

**A Report to the Minister of Health
on the Investigation of the Application for the Regulation of
Paramedics
under *The Regulated Health Professions Act***

MANITOBA

The Health Professions Advisory Council
Conseil Consultatif des Professions de la
Santé

MANITOBA

The Health Professions Advisory Council
Conseil Consultatif des Professions de la Santé

c/o 300 Carlton Street
Winnipeg, Manitoba R3B 3M9
Fax: (204) 945-1020
hpac@gov.mb.ca

December 30, 2014

The Honourable Sharon Blady
Minister of Health
Room 302
Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Minister,

We are pleased to present our report on whether paramedics in Manitoba should be regulated under *The Regulated Health Professions Act* ("the RHPA"), and if so, what would be the appropriate college, scope of practice, reserved acts, and titles.

As the application made by the Paramedic Association of Manitoba ("PAM") is the first referral made to the Council, we are grateful for the time afforded to complete our investigation and make our recommendations. Our investigation included a review and analysis of PAM's application and consultation with interested stakeholders comprising other regulated health professions' colleges, members of the profession, and organizations representing paramedics, such as local fire fighter associations, unions and national organizations.

The Council is of the view that PAM has not adequately engaged in consensus building or dialogue sessions with all stakeholders. Accordingly, the Council makes a qualified recommendation that the profession proceed to regulation under the RHPA only after PAM provides the Minister of Health with evidence of a satisfactory level of support among Manitoba paramedics for self-regulation. This evidence should be based on a dialogue and consensus-building process that PAM organizes for the purposes of exchanging information and opinions with practitioners and stakeholders about self-regulation and its implications for paramedics, including its costs and responsibilities.

Although PAM has indicated its vision is to become the self-regulating college for paramedics, the Council has made no recommendation either supporting or rejecting the establishment of PAM as the regulatory body. PAM has been pursuing self-regulation for paramedics since 2001 and while it has addressed some regulatory mechanisms within the organization, the Council is not convinced that PAM distinguishes between the public

interest and the profession's self-interest. In the event that government proceeds to designate paramedicine as a regulated health profession under the RHPA, and designates PAM as the regulatory body, PAM must understand that the profession will need to keep separate those activities designed to further the interests of its members from the interests of the public. In other words, as a self-regulatory body, PAM would have a responsibility to act in the public interest and, in keeping with this primary and over-riding purpose of the RHPA, could not continue in the dual role of promoting the professional interests of its members.

The Council looks forward to meeting with you to discuss our report and its recommendations.

Sincerely,

original signed by

Neil Duboff, Chair

original signed by

Lynne Fineman

original signed by

David Schellenberg

original signed by

Bev Ann Murray

TABLE OF CONTENTS

Executive Summary	1
Introduction	4
Section A	
The Paramedic Association of Manitoba Application	7
An Environmental Scan of the Profession in Canada.....	8
Paramedicine in Manitoba.....	10
Criteria for Self-Regulation	11
The Council's Examination of the Application.....	12
1. Risk of Harm	14
2. Sufficiency of Supervision	21
3. Alternative Regulatory Mechanism.....	23
4. Body of Knowledge.....	25
5. Educational Requirements for Entry to Practice.....	28
6. Leadership's Ability to Favour the Public Interest.....	30
7. Membership Support.....	33
8. Economic Impact of Regulation.....	35
9. Public Need for Regulation.....	36
Summary	37
Section B	
Scope of Practice, Reserved Acts and Titles	39
List of Recommendations	47
Abbreviations	48
Appendix A – List of Participants.....	49
Appendix B – Membership in Health Profession Regulatory Colleges in Manitoba --	50

Executive Summary

In a March 2, 2012 letter, the Minister of Health (the “Minister”) asked the Health Professions Advisory Council (the “Council”) to investigate and advise whether paramedics should be regulated in Manitoba under *The Regulated Health Professions Act* (“the RHPA”) and, “if so, what would be the appropriate college, scope of practice, reserved acts, and titles.” The Minister indicated that the Paramedic Association of Manitoba (“PAM”) had applied for the designation of paramedics as a regulated health profession under Section 156 of the RHPA.

Emergency medical services providers in Manitoba are presently regulated by the government of Manitoba under *The Emergency Medical Response and Stretcher Transportation Act* (the “EMRST”) and the Land Emergency Medical Response System Regulation to the EMRST (the “Land Emergency Regulation”). The regulations are administered and enforced by the Manitoba Health Emergency Medical Services Branch (“MHEMS”) which also licenses emergency medical service providers in Manitoba.

Following successful completion of provincial licensing requirements, paramedics, or “technicians” (as they are called in the legislation¹), are permitted to perform certain procedures or functions under the authority and direction of their employer’s medical director. The Emergency Treatment Protocols, referred to as “transfer of function”, are defined in the Land Emergency Regulation as “the authorization given to a technician by a medical director which enables the technician to legally perform a medical function.” These transfers of function are based on MHEMS guidelines and protocols approved by the Manitoba Emergency Services Medical Advisory Committee (“MESMAC”).

As part of its investigation, the Council gave public notice of its review of PAM’s application and invited interested parties to participate. Twenty individuals and organizations participated in the review (the “Participants”). The Council held a public meeting at which PAM and 15 Participants made presentations regarding the Application and responded to questions from the Council. More than 100 individuals attended as observers.

The Council’s Mandate and Terms of Reference require that its advice to the Minister be based on evidence, academic or professional studies, the opinion of experts and other interested and informed persons. This requirement is meant to guard against the advice of the Council being based on anecdotes, subjective preconceptions or instinct. The Council understands that its duties under the RHPA are carried out in order to provide advice to the Minister about matters related to the RHPA, including whether to regulate a profession under the RHPA. Section 161(1) RHPA requires that

¹ *The Emergency Medical Response and Stretcher Transportation Act*, s. 1.

Upon completing an investigation, the advisory council must recommend to the Minister, with reasons (emphasis added), whether or not it would be in the public interest that the health profession be regulated under this Act.

In order to provide a transparent process to review requests for designation as a regulated profession, applicants must provide responses to a series of questions based on criteria identified in s 159 of the RHPA²:

- Whether a substantial portion of the profession's members are engaged in activities that are under the jurisdiction of the Minister.
- The nature and degree of risk of physical, emotional or mental harm to individual patient/clients arises from incompetent, unethical or impaired practice of the profession having regard to:
 - the services performed by the practitioners;
 - the technology, including instruments and materials, used by practitioners; and
 - the invasiveness of the procedure or mode of treatment used by the practitioners.
- A significant number of the members of the profession do not have the quality of their performance monitored effectively.
- Regulation under the RHPA must be a more appropriate means to regulate the profession than other means.
- Whether the health profession is a distinct and identifiable profession with a distinct and identifiable body of knowledge that forms the basis of the standards of practice of the profession.
- There must be qualifications and minimum standards of competence for persons applying to practise the profession.
- The profession's leadership has shown that it will distinguish between the public interest and the profession's self-interest and in self-regulating will favour the former over the latter.
- Sufficiency of membership support and willingness to be regulated.
- The potential economic impact of regulation on the profession, the public and the health care system.

The applicant's responses to the questions allows for the analysis of whether paramedics in Manitoba should be regulated under the Act and, if so, for analysis regarding the appropriate college, scope of practice, reserved acts and titles.

² In accordance with the RHPA, the Council "must have regard to all matters that it considers relevant, which may include those" identified in s 159.

Based on a review of all the information provided by the Applicant and the Participants:

1. The Council recommends that the profession of paramedicine proceed to regulation under the RHPA by a College of Paramedics of Manitoba only after PAM provides the Minister of Health with evidence of a satisfactory level of support among Manitoba paramedics for self-regulation. This evidence should be based on a dialogue and consensus-building process that PAM organizes for the purposes of exchanging information and opinions with practitioners and stakeholders about self-regulation and its implications for paramedics, including its costs and responsibilities.
2. The Council recommends that the scope of practice statement for the profession of paramedicine be as follows:

The scope of practice of paramedicine is the pre-hospital emergency assessment, stabilization, treatment and transportation of persons following acute or sudden onset of illness or injury as necessary for the preservation of life and health, in accordance with (any) protocols and for which training and medical direction or supervision are provided.

3. The Council recommends that paramedics not be granted authority to perform reserved acts under *The Regulated Health Professions Act* but continue to work under EMS medical protocols and guidelines and under the supervision of a medical director who approves all transfers of function.
4. The Council recommends that the following titles and their variations, abbreviations and initials be restricted to members of the College of Paramedics of Manitoba:
 - Emergency Medical Responder
 - Primary Care Paramedic
 - Advanced Care Paramedic
 - Critical Care Paramedic

Introduction

The Manitoba Law Reform Commission 1993 discussion paper, *The Future of Occupational Regulation in Manitoba*, noted that “in Manitoba, there is at present no single structure within the Legislature, the Cabinet or the provincial bureaucracy for the introduction of a regulatory regime As a result, it is not clear why some applicant groups are granted self-government while others are not.”³ Subsequently, the Manitoba Law Reform Commission Report #84, *Regulating Professions and Occupations*, recommended that the purpose of occupational regulation should be to protect the public from harm; it should not be used to benefit or reward practitioners.⁴

In 2006, Manitoba Health (the “Department”) decided to replace the fragmented arrangements for the regulation of health professionals with a common legislative framework that would deal with the issues identified by the Law Reform Commission. In January 2009, the Department released a consultation document which proposed an umbrella act to consolidate Manitoba’s many health profession statutes under a common legislative framework⁵ and in June 2009, the RHPA was passed by the Legislature. The relevant provisions of the RHPA to establish the Council, enabling unregulated groups to apply to be regulated, enabling the applications of those groups to be received and considered by the Council, and other related provisions, were proclaimed into force effective June 1, 2011, in advance of the enactment of the provisions of the entire RHPA. With the exception of a number of provisions relating to specific professions, the remainder of the RHPA was proclaimed into force on January 1, 2014. Audiologists and speech-language pathologists are the first two regulated health professions to transition to regulation under the RHPA. Professional self-regulation continues for the remaining health professions governed by 21 separate acts which will be phased out as the corresponding health profession is brought under the RHPA.

