMAs are required to submit 20 patient contacts and 20 continuing education credits to maintain their licence. These requirements are in place to ensure EMAs maintain a high level of competent, consistent care.

The Emergency Medical Assistants Continuing Competence System (EMACCS) has been in place since 2013 and is the online platform that allows EMAs to view and update their own continuing education and patient contact totals. Use of the system is mandated by regulation.



The screenshot shows the EMACCS web interface. At the top, there is a navigation bar with the British Columbia logo and the text "Emergency Medical Assistants Continuing Competence System (EMACCS)". Below this is a menu with various options: "Bulletins and Alerts", "My Licence", "My CC Status", "My Contact Info", "My Employer", "Log Patient Contacts", "Submit Approved Activities", "Submit Other Activities", "Evaluate an Activity Batch", "Evaluate Adjudication Request", and "Maintain Code Tables". The main content area displays "My Continuing Competence Status" with a "Licence Name" field. Below this, there is a "Licence no." field. A table shows the following data: Reporting Year: 2015/2016, Patient Contacts: 0, CC Status: IN SHORTFALL, Continuing Education Credits: 0.0.

EMACCS automatically sends an email to licensees once they have met their annual requirements. If annual requirements have not been met, licensees are contacted by the branch reminding them of their obligation to submit continuing education credits and patient contacts.

In 2014/15, 1104 licensees were found to be in continuing competency shortfall; a 20% year over year increase, largely due to licensees in shortfall over multiple years. In an effort to improve the number of registrants in shortfall in subsequent years, 668 or 60.5% of those in shortfall were referred to the board for hearings leading to possible disciplinary action during 2015/16, up slightly from the previous year. Of the 668 referred to the board, 312 licensees, with previously suspended licences, had their licences revoked. This action on the part of the board was the result of these licensees not completing their regulatory responsibility to maintain continuing competency over multiple years. In addition, 271 licences were suspended and of the remaining 85 approximately one third subsequently met their requirements, one third voluntarily relinquished their licences and the remaining licences expired.

In 2015/16, 931 licensees were in continuing competency shortfall which represents a 15.7% decrease over the previous year.

Canadian Organization of Paramedic Regulators/Organisation Canadienne Régulateurs Paramédicaux (COPR/OCRP)

The Emergency Medical Assistants Board represents British Columbia on the Canadian Organization of Paramedic Regulators/Organisation Canadienne Régulateurs Paramédicaux (COPR/OCRP). COPR/OCRP's vision and goal is to provide the official forum that represents the collective interests of all Canadian paramedic regulators. COPR/OCRP's purpose is to be a primary source of information, advance the understanding of regulation of paramedics in Canada, and contribute to the continued development of the paramedic profession. Through COPR/OCRP, British Columbia has collaborated with other regulators to address common issues and develop solutions to enable paramedic labour mobility, achieve consensus on professional standards, and move towards a national standard examination leading to paramedic licensure.

Exams – Written

First Responder Exams

The First Responder (FR) written examinations were thoroughly reviewed and updated this year in consultation with the training institutions and Fire Departments that deliver the board recognized FR training programs. It had been over five years since the exams had been reviewed. Included in the new exam blueprint are questions regarding the regulatory and legislative responsibilities which had not previously been comprehensively captured for the FR licence category.

IV Exams

The board approved a policy over this past year to eliminate the need for IV endorsement examinations. This aligns the requirements for the IV endorsement with all other endorsements.

COPR/OCRP National Exams

Successful completion of exams provides the Board with assurance that candidates possess the necessary knowledge, abilities, skills aptitudes and judgments for entry to practice into the paramedic profession.

The Canadian Organization of Paramedic Regulators' (COPR) national exam was developed through a rigorous test development process and meets or exceeds all professional standards as specified in the most recent edition of *American Psychological Association of Standards for Educational and Psychological Testing*



including the requirements of periodic evaluation. The national written examination is aligned with the National Occupational Competency Profile (NOCP) for paramedics.

