



**Saskatchewan College of Paramedics
(SCoP)**

**2019-2022 Strategic Plan
August 2019**



[Link Home](#)

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[Link Home](#)

INDEX

SECTION	PAGE #
1.0 Overview of Strategic Planning	04
2.0 SCoP Mandate, Mission, and Vision	05
3.0 Identification of Strategic Drivers (PESTLE)	06
4.0 Strengths -Weaknesses-Opportunities-Threats (SWOT) Analysis	08
5.0 Core Values	09
6.0 Setting Goals—Priorities Theme Derived from SWOT	10
7.0 Making it Happen – Aligning Themes with Organizational Strategic Plan	11
▪ Organizational Growth and Sustainability	11
▪ Enhance Member Knowledge	14
▪ Effective Regulation	15



[Link Home](#)

1.0 Strategic Plan Overview 2019-2022

The Saskatchewan College of Paramedics (SCoP) is the regulatory body responsible for licencing and regulating paramedical professionals in the province. Paramedics working in Saskatchewan are self-regulated by the College who receives its authority through The Paramedics Act. SCoP has operated in the public interest since proclamation of the Act in 2008.

THE PURPOSE OF THIS STRATEGIC PLAN

This document represents the ongoing SCoP planning activity that was revisited during 2019 and was used to define desired outcomes and targets within the College workplan. As a part of this effort, the mission, vision, and organizational core values statements were reviewed and updated to reflect the progress made to date and the direction for professional regulation moving into the future.

The strategic plan provides an understanding of the strengths, challenges, opportunities and threats facing SCoP, and issues that could potentially become barriers to achievement of organizational objectives.



[Link Home](#)

2.0 SCoP Mandate, Mission, and Vision

Mandate:

The College mandate remains as protection of the public:

Pursuant to The Paramedics Act, it is the duty of the College to serve and protect the public.

Vision:

The vision for the Saskatchewan College of Paramedics reflects the changing role of paramedics within the health system and beyond:

Collaboratively building a profession that is a continually engaged partner and fully utilized in a patient centered health care system.

Mission:

The mission statement of the College reflects the way in which SCoP will accomplish its vision in a broader context:

To protect and serve the public interest through regulatory oversight of the Paramedic profession.



[Link Home](#)

3.0 Identification of Strategic Drivers (PESTLE Analysis)

The participant group identified the following strategic drivers that will have impact on the College over the next three to five years.

PESTLE ANALYSIS	Factors
Political	<ul style="list-style-type: none"> • Rural sustainability priority • Changes in priorities – interest group lobbying and impact to regulation • Small “P” politics – lack of control • Economic factors • System consultation work re. changes i.e.: EMS review • CPSS influence • Changing political interests
Economic	<ul style="list-style-type: none"> • Decreasing revenue <ul style="list-style-type: none"> ▪ Status Quo. ▪ Revenue enhancement opportunities (minimal) • Professional interest: degree entry to practice • Poor economy • Decreasing employment opportunities • PCP>EMR (leaving province) • Mandate vs. investigations • Membership vulnerability to economy
Social	<ul style="list-style-type: none"> • Aging Population • De-population of rural areas • Increase complexity of complaints • Aging membership • Truth and Reconciliation Commission Call to Action Recommendations • Cultural changes within the province • Specialization of practice • MoH/Additions • Palliative care



[Link Home](#)

PESTLE ANALYSIS Continued...	Factors
Technological	<ul style="list-style-type: none"> • Everchanging environment • Access to information <ul style="list-style-type: none"> ▪ Protecting Private Health Information ▪ Protecting Electronic Health Records • Patient access to services • Consistent applications & technological use • Constant learning • Message the College wants to deliver... • Use of technology in practice • Employer “rules”
Legal	<ul style="list-style-type: none"> • Awareness • Professional liability • Member and/Public understanding of self-regulation • Legislation changes • Cultural changes
Environmental	<ul style="list-style-type: none"> • Carbon Footprint <ul style="list-style-type: none"> ▪ Cost ▪ Green technology ▪ Climate Change • Disposable World • Natural Disasters <ul style="list-style-type: none"> ▪ Licensure
Uncertainties	<ul style="list-style-type: none"> • The time it takes to integrate new technology, practices and provincial priorities for the profession • Ability to be responsive and nimble enough to respond to the change/system needs



[Link Home](#)

4.0 Strengths— Weaknesses—Opportunities—Threats (SWOT) Analysis

Planning participants identified the most significant external threats-opportunities and internal strengths-weakness in the table below (random order).

