INTRODUCTION TO EMA LICENSING

The Emergency Medical Assistants (EMA) Licensing Branch (the Branch) is governed by the EMA Licensing Board (the Board) and legislated under the *Emergency and Health Services Act* (the Act). Together, their primary responsibility is to ensure that Emergency Medical Assistants (EMAs) are competent to provide safe and ethical pre-hospital care to the citizens of British Columbia.

BOARD STRUCTURE

The Board is comprised of three members appointed by Order-In-Council. By Regulation, appointments must include one licensed EMA and one medical practitioner. Since inception, the third appointment, and Chair, has been comprised of legal counsel experienced in labour relations and adjudication. The Board retains independent legal counsel, and a full time Registrar; public service staff assist with carrying out its mandate.

Kate Bayne, Chair

Kate Bayne was called to the British Columbia Bar in 1997 after graduating from the University of British Columbia (UBC) Law School in 1995. In 1998, Ms. Bayne completed her Masters of Law at Columbia University in New York City. That same year, she joined the law firm of Heenan Blaikie. Prior to joining the Firm, she clerked for the Honourable Justice LaForest at the Supreme Court of Canada. Since 1999, Ms. Bayne has been an adjunct professor at the UBC Faculty of Law.

Ms. Bayne practices in the areas of labour and employment law, human rights, constitutional and administrative law. She regularly assists with competitive moot and advocacy training at the UBC Faculty of Law and has participated in numerous seminars and conferences. She has written many papers on labour, employment and human rights issues.

Brian Oldring, Vice-Chair

Dr. Brian Oldring has been an emergency medical physician since 1973 and has held various positions in Alberta and British Columbia. Dr. Oldring is a Diplomat of the American Board of Emergency Medicine. In 1984, he obtained his American Specialist certification in emergency medicine. In 1985, he obtained his Canadian Specialist certification in emergency

medicine; and, as such, is a Fellow of the College of Physicians and Surgeons of Canada.

Dr. Oldring has been actively involved in pre-hospital care and teaching and was the local medical advisor for Emergency Health Services at the Royal Columbian Hospital (1979-1986) in New Westminster. He is a past member of the Medical Advisory Committee to the Emergency Health Services Commission and is currently a Clinical Assistant Professor at the University of British Columbia. Dr. Oldring practices emergency medicine at the Royal Columbian Hospital.

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 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.

ROLE OF THE BOARD

The Board has an important role in ensuring all practitioners involved with pre-hospital emergency care in British Columbia comply with the *Emergency and Health Services Act* and *Regulations*. This provides assurance to the public that competent, consistent, appropriate and timely care will be available during medical emergencies.

The Board is empowered under the Act to examine, register and license all EMAs practicing throughout British Columbia. Licence terms and conditions are set by the Board. Annual competency requirements are mandated by the Board to ensure high levels of performance standards of each licensee. The Board is also mandated to investigate complaints regarding patient care 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 whether a licence should be revoked or suspended for a period of time.

ROLE OF THE REGISTRAR

The Registrar provides leadership and direction regarding the key deliverables of the Branch: examinations, licensure and registration, and investigation of patient care complaints. The position is responsible for the development of policy that impacts licensing of EMAs working in British Columbia. The Registrar works within a dual reporting framework and is responsible for ensuring that all Board and Branch activities are consistent with Ministry of Health Services and administrative requirements and Board directed legislative and regulatory mandates.

BOARD INITIATIVES AND ACCOMPLISHMENTS

In 2009/10, the Board implemented several initiatives to support quality pre-hospital care in British Columbia. Through paramedic competency assurance measures such as the *Trade, Investment and Labour Mobility Agreement* (TILMA) and *Agreement on Internal Trade* (AIT) as well as process improvement measures such as streamlining the short term licence process, the Board has taken steps to make British Columbia a leader in paramedic licensing and service.

LABOUR MOBILITY

Effective April 1, 2009, and consistent with the terms of the *Agreement on Internal Trade* (AIT) and the British Columbia/Alberta *Trade, Investment and Labour Mobility Agreement* (TILMA), the Board will now license paramedics who are currently certified in another jurisdiction in Canada, in accordance with the provisions of these Agreements. It is important to note that licensure in British Columbia is required. The Board will continue to be responsible for maintaining and monitoring the requirements that are in place through provincial legislation for paramedics.

