

<b>Title:</b> Return to Practice	<input type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input checked="" type="checkbox"/> SOP
<b>Category:</b> Certification <b>Dept/Prog/Service:</b> Northwest Region Prehospital Care Program	<b>Distribution:</b> NW Region Ambulance Operators & Paramedics, NW Field Office		
<b>Approved:</b> NWRPCP Medical Director & Program Manager	<b>Approval Date:</b> January 2009		<b>Reviewed/Revised Date:</b> January 2020

**CROSS REFERENCES:** Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Cross Certification (CERT-500), Consolidation (CERT-400), Remediation (CERT-600), Unsuccessful Certification (CERT-700), Decertification (CERT-800), Pre-requisite Mandatory Requirements (CERT-900), Return to Practice (FM-CERT-03)

## 1.0 PURPOSE

1.1 Return to Practice offers a Paramedic an opportunity to orientate to the clinical environment after a period of absence. Return to practice is required as per the current Ministry of Health and Long Term Care (MOHLTC), 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.

## 2.0 POLICY STATEMENT

2.1 The Ministry of Health and Long Term Care (MOHLTC) Emergency Health Services Branch (EHSB) publishes the ALS PCS with amendments from time to time. The Certification Standard is Appendix 6 of the ALS PCS 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 related to Return to Practice.

## 3.0 DEFINITIONS

- 3.1 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; .
- 3.2 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)
- 3.3 Employer; means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act
- 3.4 Medical Director; means a physician designated by a Regional Base Hospital as the Medical Director of the RBHP
- 3.5 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
- 3.6 Patient care concern; means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission
- 3.7 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
- 3.8 Regional Base Hospital Program (RBHP); means a base hospital program as defined in subsection 1(1) of the Ambulance Act

## 4.0 PROCEDURE

4.1 The certification requirement for all paramedics returning to practice after an absence from clinical practice is based upon the duration of the absence, and described in Table (below).

**Table 1: Return to Practice Timelines and Requirements (PCP & ACP)**

	<b>PCP</b>	<b>ACP</b>
90 days to < 12 months	<ul style="list-style-type: none"> <li>Any missed mandatory CME and/or proactive education for 90 day patient contact</li> </ul>	<ul style="list-style-type: none"> <li>Any missed mandatory CME and/or proactive education for 90 day patient contact</li> </ul>
12 months up to < 36 months	<ul style="list-style-type: none"> <li>Gap analysis (see appendix A)</li> <li>Completion of identified mandatory CME(s) missed during absence</li> <li>Additional requirements may be identified following a review and evaluation, which may include Consolidation hours with a Paramedic of equivalent or higher level of certification/authorization with a minimum of <b>6 months</b> experience at the discretion of the RBHP Program Medical Director. <b>(Please refer to Consolidation CERT-400)</b></li> </ul>	<ul style="list-style-type: none"> <li>Gap analysis (see appendix A)</li> <li>Completion of identified mandatory CME(s) missed during absence</li> <li>Additional requirements may be identified following a review and evaluation, which may include Consolidation hours with a Paramedic of equivalent or higher level of certification/authorization with a minimum of <b>6 months</b> experience at the discretion of the RBHP Program Medical Director. <b>(Please refer to Consolidation CERT-400)</b></li> </ul>
≥ 36 months	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.	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.

#### 4.2 Employer:

- 4.2.1 Will notify the RBHP in writing when the Paramedic's return to practice date is confirmed and how long the Paramedic was absent from practice.
- 4.2.2 Will ensure the Basic Life Support Patient Care Standard (BLS PCS) education and/or testing is completed prior to the Paramedic starting the RBHP return to practice process (Return to Practice FM- CERT-03).

#### 4.3 Regional Base Hospital Program:

- 4.3.1 Once written notification has been received by the RBHP in regards to the Paramedic's expected return to practice date, the RBHP will contact the Employer and Paramedic within five (5) Business Days to coordinate dates and requirements associated with the reintegration process. The return to practice plan will be communicated in writing within ten (10) Business Days.
- 4.3.2 The Paramedic will complete all mandatory CME requirements as set out in table 1.0 (*above*) prior to review and/or evaluation(s). If the Paramedic does not complete all mandatory requirements then another review and/or evaluation (s) date will be created in consultation with the Employer. The return to practice plan will be communicated in writing.
- 4.3.3 The Paramedic and Employer will be notified within three(3) Business Days: A) Successful completion, no further requirements. Proceed to full reactivation. B) Successful completion, consolidation required. Proceed to consolidation. C) Unsuccessful, further adjustments to the plan will be communicated in writing within five (5) Business Days.
- 4.3.4 If consolidation was required; once it has successfully been completed the RBHP will remove the condition of Consolidation. The Paramedic and Employer will be notified in writing within three (3) Business Days that all requirements are complete.

## Appendix A: Gap Analysis

### Criteria 1: Demographics

1	Current scope of practice	(PCP, ACP)
2	Clinical experience at current certification level	Defined by cert date/ACR activity
3	Total length of clinical absence	Absence from front line clinical practice
4	Total length of clinical absence in the past 5 years	Absence from front line clinical practice

### Criteria 2: Paramedic Self-Assessment

1	Paramedic self-assessment	BLS	ALS
2	Themes Identified	Items communicated to Service Operator	Items listed

### Criteria 3: Continuing Medical Education (CME)

1	Missed CME	List year	List Session
2	Previous CME results		
3	Scenarios	List Scenario	Clinical situation Outcome
3.1	Remediation required	No	Yes and Completed ongoing
4	Skills	Skills reviewed	Items evaluated Outcome
4.1	Remediation required	No	Yes and Completed ongoing
5	Knowledge evaluations	Tests	Items evaluated Outcome
5.1	Remediation required	No	Yes and Completed ongoing

### Criteria 4: Skills Inventory

1	Skill	List Skill	Year	# time performed
2	Medication administration	Medication	Year	# times performed

### Criteria 5: Quality Results

1	Number of calls	List year	Total	Type of calls
2	# of chart audits/ALS indicated calls	List year	Total	
3	Number of variances	List year	Total	Details/Outcomes
4	QA trends identified			
5	Outstanding Investigations/Feedback			

## 5.0 REFERENCES & RELATED POLICIES

- 5.1 Ministry of Health and Long Term Care (MOHLTC); Emergency Health Services Branch Advanced Life Support Patient Care Standards, Appendix 6
- 5.2 Ontario Regulation (O.Reg.) 257/00
- 5.3 Ontario Base Hospital Group Consolidation Policy

## **6.0 In Consultation With**

- 6.1 Ontario Base Hospital Group Medical Advisory Committee;
- 6.2 Data Quality Management Subcommittee and
- 6.3 Education Subcommittee

## **7.0 Approved By**

- 7.1 Regional Base Hospital Programs of Ontario
  - 7.1.1 Central East Prehospital Care Program;
  - 7.1.2 Centre for Paramedic Education and Research;
  - 7.1.3 Health Sciences North Centre for Prehospital Care;
  - 7.1.4 ORNGE Base Hospital;
  - 7.1.5 Northwest Region Prehospital Care Program;
  - 7.1.6 Regional Paramedic Program for Eastern Ontario;
  - 7.1.7 Southwest Ontario Regional Base Hospital Program and
  - 7.1.8 Sunnybrook Centre for Prehospital Medicine, Regional Base Hospital Program.