

Appendix A

LEGISLATIVE CONSULTATION FEEDBACK REPORT ON THE PROPOSED AMENDMENTS TO THE *PARAMEDICS ACT AND REGULATIONS*

December 18, 2020

SUBMITTED BY:
COLLEGE OF PARAMEDICS OF NOVA SCOTIA

This document was developed for the purposes of further communicating, educating, and creating awareness around the College's proposed key concepts for amending the *Paramedics Act and Regulations*, with those who participated in the consultation process. It captures the feedback and level of support provided by the various stakeholder groups, as well as more clarity regarding the regulatory amendments being sought by the College and additional amendments being proposed because of the feedback that was garnered.

TABLE OF CONTENTS

Introduction	3
invited stakeholders	4
Engagement Process	5
Outcome	10
Overall Level of Support	12
1.0 Mandate	14
A. Objects of the College	14
B. Registrant Definition	16
C. Standards of Practice Definition	17
2.0 Governance	20
A. Name of Governing Body	20
B. Board Composition	21
C. Role of the Board	23
D. Board Elections and Administrative Matters	26
E. Public Representatives on Statutory Committees	27
3.0 Scope of Practice	30
A. Practice of Paramedicine Definition	30
B. Expanded Scope of Practice Definition	40
4.0 Registration and Licensure	43
A. Revised Committee Names	43
B. Revised and New Definitions	43
C. Classes of Licenses	47
D. Waiver Provision	49
E. Registration and Licensure Process	51
F. Absence of a License	52
G. Registration Criteria	54
H. Class of Licensure Criteria	59
5.0 Professional conduct	64
A. Revised Definitions	64
B. Investigations and Hearings	70
6.0 Fitness to Practice	72
7.0 Quality Assurance Initiatives	74
8.0 Protected Titles and Practice	77
9.0 Custodians	79
Thank you & Next Steps	80

INTRODUCTION

Between May 1st and September 3rd, 2020 that College of Paramedics of Nova Scotia (CPNS) implemented a consultation plan for the purpose of soliciting stakeholder feedback and to measure the level of support regarding proposed amendments to the *Paramedics Act and Regulations* for the purpose of guiding the College's discussions with the Nova Scotia Government.

When the College embarked upon the consultation process, it had several objectives including:

- 1) Informing and educating stakeholders about the proposed changes to the legislation.
- 2) Seeking feedback from stakeholders on concepts regarding proposed amendments to the *Paramedics Act and Regulations*. The concepts were related to nine specific areas:
 - a. The College's Mandate
 - b. Governance
 - c. The Profession's Scope of Practice
 - d. Registration and Licensure Processes
 - e. Professional Conduct Processes
 - f. Fitness-to-Practise Processes
 - g. Quality Assurance Initiatives
 - h. Protected Titles
 - i. Custodians
- 3) Providing stakeholders with accessible means to participate in the consultation process.
- 4) Identifying problem areas in the Act and Regulations that would benefit from amendments, along with rationales for proposed solutions and their benefits.
- 5) Collecting feedback and measuring support in relation to the areas for consideration of amendment.
- 6) Sharing the results of the consultation process with the College's Council, Department of Health and Wellness and stakeholders.

In this report, we capture the stakeholders' level of engagement and support, which was significant and appreciated, for the proposed amendments. In the College's response, we also reflect upon the feedback we received and take this opportunity to further inform, clarify, and educate stakeholders on the original proposed amendments. Finally, as a direct result of the feedback received, a number changes and additional proposed amendments to the *Paramedics Act and Regulations*, with associated rationales are identified throughout the document.

INVITED STAKEHOLDERS

The College sought broad stakeholder engagement during the consultation process, in order to ensure that the proposed amendments were consistent with the Nova Scotia policy direction for health profession self-regulation and they could be supported by the various stakeholder groups.

The stakeholders who were invited to participate in the consultations are identified below and grouped into stakeholder types.

Health Care Regulators in Nova Scotia

Nova Scotia Regulated Health Professions Network	NS Board of Examiners in Psychology
College of Dental Hygienists of NS	NS College of Chiropractors
NS College of Nursing	NS College of Social Workers
College of Audiologists and Speech-Language Pathologists of NS	NS College of Counselling Therapists
College of Occupational Therapists of NS	NS College of Dispensing Opticians
College of Physicians & Surgeons of NS	NS College of Optometrists
Denturist Licensing Board of NS	NS College of Pharmacists
Midwifery Regulatory Council of NS	NS College of Physiotherapists
NS Association of Medical Radiation Technologists	NS College of Respiratory Therapists
NS College of Medical Laboratory Technologist	NS Dental Technicians Association
	NS Dietetics Association
	Provincial Dental Board of NS

Unions

NS Government Employees Union	Unifor
Canadian Union of Postal Workers	Canadian Union of Public Employees
International Union of Operating Engineers 727	Nova Scotia Nurses Union

Associations

Doctors Nova Scotia	Nurse Practitioner Association of NS
Paramedic Association of Canada	Nova Scotia Fire Services Association

Employers

Nova Scotia Authority	PRAXES Medical Group
Izaak Walton Killam (IWK) Health Centre	LifeMark

Emergency Medical Care Incorporated (EMCI)
Halifax Regional Fire and Emergency Services
Frontline Medical Training and Consulting Inc.

Nova Scotia EMO
Atlantic Offshore Medical Services (AOMS)
Jonni & Roy's EMS & ER Education Sim.

Paramedic Educational Institutions

Medavie HealthEd
RN Professional Development Centre
Dalhousie University, Faculty of Medicine,
Division of Emergency Medical Services

Holland College
Society of Prehospital Educators Canada

Canadian Jurisdictions with Paramedic Self-Regulation

Canadian Organization of Paramedic Regulators
Saskatchewan College of Paramedics
Manitoba College of Paramedics (Interim Council)

Alberta College of Paramedics
Paramedic Association of New Brunswick

Emergency Medicine Physicians

Nova Scotia Emergency Medicine Physicians

Members of the Public

Citizens of Nova Scotia

Members of the College of Paramedics of Nova Scotia

Statutory Committees

Paramedic Members

ENGAGEMENT PROCESS

The College recognized that proper engagement would enable better planning for sounder outcomes and for that reason engaged an independent consulting firm, Barefoot Facilitation Inc. (Barefoot), at the beginning of the initiative to design, develop and facilitate the proposed consultation strategy, as outlined in the College's planned phased approach, and provide summary reports on the consultations.

To effectively manage the consultation process, the College used a targeted, three phased approach. This approach provided an opportunity to vet the consultation materials with key

informed stakeholders in Phase One prior to engaging a broader group of stakeholders in Phase 2 and 3. Modifications to the consultation materials and presentation were made based upon the feedback received. In each phase the College obtained feedback and measured support from each stakeholder group.

Prior to engaging each stakeholder, the consultants disseminated via email three supporting documents including:

- *Emails and letters of engagement* that were individualized to each stakeholder type, such as, unions, associations, etc. The letters described the engagement process.
- *Appendix A -The College of Paramedics of Nova Scotia – Background Document – Key Concepts for Amendments to the Paramedics Act and Regulations*. This document was developed for the purpose of communicating, educating, and creating awareness around the College's proposed key concepts for amending the *Paramedics Act and Regulations*, provided more detail regarding the regulatory amendments being sought.
- *Appendix B - The College of Paramedics of Nova Scotia – Questions for the Consultation Process – Key Concepts for Amendments to the Paramedics Act and Regulations*. This document was developed for the purposes of grouping the key questions to be raised with stakeholders during the College's consultation process.

Six (6) of the nine stakeholder groups were invited to attend virtual engagement sessions, during which College staff, with the use of a PowerPoint presentation, provided an overview of the proposed amendments. The sessions also provided an opportunity for the stakeholders to have small group discussions in break out rooms and engage College staff with clarification questions prior to completing an online survey. While the remaining three (3) stakeholder groups were asked to utilize *Appendix A and B*, for the purposes of completing the online survey.

In Phase one the College engaged its' Committees, the Colleges for Physicians and Surgeons of Nova Scotia and the Nova Scotia College of Nursing. Additionally, the Department of Health and Wellness agreed that the College could consult with EHSNS at this time given EHSNS's unique historical relationship with the regulation of paramedics in the province.

The College's Committees and EHSNS were engaged for the purposes of obtaining feedback and measured support, as well as vetting the consultation materials that were to be used during the virtual consultations with other stakeholders. The College of Physicians and Surgeons of Nova Scotia and the Nova Scotia College of Nurses were engaged for the purpose of obtaining feedback and to measure support regarding the proposed concepts for:

- The scope of practice of the paramedic profession.

- Direct or indirect supervision of a paramedic’s practice by a medical practitioner licensed in Nova Scotia.
- Quality assurance.

In Table 1 Phase One Consultation Schedule and Participation we capture some specifics regarding the participation of this group of stakeholders.

Table 1: Phase One Consultation Schedule and Participation

Stakeholder	Type of Engagement	Date	Number invited	Number Participating
College Committee Members	Virtual Engagement	May 29, 2020	34	13
	Online Survey			
Nova Scotia College of Nursing Representatives	Electronic submission	June 12, 2020	1	1
College of Physicians and Surgeons of Nova Scotia Representatives	Virtual Key Informant Interview	June 15, 2020	1	1
Emergency Health Services Nova Scotia Representatives	Virtual Engagement	June 18, 2020	3	3
	Online Survey			

Note: All members of each statutory and standing committee of the College were invited to participate in the consultations.

The College of Physicians and Surgeons of Nova Scotia represented by their CEO/Registrar, participated in a virtual key informant interview with the consultant. A customized questions template was developed and pre-circulated to ensure that the key proposed concepts across two (2) priority areas, Scope of Practice and Quality Assurance, as outlined in the *College of Paramedics of Nova Scotia Consultation Strategy – Consultation Questions* document, were assessed.

The Nova Scotia College of Nursing (NSCN) opted to elicit comments and feedback internally and submit a response via email, using a questions template provided by the consultant. The Senior Director Legislative Services and Deputy Registrar, NSCN, served as the organizational lead and prepared the response on behalf of the NSCN. A customized questions template was developed and pre-circulated to ensure that the key proposed concepts across two (2) priority areas, Scope of Practice and Quality Assurance, as outlined in the *College of Paramedics of Nova Scotia Consultation Strategy – Consultation Questions* document, were assessed.

The feedback in Phase one further informed the College's approach toward the consultative process and resulted in:

- A revision to *Appendix A -The College of Paramedics of Nova Scotia – Background Document – Key Concepts for Amendments to the Paramedics Act and Regulations* before proceeding to phases two and three. The document was revised to better reflect the close collaborative working relationship that exists between paramedics and emergency medicine physicians.
- Further consultation with specific stakeholders within this group while the College continued to move forward with Phase two and three of the consultation plan.

Phases two and three, focused on obtaining feedback and gauging the level of support for the proposed amendments to the *Paramedics Act and Regulations*.

A number of stakeholder groups were invited to attend virtual engagement sessions. These facilitated sessions, led by the consultant, permitted College staff to provide an overview of the proposed amendments and responded to participant questions. While at the end of each session, the participants were asked to complete an online survey to measure their level of support.

Virtual engagement sessions were held with:

Paramedic Members	Union Representatives
Educational Program Representatives	Employer Representatives
Emergency Medicine Physician Representatives	Members of the public

In Table 2 Phase Two and Three Virtual Engagement Consultation Schedule and Participation, we capture some specifics regarding the participation of this group of stakeholders.

Table 2: Phase Two and Three Virtual Engagement Consultation Schedule and Participation

Stakeholder	Type of Engagement	Date	Number invited	Number Participating
Paramedic Members	Virtual Engagement Online Survey	July 15, 2020	1300	31
		July 17, 2020		29
		July 19, 2020		25
		July 21, 2020		32
		August 13, 2020		18
Unions	Virtual Engagement Online Survey	August 11, 2020	6	5
Paramedic Educational Programs	Virtual Engagement Online Survey	August 18, 2020	5	4
Employers	Virtual Engagement Online Survey	August 20, 2020	10	4
Emergency Medicine Physicians	Virtual Engagement Online Survey	September 3, 2020	4	2
Members of the Public	Virtual Engagement Online Survey	September 1, 2020	N/A	10

Note: A total of 135 paramedic members attended. Of the 6 unions invited to participate, a total of 5 attended with 9 representatives participating. CUPW was not in attendance. From the 5 educational programs invited to participate, a total of 4 attended with 5 representatives participating. Dal DivEMS not in attendance. Turning to the 10 employers invited to participate, a total of 4 attended with 5 representatives participating. Those in attendance included the NSHA, EMCI, IWK, HRMFES, NSEMO. While, of the 4 Emergency Medicine Physicians invited to participate, a total of 2 attended. For the public, email communications with a flyer regarding the consultation were distributed to several groups with a request that it be forwarded to their memberships. Those groups included the Community Health Board Coordinators, numerous health charities, Senior Safety Coordinators, Nursing and Retirement Living/Residential Care Facilities, Regional Libraries and all Registrants with the College of Paramedics of Nova Scotia, with a request that they distribute the flyer to as many citizens of Nova Scotia as possible.

Finally, electronic submissions in the form of online surveys were received from Nova Scotia Regulated Health Profession Network members, Associations, and other Canadian Paramedic Self-Regulated jurisdictions.

This group of stakeholders were provided with the invitation to complete an online survey after reading *The College of Paramedics of Nova Scotia – Background Document – Key Concepts for Amendments to the Paramedics Act and Regulations*. The online survey solicited feedback and gauged their level of support in relation to the proposed concepts associated with the proposed amendments. Table 3: Phase Two and Three Electronic Submission Schedule and Participation captures the details regarding this group’s participation.

