HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL APPLICATION

Regulation of Paramedics under the Regulated Health Professions Act, 1991
Summary

Prepared by:
Carl Alves
Don Gracey
The CG Group
140 Allstate Parkway • Suite 302
Markham, ON L3R 5Y8
Phone 905.946.1515 • Fax 905.946.1517
www.cggroup.com

Table of Contents

Introduction

The Ontario Paramedics Association (OPA) completed the proposal to HPRAC for regulation under the RHPA on November 2012. The deadline for stakeholders to make submissions to HPRAC pertaining to the review is July 8, 2013.

According to the MOHLTC EHSB, there are currently around 7,000 "EMS personnel" in Ontario. Informal information indicates that there may be up to 3,000 "unlicensed" paramedics[1]. A "licensed" paramedic in Ontario means they are working for an EMS and therefore authorized by a medical director of a Base Hospital Program to perform controlled acts. "Unlicensed" paramedics in Ontario do not work for an EMS and therefore not authorized to perform controlled acts.

The Ontario Paramedics are looking to create the College of Paramedics under the Regulated Health Professions Act for the purpose of self-regulation for the following reasons:

- the enhanced need for consistent training and regulation of paramedics in a decentralized management system to ensure integration and accountability;
- The need to update the status and responsibilities of paramedics consistent with the evolution of the nature of their work – from untrained transportation provider to highly trained health professional;
- The need to remedy the inconsistency of giving self-regulatory status to professionals, such as opticians, who perform non-invasive acts, but not to paramedics who are delegated to administer powerful drugs and perform invasive acts; and
- The nature of the responsibility given to paramedics to make decisions about pre-hospital care for, and to take action on, patients who may be helpless or unconscious.

Second, paramedic self-regulation would increase public choice of healthcare provider, as registered paramedics would be able to provide health services within their scope of practice (including controlled acts) beyond pre-hospital environments, such as in community clinics. It would also provide ongoing opportunities for paramedics to maintain their clinical skills through predictable service provision, in contrast to the unpredictable nature of emergency ambulance calls, a particular concern for high-risk skills

- Self-regulated health professions such as physicians and nurses have far greater flexibility to determine how they maintain and enhance their own professional abilities and knowledge.
    - As with other professions, it is not just the profession's regulation of itself, but equally the individual's regulation of him or herself

[1] We are waiting for the Ministry of Health and Long Term Care to confirm the number of "licensed" paramedics as the Application is unclear if there are 7000 "licensed" paramedics or 7000 total paramedics.

However, one of the primary concerns about self-regulation expressed by some paramedics in Ontario is that it entails another level of bureaucracy on top of what some see as an already highly bureaucratic system

- By reducing bureaucratic layers, self-regulation under the RHPA through a College of Paramedics will improve the protection of the public, and concomitantly enhance the practice of paramedics throughout the province, while bringing paramedic practice fully into alignment with the healthcare system.

Risk of Harm

General Description of Services Provided by Paramedics

Paramedic services are delivered according to the competencies and standards of a paramedic's level. Ontario has three levels of paramedic: Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP) and Critical Care Paramedic (CCP)

- Primary Care Paramedic (PCP)
    - PCPs can conduct patient assessments, provide basic airway management, administer oxygen, perform cardio pulmonary resuscitation (CPR), provide basic trauma care and administer symptom relief medications by various means and perform manual and semi-automated external defibrillation (SAED).
    - They are the largest group of paramedics.
    - They work with another PCP or ACP.
- Advanced Care Paramedic (ACP)
    - ACPs are expected to build upon the foundation of PCP competencies, and apply their added knowledge and skills to provide enhanced levels of assessment and care. ACPs may implement treatment measures that are invasive and/or pharmacological in nature.
    - Additional competencies of ACPs include
        - providing advanced airway management
        - performing laryngoscopy and removal of foreign body obstruction using forceps
        - providing basic field mechanical ventilation,
        - conducting 12 lead ECG interpretation,
        - administering a more extensive list of medications including intravenous medication
        - performing manual defibrillation and other electrical therapies
- Critical Care Paramedic (CCP)

        - The CCP is the highest level in Canada and is expected to perform thorough assessments that include the interpretation of patient laboratory and radiological data.
        - Additional competencies of CCPs include
            - Administering a wide variety of drugs.
            - Performing advanced airway procedures such as needle thoracostomy and cricothyroidotomy.
            - Interpreting x-rays and lab blood values.

Diagnostic Modalities

The paramedics' general diagnostic competencies are set by the National Occupational Competency Profile for Paramedics (NOCP). Paramedics use many tools, equipment and in their day to day operations. The list in the paramedic Application to HPRAC has over 15 tools.

The specific diagnostic modalities employed by paramedics are not set out in statute, but rather in standards of practice or practice guidelines issued by both the MOHLTC and their Base Hospital Program.

