



Annual Report

Emergency Medical Assistants
Licensing Board



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Letter from the Chair

July 30, 2014

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 2013/14 Annual Report, as per the *Emergency Health Services Act*, section 6(b)(8).

This year the board put significant focus into improving partnerships and communication with stakeholders including emergency medical assistants (EMAs), training agencies, employers and BC Emergency Health Services (BCEHS). Reflecting this, in 2013 the board worked with BCEHS to establish a "Memorandum of Understanding" agreement clarifying the roles, authorities and responsibilities of each organization. Coupled with the agreement, a steering committee was established as a venue for discussions between the parties. As per the memorandum, the steering committee is set to meet at least four times per year.

This year also brought significant communication and collaboration with training agencies. In March 2014, members of the EMA Licensing Branch met with representatives from training agencies and BCEHS to discuss a range of topics including licensing exam content and reference material, use of BCEHS treatment guidelines in exams, and the upcoming review of board training program recognition requirements.

As Chair of the board, I would be pleased to meet with you at any time to discuss questions related to the licensing of emergency medical assistants or the licensing board's role in ensuring EMAs meet and maintain a high standard of professional emergency care province-wide.

Yours truly,



Mr. Ken M. Kramer
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.

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 set licence terms and conditions. Annual continuing competence requirements are enforced by the board to ensure licensees maintain a high standard of care.

The board is also mandated to investigate complaints regarding patient care and *Code of Ethics* issues 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 the licence be revoked or suspended for a period of time.

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.

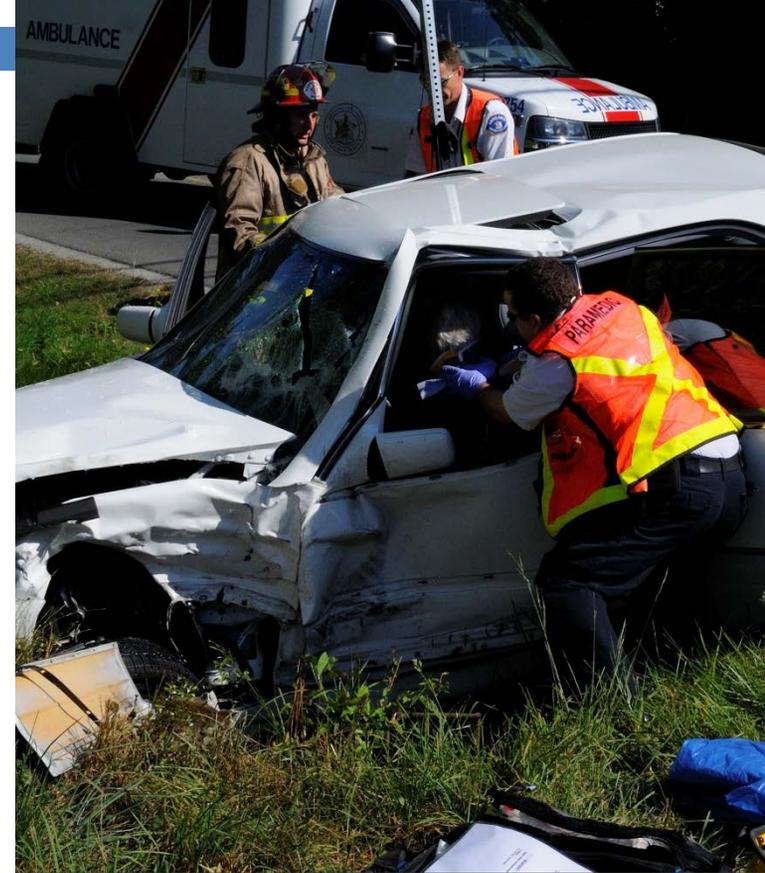
Investigations Committee

The Investigations Committee assists the board with assessing patient care complaints. The committee consists of the Chair, who is an emergency room physician, a registered nurse, a paramedic, and a first responder. This committee reports to the board in accordance with the board's *Complaint, Investigation and Hearing Procedures Rules*.

The Emergency Medical Assistants Licensing Branch

The Emergency Medical Assistants Licensing Branch functions as the administrative unit for the board. The branch is funded and staffed by the Ministry of Health.

The director provides leadership and direction regarding the key deliverables of the branch: examinations, licensure and registration, management of the continuing competence program, and 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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2013/14 in Review

Memorandum of Understanding – EMA Licensing Board – BC Emergency Health Services

In March 2014 the EMA Licensing Board and BC Emergency Health Services (BCEHS) signed a “Memorandum of Understanding” Agreement (MOU) outlining the specific roles and responsibilities of each organization over the licensing and practice of EMAs across BC. The purpose of the agreement is to ensure the clarity of roles in the oversight process, facilitate communication between the parties, promote collaboration for each party’s respective functions and establish a process for resolving issues related to authority.

With the MOU also comes the formation of a steering committee to discuss and resolve issues between the organizations. Headed by the President of BC Emergency Health Services and the Chair of the EMA Licensing Board, the committee is made up of members of the BCEHS executive, the EMA Licensing Board and the Ministry of Health.

As per the MOU, the committee is scheduled to meet at least every 4 months to discuss matters related to EMA licensing and practice.

