

Emergency Medical Assistants Licensing Board

EMALB 2017-01 Continuing Competence Requirements Responsible Branch: Emergency Medical Assistants (EMA) Licensing Branch Contact: Continuing Competence Program Administrator keepalicense@gov.bc.ca Keywords	Reference Information (Manual, page number, chapter):
	Replaces former policy: Continuing Competence Requirements EMALB 2016-14
	Date Effective: April 1, 2017
	Last Update: May 5, 2021
	Next Review Date: January 2021
	E.g. continuing competence, regulation

1. Policy Rationale & Purpose:

The purpose of this policy is to describe the continuing competence reporting requirements and processes for Emergency Medical Assistants (EMAs) in British Columbia (BC) at the Emergency Medical Responder (EMR) licence category and higher.

The continuing competence reporting requirements for EMAs are outlined in [Part 4](#) of the Emergency Medical Assistants Regulation BC Reg 210/2010 (the Regulation).

In each reporting period, EMAs are required to complete and submit to the Director's satisfaction, 20 patient contacts and 20 continuing education credits using the system developed for the purpose (EMACCS). These requirements ensure ongoing safe, ethical, and competent practice by EMAs. The requirements are intended to ensure that EMAs maintain and improve their knowledge and practice through continuing education and patient contacts.

EMAs must participate in continuing education activities that are relevant to the EMA's licence category.

The Continuing Competence Reporting Policy is divided into the following areas:

- [Reporting Requirements Continuing Education Credits and Patient Contacts](#)
- [Continuing Education Activities](#)
- [Patient Contacts](#)
- [Timelines](#)
- [Submission Reviews](#)
- [Definitions](#)

2. Policy Scope

The continuing competence reporting requirements apply to all EMAs at the EMR licence category and higher.

The requirements apply regardless of the EMA's employer, status (medical leave or maternity/parental leave), employment status, or residence inside or outside BC.

The continuing competence reporting requirements **do not apply** for the period during which an EMA held a student licence. In addition, if an EMA's initial licence was issued not more than one year prior to March 31st an EMA is **not required** to meet the continuing competence requirements in section 17 to 20 of the Regulation for the year in which the licence was issued. For example, if your licence was issued on March 1st, 2019, you would be required to submit your continuing competence requirements as of April 1, 2019. You are only exempt from the reporting period in which your licence was issued.

3. Policy Statement:

Reporting Requirements for Continuing Education Credits and Patient Contacts

For each reporting period, EMAs are required to submit 20 patient contacts and 20 continuing education credits.

Patient contacts and continuing education credits must be entered by the EMA into the web-based Emergency Medical Assistants Continuing Competence System (EMACCS).

In a reporting period, if an EMA accumulates fewer than 20 patient contacts and more than 20 continuing education credits, the EMA may substitute the excess continuing education credits, on a one-to-one basis, for the patient contacts. You cannot substitute patient contacts for continuing education credits.

An EMA who fails to meet the continuing competence requirements, as per the Regulation, will be notified by the Director via registered mail. An EMA who receives a notice may request an adjudication, where the EMA must set out the reasons the EMA believes they have met the continuing competency requirements by notifying the Director and supplying additional documentation.

After reviewing the additional documentation, if the Director continues to believe the EMA failed to meet the reporting requirements, the Director may require the EMA to complete written or practical examinations.

An EMA who does not comply with the continuing competency provisions in the Regulation may be subject to disciplinary action under [Section 7\(1\)\(b\)](#) of the *Emergency Health Services Act*; for example, if the EMA does not request adjudication, or does not successfully complete the required written or practical examinations after adjudication, the EMA may be referred to the Licensing Board for disciplinary action.

Continuing Education Activities

The Regulation defines “continuing education activity” to mean “a training or educational program, course, seminar or similar activity”.

The Director maintains a list of continuing educational activities that have been pre-approved for continuing education credits (the “[pre-approved activity list](#)”).