- MOHLTC documents governing paramedics:
    - Basic Life Support Patient Care Standards
        - Expectations with respect to how paramedics will interact with patients at basic life support level
        - They must obtain consent or advice about the possible consequences of refusal of treatment
    - Advanced Life Support Patient Care Standards
        - To guide the specifics of patient care that are to be undertaken consistent with the scope of practice of the three occupational levels.

Paramedics' Area of Practice

The diagnostic and treatment modalities paramedics perform and the services they provide are shared by a number of regulated health professions, including physicians, nurses, nurse practitioners, respiratory therapists and midwives. However they differ because they use these modalities in an out-of-hospital environment, which is often uncontrolled (poor lighting, confined spaces, etc). Second they must perform most of their duties while in transit and they must do it on a routine basis, namely the ability to monitor patient condition in a moving land or air ambulance and to intervene if necessary to provide life support. They may also be required to deal with many patients at once. Most of the time paramedics are under no

supervision. Extrication of a patient from a confined space such as a motor vehicle collision is another area in which paramedics are recognized as experts.

"Unlicensed" paramedic can provide service under the "Good Samaritan" provisions of the RHPA, where any individual can perform such acts on an emergency basis. This also applies to individuals belonging to unregulated health professions. "Unlicensed" paramedics also provide patient transportation services.

Acts that entail a Risk of Harm to Patients

The out-of-hospital work environment presents service, practice and treatment challenges exclusive to paramedics. Assessing and treating patients in uncontrolled and weather-affected surroundings poses risks to patients and practitioners not faced by other health professions. The risk of harm to patients entailed by paramedics' scope of practice encompasses the majority, if not all, of the actions they perform and the services they provide. An action such as endotracheal intubation or the administration of nitroglycerin carries with it a certain risk of harm because of the very nature of the act (i.e., invasive procedure, pharmacological treatment), which would be the case no matter the health professional performing the act.

Another risk of harm to patients arises from sub-standard performance of such acts, which is often referred to as "medical error".

There is also a high risk of harm to patients due to the working conditions of a paramedic. Emergency medical services (EMS) personnel often work in small, poorly lit spaces in environments that are chaotic, unfriendly and challenging for emergent or urgent healthcare interventions; indeed, it is often the dangerous nature of the environment that has led to the call for help. Emergency scenes are often loud, cluttered and unfamiliar places to pre-hospital care providers. In addition to these challenging environmental factors, emotional stressors are often heightened by the presence of panicked family members, curious bystanders and a lack of human and medical resources.

Another factor unique to paramedic practice is the transportation function. Paramedics are responsible for transporting the patient to the nearest or most appropriate medical facility in all weather and road conditions, often under severe time pressures and while conducting ongoing patient monitoring and assessment.

Finally, the widening of the paramedic scope of practice in recent years also gives rise to greater risk of harm, as paramedics now deliver more complex treatments and administer a wider range of drugs, training for which some may not always have kept pace.

It should be noted that many of the risks of harm to patients are anecdotal. The absence of a strong research base was also noted by the Emergency Medical Services Chiefs of Canada. This lack of evidence is likely due to the fact that paramedicine has only relatively recently come to be seen as more strongly aligned with healthcare, rather than primarily as a public safety service.

The few evidence based studies in their Applications stated:

- "Clinical judgment and the training required to make coherent decisions" as "the greatest risk to public safety"
- "Medications…were frequently administered outside of the proper dose range"

- "Pain management in EMS continues to be woefully inadequate", that endotracheal intubation (ETI) was problematic, often leading to worse mortality, neurological and functional outcomes, and that ALS for cardiac arrest shows no significant benefits

Risk to Public Safety from Lack of Regulation of "Unlicensed" Paramedics

The OPA does not have access to data that show the extent to which public safety is at risk because "unlicensed" paramedics remain unregulated. The Ombudsman's office indicated that it had received complaints about "inadequate equipment, lack of infection control, poorly maintained vehicles and insufficient training of staff"

Rate and Nature of Complaints of Harm

The OPA does not receive or act on complaints as it has no jurisdiction to do so. These stats are taken from the MOHLTC EHSB and from Base Hospital Programs.

	Number of Paramedics Investigated 2007-2012					
Investigation Type	**2007**	**2008**	**2009**	**2010**	**2011**	**2012 (Jan-Nov)**
Quality of patient care	54	79	67	153	198	74
Possible Ambulance Act contravention	7	17	8	14	7	5
Coroner investigation				10		
Possible Criminal Code contravention	2		2	10	5	
Paramedic competency				1		
Total	**63**	**96**	**77**	**188**	**210**	**79**

Table 1. MOHLTC EHSB Data on Investigations, 2007-2012

Anticipated Effect of Regulation under the RHPA on the Current Risk of Harm

Self-regulation within a College of Paramedics under the RHPA would increase transparency, public accountability and competency within the profession. It would include all paramedics and would allow for greater inter-professional collaboration to determine standards and best practices in assessments, the use of diagnostic modalities, clinical treatment and patient care. Individuals employed by private companies offering medical transportation and event medical services will be brought under a regulatory umbrella from which they are currently excluded. Self-regulation will reduce the harm entailed in by paramedic practice by necessitating that paramedics take responsibility for maintaining the levels of competence required by their standards of practice and for their professional development.