Ken M. Kramer Reappointed as Board Chair

On December 31, 2013, Mr. Ken M. Kramer was reappointed to his position as Chair of the EMA Licensing Board, a role he originally assumed in 2011. Mr. Kramer’s extension runs until December 31, 2016. Beyond chairing the board, Mr. Kramer is a practising lawyer in Vancouver BC and operates as president and founder of KMK Law Corporation, a firm specializing in Estates and Trusts law, Wealth Management, Elder Law, Estate Mediation and Litigation.

The other members of the board, Dr. Philip Yoon and Mr. Bill Leverett continue at their posts on the board as Vice-Chair and Member respectively.

Minimum Age Requirement Policy

Effective August 2013 a new age requirement policy came into effect for EMA licence holders under the age of 19 years old. Under the new policy:

- No licences are issued to applicants under 16 years old;
- All licence holders 16, 17 and 18 years old will have terms and conditions placed on their licence requiring that they be supervised by a fully licensed EMA of the same level or higher who is at least 19 years old.

The new policy, which was brought into effect after extensive consultation with EMA training agencies, employers, provincial regulators and WorkSafe BC (among other stakeholders), is aimed at promoting public safety and the safety of young EMAs.

Board Recognized Training Programs

Following requirements in Section 2 of the Emergency Medical Assistants Regulation, the EMA Licensing Board recognizes training programs in 6 distinct licence categories. Across the province, there are 22 recognized licence programs (in these 6 categories) offered by 8 training agencies. Each training agency, as part of its regulatory obligation, is responsible for maintaining recognition standards set by the board.

Below is a list of training programs recognized by the board, by training agency (as of March 31, 2014):

Training Agency	FR	FR to EMR Bridge	OFA to EMR Bridge	EMR	PCP	ACP	CCP	ITT
Academy of Emergency Training	x	x	x	x	x			
BC Emergency Health Services							x	x
Canadian Red Cross	x			x				
College of the Rockies			x	x				
Emergency Medical Planning (EMP) Canada				x				
HeartSafe First Aid Training			x	x	x			
Justice Institute of BC	x	x	x	x	x	x		
Vancouver Island Emergency Response Academy	x							



Training Agency Meeting

On March 13, 2014 the EMA Licensing Branch hosted its annual training agencies' meeting with representatives from seven training agencies across the province. The annual meeting is an opportunity for representatives of training agencies, the EMA Licensing Branch and BC Emergency Health Services to discuss topics related to training, examining and licensing of EMAs. At this year's meeting the topics discussed included:

- Upcoming revisions to training program recognition requirements
- Use of treatment guidelines in training and licensing exams
- "Request for Proposal (RFP)" posted for new examiners and new exam locations
- Reference material for EMA Licensing Board exams
- Use of national paramedic exams across Canada
- Review of EMA Licensing examinations

Continuing Competence Shortfall Hearings

Following Part 4 of the Emergency Medical Assistants Regulation, EMAs at the Emergency Medical Responder level and higher are required to submit 20 patient contacts and 20 continuing competence credits each year to maintain their licence. These requirements are in place to ensure EMAs maintain a high level of competent consistent care.

Over the 2013/14 fiscal year, 922 registrants were found to have not completed their requirements for continuing competence. As per section 26(5) of the Emergency Medical Assistants Regulation, any licensee who does not complete these requirements is referred to the board for possible disciplinary action. Of these registrants, 744 currently remain in shortfall, 106 have been adjudicated by the board in an assessment hearing, 66 have relinquished their licence or been suspended and 6 have completed either a written or practical exam remedial measure. Over the 2014/15 year, the board will continue to process shortfall registrants.

LEAN Initiatives

In January 2012 the EMA Licensing Branch engaged in a week long LEAN workshop focused on improving the quality and efficiency of service delivery to EMAs. Two years later the branch is still hard at work improving service not only for EMAs but for other stakeholders including training agencies, employers and prospective EMAs.

Below are summaries of key projects implemented over the year.

Emergency Medical Assistants Continuing Competence System

In July 2013, the Emergency Medical Assistants Continuing Competence System (EMACCS) went live. Made in partnership with the Ministry of Health's Business and Applications Management Division, EMACCS is an online platform that allows EMAs to view and update (in real time) continuing education and patient contact totals—improving the previous system where totals were monitored and posted manually at regular intervals by the EMA Licensing Branch. The new system enables EMAs to more easily determine if they are meeting necessary requirements, thereby reducing the risk they will fall into credit shortfall.

EMACCS also includes functionality that allows users to view current contact and employer information and easily update it online. Through the 2013/14 year, over 4,000 registrants used EMACCS as a means of reporting their patient contacts and continuing education credits.

Practical Exam Requirements Changes

In November 2013, the EMA Licensing Board brought into effect changes to practical examination requirements. These changes remove the skill test requirement for initial practical exams, thereby removing redundant exam material and streamlining exams. As a side benefit of the changes, the streamlined requirements have allowed the board to improve its ability to meet exam demand. Prior to the change, the board was meeting approximately two-thirds of exam requests (the remainder were waitlisted or moved to other exam sessions). Following the changes, the board has been able to meet 90 percent of all requested sessions. Furthermore, in the upcoming 2014/15 year the board is adding 3 new exam centres in North/Central Vancouver Island, the Kootenays and Northeast BC to improve accessibility and availability for applicants.