Table 3: Phase Two and Three Electronic Submission Schedule and Participation

Stakeholder	Type of Engagement	Date	Number invited	Number Participating
Nova Scotia Regulated Health Professions Network Members	Online Survey	N/A	21	8
Associations	Online Survey	N/A	4	4
Other Canadian Jurisdictions with Paramedic Self-Regulation	Online Survey	N/A	5	3

Note: Dates are not provided in this table as this group of stakeholders completed the surveys at their leisure.

OUTCOME

The College sought, and believes it received maximum participation from all stakeholders who choose to engage in the process, with the intent of collecting as much data as possible.

Ten (10) virtual engagement sessions were held with five (5) stakeholder types. To maximize participation by Paramedic Members, the consultant convened five (5) sessions for this stakeholder type. Nine (9) stakeholder types were invited to complete online surveys administered using Survey Monkey. Individualized surveys were customized for each stakeholder type. Seven (7) stakeholder types completed the online surveys within the timeframe allotted for each virtual engagement session, as part of the session design. Two (2) stakeholder types (Associations and Other Canadian Paramedic Self-Regulating Jurisdictions) completed the online surveys independently. In these instances, an email was sent from the consultant with a background document for review before completion of the survey.

Data was collected from individual stakeholders utilizing a customized online survey (N=158). A key informant interview was conducted with the College of Physicians and Surgeons, and the College of Nursing opted to provide an electronic submission.

The initial one on one virtual engagement sessions conducted with Emergency Health Services Nova Scotia and the Emergency Medicine Physicians resulted in additional discussions that further informed the College's proposed amendments.

Where some of the proposed amendments raised concerns from stakeholders and when those concerns were not consistent with best practices in regulation or were inconsistent with the College's mandate to protect the public, the College will continue to seek opportunities to further engage and inform stakeholders regarding the College's obligation to serve and protect the public interest, above all others, in the practice of paramedicine.

However, there was one area that required further consultation regarding a few concepts where the College felt it prudent to further engage stakeholders. Those concepts revolved around:

- Revising the definition of the practice of paramedicine and removing the requirement for direct or indirect supervision.
- The proposed definition for the practice of paramedicine
- Adding the Authority that permits expanded scope of practice for individual paramedics where they have successfully completed such education as approved by the Board.

The College took extra measures to hold individual meetings with these stakeholders for the purposes of better understanding their concerns. As a result of that dialogue, the College developed additional proposed amendments and shared them with those stakeholders. No further feedback has been received by the College.

As a result of the concerns raised by EHS Nova Scotia and the Emergency Medicine Physicians, the College is recommending a change in the previous submitted definition of the Practice of Paramedicine, as well as the addition of other definitions to add further clarity to the definition of the Practice of Paramedicine. This information is detailed in within this document on pages 32 to 40.

OVERALL LEVEL OF SUPPORT

The online surveys included several general questions, numbered 37 to 42, which were meant to gauge the stakeholder's overall level of support for the proposed amendments. Additionally, these questions were meant to elicit stakeholder feedback as to whether the proposed amendments; would ensure the public interest is being met, are current, relevant and nimble, and demonstrated the College's commitment to accountability.

Overall, a vast majority of stakeholders consistently indicated strong support for the proposed amendments to the *Paramedics Act*, noting:

- **96%** of survey participants indicated “strongly favour”, “somewhat favour” or “neutral” regarding their support **of the proposed amendments to the *Paramedics Act*.**
- **98%** of survey participants indicated “strongly favour”, “somewhat favour” or “neutral” in relation to the statement “**proposed changes would ensure public interest is the top priority for the College of Paramedics**”.
- **98%** of survey participants indicated “strongly favour”, “somewhat favour” or “neutral” for the statement that the “**proposed changes would enable the College of Paramedics to remain current, relevant and nimble**”.
- While there were some conflicting views on accountability, most (**95%**) of survey participants were somewhat, strongly in favour or neutral to the statement that the “**proposed changes would demonstrate the College of Paramedics goal of being accountable to registrants and the public**”. One (1) respondent from the Nova Scotia Regulated Health Professions Network felt the emphasis should be on the "goal of being accountable to the public and to registrants". In addition, one of the Union stakeholders commented that they felt “the College is more accountable to the public than registrants”.
- **99%** of survey participants indicated “strongly favour”, “somewhat favour” or neutral for the “**proposed changes would demonstrate the College of Paramedics commitment to accountability**”. One (1) Paramedic Member suggested adding “to the public” at the end of the statement and an Employer noted “as the accountability will be defined by and followed up with the supporting regulations, bylaws and policies, more information on those is necessary”.

Response from the College

Positive feedback was received from all stakeholder types and many expressed gratitude for the opportunity to participate. There was general agreement that the proposed changes make sense, are headed in the right direction, and provide flexibility for the College to adapt to a changing profession. The amount of effort to develop the proposed changes was recognized and appreciated.

Upon reviewing the feedback regarding accountability, the College would like to take this opportunity to remind all stakeholders that as a self-regulated profession the College must demonstrate its ability to maintain both member and public confidence in the College's ability to, first and foremost, regulate the practice of paramedicine in the public interest.

From the Self-Regulation in Nova Scotia, A Guide for Nova Scotia Government Departments,

“It’s important to distinguish between “professional associations”, which are established to advance the interests of the profession and its members, and “self-regulated professions”, which empower professions to regulate themselves in the public interest. Members of a self-regulated profession (sometimes referred to as “registrants”) have, in all circumstances, an ethical and legal duty to put the interests of clients/patients and the general public ahead of their own interests.”

As a result, the College will continue to focus its purpose on serving and protecting the public interest in the practice of paramedicine, while ensuring it maintains the confidence of both the public and its members in its ability to do so.

1.0 MANDATE

A. OBJECTS OF THE COLLEGE

In question 4 of the survey, we asked stakeholders to indicate their level of support for the recommendation to emphasize the importance of reinforcing the public interest and patient safety so there is no confusion about regulatory versus membership objectives by revising the objects of the College to the following:

- 1) *The objects of the College are to*
 - (a) *serve and protect the public interest in the practice of paramedicine;*
 - (b) *subject to the public interest:*
 - (i) *preserve the integrity of the paramedic profession, and*
 - (ii) *maintain public and registrant confidence in the ability of the profession to regulate the practice of paramedicine.*
 - (c) *be accountable to the Minister, the public and the registrants; and*
 - (d) *do all such other lawful acts and things as are incidental to the attainment of the objects of the College.*

- (2) *In order to effectively carry out the objects of the College, the College shall*
 - (a) *regulate the practice of paramedicine and govern its registrants through*
 - (i) *the registration, licensing, professional conduct, education approval and other processes set out in this Act and the regulations,*
 - (ii) *the approval and promotion of a code of ethics, and*
 - (iii) *the establishment and promotion of*
 - (A) *standards for the practice of paramedicine,*
 - (B) *a continuing competence program, and*
 - (C) *entry-level and other competencies;*
 - (b) *do all such other lawful acts and things as are incidental to the attainment of the objects and purpose.*

What We Heard

Online Survey Responses by Stakeholder Type for Question 4

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
158	2 (1.26%)	2 (1.26%)	16 (10.13%)	46 (29.11%)	92 (58.23%)

97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement.

Those “somewhat opposed” or “strongly opposed” included 3 paramedic members as well as 1 person representing a professional association.

To help increase clarity in this statement, some stakeholders asked or suggested the following:

- “Further clarity on the educational approval process required.” (Educational Institutions)
- “Why just Minister? Minister of what?” (NS Regulated Health Professions Network)
- “It could be useful to stipulate the goal of collaboration with the regulatory bodies of other health professions.” (Professional Associations)

Two (2) stakeholders commented specifically on competencies:

- “I support sections 1 and 2 with the exception of the item 2 (a) (iii) (C). I note the reference to competencies in the Nursing Act of NS. I support the inclusion of competence (assessment and continuing). I have reservation for 'competencies'. Competencies are too granular for the regulator. Further, the competencies could lead to difficulty in compliance issue with the CFTA. I support national competencies. The reference to 'competencies' in the Act is not required.” (Professional Associations)

Response from the College

The College recognized that **97%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement.

However, the College wanted to provide additional clarity for those paramedic members and one association, who opposed this proposed amendment, in relation to the College’s responsibility regarding competencies.

The College’s existing objects reflect the public-interest mandate of the College, but this could be enhanced by ensuring that some of the **secondary objects are always subject to the public interest**. Recent reviews of the regulation of various professions in Canada emphasize the importance of reinforcing the public interest and patient safety so there is no confusion about regulatory versus membership objectives.

The revised mandate should also contain specific reference to the need for accountability from the College to the Minister of Health and Wellness, the public and to all who are regulated by it. This is consistent with the government’s policy on self-regulation.

The current objects clause in the *Paramedics Act* contains a subsequent section in terms of specific matters the College must do in order to effectively carry out its objects. This section

currently does not address the regulatory role of approving education programs for paramedicine. While the regulations under the current Act notes that Council sets the criteria for paramedic programs, this is a sufficiently important regulatory function that it should be included in the Act itself.

Further, section 4(2)((a)(iii) of the current Act references that the regulatory functions of the College include the establishment of the standards of practice, and a continuing professional development program, but neglected to mention the College’s role in approving the competencies for paramedics. There is a section in the current regulations that addresses the setting of competencies, but given the importance of competencies, it is preferable to move this function into the objects section of the Act.

Taken as a whole, the proposed amendments to the Act’s objects underscore the regulatory nature of the College and **highlight its key regulatory functions which are necessary for public protection and patient safety.**

As a result, the College is not recommending any changes to its proposal in this area.

B. REGISTRANT DEFINITION

In question 5 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The term “member” be changed to “registrant” to reflect the regulatory purpose of the College?”

What We Heard

Online Survey Responses by Stakeholder Type for Question 5

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
157	1 (0.64%)	1 (0.64%)	27 (17.20%)	34 (21.65%)	94 (59.87%)

99% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”. Comments indicated that the term needs to be clearly defined but the recommended change is appropriate and makes sense.

Response from the College

The College recognized that **99%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis of the feedback determined that such an overwhelming positive response from all stakeholders did not require any further action on the part of the College.

However, the College wanted to take this opportunity to reinforce the significance and importance about this change in terminology for all stakeholders including the two paramedic members who opposed this proposed amendment.

In the current Act, “member” is the term used to refer to persons who are registered and licenced with the College.

Although paramedics may be “members” of the College, they do not possess the same rights as are understood in a traditional membership organization. In a traditional membership organization, such as a professional association, members have the right to vote for their own self-interest. However, in an organization engaged in self-regulation such as the College, members must always act in the public interest.

There is a concern that the continued use of the term “member” will contribute to a misconception that the College serves the interests of its members, not the interests of the public. Using the term “registrant” can help overcome this misconception. The proposed amendment replaces the term “member” with the term “registrant” throughout the Act and is defined as persons who are registered with the College.

This proposed amendment is consistent with changes made to other recent legislation for professions in Nova Scotia, such as the new *Nursing Act*. Further, the *Medical Imaging and Radiation Therapy Professionals Act*, which is waiting proclamation, defines persons registered with the College as “registrants”, rather than “members”.

As a result, the College is not recommending any changes to its proposal in this area.

C. STANDARDS OF PRACTICE DEFINITION

In question 6 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

In the definition of "standards of practice", the reference to "entry-level professional practice expectations" for any member should be

revised to remove the words "entry-level", to reflect that standards apply across all levels of experience and practice.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 6

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
157	1 (0.64%)	4 (2.55%)	9 (5.73%)	49 (31.21%)	94 (59.87%)

97% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Many of the comments noted the difference in performance of an entry-level registrant and an experienced practitioner, for example “although you will have to consider the differences in expectation, if any, between entry-to-practice and experienced personnel” (Educational Institutions) and “I feel like the standard of practice is, and should be, different based on experience.” (Employers)

Response from the College

The College recognized that 97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement.

However, the College wanted to take this opportunity to reinforce the rationale for this proposed amendment to the one paramedic member, one educational institution representative, one employer representative, one association representative and one other Canadian Self-Regulating Jurisdiction representative who opposed this proposed amendment.

The Standards of Practice, along with the Code of Ethics’ are the foundation of the College of Paramedics of Nova Scotia’s self-regulation. The Standards of Practice and Code of Ethics are compulsory for all members and as such serves as a comprehensive framework to promote, guide and direct paramedic conduct and practice and serve as a guideline through which the public may judge the practice of paramedicine. As with any regulatory body, our Standards of Practice will be utilized in any complaint resolution or disciplinary hearing and is enforceable under the *Paramedics Act*.

The College is recommending that the current definition of "standards of practice", which references "entry-level professional practice expectations" for any registrant should be revised to remove the words "entry-level", to reflect that standards apply across all levels of experience and practice.

As a result, the College is not recommending any changes to its proposal in this area.

2.0 GOVERNANCE

A. NAME OF GOVERNING BODY

In question 7 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The term “Council” be changed to “Board”.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 7

Stakeholder	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
158	1 (0.63%)	1 (0.63%)	46 (29.11%)	39 (24.68%)	71 (44.94%)

99% of survey participants indicated “somewhat favour” or “strongly favour”, or “neutral”. The general consensus in the comments was that the term is appropriate and as one Paramedic Member commented “Not opposed, if it helps clarify the role.”

Response from the College

The College recognized that 99% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis of the feedback determined that such an overwhelming positive response from all stakeholders did not require any further action on the part of the College.

