



**SASKATCHEWAN
COLLEGE OF
PARAMEDICS**

Policy Manual

Policy Document

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Policy:	Attendance at Council Meetings	Policy Number:	1.1
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Policy Type:	Governance	Date Approved:	April 24, 2009	Date Revised:	
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1. To ensure the proper conduct of the Council's statutory responsibilities, members of Council and members of the Committees of Council must commit to attending meetings and planning sessions to the greatest extent possible.
2. Council members who are unable to attend a meeting shall inform the Chair of the meeting and the Executive Director, provide a reason for non-attendance and request that their regrets be extended to the other members attending the meeting. Authorization will be provided by the Chair of the meeting and the missed attendance will be noted by the Executive Director in the minutes of the meeting.
3. If a written request from five members of the College is received, absence of a Council member or Committee member from more than two consecutive meetings or three meetings in an annual cycle shall result in the Council considering whether the Council should request the member's resignation
4. Notice of motion for removal or suspension of any member must be given to the member concerned and to all members of Council 30 days before the Council meeting.
5. A vote will be taken by Council after consideration is given to the member's reasons for failure to attend. The motion to remove or suspend must be passed by a two-thirds vote at the Council meeting.
6. If a Council or Committee member that has been asked to resign, wishes to be reinstated, a letter of request must be sent to the Council outlining the reasons for failing to attend, and the steps the member is prepared to take address the reasons for non-attendance.
7. Council shall make a decision regarding reinstatement of the member by motion and may impose any terms and conditions associated with a decision to reinstate the member.

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Policy:	Council Orientation and Development	Policy Number:	1.2
Policy Type:	Governance	Date Approved:	April 24, 2009
		Date Revised:	

The following steps will be taken to assist and support the Council in carrying out its responsibilities:

1. Information on the role of Council, the role of Council members and expectations of Council members will be provided and reviewed by Council members on an annual basis.
2. Following Council elections, all Council members including returning and new members will attend a Council orientation session in which the above information will be provided and reviewed.
3. All new Council members will be paired with an experienced Council member who will act as a mentor.
4. As resources permit, the Council will establish a development budget to support its governance activities and ongoing education. For example, the development budget may be used to contract with external governance experts to help the Council manage its statutory responsibilities.
 - 4.1. Council members attending any educational events shall provide a written report highlighting the learning they acquired from the event and its relevance to Council activities.

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Policy: **Council Evaluation** Policy Number: 1.3

Policy Type: Governance Date Approved: April 24, 2009 Date Revised:

The Council will establish and implement an annual process for reviewing the governance activities, performance and the operations of Council.

1. The review process will include an assessment of the Council's progress on workplan objectives, compliance with governance requirements in the Act, bylaws and policies, Council effectiveness and relationship with the Executive Director.
2. The review will not be conducted in conjunction with the annual performance review of the Executive Director.
3. **Evaluation Checklist**--The attached checklist may be used as a tool to assist in the annual review described above.



**Saskatchewan College of Paramedics
Evaluation Checklist¹**

Your Rating of this Board

1- Low

6-High

1. Governance and Leadership

		1	2	3	4	5	6
1.1.	Has a clear understanding of Council's role, mandate, vision and values.						
1.2.	Provides Clear Leadership to the profession on governance issues within its jurisdiction.						
1.3.	Has established written Council priorities for the current year.						
1.4.	Has an established process of reviewing, suggesting, revising and approving policies.						
1.5.	Makes frequent reference to current or proposed policies when reviewing an issue and/or report from the CEO.						
1.6.	Has endorsed a realistic budget.						
1.7.	Has developed a thorough orientation process for Council members.						
1.8.	Ensures that each Council agenda package contains a complete analysis of each issue including a recommendation from the CEO/Registrar.						
1.9.	Has access to a Council governance policy manual containing current policies.						
1.10	Respects the role of the chair and understands the range of expectations of that role						
1.11	Abides by the majority decisions of the Council; respects the principles of democracy.						

2. College Planning

		1	2	3	4	5	6
2.1.	Has adopted a comprehensive planning framework which enables the Council to consider and develop its annual objectives and priorities.						
2.2.	Seeks input of registrants, stakeholders and the public through a planned process or technique(s) for input on College priorities.						

¹ Based on Evaluation tools developed by the Alberta College of Paramedics.

