

Procedure:	Maintenance of Certification	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2021

Original Effective Date:	Last Review Date: February 2022	Last Revised Date: February 2022
	Reviewed Date(s): June 2021	Revised Date(s):

PURPOSE

This procedure details the process for providing maintenance of [certification](#) of [Regional Base Hospital Program \(RBHP\) Medical Director authorization](#) to perform [controlled acts](#) and advanced medical procedures as a Primary Care [Paramedic](#) (PCP) or an Advanced Care [Paramedic](#) (ACP) as per Ontario Regulation 257/00, Part III, s. 8. (2)(c). It is each [Paramedic's](#) responsibility to comply with the Certification Standard's maintenance of [certification](#) requirements. Failure to comply with all aspects of this procedure may result in revocation of the [RBHP authorization](#) to perform [controlled acts](#) through [deactivation](#) at the discretion of the [Medical Director](#) until the [Paramedic](#) has met the requirements. Any [Paramedic](#) who is not able to maintain [certification](#) will be required to undergo a return to clinical practice process at the discretion of the [Medical Director](#).

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The Certification Standard is Appendix 6 of the ALS PCS and outlines definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) of Ontario [Paramedics](#). The ALS PCS Appendix 6 will serve as the policy as it relates to maintenance of [certification](#).

1. Annual Maintenance of Certification Requirements:

Table 1. Annual Maintenance of Certification requirements for Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP):

	PCP	ACP
Employment	Be employed or retained by an Employer under Regulation 257/00.	
Clinical Activity	Shall not have an absence from providing patient care at their certified level that exceeds 90 consecutive days. Shall have a minimum of 10 patients per year whose care required an assessment and management at the Paramedic's level of certification .	
Annual CME (Minimum)	8 CME credits	24 CME credits
Annual Mandatory Educational Requirements	A minimum of 8 CME credits including written, skills, and scenario evaluation. These credits count towards the required annual mandatory CME .	

Skills Maintenance Program	May be required when a Paramedic is unable to assess and manage the minimum of (10) patients per year, a demonstration of an alternate experience, as approved by the Medical Director may be utilized (see Appendix A) .
Demonstrated Competence	Demonstrated competence in the performance of controlled acts and other advanced medical procedures, compliance with the ALS PCS, and the provision of patient care at the Paramedic's level of certification . Competency and compliance shall be determined by the Medical Director and may include chart audits, field evaluations and RBHP patch communication review.

PROCEDURE

1. 90 Days of Clinical Activity:

- 1.1 The [RBHP](#) will run biannual data queries to identify [Paramedics](#) who have not provided patient care for greater than 90 days during the [certification](#) year. The [RBHP](#) will request confirmation from the [Employer](#) regarding the [Paramedic's](#) employment status. If the [Paramedic](#) is off work/on a leave or modified duties, the [Paramedic](#) will be administratively [deactivated](#). It is the responsibility of the [Employer](#) to update the [RBHP](#) when [Paramedics](#) have reached (or are anticipated to reach) 90 days of clinical inactivity.
- 1.2 The Local [Medical Director](#) will be notified of any [Paramedics](#) under their region who do not meet the 90 days of clinical activity criteria and are in active status. These [Paramedics](#) will be offered the opportunity to demonstrate alternate experiences to the provision of patient care (see Appendix 1). [Paramedics](#) will be encouraged to proactively complete alternate experiences when it is anticipated they will not be providing patient care for a 90-day period.

2. 10 Patient Contacts:

- 2.1 The [Paramedic](#) shall either:
 - 2.1.1 Provide patient care to a minimum of ten (10) patients per year whose care requires assessment and management at the [Paramedic's](#) level of [certification](#); OR
 - 2.1.2 Where a [Paramedic](#) is unable to assess and manage the minimum of ten (10) patients per year, demonstrate alternate experience, as approved by the [Medical Director](#), that may involve 1 or more of the following:
 - i. Other patient care activities;
 - ii. Additional [continuing medical education \(CME\)](#);
 - iii. Simulated patient encounters; and
 - iv. Clinical placements.

Note – a patient contact is defined as the presence of the [Paramedic's](#) name on the ACR/ePCR.