If a continuing education activity is not on the pre-approved activity list, an EMA may request that the Director approve the continuing education activity so that the EMA may receive continuing education credits for it.

If a continuing education activity that is available on the pre-approved activity list is submitted using the “Submit Other Activities” page, the activity will be given **zero** credits and the EMA will be instructed to use the “Submit Approved Activities” page to submit the activity.

In considering whether to grant continuing education credits in respect of a continuing education activity, the Director must be satisfied that the activity is relevant to the knowledge, skill or abilities required of an EMA in the course of practicing the profession. Continuing educational activities submitted by the EMA must directly relate to:

- ✓ a service described in Schedule 1 of the Regulation, or endorsement described in Schedule 2 which may be performed by an EMA registered in the licence category held by the EMA requesting the credit
- ✓ a matter included within the [EMA Code of Ethics set out in Schedule 3 of the Regulation](#)
- ✓ one or more, “General Competencies”, set out in the *National Occupancy Competency Profile for Paramedics* (NOCP), published by the Paramedic Association of Canada, dated October 2011, for the level of paramedic described in the NOCP which most closely aligns with the licence category of the EMA requesting the credit.

Credits will be assigned based on the length of the activity, how the activity relates to the NOCPs, and the services/endorsements the EMA may provide and/or how the activity relates to the EMA Code of Ethics. Credits will not be allocated for activities that do not relate to pre-hospital care.

When determining how many credits to allocate to an educational activity for which credits are requested, the Director may allocate up to one credit per hour for educational activities that relate to pre-hospital patient care. For example, activities that would fall within the NOCP topic Areas 4 (Assessment and Diagnosis), 5 (Therapeutics) and 6 (Integration), would qualify as patient care. Educational activities which cover subject areas described within these topic areas, would generally qualify as one credit per hour of education completed (see below table).

By contrast, the Director may allocate up to 0.5 credits for educational activities undertaken in areas that do not relate to direct patient care, despite the duration of the educational activity. For example activities that are **one day or less** in length and that fall within the NOCP topic Areas 1 (Professional Responsibilities), 2 (Communication), 3 (Health and Safety), 7 (Transportation), or 8 (Health Promotion and Public Safety), will qualify for 0.5 credits, however; activities **greater than one day** will be reviewed on a **case by case basis** and the Director may allocate 0.5 credits per day to a maximum of 5 credits regardless of duration (see table below). One day is considered a **minimum** of seven hours of educational training.

Assignment of Continuing Education Credits	
NOCP Topic Area	# of credits per activity
NOCP 1 – Professional Responsibilities	≤ 1 day 0.5 credits or > 1 day on a case by case basis
NOCP 2 – Communication	≤ 1 day 0.5 credits or > 1 day on a case by case basis
NOCP 3 – Health and Safety	≤ 1 day 0.5 credits or > 1 day on a case by case basis
NOCP 4 – Assessment and Diagnostics	1 per hour
NOCP 5 – Therapeutics	1 per hour
NOCP 6 – Integration	1 per hour
NOCP 7 – Transportation	≤ 1 day 0.5 credits or > 1 day on a case by case basis
NOCP 8 – Health Promotion and Public Safety	≤ 1 day 0.5 credits or > 1 day on a case by case basis

In order for a continuing education activity to be considered for continuing education credits, the activity, when delivered to the EMA, must be comprised of at least one-half hour of instructional activity and the EMA must be able to provide a certificate of completion or verification of attendance.

When reporting continuing education credits for a continuing education activity, the EMA must be able to verify that:

- the EMA participated in the activity for the purpose of obtaining education and not for the purpose of acting as examiner or evaluator; and
- the EMA successfully completed the continuing education activity by attending the full duration of the activity and any evaluations.

