

# Annual Report 2017/18

Emergency Medical Assistants

Licensing Board



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# 1 | Letter from the Chair

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2018

The Honourable Adrian Dix  
Minister of Health  
Room 337 Parliament Buildings  
Victoria BC V8V 1X4

Dear Minister Dix,

On behalf of the Emergency Medical Assistants Licensing Board (the “Board”), I am pleased to present you with our 2017/18 Annual Report, in accordance with the *Emergency Health Services Act*, section 6(8).

Since my appointment on December 31, 2017, the focus has been on ensuring that the Board continues to support the Ministry priorities of improved patient safety and public health outcomes, integrated health care delivery and investing in paramedics.

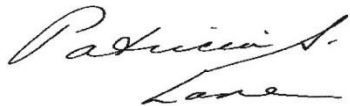
To that end, the Board has prioritized improving relations with key stakeholders such as the BC Emergency Health Services, the Fire Chiefs' Association of BC, Ambulance Paramedics of BC, and the Ministry of Health Executive. As a result, we enjoy an enhanced ability to address topics of mutual interest regarding the regulation of Emergency Medical Assistants (“EMAs”). It has been my privilege to spend time in the Victoria and Vancouver area Dispatch Centres and, with the recently appointed EMA Licensing Branch Director/Registrar, to engage in ‘ride-alongs’ with both Paramedics and First Responders in Metchosin, Saanich, Kelowna, Surrey and Vancouver. Our goal is to learn firsthand about the challenges of their work. We seek to discuss how we as their regulator can work cooperatively to better serve them, so they in turn can

improve the care they give patients. I look forward to additional opportunities to build relationships with stakeholders and to meet with EMAs throughout the province.

The Board has demonstrated strong support for the concept that treating health care providers with respect improves patient outcomes. Rehabilitative and system sensitive approaches to the resolution of patient care complaints continue to be preferred over a solely punitive one where possible. The protection of the public and the promotion of high standards of professionalism among EMAs remain keystone values of the Board.

This annual report will provide you with a comprehensive overview of the work of the EMA Licensing Board. The Board 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 enhance the professional standards of EMAs in British Columbia.

Yours truly,

A handwritten signature in black ink, appearing to read "Patricia Lane". The signature is written in a cursive, flowing style.

Patricia Lane  
Chair  
EMA Licensing Board

## 2 | EMA Licensing Board



Ms. Patricia Lane



Dr. Philip 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:

Ms. Lane, December 31, 2019; Mr. Leverett, December 31, 2018; 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



## ***New Director/Registrar Appointed***

With the retirement of Director/Registrar, Richard Simpson scheduled for the spring of 2018, a competition was held to appoint his replacement. In February 2018, Amanda Saville was appointed Director/Registrar. Amanda brings ten years of experience in the branch to this position having held several administrative and licensing roles prior to her most recent position as the Manager of Branch Operations. The Board appreciates the expertise Amanda brings to the dual role of Branch Director and Registrar to the Licensing Board.

## ***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, 2018, there were 17 recognized training programs and 6 recognized endorsement training or restriction removal modules offered by 12 training institutions, which is consistent with the offerings from the previous year. 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 according to the review schedule. During the process, program materials are assessed against a range of criteria including the EMA Regulations and the National Occupational Competency Profile (NOCP) which defines the competencies of EMAs. This year, three program re-submissions, and two endorsement modules were reviewed and recognized.

The EMA Licensing Branch meets with training institution representatives as an opportunity to discuss with training representatives and BC Emergency Health Services 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 patient care.

Emergency Medical Assistants update and view their continuing competence online using the Emergency Medical Assistants Continuing Competence System (EMACCS). EMACCS allows EMAs to manage their continuing education and patient contact totals to ensure they meet their annual requirements.



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 2016/17, 708 licensees were found to be in continuing competency shortfall; a 24% decrease over the previous year. The number of EMAs in Continuing Competence shortfall has steadily declined over the last three years since the board took action to revoke licences from licensees who had been in shortfall over multiple years.