Mechanisms in Place to Ensure the Delivery of Safe Care by Paramedics

The Ambulance Act imposes a number of mechanisms to ensure delivery of safe care and quality of work performance. These include: education and certification requirements; continuing medical education (CME) and annual recertification requirements supervised by Base Hospital Programs. Base Hospital Programs and EMS all conduct investigations of complaints. Paramedics found to have performed below required standards

of practice by Base Hospital Programs may be asked to take remedial training, be temporarily deactivated, or even be decertified entirely.

Supervision

The out-of-hospital environment in which "licensed" paramedics primarily deliver their services entails that these practitioners perform their duties without direct supervision. Paramedics perform patient assessments and diagnoses, administer interventions and treatments to stabilize patients and transport patients to medical facilities. As a result, paramedics require a wide range of skill and knowledge, both in terms of patients (neonatal to geriatric) and of the symptoms and conditions that may be encountered. The nature of emergency triage at the scene of medical trauma depends heavily on the clinical judgment and experience of each paramedic. The relationship between PCPs and ACPs is usually one of collaboration whereby the responsibility for patient care is shared, recognizing that, given their different scopes of practice, the ACP may assume a leadership role.

Contribution of Advances in Technology and Treatment to Risk of Harm

Advances in treatment and technology can contribute to potential risks of harm posed by paramedics in two respects. On the one hand, if such advances are not incorporated into paramedic practice in a timely way, procedures with a greater risk of harm may continue to be used, meaning that such practice would fail to meet the highest standards of patient care. Second, if such advances are incorporated into paramedic practice without sufficient training, performance at the required level may not be achieved, which has the potential to exacerbate the risk of harm to patients, rather than reduce it.

Liability/Insurance Protection

"Licensed" paramedics do not operate as independent practitioners and there has been no requirement for them to obtain liability insurance coverage on an individual basis. Under the Ambulance Act, there is no current statutory requirement that individuals be covered by liability insurance. Private companies providing medical transportation and event medical services that employ "unlicensed" paramedics provide liability protection to the levels required by RHPA.

Processes Undertaken to Determine Public Need for Regulation

Since the Ambulance Act, there was little need for regulation in the industry. Due to "unlicensed" paramedics, the fact that they are unregulated in Ontario has been an ongoing issue of concern, particularly in the context of non-emergency patient transportation services.

Professional Titles

The Ambulance Act does not restrict use of the titles of "paramedic". Under the Act PCP, ACP and CCP are all titled "paramedic".

- A person employed by…an ambulance service who meets the qualifications for an emergency medical attendant as set out in the regulations and who is authorized to perform one or more controlled medical acts under the authority of a base hospital medical director

The OPA recommends that the titles of "Primary Care Paramedic", "Advanced Care Paramedic" and "Critical Care Paramedic" be restricted to practitioners who meet the respective entry-to-practice requirements and are registered members in good standing of the College of Paramedics.

Circumstances requiring Referral to another Health Profession

While paramedics do not typically refer patients in the way that physicians or other professionals do, they are required to make decisions based on patient assessment with respect to the most appropriate medical facility (e.g., with STEMI and Stroke Bypass) to which to transport the patient.

Professional Autonomy

Autonomous Practice

In the out-of-hospital context, "licensed" paramedics conduct patient assessments and perform diagnostic modalities and controlled acts autonomously. Higher-level paramedics (i.e., ACP and CCP) are able to assess and perform diagnostic modalities and treatments for a wider range of patient conditions and symptoms. In the event of a communication failure ACPs can provide care within their scope if they deem it to be in the best interest of the patient. CCPs provide the highest level of complex care and are routinely in contact with a Base Hospital physician for consultation and verbal orders as needed.

Accountability

Arguably, "licensed" paramedics are held equally accountable for all aspects of their practice, whether clinical, operational or conduct. They can be investigated by MOHLTC EHSB, EMS or the Base Hospital Program. "Licensed" paramedics are highly regulated. EHSB investigates complaints of a BLS nature and can decertify paramedics of any level by revoking their A-EMCA certificate. Base Hospital Programs perform clinical audits by reviewing, up to 100% of Ambulance Call Reports. Paramedics are required to self report to their Base Hospital any incidents in which they believe they have acted below the required standards of care, and may be subject to investigations, deactivation (temporary suspension) or even decertification.

"Unlicensed" paramedics are not accountable in the same way, an issue that was one of the subjects of the Ontario Ombudsman's investigation into non-emergency medical transportation services in 2011.

