

Annual Report 2016/17

Emergency Medical Assistants

Licensing Board



Contents

1	Letter from the Chair	3
2	EMA Licensing Board.....	4
3	This Year in Review	6
4	2017/18 Looking Ahead.....	9
5	Statistics.....	10
6	Patient Care Complaints.....	14
7	Appendix A – Board Biographies	15
8	Appendix B – Investigations	17

1 | Letter from the Chair

July 18, 2017

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

Dear Honourable Adrian Dix:

On behalf of the Emergency Medical Assistants Licensing Board (the "Board"), I am pleased to present you with our 2016/17 Annual Report, in accordance with the *Emergency Health Services Act*, section 6(8).

During 2016/17, the Board met regularly with the BC Emergency Health Services and Ministry of Health executive to address topics of mutual interest regarding the regulation of Emergency Medical Assistants. The branch, on behalf of the Board, maintained cooperative working relationships with training institutions who deliver Board recognized training programs. In addition, the branch communicated with the thousands of emergency medical assistants (EMA) who provide emergency health services throughout the province through newsletters and policies available on the Board's website.

As a Minister new to the health portfolio, this annual report will provide you with a comprehensive overview of the work of the EMA Licensing Board. As Chair, I would be pleased to meet with you at any time to discuss its content or any topic pertaining to the role of the Board or the branch in continuing to ensure the professional standards in the EMA profession in British Columbia.

Yours truly,



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

2 | EMA Licensing Board



Mr. Ken M. Kramer, Chair



Dr. Phillip Yoon, Vice-Chair



Mr. William (Bill) Leverett, Member

Composition of the Board

The board has three members appointed by Order-In-Council. By regulation, appointments must include one licensed emergency medical assistant and one medical practitioner. Board member current terms expire as follows:

Mr. Kramer, December 31, 2017, 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 their 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 collaborative 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 physician, a registered nurse, a paramedic, and a first responder. This committee conducts investigations and reports their findings to the board 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, maintenance of training recognition 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 and Ministry's legislative authority.

3 | This Year in Review

Board Recognized Training Programs

Under the legislative authority of the EMA Regulation, the EMA Licensing Board recognizes training programs in six licence categories. As of March 31, 2017, there were 17 recognized training programs and 6 recognized endorsement training or restriction removal modules offered by 12 training institutions. The year over year decrease in offerings was the result of a change in board policy to no longer recognize individual modules that are contained in the full course offering. Training is offered 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. This year, four program re-submissions, one new program and three endorsement modules were reviewed and recognized.

Training Stakeholder Engagement

The EMA Licensing Branch meets with training institution representatives twice a year. Semi-annual meetings are held in the spring and fall with representation from all 12 provincial training institutions. The meetings are an opportunity for training representatives, the EMA Licensing Branch and BC Emergency Health Services to connect and 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.

Emergency Medical Assistants update and view their continuing competence using the Emergency Medical Assistants Continuing Competence System (EMACCS) which is a web-based system in place since 2013. EMACCS allows EMAs to manage their continuing education and patient contact totals to ensure they meet their annual requirements. Use of the system is mandated by regulation.



Licensees receive an automated notification once they have met their annual requirements. If annual requirements have not been met, licensees are contacted by the branch via email reminding them of their regulatory obligation.

In 2015/16, 931 licensees were found to be in continuing competency shortfall; a 16% decrease over the previous year during which the board took unprecedented action in revoking licences from licensees who had been in shortfall over multiple years.

The board held disciplinary action hearings during 2016/17 for 640 of the 931 licensees who had been in shortfall the previous year. Of the 640 referred to the board, 211 previously suspended licences were revoked and 286 licences were suspended. Of the 143 remaining, licensees either subsequently met their requirements, voluntarily relinquished their licence or their licence expired.

In 2016/17, 708 licensees were in continuing competency shortfall which represents a 24% decrease over the previous year.