Representatives of paramedic regulators from every province (the regulators) have discussed ways to ensure compliance with the new labour mobility requirements of the AIT. They have agreed on a *Statement of Intent* that identifies a strategy to enable the regulators to achieve AIT compliance in the short term. More detailed information regarding the *Statement of Intent* and AIT can be found at www.health.gov.bc.ca/ema/.

A new out of province application process was introduced in 2009. Part of that process is an AIT Tool that assists out of province practitioners to compare British Columbia licence levels with the licence levels of other Canadian jurisdictions. In 2009, 125 new British Columbia licences were approved.

An AIT Tool process was introduced to provide ease of use for paramedics:

1. Check the AIT Tool
2. Complete all forms
3. Submit fees
4. Complete the jurisprudence examination
5. Complete any identified training gap

The Board co-signed a letter of agreement approving short term labour mobility and signed on with the Canadian Organization of Paramedic Regulators (COPR) to implement a single national standard and process for the qualification, assessment and certification of paramedics, leading to full labour mobility for paramedic practitioners. This work will be undertaken during 2010/11 with implementation planned for 2012.

INTERNATIONALLY EDUCATED PARAMEDIC ASSESSMENT CENTRE PROJECT (IEPAC)

This project is aimed at improving the process for assessing internationally educated paramedics. The goal is to increase the numbers and success rates of internationally educated paramedics to practice in British Columbia and Alberta. Incorporating TILMA and AIT, the outcome will result in licence mobility across Canada.

With funding provided by the Ministry of Advanced Education and Labour Market Development, the Board is responsible for quality and completion of all deliverables pertaining to this project. IEPAC has been designed to enhance the role of paramedics by removing barriers to future regulations related to medical oversight.

CHANGES TO INVESTIGATIONS COMMITTEE

The Investigations Committee assists with assessment of patient care complaints. Comprised of the Chair, it was expanded this year to include a registered nurse, a paramedic, and a first responder as a special advisor. This committee reports to the Board in accordance with the Board's *Complaint, Investigation and Hearing Procedures Rules* and the *Guide for Investigations*.

SHORT TERM LICENCES

In early 2009, the Board approved implementation of short term licensing letters without the issuance of licence identification cards where the effective period of licensure is less than one year. This new short term licensing process expedites licensure of special purpose licences to pre-qualified practitioners and can be used in emergency situations where additional paramedic resources are required quickly and in special situations such as the Olympics. Streamlining this process was also supported by training agencies as an improvement in student licence control and destruction.

CODE OF ETHICS

The purpose of the *Code of Ethics* for EMAs is to provide general principles of ethical conduct to guide paramedics in meeting their duties to the public and to the profession. Following this Code is a professional requirement of all EMA practitioners licensed in British Columbia.

EMERGENCY MEDICAL ASSISTANTS SHALL

1. Consider, above all, the well-being of the patient in the exercise of their duties and responsibilities.
2. Develop and maintain working relationships with other health professions and associations to ensure that patients receive the best possible emergency health care.
3. Protect and maintain the patient's safety and dignity, regardless of the patient's race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex or sexual orientation.
4. Preserve the confidence of patient information consistent with the duty to act at all times for the patient's well-being.
5. Not engage in any illegal or unethical conduct nor act in a manner that conflicts with the best interests of the profession.
6. Report any incompetent, illegal, or unethical conduct by colleagues or other health care personnel to the appropriate authorities.
7. Carry out professional responsibilities with integrity and in accordance with the highest standards of professional competence.
8. Strive to improve the professional competence of colleagues serving under their direction.
9. Assume responsibility for personal and professional development, and maintain professional standards through training and peer mentoring.
10. Strive to encourage and merit the respect and trust of the public for members of the profession.
11. Refrain from impugning the professional reputation of a colleague or any other health care provider.
12. Promote and encourage compliance with the spirit of these standards within the profession.

PATIENT CARE COMPLAINTS

OVERVIEW

The Board has the legislated mandate under the *Emergency and Health Services Act* (the Act) to investigate complaints made against individual registrants. The Board strives to ensure corrective action to protect the public against incompetence and non-compliance with the *Code of Ethics*.

