

CONSULTANT REPORT ON THE IMPLEMENTATION OF SELF-REGULATION FOR PARAMEDICS – MAY 2017

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TERMS OF REFERENCE

The Minister of Health, Seniors and Active Living announced in November 2016 that a consultant had been engaged to take the lead to consult with stakeholders, hear the different viewpoints and work with everyone to develop plans for implementation of self-regulation. If consensus could not be reached in the consultation process with stakeholders the consultant was to develop up to three options for implementing paramedic self-regulation in Manitoba.

METHODOLOGY

Consultation with Stakeholders

The consultant was in contact with the following stakeholders either in person or by phone. The stakeholders were given the opportunity to comment on any concerns related to the implementation of self-regulation. The meetings/phone calls were typically with senior representatives from each organization.

1. Paramedic Association of Manitoba (PAM)
2. United Fire Fighters of Winnipeg (UFFW)
3. Winnipeg Fire Paramedic Service
4. Winnipeg Fire Paramedic Senior Officers Association
5. Brandon Fire and Emergency Services
6. Brandon Professional Fire Fighters/Paramedic Association
7. Thompson Fire and Emergency Services
8. Thompson Professional Fire Fighters Association
9. Manitoba Government Employees Union (MGEU)
10. Manitoba Association of Health Care Professionals
11. Manitoba Association of Fire Chiefs
12. Provincial Office of the Medical Director
13. WRHA EMS Medical Director
14. College of Physicians and Surgeons of Manitoba (CPSM)
15. Emergency Medical Services Branch (EMS)

I also met with the chair of the Health Professions Advisory Council (HPAC) specifically to discuss the council's recommendations. I also reviewed the notes on the meetings the council members held with stakeholders. Additionally I reviewed all the written submissions received by the council from stakeholders.

Follow-up with other provincial paramedic colleges

The consultant carried out an extensive review of the paramedic self-regulation colleges in Alberta, Saskatchewan, New Brunswick and Nova Scotia (this college is coming into effect on April 1, 2017). This included reviewing documentation from each of the colleges as well as individual phone conversations with each of the college Executive Directors/Registrars.

CONTEXT AND BACKGROUND

While the consultant was to address only those issues that related to the implementation of self-regulation – the government has made the decision to proceed with self-regulation for paramedics – there were still comments on whether self-regulation was the way to go. Many, if not most, of these concerns originated from the lack of knowledge and fears that came with that. There was general acceptance – in some cases reluctant - among the stakeholders that the government had decided to proceed with self-regulation and the consultation process was a way to make the best of it by sharing their issues and concerns related to the implementation of self-regulation. There were also those stakeholders that were very pleased that the government was proceeding with self-regulation.

The following items provide some additional context and background that should be kept in mind when proceeding with the implementation. There is little that the consultant could do about these items.

- Lack of consultation – Very consistently the consultant heard from stakeholders that the upfront consultation process had been very inadequate and even nonexistent. As a result fears and rumours and misconceptions had developed.
- Lack of knowledge – Many of the comments received indicated that the responders had little knowledge of the current Act – *The Emergency Medical Response and Stretcher Transportation Act* – or of the new *Regulated Health Professions Act*. As a result there appeared to be little recognition that paramedics were already regulated and that in its essential features the current regulation was very similar to what would be provided under self-regulation. The new Act is different in that it puts paramedics in charge of regulation and includes a role for the public. Additionally, the consultant also became aware that there was conflict between some of the stakeholders influencing how self-regulation was perceived.

SUMMARY OF ISSUES AND CONCERNS

In my conversations with stakeholders it became clear that there were a limited number of primary issues/concerns that related to the implementation of self-regulation (I will not list those issues/concerns that relate to whether there should be self-regulation). The following are the primary issues/concerns as they relate to the implementation of self-regulation.