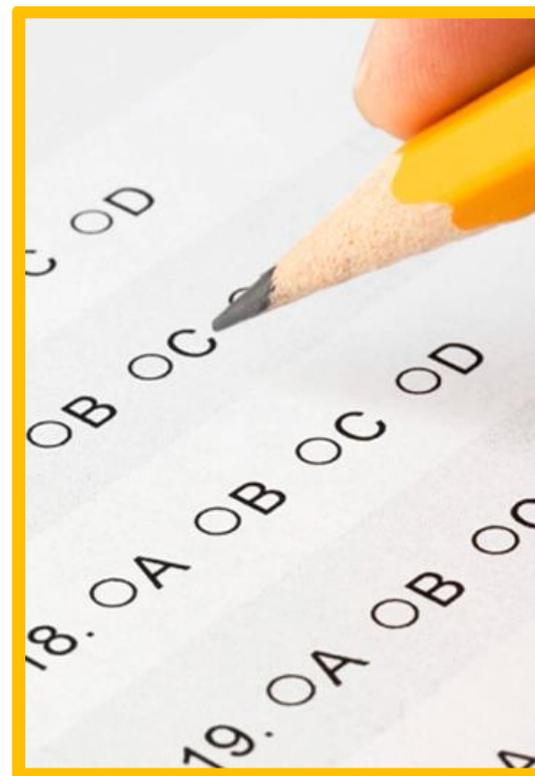
Examinations

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

The EMR written examinations were thoroughly reviewed and updated this year in consultation with the training institutions that deliver board recognized programs. This year, an examination review schedule was implemented to ensure a regular review and renewal of all written and practical examinations on a rotational basis.

A new continuing competence examination is instituted every year for each of the EMR, PCP and ACP licence categories.

During 2016/17, practical examinations were eliminated for PCPs and ACPs as the Canadian Organization of Paramedic Regulators (COPR) Entry to Practice Examination was implemented for both these licence categories.



Regulation Changes

In early 2016, the Emergency Medical Assistants Regulation was amended to include a narcotic antagonist endorsement for First Responders (FR) and EMRs. This was in response to the opioid overdose crisis. On October 13, 2016, the amendment was repealed. Outside of the EMA Regulation, regulation was updated to allow anyone to administer naloxone outside of a hospital in emergency situations.

On March 29, 2017, the Emergency Medical Assistants Regulation was amended to include a treat and release protocol and, CCP Schedule 1 was amended to include incubators for thermoregulation. These amendments will result in treatment guideline and training changes in 2017/18.



4 | 2017/18 Looking Ahead

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

The Emergency Medical Assistants Licensing Board represents BC on COPR/OCRP. Through COPR/OCRP, BC has collaborated with other regulators to develop solutions to enable paramedic labour mobility, achieve consensus on professional standards, and move towards a national standard examination leading to paramedic licensure. The EMA Licensing Board Registrar, Richard Simpson, has been appointed Chair of the COPR/OCRP Board effective May 2017, for a one year term.

Registry Project

The registry is the database that holds licensing and personal information about each licence holder. During the 2017/18 fiscal year, the branch will undertake to identify a registry that will suit the current and future needs of licensing EMAs in BC and put forward a business case for consideration by the Ministry.

Examination Maintenance

Emergency Medical Responder practical examinations are scheduled for review and updating this year. This will include stakeholder consultation and a review of best practices.

Licensing

Currently, PCP candidates obtain varying Schedule 2 endorsements on initial licensing depending on the training institution from which they graduate. All training institutions have agreed to include all Schedule 2 endorsements except endotracheal intubation by the end of 2017. This simplifies the PCP licensing process for branch licence administrators and ensures all PCPs are licensed at the same level.