The board held disciplinary action hearings during 2017/18 for 522 of the 708 licensees who had been in shortfall the previous year. Of the 522 referred to the board, 115 previously suspended licences were revoked and 249 licences were suspended. Of the 158 remaining, licensees either subsequently met their requirements, voluntarily relinquished their licence or their licence expired.

In 2017/18, 504 licensees were in continuing competency shortfall which represents a 29% decrease over the previous year. The successful efforts to assist EMAs to comply with their regulated continuing competence requirements will continue.



## **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 practical examinations were thoroughly reviewed and updated this year and there are 88 new EMR practical exams as a result. All written and practical examinations are reviewed or renewed on a rotational basis.

New continuing competence examinations are instituted each year for the EMR, PCP and ACP licence categories.

## **Policies**

Board policies are instituted based on identified need including: to clarify regulatory requirements; to streamline licensing processes; to align with board direction; and, to support EMAs in obtaining and maintaining licensure. In addition, policies are reviewed on an annual basis to ensure they continue to meet the intended need.

*Emergency Childbirth Endorsement of First Responders* - During 2017/18, the Board recognized the emergency childbirth modules for each of the recognized First Responder training programs and endorsed First Responders who had successfully completed the emergency childbirth training.

*Continuing Competence Requirements* – In an effort to assist EMAs in meeting their annual requirements for continuing competence a policy was produced to make clear the EMAs' regulatory responsibilities and the timeline during which the requirements must be met. The new policy more closely aligns the criteria for which education credits will be given to the level at which the EMA is licensed and practices.

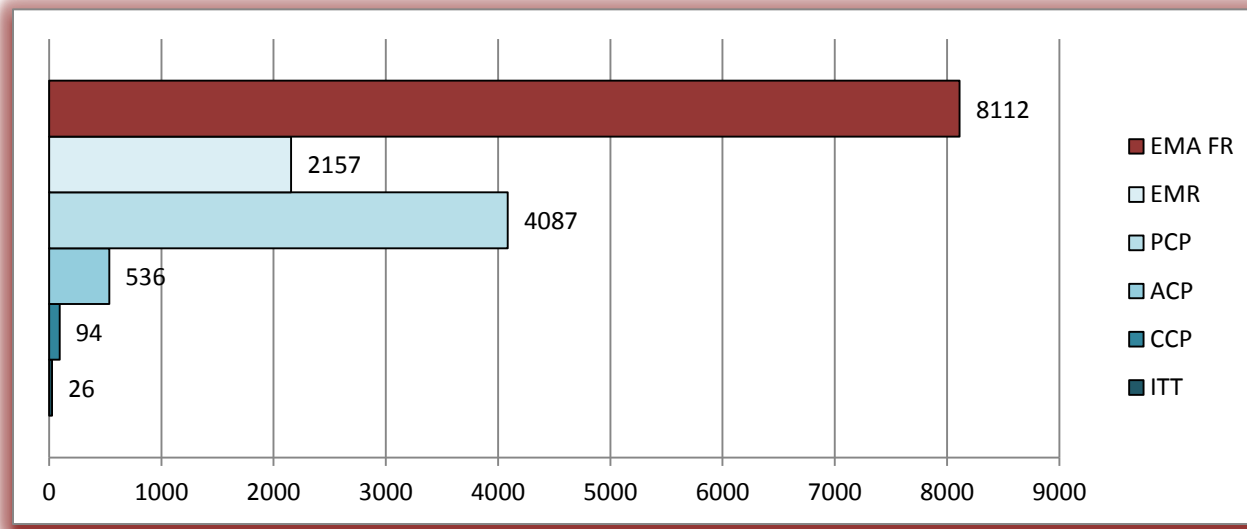
*Primary Care Paramedics to Challenge EMR Exams* – The purpose of this policy is to give Primary Care Paramedic students the opportunity to challenge the EMR examinations so they can work as EMRs while completing their program preceptorship requirements and awaiting their scheduled National Canadian Organization of Paramedic Regulator examination.

