



Appendix: RPPEO oversight and enforcement of the Certification Standards

RPPEO is reviewing our monitoring and enforcement practices to better align with Certification Standard, Section 5 of the ALS PCS (version 5.4):

1. Purpose of the Certification Standard

The certification section of the ALS PCS defines the obligations and conditions under which a paramedic is authorized to perform controlled acts under delegation from a Base Hospital Medical Director. It sets the provincewide *minimum requirements* for competence, recency, documentation, and oversight.

2. Requirements to Obtain Certification

A paramedic must:

- Be employed by a paramedic service,
- Demonstrate competence in performing controlled acts *at their scope of practice*,
- Meet training, education, and evaluation requirements set by the Medical Director,
- Operate within ALS PCS, BLS PCS, and applicable legislation (Ambulance Act, O. Reg 257/00)

The Medical Director may impose conditions (e.g., consolidation, remediation, etc.) to paramedic practice.

3. Maintenance of Certification Requirements

a. Clinical Competence

- The Paramedic shall demonstrate competency 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.

b. Clinical recency

- A paramedic shall not have an **absence from providing patient care that exceeds 90 consecutive days**.
- If a paramedic goes more than 90 days in a row without evidence of providing patient care, the paramedic does not meet this criteria in the Maintenance of Certification standard.
- The Standard provides no alternative method for maintaining clinical recency.



c. Annual patient care minimum

- The Paramedic shall either:
 - Provide care to **at least 10 patients per year at their level of certification**, or
 - Demonstrate alternate experience that may be accepted in lieu of this requirement *if* approved by the Medical Director (e.g., CME, simulation, clinical placements)
 - The Medical Director evaluates the needs each year and provides more information on the availability of alternatives in November each year. For the 2025-26 Certification year, the Medical Director approved an RPPEO MedicLEARN module as an alternative. RPPEO is currently examining the evidence-basis for supporting alternatives to 911 patient care and may issue further guidance.

d. Annual evaluation requirement

- At least one annual evaluation that may include:
 - Knowledge assessment
 - Skills assessment
 - Scenario based evaluation
 - Online learning + assessment

e. CME hours

Minimum per year:

- PCP: **8 hours**
- ACP: **24 hours** (16 core + 8 elective hours, proportionally adjusted for first year ACPs)

5. Documentation Requirements

Certification decisions rely on documented evidence that include:

- Chart audits
- Patch communication review
- Field evaluations

Absence of documentation prevents the Medical Director from assessing care and maintaining delegation.



For the purposes of applying the Maintenance of Certification Standard, the primary tool that RPPEO uses to monitor requirements is the Ambulance Call Report (ACR) documenting assessment and care of a 911 patient.

6. Deactivation

The Medical Director may deactivate a certification if:

- Maintenance requirements aren't met,
- Competency is not maintained or cannot be demonstrated,
- There is a safety or quality concern.

Deactivation removes authorization to perform controlled acts until remediation and/or Return to Clinical Practice are complete.

7. Return to Clinical Practice

When certification lapses, the paramedic must:

- Have their service request reactivation
- Undergo a quality of care review
- Complete required Return to Clinical Practice process and/or any assigned remediation
- Demonstrate competency before reauthorization

8. Obligation to Work Within Standards

Paramedics must provide care and documentation in full alignment with:

- ALS PCS
- BLS PCS
- Medical Directives
- O. Reg. 257/00