- **Scope of practice of the college** – the recommendation made by the HPAC to essentially limit the scope of practice to pre-hospital emergency assessment, stabilization, treatment and transportation of persons was seen by many stakeholders as too limiting. Such a limited scope of practice would not cover what paramedics are already doing and would limit the future development of the profession.
- **Delegation of reserved acts** – Again the Advisory Council recommendation that paramedics not be granted authority to perform reserved acts but rather that they continue to work under the supervision of a physician who approves all transfer of functions was seen by a number of stakeholders as too limiting and not consistent with the intent and purpose of a regulatory College.
- **Membership fees** – In particular unions and a number of service operators were concerned about the potential impact that payment of fees could have on the work force. Rural Emergency Medical Responders (EMR) serving as first responders are generally recruited from the ranks of the volunteer fire fighters and these volunteers might no longer be prepared to act as paramedics if the payment of membership fees was required. Cross-trained paramedics in Winnipeg might lose interest in continuing to function as fire fighter/paramedics after the initial 6 years of employment. There was also considerable concern expressed about the potential amount of the membership fee. The current regulation system managed by the EMS Branch does not impose any fees on the paramedic even though the current Act has provision for such a fee.
- **Professional Liability Insurance** – Along with the concern about membership fees there was also the concern that paramedics would be required to purchase Professional Liability Insurance at their own cost. Currently the Act requires a service operator to provide professional liability insurance coverage for each paramedic.
- **Fire fighter/paramedic** – The cross-trained paramedics expressed a real concern that the other paramedics did not accept them as full professional paramedics. They were concerned that their unique voice would not be represented in the college or even worse that the cross-trained paramedic position would be discontinued.
- **Geographic representation** – Northern and rural paramedics expressed concern that Winnipeg interests would dominate the new college and that they would have no voice in the affairs of the college. Brandon particularly felt that their cross trained service should be reflected in some manner in the make up of the college.
- **Bureaucracy** – Frequent concern was expressed that the establishment of a college would result in increased bureaucracy. As indicated by the consultant there are staff employed in the current system of regulation whose responsibilities would be transferred to the new college.
- **Future role of PAM** – The consultant heard the view expressed with some frequency that restructuring PAM was not the most desirable approach to

establishing the new paramedic college. In response I typically clarified that PAM had clearly stated in my meetings with its representatives, as well as in writing, that it did not want to become the new college but rather that it hoped to continue as a professional association.

- **Other** – Some concerns were expressed that are not unique to self-regulation but are already part of the current system of regulation. Examples of this include training issues and discipline issues. The current regulation system has training requirements as well as a complaint/discipline process that in its objectives is not that different from self-regulation with the exception that under self-regulation paramedics are responsible rather than the Minister of Health and under self-regulation there is public representation unlike the current situation where there is no public participation.

A second item that was raised with some frequency in the consultation process was the importance of the Intermediate Care Paramedic (ICP) position in the rural and northern emergency medical service. While the ICP title is not considered to be an official classification and so is not one of the protected titles it is nevertheless very important that ICPs remain an integral part of the Manitoba EMS system. One way of distinguishing the ICP from other primary care paramedics (PCP) would be that the additional functions authorized for an ICP would be performed under the supervision of a physician who approves the transfer of these additional functions.

RESPONSE TO THE ISSUES/CONCERNS

In the following section I propose avenues by which the above issues and concerns can be addressed, if not in full, than at least substantially.

1. **Scope of practice of the college** – As already identified the recommended scope of practice is seen as too narrow and should be broadened. The following statement represents such an expansion.

The scope of practice of paramedicine is defined as knowledge, skills, and clinical expertise to assess, diagnose, manage and appropriately treat persons in situations of illness and injury and respond to all types of routine health care in a range of settings that include mobile, community, out of hospital or clinical settings and patient homes, coordinated with physicians, nurses and other health professionals where indicated and in accordance with approved practice protocols and guidelines.

An expanded scope of practice, as described in the above statement, is very similar in its intent to the scope of practice as identified by the paramedic colleges in New Brunswick, Saskatchewan and Alberta. In these jurisdictions, however, there is not a legislative requirement for a specific scope of practice statement, as required in the Manitoba Act.

According to section 8 (a) of the Regulated Health Professions Act (RHPA) the Lieutenant Governor in Council must prescribe the scope of practice when designating a health profession as a regulated profession and establishing a college.

- 2. Delegation of reserved acts** – As already mentioned the recommendation of the HPAC on the delegation of reserved acts is seen as too limiting and not consistent with the intent and purpose of self-regulation. The following statement is recommended as an alternative.

Paramedics do not need to have any delegation of function from any other health professional to perform the duties and functions within their approved scope of practice. In Manitoba the scope of practice is tied to the National Competency Profile for both PCP and ACP. Any intent to go beyond the paramedic's approved scope of practice must be under the delegation of function from another healthcare professional authorized to delegate that function. This delegation could come from a physician or from another paramedic approved to practice the function to be delegated and authorized to provide the supervision.

The above position is very similar to what is being done in the other three provinces. At the service level the provincial Office of the Medical Director/Winnipeg EMS Medical Director, and possibly other physicians, would continue to provide medical oversight to the emergency medical service. The Medical Directors would also assist the council in the development of the Standards of Practice.