COPR has offered national examinations for Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) since 2012. To date, five provinces have adopted the national examination and COPR continues to work with the other provinces toward the adoption of the exams as the national standard. In November 2015, the EMA Licensing Board approved adopting the national examination as the written component of BC's EMA licensing process for the PCP and ACP licence categories. The first BC cohort will write the COPR exam during 2016/17.

Exams – Practical

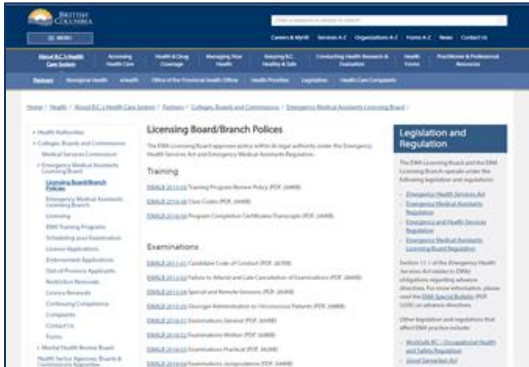
The exam coordinator, a member of the EMA Licensing Branch, began attending all practical exam sessions to ensure consistent standards of delivery and testing across all exams and locations throughout the province. The presence of the exam coordinator allows examiners to concentrate on student assessment. The coordinator also has the opportunity to identify and address issues as they occur thereby removing those same issues from future sessions as well as providing better service to the examiners and examination candidates.

This past year saw an enhanced coordination of practical exam scheduling such that candidates could act as patients for one another. This simple yet effective process improvement eliminated the need for paid actors and netted a savings of approximately \$20,000 per year.

Regulation Change

On January 28, 2016, the Emergency Medical Assistants Regulation was amended to include a narcotic antagonist endorsement for First Responders (FR) and Emergency Medical Responders (EMR). Once training approved by the BC Emergency Health Services (BCEHS) has been completed and the endorsement added to their licence, FRs and EMRs are able to administer a narcotic antagonist in the event they have a patient who is suspected of having had an overdose. Opioid use and overuse has continued to climb in recent years in BC. This initiative, on the part of the Ministry and BCEHS, is in direct response to this crisis and has the intention of providing potentially lifesaving treatment on a timely basis. Paramedics at the Primary Care Paramedic licence level and higher previously had the narcotic antagonist within their list of services.

Board Policies



The policy section of the EMA Licensing Branch was fully staffed this past year for the first time in several years. As such there was an opportunity to create a standard template for policies, update all existing policies and formalize policies that had been in practice. In the interest of clarity and transparency, a new policy page was created on the board's website with links to the newly formatted policies. The board's position on training, examinations and licensure is readily available for all stakeholders.

Community Paramedicine

Throughout this year the EMA Licensing Board continued collaboration with BCEHS to ensure a smooth launch of the provincial Community Paramedicine program. In November 2015, the Minister of Health approved a ministerial order to establish the program which will enhance the number of full and part time paramedics in rural and remote communities and also provide additional health human resources in support of primary care. The EMA Licensing Board will support the program by ensuring those entering Community Paramedic practice are properly licensed at the PCP with IV endorsement licence category or higher.



Credit Card Payments

As part of the branch's ongoing commitment to the principles of Lean, a project was initiated in the previous year to implement credit card payments online for licences. Previously, payment options included cheque, money order or cash in person or by mail. The application process for licensure was online with the exception of payment. The September 2015 implementation of online credit card and visa debit payments streamlines the process for candidates as well as branch staff. It also speeds up the process of licence issuance as licences are otherwise delayed until payment is received.



4 | Plans for 2016/17

Practical Exam Review Project

During the 2016/17 fiscal year, the branch will undertake a comprehensive review of all practical exams and requirements for practical exams in the First Responder, Emergency Medical Responder, Primary Care Paramedic and Advanced Care Paramedic licence categories.

Written Exams Implementation and Review

New First Responder written exams will be introduced effective April 1, 2016 after extensive consultation with stakeholders.

Emergency Medical Responder exams will be reviewed early in 2016/17 with a view to completely refresh the content and expand the types of questions included in the exams. This will align the exam length and complexity more closely with similar health professions and best practices including elevated security. The target implementation date for the new exams is September 1, 2016.

