

Annual Report

2011/2012



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Letter from the Chair

July 6, 2012

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, I am pleased to present you our 2011/12 Annual Report, as per the *Emergency and Health Services Act*, section 13(2).

The board has had a busy year implementing new regulations, updating training program and continuing competence requirements, and managing patient care complaint files.

As you know, this year has brought many changes to the Emergency Medical Assistants (EMA) landscape through regulation changes. The board sees these changes as a prime opportunity to collaborate with service providers to better support EMA services and service delivery. As a board we have significant expertise to contribute to any discussion on EMA integration into alternative health care settings, or any discussions involving the role of paramedics in pre-hospital care or non-traditional settings. The board is working with the Emergency Health Services Commission to ensure that licensing processes facilitate change and do not create barriers.

As this is my first year as chair of the board I would be pleased to meet with you at any time to discuss paramedic licensing issues and the board's role in ensuring that quality, effective health care is administered province-wide.

Yours truly,



Ken M. Kramer
Chair
EMA Licensing Board

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EMA 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 performance standards for licensees.

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.



Board Members

- Ken M. Kramer, Chair (left)
- William (Bill) Leverett, Member (right)
- Appointment of a physician to the board is pending

Please see Appendix A 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.



2011/12 Review

Board Member Changes



On January 1, 2012, Mr. Ken M. Kramer replaced Ms. Kate Bayne as Chair of the EMA Licensing Board. A lawyer by trade, Mr. Kramer has an extensive range of legal experience spanning from estate and trust law to wealth management, elder law and estate mediation and litigation. Mr. Kramer is also a prominent spokesperson and advocate for the provincial and national disabled communities, and has over 20 years experience sitting on a range of related professional, charitable and community interest boards.

Ms. Kate Bayne and vice-chair Dr. Brian Oldring have both stepped down after many years of dedicated service and commitment. Ms. Bayne's expertise in labour law and Dr. Oldring's extensive experience in emergency medicine have proven invaluable since being appointed in 2002. We wish them both the best of luck with their future endeavours.

The appointment of a physician to the EMA Licensing Board is still in progress. Mr. Bill Leverett continues at his post as EMA representative.

New Regulations

On April 1, 2011 changes were made to the EMA Regulation with regard to initial licensing, licensing renewals, reinstatement procedures and continuing competence requirements

Initial Licences

Prospective licensees must now complete all licensing examinations within 12 months of finishing an EMA training program.

Renewals

Licences can be extended for up to 60 days after expiry if special circumstances exist and requests are made before the licence expires.

First Responders must now pass an exam before renewing their licence.

Reinstatements

The board can reinstate an expired licence if it deems the reinstatement does not constitute an undue risk to public safety, and if the EMA completes any training or examinations required by the board as part of the reinstatement process.

Continuing Competence

In order to maintain their licence, EMAs (except First Responders) are required to submit a minimum of 20 continuing education credits and 20 patient contacts every year. EMAs who fail to comply with the regulatory requirement will have terms and conditions applied to their licence.

These regulatory amendments seek to ensure optimal EMA competence, patient safety and flexibility for new and/or renewing EMA licensees.

Advance Directive

Effective September 1, 2011, changes to the Health Care (Consent) and Care Facility (Admission) Act have introduced advance directives as a means for directing patient wishes to health care providers.



An **advance directive** is a legal written instruction made by a capable adult giving or refusing consent to health care in the event he or she is not capable of giving instructions when health care is required.

These changes affect how EMAs practice (including First Responders). If an EMA has reasonable grounds to believe a person has an advance directive that refuses consent

to an emergency procedure, the EMA must not perform that emergency procedure.

National Occupational Competency Profile (NOCP) Continuing Competence Requirements

Annual continuing education credit submissions are a requirement for all licensed EMAs. The requirement ensures that EMAs retain key skills and aptitudes to perform their duties effectively and efficiently.

2011/12 saw the addition of National Occupational Competency Profile (NOCP) to continuing competence requirements. Continuing education credits submissions must now relate to at least one NOCP. Developed by the Paramedic Association of Canada, the NOCP promotes national consistency in paramedic training and practice. The new NOCP competence requirement ensures that EMAs in B.C. retain nationally recognized skills, necessary for job mobility across the country.