Acceptable continuing education activities:

- ✓ Treatment and Management of Ischemic Stroke
- ✓ safeTALK
- ✓ Provincial Opioid Addiction Treatment Support Program
- ✓ Curriculum Development
- ✓ Clinical Rounds that are attended in **person** and can be signed off by the doctor

Unacceptable continuing education activities:

- ✗ Fit testing
- ✗ Emergency Preparedness: Personal and Family
- ✗ BCEHS Hand Hygiene
- ✗ Safety Inspections
- ✗ PARTY Program
- ✗ Evaluations or exams
- ✗ Eyelash Technician Course
- ✗ Birthing or raising a child
- ✗ Webinars of any kind
- ✗ Clinical Rounds that **are not** attended in person

Verification of Activities

Supporting documentation for courses and educational activities completed must be kept for a minimum of three years.

The following are acceptable forms of supporting documentation:

- ✓ Certificate/Transcripts (including learning hub transcripts) for courses
- ✓ If the activity does not provide a certificate, verification from an employer
- ✓ If the activity does not provide a certificate such as the PACE conference, a picture of the sign in sheet with your name on it taken at the time of attendance
- ✓ If the activity does not provide a certificate, verification from instructor/facilitator
- ✓ Case rounds in a hospital environment with a doctor should have written verification from the doctor that the rounds were attended

Verifications written by employers, instructors/facilitators, doctors etc. for activities that do not provide certificates, must contain your full name, licence number, the date, the activity name, a brief description and the length of the activity and should be written **at the time of attendance**.

Patient Contacts

The Regulation defines “patient contact” to mean “contact that an EMA has with a patient in the course of practising the profession”. This means that a patient encounter may only happen while the EMA is **providing emergency health services under their licence**.

The Director will consider a patient encounter by an EMA to have met the meaning of “patient contact” if the EMA provided a **full patient assessment or direct patient care to the patient during the contact**. It is the position of the Director that a full patient assessment and direct care must include a full set of vital signs.

When reporting patient contacts, the EMA is required to submit the information about the date and location of the patient contact and any other services provided to the patient, by the EMA. **Not every encounter with a patient will qualify as a “patient contact”**.

Acceptable patient contacts:

- ✓ A full patient assessment while performing emergency health services under an EMA licence that includes:
 - ✓ completing a full set of vitals where the EMA has assumed direct patient care
 - ✓ direct patient care assumed from another professional who has provided a full patient assessment including vitals
 - ✓ patient transfers if the EMA has assumed responsibility for the patient and is providing direct patient care

Unacceptable patient contacts:

- ✗ Visual check of a patient and enquiring whether they are ok
- ✗ Any patient contact submitted when working in the capacity of driver only
- ✗ Any patient contact submitted when working in a lab drawing blood samples
- ✗ Any patient interaction that does not include a full patient assessment, including vitals, or direct patient care
- ✗ Any patient contact where the EMA is not providing emergency health services, including at flu or blood donor clinics
- ✗ Any patient contact where the EMA is performing occupational first aid

Timelines

By April 30 of each year, each EMA to whom the continuing competence requirements apply must submit to the Director, by entering into EMACCS, all continuing education activities and [patient contacts](#) for the prior April 1st to March 31st reporting period.

During May, if the EMA has not met the continuing competence requirements, a notice will be delivered by registered mail to the last known address of the non-compliant EMA (the “Notice”). If an EMA receives a Notice, the EMA may request that the matter be adjudicated by the Director. If an EMA makes a request for adjudication, the **EMA must set out the reasons that the EMA believes that they have met the reporting requirements** for the applicable reporting period. In addition, the request for adjudication must be accompanied by adequate supporting documentation that is satisfactory to the Director.

A request for adjudication (the “Request”) must be received by the Director no later than **37 days** from the date the Notice was mailed to the EMA.

Under special circumstances, the Director may extend the time for delivering a request for adjudication. The Director also has discretion to provide an EMA with an opportunity to make additional written submissions.

After the Director has considered the Request and supporting documentation submitted by the EMA, the EMA will be advised via email advising either that they **have** or **have not** met the requirements. In the event an EMA **has not** met the requirements of adjudication, the Director may require the EMA to successfully complete a written exam.

