Emergency Medical Assistants
Licensing Board

Annual Report 2010/11

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July 29, 2011

Honourable Michael de Jong
Minister of Health
Room 337 Parliament Buildings
Victoria BC
V8V 1X4

Dear Minister de Jong:

On behalf of the Emergency Medical Assistants' Licensing Board (the Board), I am pleased to provide you with our 2010/11 Annual Report, as per the *Emergency and Health Services Act*, section 13(2).

The Board has had a busy year with implementing new regulations, reviewing and approving new training program curriculums, and managing patient care complaint files. Implementation of the new continuing competence regulations will continue over the coming year.

As you know, the BC Ambulance Service is being integrated into the Provincial Health Services Authority. The Board sees this change as an opportunity to collaborate with the Health Authorities and other service providers. We have significant expertise to contribute to any discussion of EMA integration into alternative health care settings, or any discussions involving the role of paramedics in pre-hospital care or non-traditional roles for paramedics. It will be helpful for the Board to fully understand proposed changes in order to ensure that licensing processes facilitate change and do not create barriers.

The Board would be pleased to meet with you at any time to discuss paramedic licensing issues.

Yours truly,

Kate Bayne
Chair
EMA Licensing Board

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Emergency Medical Assistants Licensing Board

Roles and Responsibilities

The Emergency Medical Assistants Licensing Board ensures all practitioners involved with emergency care in British Columbia comply with the *Emergency and Health Services Act* and the *EMA 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 high levels of performance standards of each licensee.

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 good relationships with other stakeholders in health care.

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. Since inception, the third appointment, which is also the Chair, has been a legal counsel experienced in labour relations and adjudication.

Board Members

- Kate Bayne, Chair
- Dr. Brian Oldring, Vice-Chair
- William (Bill) Leverett, Member

Please see Appendix 1 for Board members' biographies.

Investigations Committee

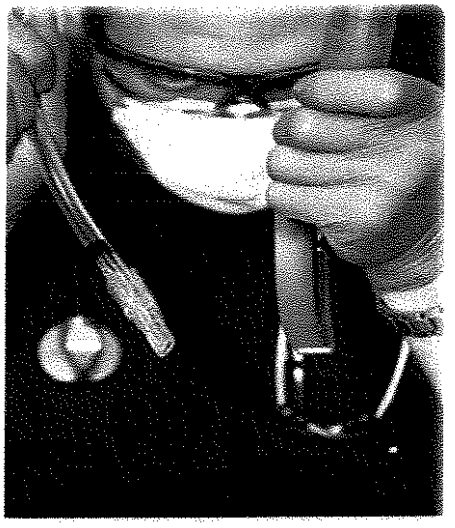
The Investigations Committee assists the Board with assessing patient care complaints. The committee consists of the Chair, who is an emergency room physician, a registered nurse, a paramedic, and a first responder. This committee reports to the Board in accordance with the Board's *Complaint, Investigation 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 Ministry of Health's administrative requirements and with the Board's legislative and regulatory mandate.

2010/11 In Review



Greater scope of practice for EMRs, PCPs and ITTs

On January 17, 2011, the regulation governing the scope of practice for Emergency Medical Responders (EMR), Primary Care Paramedics (PCP) and Infant Transport Team paramedics (ITT) was changed.

Under the new regulation, PCPs and ITTs can be licensed to insert a device into a person's airway without having to see the person's larynx. They can also be licensed to insert and maintain a device into a person's nasopharyngeal airway. EMRs can also be endorsed for this skill.

All licensees were issued restricted licences since they were not allowed to practice the new skills until they had completed the necessary training. About half of the licensees have completed their training and have been issued new unrestricted licences.

By September 2011, all training agencies will have amended their curriculums to incorporate training for the new skills.

