

# Regulation of Paramedics and Emergency Medical Attendants: A Jurisdictional Review

Health Professions Regulatory Advisory  
Council (HPRAC)



**Ontario**

Health Professions Regulatory  
Advisory Council

Conseil consultatif de  
réglementation des professions  
de la santé

# Regulation of Paramedics and Emergency Medical Attendants: A Jurisdictional Review

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## Objective

The objective of this jurisdictional review is to provide summary information related to the regulation of paramedics & emergency medical attendants (EMAs) in Canadian provinces, selected United States (U.S.) jurisdictions, the United Kingdom (UK), New Zealand (NZ), and Australia. Information on the following six topics was gathered:

1. Current regulatory status of the profession
2. Relevant legislation, regulations, or by-laws
3. Scope of practice
4. Controlled acts/restricted acts
5. Entry to practice and continuing development requirements
6. Practice settings

## Context

Currently, paramedics working in ambulance services are regulated under the Ambulance Act and Regulation 257/00.

Registration criteria, entry to practice requirements and standards of practice are set by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care in collaboration with EMS Operators, Base Hospital Medical Directors.

The Ontario Paramedic Association has indicated that the current regulatory structure is inadequate as it only covers ambulance services.

There are other types of paramedic professionals who are not covered by the Ambulance Act and its regulations. These include specialty teams functioning in large urban centres (ie. Toronto) such as paramedic marine units, rapid response units, EMS bike units, ETF – Tactical paramedics, HUSAR – Heavy Urban Search and Rescue, CBRN – Chemical, Biological, Radiological and Nuclear Paramedics, PSU – Public Safety Unit. Many work closely with Police and Fire services, Marine Units, The Canadian Coast Guard, etc. It is unclear what regulatory structure exists for these other types of paramedics.

HPRAC received a referral on June 28, 2007 from George Smitherman, former Minister of Health and Long-Term care, requesting advice on the regulation of Paramedics and EMAs under the RHPA, and if so, what would be the appropriate scope of practice, controlled acts and titles authorized to the profession. This referral was reconfirmed by the two subsequent Ministers, and is currently due for completion by December 31, 2013.<sup>1</sup>

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<sup>1</sup> The Minister's letter of referral information may be found at: <http://hprac.org/en/projects/Paramedics.asp>

## Search Methodology

A review of current legislation, regulations, and where applicable by-laws pertaining to paramedics and EMAs in Canadian provinces, the UK, NZ, Australia, and the United States was conducted. In Canada, three self-regulating provinces (Alberta, Saskatchewan, New Brunswick) and seven government- regulating provinces (British Columbia, Manitoba, Ontario, Quebec, Nova Scotia, Prince Edward Island, Newfoundland) were reviewed.

The websites for each jurisdiction’s regulatory body and professional association were also examined. Where adequate information was not available online, key informant interviews were held by telephone or through email communication with representatives of regulatory bodies, governments and relevant associations. Based on the questions posed by the Minister of Health and Long-Term Care, key themes were identified and defined (see Table 1).

**Table 1: Research Theme**

Category	Description
Current Regulatory Status of the Profession	Is the profession statutorily regulated? In the absence of regulation, how is the public protected? This category also may include information on discipline, code of ethics, title protection, where applicable/available.
Relevant Legislation, Regulations, or By-laws	A combination of laws, regulations, and by-laws that support the regulatory model. An organizational entity is typically assigned the authority to regulate using these tools.
Scope of Practice	“Scope of Practice” refers to a description of the acts and services a profession is legally authorized to offer or perform. It “identifies what a profession does and how it does it. It is the range of activities that a qualified practitioner may practice. [Conference Board of Canada (CBOC), 2007]
Controlled Acts /Restricted Acts	In jurisdictions that employ a controlled acts scheme, the performance of certain acts is limited to a group of regulated professionals. In other jurisdictions, the acts which the profession cannot perform are outlined in a statute, regulation, or by-law. For the purposes of this review, these are referred to as “restricted acts”.
Entry to Practice Requirements	This category includes information on the registration requirements to be met in order to be licensed or registered as a paramedic or EMA.
Practice Settings	This category provides additional information with respect to the settings in which paramedics or EMAs work.