*Elimination of Plastic Licenses* – The EMA Licensing Branch elected to eliminate the plastic license cards this year to align EMAs with other allied and health professions. In addition, there is a cost of savings in excess of \$6,000 annually exclusive of mailing and staff resources.

# 4 | EMAs by the Number

During 2017/18, there were a total of 15,012 EMA licences held. This represents a 2.0% (291) increase over last year and 471 or 3.2% since 2013/14 (five years). In BC, First Responders continue to represent the largest number of EMAs at 54.0% which remains the same from 2016/17. As with the previous year, the primary area of growth is in FR licences (143) followed by PCP (80), EMR (71), and CCP (8), offset by minor decreases in ACP (-10) and ITT (-1). The increase in PCPs this past year largely offsets the decrease experienced over the last two years in this licence category (88).

**Figure #1: Registrants by Licence Level (2017/18)**

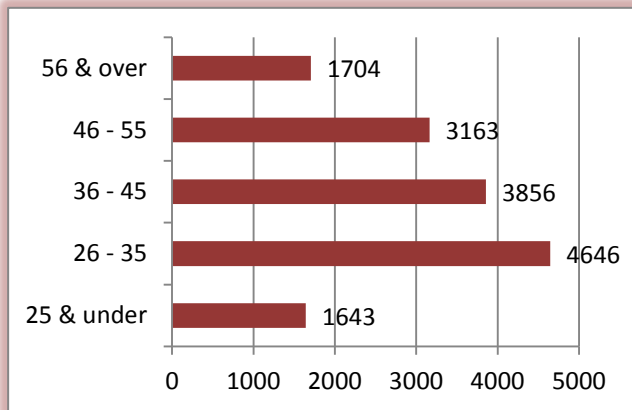


Source: EMA Licensing Branch

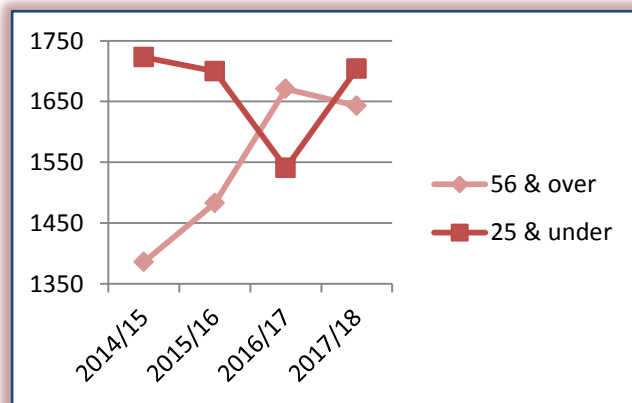


Figures #2 & 3: Age demographic of EMAs (2017/18)

**All EMA Licence Levels by Age**



**EMA Trends in Aging**



Source: EMA Licensing Branch

The average age of EMAs is just over 40 years and has remained relatively constant for the third year running. The number of EMAs under the age of 45 has also remained constant at 67.6%. The age range with the largest growth year over year is the 25 & under category which has grown 6.2%, second to 46 – 55 which has grown 2.4%. This increase in EMAs under 25 is encouraging given recent trend in the growth of the 56 & over age category.

There are 323 or 2.2% of EMAs over the age of 65; 63% of which are First Responders. Many EMAs retain their licence because they remain working, to teach, or to volunteer.

The number of specialized EMAs in the ACP category decreased by 10 this year and the ITT licence category decreased by one. The CCP category increased by eight.

Consistent with previous years, 40.1% of specialized licensees are in the 46 and over age group as compared to 32.4% in the total EMA population and 17.2% are over 56 as compared to 11.4%. Aging in the EMA population is consistent with other health and allied health professions.