Research on practical exams indicates that the process redesign enables the board to better meet the growing demand for examinations without compromising the quality of the exam process.

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A View to the Future

Online Continuing Competence Exam

In 2012/13 the EMA Licensing Board updated its jurisprudence examination, and in doing so moved it to a new online Moodle web application system. This system allows exam candidates to complete the exam from their computer, tablet or smartphone.

Following this transition, in the latter half of 2014, the board plans on further leveraging Moodle by adding the EMA Licensing Continuing Competence exam to the platform. The Continuing Competence exam is taken by all current EMA licence holders who fail to submit their continuing education and/or continuing competence credits for the year and upon adjudication by the EMA Licensing Board are required to complete the exam.

New Exam Centres

In late 2014, 3 new exam centres will be available for applicants wishing to take their practical exams. In an effort to provide greater flexibility and accessibility for applicants and reduce travel, a Request for Proposal (RFP) for new exam centres has been issued for North/Central Vancouver Island, the Kootenays and Northeast BC (Dawson Creek/Fort St. John region).

Factoring in the 4 current exam centres in Victoria, Vancouver, Vernon and Prince George, adding the new centres will put the total number of exam centres across the province up to 7.





Training Program Recognition Framework

In 2009, the EMA Licensing Board adopted a policy framework to recognize training programs. The branch has begun work on developing a revised training program recognition framework and application package that better support the board's legislative authority and provide a seamless application and renewal process for training agencies. The new application package will reduce the time required for training agencies to complete the application process, while still ensuring programs are meeting critical board requirements.

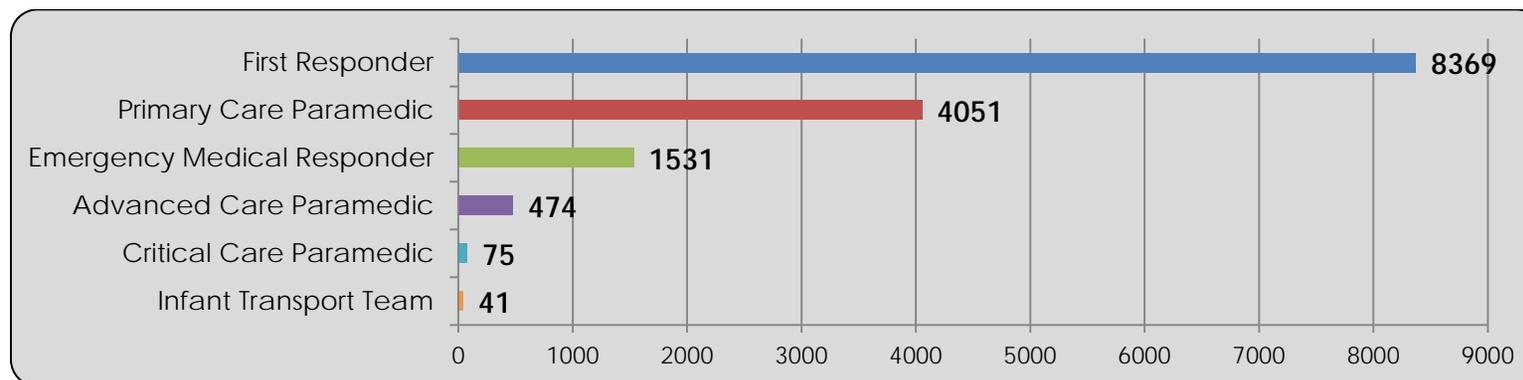


5 | Statistics

Over the 2013/14 fiscal year, 14,541 people held EMA licences in British Columbia, an increase of over one thousand licensees over 2012/13 (13,476). Of those registered, approximately 8,300, or nearly 60 percent, held EMA First Responder licences; the licence category held primarily by the province’s firefighters. Following this, there were more than 4,000 Primary Care Paramedics (28 percent) and 1,500 Emergency Medical Responders (10 percent)—licensees who make up the majority of the paramedic population in the province. The remaining 600 licences were held by specialized advanced care paramedic levels (4 percent).

Registrants by Licence Level

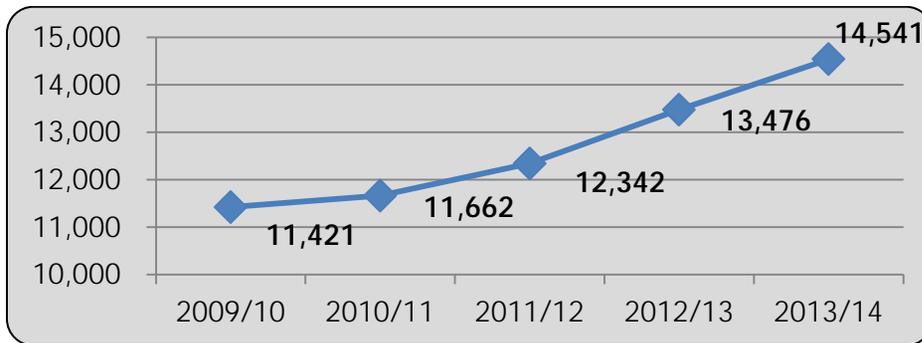
Figure #1: Registrants by Licence Level (2013/14)



Source: EMA Licensing Branch

A look at the overall licensing trend over the past 5 years (figure #2 below) presents a notable increasing trend in the total number of EMAs. Over the past three years alone there has been an increase of nearly three thousand new registrants (25 percent overall increase). This rise in licensure has been driven primarily by increases in Emergency Medical Responder and Primary Care licensure. Over the past 5 years, Primary Care Paramedic registration has grown by 43 percent (2,834 to 4,051) and Emergency Medical Responder licensure by nearly 75 percent (878 to 1,531).