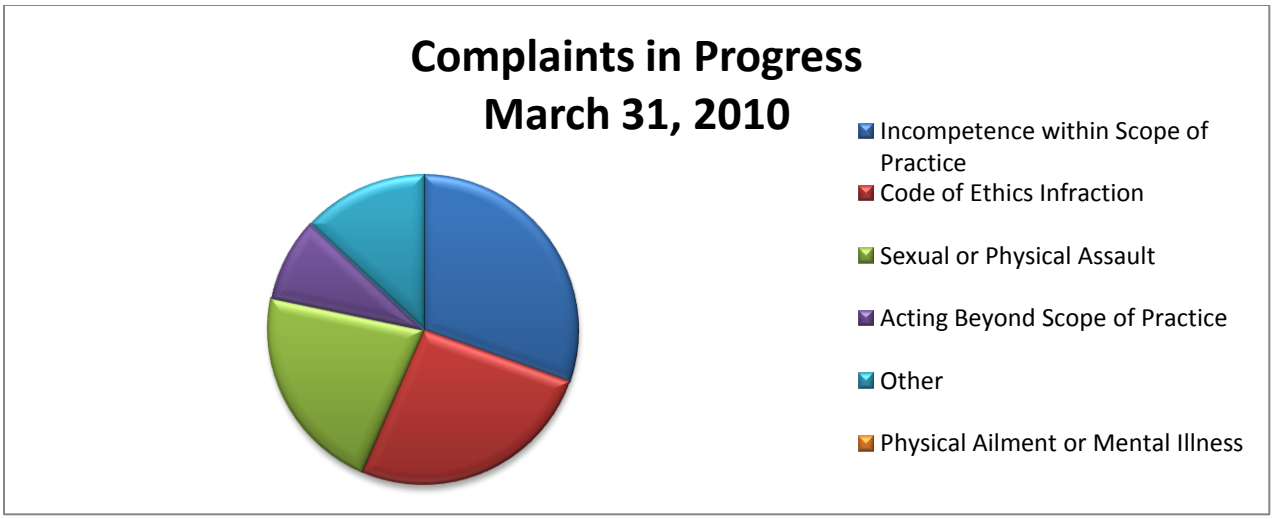
The Board utilizes both hearings and alternate dispute resolution (ADR) agreements as a means to achieve resolution. The Board may require a registrant to complete appropriate disciplinary actions such as research papers and/or courses depending on the circumstances of the complaint. The Board may also determine whether licence conditions, including suspensions, should be imposed on a registrant's licence for a period of time.

For more information regarding the complaint process, please reference Appendix A.

TABLE OF COMPLAINTS INVESTIGATED AND COMPLETED IN 2009/10

Type	Complaint Description	Outcome
Code of Ethics Infraction	Paramedics allegedly used unprofessional language with patient suffering from mental illness.	Board advised paramedics of their obligation under the Code of Ethics to always act in a professional manner in the dispatch of their duties as paramedics.
Incompetence within scope of practice	Paramedics allegedly doctored crew report and provided minimal assessment of patient who suffered from dislocation and a fracture.	Board determined that the paramedics demonstrated appropriate conduct during the call and closed file.
Other	FR allegedly struck a person with his/her vehicle while responding to a call.	Board reviewed the reasons for judgement from the criminal trial wherein the charges were dismissed. Board similarly concluded to dismiss the charges and closed the file.
Other	Paramedics allegedly denied patient's midwife access to ambulance.	Board advised paramedics of their responsibility regarding the collaborative role of EMAs and midwives during maternity responses.
Incompetence within scope of practice Code of Ethics Infraction	Paramedic allegedly failed to immobilize a geriatric patient's spine appropriately after a fall and head injury. Paramedic also allegedly exhibited an unprofessional attitude.	Paramedic signed an Alternate Dispute Resolution (ADR), which provided that the paramedic acted incompetently. As a consequence, the following disciplinary action was set out in the ADR: - attendant to successfully complete the BCAS Spinal Management Course; - attendant to submit a Research Paper on spinal management (assessment and treatment) with