The Council is established under the RHPA to provide advice to the Minister on matters related to the regulation of health professions in Manitoba. On the Minister’s request, the Council may provide advice about any matter related to the RHPA, including advice about:

- Whether an unregulated health profession should be regulated under the Act;
- Whether the list of reserved acts should be revised;
- Who may or may not perform reserved acts;

³ Manitoba Law Reform Commission. (November 1993). *The Future of Occupational Regulation in Manitoba* at 6.

⁴ Manitoba Law Reform Commission. (October 1994). *Regulating Professions and Occupations* at 23.

⁵ Manitoba Health. (2009). *Proposed Umbrella Health Professions Legislation: The Regulated Health Professions Act*.

- The use of professional or occupational titles by members of a regulated health profession or other persons;
- Entry-to-practice requirements for health professions;
- The continuing competency programs established by colleges; and
- Health human resource planning and management.

The Council's Mandate and Terms of Reference require that its advice to the Minister be based on evidence, academic or professional studies, the opinion of experts and other interested and informed persons. This requirement is meant to guard against the advice of the Council being based on anecdotes, subjective preconceptions or instinct. The Council understands that its duties under the RHPA are carried out in order to provide advice to the Minister about matters related to the RHPA, including whether to regulate a profession under the RHPA. Section 161(1) RHPA requires that

Upon completing an investigation, the advisory council must recommend to the Minister, with reasons (emphasis added), whether or not it would be in the public interest that the health profession be regulated under this Act.

One of the key provisions of the RHPA is the formalization of the process to address proposals for new professional regulation. The over-arching principles for regulation of a group under the RHPA are:

- (1) the profession delivers health care as defined by the RHPA,
- (2) the provision of the health care concerned poses a risk of harm to the public; and
- (3) regulation under the RHPA is the most appropriate means to regulate the profession.

The legislation sets out how unregulated professions apply to be regulated. A group seeking to be regulated as a health care profession under the RHPA must apply to the Minister in the form and containing the information required by the Minister⁶. Applicants are required to complete a series of questions as set out in Appendix 1 of the "Application Process for Requests for Self-Regulation under *The Regulated Health Professions Act*". The questions are based on criteria identified in section 159 of the RHPA. Providing evidence, applicants must establish, among other things, that;

- the profession is identifiable;
- there is general agreement on qualifications, standards and competencies;
- the profession's leadership will favour the public interest over the profession's self-interest;
- the members of the profession support regulation and will be compliant; and

⁶ *The Regulated Health Professions Act*, s 156(2).

- the profession has an understanding and appreciation of the economic impact of regulation on its members, the public and the health care system.

Upon receiving an application, the RHPA permits the Minister to investigate whether the unregulated health profession should be regulated under the RHPA or to direct the Council to carry out the investigation.

Section A

The Paramedic Association of Manitoba Application

In March 2012, the Minister of Health referred to the Council an application by the Paramedic Association of Manitoba (“PAM”) for the designation of paramedics as a regulated health profession under the RHPA. The Minister instructed the Council “to investigate and advise whether paramedics in Manitoba should be regulated under RHPA and if so, what would be the appropriate college, scope of practice, reserved acts, and titles”.

The Council’s review of PAM’s application (the “Application”) included:

1. A public notice of the Council review of the Application.
2. The distribution of the Application to individuals and organizations who indicated they wished to participate in the review (“Participants”). The Participants are listed in “Appendix A - List of Participants”.
3. A review of written submissions received from the Participants.
4. The exchange of submissions from the Participants and the opportunity for PAM and all Participants to provide written responses to any of the submissions from the other Participants and PAM.
5. Correspondence from the Council to PAM requesting written responses to a set of questions in relation to the Application. The distribution to the Participants of PAM’s responses to the Council’s questions and an invitation to the Participants to comment.
6. A public meeting at which PAM and some of the Participants made presentations regarding the Application and responded to questions from the Council. Over 100 individuals attended as observers. There were 15 speakers in attendance including representatives from:
 - local fire fighter associations,
 - unions,
 - the Winnipeg Regional Health Authority,
 - paramedic organizations and
 - PAM.
7. An opportunity for supplemental submissions from PAM and the Participants in the review following the public meeting.
8. A review of comments received from the Participants on the Ontario Health Professions Regulatory Advisory Council report “Paramedicine in Ontario”.

An Environmental Scan of the Profession in Canada

PAM's application included references to the legislation regulating paramedics in other Canadian jurisdictions. The following table summarizes, by province, the relevant legislation, the administration of the legislation and whether the paramedics in the jurisdiction are self-regulating.

Table 1: Legislation Regulating Paramedics by Province

Province	Legislation governing paramedics	Administration of legislation	Self-regulation (Yes/No)
Manitoba	<i>The Emergency Medical Response and Stretcher Transportation Act</i>	Manitoba Health Emergency Medical Services Branch	No
Alberta	<i>Emergency Medical Technicians Regulation</i> under the <i>Health Disciplines Act</i>	The Alberta College of Paramedics registers qualified paramedics.	The Alberta College is working to meet the requirements to come under the <i>Health Professions Act</i> , the legislation which regulates all self-regulating professions.
British Columbia	<i>Emergency and Health Services Act</i>	Emergency Medical Assistants Licensing Board	No
New Brunswick	<i>An Act Respecting the Paramedic Association of New Brunswick</i>	The Paramedic Association of New Brunswick	Yes
Newfoundland	No legislative authority; paramedic services provided by policy of government.		No
Nova Scotia	<i>Emergency Health Services Act</i>	Emergency Health Services of the Nova Scotia	No

Province	Legislation governing paramedics	Administration of legislation	Self-regulation (Yes/No)
		department of health. The College of Paramedics of Nova Scotia will assume responsibility upon proclamation of the <i>Paramedics Act</i> .	
Ontario	<i>Ambulance Act</i>	Emergency Health Services Branch of the Ministry of Health and Long-Term Care	No
Prince Edward Island	<i>Public Health Act</i>	Emergency Medical Services Board	No
Saskatchewan	<i>The Paramedics Act</i>	Saskatchewan College of Paramedics	Yes

In Manitoba, British Columbia, Ontario, Nova Scotia and Prince Edward Island, government or an agency of government directly administers the legislation regulating the activities of paramedics. In Newfoundland, there is no legislative framework governing the profession.

Alberta is currently the only jurisdiction in Canada which both specifies reserved or controlled acts in profession-specific legislation and designates paramedics as a self-regulating profession. Paramedics in Alberta, as in Manitoba, are permitted to provide a list of health services “under medical control and with an ongoing audit”⁷ by a medical director⁸. In accordance with the Emergency Health Services (Interim) Regulation, the Alberta Health Services Provincial Medical Director is responsible for developing, establishing and maintaining medical control protocols in consultation with EMS medical directors, practitioners, physicians and Alberta Health. The “protocols are clearly defined clinical treatment pathways that EMS paramedical staff will follow when providing care. Medical control protocols are not guidelines. They are protocols and

⁷ Emergency Medical Technicians Regulation, s 9(1).

⁸ Emergency Health Services (Interim) Regulation. Alberta Regulation 76/2009 with amendments up to and including Alberta Regulation 8/2013.

must be followed.”⁹ Unlike Manitoba, where paramedic practitioners are licensed by the Manitoba Health Emergency Medical Services Branch (“MHEMS”), paramedic practitioners in Alberta must be registered with the Alberta College of Paramedics (“the Alberta College”), as designated under the Alberta Health Disciplines Act. Governance of paramedic practitioners under the Health Disciplines Act (Alberta) resides with the Health Disciplines Board (Alberta) and the Alberta College is working to meet the requirements to bring the profession under the Health Professions Act. Like Manitoba, paramedics in Alberta do not have independent practice.

As pointed out by PAM in its application, paramedics are a self-regulated profession in Saskatchewan and New Brunswick and transitioning to self-regulation in Alberta. In Nova Scotia, legislation granting the profession self-regulation has yet to be proclaimed. In Ontario, the Health Professions Regulatory Advisory Council (“Ontario HPRAC”) was asked to provide advice to the Minister of Health and Long-Term Care on the regulation of paramedics and emergency medical attendants under Ontario’s *Regulated Health Professions Act* (the “Ontario Act”) and, if regulated, the appropriate scope of practice, controlled acts and titles authorized to the profession. On December 13, 2013, Ontario HPRAC submitted its report to the minister, recommending that paramedics not be regulated under the Ontario Act, stating the application did not meet the risk of harm threshold and that self-regulation is not in the public interest. Upon releasing the report on March 7, 2014, the Ontario minister offered stakeholders three weeks to comment on the recommendation. At the time of this writing, the Ontario Ministry of Health and Long-Term Care had not made a decision regarding self-regulation by paramedics in Ontario.

Paramedicine in Manitoba

Emergency medical services providers in Manitoba are presently regulated by the government of Manitoba under *The Emergency Medical Response and Stretcher Transportation Act* (“the EMRST”) and the Land Emergency Medical Response System Regulation to the EMRST (“the Land Emergency Regulation”). The regulations are administered and enforced by the MHEMS which also licenses emergency medical service providers in Manitoba.

The Land Emergency Regulation governs licenses for individuals providing emergency medical services on land. On the successful completion of an approved educational program a paramedic may make application for licensure to the MHEMS. Under the Land Emergency Regulation, the applicant may apply for one of three licence classifications or categories. The educational qualifications applicable to each licence classification are noted in the table below:

⁹Alberta Health Services. EMS Medical Control Protocols. Alberta Health Services. Retrieved from <http://www.albertahealthservices.ca/3165.asp> 27 June 2013.

Table 2: Licence Classification and Required Educational Qualifications

Licence Classification	Required Educational Qualifications
Technician	Emergency Medical Responder (“EMR”)
Technician - Paramedic	Primary Care Paramedic (“PCP”)
Technician – Advanced Paramedic	Advanced Care Paramedic (“ACP”)

All applicants under the Land Emergency Regulation must successfully complete a provincial licensing examination for the appropriate category. Following successful completion of provincial licensing requirements, technicians are permitted to perform certain medical functions under the authority and direction of the medical director of their employer¹⁰. The Emergency Treatment Protocols, referred to as “transfer of function”, are defined in the Land Emergency Regulation as “the authorization given to a technician by a medical director which enables the technician to legally perform a medical function.” These transfers of function are based on EMS Branch guidelines and protocols approved by the Manitoba Emergency Services Medical Advisory Committee (“MESMAC”).