- 2.2 The [RBHP](#) will run biannual data queries to identify [Paramedics](#) who have not provided patient care to a minimum of ten (10) patient contacts during the [certification](#) year. This data query will be run mid-way through the [certification](#) year and near the end of the [certification](#) year and in each instance will be shared with the [Paramedic](#) and their [Employer](#) if it is anticipated that the [Paramedic](#) will not meet the requirements. The [RBHP](#) will request confirmation from the [Employer](#) regarding the [Paramedic's](#) employment status and pro-rate the number of patient contacts based on previous [deactivations](#) during the current year prior to notifying the [Paramedic](#) of their status. If the [Paramedic](#) has had any [deactivations](#), the number of patient contacts will be adjusted. Alternates to patient care experiences (see Appendix 1) can be completed by the [Paramedic](#) and submitted to the [RBHP](#) for consideration through the Paramedic Portal of Ontario (PPO). It is the responsibility of the [Employer](#) to update the [RBHP](#) when [Paramedics](#) have reached (or are anticipated to reach) 90 days of clinical inactivity.
 - 2.2.1 All submitted alternative experiences require approval from the [RBHP's Medical Director](#) of Education (or delegate). Alternative experiences that are undertaken without preapproval may not be awarded points if they are deemed to not meet the objective of replacing a patient care experience at the [certification](#) level of the [Paramedic](#).
 - 2.2.2 Approval will be granted only after determining:
 - 2.1.2.1 the relevancy to the [Paramedic's](#) scope of practice; and
 - 2.1.2.2 congruence with [RBHP's](#) learning objectives expectation.
 - 2.2.3 Alternative experiences to patient contacts must be completed by December 31st of each calendar year. Any alternative experiences completed after December 31st will be applied to

the following [certification](#) cycle and will not be retroactively applied to the previous [certification](#) cycle.

- 2.2.4 The deadline for submission of alternative experiences is January 15th of the following calendar year. [Paramedics](#) must have submitted supporting documentation regarding any activity by this date. [Paramedics](#) who fail to submit their required alternative experiences by January 15th of each calendar year may be [deactivated](#).
- 2.2.5 [Paramedics](#) who have been inactive for part of the [certification](#) year will require a prorated number of patients contacts or alternative experiences based on the amount of time worked during and/or remaining time in the annual [certification](#) cycle.

3. Continuing Medical Education (CME)

- 3.1 [Paramedics](#) must complete the required [CME](#) points yearly including at least one (1) evaluation per year at the appropriate level of [certification](#). The evaluation may include an assessment of knowledge and evaluation of skills; scenarios; and on-line learning and evaluation. All PCP's must achieve eight (8) [CME](#) points which are obtained through annual mandatory [CME](#). All ACPs must achieve a minimum of (24) [CME](#) points by December 31st of each calendar year. A minimum of eight (8) [CME](#) points will be obtained through annual mandatory [CME](#). All [CME](#) requires approval from the [RBHP's Medical Director](#) of Education (or delegate). [CME](#) that is undertaken without preapproval may not be awarded points if it is deemed to not meet the objective of enhancing the clinical activity of the [Paramedic](#) at the [certification](#) level of the [Paramedic](#). Approval will be granted only after determining:
 - 3.1.1 the relevancy to the [Paramedic's](#) scope of practice; and
 - 3.1.2 congruence with [RBHP's](#) learning objectives expectation.
- 3.4 [CME](#) activity must be completed by December 31st of each calendar year. Any [CME](#) activities taken after December 31st will be applied to the following [CME](#) cycle and will not be retroactively applied to the previous [CME](#) cycle.
- 3.5 The deadline for [CME](#) submission is January 15th of the following calendar year. [Paramedics](#) must have received and submitted supporting documentation regarding any activity by this date. ACPs who fail to submit their required [CME](#) points by January 15th of each calendar year may be [deactivated](#).
- 3.6 [Paramedics](#) working during their first year as an ACP are required to achieve a prorated number of points (2 [CME](#) points per month [certified](#) as an ACP) based on the remaining time in the yearly [CME](#) cycle in which they began their employment as an ACP.
- 3.7 [Paramedics](#) who are returning after clinical inactivity and have missed their annual mandatory [CME](#), will complete the annual mandatory [CME](#) (8 points PCP, a minimum of 8 points ACP) as part of their return to practice training with [RBHP](#) in addition to any other educational activities determined by the Local [Medical Director](#) to be deemed necessary. The [Medical Director](#) of Education (or delegate) will determine additional [CME](#) that may be awarded for return to practice review day(s) on a case by case basis.
- 3.8 ACPs will require a prorated number of [CME](#) points (2 [CME](#) points per month [certified](#) as an ACP) based on the amount of time worked during and/or remaining time in the annual [certification](#) cycle.
- 3.9 After [CME](#) completion, [Paramedics](#) are required to submit proof of attendance/completion via the Paramedic Portal of Ontario (PPO).
- 3.10 [Paramedics](#) can obtain [CME](#) points through the options outlined in Appendix A.