However, recognizing that one paramedic member and one person from another Canadian Paramedic Self-Regulated Jurisdiction opposed this proposed amendment we offer the following information.

The proposed amendment is to name the governing body of the College the “Board”.

Within the 22 health professions regulators in Nova Scotia, there are examples of both Boards (e.g., nurses, chiropractors, occupational therapists, dentists, physiotherapists) and Councils (e.g.

physicians, pharmacists, medical radiation technologists). However, the majority call their governing body a board.

The use of the term “board” carries with it a greater governance focus and the attendant fiduciary responsibilities that come with being board members. It removes the sense of “constituency” that comes with a person elected as a Council member, where there can be tendency of thinking of a Council member as one that needs to be responsive to the constituency that elected that member, rather than to the organization and its broader public interest purposes.

As a result, the College is not recommending any changes to its proposal in this area.

B. BOARD COMPOSITION

In question 8 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The Board shall consist of

- (a) a minimum of 10 persons;*
- (b) the number of public representatives on the Board must be not less than 33% and not more than 50% of the Board;*
- (c) public representatives on the Board are appointed by the Governor in Council;*
- (d) members, other than public representatives of the Board, are elected or appointed as prescribed in the by-laws and policies approved by the Board.*

What We Heard:

Online Survey Responses by Stakeholder Type for Question 8

Stakeholder	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
158	4 (2.53%)	13 (8.23%)	14 (8.86%)	62 (39.24%)	65 (41.14%)

89% of survey participants indicated “somewhat favour” or “strongly favour”, or “neutral”.

The general themes in the comments were related to:

- *Size of the Board:* Only a minimum number is included in the description. Some people expressed concern that the Board could become too large if a maximum number is not

also included. “Some concern with only a minimum that a board could become too large which has also been an issue for some regulatory bodies” (NS Regulated Health Professions Network)

- *Representation*: Many comments focused on the representation on the Board. Many people commented that they felt 50% public representation is too much with comments such as “public representatives on the Board should be no more than 49%” (Paramedic Members) or “I think 50% public representation may be too strong” (Statutory Committees). Others commented “this model should reflect similar models for similar councils across the country” (Paramedic Members) or “there is a move to increase the number of public representatives beyond the 50%; it may be prudent to look at Alberta’s Health Professions Act” (Other Canadian Self-Regulating Jurisdictions)
- *Knowledge of the profession*: Many comments showed concern that the public is not aware of the role of paramedics: “Members of public are not aware of paramedic profession” (Paramedic Members) and “Public education is needed. General public do not understand what we do.” (Paramedic Members)
- *Appointment process*: Some respondents commented on the process for appointment or elected members on the Board: “Need some clarity regarding appointment versus elected by members of the college” (Educational Institutions) and “my only contention with this would be that the public members are appointed by the Governor. Is there an application process or nomination process? Or is it solely done by the Governor in Council without other input” (Paramedic Members)

Response from the College

The College recognized that **89%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis of the feedback determined that such an overwhelming positive response from all stakeholders did not require any further action on the part of the College.

However, the College wanted to take this opportunity to reinforce the rationale for this proposed change to the 15 paramedic members and one person each from an association and educational institution who opposed this proposed amendment.

Rather than fixing the number of Board members in an unchanging way in the Act, it is recommended that flexible language be used to leave room for evolution in the future.

There is merit in having a minimum number specified for Board composition, to ensure that the appropriate profile of competencies exists to govern the College. Consistent with literature on good governance practices and other recently amended statutes in Nova Scotia such as the *Nursing Act*, it is recommended that the minimum number be somewhere in the range of 7-12. After considering the regulatory functions of the College and the workload experienced to date, it

is recommended that the minimum number be 10 Board members, where the number of public representatives should be not less than a third, and not more than half of the full Board.

The proposal for Board composition will:

- be consistent with government’s Self-Regulation Policy;
- permit maximum flexibility if circumstances change and a higher number of Board members is required;
- allow for 33% to 50% proportion of public representatives;
- be consistent with recently amended legislation;
- create a manageable size from which to foster active board engagement during meetings; and
- enable fair distribution of committee work.

As a result, the College is not recommending any changes to its proposal in this area.

C. ROLE OF THE BOARD

In question 9 of the survey, we asked stakeholders to indicate their level of support for the recommendation that;

This Subsection 6(2) of the current Act be deleted to ensure that the Board’s role is one of governance, not operations.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 9

Stakeholder	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
157	0 (0%)	0 (0%)	19 (12.10%)	43 (27.39%)	95 (60.51%)

100% of survey participants replied “neutral, “somewhat favour” or “strongly favour” to this statement.

Response from the College

The College recognized that 100% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis of the feedback determined that such

an overwhelming positive response from all stakeholders did not require any further action on the part of the College.

In question 10 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

- In addition to any other powers conferred by this or any other Act, the Board shall govern the College and in so doing shall*
- (a) set fees payable by applicants and registrants;*
 - (b) determine the remuneration and reimbursement for expenses payable to board and committee member;*
 - (c) approve the processes for setting, revising, and monitoring the annual budget;*
 - (d) submit an audited financial statement of the College's operations for the past year at the annual meeting of the College;*
 - (e) appoint an auditor who shall audit the accounts of the College;*
 - (f) set the form and amount of professional liability insurance or other form of malpractice coverage or liability protection the registrants must have;*
 - (g) approve paramedic education programs;*
 - (h) approve standards of practice, competencies, and a code of ethics for all registrants;*
 - (i) establish governance policies consistent with the Act and the regulations;*
 - (j) review the operation of this Act and Regulations and make recommendations thereon;*
 - (k) do such other things as may be incidental to or necessary for the exercise of the objects of the College.*

What We Heard:

Online Survey Responses by Stakeholder Type for Question 10

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
158	0 (0%)	9 (5.70%)	17 (10.76%)	61 (38.61%)	71 (44.93%)

94% of survey participants replied “neutral, “somewhat favour” or “strongly favour” to this statement.

The main areas of concern noted in the comments were around the following areas:

Fees, Compensation and Oversight:

- “Of particular significance is the authority of the Board to determine remuneration of the Board and committee members.” (NS Regulated Health Professions Network)
- “Fees payable by applicants and registrants need some structure and showed not be able to be increased without proper notice and reasoning. I would like to see some guidance or assurance in the Act or very least the By Laws.” (Unions)
- “Likely needs an oversight mechanism for (b) to avoid perceived conflicts of interest” (Emergency Medicine Physician Leads)

Paramedic Education Programs: the following comments show the concern regarding the approval of the education program:

- “My biggest concern with this is related to approving education programs. If there is a 50% public composition, then can we feel confident that they will know best what the programs cover and if they are able to produce competent paramedics and what standards they have set.” (Paramedic Members)
- “With regard to the approval of paramedic education programs, should the institutions accreditation in accordance with NOCPs cover this requirement and remove it from College responsibility other than to confirm accreditation?” (Paramedic Members)

Response from the College

The College recognized that **94%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis of the feedback determined that such an overwhelming positive response from all stakeholders did not require any further action on the part of the College.

However, the College wanted to take this opportunity to provide feedback to the 9 paramedic members who opposed this proposed amendment.

The Board is the oversight mechanism for determining appropriate fees for registrants. Similarly, it is the only body within a self-regulating structure that has the ability to determine fees, if any, payable to Board and committee members.

With respect to the approval of paramedic education programs, the College will continue to operate in accordance with its current practices to approve appropriately vetted programs. This is not new authority that is being provided, it is changing its placement by moving it from the regulations to the Act, to reflect the importance of this function.

As a result, the College is not recommending any changes to its proposal in this area.

D. BOARD ELECTIONS AND ADMINISTRATIVE MATTERS

In question 11 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The provisions of the current Paramedics Act that relate to the details of the election process for Council members, their terms of office, frequency of meetings, and other issues that relate to the internal operations of the College be removed from the Act and be placed in the College's Bylaws or policies.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 11

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
158	0 (0%)	5 (3.16%)	25 (15.82%)	44 (27.85%)	84 (53.17%)

97% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour” for removing details of the roles of the Board from the Act and placing them in the by-laws and policies.

Comments indicated that “this is good governance” (Employers) and “this information is better suited to the bylaws where, if necessary, changes may be made with relatively ease.” (NS Regulated Health Professions Network).

Response from the College

The College recognized that 97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis of the feedback determined that such an overwhelming positive response from all stakeholders did not require any further action on the part of the College.

However, the College wanted to take this opportunity to remind the 4 paramedic members and one person from another Canadian Paramedic self-regulated jurisdiction who opposed this proposed amendment, as to why this change is being requested.

The current Act contains provisions that relate to the details of the election process for Council members, their terms of office, frequency of meetings, and other issues that relate to the internal operations of the College.

These kinds of internal matters more properly belong in bylaws or policies, which can be changed without the need for government involvement. For example, there may need to be an evolution beyond geographical representation for Board composition to ensure that the Board has the necessary competency profile to conduct its governing functions.

Maintaining specific board composition matters in the by-laws will enable the College to remain current with respect to evolving best practices in governance.

As a result, the College is not recommending any changes to its proposal in this area.

E. PUBLIC REPRESENTATIVES ON STATUTORY COMMITTEES

In question 12 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

Public representatives on the Board not be required to sit on adjudicative committees.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 12

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
157	4 (2.55%)	11 (7.01%)	38 (24.20%)	33 (21.02%)	71 (45.22%)

90% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”.

The general view from the comments was that public representation still needs to be part of these committees, so another process needs to be put in place. The following comments reflect this view:

- “I took from the discussion that NO Board members would sit on such committees, but that other members of the public would be sought for these committees/panels - that would be important to clarify” (Employers)
- “Strongly oppose unless there is a process to have mandatory presence of public members (who are not Board public members) on adjudicative committees. The mandate is protection of the public, so public members must be engaged in all adjudicative activities” (NS Regulated Health Professions Network)

- “If we are acting in the public interest than the public should have a say in adjudicative committees” (Paramedic Members)

Response from the College

The College recognized that **90%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined additional clarity was required.

The College wanted to take this opportunity to encourage all stakeholders including the 10 paramedic members, 3 individuals from another Canadian Paramedic self-regulated jurisdiction and 2 members of the Nova Scotia Regulated Health Professions who opposed this proposed amendment, to further consider the information provided in the Background Document for the consultation process, while considering the following information.

For greater certainty, the College strongly supports the process where the Governor-in-Council appoints public representatives to the Council and those public representatives, in-turn, participate on Committees of the College.

As mentioned in the College’s Background document, the requirement that **one of the public representatives, who has been appointed to the Board, must also be a member** on each of the adjudicative committees (Registration and Licensing Review Committee, Hearing Committee, Reinstatement Committee) is problematic. The most significant reason being that the parties before one of these adjudicative committees is always a paramedic member, who is the subject of the adjudication, and the College itself.

Where the Board is the embodiment of the College, requiring a public representative from the Board to serve on one of these adjudicative committees can give rise to a reasonable apprehension of bias, which is a legal standard for disqualifying judges and administrative decision-makers for bias; a bias of the decision maker can be real or perceived.

There may also be a question regarding as to whether requiring a public representative of the Board to populate adjudicative committees is contrary to another policy requirement within the Government’s Self-Regulation Policy. That policy statement indicates, “the legislation creates registration, complaint investigation and disciplinary procedures in compliance with principle of fundamental justice and the Canadian Charter of Rights and Freedoms.” The use of the term “procedures” must be read broadly enough to include procedures that lead to the composition of the adjudicative committee. For the reason explained above, it is not possible to meet the principle of fundamental justice if certain members of the governing body are required to also sit on adjudicative committees.

That stated and recognizing it must adhere to the Government's Policy on Self-Regulation regarding the appointment of at least one public representative of the Council to the Registration and Licensing Appeal and Hearing Committees, the College is requesting the ability to appoint public representatives, ***who are not members of the Council***, to its adjudicative committees (Registration and Licensing Review / Hearing), for the purpose of enhancing the principles of fundamental justice associated with the work these two committees perform. This request to Government to waive the requirement for Council public representatives to serve on these adjudicative committees, will not negate the requirement for the College to ensure a non-Council public representative is appointed to the Committees.

As a result, the College is not recommending any changes to its proposal in this area.

3.0 SCOPE OF PRACTICE

A. PRACTICE OF PARAMEDICINE DEFINITION

In question 13 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

Introduce a revised definition of the practice of paramedicine to better reflect current and evolving practice, and to remove the requirement for direct or indirect supervision.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 13

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
158	1 (0.63%)	6 (3.80%)	7 (4.43%)	41 (25.95%)	103 (65.19%)

96% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour” to this statement.

The general view from the comments was that this is an appropriate approach and a good way forward for the profession. Other responses suggested more clarity and detail on the revised definition is required: “There are two recommendations bundled into one here, which makes it difficult to comment. On the issue of a revised definition of the practice of paramedicine and the fundamentally important issue of defining what a paramedic diagnosis is; YES - this needs to happen. In fact, without that it is impossible to comment on the second part of the question re ‘removing the requirement for direct and indirect supervision’... that needs significantly more discussion and justification.” (Emergency Medicine Physician Leads)

Response from the College

The College recognized that **96%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined additional clarity was required.

The College wanted to take this opportunity to encourage all stakeholders including the 3 paramedic members, 1 individual from each of the educational institution, professional association, another Canadian Paramedic self-regulated jurisdiction and Emergency Medicine

Physician who opposed this proposed amendment, to further consider the additional information we have provided under the revised definition for “Practice of Paramedicine”, that is associated with question 14 from the survey, please see the below.