Criteria for Self-Regulation

In order to provide a transparent process to review requests for designation as a regulated profession, applicants must provide responses to a series of questions based on criteria identified in s 159 of the RHPA¹¹:

- Whether a substantial portion of the profession’s members are engaged in activities that are under the jurisdiction of the Minister.
- The nature and degree of risk of physical, emotional or mental harm to individual patient/clients arises from incompetent, unethical or impaired practice of the profession having regard to:
 - the services performed by the practitioners;
 - the technology, including instruments and materials, used by practitioners; and
 - the invasiveness of the procedure or mode of treatment used by the practitioners.
- A significant number of the members of the profession do not have the quality of their performance monitored effectively.
- Regulation under the RHPA must be a more appropriate means to regulate the profession than other means.

¹⁰ Land Emergency Medical Response System Regulation, s 7(d)(i).

¹¹ In accordance with the RHPA, the Council “must have regard to all matters that it considers relevant, which may include those” identified in s 159.

- Whether the health profession is a distinct and identifiable profession with a distinct and identifiable body of knowledge that forms the basis of the standards of practice of the profession.
- There must be qualifications and minimum standards of competence for persons applying to practise the profession.
- The profession's leadership has shown that it will distinguish between the public interest and the profession's self-interest and in self-regulating will favour the former over the latter.
- Sufficiency of membership support and willingness to be regulated.
- The potential economic impact of regulation on the profession, the public and the health care system.

The applicant's responses to the questions allows for the analysis of whether paramedics in Manitoba should be regulated under the Act and, if so, for analysis regarding the appropriate college, scope of practice, reserved acts and titles.

The Council's Examination of the Application

The Council reviewed the Application, all relevant information provided by Participants and the additional information requested from the Applicant in relation to each of the criteria set out in section 159 of the RHPA and any other matters that the Council considered as relevant. The criteria are critical factors in the Council's consideration whether to recommend a health profession for regulation under the RHPA. The Council did not assign equal weight to each of the criterion; some of the criteria are related to the public interest, such as risk of harm, and others are related to the feasibility and appropriateness of regulation, such as the likelihood of membership compliance. Each criterion, taken separately, is not conclusive for a recommendation for self-regulation; the Council makes its recommendations on the basis of the responses to the criteria, on the whole, in addition to any other relevant matters, as prescribed by the RHPA, as the criteria listed in section 159 are not exhaustive.

Relevance to the Minister of Health

The Minister of Health is responsible for the administration of the RHPA. When a request is made for regulation under the Act, it would be appropriate to ask whether the profession is relevant to the Minister. While applicants for designation under the RHPA are not asked to respond to any questions corresponding to "Relevance to the Minister of Health", it is an implicit precondition to the investigation. Under section 159, the Council is permitted to consider what proportion of the profession's members are engaged in activities that under the jurisdiction of the Minister of Health and whether the primary objective of the care/services they provide is the promotion or restoration of health:

159 In conducting an investigation under section 157 or 158, the advisory council must have regard to all matters that it considers relevant, which may include:

- (a) whether a substantial proportion of the practitioners of the health profession are engaged in activities that are under the minister's jurisdiction;
- (b) whether the primary objective of the health profession is to provide health care as contemplated by this Act.

PAM acknowledges that Manitoba paramedics are currently licensed by MHEMS, in accordance with the EMRST and its associated regulations and so by virtue of their license, paramedics, in fact, are regulated. The Council is of the view that this criterion has been met.

Below is the Council's examination of the other criteria listed in section 159 as organized by subject area in the Application with reference to and in consideration of:

- the answers provide by PAM to the subject questions in the Application,
- submissions made by participants in the review,
- PAM's written responses to the Council's questions,
- information presented at the public meeting,
- supplemental submissions from participants following the public meeting, and
- participants' comments on the Ontario Health Professions Regulatory Advisory Council report, *Paramedicine in Ontario*,

Each subject area is numbered with its explanatory description in italics, as it appears in the Application.

1. Risk of Harm

A substantial risk of physical, emotional or mental harm to individual patients/clients arises in the practice of the profession, having regard to

- a) the services performed by practitioners of the health profession,***
- b) the technology, including instruments and materials, used by practitioners, and***
- c) the invasiveness of the procedure or mode of treatment used by practitioners.***

The harm must be recognizable and not remote or dependent on tenuous argument.

The risk of harm criterion is a central and important criterion as the purpose of regulation is to protect the public from preventable harm. The RHPA regulates acts or procedures that may present a demonstrable risk of harm to the public and legislatively restricts the performance of these “reserved acts” to specified practitioners; unregulated practitioners are only able to carry out the reserved acts as authorized under the legislation, e.g., under delegation from a regulated health profession.

This criterion is currently met by Manitoba paramedics based on information in the PAM submission. The Council is of the view that the risk of harm to patients and clients stems from the *performance* of reserved acts that paramedics are authorized to perform by a transfer of function from their employer’s medical director.

PAM’s submission states there are two types of risk of harm associated with paramedics carrying on their functions:

- (1) Risks to patients and practitioners associated with the work environment

“Assessing and treating patients in uncontrolled and weather-affected surroundings poses risks to patients and practitioners (emphasis added) not experienced by other health professions. Multi-casualty triage, on-scene immobilization and emergency transport present risk of physical harm to patients.”

“Risk of harm”, as defined in the application questionnaire refers to services performed by practitioners of the profession, technology used by practitioners and the invasiveness of the procedure or mode of treatment where a substantial risk of physical, emotional or mental harm to individual patients may result from the practice of the profession. In addressing whether there is a risk of harm to patients, the issues to be identified are those risks associated with the practice of the profession, not those risks which may be present in the environment in which the

profession works or provides its services and not the risk posed to practitioners. There can be no disagreement about the invaluable public service that paramedics provide, sometimes in disobliging environments which must be managed simultaneous to patient care. It is recognized that the surroundings where the services are provided may pose a risk of harm to the paramedic as well as the patient. Risk to the public *in the practice of the profession* is the central and critical component in the decision whether or not to regulate. To take into account the risk posed by the environment or surroundings would constitute a fundamental shift in one of the objectives of the RHPA: to place the interests of patients and the public at the centre of the regulatory process.¹²

- (2) Risks associated with the performance of reserved acts as defined under the RHPA

Reserved acts are “actions or clinical procedures that may present a demonstrable risk of harm to the public”¹³ if performed by unqualified persons in the course of providing health care. The RHPA describes the acts and limits their performance to certain regulated health professions and only those members of those professions who are “qualified and competent”. The RHPA also permits members of a designated regulated health profession to delegate the performance of the reserved act to (1) another member of the same regulated health profession, (2) a member of a different regulated health profession or (3) any other person providing health care who is competent to perform that reserved act. The person to whom the reserved act is delegated must be authorized to perform the reserved act by a regulation made by their college.

Reserved Acts described by PAM

The leftmost column of the table below lists PAM’s description of seven reserved acts, which according to its application, paramedics are currently performing. The second column from the left lists the reserved act as articulated in the RHPA and most closely corresponding to that described by PAM. The third column from the left indicates the minimum paramedic license classification which is presently authorized to perform the reserved act. The right-most column indicates the minimum performance action expected of the practitioner by the National Occupational Competency Profiles (“the NOCP”) in order to demonstrate competency.

¹² Manitoba Health. (2009). *Proposed Umbrella Health Professions Legislation: The Regulated Health Professions Act* at 2.

¹³ Manitoba Health. (2009). *Proposed Umbrella Health Professions Legislation: The Regulated Health Professions Act* at 3.

Table 3: Reserved Acts described by PAM

PAM's Description of Reserved Acts presently performed by Paramedics	RHPA Reserved Act (Most closely corresponding to that described by PAM)	Minimum License Classification Authorized to Perform the Act	National Occupational Competency Profiles - Minimum Performance Action required of Paramedics
Making and communicating provisional working diagnosis	Making a diagnosis and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.		<ul style="list-style-type: none"> - General Competency 4.3: Conduct complete physical assessment demonstrating appropriate use of inspection, palpation, percussion and auscultation. - Sub-Competency: Infer a provisional diagnosis.
Performing procedures on tissue below the dermis including IV cannulation, chest compression and cricothyroidotomy	Performing a procedure on tissue below the dermis	Technician-Paramedic	<ul style="list-style-type: none"> - Specific competency 4.5.d: Conduct peripheral venipuncture. - Specific competency 4.5.e: Obtain arterial blood samples via radial artery puncture. - Specific competency 4.5.j: Central venous access. - Specific competency 5.1.k: Conduct percutaneous cricothyroidotomy.

PAM's Description of Reserved Acts presently performed by Paramedics	RHPA Reserved Act (Most closely corresponding to that described by PAM)	Minimum License Classification Authorized to Perform the Act	National Occupational Competency Profiles - Minimum Performance Action required of Paramedics
			<ul style="list-style-type: none"> - Specific competency 5.5.d: Conduct peripheral intravenous cannulation. - Specific competency 5.5.e: Conduct intraosseous needle insertion.
Inserting or removing instruments in nasal passages (nasopharyngeal airways and nasogastric tubes), beyond the pharynx (endotracheal tubes, combitubes) and into artificial openings in the body (stoma suction)	<p>Inserting or removing an instrument or a device, hand or finger . . .</p> <p>(b) beyond the point in the nasal passages where they normally narrow; . . .</p> <p>(c) beyond the pharynx; . . .</p> <p>(g) into an artificial opening in the body.</p>	Technician-Paramedic	<ul style="list-style-type: none"> - Specific Competency 5.1.c: Suction beyond oropharynx. - Specific Competency 5.1.e: Utilize nasopharyngeal airway. - Specific Competency 5.1.g: Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally. - Specific Competency 5.5.t: Conduct oral and nasal gastric tube insertion.
Administering substances by inhalation (oxygen, nitrous oxide), injection (medication, vaccination) and by instillation (IV	<p>Administering a substance</p> <p>(a) by injection;</p> <p>(b) by inhalation;</p> <p>. . . .</p> <p>(e) by enteral instillation or</p>	Technician - Paramedic	<ul style="list-style-type: none"> - Various specific competencies for administration of oxygen. - Specific competency 5.5.g: Administer volume expanders. - Specific competency