Self-regulation under a College of Paramedics would increase transparency and public accountability, through public involvement in the regulatory process, through the statutory requirement that a College engage in public outreach and through the visibility of, and public access to, the complaints and disciplinary process.

Performance of Controlled Acts under Delegation

Under the current regulatory system, paramedics require a form of delegation of controlled acts from the medical director of a Base Hospital Program. The approximately 7,000 "licensed" paramedics in Ontario are granted statutory authority to perform up to seven controlled acts, depending on their level, under the authorization of a medical director of a Base Hospital Program. Authorization of controlled acts (of which diagnosis is one under the RHPA) is somewhat unclear under the Ambulance Act, since the lists of controlled acts that may be performed by an Advanced Care Paramedic and a Critical Care Paramedic are also allowed to be performed, "if authorized", by a Primary Care Paramedic and an Advanced Care Paramedic.

O. Reg. 257/00 under the Ambulance Act muddies the distinction between PCP and ACP on the one hand, and ACP and CCP on the other. In this regard, it should be noted that the Ambulance Act and its Regulations are unclear about the authorization of controlled acts in general. Nowhere does O. Reg. 257/00 allow for communicating a diagnosis, setting a splint or managing labour, yet "licensed" paramedics are often required to perform such acts. Arguably, "licensed" paramedics are always required to inform patients or their

relatives/caregivers of the results of assessments and diagnostic tests, in order to obtain patient consent for treatment.

Finally, delegation can only occur where the delegating practitioner has the authority to perform a controlled act and delegates it to an individual who does not have that authority. A controlled act cannot be delegated to someone who already has the authority under his or her scope of practice.

The educational and training requirements for paramedics have increased substantially both in content and length and have made it possible for controlled acts to come within paramedics' scopes of practice. The OPA's view is that it is unrealistic to expect oversight from a medical director to meet the requirements set out in the regulations to adequately protect the public and, in the circumstances; more responsibility ought to be shifted directly to the individual paramedic license holder.

Educational Requirements for Entry to Practice

Programs Available in Ontario

There are two Ministries involved in paramedic education in Ontario. The Ministry of Health and Long Term Care is primarily concerned with vocational standards, whereas the Ministry of Training Colleges and Universities is concerned with essential employability skills and general education requirements.

MOHLTC is responsible for setting the skills required to qualify for registration as a PCP, ACP and CCP, for the credentialing program (e.g., administering the Advanced Emergency Medical Care Assistants (A-EMCA) and ACP exams and for the Paramedic Equivalency Process for paramedics from other jurisdictions wishing to register in Ontario. Ontario has no paramedic programs that are not approved by MOHLTC.

MTCU, on the other hand, is responsible for setting the standards for paramedic programs delivered by Ontario Colleges of Applied Arts and Technology (CAATs) that lead to college diplomas.

All paramedic education programs in Ontario include both theoretical and clinical/field components.

PCP educational programs in Ontario are two-year diploma programs that include courses in the following areas: Anatomy and Physiology; Psychopathology/Crisis Intervention; Pharmacology; Health Care Communication; Medico-Legal Aspects; Physical Education; Patient Care Laboratory; Patient Care Theory; Emergency Medicine; Emergency Vehicle Operation; Medical Directives; Clinical Practicum; and Field Practicum. As well:

- A practical lab and hospital clinical component (300 hours);
- A land ambulance field placement component (minimum 450 hours)

ACP programs in Ontario are one-year graduate certificate programs that include courses in the following areas: Advanced Pharmacology; Advanced Care Skills (Cardiac, Airway Management, Respiratory, Medical Emergencies, Trauma); Professional Practice; Skills Practicum; Hospital Practicum; and ACP Ambulance Practicum. As well:

- Weekly student evaluation completed by a clinical supervisor. This should identify learning issues and show student progression.

- Minimum 20 successful human intubations (signed off by anesthesia or equivalent). In addition, 2–5 pediatric airway management cases (+/- intubation).
- Minimum 20 ED patient assessments reviewed by the clinical supervisor.
- Minimum 20 complete patient charts (consistent with field or hospital practice).
- Minimum 20 successful IV starts.
- Completion of a daily journal (completed by the student).
- Completion of a daily clinical skills tracking log.
- Student feedback on clinical rotation

There is only one CCP course in Ontario and it is administrated by Ornge. Its courses include: Professional Practice; Fundamentals of Critical Care; Therapeutics and Diagnostics; Emergencies (Pulmonary, Cardiovascular and Hematological, Genitourinary and Reproductive, Gastrointestinal and Endocrine, Obstetrical, Traumatic and Toxicological, Neurovascular, Immunological and Environmental, Neonatal); Paediatrics; Preceptorship.

Accreditation of Programs

There are no known paramedic programs in Ontario that are unapproved. Private career colleges must be registered and have their programs approved by the MTCU's Superintendent of Private Career Colleges.