- 3. Membership Fees** - It was clear from the consultation process that payment of annual membership fees is seen as a new and negative imposition. PAM in its application projected an initial annual full fee of \$300-\$400. In the other provinces paramedic fees range between \$400-\$525 annually. This is an area that will have to be watched very carefully by the council to ensure that the costs for operating the college are no greater than they absolutely have to be.

There are a number of ways to address this important issue. One way is to have different membership fees for different member classifications. For example, a full practicing fee, a lower fee for new graduates, a different fee for a non-practicing member etc. Specifically, the issue of volunteer fire fighter/paramedics having to pay a membership fee was raised with some frequency. It would seem only reasonable that a volunteer would pay a nominal fee or no fee at all. On the other hand to do so requires the other paramedics to absorb the cost of this lost revenue in their fees. Unless a reasonable solution is found there is a high probability that recruitment/retention of volunteers would be negatively impacted.

A second approach might involve some form of government subsidy. At least one jurisdiction has government contributing a fixed amount to partially offset the cost of the annual fees. In Manitoba the provincial government fully funds the operation of the College of Midwives. There should be no need for that level of funding for the paramedic's college but some contribution might be indicated. There will also be a significant up front cost to the establishment of the college. These costs will be incurred before the new college begins to collect the membership fees. A government grant would be one way of helping to underwrite this cost. In Nova Scotia the new paramedics college is receiving \$300,000 over 2 years to help underwrite these costs.

In all likelihood the cost of membership fees for their members would become a collective agreement bargaining issue, for at least some unions. Additionally there may be the expectation that the employer would pick up/contribute to these costs. Currently the PAM membership fees are in some cases paid by the employer e.g. Thompson and Brandon.

- 4. Professional Liability Insurance** – Again as in the case of membership fees there are potential ways of addressing this issue. Under the current Act the employer is required to provide, at the employer's cost, professional liability insurance for each paramedic. In the other provinces there are different approaches to paramedics having professional liability insurance. In New Brunswick and Alberta the college requires the paramedic to provide for their own professional liability insurance. The annual cost in New Brunswick is \$59 per member. Saskatchewan strongly encourages their members to have professional liability insurance but at this point does not require it. The anticipated annual cost is \$55.

It would seem only appropriate that the employer continue to provide liability insurance after the college is established. The question that will need to be resolved by the transition council is whether the new college will require each paramedic to obtain professional liability insurance. There is a sense in some quarters that the coverage provided by the employer may not provide full liability protection for the paramedic. On the other hand there are also those who believe that the employer's coverage is fully adequate. If the transitional council does require a paramedic to arrange for additional professional liability insurance, as with membership fees, coverage of these costs may become an item negotiated under the collective agreement bargaining process or some might say an item for possible government funding.

As already mentioned the matter of membership fees and the cost of professional liability insurance were frequently raised, particularly by union representatives as well as some service provider representatives. If a way could be found to address this cost issue an extreme irritant would be

removed. On the other hand it would also follow logically that since the college is “owned” by the members they should be expected to pay the costs. I believe that the latter is more typical of how other colleges fund their operations.

5. **Fire fighter/paramedic** – From a college perspective it is not relevant what other employment a paramedic may have. The college’s only concern is that the paramedic is appropriately qualified and licensed to be a paramedic. However, from the perspective of cross-trained paramedics this is a very significant issue. Alberta, Saskatchewan and New Brunswick all have fire fighter/paramedic members. Saskatchewan has addressed this issue by designating one position on the college council to be filled by a fire fighter/paramedic. This would be an appropriate response in Manitoba as well.
6. **Geographic representation** - As mentioned already northern and rural paramedics expressed concern that Winnipeg interests would dominate the college. At least two of the other provincial colleges as well as the Manitoba College of Social Work have addressed a similar concern by having geographic representation on the council. In the case of the Social Work the council is using the RHA geographical boundaries to define the areas with the number of representatives on the council based on the proportion of social workers in each geographic area. While Winnipeg has more members this arrangement always ensures that the other parts of the province have representation as well. A similar approach should also meet the need for broad provincial representation on the paramedic council. While proportionate representation is one approach other formulas could also be considered. As a by-product geographic representation could also increase the probability of having more than one cross-trained paramedic on the council. Establishing a council with geographic representation would require the council to have more than the minimum number of six members as required under the Act – possibly more like 13-15 members.
7. **Bureaucracy** – As mentioned already the college would employ staff to run the affairs of the college. The three other provinces typically have 5 or 6 staff members including a Registrar/CEO. Some of the functions being performed by the current regulation system would be transferred to the college. Currently 1-2 staff members perform these functions. Depending on size of the membership New Brunswick and Saskatchewan colleges have an annual operating budget of \$600,000 and a million dollars respectively. A recent operating budget for the Manitoba College of Social Work was \$360,000. Its membership is very similar in size to the anticipated College of Paramedics. Clearly the council will need to watch very carefully the size of its operating budget and the number of staff it employs.