The eight NOCP areas of practice are:

- Professional responsibilities
- Communication
- Health and safety
- Assessment and diagnostics
- Therapeutics
- Integration
- Transportation
- Health promotion and public safety

New Training Programs

Various EMA curriculums were amended in light of amendments to the EMA Regulation in January 2011. Specifically, modules on nasopharyngeal airway (NPA) and extra glottic airway devices (EDG) have been added to the scope of practice. The NPA requirement reflects amendments to Schedule 2 of the regulation with regard to updated emergency medical responder training, while the EDG requirement reflects changes to Schedule 1 related to primary care paramedic training. Training agencies across the province including the BC Ambulance Service, Justice Institute of BC and Canadian Red Cross have updated their curriculums accordingly.



New Website

In January 2012, the EMA Licensing Branch launched a new licensing information website to provide a more convenient, organized and comprehensive source for licensing information. Containing a breadth of information on EMA training programs, board examination schedules, licence application information and continuing competency requirements, the website is the

go to reference for licensing questions and queries. Prior to the site's implementation, much EMA licensing information was available only through the internal EMA Licensing *Intranet* site, or through consultation with EMA Licensing staff.

Ministry of Health

Emergency Medical Assistants Licensing Board

The Emergency Medical Assistants Licensing Board is responsible for examining, registering and licensing all emergency medical assistants (EMAs) in B.C., including first responders.

The board, under the authority of the Emergency and Health Services Act, sets licence terms and conditions, and mandates competency requirements. In addition, the board investigates complaints and conducts hearings where necessary.

The board has three members, all appointed. By law the board must include a licensed EMA and an emergency room physician. The third member sits as the board chair and brings an expertise in arbitration and labour law.

Updated First Responder Licences

The EMA Licensing Branch has updated First Responder licence cards to a new high quality plastic format, making the licence card system more modern, secure and professional. All licensees renewing or receiving their licence will receive this new card, which contains all information held on older licences, such as endorsements and restrictions. In addition, the new licence card can now include a photo of the licensee.



Updated First Responder Certifications

As of January 1, 2012, First Responder licence descriptions have also undergone an overhaul. First Responder 1, 2 and 3 certifications, which do not align with the current First Responder scope of practice defined in the EMA Regulation, have been replaced by a new description-based system. Licences now list all of the services a registrant is licensed to perform, including any endorsements.



AED Training Requirements

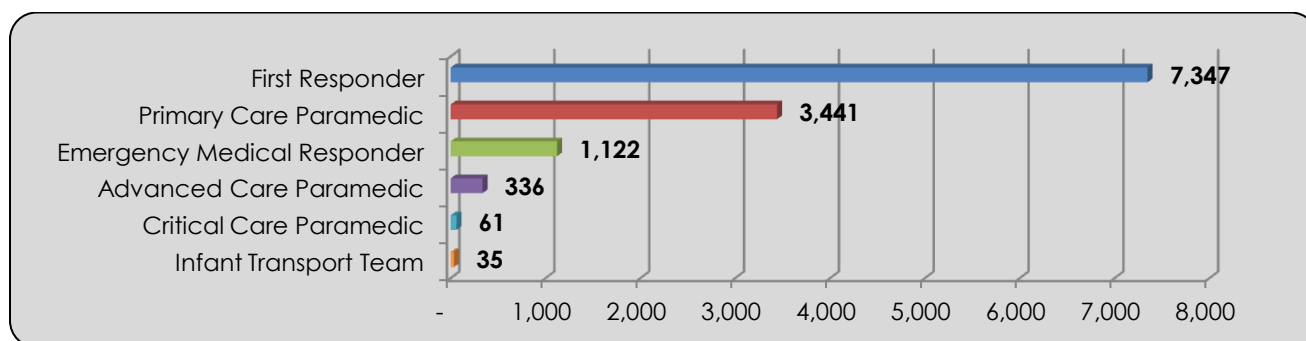
Because automated external defibrillators (AEDs) have become commonplace in EMA First Responder practice, the board has decided to waive the requirement of mandatory AED refresher training every six months. However, the board still encourages employers to ensure EMA employees receive continuing education opportunities, especially in critical skill areas, such as operating an AED.