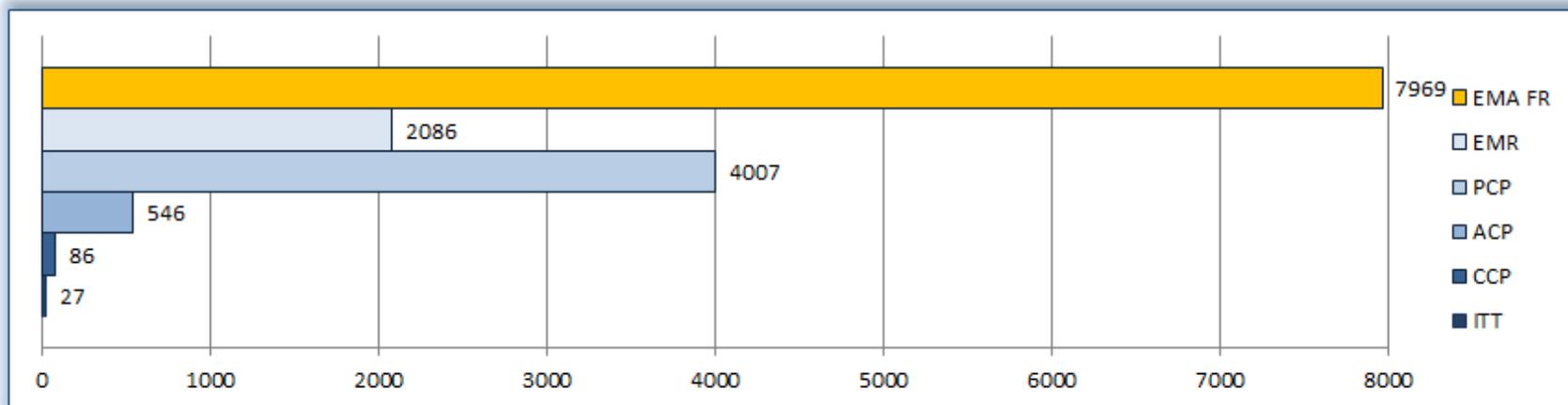
5

Statistics

Registrants by Licence Level

There were a total of 14,721 EMA licences held during the 2016/17 fiscal year. The number of licenced EMAs has risen 2.0% (294) over last year and 1,245 or 9.2% since 2012/13 (five years). In BC, First Responders continue to represent the largest number of EMAs at 54.1% of the total, up 1% from last year. Where the increase in total number of EMAs last year was primarily due to FRs obtaining EMR licences, the increase this year is primarily in FR licences (312) offset by minor movement in the other licence categories. A troubling trend for BC is the decrease in PCPs with a decrease of 28 this year and 59 last year or a total of 2.2% decrease over two years. There is not an equivalent offsetting increase in higher licence levels.

Figure #1: Registrants by Licence Level (2016/17)



Source: EMA Licensing Branch

Licenses by Age

According to the EMA Registry, the average age of EMAs is 40.4; up just .02% from last year. The number of EMAs under the age of 45 is 67.7% down 2.3% from last year. The age range with the largest growth year over year is the 56 & over category which has grown 10.3%, second to 46 – 55 which has grown 5.6%. This is a trend which is expected to continue for some years to come. The 25 & under category had remained stable for the previous two years but this year has decreased 9.4%.

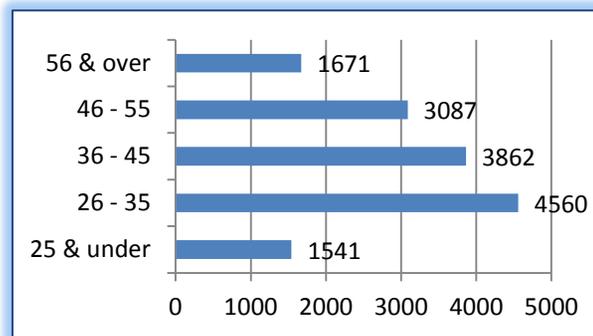
There are 283 or 1.9% of EMAs over the age of 65; 60% of which are First Responders. Many EMAs retain their licence because they remain working or to teach or volunteer.