In 2001, the Paramedic Association of Canada (PAC) developed the National Occupational Competency Profile for Paramedics (NOCP), defining the competencies required for entry to practice. The NOCP also defines the profession, promotes national consistency in paramedic training and practice, and facilitates labour mobility for practitioners. The Canadian Organization of Paramedic Regulators has also used the NOCP competencies as a basis for jurisdictional comparison in its work on labour mobility for the profession. Most Canadian paramedic education programs are now based on the NOCP, but not all are required to have Canadian Medical Association (CMA) accreditation. Paramedic education programs exist in both the public and for-profit environment, although the majority of programs are now housed in college or technical school settings.

Requirements for Academic Credentials

An emergency medical care assistant shall, before January 1, 2002…have successfully completed an ambulance and emergency care program provided by a College of Applied Arts and Technology or have experience and qualifications that are approved as equivalent by the Director. An advanced emergency medical care assistant shall…have successfully completed an ambulance and emergency care program or a paramedic program provided by a College of Applied Arts and Technology or have experience and qualifications that are approved as equivalent by the Director… (Ambulance Act)

Membership in the OPA is open to paramedics, paramedic students and affiliate members. No academic credentials per se are required for membership, but the class of membership in effect depends on having satisfied educational requirements.

There are no regulations governing "unlicensed" paramedics or companies that employ them, such as medical transportation and medical event services.

Varying Levels of Registration

An Ontario College of Paramedics will need three levels of registration, corresponding to the three levels of paramedics as at present and as detailed in the NOCP, i.e., PCP, ACP and CCP, since their scopes of practice differ.

Body of Knowledge and Scope of Practice

Paramedicine is positioned at the intersection of healthcare, public health and public safety. Owing its existence to each, the Paramedic is cross-trained in each of these areas. As a result, a synergy occurs among the knowledge from these three areas and the result is paramedicine, a unique body of knowledge which is exclusive of its origins (Beebe & Myers, 2010 p.4)

The unique environment in which paramedic practise takes place (i.e., out-of-hospital), is reflected in the profession's core body of knowledge, which can be seen as a combination of medical and patient safety knowledge and skills. As is evident from the MOHLTC EHSB website, paramedics' core body of knowledge thus includes:

i) Anatomy and physiology, from neonatal to geriatric;

ii) Pathophysiology;

iii) Disease and trauma processes;

iv) Diagnostic tests;

v) Emergency patient care;

vi) Airway management;

vii) Symptom relief;

viii) Pharmacology;

ix) Medication administration;

x) Cardiac resuscitation;

xi) Legal and ethical issues protocols;

xii) psychology/sociology;

xiii) Supportive and therapeutic communications;

xiv) Crisis intervention;

xv) Patient assessment and treatment;

xvi) Equipment safety and preparedness;

xvii) Professional collaboration;

xviii) Transportation factors;

xix) Driving skills;

xx) Documentation procedures;

xxi) Radio and other communications

Overlaps with other Regulated Professions

Paramedics' body of knowledge overlaps with that of several regulated health professions, including nurses, midwives, respiratory therapists and physicians.

Evidence-based Practice

There are fewer evidence-based studies relating to paramedic practice than to other health professions such as nurses and physicians. There is not enough high quality EMS-related research to drive improvements in patient outcome, and vast amounts of money are being spent for patient care with little rigorous evaluation of the effectiveness of that care. The research of prehospital care has failed to keep pace with the research of other medical disciplines. In Canada, Jensen et al. (2011b) have argued that "The challenge for many health disciplines, including emergency medical services (EMS), is the scarcity of research from which best evidence can be derived"

The HSFO developed a stroke strategy for Ontario using evidence-based practice. "The EMS system needs to be organized to treat stroke as a medical emergency of the highest priority" by "training EMS personnel to recognize acute stroke and the implementation of stroke management protocols". This led to the development in 2004 of a Paramedic Prompt Card for Acute Stroke Protocol by MOHLTC.

Paramedics participated in the Ottawa Hospital Research Institute's Ontario Prehospital Advanced Life Support Study (OPALS) that showed that, in 2005, the case of out-of-hospital cardiac arrest, "advanced life support programs showed no improvement in survival rates compared to basic life support with rapid defibrillation programs". In 2007, the addition of out-of-hospital ALS interventions in cases of respiratory distress did lead to a decrease in the rate of death. A third study, the OPALS Major Trauma Study, showed that in cases of major trauma, "system wide implementation of full advanced life-support programs did not decrease mortality or morbidity for major trauma patients"

Stiver and Manley's study (2008) suggested that "on-scene stabilization and the quality of care in the field is as important as speed in improving outcomes following severe [traumatic brain injury]"

Another initiative to address research gaps is the Canadian Prehospital Evidence Based Practice Project (EMSPEP) is "to catalogue EMS studies", "to be a resource for the development of local EMS protocols", and "to develop a process of using evidence to evaluate practice change suggestions made by paramedics" (EMSPEP website). The PEP database contains analyses of over 100 paramedic protocols with respect to studies that provide strong, fair or weak evidence that is either supportive, neutral or against the protocol.