Lean Initiatives

Lean is a continuous improvement philosophy that empowers employees to identify problems and innovate solutions that get rid of unnecessary rules, processes and steps. Employee time and resources are optimized, waste is eliminated and quality is improved.

The EMA Licensing Branch has a long standing commitment to Lean and this coming year two additional process reviews will be undertaken. The *student licensing* Lean event will question “why” elements of the process are conducted and if the “how” can be streamlined. The *customer care complaint* review will concentrate on improving the flow and timeliness of information with the view to minimizing the time from complaint initiation to complaint resolution.

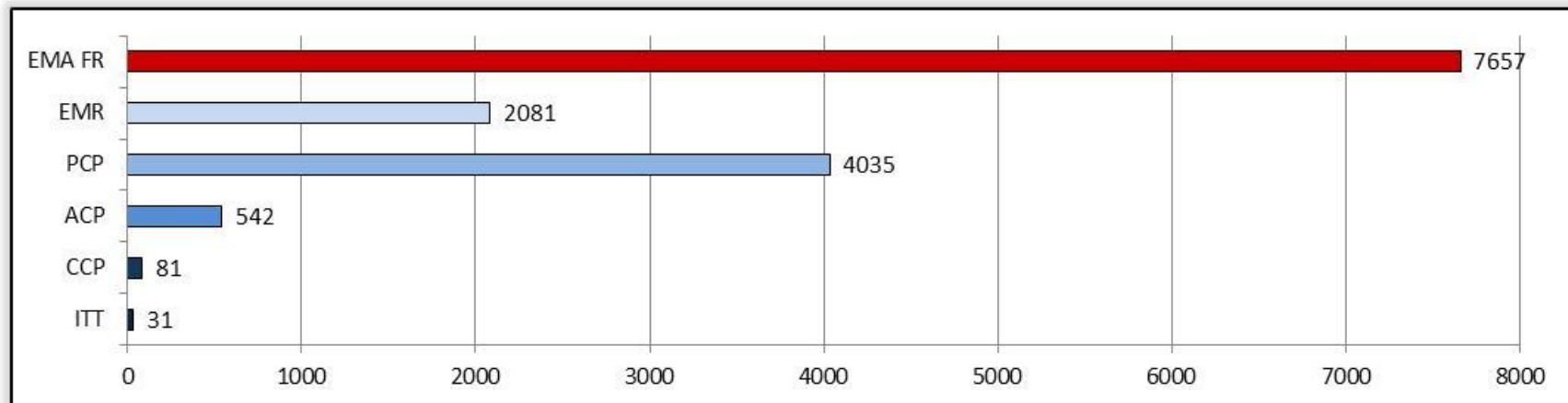
5 | Statistics

Registrants by Licence Level

There were a total of 14,427 EMA licences held during the 2015/16 fiscal year. This represents an increase of 330 over last year's 14,097 or 2.3% growth; down from last years' 3.4%. This slight decline in growth rate is expected as a result of the revocation of licenses as outlined in the continuing competence section on page 7 of this report. This trend is likely to continue in the short term as the board continues to hold licensees accountable for their regulatory responsibilities.

The number of licenced EMAs has risen 2,793 (24%) over the last five years.

Figure #1: Registrants by Licence Level (2015/16)



Source: EMA Licensing Branch

The percentage of total EMAs that are First Responders has decreased only slightly from 53.7% in 2014/15 to 53.1% in 2015/16. There is an expected increase in EMRs from 12.9% to 14.4% of total EMAs. EMR is the fastest growing licence category with a 12.5% increase over last year.