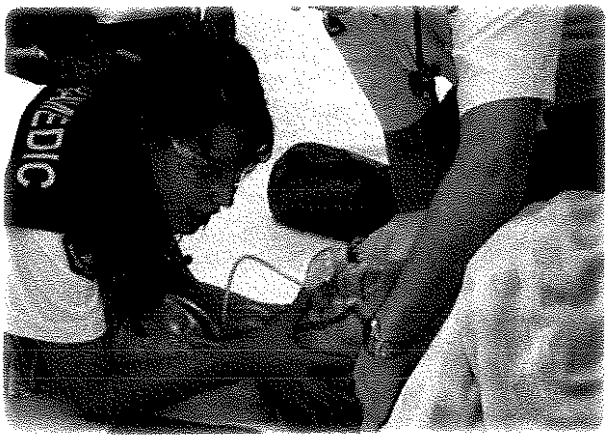
Position statement on treatment guidelines

The EMA Licensing Branch's Provincial Protocol Guideline for Emergency Medical Responders, Primary Care Paramedics and Advance Care Paramedics contained outdated information and treatment guidelines. The Board decided that the EMA Licensing Branch will follow the treatment guidelines that the Emergency Health Services Commission will provide in the coming year. This will better ensure that curriculums and examinations approved by the Board are aligned with employer practice.

New training programs

The Board approved five new curriculums during the year:

- Basic Life Support Airway Interventions and Management in Emergencies;
- BC Ambulance Critical Care Paramedic;
- BC Ambulance Clinical Education for Infant Transport Team paramedics;
- College of the Rockies Primary Care Paramedic training; and
- Red Cross Emergency Medical Responders training.



New Critical Care Paramedic licence

The Board began issuing Critical Care Paramedic (CCP) licences for people who have completed the BC Ambulance ACP Full Schedule 2 program. A Critical Care Paramedic licence entitles the registrant to act with the largest scope of practice under the regulation. Eight new CCP licences were issued in 2010/11.

Improved communications

The Board began issuing bulletins to improve communications with the EMA community. The bulletins are published three times per year and provide information about emerging issues, initiatives, board decisions, and accomplishments.

In addition, the Branch has streamlined its phone numbers and e-mail addresses to better direct enquiries from EMAs and improve client service.

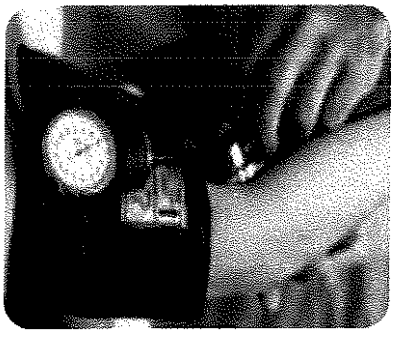
Statistics

Registrants

Over 11, 000 EMAs were licensed as of May 5, 2011 (see Table 1 for breakdown by licensee category).

Table1 Number of EMA Licensees as of May 5, 2011

Licensee Category	Number of Licensees
Critical Care Paramedic	28
Advanced Care Paramedic	318
Infant Transport Team Paramedic	29
Primary Care Paramedic	3,294
Emergency Medical Responder	1,072
First Responder	6,921
Total Number of Licensees	**11,634**



Examinations

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

The Branch holds examinations in four sites - Victoria, Lower Mainland, Vernon and Prince George – to ensure provincial coverage of the Board mandated examinations.

The Branch administered 757 examinations in 2010/11 (see breakdown in Table 2).

Table 2 EMA Examinations Administered in 2010/11

Exam Type	Victoria	Lower Mainland	Vernon	Prince George	Totals
Emergency Medical Responder	120	89	77	40	**326**
Primary Care Paramedic	90	212	61	11	**374**

Advanced Care Paramedic	-	22	-	-	**22**
Licence Maintenance	10	2	8	15	**35**
Total	220	325	146	66	**757**

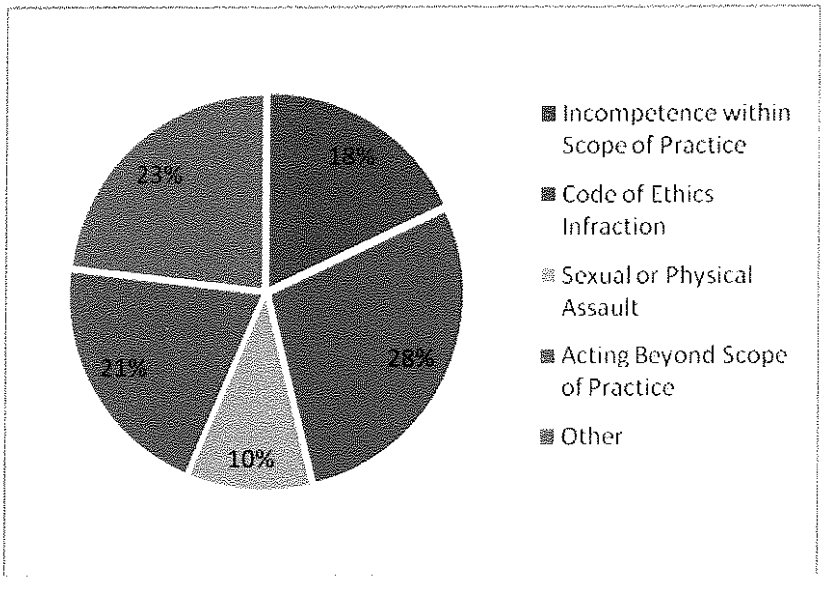
The Board's *Rural and Remote Special Exams* policy came into effect in October 2009. Under this policy, the Branch will schedule special examinations outside its regular exam schedule for EMA candidates in remote locations, thus making the practical examinations more accessible. In 2010/11, sixty-eight examinations in six separate special examination sessions were held throughout BC.