STRENGTHS	WEAKNESSES
S1-Foundation <ul style="list-style-type: none"> ▪ Policy ▪ Procedure ▪ Others S2-Relationships S3-Public Representative S4-Governance Structure S5-Financial Stability S6-Staff S7-Respect for Profession S8-Strategic Plan S9-SCoP/License Level/Support Members S10-Responsible S11-Tactical Thinkers	W1-Tactical Thinkers W2-Education (Change to Scope &/or Practice) W3-Relevance of CME W4-Resource Availability W5-Other professionals' awareness of what our members do? W6- Decreasing Members W7-First Responders <ul style="list-style-type: none"> ▪ Practice ▪ Unlicensed W8-Member Engagement W9-Lack of regulatory control over, <ul style="list-style-type: none"> ▪ Ambulance operators, ▪ First responders and ▪ Others W10-EMR Scope of Practice W11- Diverse representation on council/committees
OPPORTUNITIES	THREATS
O1- Regulation of unregulated entities that pose risk to the patient O2-Industry (Unlicensed to license) O3-Protocols O4-Ministry of Health (MoH/Saskatchewan Health Authority (SHA) - Home-based care O5-Ongoing Need for Service O6-Education (developed/delivered internally) O7-Research <ul style="list-style-type: none"> ▪ Info. Sharing ▪ Documentation O8-Grants O9-Relationships <ul style="list-style-type: none"> ▪ Health Professional Regulators ▪ Government ▪ Paramedic Services Chiefs of Saskatchewan (PSCS) aka SEMSA ▪ Canadian Organization of Paramedic Regulator (COPR) ▪ Network of Inter-Professional Regulatory Organizations (NIRO) ▪ Others O10-Collaboration O11-Code of Conduct/Members	T1-Research - how it is viewed T2-Decreasing member numbers T3-Industry Unknowns T4-Medical First Responders vs. EMR role T5-Distrust in Regulation T6-Protocols & move to Independent Practitioners T7-Government leadership changes T8-Change in Expectations <ul style="list-style-type: none"> ▪ Government ▪ Public T9-Technology T10-Staffing T11-Expenses T12-Competency Profile not meeting regulatory needs



[Link Home](#)

5.0 Core Values:

The Saskatchewan College of Paramedic has adopted core values that provide an ethical and ideological framework upon which it conducts itself. These values are expressed as follows:



Fairness

The College is committed to principles of impartiality in achieving its mandate. Procedural due process and fundamental fairness is embedded in its actions and decisions.



Transparency

The work of the College is conducted in a proactively transparent manner; an 'open government' doctrine is the standard in place.



Collaboration

The College develops and leverages collaborative relationships in support of its goals and those of stakeholder organizations. It engages appropriate subject matter experts to ensure decision-making is evidence based and well-informed.