In question 14 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

"Practice of paramedicine" means the application of specialized paramedic knowledge, skills, and judgment to clients across the lifespan in accordance with approved standards of practice and clinical practice guidelines in order to:

- (a) assess, make a paramedic diagnosis, treat, and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;*
- (b) promote health and injury prevention;*
- (c) engage in such other services, roles, functions, and activities as prescribed in the regulations and also includes relevant research, education, interprofessional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above.*

What We Heard:

Online Survey Responses by Stakeholder Type for Question 14

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
157	2 (1.27%)	6 (3.82%)	8 (5.10%)	40 (25.48%)	101 (64.33%)

95% of survey participants indicated their level of support as “neutral”, “somewhat favour” or “strongly favour”.

Stakeholders’ comments focused on a few main areas:

Specifics in the Definition:

- “listing specifics can become limiting over time; suggest using a broad definition (ie: your first statement) and placing detail in the bylaws” (Other Canadian Self-Regulating Jurisdictions)
- “Including, but not limited to (re settings); practice settings and the types of care provided by paramedics are still evolving; similarly, in c) you are "prescribing" rather than

enabling future roles. Might want to be a little more open to additional emergent roles and functions.” (Educational Institutions)

- “I think item (c) should reference the National Paramedic Roles (note, clinician is addressed in (a)): contexts of paramedic practice: clinician, professional, educator, advocate, team member, and reflective practitioner.” (Professional Associations)
- It needs to be clear that others (non-paramedics) are also capable to perform these roles - specifically 14 (c) so that the Act does not prevent non-paramedics to engage in these activities. This may require revisiting the use Protective Titles section simultaneously. (Employers)

Advocacy:

- “Might want to better define advocacy ie. patient advocacy rather than self-advocacy” (NS Regulated Health Professions Network)
- “Advocacy and system development is outside of the mandate of the College based on only dealing with Regulation. If you change the words to patient advocacy that is different. No place for advocacy and system development in a true college.” (Other Canadian Self-Regulating Jurisdictions)

General:

- “...supports the removal of indirect and direct supervision but needs better clarity on what replaces it. As currently written, there is still a gap in what EHSNS perceives to be an integrated approach. See comments in section below.” (EHSNS)

Response from the College

The College recognized that **95%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined additional clarity was required for this question. In this response we also reflect upon some of the comments made under question 13, above.

The College wanted to take this opportunity to encourage all stakeholders including the 3 paramedic members, 1 individual from each of the educational institution, union, and professional association, as well as the 2 individuals from another Canadian Paramedic self-regulated jurisdiction and who opposed this proposed amendment, to further consider the additional information below.

The College determined this was an overwhelmingly positive response from all stakeholders. However, reflecting upon the comments noted above and those associated with question 13 of the survey, along with the specific feedback received from EHSNS, the NSHA Emergency Medicine Physicians and the Nova Scotia College of Nursing during the consultation process, the College has taken steps to further elaborate upon and propose additional amendments to the mechanisms that are in place to protect the public interest in the practice of paramedicine.

The additional proposed amendments include; further modifying the originally proposed definition for “*Practice of Paramedicine*”, changes to, and the addition of, a number of other definitions, and the addition of proposing regulation making authority to place parameters around paramedics practicing through a business entity. This information is detailed below.

The originally proposed amendment to the definition in essence set out the proposed scope of practice for paramedics. It is difficult to capture the nuances of the scope of practice of a profession in a definition, as there are often many elements that are involved. The definition is intended to capture the main roles of the profession, grounded in the type of education provided to the practitioner.

Based on the feedback received, we understand that there is support for the removal of the requirement for indirect and direct supervision that is found in the current *Paramedics Act*, but concern that there are insufficient safeguards around the oversight of paramedics.

In particular, EHSNS referred to its integrated oversight system (IOS) that incorporates a retrospective, concurrent and prospective approach to ensure there is a system of care in which the paramedic is practicing. EHSNS emphasizes that the IOS does not address the individual person, but rather the system within which the person operates.

The point made by EHSNS about having a system in place within which individual paramedics operate, is an important one. It highlights the distinction between the individual competencies of a healthcare professional, and the system within which that professional works. This in turn highlights the different responsibilities that fall to the regulator of the individual, versus the employer or "operating system" within which the paramedic works.

An analogy with the College of Physicians and Surgeons of Nova Scotia (CPSNS) may be useful here. CPSNS regulates individual physicians by setting standards of practice, requiring them to participate in continuing competency programs, establishing a quality assurance program, and holding them accountable within these programs through a complaints and disciplinary system. The Nova Scotia Health Authority – i.e., the system within which most physicians work, sets additional requirements for physicians through the privileging process, terms of employment or other relevant contracts, and through its own internal disciplinary system established through its bylaws. The regulator has one role, and the "system" has another. Both work hand in hand to together provide oversight to address the competency of health care providers, and to address issues of patient safety.

The College of Paramedics of Nova Scotia, as the regulator of paramedics in the province, recognizes the need for the type of "system" that is in place through EHSNS. The intent is that to the extent paramedics operate within EHSNS, the IOS will continue to apply to them. Independent of the IOS system, the College will have its own system of licensing, continuing competence

requirements, and quality assurance initiatives. The two-work hand-in-hand, but each have distinct functions. They are intended to complement each other, much as the system of regulation for physicians operates concurrently with the other "systems" in which physicians' practice.

The oversight role the College must provide to paramedics includes the following:

- a. It sets the Standards of Practice;
- b. It establishes a Code of Ethics;
- c. It sets the entry to practice competencies (the "essential competencies", as they are termed in the current Act) and issues licences for those who qualify;
- d. It sets the scope of practice of the profession to distinguish it from other professions;
- e. It puts a mechanism in place to monitor the continuing competency of its registrants and to establish a quality assurance program;
- f. It has a system in place to be responsive to complaints, and to impose discipline when needed.

Having said that, the College recognizes that the removal of the requirement for direct and indirect supervision raises questions that need to be addressed. We believe that a more clear definition of the scope of practice together with some rigour around the regulation of paramedics who may seek to practice in settings outside of traditional employment practice models such as ECMI, will assist in addressing these concerns.

In particular, the College proposes the following:

1. **The definition of "practice of paramedicine", and some its elements will be revised to read as follows: (Changes highlighted)**

"practice of paramedicine" means the application of specialized paramedic knowledge, skills and judgment **as taught in paramedic education programs**, ~~to clients across the lifespan,~~ in accordance with approved standards of practice and clinical practice guidelines, **and in collaboration with relevant regulated health professionals when needed**, in order to:

- a. assess clients **across the lifespan, and for such clients** to make a paramedic diagnosis, treat, and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;
- b. promote health and injury prevention;
- c. engage in such other services, roles, functions, and activities as prescribed in the regulations;

and also includes relevant research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above.

The additional language in this definition brings the scope of practice within the bounds of the curriculum taught in paramedic education programs. As the curriculum evolves to meet the current needs, so too will the scope of the practice evolve along with it. Under the proposed legislation, paramedic education programs are defined to mean: “for those applicants seeking a licence in one of the primary care classes, a diploma paramedic program approved by the Board, and for those applicants seeking a licence in other classes, such other programs as are approved by the Board”.

The reference to “relevant regulated health professionals when needed” in the definition is intended to reflect that in most instances paramedics are working in a collaborative system where physicians or other regulated health professionals are needed in order for the paramedics to perform their role.

For example, paramedics, in order to administer a medication must first have that medication prescribed by a physician or NP. If a patient is having a cardiac event, then a paramedic working within the EHSNS system will work within a Clinical Practice Guideline developed between EHSNS and EMCI, and administer the medications as set out in that Guideline. If needed the paramedic may also consult with the relevant regulated health professional.

In some instances, such as the example of a paramedic who is independently assisting at a sporting event outside the scope of employment, there may be no collaborating health professional needed in order for the paramedic to offer certain paramedic services. The words “relevant when needed” therefore cover the different types of settings in which a paramedic may be providing services and in situations such as the sporting event example, will necessarily limit the services the paramedic can provide as there is no operative Clinical Practice Guideline. It is further intended that the concept of “relevant collaborating health professionals when needed” will be expanded upon in the Standards of Practice. Under the legislation every paramedic must practice in accordance with the Standards of Practice, so the components of the Standards are binding on each paramedic. Greater explanation can then be spelled out in the Standards to articulate the different type of collaboration that is needed in different practice settings.

At all times, paramedics are required to practice within their individual scopes of practice, the terms of their licences, Standards of Practice, and Clinical Practice Guidelines that are practice setting specific. The combination of these, together with language in the Standards that will specifically address the type of collaboration required in differing practice settings (e.g., clinical, administrative, regulatory, research, education, etc) collectively sets appropriate parameters for paramedics to practice within our health care system.

For greater clarity it is important to note that in defining the paramedic practice and indicating that the practice “**engages in such other services, roles, functions, and activities as**

prescribed in the regulations and also includes relevant research, ...advocacy...or system development relevant to the above,” simply signifies that the College regulates those paramedics who practice in those specific work environments. These words do not address the role of the College itself. It may be appropriate in certain circumstances for the College to become involved in advocacy work or system development that impacts the profession as a whole, but that is a separate matter from the scope of practice of the profession.

Furthermore, the scope of practice for paramedics does not indicate that only paramedics are capable of performing these roles. There is other language in the legislation that makes it clear that other members of regulated professions may practice according to their own statutes. There is recognition that there is overlapping scopes of practice among some of the health professions.

A good example of this includes management positions within the Nova Scotia Health. A number of those positions require the individuals who occupy them to hold a professional designation. The positions do not specify which professional designation the individuals must hold. Therefore, the positions may be occupied by someone from any one of the designated health care professions in Nova Scotia, such as Nursing, Occupational Therapy, Dietetics, Paramedic, etc.

In order to better understand the definition of the “practice of paramedicine” **the College is also proposing the addition of a definition of “paramedic diagnosis” as_**“paramedic diagnosis” is the paramedic’s interpretation of a patient’s health condition following the paramedic’s assessment, that guides the paramedic’s care of the client **in accordance with the standards of practice and Clinical Practice Guidelines**, until such time as a medical diagnosis may be made, if required.

The addition of this definition is intended to complement and clarify the scope of practice of paramedicine, where the term “paramedic diagnosis” is used within the definition. It demonstrates that paramedics have parameters set around their practice such that they cannot engage in activities that uniquely belong to the scope of practice of other professions. They are limited to acting in accordance with their standards and guidelines.

It must also be noted that this definition of “paramedic diagnosis” is not a stand-alone definition. It is used in and as part of the definition of the “practice of paramedicine”. The latter term makes it clear that the scope of practice of the profession includes only the competencies as taught in approved paramedic education programs. Once again, this language collectively sets parameters around a paramedic’s practice such that they cannot engage in activities outside of their scope.

The definition for “standards of practice” is currently in the current *Paramedics Act*, and as earlier noted, the College is now proposing a slight modification as follows: “standards of practice” means the ~~entry-level~~ professional practice expectations for any registrant in any setting or role, approved by the Board or otherwise inherent in the profession, in order to clarify that Standards, apply at all levels of practice, not just entry-level.

Standards of Practice are already in place and can be found on the College’s website at https://cpns.ca/document/5174/COE_SOP.pdf.

The Standards of Practice will be reviewed to ensure that the need for collaboration with relevant regulated health professionals is properly embedded within them.

The College is also proposing the addition of a definition for “Clinical Practice Guidelines” to be those guidelines in place in a practice setting to guide the clinical actions of a paramedic. Clinical Practice Guidelines are already in place, but because the term is used in the definition of “practice of paramedicine” it will be helpful to have a common understanding of the term.

Clinical Practice Guidelines that are currently in place are statements that guide a paramedic toward making an evidence-based paramedic diagnosis in a practice setting that guides the clinical actions of a paramedic. Clinical Practice Guideline statements are: focused on patient-centred care, evidence-based, a framework for clinical decision-making that supports best practices, and include recommendations intended to optimize patient care. They are informed by a systematic review of evidence, and an assessment of the benefits and harms of alternative care options.

It is recognized that EHSNS in conjunction with EMCI have established Clinical Practice Guidelines that are intended to guide the actions of paramedics in the ground and air ambulance practice environments in Nova Scotia. By including the requirements for paramedics to practice within approved standards of practice and clinical practice guidelines in the definition of “practice of paramedicine”, additional parameters are placed around the scope of practice, thus requiring paramedics when needed to collaborate with other healthcare professionals such as physicians.

Further on the issue of scope of practice, the Discussion Paper that was circulated as part of the proposed legislation indicated that various sections from the *Nursing Act* were recommended to be added to the new legislation for paramedics. The narrative from those sections in the *Nursing Act* was not spelled out, and it will be helpful to include some of that language here, adapted for paramedic purposes, to assist in understanding the parameters of the scope of practice of a paramedic. It is proposed that the following language borrowed from the *Nursing Act* be added to the revised *Paramedics Act*:

A registrant must

- (a) **comply with the Act, the regulations, bylaws, code of ethics, standards of practice and clinical practice guidelines;**
- (b) **cooperate with the College, the Registrar, and any committees of the College with respect to any regulatory process and requirements of the Act, the regulations, and bylaws;**
- (c) **maintain current contact information with the College;**
- (d) **maintain a record of practice hours;**
- (e) **maintain the essential competencies for their class of licence;**
- (f) **maintain such professional liability insurance or other form of malpractice coverage and liability protection as required by the Board when holding a licence;**
- (g) **practice only within**
 - i) **the scope of practice of the profession of paramedicine;**
 - ii) **class of licensure scope of practice;**
 - iii) **the registrant's individual scope of practice;**
 - iv) **any expanded scope practice authorized for the Registrant in accordance with the Act, and**
 - v) **any terms, conditions, or restrictions on the registrant's licence.**

It is currently within the Council's mandate to define the competencies for each class of licensure, and the amended legislation will continue to reflect this.