Complaints

The Board had 20 outstanding complaints at the beginning of 2010/11 and received 19 new complaints during the year, bringing the total number of complaints in 2010/11 to 39. During the year, the Board closed 26 complaints out of the 39. Five complaints were closed because the Board deemed that it had no jurisdiction in the matter.

Infractions to the *Code of Ethics* accounted for 28 per cent of the complaints, 21 per cent related to acting beyond the scope of practice, 18 per cent were to do with incompetence within the scope of practice, and 10 per cent related to sexual or physical assaults (see Figure 1 below).

Figure 1 Complaints by type, 2010/11



The Board uses both hearings and alternative dispute resolution 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.

The Board settled eight complaints through alternative dispute resolution agreements, held two hearings and issued two reminders during 2010/11; the details of these disciplinary actions are found in Appendix 2.

Looking Towards the Future

Strengthening paramedics' continuing competence

EMAs (except First Responders) have been required by policy since 2005 to submit 20 continuing education credits and 20 patient contacts each year to ensure they remain competent to practice.

Effective April 1, 2011, the amended *EMA Regulation* gives a solid legal foundation for the continuing competence program by allowing terms and conditions to be applied to licensed EMAs who fail to meet requirements for continued competence. Any license suspension decision will be made by the EMA Licensing Board following a hearing.

Starting in 2011/12, all EMAs will need to demonstrate at least one occupational competency under the National Occupational Competency Profile (NOCP) as a requirement to maintain their licences. The NOCP, developed by the Paramedic Association of Canada, promotes national consistency in paramedic training and practice, and enhances job mobility for practitioners.

New examination locations for 2011/12

Examinations in the Lower Mainland have been held only in Chilliwack. In 2011/12, the EMA Licensing Branch will add two new locations for examinations in the Lower Mainland due to the growing number of new graduates.

Web site improvements

The EMA Licensing Branch's new web site will make it easier for EMAs to get important information about obtaining and maintaining their licences. The Branch will also be moving to a single public web site with an improved site layout. Currently, the Branch has a public web site and an intranet site.

Canadian Organization of Paramedic Regulators

The Canadian Organization of Paramedic Regulators (COPR) is a new organization whose membership includes all provincial colleges of paramedics and paramedic government regulators. The organization's mission is to facilitate collaboration of Canadian regulators in developing a common approach to paramedic regulation.

COPR is working toward establishing a single national standard for Canadian paramedics leading to full mobility of practitioners and common certification exams for Primary Care Paramedics and Advanced Care Paramedics.

Appendix 1 – Board Members Biographies

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.

Appendix 2 - Disciplinary outcomes, 2010/11

The Board approved a significant change to the Alternative Dispute Resolution (ADR) process this year. As of June 20, 2010, ADR agreements include the following publication clause: *"There will be publication by the Board and notification to all licensing authorities and other bodies by the Board at its sole discretion."* Names of EMAs in cases agreed through ADR after the adoption of the publication clause are therefore published.

