



OATA BOARD RESPONDS TO PROPOSAL TO REGULATE PARAMEDICS

A request by the Ontario Paramedics Association (OPA) that paramedics be regulated under the *Regulated Health Professions Act (RHPA)* is currently being reviewed by the Health Professions Regulatory Advisory Council (HPRAC). The OPA's application for regulation, that sets out the case for regulation against HPRAC's criteria, can be viewed on the HPRAC website:

- [Health Professions Regulatory Advisory Council Application](#)
- [Health Professions Regulatory Advisory Council Application Paramedic Summary](#)

The OATA Board decided to make its views known to HPRAC by completing HPRAC's electronic survey. In the comment part of the survey, the OATA Board advised HPRAC as follows:

"The OATA would like to make two general comments:

- 1. The OATA reached out to the OPA on several occasions and through several means to suggest a collaborative effort between the two associations to work towards joint regulation, with a single scope of practice, but perhaps with differentiation between the two professions as to the controlled acts authorized for the performance by each. The OPA did not respond.*
- 2. To the OATA, this referral to HPRAC by the Minister and the OPA's Application bring several ironies to the fore. Athletic Therapists frequently attend to injuries to players (and sometimes to spectators) at a wide range of amateur and professional sports events and at entertainment events (e.g. Cirque du Soleil, National Ballet) BEFORE paramedics arrive on the scene. It is usually an Athletic Therapist who is first on the scene and who determines whether paramedics need to be called and whether transportation to a hospital is required. Athletic Therapists make these decisions independently and determine the nature and extent of injury, stabilize the patient and, if necessary, prepare the patient for transport by paramedics or by others. Athletic Therapists will attend to sometimes life-threatening injuries for 20 to 40 min. before paramedics arrive. In field settings, Athletic Therapists perform many controlled acts, either pursuant to a general delegation, or pursuant to the emergency provisions of subsection 30 (5) of the RHPA. Accordingly, the OATA respectfully suggests that if there is a compelling case for the RHPA regulation of paramedics, there is a more compelling case for the RHPA regulation of Athletic Therapists. The OATA has approached the Ministry of Health and Long-Term Care on several occasions about RHPA regulation and has been told by the Ministry that the profession is too small (current OATA membership is approximately 750) to justify the creation of an independent Athletic Therapy College. The OATA notes that there are several existing RHPA Colleges with smaller memberships. The OATA also finds it regrettable that the size of the profession, rather than the risk of harm, appears to be a determining factor in judging the necessity of RHPA regulation.*

Athletic Therapist (called "Athletic Trainers" in the US) are regulated in all but four US states. In two of those four states, Bills to regulate Athletic Trainers are currently before the State Legislatures."

The Board's objective is to make the case for the regulation of Athletic Therapists under the RHPA as many times and in as many ways as we can.