## Summary of Key Findings

### Current Status of the Profession

- Paramedics are regulated in some form in each province in Canada (for more information, see HPRAC analysis, *Paramedics: A Jurisprudence Review* (October 2012):

Province	Governance	Self regulation	
		Yes	No
Ontario	Indirect regulation through the <i>Ambulance Act</i>		✓
British Columbia	Direct regulation through the <i>Emergency and Health Services Act</i>		✓
Alberta	The Alberta College of Paramedics, a self-governing professional college, will be governed by the <i>Health Professions Act</i> when the relevant part of the Act is proclaimed in force (HPA, Sched.18).	✓	
Saskatchewan	Self regulation through the <i>Paramedics Act</i> .	✓	
Manitoba	Direct regulation through the <i>Emergency Medical Response and Stretcher Transportation Act</i>		✓
New Brunswick	Self regulation through the <i>Paramedics Act</i>	✓	
Nova Scotia	Direct regulation through the <i>Emergency Health Services Act</i> and Policies issued by the Emergency Health Service of Nova Scotia. Will be self-regulating upon proclamation of the <i>Paramedics Act</i>		✓
Prince Edward Island	Direct regulation through the Emergency Services Board, established via the <i>Public Health Act</i>		✓
Newfoundland and Labrador	Indirect regulation through the <i>Regional Health Authorities Regulations</i> which give the Regional Health Authorities the power to supervise, direct, and control ambulance services		✓

## Paramedicine in Canada

- **Ontario:** Authority for paramedics to perform controlled acts comes from delegation by Base Hospital physicians.<sup>2</sup> They are not directly licensed although operators of ambulance services must employ paramedics with specific qualifications<sup>3</sup>. An obligation is placed on the operators of ambulance services to ensure that their paramedics meet certain standards when delivering patient care<sup>4</sup>.
- **British Columbia:** Paramedics are permitted to perform a list of services.<sup>5</sup> Licensing is mandatory and paramedics must meet the requirements of the Emergency Medical Assistants Licensing Board in order to obtain licensure<sup>6</sup>. To maintain licensure, paramedics must meet ongoing continuing competence requirements<sup>7</sup>. In meeting their duties to the public and their profession, paramedics are guided by a Code of Ethics<sup>8</sup>.
- **Alberta:** Paramedics are permitted to perform a list of services “under medical control.”<sup>9</sup> Registration with the regulatory college is mandatory;<sup>10</sup> and paramedics must meet entry to practice requirements.<sup>11</sup> Paramedics must meet professional conduct standards<sup>12</sup> as well as participate in a continuing competence program.<sup>13</sup>
- **Saskatchewan:** Paramedics must follow protocols developed by the college when providing emergency treatment or when administering medication.<sup>14</sup> Registration with the regulatory college is mandatory<sup>15</sup> and entry to practice requirements may be listed in college by-laws.<sup>16</sup> To maintain registration, paramedics must adhere to the college’s Code of Professional Conduct.<sup>17</sup>
- **Manitoba:** Paramedics may perform medical functions that have been delegated from a medical director,<sup>18</sup> in accordance with procedures and functions set out in a guideline

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<sup>2</sup> <http://www.ontarioparamedic.ca/index.php/paramedics/levels-and-scope-of-practice>

<sup>3</sup> Section 5 of Ontario Regulation 257/00 under the *Ambulance Act*

<sup>4</sup> Section 11 of Ontario Regulation 257/00 under the *Ambulance Act*

<sup>5</sup> Schedule 1 of BC Regulation 210/2010 under the *Emergency and Health Services Act*

<sup>6</sup> Section 5(2) of the *Emergency and Health Services Act*

<sup>7</sup> Section 17(1) of BC Regulation 210/2010 under the *Emergency and Health Services Act*

<sup>8</sup> Schedule 3 of BC Regulation 210/2010 under the *Emergency and Health Services Act*

<sup>9</sup> Section 9 of Alberta Regulation 48/93 under the *Health Disciplines Act*