Standards of Practice set by the OPA or other Organizations

The OPA does not set standards of practice for either diagnostic/treatment modalities or services. Standards of practice for "licensed" paramedics are currently determined by MOHLTC EHSB with advice from the Base Hospital Programs.

Continuous Professional Development

"Licensed" paramedics are required to undertake annual mandatory CME (24-40 hours for PCP, 40-80 hours for ACP, and over 80 hours for CCP). This includes both clinical and operational courses. The CME is oriented predominantly towards continuing competency rather than professional development. "Unlicensed" paramedics have no continuous professional development requirements, save those that may be required by their employer.

Proposed Scope of Practice

The OPA does not propose that the scopes of practice of registered paramedics under an Ontario College of Paramedics would differ from the way they are at present. With the exception that controlled acts need no longer require delegations from medical directors of Base Hospital Programs. Under a College of Paramedics, practitioners would be authorized to perform the seven controlled acts within their scope of practice that they currently perform. It is expected that ACPs and CCPs will be authorized to delegate controlled acts for didactic purposes in their roles as preceptors.

Registered paramedics should be authorized to perform the same diagnostic and treatment modalities as authorized to their level at present. The proposed scope of practice matches the current scope of practice of "licensed" paramedics in Ontario.

The regulation of currently "unlicensed" paramedics within a College of Paramedics will further the public interest by providing greater public protection and increasing the public's choice of qualified, regulated healthcare providers.

Economic Impact of Regulation

Ontario College of Paramedics Business Plan

A business plan for the proposed Ontario College of Paramedics has been attached to this application as Appendix C.

Economic and Financial Implications

There is no anticipated initial impact on education and training programs, although this could change if it is determined that higher levels of paramedic education would better serve to protect the public interest.

Extending the scope of regulation to include all currently "unlicensed" paramedics would allow greater opportunity for paramedics to provide healthcare services beyond the out-of-hospital environment. Access to care would also improve under self-regulation, as currently "unlicensed" paramedics would be able to perform controlled acts and other services outside of EMS, thus enabling them to work within a provincially regulated scope of practice in non-traditional roles which will result in better use of clinical resources.

It is anticipated that self-regulation would have no negative impact on service efficiency and costs. Self-regulation would also adjust continuous quality improvement (CQI) for paramedics to align it with the approaches used by other self-regulated Colleges in Ontario.

Many paramedics in Ontario have been or are involved in paramedic education programs at private colleges and in other institutions. Such experience provides the profession with a large pool of people that understands the relationship of such programs to paramedic competencies and entry-to-practice requirements. In addition to their education in paramedic programs, a significant number of paramedics also possess undergraduate and graduate university degrees and paramedics are trained to be highly aware of public concerns and develop the skills to communicate effectively with non-professionals. For these reasons, the OPA can state with confidence that the profession has the requisite experience to ensure it can successfully deliver the statutory functions required of a regulatory College of Paramedics.

Cost to Employers

Ontario EMS would not incur any additional employment costs as a result of paramedic self-regulation, as one of the intentions of self-regulation is to shift responsibility and accountability for continuing competence to individual practitioners themselves. Private medical transportation and event medical services companies that employ "unlicensed" paramedics could, however, see some of their costs increase if they were required to provide additional systems for CME and continuing competency.

Cost to Professionals' Time

CME compliance is seen by paramedics as the most time-consuming professional requirement. CME will still be required under self-regulation. It is anticipated that the time involved for registered paramedics to would be no greater and may well be less.

Regulatory Mechanisms

"Unlicensed" paramedics in Ontario are not subject to any regulatory mechanism. "Licensed" paramedics, on the other hand, are subject to regulation under the Ambulance Act, 1990.

Paramedic Regulation under its own College

The OPA believes that paramedics in Ontario should be regulated under their own College, because the current regulatory approach is inconsistent with the regulation of other health professionals with whom paramedics interact, despite the fact that paramedics perform many of the same controlled acts. It is inconsistent that health professionals who only perform non-invasive acts are granted self-regulation, but the paramedics who are delegated to administer powerful drugs and perform invasive acts are not.

A significant advantage to a self-regulation under a College of Paramedics will be the establishment of one regulator for all paramedics in Ontario. Since there are a large number of actors (MOHLT, EMS, and Base Hospital programs) in the regulatory system, it is inevitable that there will be discrepancies and inconsistencies in the requirements and expectations paramedics face in terms of demonstrating continuing competency and satisfying CME requirements. The inclusion of "unlicensed" paramedics would also be a significant advantage. Self-regulation is based on the concept that members of a profession, based on their knowledge, skills and judgment, are best suited to govern their profession in the public interest. Paramedics are recognized as healthcare providers, generally working in uncontrolled environments with very little direct supervision.