		particular attention placed on the geriatric patient; and - attendant to submit a Research paper on the Code of Ethics numbers 1, 2, 3, 6, 7 and 12 and their importance to paramedic practice.
Acting Beyond Scope of Practice	FR allegedly transported a patient to hospital.	Board concluded not to investigate complaint as insufficient information was provided by complainant. File closed.
Acting Beyond Scope of Practice	FR allegedly transported a patient with a stable laceration to hospital.	Board advised FRs that transport of a patient is outside their scope of practice. File forwarded to the Emergency and Health Services Commission. No further action taken by the Board.
Acting Beyond Scope of Practice	FR allegedly transported a child who had a seizure to hospital.	Board advised FRs that transport of a patient is outside their scope of practice. File forwarded to the Emergency and Health Services Commission. No further action taken by the Board.
Incompetence within scope of practice	Paramedic allegedly failed to transport an intoxicated patient to hospital and complete the crew report.	Respondent signed an Alternate Dispute Resolution (ADR), which provided that the paramedic acted incompetently. As a consequence, the following disciplinary action was set out in the ADR: - fifteen day licence suspension; - completion of research paper and oral assessment regarding: o the protocols and importance of completing the crew report, and o the protocols and importance of transporting a patient to hospital.
Other	Individual allegedly misrepresented themself as a paramedic.	Board sent letter advising the individual that anyone representing themself as an EMA, which includes calling yourself a paramedic, is required to be licensed by the Board as per Section 12 of the *Emergency and Health Services Act* (Act).
Other	Individual allegedly misrepresented themself as a paramedic.	Board sent letter reminding the individual that anyone representing themself as an EMA, which includes calling yourself a paramedic, is required to be licensed by the Board as per Section 12 of the *Emergency and Health Services Act* (Act).
Acting Beyond Scope of Practice	Paramedic allegedly practised beyond the scope of a Primary Care Paramedic non-IV endorsed licence holder by performing unsupervised intravenous starts.	Respondent signed an Alternate Dispute Resolution (ADR), which provided that the paramedic acted incompetently. As a consequence, the following disciplinary action was set out in the ADR: - four shift licence suspension; and - completion of research paper regarding: o why paramedics are not permitted to practice out of scope, and o why it is important not to practice out of scope when an attendant seeks a renewal of an endorsement.



EMA LICENSING BRANCH

The Branch functions as the administrative licensing unit for the Board. It is funded and staffed through the Ministry of Health Services and is governed by the Board. Under the Registrar, it is comprised of two functional groups: Regulatory Services and Policy and Planning.

The Branch is responsible for examining and licensing new graduates of paramedic training, including those trained in other jurisdictions, as well as licensing those paramedics already licensed in other jurisdictions. The Branch provides support to the Board through maintenance and processing of all correspondence and a registry pertaining to approximately 9,000 first responders and approximately 4,000 paramedics who are licensed in accordance with the Act and Regulation. For more details, please reference Appendix B.

The primary function of the Branch is to protect the public by ensuring paramedics demonstrate competency to practice in British Columbia and by managing the investigation and disciplinary measures regarding patient care complaints made against paramedics.

REGULATORY SERVICES

Regulatory Services ensures consistent standards of practice are applied across the province by planning, developing, implementing, and evaluating programs and services to assess competencies for all levels of first responders and paramedics. This includes reviewing new training programs to be delivered by various stakeholders throughout British Columbia and overseeing the examination program used for evaluation and licensing.

CURRICULUM REVIEW

In 2009/10 a new process for the review of paramedic curriculum was developed by the Branch and approved by the Board. A new policy, checklist and guidelines were also approved.

The Board amended its policy on Canadian Medical Association (CMA) accreditation to read:

> *All training agencies seeking recognition of their training programs must submit their proposed curriculum to the EMA Licensing Board (the Board) before implementing the program.*
>
> *In addition, all proposed training programs targeted at the PCP level or higher must be accredited or be in the process of accreditation by the CMA, where accreditation processes exist, before they will be considered for recognition.*
>
> *Being "in the process" of obtaining CMA accreditation is defined as having made application to the CMA to initiate the accreditation process AND either be:*
>
> 1. *developing a submission within a timeframe acceptable to the Licensing Board*
> 2. *preparing an action plan which must be submitted to the Licensing Board for approval to address deficiencies in an incomplete submission*
> 3. *preparing a resubmission or*
> 4. *awaiting feedback from the CMA on a submission.*
>
> *A program which is in the process of CMA accreditation, as defined above, will be granted interim program approval status. An interim program approval status will be valid for the period of time, as determined by the Board, during which the accreditation application can be proven to be in progress as per the above guidelines.*
>
> *If a training program's application for accreditation is not approved by CMA or if the training agency chooses to withdraw its application, the Board must be notified within 30 days. Failure to achieve accreditation or withdrawal from the process will result in removal of the interim program approval status. Students of a training program without interim or full program approval cannot be accepted for licensure exams.*

The following table contains a list of training programs that have been recognized by the Board as meeting the requirements for licensure in the specified licence category or endorsement. For a list of licensing acronyms, please reference Appendix D.

