



COUNCIL MEETING HIGHLIGHTS

February 9, 2024

Present: Matt McGurk (President), Noël Dunn (Vice President), Jason Farago (Fire), Roger Carriere (Public Representative), Joel Gritzfeld (Public Representative), Jacquie Messer-Lepage (Executive Director), Collette Parks (Communications Coordinator), Jennifer Williams (Director of Professional Practice and Research), Louise Durnford (Director of Operations)

Regrets: M. Jesse Chorkawy, Kyle Sereda (Past President), Donna Dohms, Michael Slater, Karen Gibbons (Public Representative)

0.5 Welcome to our guests and Council

Our first order of business will be to introduce our guest facilitator Loretta Gerlach. This morning, we are fortunate to have Loretta with us to provide an overview of good governance in the non-profit sector. JML will provide short BIO, then Council and guests will move directly into Governance session; Council meeting will follow starting at noon (working lunch)

1.0 Call to Order

- President of Council called the meeting to order at 1239.

2.0 Land Acknowledgement:

- I want to acknowledge that in Saskatchewan, we are on treaty land. These treaties serve to govern our relationships with Indigenous people.
- Today we are located on Treaty 4 territory, which is the traditional territory of the Nêhiyawak, Saulteaux, Dakota, Lakota, Nakota, and the homeland of the Métis/Michif Nation.
- It is important that we recognize that we all have benefits and responsibilities under these agreements. We acknowledge the harms and injustices of the past and present. We dedicate our efforts to working together in a spirit of collaboration and reconciliation. We are all treaty people.

3.0 Declaration of conflict of interest

- Matt McGurk – education and students
- Noël Dunn – SHA

4.0 Approval of Agenda

MOTION: To approve the agenda. **Noël/Joel. Carried.**

5.0 Approval of Minutes November 22, 2023

MOTION: To approve the minutes. **Noël/Roger. Carried.**

5.1 Business arising from the Minutes

- No business

5.2 Council E-vote regarding COPR Exam

MOTION: To sign the COPR exam agreement and confirm the adoption of licencing standard(s) in the new year once PAC releases their information broadly and a comparison can be completed. **Roger/Mike. Carried.**

ACTION ITEM	ACCOUNTABILITY	Status	TIMELINE
1. Create Risk Management Policy for College that references Business Continuity Plan and insurance coverage	JML/Policy Analyst	Underway	

6.0 Face to face meeting with Paramedic Services Chiefs of Saskatchewan

Attendees: Jennifer Larre (WestMed), Kelly Prime (Medavie), Keith Woytiuk (Blaine Lake), Steven Skoworodko (Wakaw EMS), Chelsea Wilker (COPR)

- Issue: Restricted PCPs
 - Restricted PCPs never get to be in the back of the ambulance unless they are supervised, but is there a mechanism for them to be more involved in-patient care?
 - Can the definition of direct supervision be changed?
 - Unrestricted EMRs can attend but Restricted PCPs cannot
 - Nursing definition of supervision is very different, but their practice is very different; their supervisor needs to be on the ward but not within arm's length; Nurses have delegation of authority

- ACTION:** Can SCoP look at implementing unrestricted member signing a transfer of care form to a Restricted PCP?
- ACTION:** Can a Restricted PCP get insurance if they are not directly supervised? A: this is something that should be confirmed by Harvard Western
- Council confirmed that it is not possible for a Restricted PCP to work as a fully qualified EMR without writing the licencing exam
- ACTION:** PSCS would like Council to consider changing the definition of direct supervision and will write a letter to request; alternatively, remove direct supervision and transfer liability to the supervisor
- Liability Insurance (PLI)
 - Needed to start everyone with the same policy because we don't have the ability to assess individual policies
 - Saskatoon Fire lawyer says gross negligence is not covered by anyone ever. Saskatoon Fire institutional insurance covers PLI
 - Could we pre-approve a handful of policies? A: SCoP did the best we could with a vendor that we thought provided what we needed and will continue to assess
- ACTION:** Confirm Harvard Western coverage re: costs of investigation charged to member
- Mission to Australia: funded by Medavie and federal grant money via virtual reality project pilot testing
 - Investigations
 - PSCS indicated that they have had reports of investigations beginning about a paramedic without them being notified first; employers have been requested information before the paramedic was informed
 - Current process: complaint, then information gathering (ex: ask employer for PCR), then the information goes to the PCC who decide if an investigation will be opened. College staff do not open investigations
 - COPR
 - People are expressing difficulty in writing the exam; can in-person exams come back in addition to remote?
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- Don't want a paper test, just want to be able to write notes on paper in a physical test centre. ADHD and dyslexia are an issue where being able to talk things out loud help but can trigger proctor concerns
 - COPR Response: There have been issues with the last sitting; COPR pivoted quickly because of COVID to offer virtual exams; they selected a new exam vendor in the past year, which created issues with the last couple of sittings
 - PSCS: writing at home re: internet connections are an issue; virtual is not for everyone
 - COPR: Looking at test centre options currently; test centers are hard to find after the beginning of COVID (the actual physical space)
 - PSCS: What about SaskPolytech? Why not go back to that?
 - Need to work through exam vendor issues first
 - PSCS: How is exam grading done?