### 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 reporting years.

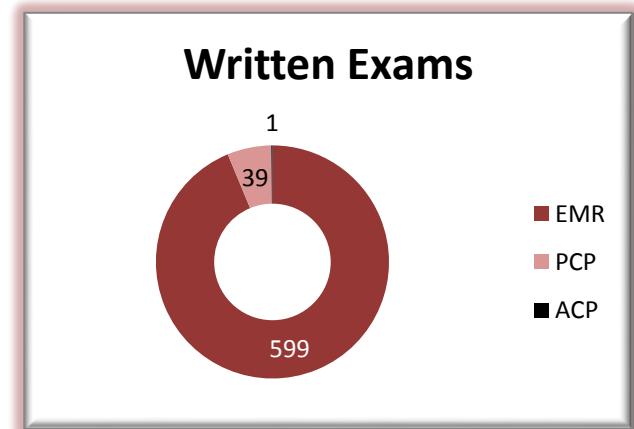
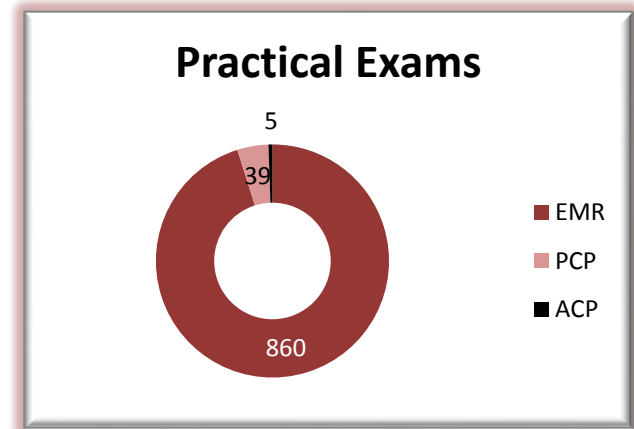
#### Practical Exams

The EMA Licensing Branch administered 904 practical exams during 2017/18 down 27.8% from the previous year. This is an expected downward trend 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 wrote 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.

EMRs continue to have the highest number of practical exams at 860 or 95%.

#### Written Exams

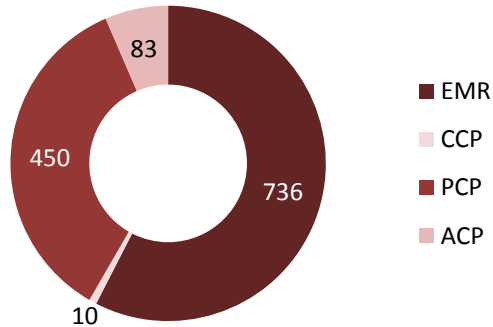
Total branch-administered written exams were 639; down 26% from the previous year. The majority of exams (92%) were written by candidates who were applying for an initial licence while the remainder wrote continuing competence, reinstatement, and suspension removal or exams pertaining to hearings.



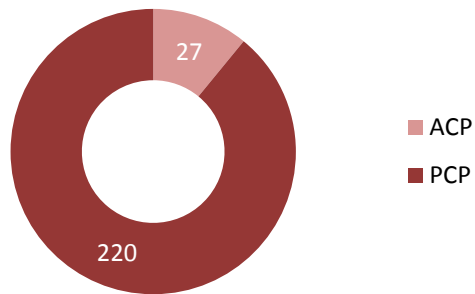
**Figures #4 &5: Number of practical examinations and written examinations held by licence level**

Source: EMA Licensing Branch

## Jurisprudence Exams



## COPR Exams



**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 1,279 jurisprudence exams up 35.6% from the previous year. The majority (863) were candidates applying for an initial licence in the category. Of the remainder, 363 were candidates transferring to British Columbia through the Agreement on Internal Trade (AIT); ten were transferring internationally; and, the remaining 43 were licence reinstatements, suspension removals, or requirements of continuing competence or hearings. AIT transfers were up 44.6% over the previous year.

### ***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 adoption of the COPR Entry to Practice Examination for PCP and ACP licence categories in BC in November 2015. During 2017/18, 247 COPR exams were attempted by BC candidates with an 89.5% success rate.