Training Provider	EMA FR	EMA FR to EMR Bridge	OFA to EMR Bridge	EMR	PCP	ACP	ACP Schedule 2 Endorsement	ITT	AED	IV	Ped BVM
Academy of Emergency Training	✓	✓	✓	✓	✓				✓	✓	
BC Ambulance Service							✓	✓			
Canadian Red Cross	✓								✓		
College of the Rockies			✓	✓							
Emergency Medical Planning (EMP) Canada				✓					✓		
Life Support British Columbia		✓	✓	✓						✓	
Global Medical Services									✓		✓
Paramedic Academy - Justice Institute of BC	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
PEAK Emergency Response Training				✓							

EXAMINATIONS

The Board is mandated under the Regulations to conduct licensing examinations for EMAs to ensure professional competence.

In 2009/10, the Branch administered 497 examinations in four examination sites throughout the province: Victoria, Lower Mainland, Vernon and Prince George. Having four examination sites ensures provincial coverage of Board mandated examinations. In addition, under the Board's *Rural and Remote Special Exams* policy, several other special examinations were held to meet specific demands. Details of this policy can be found at www.health.gov.bc.ca/ema/

EMA EXAMINATIONS IN 2009/10

Exam Type	Victoria	Lower Mainland	Vernon	Prince George
EMR	162	101	87	25
PCP	25	47	29	11
ACP	-	10	-	-

For a more detailed list of examination results, please reference Appendix C.

POLICY AND PLANNING

The Policy and Planning area is responsible for paramedic and first responder licensure and program reporting, including licence maintenance and intravenous endorsement. Paramedic and first responder licensure involves applicant eligibility screening, administration and issuance of licences. Program reporting involves documenting licensing registry details and examination results.

Licensee Statistics as of June 2010	**Number of Licensees**
Advanced Care Paramedic	298
Infant Transport Team Paramedic	27
Primary Care Paramedic	2834
Emergency Medical Responder	878
First Responder	7384
Total Licensees	**11421**

FIRST RESPONDER EXAMINATION PROCESS

In 2009, the new First Responder Online Examination Bank aka *Blackboard* was launched. This initiative reduced the turnaround times for issuing first responder licences from 4 - 6 weeks to 3 – 5 days for examination course results submitted using the online system. An estimated 70% of first responder departments in the province are now using this online learning system. This initiative also resulted in a decrease in demand for remedial examinations by minimizing the number of possible suspensions.

RESCINDING WRITTEN EXAMINATION EXEMPTION

Effective May 1, 2009, to maximize applicant access to examinations, a new fees refund practice was implemented. The revised framework provides applicants with an incentive to attend scheduled exams or advise the Branch early, in order that another applicant may be assigned that time spot in the examination session.