Professionalism

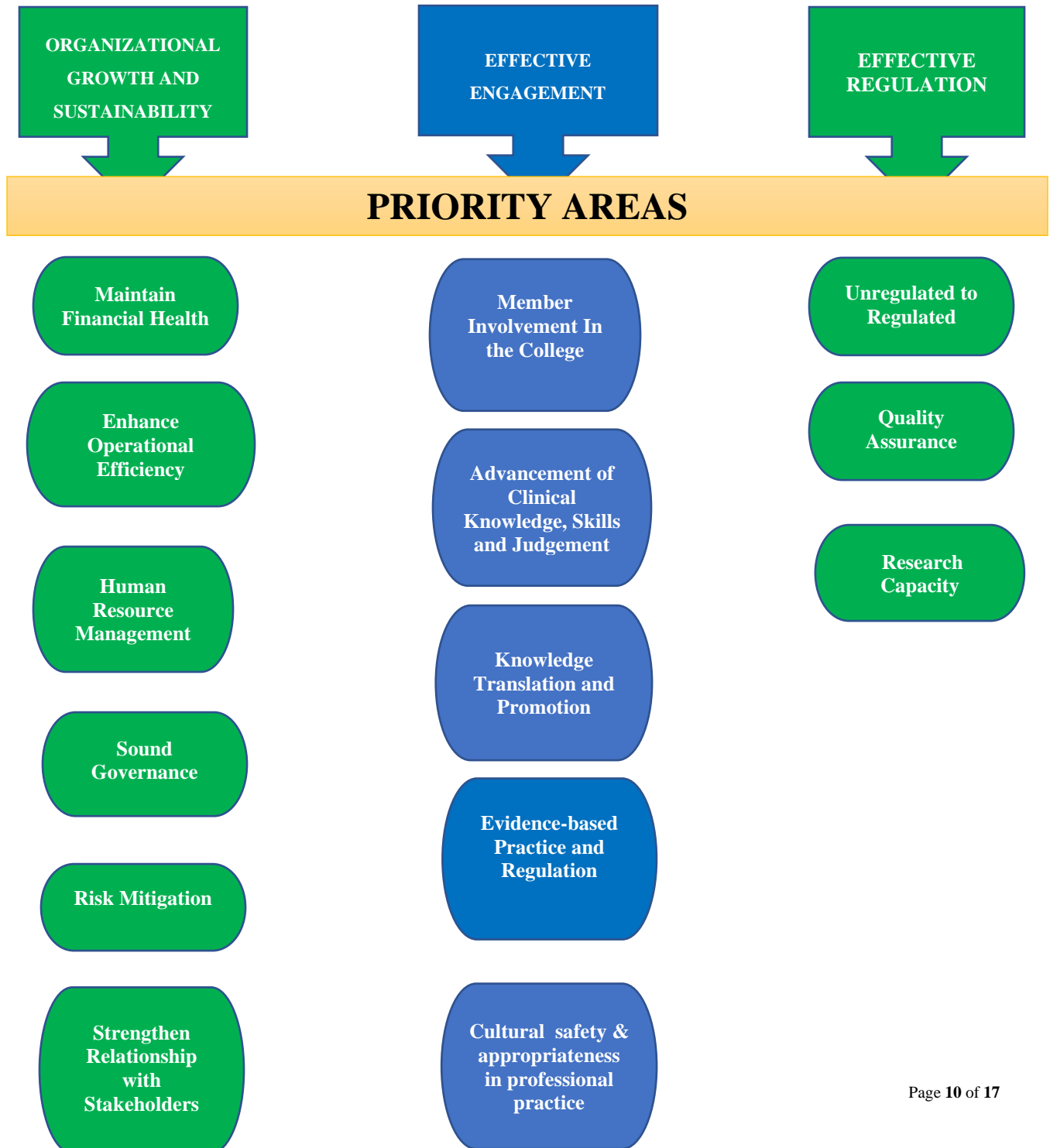
The College and its representatives have adopted and demonstrated professional standards and behaviours in the completion of its work. Adopted standards include principles articulated in the *Code of Professional Conduct* found in the *Regulatory Bylaws*.



[Link Home](#)

6.0 Setting Goals— Priority Themes

Participants were divided into 2 groups to identify the priorities area of focus for the next 3 years. Summary thoughts were further grouped into common themes (three) which would become strategic goals.





[Link Home](#)

7.0 Making it Happen – Aligning Priority Theme with Organizational Strategic Plan

A. STRATEGIC GOAL: ORGANIZATIONAL GROWTH AND SUSTAINABILITY

Objectives	Key Activities and Implementation Plans	Deliverables	Measurement Methods
1. Maintain Financial Health	<ul style="list-style-type: none"> ➤ Effective use of current resources. ➤ Stabilize streams by: <ul style="list-style-type: none"> ▪ Maintain/increase member numbers. ▪ Apply for government and private sector funding opportunities. ▪ Unlicensed to licensed individuals/group (First Responders, Industry Paramedics and Service providers). ▪ Support Foreign-trained Applicants (FTA) ➤ Regulate all practitioners responsible for pre-hospital and out of hospital care. ➤ Maintain fee structure inflationary increase (Consumer Price Index - CPI). 	<ul style="list-style-type: none"> ➤ Balanced budget. ➤ Healthy membership numbers. ➤ Financial management structure in place and monitoring/reporting underway. 	<ul style="list-style-type: none"> ❖ Operating surplus (output). ❖ The number of members (output/outcome). ❖ Reserve fund (outcome). ❖ Number of Audit Meetings (output). ❖ Scheduled budget reporting/budget variance reporting (outcome).
2. Enhance Operational Efficiency	<ul style="list-style-type: none"> ➤ Appropriate use of technology with the public, members and stakeholders through: <ul style="list-style-type: none"> ▪ User-friendly web services; ▪ Social media; ▪ Web-based discussions forums/opportunities for public; ▪ Integrate technology – consider automated 24/7 phone answering system for member’s Inquiry. 	<ul style="list-style-type: none"> ➤ Implementation of website and technology improvements. ➤ The College is more accessible to the public and members. ➤ Open communication. 	<ul style="list-style-type: none"> ❖ Measure cycle time to completion of complaints. ❖ Feedback from the public, members and stakeholders— positive/negative (outcome).