# 5 | Patient Care Complaints

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## **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, 2017 to March 31, 2018, the board closed 18 complaint investigations. Of these 18 closed investigations, seven related to breaches of the EMA Code of Ethics (term and condition of licence), and eleven 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 18 closed cases, eight resulted in disciplinary action being taken and ten resulted in no disciplinary action. The details of these cases can be found in [Appendix B](#).

# 6

## Appendix A - Board Biographies



**Ms. Patricia Lane, Chair**

Ms. Lane obtained her law degree from Osgoode Hall Law School ('76) and after a year at the BC Law Reform Commission and another in articles at Swinton and Co. in Vancouver, was called to the British Columbia Bar in 1979. After practicing labour law for ten years, she joined the Yukon government's treaty negotiation team with special responsibility for the self-government and dispute resolution tables. She worked in Ontario on tax policy and reported to the Deputy Minister of Health as a special consultant on health care reform. In 1992 she returned to BC to assist the Ministry of Health in implementing the *Closer to Home* initiative. She has deep tribunal experience. Her practice consists of serving clients as an arbitrator and mediator and sole tribunal judge. She has served on the BC Securities Commission, the BC Real Estate Council and is past Chair of the University of Victoria Harassment and Human Rights Panel. Ms. Lane served as a Director of Coast Capital Savings for nine years and has extensive Board experience in the charitable sector.

Ms. Lane holds the Chartered Mediator and Chartered Arbitrator designations.

Ms. Lane was appointed as board chair on December 31, 2017, for a two-year term ending December 31, 2019.



**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/EMS operations, administration, education, and research. Additionally, he has maintained membership in the National Association of EMS Physicians (NAEMSP) since 2006.

He is also a Navy Reserve Medical Officer in the Canadian Armed Forces. Since February 2013, Phil has held the position of Medical Director of the EMS Physician Online Support (EPOS) service with the British Columbia Emergency Health Services (BCEHS). Dr. Yoon was appointed to the board November 8, 2012, and was reappointed in November of 2015 until December 31, 2018.



**Mr. William (Bill) Leverett, MA, 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 paramedic National Occupational Competency Profile.

He has also served as a program surveyor and survey team chair with the Canadian Medical Association Conjoint Accreditation Services. He held a position on the Committee on Program Accreditation for 6 years and a position on the Conjoint Committee on Accreditation for an additional 6 years ending in February 2018.

Bill is currently an acting duty supervisor with the B.C. Ambulance Service in Victoria.

Bill was appointed to the board May 1, 2000, and was reappointed in December of 2017 until December 31, 2018.



# 7

## Appendix B - Investigations

### Investigations & Complaints Considered by the Board Resulting in Disciplinary Action

EMA's Name	Complaint Type	Outcome
<b>Venables, Thomas E.</b>	Breached a term or condition of their licence – 7 (1) (b) of the Emergency Health Services Act Namely a Violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	EMA acted in a perceived unprofessional manner by repeatedly asking the person who called for an ambulance why they called for it.  Mr. Venables signed an ADR agreement and completed a research paper.
<b>Ditchburn, Gordon W.</b>	Incompetently Carried out the Duties of an EMA -7 (1) (b) of the Emergency Health Services Act	EMA failed to complete a thorough assessment of the patient including vital signs; attempted to cancel BC Ambulance Service and divert the patient from further medical care when it was inappropriate to do so; and, failed to complete a First Responder report for the call.  Mr. Ditchburn signed an ADR agreement and completed a research paper.
<b>Swant, Robert S.</b>	Incompetently Carried out the Duties of an EMA -7 (1) (b) of the Emergency Health Services Act	EMA failed to recognize the severity of the patient's symptoms and failed to properly complete the First Responder Report for the patient.  Mr. Swant signed an ADR agreement and agreed to not reapply for licensing as a First Responder for six months.
<b>Ryon, Gayle</b>	Incompetently Carried out the Duties of an EMA -7 (1) (a) of the Emergency Health Services Act	EMA failed to ensure the PCP crew was comfortable treating and transporting the patient, or in the alternative, failed to accompany the PCP crew to the hospital; or failed to take over the care of the patient; and, failed to complete a Patient Care Report for the patient.  Mr. Ryon signed an ADR agreement; completed a research paper; and, served a 2-day shift suspension.