The number of specialized EMAs in the ACP and CCP categories increased slightly this year and the ITT licence category decreased by four. This trend is expected to continue as there is not currently a board-recognized ITT training program.

Consistent with previous years, 40.1% of specialized licensees are in the 46 and over age group as compared to 32.3% in the total EMA population and 16.5% are over 56 as compared to 11.4%. Specific attention will be required with EMAs performing these services, given the lengthier training and preceptorship at these licence levels.

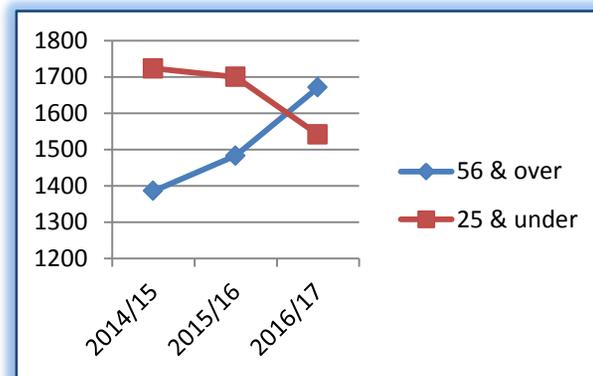
Figures #2 & 3: Age demographic of EMAs 2016/17

All EMA Licence Levels by Age



Source: EMA Licensing Branch

EMA Trends in Aging



Source: EMA Licensing Branch



Examinations by Licence Level

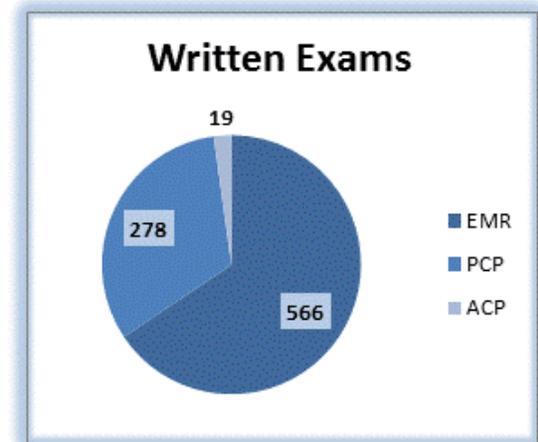
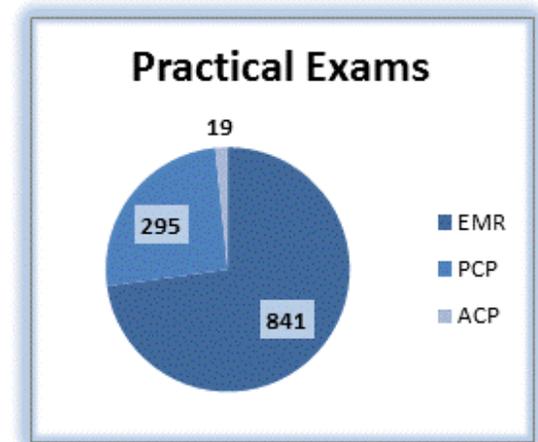
The variance year over year in both practical and written exam volumes is the result of varying rates of failure / retake and/or candidates taking exams in two different fiscal years. In the case of practical examinations, it is also the result of a change in policy as described below.

Practical Exams

The EMA Licensing Branch administered 1,155 practical exams during 2016/17 down 3.6% from the previous year. EMRs continue to have the highest number of exams at 841 or 73%. The downward trend is expected to continue into next year because practical exams have been eliminated for Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) who started their BC training programs during 2016/17. These cohorts will write the COPR Entry to Practice Examination and as such are not required to take practical exams. Practical examinations remain in place for those ACPs and PCPs who wish to reinstate an expired licence or to avoid or remove a suspension. Suspensions are most often the result of failing to complete continuing competence within the regulated timeframe.