Licensees by Age

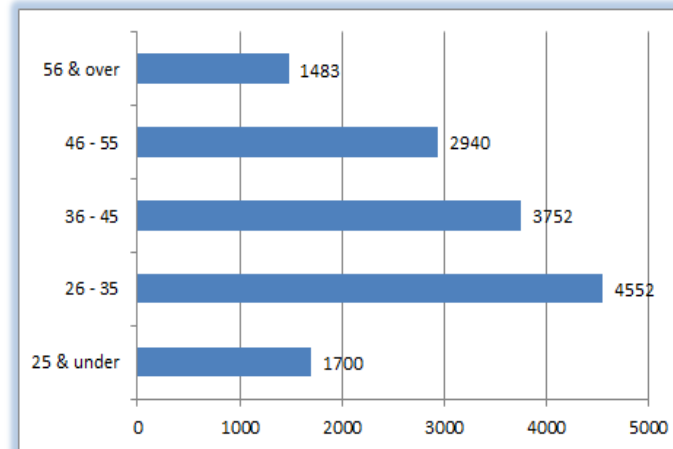
Figures #2 & 3: Age demographic of EMAs 2015/16 (Source: EMA Licensing Branch)

Although 70% of EMAs are under the age of 45, the remaining 30% aged 46 and older represent an aging workforce that will require attention in the years ahead. There has been a .5% shift in the number of EMAs from the 45 and under age group to the 46 and over group this year; a trend which is consistent with growth in the employment rate of this age group across Canada.

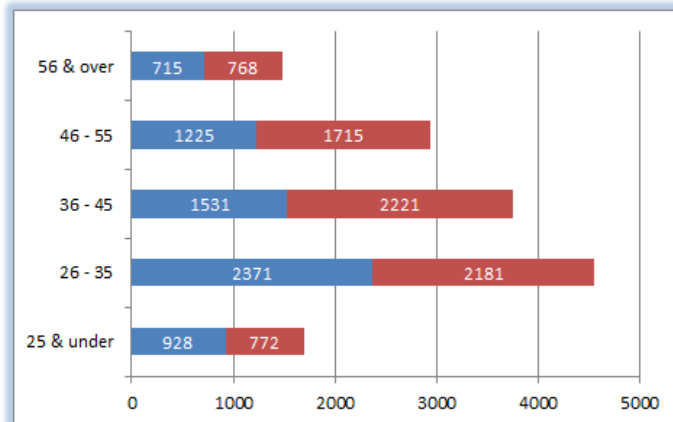
In the 56 & over category, 172 or 11.6% are over the age of 66 and of those 66 years of age or older, 61.6% are first responders. This is a segment of the general population which is on the rise in BC which is paralleled in the EMA population.

The number of specialized EMAs in the ACP and CCP categories increased this year but, ITT remained unchanged. Consistent with previous years, 41.3% of these specialized licensees are in the 46 and over age group as compared to 30% in the total EMA population. Specific attention will be required with EMAs performing these services, given the lengthier training and preceptorship at these licence levels.

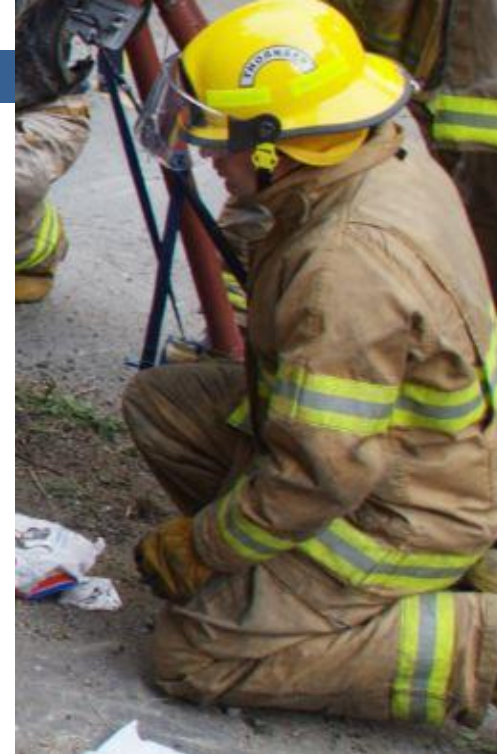
All EMA Licence Levels by Age



Paramedics and First Responders by Age



- Paramedics (all Licence Categories)
- First Responders



Examinations by Licence Level

The variance year over year in both practical and written exam volumes is the result of varying rates of failure / retake and/or candidates taking exams in two different fiscal years.