Figure #2: EMA Licensees from 2009 to 2014



Source: EMA Licensing Branch

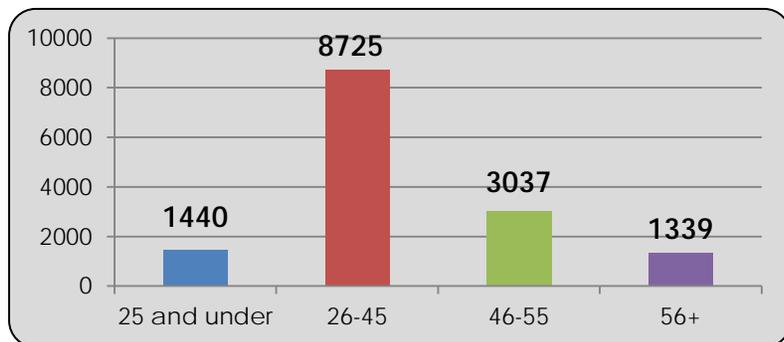
Licensees by Age

In 2013/14 more than half of EMA licence holders in BC fell between the ages of 26 and 45 years old (56 percent). Following this, registrants aged 46-55 years old made up 20 percent of the registrant population, registrants 25 and under made up 10 percent and registrants 56 and older made up 9 percent.

The age demographic remains consistent with results from previous years, suggesting that positions held by EMAs tend to be more suited and/or favoured by younger workers.

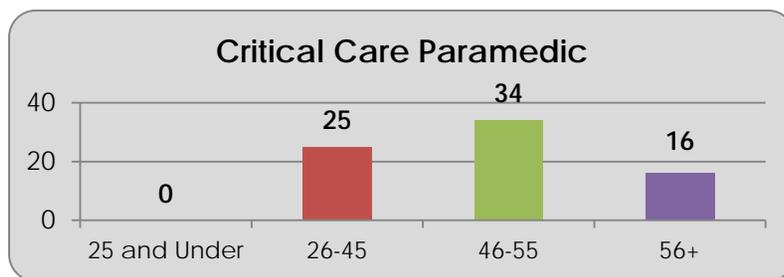
One notable observation contrary to this trend relates to the province's specialized advanced care licence holders, most specifically Critical Care Paramedics (CPPs) and Infant Transport Team (ITT) registrants. Figures #4 and 5 (below) display how many of these licence holders fall on the older side of the age spectrum. From this, it seems likely there will be a need in the near future to train and license more applicants at these levels as current licensees retire.

Figure #3: Age demographic of EMAs (2013/14)

