

Procedure:	Absence from Clinical Activity & Return to Practice	
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 2019

Original Effective Date: July 2011	Last Review Date: June 2022	Last Revised Date: June 2022
	Reviewed Date(s): May 2012, April 2014, June 2019, June 2020, June 2021	Revised Date(s): September 2012, April 2014, June 2019, June 2020, June 2021

PURPOSE

Upon new [certification](#) by the [Regional Base Hospital Program \(RBHP\)](#), a [Paramedic](#) must maintain clinical activity to remain [certified](#) with the [RBHP](#). [Paramedics](#) absent from clinical activity for a period of ninety (90) days are considered clinically inactive, and are administratively [deactivated](#). Extended absence from clinical activity can result from a variety of reasons, including (but not limited to) short/long term disability, parental leave, or any other approved leave granted by the [Employer](#).

Return to practice (RTP) offers a [Paramedic](#) an opportunity to orientate to the clinical environment after a period of absence. RTP is required as per the current Ministry of Health (MOH), Advanced Life Support Patient Care Standards (ALS PCS), Appendix 6 and may include a [consolidation](#) phase as outlined within. This process will be initiated upon request by the [Employer](#).

POLICY

The MOH Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the ALS PCS with amendments from time to time. The Certification Standard, Appendix 6 of the ALS PCS outlines definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) to perform medically delegated acts of Ontario [Paramedics](#). The ALS PCS Appendix 6 will serve as the policy as related to RTP.

PROCEDURE

1. The [Employer](#) will notify the [RBHP](#) in writing when a [Paramedic](#) is absent from clinical activity for a period of ninety (90) days by entering the date of the last shift worked by the [Paramedic](#) into the Paramedic Portal of Ontario (PPO). This can be completed in advance of the ninety (90) day mark if it is known the absence will extend that long, or once the ninety (90) day mark is reached.
2. At the ninety (90) day mark, the [RBHP](#) will confirm with the [Employer](#) that the [Paramedic](#) is still clinically inactive, and upon approval by the Local [Medical Director](#) or delegate, will administratively [deactivate](#) the [Paramedic](#) in the PPO. The [Employer](#) will notify the [RBHP](#) at the earliest time possible when the date for the [Paramedic](#) to RTP is confirmed (at least five [business days](#) advanced notice is requested).
3. The [Employer](#) and the [RBHP](#) will determine a mutually agreeable schedule for RTP training/[certification](#) for the [Paramedic](#).
4. The [RBHP](#) will provide any required pre-course materials to the [Paramedic](#) and the [Employer](#) once the training is confirmed. Materials may be in electronic or hard-copy format as determined by the [RBHP](#). Successful completion of all pre-course evaluations is required prior to attending the [RBHP](#) RTP training/evaluation day.
5. The [certification](#) requirement for all [Paramedics](#) returning to practice after an absence from clinical activity is based upon the duration of the absence, and is described in Table 1 Return to Practice Timelines and

Requirements. The format of the training may include online training, virtual and/or in person sessions depending on the length of absence from clinical activity, geography and the individual needs of the [Paramedic](#).

Table 1. Return to Practice Timelines and Requirements for Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP).

Absence from Clinical Activity	PCP	ACP
More than 90 days and less than 6 months	<ul style="list-style-type: none"> Up to one day for review of any missed Mandatory Continuing Medical Education (CME) and/or evaluation of all medical directives and skills (performed by a RBHP Prehospital Care Specialist or designate). 	<ul style="list-style-type: none"> Up to one day for review of any missed CME and/or evaluation of all medical directives and skills (performed by a RBHP Prehospital Care Specialist or designate).
6 months up to less than 36 months	<ul style="list-style-type: none"> Gap analysis to be performed by SWORBHP. Completion of missed mandatory CME. Additional requirements may be identified following a review and/or evaluation, which may include 12 hours of consolidation with a paramedic of equivalent or higher level of certification/authorization with a minimum of 6 months experience at the discretion of the RBHP Medical Director. Reference to the OBHG Consolidation procedure. 	<ul style="list-style-type: none"> Gap analysis to be performed by SWORBHP. Completion of missed mandatory CME. Additional requirements may be identified following a review and/or evaluation, which may include 24 hours of consolidation with a paramedic of equivalent or higher level of certification/authorization with a minimum of 6 months experience at the discretion of the RBHP Medical Director. Reference to the OBHG Consolidation procedure.
More than 36 months	<ul style="list-style-type: none"> The plan will be created based upon an individual needs' assessment after discussion with the Employer. The final decision on the RTP plan will be determined by the RBHP. Please also see 18-36 month requirements. 	<ul style="list-style-type: none"> The plan will be created based upon an individual needs' assessment after discussion with the Employer. The final decision on the RTP plan will be determined by the RBHP. Please also see 18-36 month requirements.

- In addition to the requirements outlined in Table 1, the [Paramedic](#) must successfully complete all mandatory education missed during the absence, e.g. Annual Mandatory [continuing medical education \(CME\)](#) requirements, introduction of new medical directives and/or skills.
- The [RBHP](#) will notify the [Employer](#) of the results of the review and evaluation for the [Paramedic](#) (successful or unsuccessful) upon completion of the training and testing. Successful completion will result in [Paramedic reactivation](#). Unsuccessful completion will result in the development of a remedial learning plan that will be shared with the [Employer](#) prior to its implementation.
- The [Paramedic certification](#) date in the PPO will be updated to reflect the initial [certification](#) training date with an expiry date of January 31 of the following year.

DEFINITIONS

Authorization

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

Business Day

Means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

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)

Consolidation

Means the process by which a condition is placed on a Paramedic's certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (i.e. Certification).

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.

Patient Care Concern

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Reactivation

Means the reinstatement of a Paramedic's Certification after a period of Deactivation.

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 MOH.

Regional Base Hospital Program (RBHP)

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

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

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)