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2.3.	Holds annual information meetings with Registrants to present and discuss College priorities.						
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3. Relationship Building

		1	2	3	4	5	6
3.1.	Holds regular Council – CEO/Registrar meetings to discuss issues of mutual interest; seeks and provides candid input.						
3.2.	Conducts a formal performance review of the CEO/Registrar.						
3.3.	Holds meetings (at least quarterly) with its stakeholder groups.						
3.4.	Involves the stakeholder groups in issues which directly impact them.						

4. Assessment of Self-Governance

		1	2	3	4	5	6
4.1.	Surveys the registrants and stakeholders on a regular basis to determine which regulatory services are required and/or should be enhanced.						
4.2.	Develops new programs or revises existing programs based on changing self-governance requirements/needs.						

5. Sound Fiscal Leadership

		1	2	3	4	5	6
5.1.	Has adopted an annual budget reflective of the cost of professional self-governance.						
5.2.	The policy manual includes current policies on fiscal matters which provide reasonable control for the Council.						
5.3.	Conducts regular internal and/or external audits and takes appropriate action on any resulting recommendations.						
5.4.	Produces an annual report which includes summary fiscal information.						

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5.5.	Requires monitoring reports from the CEO/Registrar respecting Executive Limitations.						
5.6.	Requires monitoring reports from the CEO/Registrar respecting progress towards College goals						
5.7.	Receives regular reports from the CEO/Registrar and the Director of Operations with regard to the current fiscal health of the College; and has confidence in those reports.						

6. Risk Management

		1	2	3	4	5	6
6.1.	Has an approved risk management plan in place.						
6.2.	The risk management plan includes or is based upon a Council-approved policy statement.						
6.3.	Regular audits have been conducted which review risk exposure and insurance coverage.						
6.4.	A regular report is published on the risk management strategy and results.						

7. Quality Assurance and Reporting

		1	2	3	4	5	6
7.1.	Ensures that programs and services are linked to quantifiable results.						
7.2.	Issues an annual report of the College, linking budget costs to results wherever applicable.						
7.3.	Makes changes to policies/procedures reflecting governing legislation, internal and external recommendations.						
7.4.	Ensures that College results are linked to the strategic and operational plans.						

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Please list areas of potential improvement and recommended options to consider

		Responsibility	
Area For Improvement	Suggested Means for Improvement	Self	Other

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Policy:	Privacy and Release of Information	Policy Number:	1.4
Policy Type:	Governance	Date Approved:	April 24, 2009
		Date Revised:	October 28, 2011

1. The Saskatchewan College of Paramedics (SCoP) collects, uses and discloses personal information as reasonably necessary for the purposes of performing and fulfilling its responsibilities under the Act and Bylaws.

Further, the Saskatchewan College of Paramedics is committed to the protection of personal information and to informing others regarding practices with respect to the collection, use and disclosure of personal information provided to the College. The College remains committed to transparency, accountability and to collecting personal information in a fair and lawful manner

2. The Saskatchewan College of Paramedics collects personal information for the following limited purposes:

- 2.1. Fulfill professional regulatory functions in accordance with Act and bylaws
- 2.2. Communicate documents and information in accordance with Act and bylaws;
- 2.3. Communicate information about the College and its programs;
- 2.4. Establish and maintain linkages with members; and
- 2.5. Manage personnel.

3. The College uses applicant, member and former member information only in the following ways:

- 3.1. Member contact – for College communications, surveys, registration information, and membership benefits as designated in the bylaws.
- 3.2. Demographic – for internal planning purposes and non-identifiable data provided to reputable resources like Statistics Canada for input into trend analysis, research, human resource planning and also for Council approved external research initiatives.
- 3.3. Maintenance of Public Register – to document various membership levels on legal register in accordance with Act and bylaws, including governmental requirements.
- 3.4. Licensure – to document compliance with regulatory and administrative bylaws, participation in College activities and programs, payments and accounts receivable.
- 3.5. Membership eligibility and endorsement– to document eligibility for membership, initial and renewal registration and licensure, including, but not limited to: standing for admission, transcripts/certificates, registration examinations, continuing competence compliance, verification of registration, and for trend analysis, planning and reporting.
- 3.6. Proof of good standing to other jurisdictions upon applicant request.
- 3.7. Proof of good character upon applicant request.
- 3.8. In addition, from time-to-time, current and former members may be contacted to update communication lists, through provision of services, or in the carrying out of College approved research activities.