Paramedic self-regulation under the RHPA would allow flexibility for the profession to adopt evidence-based best standards of practice and policy through inter-professional collaboration with other regulated health professions and ensure accountability, transparency and public protection.

Alternative Forms of Regulation

The OPA does not consider regulation within an existing regulatory College a viable option. Out-of-hospital paramedic practice is unique in that it typically takes place in relatively uncontrolled environments and paramedics responding to medical and traumatic emergencies, whenever and wherever the emergency occurs. Significant oversight of paramedic practice is required that only a College of Paramedics could adequately provide.

The OPA considers that it would be problematic to partner with any unregulated professions in seeking self-regulation. It is also unaware of any unregulated health professions that have a similar body of knowledge or scope of practice to paramedics.

Leadership's Ability to Favour the Public Interest and Membership Support and Willingness of the Profession to be regulated

The OPA's mission statement is:

To provide leadership and direction to Paramedics on a Provincial level through the pursuance of self-regulation and the promotion of the science of Paramedicine. We serve Paramedics and patients by advocating for the highest ethical, educational, and clinical standards.

The OPA will lobby the MTCU to adopt the Paramedic Association of Canada's National Occupation Competency Profile (NOCP) as the minimum standard for education at each given scope of practice level.

The OPA will also lobby the MTCU to add the Advanced Care Paramedic Program to the list of programs that receive funding from the Provincial Government.

The OPA will take a stronger leadership role in Continuing Medical Education (CME) for Paramedics and future Paramedics.

Public Education and Awareness: The OPA will attempt to use various media formats to better educate the public with respect to Paramedics and the role they play within the healthcare team.

Complaints and Disciplinary Procedures

There are currently three separate complaints and disciplinary processes for "licensed" paramedics in Ontario, managed by EMS, MOHLTC EHSB and the Base Hospital Programs. Data show that very few complaints investigated by MOHLTC EHSB resulted in paramedic rewrite, or a form of corrective action. Anecdotal evidence indicates that the number of complaints EMS receive varies from one service to another, but more often concerns operational, rather than clinical, matters. There are no proactive, self-initiated complaints processes for "licensed" paramedics in Ontario. They are required to report incidents in which they believe they may have acted below the required standards of care, but this is part of ongoing quality assurance, rather than a complaints process.

Survey of Ontario Paramedics Support for Self-Regulation

.

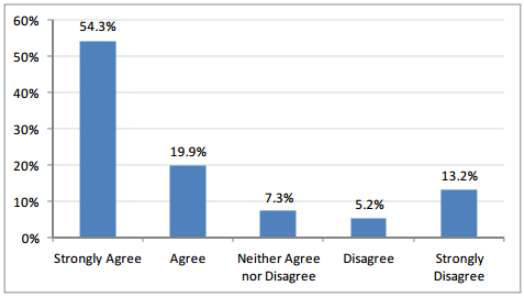

Figure 3, more than 54% of those surveyed strongly supported paramedic self-regulation under the RHPA

Support from Related Organizations

Responses were received from the Saskatchewan College of Paramedics, the College of Midwives of Ontario, the College of Massage Therapists of Ontario, the Ontario Association of Paramedic Chiefs and several paramedic educators. The Ontario Base Hospital Group has indicated that "provincial base hospital programs support the concept of a professional body for paramedics"

Number of Paramedics in Ontario

According to the MOHLTC EHSB, there are currently around 7,000 "EMS personnel" in Ontario. Informal information indicates that there may be up to 3,000 "unlicensed" paramedics.

Alignment with an Existing Regulatory College

The OPA's view is that it would be inappropriate, given the current regulatory system for "licensed" paramedics, for it to undertake actions to align the profession with any established health professions regulatory College.

Proposed Fee Structure

The annual membership fee proposed is $500 for all levels of paramedics (i.e., PCP, ACP, and CCP). Sixteen of the 21 regulatory Colleges in Ontario have fees higher than $500.

Health System Impact

Inter-professional Collaboration

Because of the unique nature of prehospital care, paramedics have typically had fewer opportunities for ongoing interaction with other health professions. Whereas nurses, physicians, respiratory therapists, medical laboratory technicians and so on may often work together in the hospital or clinical environment, paramedic interaction is more episodic in nature, occurring most often when patient care is handed over after arrival at the ED.

Nevertheless, interprofessional collaboration is a significant issue for paramedics, particularly because they perform controlled acts without direct supervision. The lack of paramedic self-regulation in Ontario is a barrier to effective interprofessional collaboration.

An example where paramedics have shown that they possess the competencies necessary for interprofessional collaboration is the extended roles they have been asked to assume in parts of Nova Scotia, where access to physicians is problematic. As a result, residents were forced to use EMS and EDs for a wide range of medical issues such as management of simple wounds and the administration of tetanus injections and flu immunizations. The program was successful enough to be expanded to include a nurse practitioner and an offsite physician.