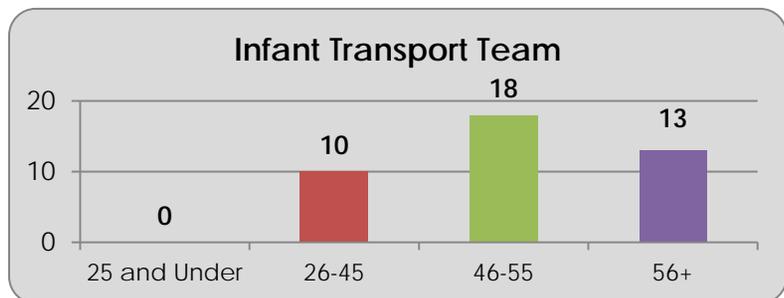


Source: EMA Licensing Branch

Figures #4 and #5: Age demographic of CCP and ITT Licence Levels



Source: EMA Licensing Branch



Source: EMA Licensing Branch

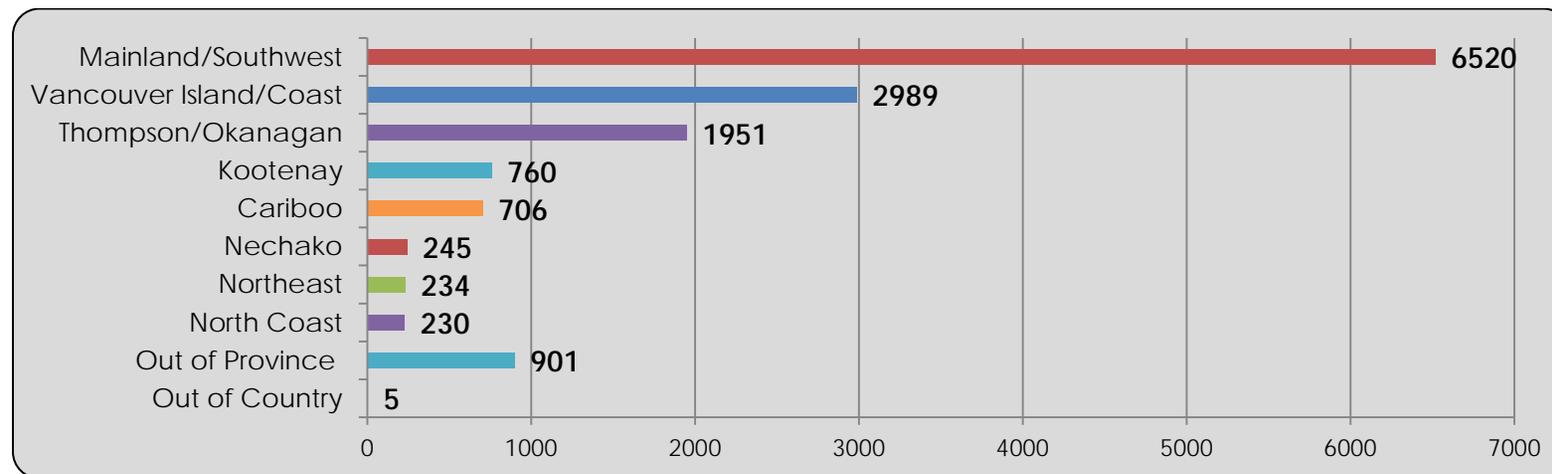


Licensees by Region

Regarding the distribution of licensees across the province, a majority of licence holders resided in the Lower Mainland (45 percent), followed by Vancouver Island/Coast (21 percent), the Thompson/Okanagan (13 percent), the Kootenays (5 percent) and the Cariboo (5 percent). The remaining licensees were distributed throughout the province.

Regarding out-of-province licence holders, 6 percent of (or 901) licence holders resided in other provinces in, with half (466) living in Alberta. There were 5 registrants holding valid BC licences living in other countries including the United States, Germany and even South Africa.

Figure #6: Licensees by Region (2013/14)