The College is also proposing a new definition for "individual scope of practice" and the addition of a definition for "class of licensure scope of practice".

The definition for "individual scope of practice" will be added to read as follows: "individual scope of practice" means the services for which the registrant is educated, authorized and competent to perform.

The requirement to practice within individual scope means, for example, that not every advanced care paramedic will be able to engage at a given time in every action that is authorized for advanced care paramedics, as an individual may not yet have sufficient exposure to a specified procedure. Further, it means that an individual paramedic is not authorized to independently perform a function such as treating a patient suffering from a myocardial infarction where medications are required for that function that can only be ordered through another health professional. Nor can the individual paramedic independently screen and advise a head injured patient presenting with signs and symptoms of a concussion, that they do not require any further medical assessment.

The definition for “class of licensure scope of practice” will be added to mean the essential competencies approved by the Board for the specific to the class of license for which the registrant is licensed.

The requirement to practice within the class of licensure scope of practice means a registrant must practice within the framework of the essential competencies for the class of license for which they are licensed. As an example, a primary care paramedic would not engage in performing the skill of intubation, as it is not a competence that is within their essential competency profile.

Finally, in order to address the concern about oversight to paramedics practising outside traditional employment relationships, the College is also looking to add regulation making authority to place parameters around paramedics practising through a business entity.

To recognize that paramedics may wish to work independently outside of an employment relationship, it is intended to add regulation making authority similar to that in place for other regulated health professions. In particular, authority would be added to enact regulations setting the requirements that must be met for paramedics who wish to engage in practice through a business name, partnership or corporate entity – i.e., practising other than themselves as an individual. Such requirements would include a majority ownership of shares by paramedics; filings with the College to determine compliance with legislated requirements; and a clear provision outlining that practising as a business does not relieve the individual paramedic of their ethical, professional and practice requirements.

Similar language is in place for physicians, nurses and other regulated health professionals who wish to practice as “a business”.

In addition to the above changes, it is noted that the proposed legislation will maintain categories of licences that allow for differing services to be offered depending on the particular education and skills attained by the paramedic, which are described in the legislation as their “essential competencies”. The legislation will also maintain a continuing competency program and will also enable the creation of a new Quality Assurance Program, addressed separately below.

When read collectively, the following parameters are in place to provide the type of regulatory oversight that is intended to work hand in hand with oversight mechanisms in place at entities such as EHSNS:

1. Paramedics can only practice within their individual scope of practice, which must be within the scope of practice of the profession of paramedicine. As a result, their individual competencies determined by their education, experience and practice settings limit their practice;
2. Limits are further set by the type of licence issued to the paramedic;

3. Limits are further set by the requirement to practice within the standards of practice and Clinical Practice Guidelines;
4. Limits are further set by the requirement to practice within the essential competencies for the paramedic’s class of licence. These essential competencies set out the minimum skills required, and also impose other parameters such as the requirement to be aware of and practice within the bounds of other applicable legislation (e.g., the *Controlled Drugs and Substances Act*);
5. The College will monitor competencies through the continuing competence program and the Quality Assurance Program;
6. Paramedics must collaborate with relevant regulated health professionals when needed. The need will be determined by the practice setting and functions to be performed.

It is the view of the College that these collective safeguards provide sufficient protections to the public to offset the removal of the requirement for direct and indirect supervision. As a self-governing profession it is important that paramedics replace concepts of supervision with concepts of practising collaboratively and not only within the scope of the profession, but within limits of their individual scopes of practice.

As a result, the additions outlined above are recommended for inclusion in the proposed legislation.

B. EXPANDED SCOPE OF PRACTICE DEFINITION

In question 15 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

Add authority that permits expanded scope of practice for individual paramedics where they have successfully completed such education as approved by the Board. Any expansion of scope must be ultimately within the scope of practice of the profession as a whole.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 15

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
157	5 (3.18%)	4 (2.55%)	10 (6.37%)	34 (21.66%)	104 (66.24%)

94% of respondents indicated “neutral”, “somewhat favour” or “strongly favour” to this statement.

Overall, the comments indicated “I [like the] idea that we can expand our Individual scope with education and it...be recognized by our regulating body is progressive movement.” (Paramedic Members).

Requirement for further discussion and understanding:

- “I think there needs to be opportunity for this to occur, but as evidenced in the conversation the processes and details require more discussion.” (Employers)
- “While I fundamentally fully agree with the intent, as an employer this requires further discussion to ensure it is very clear to all those involved as to what the role of each party is, how it will be monitored, QA process, continuing education, etc. This requires stakeholder engagement and probably could be addressed in Bylaws / Policy. Having the Act enable it is excellent as long as the supporting material / program is available to complement. (Employers)
- “Without understanding what ultimately within the scope of practice of the profession as a whole’ means, it is hard to gauge support” (Emergency Medicine Physician Leads)

Scope creep:

- “Must be careful to ensure scope creep isn’t used to justify pitting professions against each other” (Unions)
- “Concerned about scope creep and AIT and Foundational Education and Accreditation.” (Other Canadian Self-Regulating Jurisdictions)

Clarity on educational requirements:

- “Understanding how the Board will determine educational requirements should be clearly communicated.” (Professional Associations)
- “Education approved by the board, or by the committee based on criteria 'governance' set out by the board?” (Statutory Committees)

Response from the College

The College recognized that **94%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined additional clarity was required around expanded scope and the approval process for educational programs.

The College wanted to take this opportunity to encourage all stakeholders including the 5 paramedic members, 3 union representatives, and 1 individual from another Canadian Paramedic self-regulated jurisdiction and who opposed this proposed amendment, to further consider the information provided in the Background Document for the consultation process, while reviewing the additional information below.

Based upon additional discussions with EHSNS and the NSHA Emergency Medicine Physicians the College wanted to further elaborate upon the mechanisms that are in place to protect the public interest in the practice of paramedicine.

First, the College wants to ensure that the concept of “expanded scope of practice” is understood, given the concerns that have been expressed about the potential for “credential creep”. There is no intention or authority to have any form of “credential creep”. The most qualified and experienced paramedic will only be able to practice within the meaning of the “practice of paramedicine”, as that definition sets the scope of practice for the **profession**. There is no authority to expand the scope of practice of the profession that would enable it to creep into the scope of other professions.

Rather, as is the case in the *Nursing Act*, **individual** registrants who have completed specific education and training approved by the Board, may be authorized by the Board to perform identified procedures that are usually reserved for a different class of licence holder. For example, with appropriate education and training approved by the Board, and with the appropriate approvals within the particular practice setting, primary care paramedics may be authorized to administer antibiotics.

As a result, the College is not recommending any changes to its proposal in this area.

4.0 REGISTRATION AND LICENSURE

A. REVISED COMMITTEE NAMES

In question 16 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The name of the Registration Committee should be changed to the Registration and Licensing Committee.

The name of the Registration Appeal Committee should be changed to the Registration and Licensing Review Committee.

What We Heard

Online Survey Responses by Stakeholder Type for Question 16

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
154	0 (0%)	0 (0%)	31 (20.13%)	37 (24.03%)	86 (55.84%)

100% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”. One Paramedic Member commented “It’s a clearer definition of what it actually is.”

Response from the College

The College recognized that 100% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined no additional clarity was required in relation to this proposed amendment.

As a result, the College is not recommending any changes to its proposal in this area.

B. REVISED AND NEW DEFINITIONS

In question 17 of the survey, we asked stakeholders to indicate their level of support for the recommended definition as follows:

“paramedic education program” means for those applicants seeking a licence in one of the primary care classes, a diploma paramedic program approved by the Board, and for those applicants seeking a

licence in other classes, such other programs as are approved by the Board.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 17

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
154	1 (0.65%)	3 (1.95%)	18 (11.69%)	41 (26.62%)	91 (59.09%)

97% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”. Stakeholders’ comments focused on the following areas:

Requirement for further details:

- “Support the concept but discussion of details needed.” (Employers)

Approval process/requirements:

- “Again, clarity on if accredited programs will be recognized or is the College implementing its own auditing system of programs.” (Educational Institutions)
- “Again, approved by Board or committed based upon Board approved criteria?” (Statutory Committees)
- “I’d like more information on the process that will be gone through to approve these. Will this be done on a case by case basis? Or will there be a sweeping review of all programs currently out there and a published list of what is 'approved'?” (Paramedic Members)

Education program:

- “Different wording presented here than in the document which I like and is more exclusive. I feel tying it tightly to "diploma paramedic program" as in the document may be restrictive or require further revision as the profession moves forward” (Paramedic Members)

Response from the College

The College recognized that 97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined no additional clarity was required in relation to this proposed amendment.

The College wanted to take this opportunity to encourage all stakeholders, as well as the 3 paramedic members and 1 union representatives who opposed this proposed amendment, to further consider the additional information below.

The current Definitions Regulations under the *Paramedics Act* defines a “paramedic program” as a diploma program recognized by Council. It is not known in the future if other types of programs may be developed for the different classes of licences for paramedics.

The intent of the revised definition is to retain a diploma program as the required education for entry into either the primary care class or primary care – conditional class of licence. For other classes of licences, the Board can define the specific education required for those classes. Where it is anticipated there may be new programming for other classes of licence in the future, it is important to have flexibility to adapt to additional programming, while at the same time ensuring there is no “credential creep” for entry as a primary care paramedic.

As a result, the College is not recommending any changes to its proposal in this area.

In question 18 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

“bridging education program” mean “a program approved by the Registrar that addresses gaps in competencies identified through a competence assessment or through information otherwise provided to the College”.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 18

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
152	1 (0.66%)	2 (1.32%)	21 (13.82%)	49 (32.23%)	79 (51.97%)

98% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”.

The main feedback focused on who should approve the program and included comments such as the following:

- “Why can the bridging program be approved by the registrar, but other education programs need to be approved by the Board? I maybe just need more details on what a bridging program might look like. Could it be an employer-based program? I'm still not sure if it's appropriate to have those approved by just one individual (registrar)” (Paramedic Members)
- “Shouldn't the program be approved by the Board?” (Paramedic Members)
- “Why registrar and not a committee?” (Statutory Committees)

- “I think a bridging program should be approved by the registration and licensing committee” (NS Regulated Health Professions Network)

Response from the College

The College recognized that **98%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to encourage the 2 paramedic members and 1 Nova Scotia Regulated Health Profession Network representative who opposed this proposed amendment, to further consider the information provided in the Background Document for the consultation process, while reviewing the additional information below.

A bridging program is one that is meant to address educational gaps associated with individual competencies.

As an example, where a paramedic is required to undergo a competency assessment and the only competency gap identified is associated with administering subcutaneous and/or intramuscular injections, the Registrar would be in a position to advise the member/applicant as to how to complete a bridging program. This bridging program may include a theoretical or skills component depending upon the competency assessment; however, the Paramedic would not require a paramedic program or paramedic refresher program.

Decisions on the content of bridging programs can be dealt with in a more expedited way by the Registrar, than by a Committee.

As a result, the College is not recommending any changes to its proposal in this area.

In question 19 of the survey, we asked stakeholders to indicate their level of support for the recommendation that;

The name of the Registration Committee should be changed to the Registration and Licensing Committee and the name of the Registration Appeal Committee should be changed to the Registration and Licensing Review Committee.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 19

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
155	0 (0%)	0 (0%)	33 (21.29%)	31 (20.0%)	91 (58.71%)

100% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”.

Response from the College

The College recognized that 100% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined no additional clarity was required in relation to this proposed amendment.

As a result, the College is not recommending any changes to its proposal in this area.

C. CLASSES OF LICENSES

In question 20 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

To streamline classes and categories of licensure, that any reference to categories be removed, and instead to have eight distinct classes, such that there will be eight classes of licenses including:

- a. *Primary care paramedic;*
- b. *Primary care paramedic-conditional;*
- c. *Intermediate care paramedic;*
- d. *Intermediate care paramedic-conditional;*
- e. *Advanced paramedic care;*
- f. *Advance care paramedic-conditional;*
- g. *Critical paramedic care;*
- h. *Critical care paramedic-conditional.*

What We Heard:

Online Survey Responses by Stakeholder Type for Question 20

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
156	3 (1.92%)	2 (1.28%)	17 (10.90%)	44 (28.21%)	90 (57.69%)

97% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”.

Many stakeholders felt the descriptions were clearer, but a number of respondents commented on the ICP class:

- “ICP should not be recognized. It is for employment only, that the class of tag was developed.” (Paramedic Members)
- “We have been told that the ICP classification was disappearing is why a lot went on to become ACP classification. I personally feel that the ICP classification should no longer exist for example they are not considered ALS when needed for transfers etc. so why not remove the classification.” (Paramedic Members)

One respondent commented “A good step, may require more change moving forward - could this be better seated in regulations or Bylaws rather than the Act?” (Employers)

Response from the College

The College recognized that 97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 4 paramedic members and 1 representative from another Canadian Paramedic Self-Regulating jurisdiction who opposed this proposed amendment.

A question was raised as to whether this class of licence should be mentioned at all in the legislation, where no new intermediate care paramedics are being educated.

There are almost 100 ICPs currently licenced in the Province, and their ICP licence is a factor in their financial remuneration through their employer.

Further, because there are still some ICPs licenced in other jurisdictions in Canada, it is important for labour mobility purposes to retain a similar category of licensing.

Over time, this class of licensure will disappear through retirements, but for the above reasons it is intended to keep the class in the legislation. This class will eventually have no registrants in it once the current ICPs have all retired.