PAM's Description of Reserved Acts presently performed by Paramedics	RHPA Reserved Act (Most closely corresponding to that described by PAM)	Minimum License Classification Authorized to Perform the Act	National Occupational Competency Profiles - Minimum Performance Action required of Paramedics
solutions)	parenteral instillation		5.5.h: Administer blood and/or blood products.
Administering drugs (oral, injection, inhalation and IV medications)	Administering a drug or vaccine by any method.	Technician	<ul style="list-style-type: none"> - Specific competency 5.8.c: Administer medication via subcutaneous route. - Specific competency 5.8.d: Administer medication via intramuscular route. - Specific competency 5.8.e: Administer medication via intravenous route. - Specific competency 5.8.f: Administer medication via intraosseous route. - Specific competency 5.8.h: Administer medication via sublingual route. - Specific competency 5.8.i: Administer medication via the buccal route. - Specific competency 5.8.k: Administer medication via oral route. - Specific competency 5.8.m: Administer medication via

PAM's Description of Reserved Acts presently performed by Paramedics	RHPA Reserved Act (Most closely corresponding to that described by PAM)	Minimum License Classification Authorized to Perform the Act	National Occupational Competency Profiles - Minimum Performance Action required of Paramedics
			inhalation.
Application of electricity for cardioversion, defibrillation and transcutaneous pacing	Applying or ordering the application of... (b) electricity for... (iii) cardioversion, (iv) defibrillation... or (x) transcutaneous cardiac pacing.	Technician-Paramedic	- Specific competency 5.5.k: Conduct cardioversion.
Managing emergency delivery of a baby	Managing labour or the delivery of a baby.	Technician-Paramedic	- Specific competency 6.1.q: Provide care to obstetrical patient. - Subcompetency: Demonstrate the ability to manage an imminent delivery.

Application question 1.7a asks, *“To what extent has the public’s health, safety or well-being been endangered because your profession has not been regulated? Provide examples of patients/clients being harmed by a practitioner who performed services incompetently or inappropriately. Include references to, and copies of, scientific literature and other published information.”*

PAM submits that in “the current regulatory framework (government regulation of both personnel and employers) . . . it has become increasingly difficult to govern both the employee and the employer without experiencing some conflict of interest. . . . It is PAM’s submission that the regulation of paramedics ought to be conducted by a Manitoba College of Paramedics to ensure the public is adequately protected in this field.”

In reviewing the response to the above question, Council requested supplementary information from PAM, of evidence of harm caused by a first responder or EMR practitioner who performed services incompetently or inappropriately. PAM responded to Council by explaining that it “has not been able to produce published information

which demonstrates evidence of harm to the public caused by an EMR practitioner who performed services incompetently or inappropriately". PAM suggested that the request for demonstrated evidence was inappropriate and the question ought to be related to the risk of harm implicit in the performance of paramedic services.

Consultation comments from Participants have noted that there is no evidence to indicate that patient safety is currently not adequately managed. Because all classes of licensed technicians in Manitoba work under the supervision of a physician who approves all transfers of function, the risk of harm is mitigated to a large extent by the medical director employed by the paramedic's employer and by the standardized protocols paramedics are required to follow.

During its presentation to the Council at the public meeting, PAM stated, "it is unrealistic to expect the current form of arm's-length supervision through medical direction to adequately protect the public More responsibility (emphasis added) ought to be shifted directly to the individual paramedic license holder, who would be subject to regulation by a Manitoba College of Paramedics." PAM, however, does not propose a complete abandonment of transfer of function.

While PAM was unable to produce evidence to suggest there is currently a risk of harm from the practice of paramedicine, it is self-evident that governments currently regulate paramedics because it is in the public interest to do so in order to mitigate the threat of harm to the public from the improper performance of the activity.

The Council is of the view this criterion has been met as it relates to paramedicine.

2. Sufficiency of Supervision

A significant number of members of the profession do not have the quality of their performance monitored effectively, either by supervisors in regulated institutions, by supervisors who are themselves regulated professionals, or by regulated professions who assign this profession's services.

PAM explains in its application that “under current legislation (The Emergency Medical Response and Stretcher Transportation Act and regulations there under), paramedics are required to practice under the authority of an ambulance service operator’s medical director. . . . Although paramedics are expected to work autonomously in an unsupervised environment, the ultimate responsibility for all reserved acts and medical acts performed by the paramedic falls on the shoulders of the service operator’s medical director as opposed to the paramedic.”

The legislation describes the responsibilities of the medical director: “Every medical function performed under a transfer of function is performed under his or her supervision and in accordance with protocols and procedures.” The medical director is responsible for “ensuring every technician employed by the licence holder is performing his or her duties in patient care at an appropriate competency in accordance with the requirements at his or her licence level.”¹⁴ Each medical director is also accountable to the College of Physicians and Surgeons of Manitoba (“the CPSM”) in authorizing transfers of functions.

While a technician might carry out potentially risky activities, the medical director is responsible for the technician’s performance of those activities. For instance, “a medical director must revoke a transfer of function issued to a technician if, in his or her opinion, public safety is jeopardized by the continuation of that transfer of function.”¹⁵ When a medical director is no longer in an agreement with the licence holder, “every transfer of function the medical director has authorized in relation to employees of that licence holder is immediately suspended.”¹⁶

Paramedics have their performance monitored by their employers who in turn are licensed under the *EMRST* and its regulations and by medical directors. While PAM asserts in its application that it is unrealistic to expect the physicians to assume full responsibility for transfers of function, and the CPSM suggests that the current regulation is “archaic”¹⁷, neither provided any evidence supporting their position.

¹⁴ Land Emergency Medical Response System Regulation, s 7.

¹⁵ *Ibid*, s 9(4).

¹⁶ *Ibid*, s 8(2).

¹⁷ February 14, 2012 letter to the Minister of Health.

The Council is of the view that this criterion is partly met by PAM.

3. Alternative Regulatory Mechanism

Regulation under the RHPA must be a more appropriate means to regulate the profession than other means.

Paramedics are subject to the legislation previously described. However, PAM submits that “the ability for a medical director to meet the requirements set out in the regulations with respect to transfers of function is becoming increasingly difficult”. In its letter to the Minister, the CPSM opined that paramedics “should have the legal requirements and protections that would exist if that association becomes a Regulated Health Profession.”

In its presentation at the public meeting, PAM stated that the April 2008 *Provincial Emergency Medical Services Framework* “expressly contemplated support for the professionalization of the EMS system through self-regulation.” Council notes that PAM was a member of the project team established to develop the Framework which also called for the continuation of EMS guidelines and protocols for transfers of function approved by MESMAC and strengthening the authority of MESMAC through legislation. In its June 5, 2013 letter to the Council, PAM noted that the March 2013 *Manitoba EMS System Review* (the “Review”) “specifically contemplated the possibility of self-regulating status for Manitoba paramedics”. While the *Review* mentioned that PAM had made application for designation under the RHPA, it recommended that “if there is to be a self-regulated College of Paramedics, it must address the diverse needs of multi-task or multi-personnel”, presumably a reference to firefighter-paramedics.

The authors of the March 2013 *Review* recommended the establishment of a provincial Office of the Medical Director, having heard a “broad consensus among paramedics, EMS managers and current EMS Medical Directors” supporting its establishment.

The Council notes that the key provisions of self-regulation¹⁸ are:

- Qualification standards, such as education and experience;
- Standards of practice;
- A license or registration process; and
- A complaints and discipline process.

The first three of these provisions are accomplished for paramedic practitioners in the present regulatory environment. PAM advises the regulatory environment does not have a complaints and disciplinary procedure and that, “based on anecdotal data and discussion within the profession, it would appear that public complaints currently received by the government regulator are sent forward to employers to be dealt with in lieu of a peer or public investigation and appropriate discipline process.”

¹⁸ Manitoba Health. (2009). *Proposed Umbrella Health Professions Legislation: The Regulated Health Professions Act*.

The RHPA sets out a process for regulators to deal with complaints made about members of any regulated health profession, with provisions for a separate complaints investigation committee and a separate inquiry committee. Where appropriate, there may be an informal resolution of the complaint. With some exceptions, hearings are open to the public. Disciplinary measures that may be taken against a member include suspending or cancelling the member's registration or certificate of practice, censuring the member, and requiring the member to take counseling or receive treatment. Employers and other regulators must be notified if a member is disciplined. Disciplinary decisions also must be made available to the public.

For paramedics, the key provisions of qualification and practice standards and licensure are currently in effect. A complaints and discipline process, such as that under the RHPA, which opens disciplinary hearings to the public raises the level of public confidence in a self-regulating body. The availability of disciplinary decisions as required under the RHPA would provide both paramedics and the public with a better understanding of what is meant by and expected in the standards of practice.

The Council is of the opinion that this criterion is met.

4. Body of Knowledge

The members of this profession must call upon a distinctive, systematic body of knowledge in assessing, treating or serving their patients/clients. The core activities performed by members of this profession must be discernible as a clear and integrated whole and must be broadly accepted as such within the profession.

PAM was asked to describe the core body of knowledge and to relate the body of knowledge to its proposed scope of practice statement for paramedics. PAM advised that the NOCP, as developed by the Paramedic Association of Canada (“PAC”), defines the core body of knowledge for paramedic practitioners. The NOCP outlines the following eight areas of competence for entry to practice:

- 1) Professional Responsibilities
- 2) Communication
- 3) Health and Safety
- 4) Assessment and Diagnostics (including pathophysiology)
- 5) Therapeutics
- 6) Integration (full assessment and treatment)
- 7) Transportation
- 8) Health Promotion and Public Safety

PAM’s describes the NOCP as “defining the cognitive and psychomotor competencies required for entry to practice.” PAM also indicated that the sub-competencies within each general competency established a curriculum blueprint for education programs offered. This is contrary to the NOCP website which cautioned that “it is important to note that the NOCP is not intended as a curriculum blueprint or a teaching plan”.¹⁹

PAM provided the Council with the following scope of practice statement:

The scope of practice of paramedicine is the promotion of public health and the provision of preventative or therapeutic healthcare for preservation of life and health, including the assessment, care and appropriate treatment of ill or injured persons often following acute or sudden onset of medical or traumatic events.