COPR: Exam scoring uses psychometrics; Angoff methodology is used; Angoff approach can address the differences between difficult or less difficult exams, as well as stronger or weaker students. In every exam some questions are easier, and some are more difficult; all exams are created out of a question bank. If an exam pulls a few easier questions, the pass score needs to be adjusted to account for that difference in difficulty.

 - le: pass might be 81% for a slightly easier exam, but a harder exam pass mark might be 79%. The difference is not huge but needs to be considered in the final scoring. Candidates are only competing against the exam, not other examinees. Exams are not scored on a bell curve.
 - The approach to scoring cannot be changed; Angoff is an international scoring standard for high stakes exams.
 - Every exam in a sitting is the same exam but questions are randomized. The next sitting will be a different exam with different questions
 - PSCS: For nurses, if you pass all the early questions you don't have to do more, or you can go to the end to see if you can pass or fail
 - COPR has looked at this but needs a much larger question bank to support this approach
 - We cannot pull questions from other regulators around the world because questions need to match the textbook and scope being taught. It takes time to create and validate new questions
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- PSCS: There are complaints that the questions aren't always valid. How are exam questions developed?
 - COPR:
 - A blueprint is created for the exam, (currently derived from the NOCPs - and will eventually be based on PERRS).
 - Subject matter experts (SMEs) get together to decide how the blueprint is formed (how many questions on communication, therapeutics, etc).
 - 10 people from each designation will be doing blueprinting. Then, SMEs are paid to write questions for COPR, questions are reviewed, then are included in an actual exam for question validation purposes (but do not form part of the candidate score). If the question performs poorly, it is removed from the bank
 - COPR:
 - Implementation of PERRS will change questions. New blueprints will be created; Diversity, Equity, and Inclusion (DEI) and health of the professional have been added as competencies. PERRS is not that different from current framework
 - Educational institutions who use accreditation will need to determine which standard(s) they are adopting; they will have to do a cross reference to make sure they are teaching to the standard required by the regulator
 - PSCS: 70%+ of people who write it for the first time are passing but pass rate in Saskatchewan is lower; what is the issue?
 - PSCS: If someone doesn't want to leave Sask, why do they need to write the exam if it was implemented because of labour mobility?
 - SCoP: Ontario and NB don't write COPR but everyone else does
 - If they pass school but not licensing exam, are they competent?
 - Other health regulated professions require successful completion of a high stakes examination; COPR is in line with the pass rate vs. that of other professions.
 - PSCS: What can be done in the educational programs to improve pass rate?
 - PSCS: Wait time between finishing and exam writing is long
 - COPR: 7 provinces were happy with exam frequency; Sask was not. In response, COPR has now implemented a 5th exam sitting
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- Students should be studying as a full-time job in between finishing school and working
- PSCS: If all the restricted practitioner is doing is driving, they'll lose their skills so Restricted isn't as helpful as it seems; hard to have a 3-person crew right now
- To write COPR: verification of program completion (transcript, certificate, or letter)
- To become licensed: need verification of program completion (transcript or certificate). Letter is not enough to license; the credential must be granted by the institution
- PSCS: Can the final exam of paramedic program be the licensing exam before the student completes a practicum? SCoP: no

ACTION: PSCS: Can SCoP look at which higher risk skills are not performable with Exam Restriction; would be by licence level. EMR, PCP, ACP.