[Link Home](#)

A. STRATEGIC GOAL: ORGANIZATIONAL GROWTH AND SUSTAINABILITY

Objectives	Key Activities and Implementation Plans	Deliverables	Measurement Methods
3. Manage Human Resources	<ul style="list-style-type: none"> ➤ Analyze skill gaps and consider continued staff training/development program for the improvement of knowledge, skill and ability. <ul style="list-style-type: none"> ○ Sensitivity training ➤ Ensure staff succession plan is in place. 	<ul style="list-style-type: none"> ➤ Improve staff productivity, competency, and team efficiency. ➤ Increase employee motivation. ➤ Improve response cycle time. 	<ul style="list-style-type: none"> ❖ The rate of staff retention (outcome). ❖ Staff satisfaction survey (outcome); Adapt to change (process and outcome). ❖ Staff workplans in place (outcome). ❖ Cycle time measures in place (output).
4. Sound Governance	<ul style="list-style-type: none"> ➤ Council: <ul style="list-style-type: none"> ○ As defined by council. 	<ul style="list-style-type: none"> ➤ As defined by council. 	<ul style="list-style-type: none"> ❖ Legislative/regulatory review (output). ❖ Transparency (process outcome). ❖ Accountability (outcome). ❖ Shared decision making (process outcome). ❖ Governance self-assessment (outcome).
	<ul style="list-style-type: none"> ➤ Organization: <ul style="list-style-type: none"> ○ Continuously develop, review and enhance by-laws, policy, and procedure to meet the healthcare needs. ○ Promote good governance at each level of the organization to achieve its mandate. 	<ul style="list-style-type: none"> ➤ Identify regulatory issues and recommendations. ➤ Evaluate legislative framework for effectiveness. 	



[Link Home](#)

A. STRATEGIC GOAL: ORGANIZATIONAL GROWTH AND SUSTAINABILITY

Objectives	Key Activities and Implementation Plans	Deliverables	Measurement Methods
<p>5. Risk Mitigation</p>	<ul style="list-style-type: none"> ➤ Continuously review and monitor the organizational environment (internal and external) and maintain a contingency planning for managing risk. ➤ Proactive action can take place. 	<ul style="list-style-type: none"> ➤ Maintain member regulatory compliance. ➤ Update business continuity management plan annually. ➤ Assess College risk tolerance; update risk framework annually. 	<ul style="list-style-type: none"> ❖ PCC investigations completed (output). ❖ # CCRA's in place (output). ❖ DC Hearings completed (output). ❖ DC decisions consistent with PCC recommendations (outcome). ❖ Response time and risk adjustment to change (process outcome). ❖ Risk Management Framework report completed.
<p>6. Strengthen Relationship with Stakeholders</p>	<ul style="list-style-type: none"> ➤ Continue to work with the Ministry of Health (MoH), Health Quality Council, NIRO, e-Health Saskatchewan, COPR and other associated agencies nationally and internationally. ➤ Establish a common goal to provide better care. 	<ul style="list-style-type: none"> ➤ Enhance communication and engagement with key partners/Improve relationship. ➤ Document SCoP stakeholder expectations. ➤ Develop opportunities for members to participate in connected patient care. 	<ul style="list-style-type: none"> ❖ Reduction of regulatory barriers. ❖ Seek out partnership opportunities (outcome) ❖ Seek out opportunities to engage/collaborate. ❖ Develop mutual understanding/ shared support for SCoP initiatives (outcome). ❖ Provincial/national/international recognition by stakeholders (outcome).