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4. The College shall not sell, barter, trade or give away any personal information to third parties, other than with secure written privacy agreements in accordance with this policy and without explicit consent, unless required by law or bylaw
5. The College stores and maintains personal information in conformity with the requirements of the *Personal Information Protection and Electronic Documents Act* ("PIPEDA") and the Health Information Protection Act (HIPA).
6. The College shall not publish or print pictures on the website or in the newsletter without assuring that consent of the persons in the photo has first been obtained. 28/10/2011
7. The College shall ensure that all confidential and/or personal information within its possession is secured in accordance with applicable legislation and the College Risk Management Framework.

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Policy:	Confidentiality	Policy Number:	1.5
Policy Type:	Governance	Date Approved:	Date Revised:

1. Respect for confidentiality must be a main priority of the College because it is the cornerstone of trust as well as a legislated obligation.
2. Council members, Committee members and employees must at all times respect the confidentiality of any registrant names and/or circumstances that might identify individuals or stakeholders.
3. All matters dealt with by the Council or Committees during in-camera meetings and matters related to personnel and/or any other sensitive issues must be held in the strictest confidence.
4. The duty of confidentiality continues indefinitely after a Council member, Committee member or employee has vacated their position with the College.
5. Council members, Committee members and employees of the College shall agree to sign an Oath of office and Confidentiality agreement (Appendix E) upon joining the Saskatchewan College of Paramedics.
6. The legislation that must be followed by the Saskatchewan College of Paramedics is:
 - The *Personal Information Protection and Electronic Documents Act (PIPEDA)*, which is available on the federal government website: <http://laws.justice.gc.ca/en/ShowFullDoc/cs/P-8.6///en>
 - The *Health Information Protection Act (HIPA)*, which is available on the provincial government website: <http://www.publications.gov.sk.ca/details.cfm?p=4523&cl=5>
 - The *Health Information Protection Regulations*, which can be found on the provincial government website at: <http://www.publications.gov.sk.ca/details.cfm?p=10368&cl=5>

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Policy:	Rules and Procedures for Meetings	Policy Number:	1.6
Policy Type:	Governance	Date Approved:	April 24, 2009
		Date Revised:	June 10, 2011

The Rules and Procedures that follow are adopted by the Saskatchewan College of Paramedics and shall be used to manage the Annual General Meeting and other special meetings.

1. Adoption of Rules and Procedures

- 1.1. The Bylaws of the College provide that these Rules and Procedures shall apply to all meetings of the College. If a situation arises that is not covered by the Act, the Bylaws or these Rules and Procedures, the matter shall be governed by *Procedures for Meetings and Organizations*, Third Edition, by M. Kaye Kerr and Hubert W. King, Carswell Legal Publications, Toronto, 1996, or later editions.

2. Call to Order

- 2.1. The agenda indicating the order of business for the annual meeting of the Saskatchewan College of Paramedics shall be included in the Annual General Meeting package.

3. Parliamentary

- 3.1. A parliamentarian may be present to advise the chairperson and all members on parliamentary procedure.

4. Appointment of Scrutineers

- 4.1. Prior to the commencement of an annual meeting, the Chair shall appoint scrutineers to assist with the counting of votes. Students, and non practicing members are encouraged to volunteer as scrutineers. When a practicing member is appointed by the Chair to serve as a scrutineer, that member may include his or her personal vote within the number of votes recorded for the counting area assigned to that member.

5. Voting Eligibility

- 5.1. Each practicing member of the Saskatchewan College of Paramedics is entitled to one vote at the annual meeting. Voting members present at the annual meeting are provided with "voting" identification tags to indicate that they are eligible to vote during the sessions of the annual meeting.

6. Voting Procedure

- 6.1. The meeting room will be divided into at least four voting sections. One scrutineer shall be assigned to count the votes in each voting section when a standing vote is requested.
- 6.2. The assembly shall ordinarily vote by show of hands.
- 6.3. In a situation where the Chair cannot clearly determine a majority on a vote by a show of hands, the Chair shall call for the scrutineers to count within their voting section and shall request the assembly to vote by standing.
- 6.4. A practicing member who is unable to stand in order to vote may obtain a white voting card from the registration desk, and may vote by show of hand.