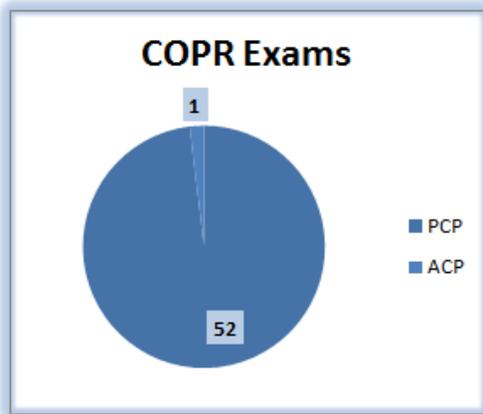
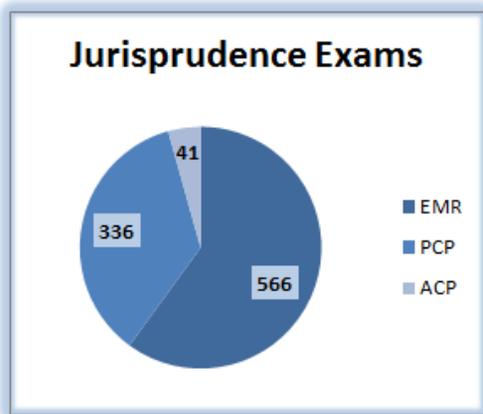
Written Exams

Total branch-administered written exams were 863; down 4.6% from the previous year. The majority of exams (82%) were written by candidates who were applying for an initial licence while 16% wrote continuing competence exams. The remainder were reinstatements of an expired licence or suspension removals.



Figures #4 &5: Number of practical examinations and written examinations held by licence level

(Source: EMA Licensing Branch)



Figures #6 & 7: Number of jurisprudence examinations number of BC candidates writing the COPR Entry to Practice Examination

(Source: EMA Licensing Branch)

Jurisprudence Exams

The jurisprudence exam addresses legislation, regulation and policies governing EMA practice.

The branch administered 943 jurisprudence exams down 5.1% from last year. The majority (671) of which were candidates applying for an initial licence. Of the remainder, 251 were candidates transferring to British Columbia through the Agreement on Internal Trade, seven were transferring internationally and the rest were licence reinstatements and suspension removals.

Canadian Organization of Paramedic Regulators (COPR) Exams

The Canadian Organization of Paramedic Regulators' (COPR) Entry to Practice Examination was developed through a rigorous process and is periodically evaluated. COPR has offered national examinations for PCPs and ACPs since 2012. The COPR written examination is "blueprinted" using the National Occupational Competency Profile (NOCP) for paramedics.

The EMA Licensing Board approved adopting the COPR Entry to Practice Examination as the standard for BC's EMA licensing process for the PCP and ACP licence categories in November 2015. BC's first cohort wrote the COPR exam in the fall of 2016 and the second in the spring of 2017. During 2016/17, BC candidates had a 92.5% success rate at the national exam which supports the high quality of the training available in BC.

6

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 EMA.

From April 1, 2016 to March 31, 2017, the board closed 19 complaint investigations. Of these 19 closed investigations, ten related to breaches of the EMA Code of Ethics (term and condition of licence), and nine 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 19 closed cases, nine resulted in disciplinary action being taken and ten resulted in no disciplinary action. The details of these cases can be found in [Appendix B](#).

7

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 Hospital and Eagle Ridge Hospital. He completed his medical and management training at the University of Alberta and has maintained an academic emergency medical practice in various tertiary care centres across the country. For more than 20 years, Dr. Yoon has remained involved in emergency medicine and EMS operations, administration, education and research. He is a Clinical Professor within the Department of Emergency Medicine at the University of British Columbia and a Navy Reserve Medical Officer in the Canadian Armed Forces. In February 2013, Dr. Yoon joined British Columbia Emergency Health Services

as the Medical Director of the EMS Physician Online Support (EPOS) service. He has been a member of the EMA Licensing Board since 2012.



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 a 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 employed with the BC Ambulance Service in Victoria.