Statistics

Over the 2011/12 fiscal year, 12,342 people held valid EMA licences in British Columbia (up from 11,634 in 2010/11). Of those licensed, over 7,000 or nearly 60 percent held EMA First Responder licences; this category of licence is designed for emergency workers, such as fire fighters and police officers, arriving first on-scene to emergency situations. Next were the Primary Care Paramedic (PCP) at nearly 3,500 registrants and Emergency Medical Responder (EMR) with 1,122 registrants. These licence categories make up the majority of the paramedic population across the province. The remainder of the licences held (approximately 430) were specialized advanced care licences.

Licenses by Licence Level

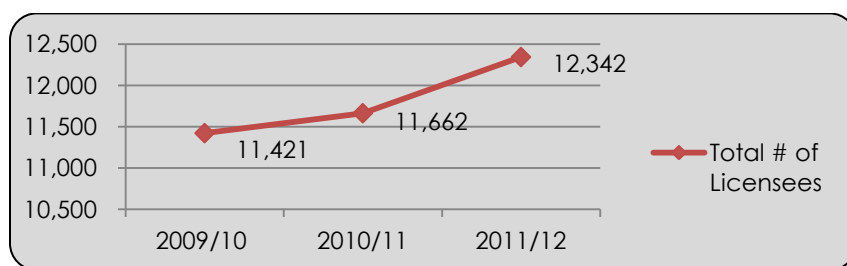
Figure 1: Licenses by Licence Level as of March 31, 2012



Source: EMA Licensing Branch

A look at the total number of licences held from 2009 to 2012 (figure 2) displays a growing trend, with the addition of almost 1,000 new licences over three years. These increases primarily came from increased PCP and EMR licensees. From 2009 to 2012, PCP licence registration rose over 20 percent (from 2,834 to 3,441 registrants). Similarly, EMR licences rose nearly 27 percent (from 878 to 1,122 registrants) over the same time period.

Figure 2: EMA Licensees from 2009 to 2012



Source: EMA Licensing Branch

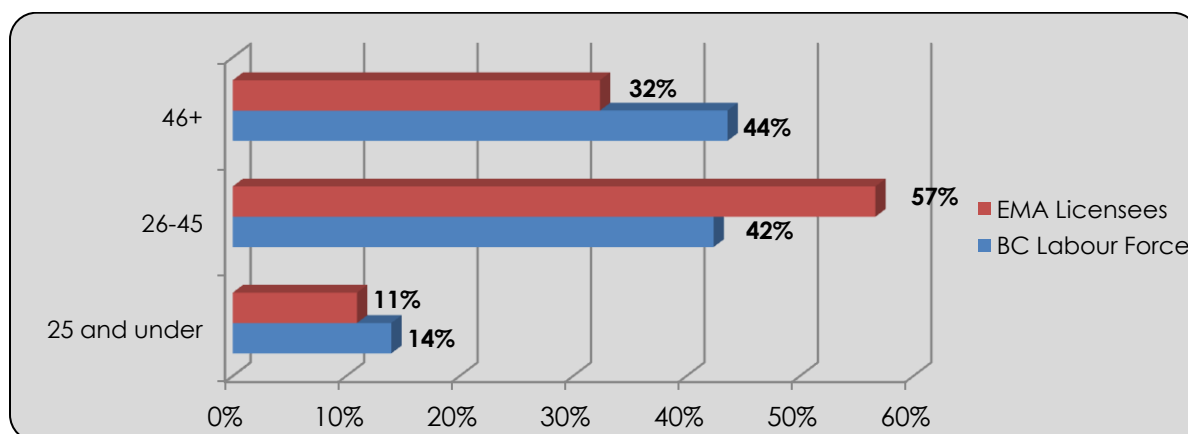
EMA Licensees by Age

In 2011/12 more than half of all EMA licensees in British Columbia were between the age of 26 and 45 years. The next highest age category, licensees aged 46+ made up approximately 32 percent of the population or nearly 2,800 licensees.