For the purpose of assessing whether PAM has met this criterion respecting a body of knowledge, it is useful to divide the criterion into the following three key components:

- (1) A distinct body of knowledge,
- (2) Systematic body of knowledge, and
- (3) Core activities performed by members of the profession.

¹⁹ Paramedic Association of Canada. National Occupational Competency Profile. Retrieved from website <http://paramedic.ca/nocp/> 2 August 2013.

(1) A distinct body of knowledge

A health profession is defined, in part, by a body of knowledge which is distinct from those of other professions. Competencies cannot be a substitute for a distinctive body of knowledge. Without a distinctive body of knowledge, a college cannot determine a profession's scope of practice and when its members have acted outside that scope. However, this body of knowledge need not be entirely exclusive to the profession. The RHPA employs a "reserved act approach" wherein reserved acts may be performed by more than one profession, based on competency and skills of its members, thereby encouraging collaborative care. Furthermore, paramedicine draws on the body of knowledge from another profession, i.e., medicine.

PAM was asked to relate its proposed scope of practice to the core body of knowledge of the profession. PAM did not draw the requested connection between a body of knowledge and its scope of practice statement, nor did it isolate, for instance, the body of knowledge which would prepare its members for "health promotion", included as a service under *The Public Health Act*.

(2) A systematic body of knowledge

A profession contributes to a systematic body of knowledge through its ongoing systematic research, such as controlled trials and rigorous research methods; gathering of empirical evidence, evaluation, documentation and dissemination of the efficacy of its treatments; and an analysis of patient outcomes. The findings from these processes advance the body of knowledge for a profession, strengthen that body of knowledge and discard treatments that are ineffective or (potentially) harmful. The findings also form the basis of a systematic body of knowledge, allowing the profession to establish standards of practice which contribute to the protection of the public. These standards of practice underpin the quality assurance programs which are requisite under the RHPA and so enable a college to effectively regulate its members.

PAM did not provide "references to, and copies of, scientific literature and other published information" which would demonstrate a "systematic body of knowledge".

(3) Core activities performed by members of the profession

PAM wrote in its application that “paramedics assess and treat patients following approved and accepted medical protocols and guidelines”²⁰, suggesting a common way of delivering treatment.

PAM also explained in its application that paramedic competencies are defined through the National Occupational Competency Profiles for Paramedic Practitioners (“NOCP”), which has been adopted by the Canadian Organization of Paramedic Regulators (“COPR”) as the basis for development of a common entry-to-practice examination. The NOCP competency profiles are used by the Canadian Medical Association (“CMA”) for the accreditation of paramedic education programs.

PAM did not provide evidence that the work of paramedics is supported by a clearly distinctive body of knowledge. However, given that paramedics perform core activities as demonstrated by broadly consistent training programs, accredited by the CMA, this criterion is partially met.

²⁰ Paramedic Association of Manitoba. (February 17, 2012). “Application for Designation as a Regulated Health Profession under *The Regulated Health Professions Act*” at 6.

5. Educational Requirements for Entry to Practice

There must be qualifications and minimum standards of competence for persons applying to practise the profession.

These components must include defined routes of entry to the profession such as:

- (a) competency assessment, or*
- (b) academic preparation at a recognized educational institution.*

Entry qualifications must be independently assessed.

Information provided by PAM indicates that paramedic education programs require the approval of MHEMS. In Manitoba there are a number of providers of training programs:

- The Southern Manitoba Academy for Response Training provides only EMR training. On its website, the Academy states that completion of its EMR course, offered on a part-time basis over 7 weeks or on a full-time basis for a week, in addition to skills nights that integrate theory and practical skills, allows those who successfully complete the program to apply for a licence with the province.²¹ Manitoba Health indicates that approved educational programs for the Technician classification of license (EMR) are also available at Manitoba Emergency Services College, Red River College Assiniboine Regional Health Authority and Criti Care EMS Inc.²²
- PCP training is available at Red River College (“RRC”), Criti Care EMS Inc. and Manitoba Emergency Services College (“MESCC”) in Brandon. MESCC offers a combined Firefighter-PCP education program.
- The Winnipeg Fire Paramedic Service (“WFPS”) and Winnipeg Regional Health Authority (“WRHA”) clarified in supporting documentation to their public presentation that the WFPS delivers CMA-accredited PCP training through (1) a PCP bridging program for previously medically-trained fire fighters and (2) a joint PCP/Firefighter training program in conjunction with MESCC in Brandon.

²¹Southern Manitoba Academy for Response Training. Emergency Medical Responder. Southern Manitoba Academy for Response Training. Retrieved from http://www.smartems.net/page_18.html 27 August 2013.

²²Manitoba Health, Healthy Living and Seniors. Emergency Medical Services. Manitoba Health, Healthy Living and Seniors. Retrieved from <http://www.gov.mb.ca/health/ems/initial.html> 18 June 2014.

- The WFPS delivers CMA-accredited Advanced Care Paramedic training. The WFPS website indicates that paramedics attending the WFPS Training Division undergo a two-year program before they are recognized as an ACP.²³ The supporting documentation advises that the program is open to WFPS employees and recently to rural paramedics.

Although, as PAM points out, no Critical Care Paramedic (“CCP”) education program is available in Manitoba, the availability of such programs in a number of college and hospital settings in other jurisdictions will assist a regulator to develop appropriate educational requirements for entry to practice.

In its submission, PAM states that in Manitoba “there is no requirement for continuing education or ongoing competency maintenance but rather an option to choose a re-licensing method every three years.” In November 2012, MHEMS announced that, as part of transition to a new model of assessing competency to practise, it is implementing the Manitoba Continuing Competency Program for Paramedics (“MCCPP”) and will no longer renew licences by way of a provincial examination. Under the MCCPP, paramedics are required to fulfill minimum annual requirements, consistent with their level of licence, in each of three consecutive years in order to renew their licences. The requirements are met in one of two ways: completion of mandatory core competency modules or using EMS calls for credit.

In view of the fact that the CMA may accredit paramedic education programs at the PCP, ACP and CCP levels and that MHEMS is implementing competency assessment, the Council is of the opinion that this criterion has been met.

²³City of Winnipeg. Fire Paramedic Service. EMS Personnel. Fire Paramedic Service. Retrieved from <http://www.winnipeg.ca/fps/Services/Operations?EMSPersonnel.stm> 28 August 2013.

6. Leadership's Ability to Favour the Public Interest

The profession's leadership has shown that it will distinguish between the public interest and the profession's self-interest and in self-regulating will favour the former over the latter.

Typically, a self-regulating profession has two distinct bodies concerned with its activities: a regulating body and an advocacy or professional body concerned with promoting the economic and professional interests of its members. The RHPA requires a separation of these two functions because of the potential for conflict between the two competing interests. It is not in the public's interest to grant a profession the authority to self-regulate if it is not confident that it can favour the public interest over the self-interest of the profession and its members. Where a profession has not had the opportunity to set and enforce standards of practice, assessing an application against this criterion must be done against other measures which demonstrate a commitment to leadership in the public interest.

PAM asserts that it is in the public interest to grant the profession self-regulation and create a Manitoba college of paramedics. PAM states that the current regulatory framework no longer serves the best interest of the public and that it is impossible for government to regulate both the employee and employers without experiencing a conflict of interest. The Council notes that PAM neither elaborates on this conflict nor offers evidence of such a conflict.

In support of its commitment to the public interest, PAM points to its mission statement:

To develop a professional association, comprised of licensed pre-hospital practitioners across Manitoba, with a voice in EMS issues that promotes the well-being, safety and appropriate medical treatment of our patients.

Amongst the goals listed on PAM's website are:

- To represent the professional interests of all EMS practitioners in Manitoba.
- To raise public and political awareness about the role of Paramedics.
- To serve as the provincial chapter of the Paramedic Association of Canada ("PAC").

According to the PAM Bylaws, one of the objectives of the association is "to fairly and equally represent the interests of EMRs and Paramedics of Manitoba."²⁴

²⁴Paramedic Association of Manitoba. Retrieved from <http://www.paramedicsofmanitoba.ca/index.php/about/bylaws> 4 September 2013.

The primary and overriding purpose of a college under the RHPA is to regulate professional practice so as to protect the public. Section 10(1) of the RHPA requires that a college carry out its mandate, duties and powers and govern its members in a manner that serves and protects the public interest. This mandate gives rise to the need to keep separate a college that governs a regulated health profession and an association that speaks on behalf of that profession. In order to maintain public confidence in a profession's ability to govern itself, it must avoid any conflict whether real or potential, between its obligation to protect the public and its advocacy activities.

PAC describes itself as "a voluntary professional organization of paramedicine practitioners" whose "mission is to advance the profession throughout Canada".²⁵ To that end, during the May 2011 federal election, PAC posted for its membership a candidate questionnaire and asked that members provide feedback to the national executive on grassroots political issues.²⁶ The Council notes PAM's affiliation with PAC and that in its proposed budget for a college, PAM identifies as an expense the collection of \$12 from each member for registration fees totaling \$25,200.00 for PAC.

Jurisdictional membership in a national professional organization such as PAC raises a serious potential for conflict with a college's mandate to protect the public interest as circumscribed under the RHPA. Under the legislation, a college's mandate is to serve the public interest *at all times* and as legislated by government. Section 222(1) of the RHPA permits the council of a college "to make bylaws, not inconsistent with this Act" including prescribing the fees payable by members and applicants for registration and the fees payable for certificates of practice. Because of the purpose of a college under the RHPA and the clarity of the language in section 222(1), it is clear that the RHPA does not permit a professional college to belong to and collect fees for professional associations. The Council further notes that section 10(2) mandates a college to promote and enhance relationships with other colleges, not with professional associations.

In responding to the questions attached to this criterion, PAM points out that self-regulation is appropriate where a profession possesses a body of education so specialized that non-professionals are unequipped to set and enforce standards of practice to protect the public. This is not a view shared wholeheartedly by the Law Reform Commission which in 1994 wrote:

We have come to the view that the position that only professionals can govern professionals is untenable. Governments currently regulate a huge variety of activities; the regulators of those activities, whether departmental employees or independent boards and agencies, are not invariably educated and trained in the

²⁵ Paramedic Association of Canada. Retrieved from <http://paramedic.ca/> 30 August 2013.