As a result, the College is not recommending any changes to its proposal in this area.

D. WAIVER PROVISION

In question 21 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

(1) The Registrar, Registration and Licensing Committee, and Registration and Licensing Review Committee must waive any of the criteria for registration or licensing for either of the following reasons:

(a) The criteria conflicts with the requirements of the Canadian Free Trade Agreement;

(b) It is required by law.

(2) The Registrar, Registration and Licensing Committee, and Registration and Licensing Review Committee may waive any criteria for registration or licensing or renewal of a licence if the waiver is consistent with the objects and purpose of the College.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 21

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
153	2 (1.31%)	4 (2.61%)	31 (20.26%)	48 (31.37%)	68 (44.44%)

96% of the respondents answered “neutral”, “somewhat favour” or “strongly favour”.

Stakeholders’ comments focused on:

Decision-making/approvals:

- “In favour if this decision is not exclusively made by a Registrar in any case. All decisions should be before a committee and have the input of the public “(NS Regulated Health Professions Network)

- “In section (2) I do not believe the Registrar should be making the decision to waive criteria. This should be done by the registration and licencing committee. Once the precedent and direction is set by committee the Registrar can use this to inform the waiving of criteria in similar situation for a future applicant” (NS Regulated Health Professions Network)
- “If the board is approving other things, why not this, particularly #2?” (Statutory Committees)

One respondent made reference to CFTA:

- “... if CFTA changes your Act will become outdated. I would keep the opening statement and replace the reference to CFTA with "federal or provincial superceding legislation" (Other Canadian Self-Regulating Jurisdictions)

Response from the College

The College recognized that **96%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 2 paramedic members, 1 union representative, 2 representatives from another Canadian Paramedic Self-Regulating jurisdiction and 1 Nova Scotia Regulated Health Professions Network member who opposed this proposed amendment.

This proposed amendment is focused on ensuring that all those who are responsible for registering and licensing applicants cannot refuse to register and license an applicant where the criteria for registration and licensure are inconsistent with any law.

Where the Registrar, Registration and Licensing Committee, or Registration and Licensing Review Committee recognize that the College would be in violation of a law, such as the Canadian Free Trade Agreements (CFTA), Chapter 7 on Labour Mobility, they should not be permitted to deny an applicant registration and licensure. As an example, it would be counter intuitive for the Registrar, who knows they would be violating CFTA, Chapter 7 on Labour Mobility to deny an applicant registration and licensure or to seek the input of the Registration and Licensing Committee. Such a decision would result in a delay of the applicant’s registration and licensure by up to 2-months.

With respect to the reference to the CFTA, the College will include language to refer to “the CFTA, or its successor or replacement legislation”, to reflect the fact the name may change in the future.

As a result, the College is not recommending any changes to its proposal in this area.

E. REGISTRATION AND LICENSURE PROCESS

In question 22 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

For providing clarity to the relevant sections of the Act and Regulations to clearly provide for a process enabling the Registrar to make decisions on registration and licensing if all of the criteria have been met. Then, if the Registrar is uncertain or believes that one or more of the criteria have not been met, that the matter should be referred to the Registration and Licensing Committee for decision. If an applicant is dissatisfied with the decision of the Registration and Licensing Committee, the matter can then be referred to the Registration and Licensing Review Committee.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 22

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
155	1 (0.65%)	1 (0.65%)	20 (12.90%)	51 (32.90%)	82 (52.90%)

99% of survey participants answered “neutral”, “somewhat favour” or “strongly favour”.

A few comments focused on a dispute process:

- “Suggest [adding] if applicant is dissatisfied with the decision of either the Registrar or committee” (NS Regulated Health Professions Network)
- “It may be helpful to indicate that if the applicant is dissatisfied with the decision of the Registrar that the matter can be referred to the Registration and Licensing Committee.” (Statutory Committees)
- “Is there a need for a dispute resolution mechanism beyond this?” (Emergency Medicine Physician Leads)
- “Should have the ability to appeal” (Paramedic Members)

Response from the College

The College recognized that **99%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to all stakeholders, including the 2 paramedic members who opposed this proposed amendment.

It is important to recognize that both the current legislation and proposed amendments allow any applicant to request a review of:

- A Registrar’s registration and licensing decision to the current Registration Committee (under proposed amendments the Registration and Licensing Committee)
- The current Registration Committees decision to the current Registration Appeals Committee (under proposed amendments the Registration and Licensing Review Committee).
- The current Registration Appeals Committee to the Nova Scotia Court of Appeals.

Accordingly, the language proposed already addresses the concerns that were raised in the feedback.

As a result, the College is not recommending any changes to its proposal in this area.

F. ABSENCE OF A LICENSE

In question 23 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

Where a person has not held a licence to practice in Nova Scotia or any other jurisdiction for two years or longer, then before returning to practice a person must:

(a) notify the Registrar in writing of their intention to return to practice; and

(b) successfully complete a competence assessment and bridging education as determined by the Registration and Licensing Committee.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 23

Stakeholder	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
156	3 (1.92%)	5 (3.21%)	12 (7.69%)	47 (30.13%)	89 (57.05%)

95% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour”.

The key issues identified in the comments included:

Time-frame: a few stakeholders expressed that 2 years was too short a timeframe.

- “Not sure where the two years came from?” (Educational Institutions)
- “Unsure if this is the appropriate window of time. Is practice evolving so quickly that with an employer orientation a paramedic out of practice for 2 years needs a competency assessment? That seems excessive.” (NS Regulated Health Professions Network)

Decision-making/approval process:

- “The process and requirements should be clearly laid out in policy to avoid the possibility of significant variation by the Registrar based on issues other than possible gaps. Although the decision is the Registrar's the process needs to promote fair and transparent approach.” (Employers)

Criteria:

- “Should this not be condition of licensure renewal? Why do registrants need to notify college of intention to return to practice? Consider making those registrants who are applying for licensure do the work and follow through with the process CPNS outlines.” (Educational Institutions)

Response from the College

The College recognized that **95%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to all stakeholders and including the 4 paramedic members and 1 representative from each of the 1 educational institution, employers, other Canadian Paramedic Self-Regulating jurisdictions, and Nova Scotia Regulated Health Professions Network who opposed this proposed amendment.

Section 13 of the Paramedic Regulations currently notes that a person who previously practiced in any jurisdiction who has not held a license to practice for two years or longer must meet certain criteria and may be required to meet other criteria. There is some uncertainty whether the phrase “any jurisdiction” referred to just Nova Scotia, or any jurisdiction.

There is also uncertainty respecting whether a competence assessment and bridging education program, if necessary, should be mandatory or discretionary, for such individuals.

Questions of current competence do arise when someone has not held a licence for 2 years or longer. Technologies/procedures change, and it is imperative that the paramedic be up to date.

Upon further discussions with other jurisdictions where paramedicine is self-regulated it was determined that there was variation across the country in relation to the time period for when a paramedic was required to complete a competence assessment after they had been away from practice. Recognizing this information, the College is more comfortable with allowing a 2-year window as it provides the balance of meeting the public protection needs, with the needs of those members who may, as an example, be on parental leave.

The requirement for a competence assessment is consistent with the overarching purpose of public protection. The definition of a competence assessment is so broad in any event that it could encompass everything from an interview with the Registrar to the taking of education programs, depending on the circumstances of the individual. Because there is flexibility in determining what is involved in an individual's competence assessment, the College felt it was prudent to build in this requirement with the proposed amendment.

As a result, the College is not recommending any changes to its proposal in this area.

G. REGISTRATION CRITERIA

In question 24 of the survey, we asked stakeholders to indicate their level of support for the recommendation following:

That the proposed new criteria for initial registration be as described below:

- 1. The applicant completes the form approved by the Registrar and pays fees determined by the Board;*
- 2. The applicant indicates type of licence being sought;*
- 3. The applicant satisfies one of the following:*
 - a. The applicant is a graduate of an approved paramedic education program for the class of licence sought, (clarify that if a first time registrant anywhere, the application must be received within 2 years of completing the program, or the person will be required to complete a competence assessment and any bridging education arising from that) (This is a change from the 1 year period currently referenced in section 17(5) of the Regulations);*
 - b. The applicant is a graduate of an education program, other than a "paramedic education program" that in the opinion of the Registration and Licensing Committee is deemed equivalent to an approved paramedic education program for the class of licence sought;*
 - c. The applicant has graduated from an education program deemed relevant by the Registration and Licensing Committee to the practice of paramedicine for the class of licence sought, other than a program set out in (a) and (b), and has*

completed a competence assessment directed by the Committee and such bridging education arising from the competence assessment as required by that committee.

4. The applicant has successfully completed any examinations that may be required by the Board;
5. If currently or previously registered or licensed in another Canadian jurisdiction as a paramedic or any other regulated professional, applicant must provide a certificate of standing satisfactory to the Registrar from any current jurisdiction where licensed or if not currently licensed, the last jurisdiction(s) where licensed;
6. If currently or previously registered or licensed as a paramedic or any other regulated professional in a jurisdiction outside of Canada, applicant must provide a certificate of standing from each such jurisdiction in which the applicant was registered, to the satisfaction of the Registrar;
7. The applicant has provided proof in such manner as directed by the Registrar that the applicant has the character, competence, and capacity to safely and ethically practice;
8. The applicant is a Canadian citizen or legally entitled to live and work in Canada;
9. The applicant has demonstrated proficiency in the English language in the manner prescribed by the Registrar; and
10. The applicant is not prohibited from practicing paramedicine through the decision of any adjudicating body or through voluntary agreement or otherwise.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 24

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
156	2 (1.28%)	2 (1.28%)	19 (12.18%)	49 (31.41%)	84 (53.85%)

97% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”. Stakeholders’ comments focused on the areas of:

Time-frame:

- “...the 2-year timeframe. My opposition again is with the 2-year lapse in practice time frame. While an improvement from the 1 year, what is the relevant research stating that knowledge is outdated after a practice gap of 2 years?” (NS Regulated Health Professions Network)

Use of the term “character”:

- “I have concerns about the inclusion of character.” (Unions).
- “I think the guidelines and approval of other avenues of education/experience needs discussion and perhaps a few more fences or the variations could be substantial- this does not need to be included in the Act but reference to where the policies, procedures and processes will sit - bylaws? regulations? should be alluded to” (Employers)

Approval process:

- “1 (c) infers that the registration committee approves the program, I think this works of decision is based on established criteria. Evaluation of the actual education program should go to another committee or independent external expert” (Statutory Committees)
- “I feel as though there may be some grey area around what can be approved by the Board vs a committee. It states a paramedic program must be approved by the Board, but other equivalent programs as determined by the committee (and then some items refer to being to the satisfaction of the Registrar). Should these all fall under the same approving body??” (Paramedic Members)

Criteria:

- “Do you need to include something about criminal record/vulnerable sector check? (the applicant has met the College requirements respecting criminal record check)” (Other Canadian Self-Regulating Jurisdictions)

Response from the College

The College recognized that **97%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to all stakeholders, including the 3 paramedic members and 1 member of the Nova Scotia Regulated Health Professions Network who opposed this proposed amendment.

Recognizing that the College’s “register” and “roster” are two separate documents many of the criteria currently listed in the Paramedic Regulations as criteria for entry in rosters should become criteria for initial entry in the Registrar as they reflect first step qualifications to become registrants.

The rationale for moving from a one year to two-year period to allow a new graduate to register with the College was primarily related to paramedic graduates having insufficient time and/or resources to complete their entry to practice exam within the one year that is presently required. Over the course of the past three years, the College has recognized that one year has been insufficient time for a number of paramedic graduates to write and pass the entry to practice exam, along with registering with the College. New Graduates have expressed personal or financial challenges have precluded them from writing the entry to practice exam, which in-turn, delays their initial registration with the College.

Additionally, upon further discussions with other jurisdictions where paramedicine is self-regulated it was determined that there was variation across the Country in how long an applicant had to complete their entry to practice exam and then register and license with a regulator. Recognizing this information, the College is more comfortable with allowing a 2-year window for a graduate to complete their entry to practice exam, then register and license with the College.

The key mandate of the College is to ensure public protection and the integrity of the profession. While individuals may have the competence to be a paramedic, they nonetheless need other attributes such as integrity and honesty. The College needs to have the ability to screen applicants against the kinds of behaviours that are required by the Code of Conduct.

If, for example, the applicant has been convicted of serious criminal offences that undermine the reputation of the profession, the College needs to have the ability to deny licensing on the basis of character.

This provision is seldom used but is a necessity for the College to fulfil its mandate. It is also used as the basis for requiring a criminal record check and vulnerable sector check, without having to specifically note these processes as part of the criteria. There may be other checks and balances in the future, apart from criminal record checks and vulnerable sector checks, so it is important to have the broad requirement of good character to allow for such evolution.

Recognizing that it is in the public interest to ensure the College has the ability to screen applicants that have the character to safely and ethically practice, the College will continue to require an assessment of any applicants' character.

Finally, regarding the language throughout the proposed amendments that refer to a "paramedic education program", "bridging education program" and "an education program", here it is important to recognize that each of these "programs" are very different in nature.

First, and foremost, there must be standard language that refers to what a "paramedic education program" is, so that there is not a requirement for the Council to be continually reviewing programs. The "paramedic education program" terminology is meant for those applicants seeking a licence in one of the primary care classes, a diploma paramedic program approved by the Board, and for those applicants seeking a licence in other classes, such other programs as are approved by the Board. In essence, all education programs that are required as the basis for registration and licensing are approved by the Council.