Comparing licensee ages to those of the general labour force in British Columbia presents some interesting contrasts. While approximately 44 percent of the B.C. labour force is over the age 46, only about 32 percent of EMAs fall in this same category. Almost 57 percent of EMAs are between 26 to 45 years of age compared to 42 percent of the B.C. labour force.

These numbers seem to suggest that positions taken by EMA licensees tend to be either more desirable and/or more suited to younger workers. Though definitive reasons for this difference are not yet known, the physical nature of EMA positions and/or the variable work schedules required may account for this difference.

Figure 3: Age comparison of EMA licensees to B.C. labour force as of March 31, 2012



Source: EMA Licensing Branch and BC Stats

Table 1: EMA licensees by age group as of March 31, 2012

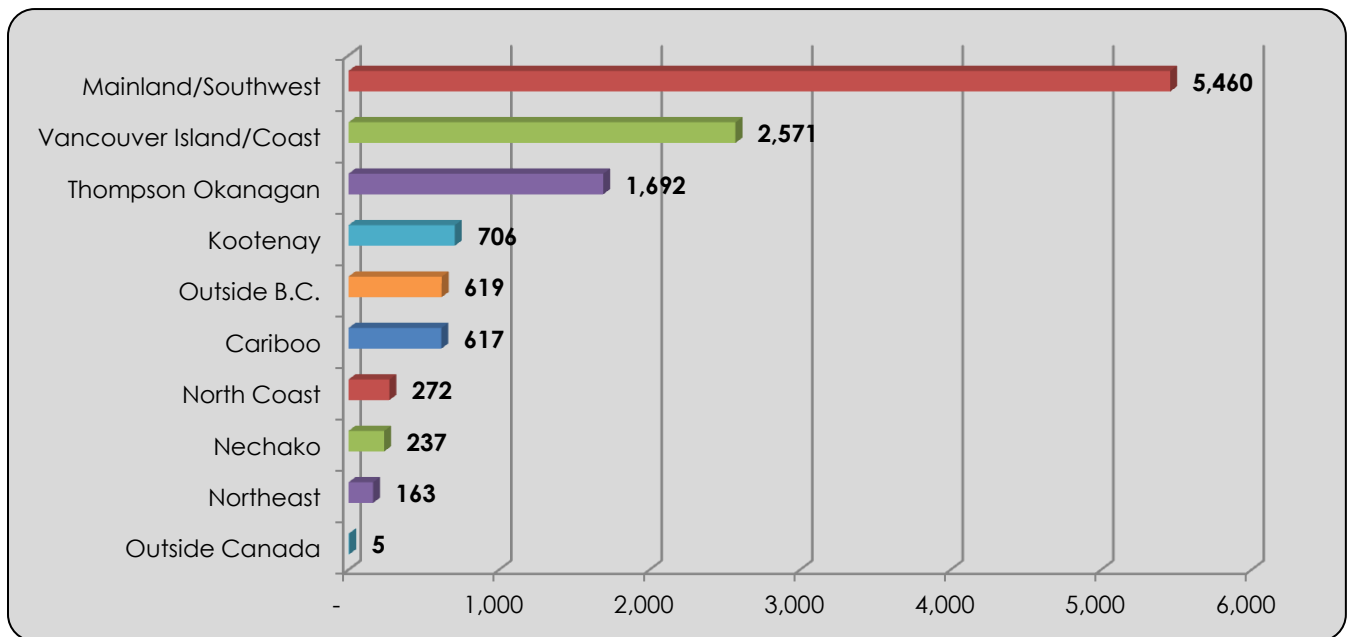
Licensee Age	Number of Licensees
25 and Under	1,353
26-45	6,993
46-55	2,786
56 and Over	1,210
Total Number of Licensees	12,342

Source: EMA Licensing Branch

Licenses by Region

With regard to distribution of licensees across the province nearly half of all EMAs lived in the Lower Mainland. Next to this, Vancouver Island and surrounding regions accounted for approximately 20 percent of EMAs, followed by the Thompson/Okanagan region with close to 13 percent. Other licensees were dispersed throughout the province, roughly following population density. Of note, five percent of licensees lived outside of B.C. and five individuals outside of Canada.