²⁶ Paramedic Association of Canada. Resources. Government Relations. *Candidate Questionnaire for Canada's 41st General Election*. Retrieved from http://paramedic.ca/download/government_relations/PAC_Election%202011_Members_Final.pdf 30 August 2013

*same way as the individuals they regulate. Where special training is required, these bodies are able to hire or retain individuals with this training to provide advice. Moreover, we believe that non-practitioners, while they may be ignorant concerning technical aspects of a particular occupational service, are not incapable of considering expert evidence and coming to a reasonable conclusion.*²⁷

The Council is troubled by what appear to be incentives suggested by PAM to paramedics to gain support for self-regulation. An excerpt from the chair's message to PAM members in the August/September 2006 Canadian Emergency News cautioned that professional self-regulation is a privilege and responsibility owed to the public, but that it would bring prestige and financial rewards. In the absence of self-regulation, PAM warns that paramedics will be relegated to the status of second-class citizens.²⁸ PAM's various PowerPoint presentations claimed such benefits for the profession as "credibility/respect/legitimacy within public, political and health sectors", "increased access to government" and "potential financial rewards over time." These are arguments which are neither relevant nor appropriate for the profession in its application for self-regulation and pose concern for the Council about PAM's understanding of the role of an independent college. When a government confers self-regulatory authority to a profession, it does so with the belief that this authority will only be exercised in the public interest and not to raise the social or financial standing of practitioners.

In expecting a college of paramedics to maintain a funding relationship with PAC and introducing self-serving factors to gain support for self-regulation, PAM has not demonstrated an awareness that the profession will need to keep separate activities designed to further the interests of its members from the interest of the public. This is not to say that, as a college, PAM would intentionally favour its members' interests over the public interest, rather, that PAM fails to see the conflict between the two. When an organization is accustomed to pursuing self-interested objectives, it is understandable how the shift to a public interest mindset might be incomplete. The Council is of the view that the application has not met this criterion.

²⁷ Manitoba Law Reform Commission. (1994). *Regulating Professions and Occupations* at 9.

²⁸ Paramedic Association of Manitoba. (February 17, 2012). "Application for Designation as a Regulated Health Profession under *The Regulated Health Professions Act*". Appendix 16.

7. Membership support and willingness to be regulated and likelihood of complying with regulation

The members of the profession support self-regulation for themselves with sufficient numbers and commitment that widespread compliance is likely. The practitioners of the profession are sufficiently numerous to staff all committees of a governing body with committed members and are willing to accept the full costs of regulation. At the same time, the profession must be able to maintain a separate professional association.

The following table shows the number of paramedics in Manitoba who were members of PAM in December 2011 and the number of paramedics in Manitoba, as of September 14, 2011, according to figures supplied to PAM by Manitoba Health, by classification. These numbers are important insofar as section 156(3) of the RHPA provides that the application must be made by the organization that represents the majority of persons carrying on the health profession in Manitoba:

Table 4: No. of Paramedics in Manitoba, by classification, PAM membership and Licensed by Manitoba Health, 2011

Classification	No. of PAM Members	No. of Paramedics Licensed by Manitoba Health
Technicians	280	598
Technician Paramedics	701	1296
Technician Advanced Paramedics	79	116
Total	1060	2010

The Council notes that currently two-thirds of the health profession regulatory colleges in Manitoba have less than 1,000 members (Appendix B). A profession must have a sufficient numbers of members for participation on committees, to conduct meaningful elections and perform all its statutory obligations. The Council is of the view that there is a sufficient number of paramedics to support a regulatory college.

PAM was asked to describe any consultation process undertaken with members of the profession/association about their desire and willingness for self-regulation and the response/results received. PAM provided nine excerpts from Canadian Emergency News between June/July 2003 and April/May 2010 about the topic of self-regulation for Manitoba paramedics and three PowerPoint presentations provided to paramedics in 2006/2007, 2009 and 2010. These communications either advised the membership of PAM's efforts in pursuit of self-regulation or explained self-regulation. While paramedics

were invited to ask questions of PAM, it would be difficult to characterize this as a “consultation process” which should be a two-way exchange of information and opinion.

Some Participants were critical of the adequacy of PAM’s consultation process. In its initial response to PAM’s application, for example, the Thompson Professional Fire Fighters Association observed that “no executive membership from PAM has been to Thompson to discuss self-regulation %100 (sic) of Thompson firefighters belong to PAM yet no consultation to us as a stakeholder within the EMS system in Manitoba has been done, nor as PAM members have we been consulted.” Similarly, the Brandon Professional Fire Fighter/Paramedics Association questioned PAM’s consultation process: “PAM talks about canvassing through newsletter, a Canadian newsletter no less. This hits a certain target group, of which we do not belong to We are confirming that no meeting was held with Brandon Firefighter/Paramedics nor asked for.” On the matter of membership support, in its initial response to the application, the United Fire Fighters of Winnipeg stated that “to date PAM has done no survey or polling We can state that we have had no formal meetings with PAM on this issue except for one lunch meeting in which the Chairperson of PAM advised us of PAM’s intention of applying for self-regulation. It went no further.” In their joint presentation to the Council at the public meeting, the WFPS and WRHA concluded “that PAM did not undertake an appropriate level of consultation with key stakeholders who are presently involved with the delivery of paramedicine such as WFPS and WRHA.”

Consultants for the *Review* indicated they visited approximately 38 rural EMS stations across the province and met with about 110 paramedics. The consultants wrote that, in discussions with paramedics:

We also heard frequent comments that they didn’t feel fully accepted as a professional by other health professionals. Many, if not most, of the paramedics were aware that the Paramedics Association of Manitoba had made application to become a self-regulated profession. While in many cases the paramedics didn’t know what all was entailed they nevertheless felt that this was an important step to being recognized as a profession and consequently were in favour of such a move.²⁹

PAM has indicated that there is a strong desire within its own membership for the profession to be self-regulating to protect the public. However, PAM did not produce any evidence of a satisfactory consultation process either within its own organization or amongst stakeholders, and so, by extension, it has not provided evidence that a majority of the members of the profession are either willing or unwilling to accept the cost of regulation.

Therefore, in the absence of evidence of meaningful consultation or information on whether the membership is willing to contribute financially to regulation, this criterion has not been met.

²⁹ Toews, Reg et al. (March 2013). *Manitoba EMS System Review* at 57.

8. Economic Impact of Regulation

The profession must demonstrate an understanding and appreciation of the economic impact of regulation on the profession, the public and the health care system.

In an August 27, 2012 letter, the Council asked PAM to review Canadian jurisdictions in which paramedics are a self-regulated profession to assist it in providing a more expansive response on the questions related to the criteria. PAM responded that it was not in a position to quantify the economic impacts and could only opine in an anecdotal fashion.

Health professions regulatory bodies are required to provide a range of mandatory functions under the RHPA, including:

- a) Establishing requirements for entry to practice, such as education and experience;
- b) Establishing and enforcing standards of practice;
- c) Administering quality assurance programs; and
- d) Establishing a disciplinary process to handle complaints.

These statutory requirements have economic and financial implications. The expenses associated with each (including legal costs associated with administering a quasi-judicial disciplinary process which PAM has estimated at \$50,000) are over and above those necessary to operate and administer a college. The implications of this increased financial burden and the ability of members to sustain these costs on a continuing basis must be understood by members of the profession.

In its response to the Council's August 27, 2012 letter, PAM "acknowledges that, with reference to practitioner availability, it is theoretically possible that some paramedics will choose not to pay an annual license fee and, therefore, not be entitled to practice paramedicine." Such an outcome would have negative consequences in rural or northern communities where EMS services are provided by volunteers. This is a matter which will reasonably preclude EMS service to some Manitobans.

Though PAM was provided ample opportunity to provide a sound response to the questions associated with this criterion, it failed to do so. The Council is not satisfied this criterion has been met.

9. Public Need for Regulation

The profession must demonstrate that a significant public need would be met through regulation.

The profession is presently regulated through a system administered by Manitoba Health which satisfactorily answers the question. PAM does not provide evidence of any process it or a third party has undertaken to determine the public need for *self-regulation*. While PAM is of the opinion that the current system is inadequate, it does not produce any evidence to indicate that paramedic self-regulation is better able to reduce the threat of harm than the current system.

The effects of the labour mobility chapter of the Agreement on Internal Trade (“AIT”) on regulated health professions include freer movement of providers between Canadian jurisdictions. Given the possible implications of increased labour mobility, PAM has not demonstrated an appreciation for its risks and benefits on regulators. The labour mobility chapter states that any worker certified for an occupation by a regulatory authority of one Canadian jurisdiction will, upon application, be certified for that occupation by each other jurisdiction that regulates that occupation, without any requirements for additional training, experience, examinations or assessments. For instance, a regulator cannot impose a restriction on labour mobility unless the regulator can demonstrate that an actual material deficiency in skills, area of study and ability exists. Additionally, compliance with the labour mobility chapter of the AIT requires the regulator to put resources to resolving inconsistencies in such matters as competencies and registration requirements.

This criterion has been partially met.

Summary

The results of the Council's investigation considered whether PAM met the criteria for paramedics to become regulated under section 156 of *The Regulated Health Professions Act* and concluded that not all of the criteria have been satisfied.

The following criteria have been met:

- Relevance to the Minister of Health
- Risk of harm
- Alternative regulatory mechanism
- Educational requirements for entry to practice

The following criteria have been partly met:

- Sufficiency of supervision
- Body of knowledge
- Public need for regulation

The following criteria have not been met:

- Leadership's ability to favour the public interest
- Membership support and willingness to be regulated and likelihood of complying with regulation
- Economic impact of regulation.

The Council recommends that the profession of paramedicine proceed to regulation under the RHPA by a College of Paramedics of Manitoba only after PAM provides the Minister of Health with evidence of a satisfactory level of support among Manitoba paramedics for self-regulation. This evidence should be based on a dialogue and consensus-building process that PAM organizes for the purposes of exchanging information and opinions with practitioners and stakeholders about self-regulation and its implications for paramedics, including its costs and responsibilities.