Next, "bridging education program" is defined as a program approved by the Registrar that addresses gaps in competencies identified through a competence assessment or through

information otherwise provided to the College. Here it is important to recognize that this is not a full paramedic program that is required for entry to practice,

A bridging education program is one that is meant to address educational gaps associated with individual competencies.

As an example, where a paramedic is required to undergo a competency assessment and the only competency gap identified is associated with administering subcutaneous and/or intramuscular injections, the Registrar would be in a position to advise the member/applicant as to how to complete a bridging program. This bridging program may include a theoretical or skills component depending upon the competency assessment; however, the Paramedic would not require a paramedic program or paramedic refresher program.

As a result, since bridging education programs are tailored to an individual's identified gaps in competence, these programs require the individualized attention the Registrar can provide.

Finally, "an education program" that is deemed relevant by the Registration and Licensing Committee to the practice of paramedicine for the class of licence sought, other than a program approved by the Council, is a term used for applicants who have graduated from a program, other than a Council approved paramedic education program. The rationale for providing this authority to the Registration and Licensing Committee is in part related to the fact that the College will receive international applicants who have graduated from a paramedic program of some type from their home country, but it is not a program that has been approved, or will be considered by the Council because there is an insufficient number of applicants coming from said program, for the Council to divert their energy and resources toward considering it approval. Instead, the College through the use of policies will guide the Registration and Licensing Committees ability to determine whether the program is deemed relevant to the practice of paramedicine for the class of licensure being sought. As an example, if we look to the United States of America (USA), numerous states offer prehospital programming, however, not all prehospital programs are called "paramedic" programs, in fact the majority of them are described as Emergency Medical Technology programs and graduates register with the National Association of Emergency Medical Technicians. There are more than fifty different programs in the USA, the vast majority of which do not require the Council's approval as few if any applicants will apply to the College, however, for those occurrences where the one-offs do wish to register with the College, they will have a pathway to do so.

We hope this provides all stakeholders with clarity regarding the registration criteria.

As a result, the College is not recommending any changes to its proposal in this area.

H. CLASS OF LICENSURE CRITERIA

In question 25 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The proposed criteria for any class of licence include the following:

- *The applicant must be registered on the Register;*
- *The paramedic education program completed as a registration criterion must be for the class of licence sought by the applicant;*
- *The applicant must complete the approved form approved by the Registrar and pay the fee approved by the Board;*
- *The applicant must comply with the absence from practice section;*
- *The applicant must meet the professional liability insurance requirements set by the Board;*
- *The applicant must complete such examinations as may be required by the Board; **
- *The applicant must have the character, competence, and capacity to safely and ethically practice; **
- *The applicant must meet the continuing competence requirements set by the Board; **
- *The applicant must meet the practice hour requirements set by the Board. **

What We Heard:

Online Survey Responses by Stakeholder Type for Question 25

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
155	2 (1.29%)	5 (3.22%)	19 (12.26%)	52 (33.55%)	77 (49.68%)

95% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Stakeholders’ comments focused on a few key areas:

Education program:

- “Do we need caveat on bullet #2 if another education program was approved extraordinarily?” (Unions)
- “This statement seems contrary to the previous question " The paramedic education program completed as a registration criterion must be for the class of license sought by the applicant;" the previous proposed wording does not say that 'relevant education' are paramedic programs, so the applicant would not qualify under this statement because they

did not compete a Paramedic education program” (NS Regulated Health Professions Network)

Practice hours:

- “The use of practice hours is a bit controversial as you will need to determine what constitutes practice (health, industry, other) and if direct patient contact must be a part of it...I would suggest revisiting that requirement” (Other Canadian Self-Regulating Jurisdictions)
- “Mention of practice hours seems reasonable but also concerning. Will the college be deciding to enact its own set of requirements for a class of licensure outside of that required by schools? (Paramedic Members)

Use of the term character:

- “character - way too subjective as criteria” (Unions)
- “Character is somewhat subjective” (Employers)
- “Not sure how character is/can be measured?” (Educational Institutions)

Response from the College

The College recognized that **95%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to all stakeholders, including the 5 paramedic members, 1 employer and 1 representative from another Canadian Paramedic Self-Regulating jurisdiction who opposed this proposed amendment.

First, it is our hope that the explanation we provided above under our response for question 24 provided all stakeholders with the clarity required regarding, “paramedic education program”, “bridging education program” and “an education program”.

Next, in relation to the comments regarding “character” again, our hope is that the explanation we provided above under our response for question 24 provided all stakeholders with the clarity required regarding the reason for requiring the applicant to provide proof of character.

Requirements like practice hours requirements are commonly used by regulators to provide an assurance of competence. The language that has been used is flexible, allowing the number of hours to change to align with other jurisdictions.

Finally, we are uncertain of the issue identified with respect to paramedic education program, as we believe the proposed language appropriately identifies that if a person is applying for a

specific category of license, their paramedic education program must be one that is approved for that category.

As a result, the College is not recommending any changes to its proposal in this area.

In question 26 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

There will be no additions to the intermediate care paramedic (ICP) class for those who do not already hold the qualifications for this class at the time the regulations are passed, unless they are transferring an intermediate care paramedic (ICP) licence from another jurisdiction in Canada under the Canada Free Trade Agreement.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 26

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
155	8 (5.16%)	7 (4.51%)	32 (20.65%)	19 (12.26%)	89 (57.42%)

91% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Stakeholders commented on the ICP class:

- “I think it should go away, no more new additions” (Paramedic Members)
- “ICP should not be recognized by the College. It is the employer who recognizes it.” (Paramedic Members)
- “Will need to decide how to sunset this” (Employers)

Response from the College

The College recognized that **91%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College believes the information it provided in response to question 20 appropriately responds to the identified concerns.

As a result, the College is not recommending any changes to its proposal in this area.

In question 27 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

With respect to licences in a conditional class, the following criteria are proposed:

A Registrant's name may be entered in the conditional roster of any class if:

- i. The applicant and the Registrar agree to issue a licence that is subject to any conditions or restrictions;*
- ii. Any Regulatory Committee of the College imposes conditions or restrictions.*

What We Heard:

Online Survey Responses by Stakeholder Type for Question 27

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
155	2 (1.29%)	0 (0%)	27 (17.42%)	44 (28.39%)	82 (52.90%)

99% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Two (2) respondents from the NS Regulated Health Professions Network commented “Should there be an “or” between (i) and (ii)? Or do they both apply at all times?” and “Employers and the public have access to the roster, it is important they are able to view any conditions or restrictions imposed on a practicing member”.

Response from the College

The College recognized that **99%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 1 paramedic member and 1 representative from another Canadian Paramedic Self-Regulating Jurisdiction who opposed this proposed amendment.

The intent of this change is to establish that the Registrar cannot unilaterally impose conditions or restrictions on an individual – the Registrar can only “impose” conditions when agreed upon by the applicant. Otherwise, it is only a regulatory committee that can impose such conditions.

The College agrees there should be an “or” between (i) and (ii) and will be advancing that suggested amendment to government.

5.0 PROFESSIONAL CONDUCT

A. REVISED DEFINITIONS

In question 28 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The definition of "professional misconduct" includes such conduct or acts relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable, or unprofessional, including

- (a) failing to maintain the standards of practice;*
- (b) failing to adhere to any codes of ethics adopted by the College;*
- (c) abusing a person verbally, physically, emotionally, or sexually;*
- (d) misappropriating personal property, drugs or other property belonging to a client or an employer;*
- (e) inappropriately influencing a client to make or change a legal document;*
- (f) abandoning a client;*
- (g) neglecting to provide care to a client;*
- (h) failing to exercise appropriate discretion with respect to the disclosure of confidential information;*
- (j) falsifying records;*
- (k) inappropriately using licensing status for personal gain;*
- (l) promoting for personal gain any drug, device, treatment, procedure, product, or service that is unnecessary, ineffective, or unsafe;*
- (m) publishing, or causing to be published, any advertisement that is false, fraudulent, deceptive, or misleading;*
- (n) engaging or assisting in fraud, misrepresentation, deception, or concealment of a material fact when applying for or securing registration or a licence to practise or taking any examination provided for in this Act, including using fraudulently procured credentials; and*
- (o) taking or using a designation or a derivation or abbreviation thereof or describing the person's activities as "paramedicine" in any advertisement or publication, including business cards, websites or signage, unless the referenced activity falls within the practice of paramedicine.*

What We Heard:

Online Survey Responses by Stakeholder Type for Question 28

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
153	3 (1.96%)	6 (3.92%)	4 (2.61%)	47 (30.72%)	93 (60.78%)

94% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Some of the themes that were reflected in stakeholder comments included:

- *Client vs patient:* The use of the term “client” vs “patient”. One (1) of the comments included “Is “client” the correct term? It feels odd to call a patient a client.” (Statutory Committees)
- *Statements too broad:* Many comments were made that the statements in the list were too broad and they should be more specific and detailed as they could lead to misinterpretation. A respondent from the Professional Associations group commented: “items (h) and (l) through (o) are too broad and may present significant legal interpretive issues for the College and the registrant.”
- *Abuse:* Comments were made about the statement 28(c,) on abuse including psychological vs emotional abuse and the interpretation of verbal abuse.
- *Inclusive list:* A number of comments from the on-line survey suggested the list of descriptors in the statement should not be inclusive and could include “but not limited to”. One (1) of the respondents commented “Shouldn't be an inclusive list. Can't be maintained.” (Other Canadian Self-Regulating Jurisdictions)
- *Privacy:* A comment from the Employers surveys included “28 (H) should include 'access and/or distribution'. Or preferably another bullet that reflects protecting personal health information as per privacy legislation”.

A few respondents offered specific suggestions for revision:

- A respondent from the Educational Institutions noted “suggest consideration to separate out standards of practice and code of ethics documents from CPNS”.
- “suggest adding (p) engaging in any activity or behaviour identified by the College as prohibited (i.e.: illegal?)” (Other Canadian Self-Regulating Jurisdictions)
- “(g) neglecting to provide care to a client” should have an addition that states, “unless the withholding of treatment is in the best interest of patient care and/or patient safety”. (Paramedic Members)

And one respondent questioned “What are the “sentences” for breaching any code”. (Paramedic Members)

Response from the College

The College recognized that **94%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 4 paramedic members, 2 union representatives, 1 employer representative, 1 professional association representative and 1 representative from another Canadian Paramedic Self-Regulating Jurisdiction who opposed this proposed amendment.

The term “client” has been chosen for use in the legislation over “patient” because “patient” is seen as a paternalistic phrase. Over the past decade, as other health care regulators have made changes to their legislation, they have moved away from the term “patient” to “client”.

Recognizing this information, the College will look to add the definition of “client” to the legislation. The term “client” will mean the individual, group, community or population who is the recipient or intended recipient of services from a registrant, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of paramedic services.” This term will be adapted from the *Nursing Act*.

The term, “professional misconduct” used in the professional conduct process is being updated to reflect language used in legislation like the *Nursing Act* or the *Medical Act*. Consistency among legislation was one of the guiding principles for the College. Other professions generally provide more examples of what is meant by “professional misconduct”. Apart from adding these examples, the proposed amendment is designed to mirror language in other self-regulated professions.

The language that is used is inclusive and leaves open other behaviour to fall within the meaning of “professional misconduct”. While it may appear vague, it is important to leave room to interpret the actions of paramedics and to analyse the actions within the test of whether they are disgraceful, dishonourable, or unprofessional.

As a result, the College is not recommending any changes to its proposal in this area.

In question 29 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The definition of "conduct unbecoming the profession" means conduct in a registrant's personal or private capacity that tends to bring discredit upon registrants or the practice of paramedicine.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 29

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
151	5 (3.31%)	7 (4.64%)	17 (11.26%)	42 (27.81%)	80 (52.98%)

92% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Many of the comments indicated that the recommendation was “*too broad*” and open to interpretation and many of the respondents struggled with actions “off duty” in their private life.

Response from the College

The College recognized that 92% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 8 paramedic members, 2 union representatives and 1 professional association representative who opposed this proposed amendment.

The term “conduct unbecoming” used in the professional conduct process is being updated to reflect language used in legislation like the *Nursing Act* or the *Medical Act*. Consistency among legislation was one of the guiding principles for the College. The proposed amendments are designed to mirror language in other self-regulated professions.

Paramedics, as health and public safety professionals, are held to a higher standard, when compared to other members of society. As health care professionals, the public expects paramedics to apply the values of respect, integrity, fairness, accountability and professionalism in all that they do, therefore, Paramedics are expected to apply these values not only in professional practice but also where these values have an impact in life and society broadly.

As a result, the College is not recommending any changes to its proposal in this area.

In question 30 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The definition for "incompetence", in relation to a registrant, means a lack of competence demonstrated in the registrant's care of a client or in the practice of paramedicine that, having regard to all the circumstances, rendered the respondent unsafe to practise at the time or that renders the respondent unsafe to continue in practice without remedial assistance.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 30

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
152	0 (0%)	3 (1.97%)	9 (5.92%)	47 (30.92%)	93 (61.18%)

98% of survey participants were in support of this recommendation and indicated “strongly favour”, “somewhat favour” or “neutral”. However, many of the stakeholder comments suggested that more clarity around the language in the statement is required.

A comment from a Union respondent noted “we're talking about whether their practice is safe for patients rather than whether the respondent can practice safely (for themselves)”. In relation to that comment, a respondent from the Educational Institutions commented “would ask that you consider knowledge, skills and abilities versus care of client”. And a respondent from the Professional Associations group commented “Alberta uses the terminology of professional practice in lieu of 'care of client or in the practice of paramedicine”.