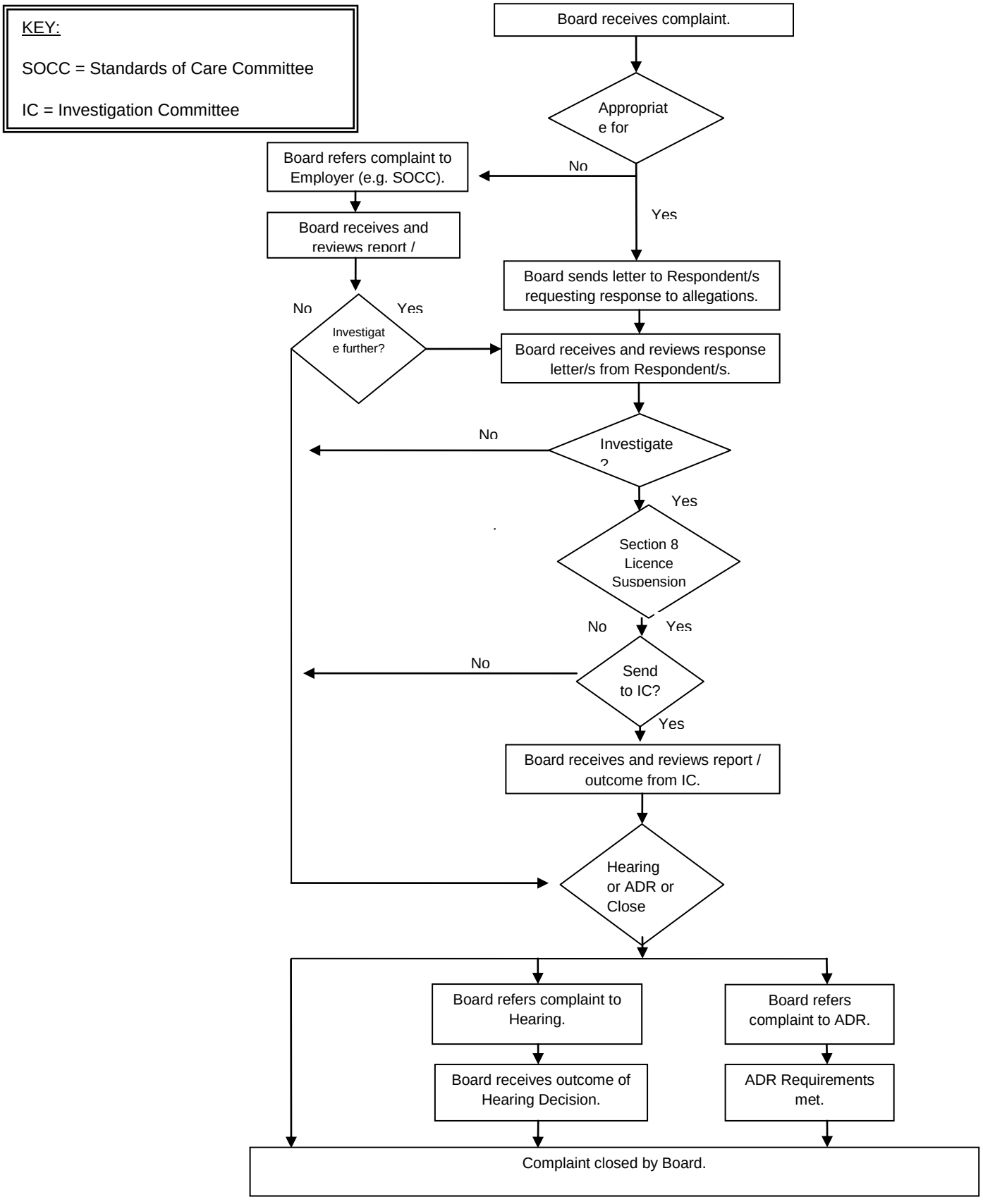
SPECIAL SESSIONS AND REMOTE LOCATION EXAMINATION REQUESTS

Effective October 1, 2009, remote and special location examination sessions are provided outside the Branch's regular examination schedule. Requests for special and remote examination sessions apply to practical examinations only and must be received by the Branch at least eight weeks prior to the requested date. Each request is reviewed on a case by case basis and must be pre-approved by the Registrar. This process makes practical examinations accessible in remote locations allowing for a broader spectrum of EMA candidates.