In its supplementary submission to the Council, PAM stated that, should the Minister support paramedic self-regulation, any concerns about the lack of consultation might be assuaged through the transition to a College of Paramedics of Manitoba when there "would be extensive opportunity for further consultations in order to ensure that the College is structured in a manner that is efficient, transparent and ensures accountability and competency as mandated by the RHPA." A transitional council is established after government has granted a profession self-regulation, prescribed its scope of practice and established a college for the profession. The transitional council concerns itself with the establishment of the college and its business processes, development of the necessary regulations to fulfill the college's mandate, drafting

bylaws, appointing a registrar, and the assessment of applicants for registration. The RHPA does not mandate or contemplate that the transitional council will undertake or facilitate or negotiate consensus within the profession. Indeed, to do so would, in the opinion of the Council, distract the transition council from carrying on its work, protract the transition and delay resolving differences regarding self-regulation within the profession.

The Council is of the opinion that PAM is committed to and actively pursuing self-regulation for the profession. However, the Council is of the opinion that PAM has not engaged in appropriate and meaningful consultation necessary to unite the profession in the pursuit of self-regulation.

Section B

Scope of Practice, Reserved Acts and Titles

In view of the Council's qualified recommendation to allow the profession of paramedicine self-regulation, the Council proceeded to address issues of scope of practice, reserved acts and titles.

Scope of Practice Statement

The scope of practice statement is an important component of regulation under the RHPA. It should define a specific regulated health profession concisely with clarity and brevity and distinguish it from other regulated health professions.

Review of Scope of Practice statements in other jurisdictions

Ambulance service operators are licensed by MHEMS to provide "land emergency medical response services", defined in the Land Emergency Medical Response System Regulation as:

- (a) conducting an assessment, outside a facility, of the medical condition of a patient; and
- (b) if the medical condition of the patient warrants, undertaking one or more of the following activities:
 - (i) dispatching emergency medical response vehicles to the location of the patient,
 - (ii) providing emergency medical treatment to the patient,
 - (iii) referring the patient to the appropriate health care resources for continuing medical care,
 - (iv) transporting the patient to a facility, providing in-transport medical care, and ensuring the orderly transfer of the patient's medical care to appropriate medical personnel at the facility.

The practice of paramedicine in Alberta is described in legislation as follows³⁰:

In their practice, emergency medical technicians, emergency medical technologists and emergency medical responders do one or more of the following:

- (a) assess an individual's health status to determine the need, priority and method of treatment and transportation in order to provide a range of emergency services,*

³⁰ *Health Professions Act*, Schedule 18, s 3.

(a.1) teach, manage and conduct research in the science, techniques and practice of paramedicine, and

(b) provide restricted activities authorized by the regulation.

In 1999, the Health Professions Council of British Columbia recommended to government the following scope of practice statement for emergency medical assistants:

The practice of emergency medical assistance is the performance of prehospital emergency procedures necessary for the preservation of life and health for which training and medical direction or supervision are provided.³¹

The scope of practice statements from Alberta and BC, like the definition in Manitoba, primarily refer to “prehospital” and “emergency” care. In addition, the definitions are informative and do not include activities that can be considered outside the traditional field of paramedicine.

In Saskatchewan, section 23 of *The Paramedics Act* limits the activities of the paramedic, emergency medical technician and emergency medical responder to those approved by the College of Physicians and Surgeons of Saskatchewan:

[A paramedic] who provides an emergency treatment or administers a medication must do so in accordance with any protocols respecting the provision of emergency treatment or administration of medication by a paramedic, an emergency medical technician or an emergency medical responder that are approved by the College of Physicians and Surgeons of Saskatchewan.

An expanded and independent scope of practice for paramedics is found in s 2(1) of *An Act Respecting the Paramedic Association of New Brunswick* which defines the practice of paramedicine as

any professional service usually performed by a paramedic and includes the evaluation and treatment of persons in situations of illness and injury in accordance with the professional training and education of a paramedic, the management of emergency and non-emergency public safety and healthcare situations and the independent delivery of healthcare by a paramedic in mobile, community out of hospital or clinical settings, coordinated with physicians, nurses and other health professionals in accordance with the unique body of knowledge of paramedicine based on and partly shared with other health professions.

³¹ British Columbia. (March 1999) Health Professions Council. *Safe Choices: A New Model for Regulating Health Professions in British Columbia. Part 2 Volume 2. Emergency Medical Assistants Scope of Practice Preliminary Report.* Retrieved from <http://www.health.gov.bc.ca/professional-regulation/hpc/review/part-i/scope-ema.html> 27 November 2013.

A review of the definitions of paramedic practice in the various Canadian jurisdictions suggests that, outside of New Brunswick, there is no formal envelopment of an expanded scope of practice for paramedicine beyond the traditional field. PAM indicates that in some jurisdictions paramedics are employed in personal care homes, mobile health clinics and “community paramedicine” as described in the December 2011 Emergency Medical Services Chiefs of Canada (“EMSCC”) submission to the Standing Committee on Health. The EMSCC submission states that there is a great variety of community paramedicine programs possible, but that such programs should be based on local need for services and requires stakeholder engagement to ensure appropriate integration into the health care continuum.³² Furthermore, the EMSCC acknowledge that “although the innovative Community Paramedicine programs have been very successful, there has been no formal and systemic quantifiable cost-benefit analysis conducted”.³³ EMSCC recommended that government funds be directed at pilot projects from which best practice models of community paramedicine could be developed and at research to measure cost savings to the health care system, as well as, presumably, costs.³⁴

The Council reviewed the scope of practice statement proposed by PAM:

The scope of practice of paramedicine is the promotion of public health and the provision of preventative or therapeutic healthcare for preservation of life and health, including the assessment, care and appropriate treatment of ill or injured persons often following acute or sudden onset of medical or traumatic events.

PAM's proposed scope of practice statement goes beyond the services of land emergency medical response, as described under the Land Emergency Regulation:

- the assessment, outside a hospital, of the medical condition of a patient;
- the provision of emergency medical treatment;
- the referral of the patient to the appropriate health care resources;
- the transport of the patient to a facility while providing in-transport medical care and ensuring the orderly transfer of the patient's medical care to appropriate medical personnel at the facility.

The primary focus of paramedicine in PAM's proposed scope of practice statement appears to be the provision of preventative or therapeutic care as well as “the promotion of public health”. Under *The Public Health Act (“PHA”)*, Manitoba Health, the regional health authorities and designated health professionals are responsible for the delivery of public health services, which include health surveillance, population health assessment,

³² Emergency Medical Services Chiefs of Canada. (December 2011). *Community Paramedicine Submission to the Standing Committee on Health* at 7.

³³ *Ibid*, at 8.

³⁴ *Ibid*, at 9.

health promotion, health protection, disease prevention and control, and injury prevention. For the purposes of the *PHA*, the Public Health Personnel Regulation designates as health professionals the chief provincial public health officer, medical officers of health, public health nurses, public health inspectors and health officers who assist in the administration and enforcement of the Act in relation to food. Because paramedics are not a designated health profession under the *PHA* paramedics cannot be mandated to promote public health as the legislation is currently written.

In order for the Council to recommend an expanded scope of practice for paramedics outside their traditional role, it requires evidence of how expanding the role of paramedics affects patients, communities and the overall provision of healthcare, and principally Manitoba's EMS system. While it might appear self-evident that "community paramedicine" would contribute positively where access to health care is challenged and, as the EMSCC stated, the opportunities for paramedics to contribute are limitless, its role, safety and effectiveness have not been explained by PAM.

The College of Midwives of Manitoba ("CMM"), the College of Occupational Therapists of Manitoba ("COTM"), the College of Registered Nurses of Manitoba ("CRNM") and the CPSM wrote letters to the Minister of Health in support of PAM's application to designate paramedics as a self-regulating profession. The CMM, COTM and CRNM did not expressly indicate support for an expanded scope of paramedic practice beyond the traditional scope. In an April 30, 2014 letter to the Council, the CPSM made clear its concern "about the scope of practice which was set out by the Paramedic Association in their supplementary submission. This new scope of practice is based on a community medicine concept and is much wider than we what believe paramedics currently do and what their scope of practice properly ought to be." As suggested by EMSCC, before Manitoba Health considers a scope of practice for paramedicine which encompasses community medicine, it should consider how it will be integrated into the health care continuum.

The Council recommends that the scope of practice statement for the profession of paramedicine be as follows:

The scope of practice of paramedicine is the pre-hospital emergency assessment, stabilization, treatment and transportation of persons following acute or sudden onset of illness or injury as necessary for the preservation of life and health, in accordance with (any) protocols and for which training and medical direction or supervision are provided.

Reserved Acts

The RHPA sets out a list of 21 reserved acts or clinical procedures used in the course of providing health care that pose a risk of harm to the public and may only be performed by regulated health professionals. The first column of the table below lists the reserved acts, as described by PAM, which PAM proposes paramedics be authorized to perform.

The second column lists the reserved act which most closely corresponds to the reserved act, as described in the RHPA.

Table 5: Reserved Acts Proposed by PAM

PAM Application	RHPA Reserved Acts
<p>“Making and communicating provisional diagnosis to patients or personal representatives – As diagnosis is defined in the RHPA, paramedics identify certain diseases, disorders and injuries prior to treatment and provide appropriate care and advice to patients and guardians.”</p>	<p>Making a diagnosis and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual’s health care.</p>
<p>“Conducting and interpreting diagnostic tests – including glucometry, vital sign assessment, SPO2 and CO2 monitoring, and electrocardiograms.”</p>	<p>Ordering or receiving reports of screening or diagnostic tests.</p>
<p>“Performing procedures on tissue below the dermis – IV and IO cannulation, chest decompression, and cricothyroidotomy.”</p>	<p>Performing a procedure on tissue below the dermis.</p>
<p>“Inserting airway devices into nasal passages, beyond the pharynx and into artificial openings in the body – nasopharyngeal airways and nasogastric tubes, endotracheal tubes and combitubes, and airway stoma suction.”</p>	<p>Inserting or removing an instrument or a device, hand or finger . . . (b) beyond the point in the nasal passages where they normally narrow; (c) beyond the pharynx;</p>
<p>Administering substances by inhalation, mechanical ventilation, irrigation and instillation – inhaled gas including oxygen and nitrous oxide, parenteral instillation of crystalloids and colloids, mechanical ventilation using air and oxygen.”</p>	<p>Administering a substance . . . (b) by inhalation; (c) by mechanical ventilation; (d) by irrigation; (e) by enteral instillation or parenteral instillation.</p>
<p>“Administering drugs – oral, inhaled, injected, and IV/IO instillation.”</p>	<p>Administering a drug or vaccine by any method.</p>

PAM Application	RHPA Reserved Acts
“Applying electricity for transcutaneous cardiac pacing, cardioversion, and defibrillation.”	Applying or ordering the application of (b) electricity for . . . (iii) cardioversion, (iv) defibrillation . . . (x) transcutaneous cardiac pacing.
“Managing delivery of a baby.”	Managing labour or the delivery of a baby.