PSCS: Can SCoP redefine direct supervision: anything above EMR practice would be directly supervised? "Newly qualified practitioner" working with an unrestricted licensed practitioner?

ACTION: Executive Director to look at legislation regarding Restrictions

7.0 Progress on Strategic Priorities:

7.1 **Strategic Outcomes Update:** next update March 2024 (quarterly)

7.2 COPR National PCP/ACP/EMR Research Findings

- COPR recently completed an educational program performance review; the assessment relates exam performance to programs; results will not be made public
- Saskatchewan EMR program performance is the poorest of the country
 - Comparison of Medical First Responders (MFRs) and EMRs; will be looking at current EMR scope compared to other provinces
 - Have already looked at educational programs; Sask and BC have short programs; everywhere else is 2 to 3 months

COPR Exam Vendor Update

- COPR moved to a new vendor in November
 - COPR have since decided to return to the previous vendor
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- No other details will change (5 sittings will continue)
- Exams are proctored virtually
- Can exams be delivered on demand? Not now, because of the limited size of the question bank

8.0 Additional Updates – Executive Director

Committee Reports (Committee Chairs as appropriate):

8.1 Executive Committee Decision

- No update to report

8.2 Audit Committee

- Budget variance report reviewed

8.3 Legislation and Bylaws Committee

- Met Feb 8, 2024; will discuss at next meeting
- Reviewing regulatory bylaws

8.4 Discipline Committee

- Two files referred to Discipline in 2023
- One resolved with agreed statement of facts and admission of penalty
- Waiting for decision on second one
- No details of individual cases were discussed

8.5 Professional Conduct Committee

- 61 complaints received in 2023
 - 38 Misconduct (attitude and behaviour); 23 Incompetence
 - 9 are still open
 - 9 issued letter of guidance
 - 9 issued CCRA's
 - The balance of the complaint files were dismissed
- No details of individual cases were discussed

8.6 Paramedic Practice Committee (PPC)

- Last meeting was in November 2023
 - Scope changes: oxytocin administration, ACP sutures
 - Verbally approved; taking to Education next
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- Looking at COPR release of standards of practice (PERRS)

8.7 Education Committee

- Next meeting scheduled for Feb 15, 2024
- Looking at the two possible changes to scope

8.8 Nominations Committee

- Recommendations circulated to Council
- Committees are appointed in June, after the AGM and election
- Election begins March 30

8.0 Collaboration, Meeting and Training Updates

8.1 Research/Funding Meetings

- Working on research proposal regarding resilience in practice; people who have been long term in practice and what keeps them there and what would have made their experience better; will partner with UofR and/or SaskPolytech
- Examining options regarding a provincial app that is a quick access resource for front line paramedics, medications, push notifications of changes, reference cards, quick reviews on skills. Will need to obtain grant funding to proceed

8.2 VAPOC Project update

- No update required

9.0 Other/New Business

9.1 Renewal

- 2169 members have renewed for 2024

9.2 Community Paramedicine

- SHA is running a community paramedic program; current practitioners do not appear to hold a Community Paramedic endorsement so cannot legally identify as community paramedics

ACTION: SCoP will be sending a letter asking for more information



9.3 Umbrella Legislation - SCoP Submission to MoH

- Ministry of Health draft legislation document was circulated to Council
- The proposed changes in legislation will redefine the regulation of members

9.4 General Updates

9.4.1 Truth & Reconciliation Videos (SALPN):

<https://youtu.be/W7ULR7sQTTM>

9.4.2 EMS Strategic update Recording:

[Saskatchewan EMS Update - Virtual Event-20240117 1902-1](https://www.youtube.com/watch?v=Kk43gM9G)

Password - Kk43gM9G

9.4.3 Australian paramedics Global News feature interview:

<https://globalnews.ca/video/10262291/medavie-health-services-west-recruits-from-australia>

9.5 Correspondence: Nil

10.0 In Camera Session:

10.1 Council Item(s) with ED

10.2 Council Item(s): ED excused for this portion of meeting

11.0 Adjournment: Next Council Meeting is April 12, 2024 (Virtual)

MOTION: To adjourn at 1640