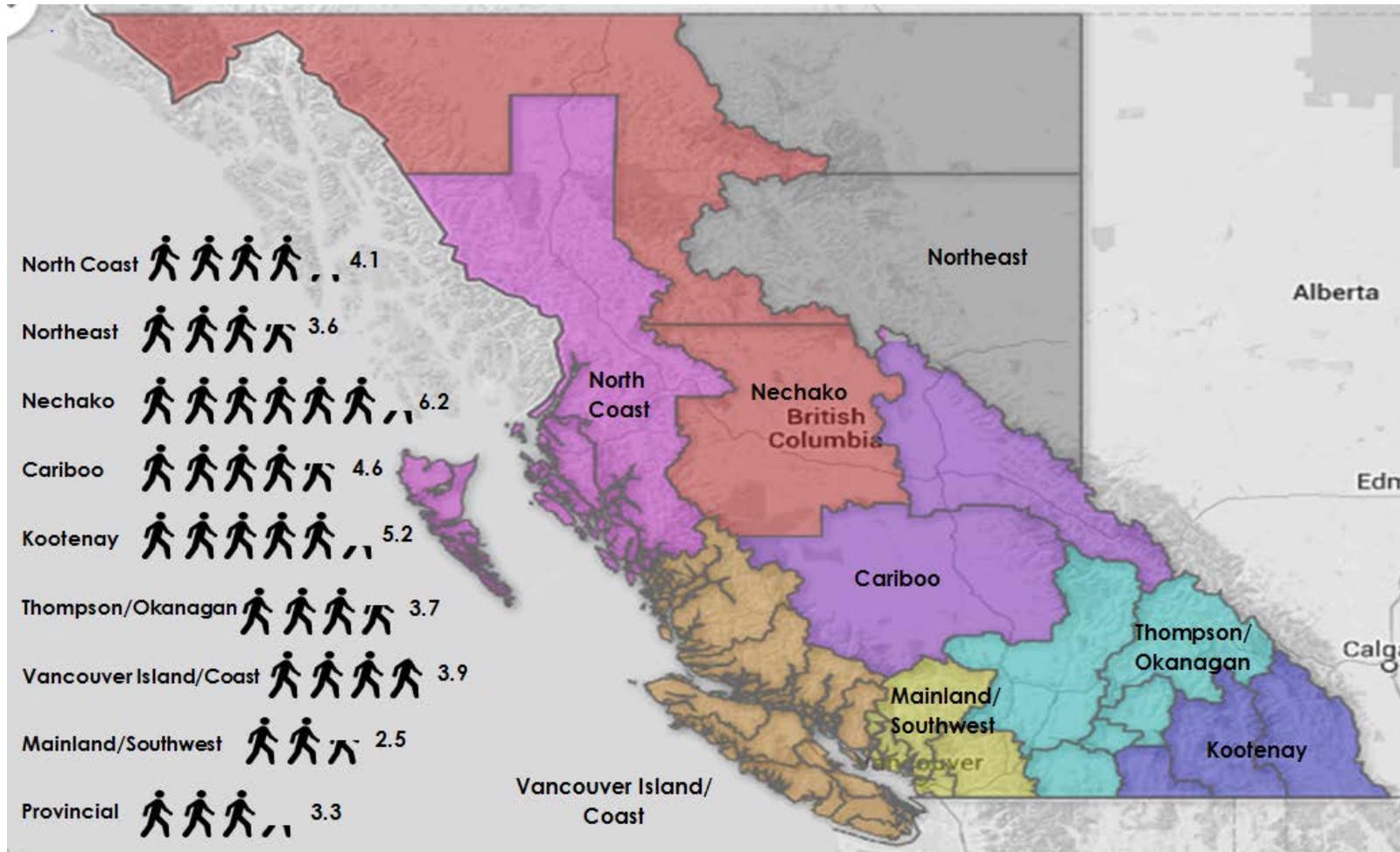


Source: EMA Licensing Branch

Distribution of EMAs across British Columbia

Looking at the number of EMAs in each region relative to residents (figure #7 below); there was significant variation across the province. In the Mainland/Southwest region the ratio of EMAs to residents was 2.5 EMAs per 1,000 residents. This contrasts to the Nechako and Kootenay regions where there were 6.2 and 5.2 EMAs per 1,000 residents respectively.

Figure #7: EMAs (all licence categories) per 1,000 residents by region (2013/14)

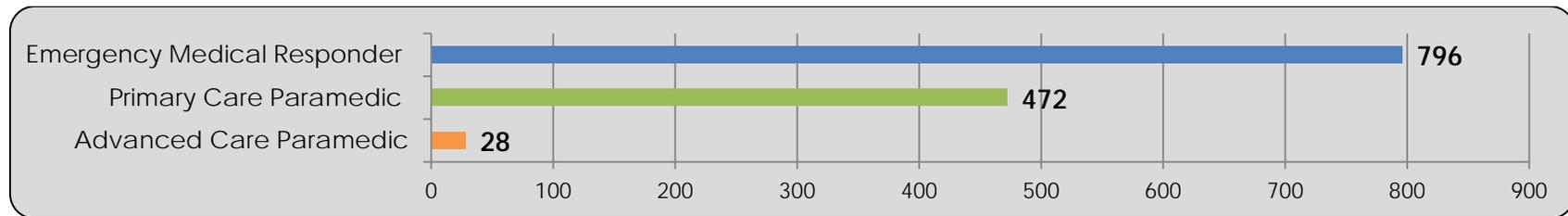


Source: EMA Licensing Branch and BC Stats

Practical Exams by Licence Level

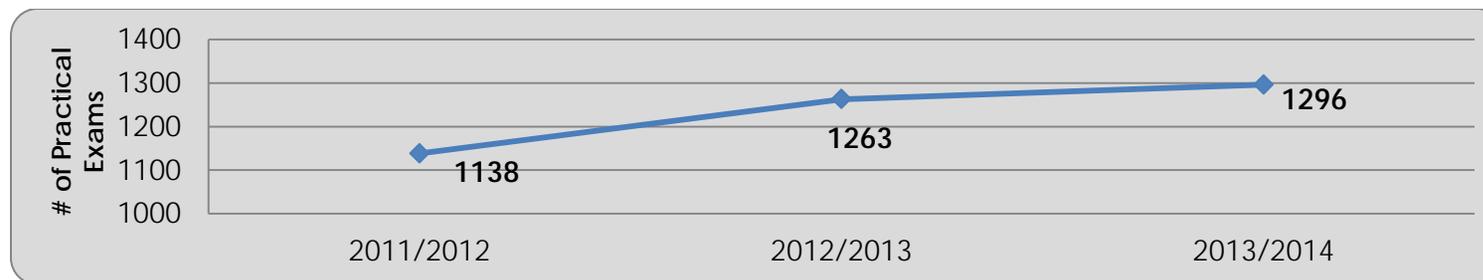
Following the jump in Emergency Medical Responder (EMR) licensure over the past years and the fact that completing an EMR program is a prerequisite for attaining a Primary Care Paramedic (PCP) licence, it makes sense that EMRs represent the highest number of practical exams, making up over 60 percent of all exams. Next to this, PCPs represent 36 percent of all practical exams and Advanced Care Paramedics (ACP) 2 percent.

Figure #8: Number of practical examinations held by licence level (2013/14)



Source: EMA Licensing Branch

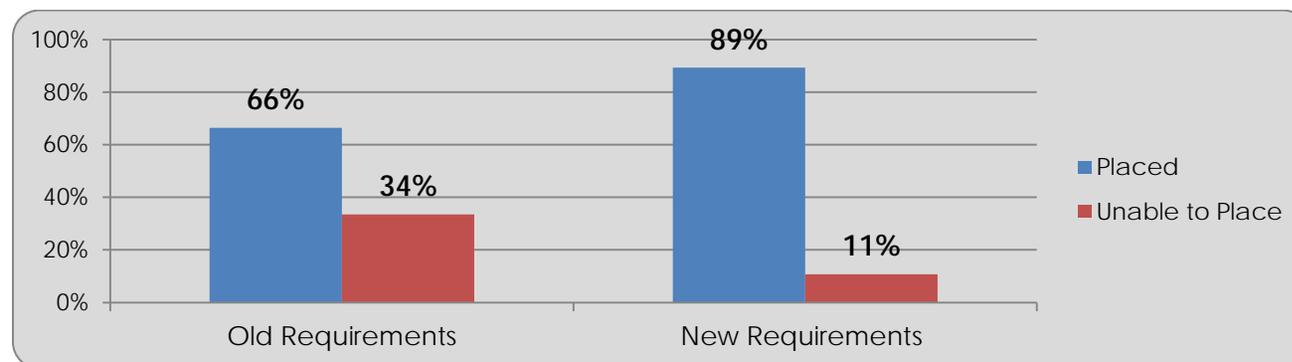
Figure #9: Number of practical examinations held (2011-2014)