The Manitoba Emergency Treatment Guidelines indicate that, at the Technician level, semi-automatic external defibrillation may be provided without a transfer of function authorization. At the Technician-Paramedic level, the following services may be provided without a transfer of function authorization:

- pulse oximetry
- intravenous catheter maintenance
- indwelling urinary catheter maintenance
- nasogastric tube maintenance
- capillary blood glucose testing (glucometry)
- semi-automatic external defibrillation.

All other skills and interventions are permitted only under a provincially-approved transfer of function authorization from a designated physician registered to practise in Manitoba. Some individual transfers of function have additional training prerequisites.

The Council notes that the reserved acts which appear to most closely but narrowly approximate the in-scope functions of semi-automatic external defibrillation and capillary blood glucose testing (glucometry) performed by paramedics are (1) applying or ordering the application of electricity for defibrillation and (2) performing a procedure on tissue below the dermis. Notwithstanding this observation, the Council also notes that PAM did not provide the rationale or supporting evidence for its position on the reserved acts, nor relate the reserved acts to the body of knowledge which informs the skill set necessary to perform the reserved acts. While PAM took the position that it was unrealistic to expect the current transfer of function system for the performance of certain skills and procedures to adequately protect the public, it provided no compelling evidence-based argument as to why:

The ability for a medical director to meet the requirements set out in the regulations with respect to transfers of function is becoming increasingly difficult for a number of reasons: more paramedics practicing under his/her medical license; higher patient contact numbers, more reserved acts added to transfers of function; and expansive geography of the regional service delivery model. It

is PAM's submission that it is unrealistic to expect this form of arm's-length supervision to adequately protect the public and, in the circumstances, more responsibility ought to be shifted directly to the individual paramedic license holder. . . .³⁵

The Council recommends that paramedics not be granted authority to perform reserved acts under *The Regulated Health Professions Act* but continue to work under EMS medical protocols and guidelines and under the supervision of a physician who approves all transfers of function.

Titles

Title restriction is an important element of the regulatory framework. Reserving the use of titles for the exclusive use of members of a college means that persons who are not members of the college are prohibited from using those titles or leading others to believe they are members of the college. The RHPA permits a college to make regulations governing the use of titles and initials or a variation or abbreviation of them or an equivalent in another language, including authorizing their use by certain classes of members, and governing and prohibiting their use by other persons in the course of providing health care.³⁶

PAM requested that the use of "Emergency Medical Responder", "Primary Care Paramedic", "Advanced Care Paramedic" and "Critical Care Paramedic" be restricted to members of a college of paramedics. The National Occupational Competency Profiles (NOCP) practitioner levels, the Manitoba license classifications, and the titles protected within legislation in Canadian jurisdictions which permit paramedic self-regulation, are in the table below. The abbreviations, initials and titles with qualifiers, such as "provisional", are also protected. It should be noted that while the jurisdictions may protect the same titles, there may be a significant difference in the authorized range of activities that may be performed. Each jurisdiction has an equivalency process for paramedics licensed/registered in other Canadian jurisdictions.

³⁵ Paramedic Association of Manitoba. (February 17, 2012). "Application for Designation as a Regulated Health Profession under *The Regulated Health Professions Act*" at 17.

³⁶ *The Regulated Health Professions Act*, s 221(1)(y).

Table 6: Comparison of Protected Titles, as requested by PAM and by Jurisdiction

PAM-requested Titles	NOCP Practitioner Levels	Manitoba Class of License	Alberta	Saskatchewan	New Brunswick
Emergency Medical Responder	Emergency Medical Responder	Technician	Emergency Medical Responder	Emergency Medical Responder	
		Technician – Paramedic	Emergency Medical Technician	Emergency Medical Technician	Emergency Medical Technician
		Technician – Advanced Care	Emergency Medical Technologist-Paramedic		
			Paramedic	Paramedic	Paramedic
Primary Care Paramedic	Primary Care Paramedic		Primary Care Paramedic		Primary Care Paramedic
Advanced Care Paramedic	Advanced Care Paramedic		Advanced Care Paramedic		Advanced Care Paramedic
Critical Care Paramedic	Critical Care Paramedic		Critical Care Paramedic		Critical Care Paramedic

The Council recommends that the following titles and their variations, abbreviations and initials be restricted to members of the College of Paramedics of Manitoba:

- Emergency Medical Responder
- Primary Care Paramedic
- Advanced Care Paramedic
- Critical Care Paramedic

List of Recommendations

1. The Council recommends that the profession of paramedicine proceed to regulation under the RHPA by a College of Paramedics of Manitoba only after PAM provides the Minister of Health with evidence of a satisfactory level of support among Manitoba paramedics for self-regulation. This evidence should be based on a dialogue and consensus-building process that PAM organizes for the purposes of exchanging information and opinions with practitioners and stakeholders about self-regulation and its implications for paramedics, including its costs and responsibilities.
2. The Council recommends that the scope of practice statement for the profession of paramedicine be as follows:

The scope of practice of paramedicine is the pre-hospital emergency assessment, stabilization, treatment and transportation of persons following acute or sudden onset of illness or injury as necessary for the preservation of life and health, in accordance with (any) protocols and for which training and medical direction or supervision are provided.
3. The Council recommends that paramedics not be granted authority to perform reserved acts under *The Regulated Health Professions Act* but continue to work under EMS medical protocols and guidelines and under the supervision of a physician who approves all transfers of function.
4. The Council recommends that the following titles and their variations, abbreviations and initials be restricted to members of the College of Paramedics of Manitoba:
 - Emergency Medical Responder
 - Primary Care Paramedic
 - Advanced Care Paramedic
 - Critical Care Paramedic

The following are abbreviations used frequently in the report:

Abbreviation	Name
ACP	Advanced Care Paramedic
AIT	Agreement on Internal Trade
CCP	Critical Care Paramedic
CMA	Canadian Medical Association
COPR	Canadian Organization of Paramedic Regulators
CMM	The College of Midwives of Manitoba
COTM	The College of Occupational Therapists of Manitoba
CPSM	The College of Physicians and Surgeons of Manitoba
CRNM	The College of Registered Nurses of Manitoba
EMR	Emergency Medical Responder
EMRST	<i>The Emergency Medical Response and Stretcher Transportation Act</i>
EMS	Emergency Medical Services
EMSCC	Emergency Medical Services Chiefs of Canada
HPAC or the Council	Health Professions Advisory Council
Land Emergency Regulation	Land Emergency Medical Response System Regulation
MHEMS	Manitoba Health Emergency Medical Services Branch
MCCPP	Manitoba Continuing Competency Program for Paramedics
MESC	Manitoba Emergency Services College
NOCP	National Occupational Competency Profiles
Ontario HPRAC	Ontario Health Professions Regulatory Advisory Council
PAC	Paramedic Association of Canada
PAM	Paramedic Association of Manitoba
PCP	Primary Care Paramedic
PHA	<i>The Public Health Act</i>
RRC	Red River College
Review	Manitoba EMS System Review
RHPA	<i>The Regulated Health Professions Act</i>
WFPS	Winnipeg Fire Paramedic Service
WRHA	Winnipeg Regional Health Authority

Appendix A – List of Participants (includes those organizations and individuals who wrote letters of support for the application)

Manitoba Government and General Employees Union
The College of Registered Nurses of Manitoba
The College of Physicians and Surgeons of Manitoba
Paramedic Association of Canada
Paramedic Chiefs of Canada (formerly the Emergency Medical Services Chiefs of Canada)
The College of Midwives of Manitoba
Manitoba Respiratory Therapists
The College of Occupational Therapists of Manitoba
Winnipeg Fire Paramedics Senior Officers Association
United Fire Fighters of Winnipeg
Thompson Professional Fire Fighters Association
Brandon Professional Fire Fighters/Paramedics Association
Manitoba Association of Healthcare Professionals
Winnipeg Fire Paramedic Service
Winnipeg Regional Health Authority (Helen Clark)/ Winnipeg Fire Paramedic Service (Rob Grierson)
Dwayne Forsman
Lorne Harley
Ray Rempel
Susan Shaver

** Participants also included an individual whose name cannot be disclosed as per the Council's privacy policy.

Appendix B – Membership in Health Profession Regulatory Colleges in Manitoba

Regulatory Body	Number of Members in 2012*	
	Less than 1000	1000 or greater
Manitoba Speech and Hearing Association**	√	
Manitoba Chiropractors' Association	√	
College of Dental Hygienists of Manitoba	√	
Manitoba Dental Association***		√
Denturist Association of Manitoba	√	
College of Dietitians of Manitoba	√	
College of Medical Laboratory Technologists of Manitoba		√
College of Midwives of Manitoba	√	
Manitoba Naturopathic Association	√	
College of Licensed Practical Nurses of Manitoba		√
College of Registered Nurses of Manitoba		√
College of Registered Psychiatric Nurses of Manitoba		√
College of Occupational Therapists of Manitoba	√	
Opticians of Manitoba	√	
Manitoba Association of Optometrists	√	
Manitoba Pharmaceutical Association****		√
College of Physicians and Surgeons of Manitoba		√
Psychological Association of Manitoba	√	
College of Physiotherapists of Manitoba	√	
College of Podiatrists of Manitoba	√	
Manitoba Association of Registered Respiratory Therapists	√	

*As determined from organization annual reports and websites.

** The College of Audiologists and Speech-Language Pathologists, effective January 1, 2014.

*** Includes dental assistants.

**** The College of Pharmacists of Manitoba, effective January 1, 2014.