<sup>10</sup> Section 2(1) of the *Health Disciplines Act*

<sup>11</sup> Section 2-3 of Alberta Regulation 48/93 under the *Health Disciplines Act*

<sup>12</sup> Section 13 of Alberta Regulation 48/93 under the *Health Disciplines Act*

<sup>13</sup> Section 5(a)i(C) of Alberta Regulation 48/93; and Alberta College of Paramedics, *The Continuing Competence Program*, [www.collegeofparamedics.org/practitioner-home/continuing-competence/the-continuing-competence-program.aspx](http://www.collegeofparamedics.org/practitioner-home/continuing-competence/the-continuing-competence-program.aspx)

<sup>14</sup> Section 23 of the *Paramedics Act*

<sup>15</sup> Section 18(1) of the *Paramedics Act*

<sup>16</sup> Section 15(2)(a) of the *Paramedics Act*

<sup>17</sup> Saskatchewan College of Paramedics Regulatory By-laws (10) and Appendix A.

<sup>18</sup> Section 7(d)(i) of Regulation 22/2006 under the *Emergency Medical Response and Stretcher Transportation Act*

- document.<sup>19</sup> Licensure is mandatory<sup>20</sup> and paramedics must meet entry to practice requirements.<sup>21</sup> There do not appear to be any legislated professional standards.
- **New Brunswick:** Licensure is mandatory<sup>22</sup> and paramedics must meet the entry to practice requirements of the Paramedic Association of New Brunswick to obtain licensure<sup>23</sup>. To maintain registration, paramedics must participate in a continuing competency program.<sup>24</sup> The Code of Values and Ethics and the Code of Professional Standards are incorporated in the Association's by-laws.<sup>25</sup>
  - **Nova Scotia:** Paramedics are licensed and regulated by the Minister of Health, supplemented by a number of policies issued by the Emergency Health Service (EHS) of Nova Scotia.<sup>26</sup> A self-regulating college will be established after the *Paramedics Act* (which was passed in 2004) is proclaimed. Paramedics must be listed on the Minister's Register<sup>27</sup> meet entry to practice requirements<sup>28</sup> in order to practice. To maintain registration, paramedics must also engage in continuing education<sup>29</sup> and abide by a Code of Professional Conduct.<sup>30</sup>
  - **Prince Edward Island:** A medical advisor must supervise and review patient care provided by EMTs.<sup>31</sup> Obtaining licensure is mandatory<sup>32</sup> and paramedics must meet entry to practice requirements in order to be licensed.<sup>33</sup> Professional standards (written by the oversight body) do not appear to be publicly available. Acts of professional misconduct are described in legislation.<sup>34</sup>
  - **Newfoundland and Labrador:** Licensing requirements, access to controlled/restricted acts and other elements of paramedic practice are not legislated; descriptions may be set out in directives of the regional health authorities.<sup>35</sup> Paramedics must be registered with the Quality and Learning Department of Eastern Health to be hired.<sup>36</sup> The Paramedic Association of Newfoundland and Labrador has developed a code of ethics for its members.<sup>37</sup>

<sup>19</sup> Section 7(d)(ii) of Regulation 22/2006 under the *Emergency Medical Response and Stretcher Transportation Act*

<sup>20</sup> Section 5(1) of *Emergency Medical Response and Stretcher Transportation Act*

<sup>21</sup> Schedule A of Regulation 22/2006 under the *Emergency Medical Response and Stretcher Transportation Act*

<sup>22</sup> Section 11(1) of the *Paramedics Act*

<sup>23</sup> Paramedic Association of New Brunswick Bylaw 14.02(d)

<sup>24</sup> Paramedic Association of New Brunswick Bylaw 14.02(f)

<sup>25</sup> Paramedic Association of New Brunswick Bylaw 13.01

<sup>26</sup> See *Paramedics: A Jurisprudence Review* page 11

<sup>27</sup> Section 15 of the *Emergency Health Services Act*

<sup>28</sup> Emergency Health Services, Paramedic Registration Policy 6001

<sup>29</sup> Emergency Health Services, Paramedic Registration Policy 6012

<sup>30</sup> EHS Paramedic/EMD Code of Professional Conduct, Appendix E to Paramedic Registration Policy 6001