Figure 4: Licensees by region as of March 31, 2012



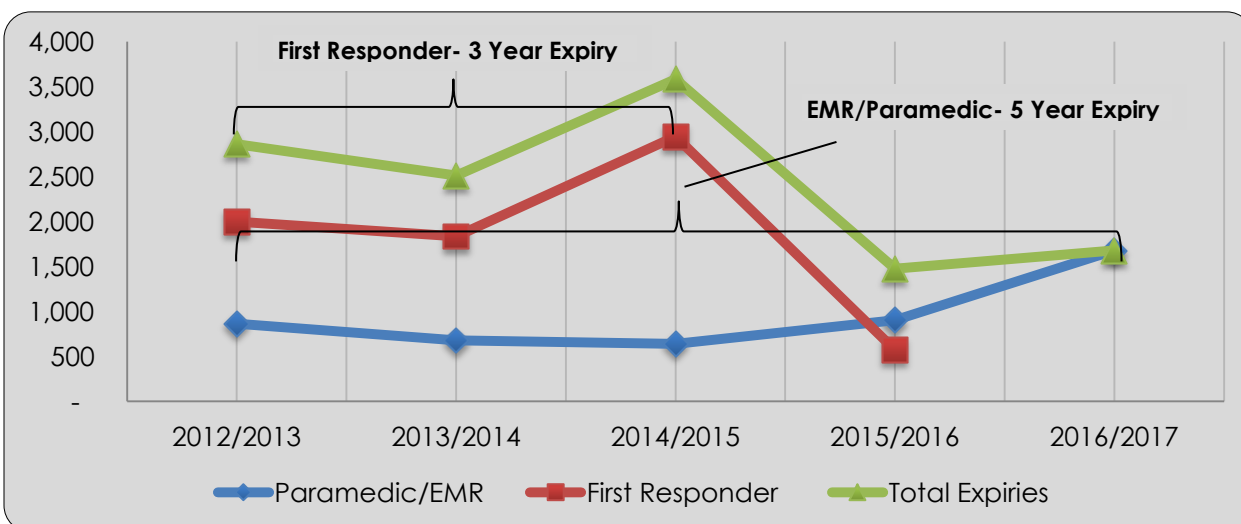
Source: EMA Licensing Branch

Projected Licence Expiries by Year

Looking towards the future, 2014/15 looks to be the busiest upcoming licence renewal year with almost 3,000 First Responders alone due to renew their licences.

With regard to projecting future licence renewals, EMR and paramedic renewals can be accurately forecasted to 2016/17, while First Responder renewals can only be forecasted to 2014/15, due to the fact that First Responder licences are only valid for three years whereas other licence types are valid for five years.

Figure 5: Projected licence expiries by year as of March 31, 2012



Source: EMA Licensing Branch

Examinations

The EMA Licensing Board is mandated under the Emergency and Health Services Act and the EMA Regulation to conduct licensing examinations to ensure EMAs' professional competence.

The branch holds practical examinations in four sites - Victoria, Lower Mainland, Vernon and Prince George – to ensure provincial coverage of board mandated examinations.

Special exams sessions are held in remotes locations of the province under the EMA Licensing Board's Rural and Remote Special Exams policy.

The branch administered 1,690 examinations in 2011/12 (see breakdown below).