Practical Exams

The EMA Licensing Branch administered 1,198 practical exams during 2015/16 down 6.7% from the previous year. EMRs continue to have the highest number of exams at 808 or 67%.

Written Exams

All exams, with the exception of ACP exams, were administered online in 2015/16.

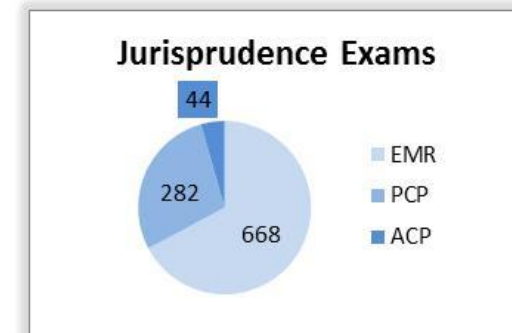
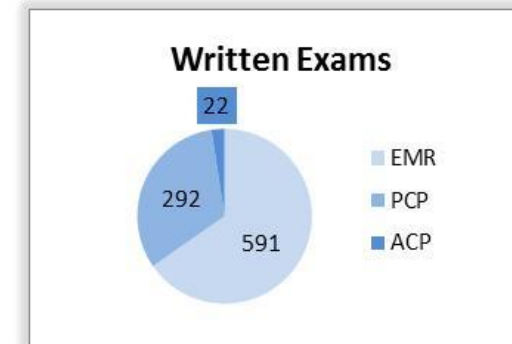
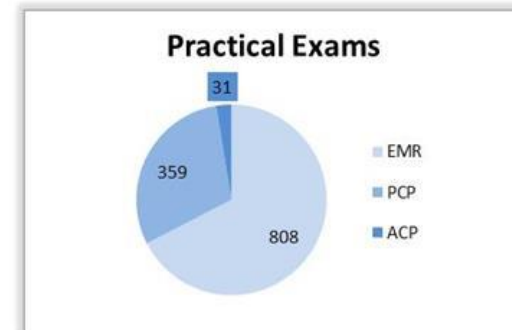
Total written exams were 905; down 19.1% from the previous years' total of 1,118. The majority of exams (792) were written by exam candidates who were applying for an initial licence while 107 wrote continuing competence exams. The remainder of the candidates were out of province or country or examining for reinstatement of an expired licence.

Jurisprudence Exams

The jurisprudence exam is an online, open book exam addressing legislation, regulation and policies governing EMA practice. In 2015/16 the number of attempts permitted was changed from unlimited to a maximum of three in alignment with other written exams.

The branch administered 994 jurisprudence exams; the majority (722) of which were candidates applying for an initial licence. Of the remaining 272 examinees, 259 were candidates transferring to British Columbia through the Agreement on Internal Trade, 10 were transferring internationally and the remaining three were licence reinstatements.

Figures #5, 6 & 7: Number of practical examinations, written examinations and jurisprudence examinations held by licence level (Source: EMA Licensing Branch)



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Patient Care Complaints

Closed Complaints and Outcomes

The EMA Licensing Board, in support of its mandate to protect the public, is empowered under the *Emergency Health Services Act* to investigate complaints regarding patient care, breaches of the EMA Code of Ethics (Schedule 3 of the EMA Regulation), breaches of the terms and conditions of an EMA licence and when necessary, conduct hearings.

Section 7 of *the Act* provides that the board may make determinations that an EMA incompetently carried out the duties of an EMA, breached a term and condition of his or her licence, or suffers from a physical ailment, emotional disturbance or an addiction to alcohol or drugs that materially impairs his or her ability to act as an Emergency Medical Assistant.

From April 1, 2015 to March 31, 2016, the board closed 11 complaint investigations. Of these 11 closed investigations, two related to patient care complaints, six to breaches of the EMA Code of Ethics (term and condition of licence), and three involved incompetence in carrying out the duties of an EMA.