<sup>31</sup> Section 9 of the Emergency Medical Services Regulations, PEI

<sup>32</sup> Section 41 of the *Public Health Act*

<sup>33</sup> Section 40 of the *Public Health Act*

<sup>34</sup> Section 22 of the *Public Health Act*

<sup>35</sup> See *Paramedics: A Jurisprudence Review*, page 13

<sup>36</sup> Newfoundland and Labrador Department of Health and Community Services

[http://www.health.gov.nl.ca/health/findhealthservices/ambulance\\_services.html](http://www.health.gov.nl.ca/health/findhealthservices/ambulance_services.html)

<sup>37</sup> Paramedics Association of Newfoundland and Labrador <http://www.panl.ca/?page=6>

## Scope of Practice

- Paramedic training across Canada has a level of consistency as all Canadian Medical Association-accredited educational programs<sup>38</sup> are based on the profession's National Competency Profile (NCP)<sup>39</sup>. The NCP was first developed in 2001 and was revised in 2011. Although the Paramedic Association of Canada estimates a commonality rate of approximately 96% in scope of practice across all provinces the association is currently completing a cross jurisdictional study in Canada. Details of 2012 study will be made available once completed by the association.
- Although Canadian paramedics are educated to the NCP standard, scope of practice varies and not all paramedics practice to that standard.
- In Saskatchewan, scope of practice is defined in a protocol manual.
- In New Brunswick, scope of practice is set out in a bylaw. Paramedics perform to the scope of practice described in the Paramedic Association of Canada's National Competency Profile (NCP) for Primary Care Paramedics<sup>40</sup>; advanced care paramedics perform to the scope of the NCP for Advanced Care Paramedics.<sup>41</sup>
- Scope of practice is defined through the paramedic employer in Nova Scotia.<sup>42</sup>
- In Newfoundland and Labrador, a description of scope of practice may be set out in directives of the regional health authorities.<sup>43</sup>
- Regional differences in scope of practice exist and vary down to the community level. For example, the scope of practice for a paramedic working in the Ottawa area – or Sudbury area – is decided by the local base hospital program.

## Labour Mobility

- To eliminate barriers to labour mobility, the Canadian Organization of Paramedic Regulators (COPR) established a national exam at both the PCP and ACP levels. The blueprints are based on the National Occupation Competency Profile (NOCP), developed by PAC

## Certification (Ontario)

- Depending on employer, paramedics in Ontario obtain either 1 or 2 levels of certification.
- All Ontario paramedics must obtain certification from MOH-EHS (for Advanced Emergency Medical Care Assistant - EMCA).

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<sup>38</sup> Canadian Medical Association Conjoint Accreditation Services, "Guidelines and Advisories," [http://www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Accreditation/pdf/2012\\_advisory\\_para\\_program.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Accreditation/pdf/2012_advisory_para_program.pdf)

<sup>39</sup> Paramedic Association of Canada, "National Occupational Competency Profile," <http://paramedic.ca/nocp/>

<sup>40</sup> Paramedic Association of New Brunswick Bylaw 14.02(b)(vi)

<sup>41</sup> Paramedic Association of New Brunswick Bylaw 14.02.1(c)(ii)

<sup>42</sup> Emergency Health Services, Paramedic Essential Competencies Policy 6000

<sup>43</sup> *Paramedics: A Jurisprudence Review*, page 13

- To work for a land or air ambulance service, additional certification from a Base Hospital Program is also required.