Source: EMA Licensing Branch

In November 2013, the EMA Licensing Board brought into effect changes to EMA licensing practical examination requirements. These changes streamlined the practical exam requirements for applicants, thereby allowing the branch to better meet exam demand and ensure applicants are examined in a timely and efficient way. Figure #10, displays the branch's improvements in meeting exam demand following the changes—increasing the number of applicants who were able to be placed in their selected exam session from 66% (pre November 2013) to 89% (November 2013 to date)—an improvement of nearly 23%.

Figure #10: Placement of practical exam candidates (2013/14)



Source: EMA Licensing Branch

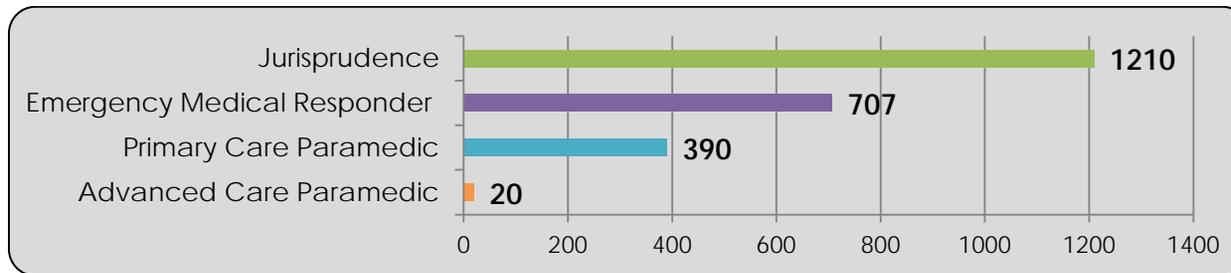
Written Exams by Licence Level

Over the 2013/14 year, the EMA Licensing Branch administered 2,329 written exams. More than half of these were attempts at the jurisprudence exam, an online, open book exam addressing policies, regulation and legislation covered under the Emergency Medical Assistants Regulations, *Emergency Health Services Act* and other governing legislation.

Beyond the jurisprudence exam, the next highest number of written exam attempts was for the Emergency Medical Responder written exam.

With the exception of the jurisprudence exam, all written exams are paper-based exams and are written at the Ministry of Health building in Victoria or at one of more than 140 approved exam proctor sites across the province.

Figure #11: Written exams by type (2013/14)

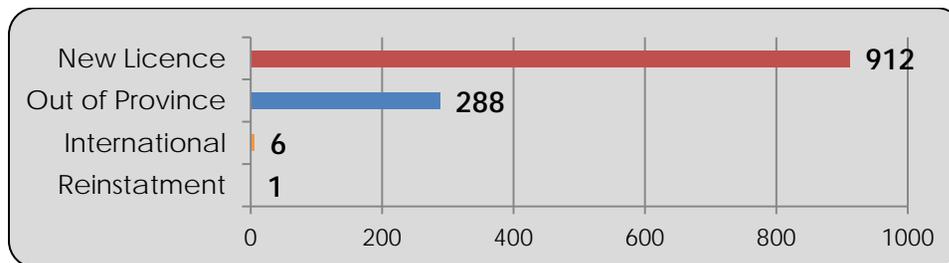


Source: EMA Licensing Branch

Breaking down the jurisprudence exam by the types of applicants who completed it, 75 percent were new domestic (trained in BC) applicants seeking their first EMA licence. Following this, 24 percent were for out-of-province (but within Canada) applicants and the remainder (a very small number) international and reinstated applicants.

All EMAs who have never held a licence in BC are required to take the jurisprudence examination in order to obtain a licence.

Figure #12: Jurisprudence exam by applicant type (2013/14)



Source: EMA Licensing Branch

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Patient Care Complaints

Closed Complaints and Outcomes

The EMA Licensing Board is empowered under the *Emergency Health Services Act* to investigate complaints regarding patient care and *Code of Ethics* issues, and when necessary, conduct hearings.

Section 7 of the Act sets 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.

Related to these determinations from April 1, 2013 to March 31, 2014, the board closed 12 complaint investigations.

Of these 12 closed investigations, six related to a breach of the EMA Code of Ethics (term and condition of licence), five were about acting beyond scope of practice (term and condition) and one involved incompetence to carry out the duties of an EMA, as set in the scope of practice.

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. The board may also determine whether licence conditions, including suspensions, should be imposed on a registrant's licence for a period of time.

Of the 12 closed cases, three resulted in disciplinary action being taken, eight resulted in no disciplinary action and one was closed prior to conclusion (for various reasons including insufficient information).

Of the three cases that resulted in disciplinary action, two were related to Code of Ethics/Conduct infractions and one to scope of practice. All other cases were resolved without disciplinary action or were closed prior to conclusion.

The details of these disciplinary actions are found in [Appendix B](#).

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Appendix A - Board Biographies



Mr. Ken M. Kramer, 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 in downtown Vancouver.