"Licensed" Paramedics collaborate most frequently with RNs, NPs and physicians in Emergency Departments. They also collaborate with physicians working for Base Hospital Programs in the provision of continuing medical education and the review of medical directives and protocols.

Labour Mobility

The Emergency Health Services Branch of the Ministry of Health and Long-Term Care (MOHLTC) continues to be an active supporter of Paramedic mobility in Canada. The Ministry of Health and Long-Term Care (MOHLTC) AIT Paramedic Equivalency process ensures that paramedics who hold a valid license or certification in good standing from another Canadian province or territory as a PCP or ACP have employment opportunities in Ontario.

Despite these provisions, relatively few paramedics from other provinces apply for MOHLTC AIT Paramedic Equivalency. Self-regulation within a College of Paramedics would preserve and protect mobility between Canadian jurisdictions.

To the best of the OPA's knowledge, there are no other Canadian jurisdictions in which paramedics are authorized to perform procedures and tasks beyond those sought by the OPA. Paramedic scopes of practice from other provinces may not map one-to-one onto those in Ontario. Recent trends indicate that there is a growing convergence among Canadian jurisdictions as the use of the NOCP becomes more widespread.

Under the current regulatory system, paramedics trained in other provinces are not assessed for equivalency on the basis of their designation, but rather in terms of their competencies.

Access to Care

Self-regulation within a College of Paramedics would enhance access to pre-hospital emergency medical care, as it would allow for more efficient and effective adoption of new treatments, technologies and best practices in collaboration with other regulated health professions. It would also increase the availability of registered paramedics to work in non-emergency settings such as community clinics, private medical transportation companies, event medical services, and so on, thereby increasing public access to qualified healthcare providers in such environments.

Health Human Resource Productivity

The OPA does not currently have the capacity to measure productivity. Individual Paramedic Services may do so and MOHLTC EHSB measures the productivity of the ambulance component of EMS, but this information is not available to the OPA. A College of Paramedics would allow the time, effort, skills and knowledge of these individuals to contribute more extensively to the provision of healthcare for Ontario's residents.

Health Outcomes

The OPA does not currently have the capacity to measure health outcomes. It is evident that the provision of high-quality pre-hospital care by highly trained paramedics performing to best practices leads to more positive health outcomes for patients. There is a considerable body of evidence documenting the importance of prehospital care in the treatment of ST-segment elevation myocardial infarction (STEMI), stroke, respiratory emergencies, pediatric care and trauma. Regulation of paramedics under the RHPA would allow for more efficient and effective adoption of new treatments, technologies and best practices in collaboration with other regulated health professions, thereby increasing public access to healthcare, promoting public choice of healthcare provider, improving the efficiency and effectiveness of the healthcare system overall, and enhancing patient safety, all of which serves to better protect the public interest.

CG ANALYSIS

This is a lengthy 86 pages and detailed Application that appears to have been professionally produced. Although substantially better than either the dental assistants' or physician assistants' applications, in our view this Application falls short of making a compelling case for regulation under the RHPA by an independent college. In particular:

- The Application fails to be convincing that the current system administered by the Ministry of Health and Long-Term Care pursuant to the *Ambulance Act* doesn't adequately protect the public interest. OPA's preoccupation appears to be with those paramedics who are not licensed under the *Ambulance Act*, which begs the questions: "Why are unlicensed individuals allowed to perform as EMS personnel?" and "If all EMS personnel had to be licensed, would RHPA regulation still be necessary?"
- The biggest failing is the absence of a convincing explanation as to why the current system of delegations for the performance of controlled acts is deficient in protecting the public interest.
- The "real" objective of regulation appears to be to facilitate the movement of paramedics into primary care, which would be a substantial change for the health care delivery system, but is only

superficially explained and defended in the Application. Does the Ministry really want paramedics to penetrate primary care? There is no claim or evidence of Ministry approval in the Application.

- The Application contains a number of internal inconsistencies or conflicts. For example, at one point the Application claims that "Licensed paramedics are highly regulated".
- The Application aims to address issues through regulation that aren't within the jurisdiction of the RHPA. For example, the application suggests that one reason for RHPA regulation is the need to regulate "heavy lifting" (of patients) by paramedics.
- The Application lists a surprisingly short number of supportive stakeholders. It appears that the OPA either didn't reach out to stakeholders, or was rebuffed or ignored. Where do the emergency room physicians stand? We happen to know that at least one group approached the OPA to discuss the possibility of regulation within a joint college. That group was rebuffed by the OPA.
- The Application admits to an astounding lack of research on best practices and on the effectiveness of paramedic procedures.
- Nowhere does the Application speak to the opposition to RHPA regulation expressed by at least two of the unions that represent paramedics.
- The Application indicates that the annual registration fee will be $500, but nowhere is there a business plan or even the most superficial of calculations to indicate how that figure was arrived at.