## United States

- An estimated 22 million patients are treated every year by American Emergency Medical Services (EMS) personnel.<sup>44</sup>
- The EMS workforce is made up of members from a range of occupational groups, including paid and volunteer EMTs, the military, firefighters, employees of commercial ambulance services, and other public utilities. The size of the EMS workforce has been estimated at 900,000 members<sup>45</sup>; of these, approximately 226,500 are paramedics and EMTs working in full-time paid positions.<sup>46</sup> A lack of consistency in the workforce, and the variability in standards and statutory obligations across States, contributes to a limited understanding of the size and function of the EMS workforce.
- Each State has the authority to regulate local EMS services and determine scope of practice limits. Although licensing of EMTs and paramedics is a requirement in all States, entry to practice requirements vary by state.<sup>47</sup>
- The National EMS Advisory Council (NEMSAC) was formed in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and recommendations regarding EMS. In 2000, the *Agenda* was followed by the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*. The purpose of the *Education Agenda* is to establish a system of EMS education that more closely parallels that of other allied health care professions. Data was collected in 2009 and state EMS directors were given an opportunity to revise their information in April 2010<sup>48</sup>. Findings from reporting states included:
  - 87% of paramedics are using the National EMS Scope of practice levels as foundation for state licensure
  - 54% are using the NREMT testing process while and additional 38% are using a combination of NR/State
  - While 72% do not currently required National EMS program Accreditation, 73% are intending to in the future

## National Standards

- National certification of EMTs and paramedics is available through the National Registry of Emergency Medical Technicians (NREMT); and 46 states<sup>49</sup> require it as a prerequisite to practise. (Some states have their own certification practices and use different titles.)

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<sup>44</sup> Maguire, B. J., & Waltz, B. (2004). Current emergency medical services workforce issues in the United States. *Journal of Emergency Management*, 2(3), 17–26.

<sup>45</sup> Ibid.

<sup>46</sup> Bureau of Labour Statistics, “Occupational Outlook Handbook”, <http://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm>

<sup>47</sup> Bureau of Labour Statistics, “Occupational Outlook Handbook”, <http://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm>

<sup>48</sup> NASEMSO, “EMS Education Agenda: A Systems Approach - A report to the National EMS Advisory Committee on Statewide Implementation of the Education Agenda” (May, 2010)

<sup>49</sup> National Registry of Emergency Medical Technicians, “Fast Facts”, [https://www.nremt.org/nremt/about/NREMT\\_Fast\\_Facts.asp](https://www.nremt.org/nremt/about/NREMT_Fast_Facts.asp)

- The National Registry is a non-profit, independent organization whose certification process identifies individuals who have met educational requirements, including successful completion of comprehensive exams.
- *The National EMS Scope of Practice Model*<sup>50</sup>, describes four levels of licensure:
  - Emergency Medical Responder(EMR) – The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system
  - Emergency Medical Technician (EMT) - The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system
  - Advanced Emergency Medical Technician (AEMT) – The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system; and
  - Paramedic - The paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system
- Some states call their licensure processes “certification”. However, in cases where an occupation has a statute or regulation defined scope of practice, only individuals authorized by the state (i.e., licensed) can perform those duties. The state offices which function as regulators act as licensing bodies.<sup>51</sup>
- Certification by the National Registry does not give an individual the right to practice.
- The National Highway Traffic Safety Administration (NHTSA) provides planning and development leadership and coordination to the EMS community in the United States. It has articulated a long-term vision for the future of emergency medical services in the United States through the release of a series of documents. The documents act as a guide for states when developing legislation, rules and regulations.<sup>52</sup>
- New York State does not have a specific scope of practice document for the CFR/EMT/AEMT. NYS, scope of practice for the CFR/EMT/AEMT is defined by curriculum, protocol, and physician medical direction at the EMS agency, region, and State levels. In order to determine whether a particular skill falls within the EMS provider's scope of practice, one would need to refer to the appropriate curriculum and protocol. (<http://www.health.ny.gov/professionals/ems/certification/certification.htm>)

## International

Details are found as part of *A Rapid Literature Review on the Practice of the Paramedic and Emergency Medical Attendant Professions* (#282 – December 2012)

<sup>50</sup> The National EMS Scope of Practice Model <http://www.ems.gov/education/EMSScope.pdf>

<sup>51</sup> National Registry of Emergency Medical Technicians, “Certification v. Licensure”, [http://www.nremt.org/nremt/about/Legal\\_Opinion.asp](http://www.nremt.org/nremt/about/Legal_Opinion.asp)

<sup>52</sup> NHTSA, *National EMS Scope of Practice Model*, pages 20-21.

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