Response from the College

The College recognized that **98%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 1 paramedic members, 1 Educational Institution representative and 1 professional association representative

and 1 representative from another Canadian Paramedic Self-Regulating Jurisdiction who opposed this proposed amendment.

The term “incompetence” used in the professional conduct process is being updated to reflect language used in legislation like the *Nursing Act* or the *Medical Act*. Consistency among legislation was one of the guiding principles for the College. The proposed amendments are designed to mirror language in other self-regulated profession, and sufficiently addresses the comments received in the feedback.

As a result, the College is not recommending any changes to its proposal in this area.

In question 31 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The definition for "incapacity" means the status whereby a registrant has or had a medical, physical, mental or emotional condition, disorder or addiction that renders or rendered the registrant unable to practise with competence or that endangers or may have endangered the health or safety of clients.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 31

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
152	2 (1.32%)	4 (2.63%)	8 (5.26%)	54 (35.53%)	84 (55.26%)

91% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral”.

Some respondents felt the statement was too broad and required more details. One respondent commented “seems too broad as a definition. Incapacity is usually restricted to mental or physical impairment. The additional definition criteria may breach human rights legislation?” (Professional Associations) Many of the comments questioned “who defines incapacity” and the criteria.

Several respondents suggested adding to the statement on health and safety:

- “I would add to the end... health or safety of clients, the public or the profession.” (Employers)
- “Health or safety of clients ** and / or peers” (Statutory Committees)
- “Endanger the health or safety of clients or self” (Other Canadian Self-Regulating Jurisdictions)

One (1) respondent commented “You've changed it from individuals to clients and I'm just wondering if it should go back to individuals since you don't just deal with clients, but interact with other members of the public on your calls, as well as other staff members. If this other grouping is captured elsewhere, I'm certainly fine with your proposed change.” (NS Regulated Health Professions Network)

Response from the College

The College recognized that **91%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 5 paramedic members and 1 professional association representative who opposed this proposed amendment.

The term “incapacity” used in the professional conduct process is being updated to reflect language used in legislation like the *Nursing Act* or the *Medical Act*. Consistency among legislation was one of the guiding principles for the College. The proposed amendments are designed to mirror language in other self-regulated professions. This language from other statutes has been tested in courts, and not held to violate any human rights legislation.

As a result, the College is not recommending any changes to its proposal in this area.

B. INVESTIGATIONS AND HEARINGS

In question 32 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The Paramedics Act incorporate language from sections 55-108 of the Nursing Act.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 32

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
153	2 (1.31%)	3 (1.96%)	46 (30.06%)	41 (26.80%)	61 (39.87%)

97% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral” to the statement.

Some respondents felt there was too much information to go through and a couple of others commented they would need to see the revisions before supporting the statement. Overall, there was general support for the approach as long as the language was adjusted to reflect the paramedicine profession. One respondent commented “permits consistency across professions.” (Professional Associations).

Response from the College

The College recognized that **97%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined no further action was required in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to the 2 paramedic members, 1 union representative, and 3 representatives from other Canadian Paramedic Self-Regulating Jurisdiction who opposed this proposed amendment.

Throughout the sections of the current Act and regulations that address investigations and hearings, references are made to actions being taken by full committees. Most other statutes of regulated professions allow for the appointment of panels of these committees to conduct their regulatory functions, so fewer people can be involved, while at the same time ensuring appropriate representation from registrants and public members.

There are some clear errors in the current Act respecting the investigative process that require correction. For example, the current section 51 states that “Without receipt of a written complaint, an investigation committee may”do various things. There is no corresponding authority for matters that are the subject of a written complaint. This error was imported from other legislation and appears to have been cut and pasted into the current *Paramedics Act*.

Several of the other health professions statutes have been amended in recent years in a way that allows for a consistent approach to investigations and hearings. These statutes incorporate provisions that are flexible, enabling, and fair to the complainants and members, and offer appropriate transparency to the public. Where the Nursing Act has been recently proclaimed in effect, its entire section on investigations and hearings should be incorporated into the *Paramedics Act*. This promotes consistency among practices and avoids reinventing the wheel. Access details regarding the professional conduct sections (55 to 108) of the Nursing Act via the following web link https://nslegislature.ca/legc/bills/63rd_2nd/3rd_read/b121.htm

As a result, the College is not recommending any changes to its proposal in this area.

6.0 FITNESS TO PRACTICE

In question 33 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The Paramedics Act incorporate language from sections 116-129 of the Nursing Act.

What We Heard:

Table 31: Online Survey Responses by Stakeholder Type for Question 33

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
152	3 (1.97%)	3 (1.97%)	33 (21.71%)	51 (33.55%)	62 (40.79%)

96% of survey participants supported this statement by indicating “strongly favour”, “somewhat favour” or “neutral”, with the caveat that the language and terms be adjusted to reflect the profession and the CPNS regulations. Doctors Nova Scotia provided a recommendation “that the Act consider adding a ‘duty to collaborate with other health professions”.

Response from the College

The College recognized that 96% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined no further action was required in relation to this proposed amendment.

The College wanted to take this opportunity to encourage the 4 paramedic members, 1 union representative and 1 representative from another Canadian Paramedic Self-Regulating jurisdiction who opposed this proposed amendment.

The College’s fitness to practise process is currently set out in the regulations. Similar to the current Paramedic legislation regarding Investigations and Hearings there are some improvements to the process that have been introduced into legislation such as the *Nursing Act* that would benefit this College.

Rather than re-inventing processes, it is recommended that the newly revised fitness to practice process set out in the recently proclaimed *Nursing Act* be incorporated into the new *Paramedics Act*.

Access details regarding the fitness-to-practise sections (116 to 129 of the Nursing Act via the following web link https://nslegislature.ca/legc/bills/63rd_2nd/3rd_read/b121.htm

As a result, the College is not recommending any changes to its proposal in this area.

7.0 QUALITY ASSURANCE INITIATIVES

In question 34 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

Proposed new language to the Paramedics Act include; Subject to the approval of the Governor in Council, the Council may make regulations; respecting the development and implementation of a Quality Assurance Program, and its enforcement.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 34

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
153	1 (0.65%)	3 (1.96%)	29 (18.95%)	51 (33.33%)	69 (45.10%)

97% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral” to the statement.

A few stakeholder comments indicated that the details of this recommendation will be important and must be clear. One (1) respondent (Emergency Medicine Physician Leads) noted that the “language may make recommendations seem a little soft.

Response from the College

The College recognized that 97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to all stakeholders including the 3 paramedic members and 1 representative from another Canadian Paramedic Self-Regulating Jurisdiction who opposed this proposed amendment.

From a regulator’s perspective, quality assurance is focused on those areas of an individual practitioners’ practice for which the College has the authority to regulate in the public interest. It is through legislation that the College is delegated this authority and is evident in all of the College’s practices including registration and licensing, the code of ethics and standards of practice, implementation and maintenance of a continuing competency program, as well as

processes to manage complaints regarding a paramedics practice and fitness-to-practice concerns. As an example, a paramedic who practices outside their scope of practice by failing to direct a patient to definitive care for further assessment, diagnosis, and treatment could be managed through the College's complaints process. Additionally, the College's QA program could also include requirements for certain hours in practice and randomized practice audits.

Like other self-regulated professions where the registrants work within an employment setting, there are often dual systems of quality assurance that are in place. Here it is important to understand the delineation between a systems approach to quality assurance and that of a regulatory body.

As such it is crucial to recognize the value that Emergency Health Services Nova Scotia (EHSNS) as a program under the Department of Health and Wellness, brings to the pre-hospital setting in Nova Scotia. It must be noted that within Nova Scotia's ground and air ambulance service there currently exists a robust QA system for paramedics within the employ of Emergency Medical Care Incorporated (EMCI), which is contracted by EHSNS to manage the system. EHSNS provides for the delivery of relevant education to paramedics; the provision of written care protocols, procedures and policies; the availability of telecommunication where needed to enhance the delivery of care; and the use of a quality improvement system to evaluate the effectiveness of its services.

EHSNS has the ability to capture data with respect to the care provided by their paramedics which in-turn enables them to continuously improve their processes, unlike the regulator who has no right to access such information unless there is a complaint registered with the College, or there is a need to conduct a practice audit on an individual paramedic. The total quality management system deployed by EMCI has mechanisms to review individual paramedic performance against the systems performance standards, which in-turn might form the basis of a complaint about a paramedic's practice that is forwarded to the College. Such QA systems by employers would presumably continue in effect and are not designed to be impacted in any way by the removal of the legislated requirement for direct or indirect supervision.

As a regulator the College does not have the ability to access vast quantities of patient data, to significantly impact an approach to the continuous quality improvement within a system, such that EHSNS possess.

It is also important to recognize that other pieces of legislation, both provincially and federally, provide quality control. Examples include the EHS Act which details who is permitted to transport patients via an ambulance, the Private Career College's Act which regulates educational institutions, as well the federal Controlled Drug and Substances Act which regulates controlled drugs and substances.

The information above demonstrates the importance of these two distinct, yet complimentary systems and clarifies that regulators and employers each have their roles to play to ensure overall quality of care.

Finally, some of the feedback suggested that the term “Continuous Quality Improvement” may be a more appropriate term to be used, instead of the proposed term of “Quality Assurance”.

“Quality Assurance” is the generally accepted language used by most other regulated health professions, which is exemplified by the feedback received from the College of Physicians and Surgeons of Nova Scotia who indicated a preference to maintain the proposed language of “Quality Assurance”.

While there is no standard used by self-regulating professions for the terminology to describe such programs, the College prefers to maintain the term “Quality Assurance” as that terminology aligns with the concepts of public protection and patient safety that are at the heart of a regulator’s role. It is entirely appropriate for employers and other similar entities to have “CQI” programs and it is hoped that such programs will align with the quality assurance programs, continuing competency programs and other mechanisms put in place by the College.

As a result, the College is not recommending any changes to its proposal in this area.

8.0 PROTECTED TITLES AND PRACTICE

In question 35 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The Paramedics Act incorporate language from sections 45 - 54 of the Nursing Act with adaptations as needed for the paramedic profession.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 35

Stakeholder	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
150	2 (1.33%)	1 (0.67%)	32 (21.33%)	55 (36.67%)	60 (40.0%)

97% of survey participants indicated “strongly favour”, “somewhat favour” or “neutral” to the statement. of incorporating language from sections 45 - 54 of the Nursing Act “as long as it is altered to reflect our profession”.

An Emergency Medicine Physician Lead commented “there is still too much fuzziness around the proposed boundaries (or not) of practice, and expanded scope practice, how that integrates with broader health care teams, and how that is approved/evolves over time, and what is the proposal around independent diagnosis and discharge?”

Response from the College

The College recognized that 97% of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement but in their analysis determined they would provide some additional clarity in relation to this proposed amendment.

The College wanted to take this opportunity to provide additional feedback to all stakeholders including the 1 paramedic members, 1 employer representative and 1 representative from another Canadian Paramedic Self-Regulating Jurisdiction who opposed this proposed amendment.

While sections 34-36 of the current *Paramedics Act* provide some important provisions respecting title protection, there are other general aspects respecting the practice of paramedicine that should also be clearly referenced. For example, the concept that a paramedic must only practice within their individual scope of practice is not clearly captured in the current Act or regulations.

Instead, the regulations simply indicate that once issued a certain class of licence, the member “may” practise within their individual scope.

The newly proclaimed *Nursing Act* contains many provisions in its “Practice” section that could be readily imported into paramedic’s legislation. It is recommended that sections 45-54 of the *Nursing Act* be generally included, adapted as needed for the paramedic’s profession, as they capture in one place the key responsibilities of registrants.

Examples of the matters covered under those sections include:

- A requirement for each registrant to comply with the Act, regulations, bylaws, code of ethics and standards of practice;
- A duty to cooperate with the College and its Registrar and Committees;
- A duty to maintain current contact information;
- A duty to maintain a record of practice hours;
- A duty to practise only within the registrant’s individual scope of practice;
- A duty to report to the Registrar if there are reasonable grounds to believe another registrant has engaged in professional misconduct, incompetence or conduct unbecoming the profession, or is incapacitated or presents a risk to the public;
- Authority for persons seeking to practice for limited times or purposes to have a simplified process to do so;
- Authority respecting the jurisdictional authority for electronic practice

As a result, the College is not recommending any changes to its proposal in this area.

9.0 CUSTODIANS

In question 36 of the survey, we asked stakeholders to indicate their level of support for the recommendation that:

The Paramedics Act include regulation making authority such that subject to the approval of the Governor in Council, the Board may make regulations respecting the appointment of custodians.

What We Heard:

Online Survey Responses by Stakeholder Type for Question 36

Stakeholder Population	Strongly Oppose	Somewhat Oppose	Neutral	Somewhat Favour	Strongly Favour
154	0 (0%)	0 (0%)	35 (22.73%)	51 (33.12%)	68 (44.15%)

100% of survey participants indicated “neutral”, “somewhat favour” or “strongly favour” for this statement respecting the appointment of custodians.

Response from the College

The College recognized that **100%** of survey participants indicated “strongly favour”, “somewhat favour”, or “neutral” to this statement and in their analysis determined no further action was required in relation to this proposed amendment.

THANK YOU & NEXT STEPS

Thank you to all the stakeholders who participated in the College of Paramedics of Nova Scotia consultation process regarding proposed amendments of the *Paramedics Act and Regulations*.

The feedback provided has helped to inform the direction and development of the proposed amendments, such that changes were made to some of the initial proposed amendments and additional amendments have been proposed amendments.

The next step is for the College to submit the proposed amendments for further discussion and consultation with the Department of Health and Wellness.

We will keep all stakeholders informed of the process.