

BC EMA CONTINUING COMPETENCE REVIEW PROJECT

ESTABLISHING PRINCIPLES

The purpose of this project is to establish clear policy objectives for the continuing competence (CC) program and identify opportunities to enhance practitioner knowledge and engagement while maintaining public safety and practitioner accountability. A jurisdictional scan was conducted focussing on Canadian provinces and the United Kingdom, Australia, and New Zealand. A survey of currently licensed BC Emergency Medical Assistants (EMA) was also conducted to gather input regarding the existing CC program. A report was written to capture the findings of the jurisdictional scan and the survey results. The findings have been used to inform this paper which outlines the principles on which the continuing competence program and credit allocation will be based. These principles do not constitute policy but have guided policy development.

THE PURPOSE OF CONTINUING COMPETENCE

The purpose of a continuing competence system is to ensure that healthcare practitioners maintain their core capabilities and keep abreast of technological and scientific changes that affect their practice. Medical science evolves rapidly with improvements in the medical understanding of disease and injury processes and the development of better and more reliable point-of-care testing and treatment devices and technologies.

Most healthcare disciplines are bound by continuing competence requirements. Healthcare providers operate in positions of trust, and it is important to maintain knowledge and proficiency and to support a system that instils public confidence in the diligence applied to maintaining that trust.

BC EMA CONTINUING COMPETENCE REQUIREMENTS

All BC EMAs with a licence level of EMR or higher, are required to make annual submissions of patient contacts and continuing education (CE) to maintain their licence. The terms of the continuing competence requirements are defined by statute in **Part 4** of the Emergency Medical Assistants Regulation (the regulation). The regulation identifies the annual requirements as: 20 continuing education credits; and 20 patient contacts or, if fewer than 20 patient contacts and more than 20 continuing education credits, excess continuing education credits can be substituted for patient contacts on a one-to-one basis. Each CE credit beyond 20, substitutes for one patient contact. The reverse is not true, however as excess patient contacts cannot make up for a shortfall in CE credits.

Because these requirements are in the regulation, they must be adhered to by both the EMA Licensing Branch and BC EMAs. The Director allocates credits according to current Continuing Competence Policy published on the **website**. The Director must be satisfied that the educational activity is “relevant to the knowledge, skills or abilities required of an EMA in the course of practising the profession” for the activity to be granted CE credit. The number of credits to be applied to an educational activity is determined by the Director in accordance with Branch policy.

THE PRINCIPLES OF CONTINUING COMPETENCE POLICY

1. An EMA is defined in the *Emergency Health Services Act* as “a person licensed by the licensing board under this *Act* as an emergency medical assistant”. All EMA patient contacts are treated equally for continuing competence purposes irrespective of their service environment.
2. Patient contacts are defined in the regulation as “contacts that an EMA has with a patient in the course of practicing the profession”. The *Act* defines the “profession” as, “practice as an emergency medical assistant”. Policy supports these definitions.
 - a. Patient contact allocation - the Director must be satisfied that the EMA provided full patient assessment or direct patient care to the patient during the contact.
3. Continuing education activities are defined by the regulation as “a training or educational program, course, seminar or similar activity”. Policy supports this definition.
 - a. Credit allocation - the Director must be satisfied that the continuing education activity in respect of which the credit is claimed is relevant to the knowledge, skills or abilities required of an EMA while practising the profession.
 - b. The value of the credit allocation will align with the value of the activity in relation to the knowledge, skills and abilities required of an EMA.
4. Information will be provided to EMAs such that they can estimate with reasonable accuracy the credit valuation of their intended activities in advance of submitting the activity through EMACCS.
5. The [National Occupational Competency Profile](#) (NOCP) is the framework against which activities are measured. All identified NOCP categories (i.e., 1-8) are equally valued with some annual maximums established for credit allocation.

CONTINUING COMPETENCE POLICY CONSIDERATIONS

Policy development encompassing these considerations and direction was developed during 2022 with an implementation date of April 1, 2023. The policy is effective for the April 1, 2023, to March 31, 2024, CC reporting period. The intended outcome of the revised policy, which supports the draft principles, is to create greater flexibility for EMAs in selecting educational activities, remove priority ratings for specific NOCPs, and provide EMAs greater predictability in the credits they will receive for their chosen learning activities.

This policy work is now complete. The policy aligns with the draft principles. Based on the feedback received and the jurisdictional research, the branch developed the policy to include the following:

1. Learning activities will increase an EMA's understanding of one or more of the following: pre-hospital care, medical care, emergency medicine, practitioner mental health in healthcare settings, cultural safety and humility, conflict resolution, and leadership in healthcare. These topics are understood to be consistent with the existing NOCPs.
2. Learning activities may include courses, conferences, and self-directed learning and consults under the supervision of a clinical practitioner and/or clinical counsellor.
3. EMA activities contributing to the licensure of other EMAs (e.g., instructing, precepting, examining, and leading Board-directed clinical consults) will be eligible for credit up to an annual maximum.
4. One hour of activity equals one credit with some activities having annual maximums. Estimations of self-directed learning must be provided by the supervisor and/or training institution leading the learning.
5. Supporting documentation/verification documentation is a CE requirement.