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

EMA's Name	Complaint Type	Outcome
<b>Iglehart, Deborah, Olfert, Marley M. Satterthwaite, Jason E., Skrinnikoff, Adam</b>	Incompetently Carried out the Duties of an EMA -7 (1) (a) of the Emergency Health Services Act	EMAs did not administer oxygen to a patient who was cyanotic; used a pulse oximeter; and, did not complete a First Responder Report.  Each EMA signed an ADR agreement and completed a research paper.
<b>Wright, Corinne A.</b>	Breached a term or condition of their licence – 7 (1) (b) of the Emergency Health Services Act Namely a Violation of the Code of Ethics (Schedule 3 of the EMA Regulation)	EMA was unprofessional to another attending EMA.  Ms. Wright signed an ADR agreement and completed a research paper.
<b>March, Matthew C.</b>	Incompetently Carried out the Duties of an EMA -7 (1) (a) of the Emergency Health Services Act	EMA failed to recognize the seriousness of the patient's condition; did not transport patient to the hospital on an urgent basis; and failed to give nitroglycerin.  The Board conducted a hearing and ruled that Mr. March's PCP licence be restricted to practice at the EMA FR level with Schedule 2 Services permitted until Decision on Penalty requirements are met.  Mr. March successfully completed the Justice Institute of British Columbia's PCP Refresher Course; the EMALB practical PCP exam; and, completed a research paper.
<b>Attendant X</b>	Breached a term or condition of their licence – 7 (1) (b) of the Emergency Health Services Act Namely a Violation of the Code of Ethics (Schedule 3) of the EMA Regulation	EMA allegedly intubated a patient in the esophagus not trachea.  Attendant X signed an ADR agreement and completed a research paper. Name withheld as per ADR.

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

EMA's Name	Complaint Type	Outcome
Names Withheld (7 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"> <li>EMAs (2) allegedly refused to transport a wheelchair in the ambulance to hospital. The Board determined that their decision not to transport the wheelchair to hospital aligns with BCAS' safety policy.</li> <li>EMA was accused of cancelling an ambulance for an intoxicated patient. BCAS continued to the scene and found the patient lying on the ground in need of medical attention. An investigation into this complaint did not find sufficient evidence to substantiate the allegation.</li> <li>EMA allegedly abandoned a patient for a lift-assist call. An investigation into this complaint found the board has no specific authority to make recommendations and decisions regarding lift-assist calls.</li> <li>EMA FR allegedly did not appreciate the severity of the patient's condition; moved the patient from a supine to a seated position; failed to complete proper documentation; and, refused to remain on scene. An investigation into this complaint found there was insufficient evidence to proceed to hearing and could have been dealt with between the parties involved.</li> <li>EMA allegedly did not provide proper spinal immobilization to a patient with a possible neck injury. An investigation found that the EMA was the driver on this call and had no involvement with patient care.</li> <li>EMA allegedly failed to check airway, breathing and circulation and level of consciousness and had a by-stander hold c-spine while they rolled the patient. An investigation into this complaint found the EMA performed within the treatment guidelines.</li> </ol>
Names Withheld (4 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"> <li>The Emergency Medical Assistants Licensing Board came across a CBC News article about a human rights claim that was filed due to harassment of a colleague. The case was sent to the Human Rights Tribunal; therefore, the complaint file was closed.</li> <li>The Emergency Medical Assistants Licensing Board received <b>three separate regulatory notifications</b> that respondents had been charged under the Criminal Code of Canada. In two cases, the Board received notification that the charges against the EMAs were dismissed; and, in one case the charges against the EMA were stayed.</li> </ol>