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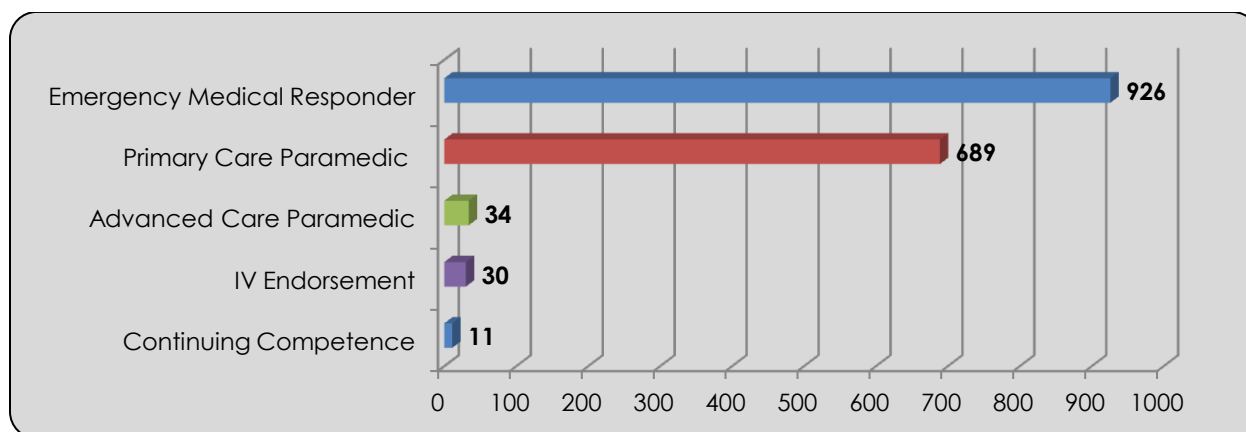
Table 2: Practical examinations by type by location as of March 31, 2012

Type of Exam	Victoria	Lower Mainland	Vernon	Prince George	Special Sessions	Total
Continuing Competence	7	3	0	0	1	11
IV Endorsement	15	11	2	0	2	30
Advanced Care Paramedic	9	25	0	0	0	34
Primary Care Paramedic	257	277	79	8	68	689
Emergency Medical Responder	384	191	116	19	216	926
Total	672	507	197	27	287	1690

Source: EMA Licensing Branch

As can be seen above in table 2, the majority of licensing exams administered took place in Victoria. Next to this, the Lower Mainland had the next highest number of examinations, spread over five locations in Vancouver, New Westminister, Maple Ridge, Chilliwack and Surrey. Vernon and Prince George made up the rest of the scheduled examination settings.

Figure 6: Practical examinations by licence level as of March 31, 2012



Source: EMA Licensing Branch

As can be seen above in figure 6, Emergency Medical Responders (EMRs) made up the majority of the examinee population, taking nearly 55 percent of all EMA exams. Following this, Primary Care Paramedics (PCPs) made up approximately 40 percent of the examinee population, while the remainder of the exam types accounted for the remaining 5 percent.

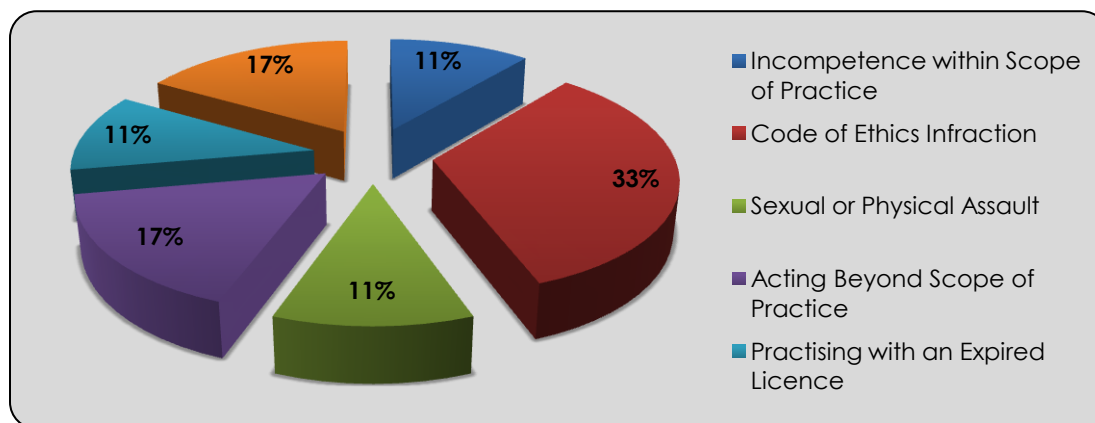
Comparing these statistics to those of the general licensee population presents some interesting trends. Currently PCPs outnumber EMRs more than three to one (3,441 EMR's to 1,122 PCPs) in the general EMA population. Despite this, a greater number of EMRs are currently being examined compared to PCPs.