[Link Home](#)

B. STRATEGIC GOAL: EFFECTIVE ENGAGEMENT

Objectives	Key Activities and Implementation Plans	Deliverables	Measurement Methods
<p>1. Strengthen Member Involvement in the College</p>	<ul style="list-style-type: none"> ➤ Develop members engagement plan by involving them in the College activities: <ul style="list-style-type: none"> ○ Research work; ○ Annual General Meeting (AGM); ○ Organize periodical open discussion sessions. ➤ Improve feedback/input mechanism for members. ➤ Promote member's personal health/Mental health issues. 	<p>Reduce communication gaps by:</p> <ul style="list-style-type: none"> ➤ Document member expectations. ➤ Create member awareness regarding the role of the College. ➤ Create platform for regular member feedback. 	<ul style="list-style-type: none"> ❖ Develop platform to capture member feedback (output). ❖ Capture Positive/Negative feedback (output). ❖ The number of concerns raised (process and output).
<p>2. Advancement of Clinical Knowledge, Skill and Judgement</p>	<ul style="list-style-type: none"> ➤ Evaluate Community Paramedic Scope of Practice. ➤ Evaluation of Palliative Care and Home-based care ➤ Revise regulatory approach to move towards 'scope of practice' vs. current protocols; ➤ Apply for S. 23 amendment. 	<ul style="list-style-type: none"> ➤ Identify mechanisms to improve quality of paramedic care. ➤ Define standards of practice. ➤ Maintain currency of skills. 	<ul style="list-style-type: none"> ❖ Patient-reported outcomes; patient engagement survey data (output). ❖ Submit S. 23 package for consideration (output). ❖ PPC meetings and recommendations to CPSS (output). ❖ # PPC recommendations approved (output).
<p>3. Promote Knowledge (public and member)</p>	<ul style="list-style-type: none"> ➤ Encourage members to develop cultural responsiveness in the work environment. ➤ Organize Training (Fees: TBD) <ul style="list-style-type: none"> ○ Health and Information Protection Act (HIPA); ○ Build resiliency through Emotional Intelligence; ○ Governance and Practice; ○ Interprofessional Education; ○ Diversity Management; ○ Etc. 	<ul style="list-style-type: none"> ➤ Licence qualified professionals. ➤ Improve capacity and competency. 	<ul style="list-style-type: none"> ❖ The number of complaints received (output). ❖ Monitor member cultural awareness training (output). ❖ Collect data re: member language proficiency (output). ❖ Training developed (output). ❖ Training delivered (output).



[Link Home](#)

B. STRATEGIC GOAL: EFFECTIVE ENGAGEMENT

Objectives	Key Activities and Implementation Plans	Deliverables	Measurement Methods
<p>4. Evidence-based Practice and Regulation</p>	<ul style="list-style-type: none"> ➤ Case analysis of professional incompetence/misconduct; capture trends in Professional Conduct and Discipline Committee case files. ○ Establish linkage with demographic Info. ○ Develop recommendation to address improved compliance opportunities identified in data analysis. 	<ul style="list-style-type: none"> ➤ Achieving CCRA's vs complaints going to Discipline Committee (DC). ➤ Define complaint cycle time 	<ul style="list-style-type: none"> ❖ Set and enforce standards of professional and clinical practice (process). ❖ Monitor number of complaints (outcome). ❖ The time frame of the complaint resolution (process and outcome). ❖ Identify options for mitigating PCC offences.
<p>5. Promote and build cultural safety and appropriateness in professional practice</p>	<ul style="list-style-type: none"> ➤ Indigenization of standards: <ul style="list-style-type: none"> ▪ Organizational operational structure; <ul style="list-style-type: none"> ○ Traditional Territories Acknowledgement; ○ Purposeful inclusion of Indigenous imagery to shape the College message; ○ Policies to support and enable indigenization. ▪ Scope of Practice; ▪ Protocol manual; ▪ Etc. ➤ Commitment to cultural safety and humility in serving the Indigenous Peoples. ➤ Identify options regarding member training to enhance Indigenous knowledge. 	<ul style="list-style-type: none"> ➤ Honour to recommendations of the Truth and Reconciliation Commission of Canada, (TRC) Call to Action (18-24) and the United Nation Declaration on the Rights of Indigenous Peoples. ➤ Embed inclusiveness into paramedic care (cultural competency). ➤ Increased visibility of the College in Indigenous communities. 	<ul style="list-style-type: none"> ❖ Track number of Indigenous engagement activities SCoP is involved in (outcome). ❖ Public and member survey regarding satisfaction and awareness (outcome). ❖ Policy development and implementation (output) ❖ Training options identified (output).