By July 15, if the Director requires an EMA to successfully complete a written exam as a result of an adjudication request, the exam must be successfully completed. The written exam may only be attempted on one occasion. If an EMA **does not** attempt the written exam, the Director will refer the file directly to the EMA Licensing Board for possible disciplinary action.

If an EMA attempts and fails the written exam, the Director may require an EMA to successfully complete a continuing competence practical exam.

By September 30, a practical exam must be successfully completed. The practical exam may be attempted on three occasions; however, a failed attempt may result in terms and conditions set on the EMA’s licence under Section 6(5)(b) of *the Act*. If an EMA does not successfully complete the practical exam, the Director will refer the file to the EMA Licensing Board for possible disciplinary action.

An EMA who is in shortfall is not permitted to write the written or take the practical examinations without first requesting adjudication.

In deciding whether to permit an EMA to write the written or take the practical examinations after adjudication, the Director will consider the reasons the EMA did not submit all of the continuing education activities or patient contacts, including:

- the personal circumstances of the EMA which may have impacted the ability of the EMA to submit the requirements;
- the efforts, if any, that the EMA undertook to submit the requirements; and
- the EMA’s history, if any, of compliance with the continuing competency requirements.

Submission Reviews

An EMA, to whom continuing competence applies, must retain documentation respecting the content and successful completion of all continuing education credits claimed for at least three years after the last day of each reporting period

Each year the Licensing Branch will be conducting reviews of randomly selected EMAs to confirm their continuing competence submissions for the 3 previous years.

If the Director requests an EMA's continuing competence submissions, the EMA must respond within the allotted time frame of the request.

The EMAs response must include the following documentation:

- Certificate of completion or verification of attendance for all continuing education activities that the EMA submitted in EMACCS for the requested reporting years that includes the activity name, activity dates and the length of the activity
- Verification from the EMA's employer for all patient contacts submitted in EMACCS for the requested reporting period (the employer may write a letter or email verifying the patient contacts).

Please Note: If an EMAs employer/past employer refuses to grant the EMA a letter verifying patient contacts:

- The EMA must attempt to gain a verification letter
- If the employer/past employer refuses, the EMA must document who they spoke to, number they called, and the reason why they were unable to obtain a letter
- EMA Licensing will contact the employer/past employer to confirm

If the EMA does not respond to the Director's request within by the deadline assigned, the Director will refer the EMA's file to the EMA Licensing Board for possible disciplinary action.

If an EMA is found to have submitted continuing education activities or patient contacts which cannot be substantiated the Director will refer the EMA's file to the EMA Licensing Board for possible disciplinary action.

Definitions

Reporting period – means the period from April 1 of each year to March 31 of the following year.

EMACCS – means the Emergency Medical Assistants Continuing Competence System, the online platform that allows EMAs to view and record their continuing education and patient contact totals. Each EMA must use EMACCS to record their continuing competence.

Exempt – If an EMA's continuing competence status in EMACCS shows as exempt that means the EMA is not required to report continuing competence for that reporting period.

4. Legal Authority:

- [Emergency Health Services Act](#)
- [EMA Regulation, Part 4 – Continuing Competence](#)
- [EMA Regulation, Schedule 3 Code of Ethics](#)
- [EMA Regulation Section 11](#)

5. Key Stakeholders:

- BC EMAs at the EMR licence category or higher
- BC Emergency Health Services
- Those who employ EMAs

Reviewed by the Director on: October 18, 2019

Approved:

A handwritten signature in black ink, appearing to be 'K. Fiege' or similar, written in a cursive style.

Date approved: October 18, 2019

Drafted by: Kim Fiege/Meagan Wong

Change Index

Date	Author	Details
2019-11-12	Kim Fiege	Updated how credits are distributed to address confusion regarding credits for NOCPs 1-3 and 7-8
2021-05-05	Kim Fiege	Removed gender specific language