Mr. Kramer has been a spokesperson and advocate for the disabled community in British Columbia and Canada for the past 20 years. He sits on numerous boards of professional, charitable and community interest and was previously 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 for the elderly and persons with disabilities.

Dr. Philip Yoon, 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 was an academic emergency physician based at the University of Alberta Hospital in Edmonton, Alberta 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. He is also a Navy Reserve Medical Officer in the Canadian Armed Forces. Since February 2013, Dr. Yoon joined British Columbia Emergency Health Services as the Medical Director of the Emergency Physician Online Support (EPOS) service.



Mr. William (Bill) Leverett, Member

Bill Leverett started part-time with the British Columbia Ambulance Service (BCAS) in 1979 in the Okanagan. He was hired for a full-time Vancouver post in 1984 and in 1988 moved to Sicamous to become Unit Chief. In 1990, Mr. Leverett returned to Vancouver and in 1992 completed his Advanced Life Support (ALS) training. He moved to Victoria in 1994 as an ALS Unit Chief and completed his AIREVAC training in 1997.

Currently, Mr. Leverett is a District Supervisor for BCAS in Victoria and maintains an active Advanced Care Paramedic licence. He has been active in all aspects of EMA training and served three years on the Victoria Standards of Care Committee. Mr. Leverett sat on the Paramedic Association of Canada Advisory Committee developing the National Occupational Competency Profiles (NOCP) and continues his involvement with the Canadian Medical Association as an assessment team member. In 2004, Mr. Leverett completed his Master of Arts in Leadership.

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Appendix B - Disciplinary Outcomes

Cases Resulting in Disciplinary Action

EMA's Name	Complaint Type	Outcome
Douglas Fairbrother	Code of Ethics	The board was notified of criminal charges through regulatory notification from the Ministry of Justice. The board imposed conditions on the EMA's licence and directed Mr. Fairbrother to provide evidence that he had met the Court's requirements.
Jason Arnold	Scope of Practice	An investigation substantiated the complaint that Mr. Arnold did not identify the potential seriousness of a patient's condition, did not complete vital signs, did not perform a thorough assessment of the patient, did not properly complete the patient care report and did not document the patient's refusal of treatment, transport, or obtain a signed release from responsibility waiver from the patient or the police. The resulting disciplinary action was a 3 shift suspension and a research paper discussing the issues which gave rise to the complaint.
Glen Hutchinson	Code of Ethics	The board was notified by the Ministry of Justice of charges under ss. 271, 151 and 153 of the Criminal Code. Mr. Hutchinson was convicted and sentenced under the Criminal Code. His licence has now expired. The board has directed that he will never be permitted to reapply for licensing.

Cases Resulting in No Disciplinary Action

EMA's Name	Complaint Type	Outcome
N/A	Code of Ethics	It was alleged that two EMAs unnecessarily looked through cupboards and other storage while attending a call to treat a patient. The complainant alleged that the two EMAs did not act professionally and had no right to invade the complainant's privacy by searching through cupboards. The board ruled that the EMAs acted prudently and in due diligence. The complaint was unsubstantiated and concluded with no disciplinary action.
N/A	Scope of Practice	The complainant alleged patient abandonment. An investigation was carried out which resulted in a ruling of a systems issue rather than patient abandonment. As such, the complaint was closed without any disciplinary action.
N/A	Code of Ethics	The board was notified of criminal charges through regulatory notification from the Ministry of Justice. The board was satisfied with the EMA's response that there was no risk to public safety and therefore closed the complaint.
N/A	Scope of Practice	The complainant alleged that a higher level of licensed EMA inappropriately transferred care of a patient who required advanced care to a lower level EMA, thereby putting the patient at risk. After further investigation, the complaint was found to be without merit and was closed.
N/A	Scope of Practice	The complaint was sent to the board by a You Tube viewer who alleged an EMA did not follow established protocols for cervical immobilization. An investigation was conducted and found that given the particulars of the specific call, treatment was appropriate. This complaint resulted in no disciplinary action.
N/A	Scope of Practice	The complainant alleged that two EMAs failed to follow treatment protocols in responding to a motor vehicle accident involving an elderly patient. The board considered all submissions including the response of

		the physician who reviewed the call and was satisfied with the actions of the EMAs. The complaint was closed with no disciplinary action.
N/A	Incompetently carried out the duties of an EMA	<p>Two EMAs were alleged to have failed to provide proper patient care in withdrawing from a situation.</p> <p>The board reviewed all the information provided and decided that based on a previous interaction the EMAs had with the patient they were justified in withdrawing from the situation. The board advised the EMAs they should have informed the patient they were calling another ambulance prior to leaving the call, but no disciplinary action resulted from this complaint.</p>
N/A	Code of Ethics	<p>The EMA was alleged to have sexually harassed an exam candidate.</p> <p>The board directed the case to the Investigation Committee which recommended a hearing; however the case was closed because the complainant declined to testify.</p>
N/A	Code of Ethics	<p>The complainant alleged inappropriate conduct and workplace harassment while on a preceptorship assignment. This complaint was investigated and closed without disciplinary action. While the Investigation Committee was unable to substantiate the allegations, the board found it is probable there was inappropriate conduct and issued a recommendation of enrolment into a preventing harassment in the workplace course.</p>