DEFINITIONS

Advanced Medical Procedure

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Continuing Medical Education (CME)

Means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP)

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.9](#)

Emergency Health Services Branch Ministry of Health, February 1, 2022

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Maintenance of Certification & Continuing Medical Education

Event	Description	In Lieu of Patient Contacts	CME Points
BH Rounds/Webinar	Rounds will be scheduled throughout the year and topics will be posted at least 2 weeks prior to the scheduled date. CME points will be awarded upon completion of the live webinar. If you cannot watch live, the webinar will be made available on the SWORBHP website. Patient contacts will be applied once the webinar is viewed and the associated online quiz is successfully completed.	1 per event	1 per event
Presentation at Rounds/Webinar	Paramedics who wish to present a relevant prehospital care topic. The presentation should not exceed 50 minutes. Upon approval from the Medical Director, paramedics will be paired with a SWORBHP team member who will assist with the development and presentation of the rounds/webinar.	Varies depending on content	8 per event
Non-BH Rounds/Webinar	<p>Rounds attended (either in-person or online) from a non-BH source can be submitted by paramedics in lieu of patient contact (i.e., Ontario Teleconference Network webcasts from Medical Rounds).</p> <p>Please note that the material and source must be applicable to the practice of paramedicine at the level of the paramedic.</p> <p>Supporting documentation will be required for approval, including a copy of the lecture, source, lecture length, and paragraph submitted to the Document Manager on PPO including:</p> <ul style="list-style-type: none"> ▪ What have they learned from the non-BH rounds? ▪ How will it change their practice as a paramedic? 	1 per hour (0.5 points will be awarded for events <40 minutes) *	1 per hour (0.5 points will be awarded for events <40 minutes) * Max 8/year
Mandatory BH Training	When the Base Hospital requires paramedics to be oriented to a new piece of equipment or procedure, they will receive points towards their CME obligation.	N/A	Mandatory 1/hour
ALS PCS Review Session with PHCS	<p>If a paramedic is at risk of not obtaining their 10 patient contacts during the certification year, they can voluntarily take this course through the RBHP. The course includes pre-course material on the PPO and a 4-hour virtual session.</p> <p>If the paramedic is required to complete a Return to Practice training session, attendance at the mandatory training session will not count towards any CME credits.</p>	3 CME	N/A

APPENDIX 1

<p>Annual Mandatory CME (in-class portion)</p>	<p>Paramedics will attend a skills performance competency practice and evaluation day.</p>	<p>N/A</p>	<p>Mandatory 8</p>
<p>Annual Mandatory CME Precourse (ACPs only)</p>	<p>ACP's will complete an additional pre-course component prior to their in-class Mandatory CME day.</p>	<p>N/A</p>	<p>Mandatory 4</p>
<p>Operational Preceptorships</p>	<p>Paramedics will receive a maximum of 4, one time, CME points for taking a preceptor course (if available). Additional points will be applied if the paramedic chooses to precept more than once in a calendar year.</p> <p>Preceptor Course 4 points PCP Student 4 points (final month) ACP Student 4 points (usually 6 weeks up to 140 hours)</p>	<p>N/A</p>	<p>Max 8-12/year</p>
<p>Teaching</p>	<p>Paramedics will receive patient contacts to a maximum of 2 times per subject matter taught.</p> <ul style="list-style-type: none"> ▪ Teach Symptom Relief, defibrillation etc. for Base Hospital ▪ Teach ACLS, PHTLS etc. ▪ Teaching paramedic students at college 	<p>1 per event 3 per event 1 per event</p>	<p>Max 10/year</p>
<p>Self-Development</p>	<p>ACLS, PALS, NALS, APALS, PHTLS, ACP Program etc. (See list of preapproved courses)</p> <p>Paramedics will receive the appropriate patient contacts for self-development based on 1/hour.</p>	<p>1/hour</p>	<p>1/hour Max 16/course</p>
<p>Journal Study</p>	<p>Paramedics will be required to submit documentation on each article such as: title, text/journal, author, and date of publication before patient contacts are given. A brief synopsis of the article should be provided on the Document Manager in PPO. **</p> <ul style="list-style-type: none"> ▪ Prehospital Care Journal Articles ▪ Emergency Medicine Journal Articles ▪ Critical Care Journal Articles ▪ Landmark EMS/Emergency Medicine/Resuscitation article 	<p>1/reviewed article</p>	<p>Varies depending on content Max 3/year</p>