Complaints by Type

The board uses both hearings and alternative dispute resolution (ADR) agreements as a means to achieve resolution. The board may require a registrant to complete appropriate disciplinary actions such as research papers and/or courses depending on the circumstances of the complaint and the findings of the Investigations Committee and/or hearing. The board may also determine if licence conditions or suspensions, should be imposed on a registrant's licence for a period of time.

Of the 11 closed cases, seven resulted in disciplinary action being taken and four resulted in no disciplinary action. The details of these cases can be found in [Appendix B](#).

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Appendix A - Board Biographies



Mr. Ken M. Kramer, Q.C., Chair

Born and raised in Vancouver, British Columbia, Mr. Kramer obtained his Bachelor of Business Administration Degree from Simon Fraser University in 1991 and his Bachelor of Law Degree from the University of British Columbia in 1995. Mr. Kramer is the founder, President and Senior Associate Counsel with KMK Law Corporation, a boutique law firm located in downtown Vancouver, BC, which provides specialized legal services in the areas of Estates and Trusts law, Wealth Management, Elder Law, and Estate Mediation & Litigation.

Mr. Kramer has been a spokesperson and advocate for the disabled community in British Columbia and throughout Canada for the past 20 years. He has sat and continues to sit on numerous boards of professional, charitable and community interest. He is also Past Chair of the National Board of Directors of Muscular Dystrophy Canada.

Mr. Kramer has dedicated many volunteer hours to the issues of long-term care and disability supports in our country for persons with disabilities as well as the elderly. He is currently a member of several national and provincial community and charitable groups advocating and educating all levels of government for improved disability supports throughout Canada.



Dr. Philip Yoon, M.D., M.B.A., Vice-Chair

Dr. Yoon works as a staff emergency physician at the Royal Columbian and Eagle Ridge Hospitals and is a Clinical Professor within the Department of Emergency Medicine at the University of British Columbia. He moved to British Columbia in 2012 from Nova Scotia where he was a Professor in the Faculty of Medicine at Dalhousie University and the District Chief / Department Head of Emergency Medicine.

Prior to his move to the Maritimes in 2009, Dr. Yoon completed all of his medical training at the University of Alberta and was an academic emergency physician based at the University of Alberta Hospital for 13

years. He also served as the Associate Medical Director of Special Operations for Edmonton EMS. Throughout his medical career, Dr. Yoon has remained involved in emergency medicine operations, administration, education, and research.

Dr. Yoon is also a Navy Reserve Medical Officer in the Canadian Armed Forces. Since February 2013, Phil joined British Columbia Emergency Health Services as the Medical Director of the EMS Physician Online Support (EPOS) service.



Mr. William (Bill) Leverett, M.A., Member

Bill Leverett started with the British Columbia Ambulance Service in 1979 as a part-time employee in the South Okanagan. He was hired full time in 1984 for the Vancouver post and completed his advanced life support (ALS) training in 1992. He moved to Victoria as an ALS unit chief in 1994 and completed his air evacuation training in 1997. In 2002, Bill completed his Master of Arts in Leadership and Training at Royal Roads University in Victoria.

Bill has been active in all aspects of EMA training and continuing medical education. He also served three years on the Victoria Standards of Care Committee. Bill has sat on the Paramedic Association of Canada Advisory Committee developing the National Paramedic Occupational Competency Profiles.

Bill is currently a duty supervisor with the BC Ambulance Service in Victoria.

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Appendix B - Disciplinary Outcomes