[Link Home](#)

C. STRATEGIC GOAL: EFFECTIVE REGULATION

Objectives	Key Activities and Implementation Plan	Deliverables	Measurement Methods
<p>1. Unregulated to Regulated</p>	<ul style="list-style-type: none"> ➤ First Responders: <ul style="list-style-type: none"> ○ Compare and contrast the Scope of Practice of Emergency Medical Responders (EMR) and First Responders; ○ Determine linkages for regulation. ➤ Industry Paramedics: <ul style="list-style-type: none"> ○ Identify major industries; ○ Connect to discuss the value of licensure for employees. ➤ Regulate ambulance service providers/Operators. 	<p>Protect and serve the public interest by:</p> <ul style="list-style-type: none"> ➤ Develop recommendations as to whether the regulation of FR is appropriate by identifying overlaps between EMR and FR. ➤ Create connections with unregulated industry players. ➤ Revenue neutral (or for profit) solutions. 	<ul style="list-style-type: none"> ❖ The number of licensed members (output). ❖ Collect data regarding unregulated practitioners (output). ❖ Define regulatory regime for unregulated practitioners (output/outcome). ❖ Recommendation to Council regarding regulation of unregulated practitioners (output).
<p>2. Quality Assurance</p>	<ul style="list-style-type: none"> ➤ Determine CME efficiency and effectiveness. ➤ Streamline Continuous Medical Education Credit (CME) review process through random Audit. 	<ul style="list-style-type: none"> ➤ Improve the competency of paramedics to practice. ➤ Assure the quality/Standard of the Practice of the profession. ➤ Promote continuing evaluation, competence, and improvement. ➤ Practitioner compliance with standards. 	<ul style="list-style-type: none"> ❖ Ensure registrants meet professional and ethical standards (outcome) by completing CME. ❖ Adopt CME audit during renewal based on member declaration of requirements met (outcome). ❖ Refer members to PCC that are in breach of declaration (outcome).



[Link Home](#)

C. STRATEGIC GOAL: EFFECTIVE REGULATION

Objectives	Key Activities and Implementation Plan	Deliverables	Measurement Methods
<p>3. Research Capacity</p>	<ul style="list-style-type: none"> ➤ Partner and/or host research symposium/conference/showcase/connection with the research community. ➤ Undertake new research projects on patient-centered pre-hospital care. ➤ Working with other professional groups. 	<ul style="list-style-type: none"> ➤ Produce sound evidence to inform practice ➤ Grow research network ➤ Build research skills ➤ Positive recognition 	<ul style="list-style-type: none"> ❖ Publications (output). ❖ Conference presentation (output). ❖ Grant applications (outcome). ❖ The number of grant application and successful granting (output). ❖ Collaborative research relationship (process and outcome).
<p>4. Community Relations</p>	<ul style="list-style-type: none"> ➤ Offer a variety of ways to submit public comments. ➤ Organize and attend various community events/outreach programs and open discussion/dialogue session with the public and members: <ul style="list-style-type: none"> ▪ Senior homes; ▪ Orientation program/conference/training; ▪ Indigenous talks; ▪ Etc. ➤ Create a public advisory group. ➤ Create an advisory group of young professional (Under ~29). ➤ Engage with “hard to reach” population: <ul style="list-style-type: none"> ▪ Rural; ▪ Indigenous communities; ▪ Ethnic groups; ▪ People with disabilities; other 	<ul style="list-style-type: none"> ➤ Communicate the purpose of the College; establish ‘brand’ identity. ➤ Document public expectations. ➤ Create awareness among the public and members. ➤ Elicit community input. ➤ Build the public confidence in regulation. 	<ul style="list-style-type: none"> ❖ Complete public engagement work (output). ❖ Develop recommendations arising from engagement work (output). ❖ Public and member feedback (outcome). ❖ Responsiveness to the needs of the public (outcome). ❖ Accessibility to the College by unique populations (process).