8

Appendix B - Investigations

Investigations & Complaints Considered by the Board Resulting in Disciplinary Action

EMA's Name	Complaint Type	Outcome
Abramsen, Kenneth	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 breached a number of the EMA Code of Ethics in multiple complaint files. Mr. Abramsen failed to appear at scheduled hearings into these matters. His licence has been permanently revoked.
Biddle, Malcolm	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	EMA admitted to theft from his employer. Mr. Biddle signed an ADR agreement which requires that he not reapply for licensure for one year. If reinstated, he will be required to report all counselling and addiction recovery treatments.
Dietrich, Richard	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	EMA failed to complete a first responder report. Mr. Dietrich signed an ADR agreement and completed a research paper.

Investigations & Complaints Considered by the Board Resulting in Disciplinary Action (cont.)

EMA's Name	Complaint Type	Outcome
Fairbrother, Douglas	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	The Emergency Medical Assistants Licensing Board received a regulatory notification of charges under the <i>Criminal Code of Canada</i> . Mr. Fairbrother was convicted and sentenced under the Criminal Code. He signed an ADR agreement in which he accepted specific terms and conditions on his licence.
Griffiths, Christopher	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	EMA performed a treatment in a manner that was not consistent with BCEHS Treatment Guidelines thereby putting a patient at risk. Mr. Griffiths signed an ADR agreement with disciplinary actions to complete ALS AIME, a GAP analysis medical review, an online paramedic refresher course, sign up to code3cme.com for one year, attend counselling sessions, complete BCEHS mentorship/preceptor program and write a research paper.
Kennedy, Candice	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	EMA failed to recognize the potential severity of the patient's condition, and contrary to best practices, had the patient walk to the ambulance. Ms. Kennedy signed an ADR agreement which required her to write a research paper and serve a 2-day suspension.
Sheedy, Cory	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	EMA abandoned a patient and failed to transport to hospital, patient care record was not created. Mr. Sheedy signed an ADR agreement which outlined that he was to write a research paper.
Turgeon, Danny	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	Paramedic involved in multiple Patient Care Complaints by failing to perform PCP skills correctly. Mr. Turgeon has signed an ADR agreement which provides that he will never reapply for licensure with the Board.
Visentin, Gina	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	Contrary to best practices, EMA had the patient walk to the ambulance and engaged in conversation with the patient about possible diagnoses. Ms. Visentin signed an ADR agreement which outlined a requirement to write a research paper.

Investigations & Complaints Resulting in No Disciplinary Action - therefore names withheld

EMA's Name	Complaint Type	Outcome
Names Withheld (7 EMAs)	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	<ol style="list-style-type: none"> 1. EMA was accused of preventing another employee from attending a code 3 call causing a delay in transport. The board determined that this was a Human Resources issue, and closed the file. 2. The Emergency Medical Assistants Licensing Board received six separate regulatory notifications that respondents had been charged under <i>the Criminal Code of Canada</i>. In four cases, the Board received notification that the charges against the paramedic were dismissed; in one case the EMA proved completion of all the Court's requirements; and, in the final case the EMA complied with the Court's decision and completed all disciplinary actions. All six cases have been closed.
Names Withheld (8 EMAs)	Incompetently carried out the duties of an EMA – 7 (1)(a) of the <i>Emergency Health Services Act</i>	<ol style="list-style-type: none"> 1. EMAs were accused of ignoring a Do Not Resuscitate form. A Do Not Resuscitate form was never presented to the attendants on this call, therefore, they did not breach a term or condition of their licence. 2. An off-duty EMA allegedly administered a medicine that they were not endorsed to use. The EMA self-identified as a health professional permitted to administer the medicine; therefore, the Board had no jurisdiction in this matter. 3. EMAs allegedly failed to consider the wellbeing of the patient by not providing adequate care, being rude and having the patient walk to the ambulance while experiencing pain in her leg. An investigation into this complaint did not find sufficient evidence to substantiate the allegations.