- 8. Paramedic Association of Manitoba** – As already mentioned PAM informed the consultant on more than one occasion that it did not wish to be restructured to become the new college of paramedics. Its plan as shared with the consultant is to continue as a professional paramedic association. A number of stakeholders were of the opinion that rather than restructuring PAM the college should be established as a new organizational entity.

OPTIONS FOR PARAMEDIC SELF-REGULATION

What follows are three organizational options by which the issues/concerns raised can be addressed in the implementation process for self-regulation. Common to all the options, with one possible variation, are the following statements.

- A new organizational entity is established to form the new college – except in Option 3 where it could possibly be a restructured PAM.
- Paramedics in order to practice paramedicine must be licensed by the college.
- *The Emergency Medical Response and Stretcher Transportation Act* will require amendment.
- Educational sessions with paramedics should be held province wide on the role, structure and purpose of the college with ample opportunity for questions and discussion.

Option 1: Preferred option – most expansive

- 1. Scope of practice of the college**– an expanded scope of practice beyond what the HPAC recommended. Suggested wording:

The scope of practice of paramedicine is defined as knowledge, skills, and clinical expertise to assess, diagnose, manage and appropriately treat persons in situations of illness and injury and respond to all types of routine health care in a range of settings that include mobile, community, out of hospital or clinical settings and patient homes, coordinated with physicians, nurses and other health professionals where indicated and in accordance with approved practice protocols and guidelines.

- 2. Delegation of reserved acts** – replace the HPAC recommendation with the following statement:

Paramedics do not require any delegation of function from any other health professional to perform the duties and functions within their approved scope of practice. In Manitoba the scope of practice is tied to the National Competency Profile for both PCP and ACP. Any intent to go beyond the paramedic's approved scope of practice must be under the delegation of function from another healthcare professional authorized to delegate that function. This

delegation could come from a physician or from another paramedic approved to practice the function to be delegated and authorized to provide the supervision.

3. **Fire fighter/paramedic representation** – a designated fire fighter/paramedic position be established on the council.
4. **Protected titles** – as recommended by the HPAC the following titles be restricted to members of the College of Paramedics – Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic and Critical Care Paramedic (see page 4 for comments on the importance of the ICP position).
5. **Geographical representation** – representation on the council from each geographical area as defined by the boundaries of the five Regional Health Authorities or by some other formula.
6. **Size of the council** – the number of members on the council should be greater than the minimum of six members required under the Act (possibly 13-15 members) in order to provide for broad provincial representation.
7. **Membership fees and start up costs** – public funds be provided to assist with the initial cost of establishing the college. Different possibilities should be explored that could mitigate, at least in the short term, the effect on paramedics of having to pay the new membership fees.
8. **Professional Liability Insurance** – in the future the employer should continue to provide professional liability insurance for the paramedics. The transitional council should determine whether the college will require each paramedic to have professional liability insurance and if required are there any payment options.

Option 2: Incorporating the Advisory Council recommendations

The only difference in Option 2 vs Option 1 is the acceptance of the two HPAC recommendations. All the other points are identical.

1. **Scope of practice of the College** – the HPAC recommended a limited scope of practice. The council's statement 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.

2. **Delegation of reserved acts** - the HPAC recommended a limited scope. The HPAC statement follows:

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.

3. **Fire fighter/paramedic representation** – same as Option 1.
4. **Protected titles** – same as Option 1.
5. **Geographical representation** – same as Option 1.
6. **Size of the Council** – same as Option 1.
7. **Membership fees and start up costs** – same as Option 1.
8. **Professional Liability Insurance** – same as Option 1.

Option 3: Most limited option

This option incorporates the HPAC recommendations on the first two items – the scope of practice of the college and delegation of reserved acts. Except for the matter of protected titles the remaining items are more limited than the statements in Option 1 and Options 2. Additionally it leaves open the option of PAM becoming the new College of Paramedics.