Cases Resulting in Disciplinary Action

EMA's Name	Complaint Type	Outcome
Byrne, B.	Incompetently Carried out the Duties of an EMA – 7 (1) (a) of the <i>Emergency Health Services Act</i>	An investigation substantiated the complaint that the respondent failed to fully assess the patient and to recognize evidence of a cardiac event. Byrne agreed to an Alternate Dispute Resolution (ADR) that required writing a research paper on typical presentation of myocardial infarctions in female patients, field vitals and 12 lead ECG, use of all diagnostic avenues and professionalism. Byrne was also required to serve a two shift suspension.
Cambridge, K	Incompetently Carried out the Duties of an EMA – 7 (1) (a) of the <i>Emergency Health Services Act</i>	An investigation substantiated the complaint that the respondent failed to attend to the patient in a respectful, caring and professional way. Cambridge agreed to an ADR with the following disciplinary actions: written apology to the patient, complete a course in managing conflict and write a research paper which outlines the management of conflict in pre-hospital environment.
Husereau, M.	Breached a term or condition of their licence – 7 (1) (b) of the <i>Emergency Health Services Act</i> Namely a Violation of the Code of Ethics (Schedule 3 of the EMA Regulation	EMALB received a regulatory notification that the respondent had been charged and was later convicted of criminal offences involving a minor. Pursuant to the provisions of subsection 7(3) of the <i>Emergency Health Services Act</i> , the board conducted a hearing and ruled that Husereau may never reapply for licensure at any level with the EMA Licensing Board.

Cases Resulting in Disciplinary Action (cont.)

EMA's Name	Complaint Type	Outcome
LeFresne, S.	Breached a term or condition of their licence – 7 (1) (b) of the <i>Emergency Health Services Act</i> Namely a Violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	An investigation substantiated the complaint that the respondent accessed the complainant's computer without consent and viewed personal photographs. LeFresne agreed to an ADR with the following disciplinary actions: written apology to the complainant, research paper which outlines what constitutes sexual harassment, why it is considered serious and unacceptable, how to prevent sexual harassment and respect for a co-worker's privacy in the workplace.
Lencoe, B.	Incompetently Carried out the Duties of an EMA – 7 (1) (a) of the <i>Emergency Health Services Act</i>	An investigation substantiated the complaint that the respondent administered medication to a patient that was not his, and that the patient was allegedly allergic to this particular medicine. The respondent agreed to an ADR which required writing a research paper on safe medication practices and the importance of working cooperatively with other health care workers.
Ricketts, N.	Incompetently Carried out the Duties of an EMA – 7 (1) (a) of the <i>Emergency Health Services Act</i>	An investigation substantiated the complaint that the respondent failed to assume the attending role when it became necessary. The respondent agreed to an ADR requiring a research paper on identification of a serious medical patient, and BCAS guidelines regarding cardiac arrest. Ricketts also served a one shift suspension.
Taylor, G.	Incompetently Carried out the Duties of an EMA – 7 (1) (a) of the <i>Emergency Health Services Act</i>	The investigation substantiated the complaint that the respondent failed multiple attempts to start an IV, which delayed overall scene assessment and vitals. The respondent agreed to an ADR which required writing a research paper on the importance of professional interaction, and management of pediatric trauma specific to pain and burn management.

Cases Resulting in No Disciplinary Action (therefore names withheld)

EMA's Name	Complaint Type	Outcome
Withheld	Breached a term or condition of their licence – 7 (1) (b) of the <i>Emergency Health Services Act</i> - a violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	<p>It was alleged that the respondent had impugned the complainant's professional reputation as a result of an earlier complaint made against her by the respondent.</p> <p>The board ruled this complaint was unsubstantiated and vexatious and since the allegation could not be substantiated, the board directed the case to be closed.</p>
Withheld	Breached a term or condition of their licence – 7 (1) (b) of the <i>Emergency Health Services Act</i> - a violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	<p>The complainant alleged that the respondent prioritized a family member for transport over another high risk patient.</p> <p>The board found insufficient evidence to substantiate the allegation and therefore directed the case closed.</p>
Withheld	Breached a term or condition of their licence – 7 (1) (b) of the <i>Emergency Health Services Act</i> - a violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	<p>EMALB received a regulatory notification that the respondent had been charged with assault.</p> <p>The board reviewed the respondent's case and found the charges had been stayed, and that all the requirements directed by the court had been met. The board determined additional disciplinary action was not necessary.</p>
Withheld	Breached a term or condition of their licence – 7 (1) (b) of the <i>Emergency Health Services Act</i> - a violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	<p>The complainant alleged that the respondent refused patient transport at first and made inappropriate comments.</p> <p>The board determined the allegation could not be substantiated and therefore directed the case to be closed.</p>