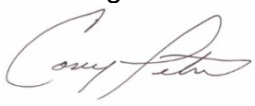


CENTRE FOR PREHOSPITAL CARE STANDARDS

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ISSUE DATE: June 2010
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SUBJECT: ANNUAL ASSESSMENT STANDARD FOR MAINTENANCE OF CERTIFICATION

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Stakeholder Consultation and Review: Centre for Prehospital Care Quality of Care Committee Centre for Prehospital Care Program Committee	Date: December 16, 2025 September 28, 2024
Approval: Corey Petrie, Chair, Centre for Prehospital Care Program Council 	Date: December 16, 2025

PURPOSE:

To demonstrate the mechanisms used to provide a minimum of one evaluation per year per paramedic at the appropriate level of certification.

STANDARDS

The Ministry of Health and Long Term Care (MOHLTC) Emergency Health Services 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 Certification Standard will serve as the policy as related to annual assessments.

An assessment component will be integrated into all mandatory Base Hospital events such as, Paramedic Practice Rounds, Summer CME, mandatory on-line learning and lecture series events that are offered asynchronously.

Assessments may include any or all of the following components:

- Written assessments: on-line (typically contained and tracked in the Paramedic Portal of Ontario), in-class (i.e. turning point) or hard copy.
- Simulation exercises: i.e. case based learning, oral scenarios, practical simulation scenarios with simulation equipment and/or standardized patients.
- Skills proficiency demonstrations and assessments: psycho motor assessments, maybe peer or independently reviewed and assessed.
- Virtual assessments: facilitated through a platform such as Zoom or MS Teams. Virtual assessments may be facilitated by or done in collaboration with an EMS provider.

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Should a paramedic's performance during assessments fall below standard, the following actions shall be considered by the most applicable Paramedic Practice Coordinator (PPC) and be guided by the magnitude of the concern:

- Receive reflective debriefing and/or reassessment at the end of the same day, or within the next 72 hours. This could be in-person or through a virtual platform.
- Be required to repeat the component at the closest, most appropriate HSN CPC site at a time mutually agreed to between the EMS provider, paramedics and the PPC.
- Should a paramedic's performance cause the most responsible PPC to have patient safety concerns, the PPC will debrief this situation with the Medical Director/Advisor within 2 business days. The paramedic may be required to attend an interview with the Medical Director/designate to discuss the concerns noted and establish a plan for follow up. The Paramedic Service will be made aware of these concerns. A remediation plan will be constructed that includes an overview of subsequent assessments and expected results.

Notes:

- Failure to attend and/or complete the required mandatory component(s) may result in deactivation as referenced in the Continuing Medical Education policy.
- If a paramedic has exhibited significant patient care concerns, a comprehensive initial in-person assessment process (7 stations, Global Rating Scale) or Virtual Objective Structured Clinical Evaluation (VOSCE) will be completed to guide targeted remediation plans. The assessment will be repeated once the remediation plan has been completed. Should a subsequent reassessment be required, the Base Hospital will endeavour to integrate staff from an alternate Base Hospital into the assessment process. The timing of the assessments will be established in collaboration with the paramedic and the Paramedic Service and will attempt to balance the need for adequate time to complete remediation, the operational needs of the service and the availability of Base Hospital staff.
- In rare instances, a paramedic may be deactivated during the assessment and remediation process. This is reserved for instances when significant concerns for patient safety have been demonstrated.

References and Related Documents

Ministry of Health, Emergency Health Regulatory and Accountability Branch Advanced Life Support Patient Care Standards Appendix 6, as updated from time to time.