1. **Scope of practice of the College** – scope of practice limited to pre-hospital emergency assessment, stabilization, treatment and transportation of persons following acute or sudden onset of illness or injury.
2. **Delegation of reserved acts** – paramedics are not granted authority to perform reserved acts but continue to work under EMS medical protocols and guidelines and under the supervision of a physician who approves all transfers of function.
3. **Fire fighter/paramedic representation** – no designated position on the council.
4. **Protected titles** – the following titles would be restricted to members of the college – Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic and Critical Care Paramedic.
5. **Geographical representation** – there would not be a system of geographical representation on the council.
6. **Size of the council** – the council would have only the minimum number of six members.

7. **Membership fees and start up costs** – public funds would not be provided to assist with the initial cost of establishing the college and there would be no public assistance in the payment of membership fees.
8. **Professional Liability Insurance** – obtaining and paying for Public Liability Insurance would remain the sole responsibility of each paramedic.

ESTABLISHMENT OF A TRANSITIONAL COUNCIL

Section 163 of the RHPA outlines the establishment of a transitional council. After making the decision to establish a college the Lieutenant Governor may appoint a transitional council of the new regulated health profession. This section goes on to state “before this Act applies to the new regulated health profession, the transitional council and its staff and committees may do anything that is necessary or advisable for this Act to apply to the profession...” Further, the transitional council may appoint a registrar, may process applications for registration and may charge application fees and issue certificates and permits. Under this section the minister may review the transitional council’s activities, may require the transitional council to make, amend or revoke a regulation under this Act and may require the transitional council to do anything that, in the minister’s opinion, is necessary or advisable for this Act to apply to the new regulated health profession. Finally, “After this Act applies to the new regulated health profession, the transitional council is to be the council if it is constituted in accordance with subsections 13(1) and (2) or, if not, it is deemed to be the council until a new council is constituted in accordance with subsections 13(1) and (2).”

In brief, the Act gives the Minister the authority to require the transitional council to take whatever action is necessary for the establishment of the college. With the exception of the statement on the scope of practice, which the Lieutenant Governor must approve when approving a new regulated health profession, the transitional council has the full responsibility to organize the college. As the transitional council is organized the Minister may refer to the transitional council any items/points/options, including those from the consultant’s report, for further discussion, input and decision-making.

The membership of the transitional council

The Act does not prescribe the composition of the transitional council. This is solely up to the discretion of the government and more likely the Minister. In making suggestions on the membership of the council it is my opinion that in addition to broad geographic and cross-trained representation experience and expertise are also important. The chair ideally should have experience and expertise in governance and in creating new organizations. It would be ideal if a chair could be found within the ranks of the paramedics but that may be wishing for too much.

In order to have the necessary representation and expertise the transitional council may have as many as 13-15 members. A smaller number would be better but not at a cost of broad representation and expertise. The membership should include the following:

- Chair
- Paramedics
- Fire fighter/paramedics
- Provincial Office of the Medical Director
- PAM representative
- Public representatives

Some greater detail can be provided. There could be a total of 9 paramedics on the council composed of 6 paramedics representing Winnipeg, rural Manitoba and northern Manitoba; two would be Fire fighter/paramedics and one would come from the dispatch services. These nine should include EMRs, PCPs and ACPs. A 15 member transitional council would additionally include the provincial Office of Medical Director, the chair and three or four public representatives (there is no requirement that the transitional council have one-third public representatives). The council should have its work supported by additional expert resources, including the WRHA Medical Director, the Policy Analyst in charge of the current regulatory process of licensing paramedics, the Senior Policy Analyst from the Office of the Medical Director, and others as required.

It is difficult to predict how long it might take to set up the college and its council and have it ready to accept members. This could easily take a year. During that time the College will not be generating any revenue from membership fees. During this time the necessary amendments should be made to the current Act.

CONCLUSION

All of the primary issues/concerns raised in the consultation process and in the written submissions and interview notes have been briefly described in this report. Specific solutions have been suggested in response to each concern/issue. Three options have been presented as a possible approach to the implementation of self-regulation. In regard to these three options there would be little or no support for Option 3, which is the most limited option and does little to address the concerns/issues. In regard to Option 2 there would be numerous stakeholders not in favour of it since it incorporates the more limited HPAC recommendations regarding the scope of practice of the college and the delegation of reserved acts. Unlike the first two options there would be broad, if not always enthusiastic, support for Option 1. This option best addresses the specific concerns/issues raised during the consultation process. The one issue that may not be fully resolved and may still attract negative comments on self-regulation is the matter of start up costs, membership fees and possibly professional liability insurance. More fulsome

support could be anticipated if some financial relief was available for these costs. I recommend that Option 1 provide the approach to implementing self-regulation.