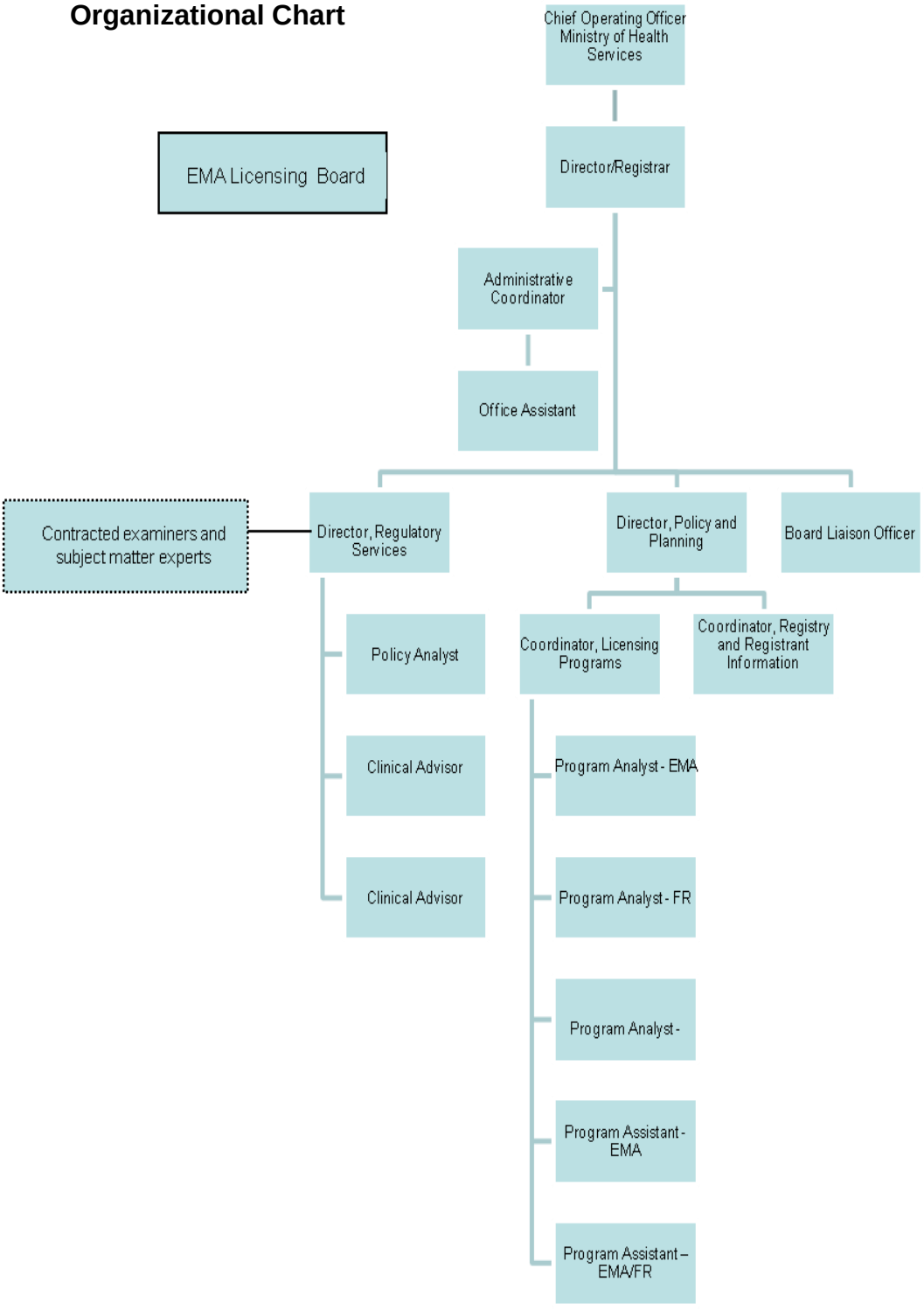
LICENCE MAINTENANCE

Each reporting year, licensees must complete and report 20 approved continuing education credits and 20 patient contacts. An online continuing education form is submitted by the licensee for review and approval by the Branch. In 2009/10 the adjudication process was improved which has resulted in considerably fewer suspensions of EMA licences.

Appendix A – EMA Licensing
Patient Care Complaint Process Flow Diagram



Appendix B
Organizational Chart



Appendix C **2009/10 Examination Results**				
Evaluation Type	**Evaluation Step**	**Fail**	**Pass**	**Sub Total**
ACP	Initial Exam	2	7	9
	1st Remedial	1		1
ACP Total		3	7	10
EMR	Initial Exam	106	144	250
	1st Remedial	25	84	109
	2nd Remedial	2	14	16
EMR Total		133	242	375
PCP	Initial Exam	19	56	75
	1st Remedial	6	22	28
	2nd Remedial		9	9
PCP Total		25	87	112
Grand Total		161	336	497

Appendix D - Acronyms

ACP	Advanced Care Paramedic
ADR	Alternate Dispute Resolution
AIT	Agreement on International Trade
CE	Continuing Education
CMA	Canadian Medical Association
COPR	Canadian Organization of Paramedic Regulators
EMA	Emergency Medical Assistant
EMR	Emergency Medical Responder
FR	First Responder
IEPAC	Internationally Educated Paramedic Assessment Centre
ITT	Infant Transport Team
IV	Intravenous
OFA	Occupational First Aid
PCP	Primary Care Paramedic
Ped BVM	Paediatric Bag Valve Mask
TILMA	Trade, Investment and Labour Mobility Agreement