APPENDIX 1

<p>Conference/Workshop/ Course Work/Presentation</p>	<p>Conference/Workshop/Course Work/Presentation must be applicable to the practice of paramedicine at the level of the paramedic. **</p> <p>Courses attended without prior approval can be submitted for individual consideration, but may not be awarded patient contacts based on content. Consideration will be given to the following:</p> <ul style="list-style-type: none"> ▪ Topic of presentation or agenda of workshops ▪ Description of how this activity will fit in with professional development in paramedicine <p>Patient contacts for this type of activity will be at the discretion of the Medical Director or delegate and assigned on an individual application basis. A report of material covered and points learned may be required</p>	<p>Varies depending on content</p>	<p>Varies depending on content Max 16</p>
<p>Committee Participation</p>	<p>Application for patient contact consideration will include:</p> <ul style="list-style-type: none"> ▪ Goals of the committee, agenda/topic of discussion. There must be a component of patient care discussed as part of the committee meeting (ex. Joint Council, Regional Program Advisory Committee) ▪ Description of how this activity will fit in with professional development in paramedicine <p>Patient contacts for this type of activity will be at the discretion of the Medical Director or delegate and assigned on an individual application basis. **</p>	<p>Varies depending on content/committee</p>	<p>Varies depending on content/committee Max 8/year</p>
<p>Clinical Settings</p>	<p>Paramedics may attend a variety of clinical settings: Emergency Department (in the presence of a BHP where possible), operating room (intubation skills), respiratory therapy, ICU, day surgery (IV skills). Specific goals and outcomes of the clinical experience (skills retention, disease A&P) as well as supervisor signature should be submitted.</p>	<p>1 patient contact per hour</p>	<p>1/hour Max 6/year/clinical setting</p>
<p>Research</p>	<p>Paramedics must apply via the Paramedic Portal of Ontario for consideration of research work. Paramedics may do so in advance or concurrently with research work. Research material must be ongoing and relevant to Paramedicine and published or translated into English. **</p>	<p>N/A</p>	<p>Per Case</p>
<p>Publication</p>	<p>Paramedics must apply via the Paramedic Portal of Ontario in advance of the publication. Work must be published in a recognized, professionally related Paramedicine/Prehospital Care journal.</p> <p>Application for CME point consideration will include specifics of journal article as well as information on the publication that article is being submitted to. **</p>	<p>N/A</p>	<p>Per Case</p>
<p>Base Hospital Investigation</p>	<p>Paramedic Service Leaders assisting and participating in base hospital ALS PCS investigation/remediation of another paramedic within their respective service.</p>	<p>1/investigation</p>	<p>N/A</p>

APPENDIX 1

<p>Presentation</p>	<p>Paramedics may choose to get together and present topics of relevance to one another. This activity will be self-organized.</p> <p>Presentations must be relevant to Paramedicine/Prehospital Care. In order for this activity to be approved, the session(s) must be attended by a Base Hospital Physician or delegate. **</p>	<p>Per event</p>	<p>Per event</p>
<p>Community Paramedicine Conferences or Training</p>	<p>Paramedics must apply via the Paramedic Portal of Ontario for consideration of CME credits for attendance or participation in any conference, workshop, course work, or presentation related to community paramedicine at least 2 weeks in advance of participation. Courses attended without prior approval can be submitted for individual consideration, but may not be awarded CME credits based on content.</p> <p>Consideration will be given to the following:</p> <ul style="list-style-type: none"> • Topic of presentation or agenda of workshops. Description of how this activity will fit in with professional development in paramedicine <p>CME credits for this type of activity will be at the discretion of the Medical Director and assigned on an individual application basis. A report of material covered and points learned may be required. The conference or training event will only be considered for In Lieu of Patient Contact credits if the content of the event relates directly to patient care.</p>	<p>Varies depending on content</p>	<p>Per Case Max 2/year</p>

APPENDIX 1

<p>Community Paramedicine Practice</p>	<p>Paramedics may receive recognition of their 10 patient contacts through Community Paramedicine practice in the following ways:</p> <ol style="list-style-type: none"> 1) On behalf of the paramedic, the paramedic service may submit a letter of attestation which outlines a list of skills used by the paramedic in their current practice and the number of patient contacts the paramedic completed within the certification year. 2) The paramedic may submit documentation to the Paramedic Portal of Ontario outlining a list of the skills used by the paramedic in their current practice and the number of patient contacts the paramedic completed within the certification year. 3) The paramedic may submit documentation to the Paramedic Portal of Ontario describing a conference or training event attended which addressed patient care as it relates to the ALS PCS. 	<p>Varies depending on submission information</p>	<p>N/A</p>
<p>Professional Self Development</p>	<p>Courses, lectures or events aimed at professional self-development have an impact on improving patient medical care. Sessions must be directed towards the field of prehospital care and taught by qualified personnel.</p> <p>Paramedics must apply via the Registry for consideration of CME credits for attendance or participation in any event related to professional self-development at least 2 weeks in advance of participation **</p>	<p>N/A</p>	<p>Per Case Max 8/year</p>
<p>Other</p>	<p>Paramedics may apply via the Registry at least 2 weeks in advance for approval of a potential CME event. **</p>	<p>N/A</p>	<p>Per Case</p>