Paramedic's Name	Complaint Description	Outcome
Incompetence within Scope of Practice		
Unnamed	First Responders failed to conduct proper airway management and resuscitation procedures.	First Responders signed an Alternate Dispute Resolution (ADR) which provided no admission of fault or wrongdoing. The ADR set out the following educational and training requirement: completion of a 3 hour training course. The content of such training session to have particular reference to the Justice Institute's December 2006 First Responder Automatic Emergency Program and include education and training on cardiac arrest management.
Elaine Campbell	Paramedic failed to transport the patient to hospital and was incompetent in carrying out her duties.	The attendant signed an Alternate Dispute Resolution (ADR) providing that she had incompetently carried out her duties as an Emergency Medical Assistant. As a consequence, the following disciplinary action was set out: • 4 shift suspension • Successful completion of two research papers on topics related to the particular incompetence
Brandon Plunkett	Paramedic failed to carry out basic primary life support care and follow proper spinal precautions.	Upon conclusion of an EMALB hearing the driver on the call was found to have: • failed to follow direction of the attendant • failed to properly immobilize the patients spine • caused an unnecessary delay in transport The Board's decision on penalty ordered a one year license suspension and the completion of a training course prior to reapplying for licensure.
Unnamed driver and Craig Lidston	Paramedics failed to carry out competent clinical care.	Paramedics signed an Alternate Dispute Resolution (ADR) which provided that they carried out their duties incompetently. As a consequence, the following disciplinary action was set out in the ADR: • the driver agreed to complete a spinal management course as well as two research papers on topics

Paramedic's Name	Complaint Description	Outcome
		related to the particular incompetence • the attendant (Lidston) agreed to serve a three year license suspension. Prior to returning to work the attendant agreed to complete a PCP recertification training, meet PCP return to work criteria imposed by the Board, and serve a minimum of 48 shifts under preceptorship. The attendant agreed to complete the PCP recertification within one year of the completion of the initial training.
Unnamed	Paramedic failed to transport patient to hospital and did not carry out a high standard of care.	The paramedic signed an Alternate Dispute Resolution (ADR) agreement providing that he was incompetent in carrying out his duties. As a consequence, the following disciplinary action was set out in the ADR: • the completion of a research paper on topics related to the particular incompetence.
Unnamed driver and Craig Lidston	Paramedics were unprofessional and neglectful in the dispatch of their duties.	The paramedics signed an Alternate Dispute Resolution (ADR) which provided that they had incompetently carried out their duties. As a consequence the following disciplinary action was set out in the ADR: • the driver (unnamed) agreed to complete a research on topics related to the particular incompetence. • the attendant(Lidston) agreed to serve a three year license suspension. Prior to returning to work the attendant agreed to complete a PCP recertification training, meet PCP return to work criteria imposed by the Board, and serve a minimum of 48 shifts under preceptorship. The attendant agreed to complete the PCP recertification within one year of the completion of the initial training.
Unnamed	Paramedic incompetent in carrying out Emergency Medical Assistants duties on three separate calls.	Paramedic signed an Alternate Dispute Resolution Agreement (ADR) providing that he incompetently carried out his duties. As a consequence, the following disciplinary action was set out in the ADR: • 10 month license suspension • successfully complete the EMR course prior to returning to practice.
Sexual or Physical Assault		
Unnamed	Paramedic inappropriately touched female students during practical training simulation.	Primary Care Paramedic student signed an Alternate Dispute Resolution (ADR) which provided that the student acted inappropriately. As a consequence, the following disciplinary action was set out in the ADR: • the student was not permitted to reapply for licensure for two years.
Acting Beyond the Scope of Practice		
George Scott	First Responder acted beyond his	Upon conclusion of an EMALB hearing, the attendant was

Paramedic's Name	Complaint Description	Outcome
Morrison	scope of practice by administering intravenous medication to a patient.	found to have exceeded his scope of practice. As a consequence, the following was set out in the decision on penalty: • successful completion of a research presentation on understanding of his scope of practice. Failure to meet the requirements of the ADR led to an oral presentation that did not meet expectations. As a result, a one-month licence suspension was issued.
Edward Jordan	Paramedic performed an intravenous start in a hospital without an intravenous endorsement.	The paramedic signed an Alternate Dispute Resolution (ADR), which provided that he failed to act within his scope of practice. As a consequence, the following was set out in the ADR: • a four shift suspension, already served to the Board's satisfaction.
Code of Ethics Infraction		
Unnamed	Paramedics were insensitive in their humour while attending a patient.	The Board reminded the paramedics of their obligation under the Code of Ethics to always act in a professional manner in the dispatch of their duties.
Unnamed	Paramedic was inaccurate in his charting and unprofessional in conduct.	The Board reminded the paramedic of his obligation under the Code of Ethics as well as the importance of accuracy in charting and closing file.