Closed Complaints by Type

From April 1, 2011 to March 31, 2012, the board closed 15 complaints. Currently, there are 19 open/in progress complaint cases still awaiting decision by the board.

Of the complaints closed by the board, 33 percent were code of ethics infractions, 17 percent acting beyond scope of practice, 11 percent incompetence within scope of practice, 11 percent practising with an expired licence, 11 percent sexual and/or physical abuse cases and 17 percent other infractions falling outside the scope of the other mentioned categories.

Figure 7: Closed complaints by type as of March 31, 2012



Source: EMA Licensing Branch

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 18 cases closed in 2011/12, five cases resulted in disciplinary action being taken. Two were related to sexual harassment, two code of ethics and one acting beyond the scope of practice for one's licence. All other cases were resolved without disciplinary action.

The details of these disciplinary actions are found in Appendix B.

A View to the Future

Web Application for Continuing Competence Submissions

The branch is developing a web application system for submitting continuing competence requirements (IV starts, patient contacts, etc). This application, made in partnership with the Ministry of Health's Business and Applications Management Division, will allow EMAs to view their own up-to-date submission credit totals—improving the current system where totals are monitored and posted at regular intervals. This new system will enable EMAs to more easily determine if they are meeting necessary requirements, thereby reducing the risk of credit shortfall.

The project is currently in the planning stage with an implementation goal of fall 2012.

E-Bulletin

In an effort to improve communications with all EMAs, the current bulletin will move to an electronic format and will be available by subscription.

This e-bulletin will better allow the EMA Licensing board to regularly communicate information on a range of topics including board decisions, regulation changes, procedural changes and instructional how-to guides.



Moodle Online Exam Platform

To simplify the exam preparation, administration and marking process, the EMA Licensing Branch is looking to use the online Moodle (computer-based online course management system) exam platform for its jurisprudence exams.

Besides cutting down the wait time required for registrants to take the jurisprudence exam (which currently has a wait time of about 3 weeks), the Moodle platform provides a range of benefits for registrants and the EMA Licensing Branch. Registrants taking the exam can receive instant feedback on scores and areas of strength and weakness. The branch will be able to better calibrate exam questions based on exam results. Moodle also offers the option of customizing questions for each exam.

Appendix A - Board Member Biographies



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.



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.

Appendix B - 2011/12 Disciplinary Outcomes

EMA's Name	Complaint Type	Outcomes
David Morgan	Code of Ethics	Mr. Morgan signed an Alternate Dispute Resolution (ADR) agreement which outlined that he will never reapply for licensure with the board. His licence will remain suspended until the date of expiry, at which point he will not hold an EMA licence.
Quentin Boone	Sexual Assault	The board addressed the complaint of sexual assault against Mr. Boone and a second sexual harassment complaint against Mr. Boone in a single hearing. Following the hearing, Mr. Boone signed an Alternate Dispute Resolution (ADR) agreement which outlined that he will never reapply for licensure with the board. His licence will remain suspended until the date of expiry, at which point he will not hold an EMA licence.
Quentin Boone	Sexual Harassment	See previous complaint outcome for Quentin Boone
Ashley Barrington	Code of Ethics	Mr. Barrington signed an Alternate Dispute Resolution (ADR) agreement. As a consequence, the following disciplinary actions were set out in the ADR: <ul style="list-style-type: none"> • The completion of a branch approved communication course. • The completion of a branch approved confidentiality course.
Wael Abu Salim	Acted Beyond Scope of Practice	Mr. Abu Salim signed an Alternate Dispute Resolution (ADR) agreement providing that he had acted beyond his scope of practice. As a consequence, the following disciplinary action was set out in the ADR: <ul style="list-style-type: none"> • The completion of a research paper on topics related to his scope of practice.

The board reviewed an additional 10 complaints, which were closed but did not result in any disciplinary action being taken.