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6.5. Any practicing member in the assembly may request a standing vote.

6.6. Scrutineers will count only voters wearing a designated "voting" identification tag.

7. Approval of the Agenda

7.1. A motion to adopt the Agenda as printed in the Annual Report will be moved and seconded. Unless otherwise designated by the Assembly, all items on the printed Agenda will be considered as orders of the day, to be taken up by the meeting at the time specified. The motion to adopt requires a majority of those voting.

7.2. Members who wish to suggest minor changes in the order of business or who wish to alter the agenda by adding items may make a motion to amend the motion to adopt. Possible motions include:

7.2.1. motion to add a minor routine matter under "other business"; requires majority of those voting {para. 89}

7.2.2. motion to alter the timing of consideration of items on the printed Agenda in a minor routine fashion; requires majority of those voting {para. 168}

7.2.3. motion to add an urgent substantive item to the printed Agenda; requires a two thirds majority of those voting {para. 168}

7.3. The Agenda, once adopted, may be changed. Possible motions include:

7.3.1. Motion to change the time when an item on the printed Agenda is to be considered; requires a two thirds majority of those voting {para 169}

7.3.2. motion to add a substantive item to the Agenda; requires unanimous consent of those present {para. 170}

8. Minutes of the previous Annual Meeting

8.1. The Council shall approve the minutes of the annual general meeting which will also be presented to the membership at the next AGM. The minutes of the previous year's annual meeting are available to the members as part of the Agenda package.

9. Annual Reports from Committees and Officials

9.1. These reports are deemed to be received by virtue of the fact that they are printed in the Annual Report which has been made available to all members.

10. Bylaws

10.1. Sections 14, 15, 16 and 17 of the Act set out the types of matters for which Bylaws may be made and the process for making them. The Act requires a two-thirds vote of those voting at an annual or special meeting to support a bylaw change.

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11. Open Forum

11.1. The membership shall be invited to participate in an open forum discussion; dialogue will be limited to a minimum of 10 minutes providing sufficient time is available to accommodate all participants.

Should time be insufficient, the College may schedule an additional meeting to provide an opportunity for further dialogue.

12. Rules of Debate**12.1. Limitation of Debate**

12.1.1. The initial speaker will normally speak for less than 3 minutes. Each additional speaker will speak for less than 2 minutes with 2/3 vote to extend debate.

12.2. Speakers

12.2.1. Speakers shall use the microphones, state their name, place of residence and address the chair. The chairperson shall call speakers in the order in which they stand behind the microphones.

12.3. Motions

12.3.1. Motions must be made by a currently practicing member and must be seconded by a currently practicing member. To ensure accuracy, the chairperson will request that a motion be submitted in writing and be signed by the mover and seconder. All motions require a seconder.

12.3.2. Preference at the microphones shall be given to the people speaking for the first time to the motion. A person may speak to an issue more than once without closing debate, but only after everyone else at the microphone has spoken.

12.3.3. Non-practicing members, life and honorary members, and students may ask questions and participate in the discussions after the motion/resolution has been moved and seconded.

12.4. Amendments

12.4.1. Amendments must be introduced by motion, in accordance with the rules for motions set out above, and be voted on before the main motion is put to a vote.

12.4.2. The mover of an amendment may speak only at the time of proposing the amendment.

12.4.3. Each person who speaks to an amendment shall be limited to a maximum of two minutes.

12.4.4. No more than two amendments may be on the floor at the same time.

12.5. Resolutions and Motions

12.5.1. Resolutions and motions that do not result in a bylaw amendment shall be decided by the majority (50% + 1) of votes cast, ignoring abstentions. Resolutions and motions that do result in a bylaw amendment shall require a two-thirds votes of those voting. Because abstentions are not "votes" they are not counted in the total votes

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cast. Therefore, the practical effect of an abstention is an indication of support for the prevailing side on the vote. While it is the duty of members who have an opinion on the question to express it by their vote, persons cannot be compelled to vote.

12.5.2. Abstentions shall not be counted or recorded but, in a conflict of interest situation, the name of the member who abstained shall be recorded at the member's request.

13. Election of Council Members and Nomination Committee

13.1. Those members elected shall be decided by a plurality of the votes cast by ballot from members with voting privileges, that is whoever receives the largest number of the votes cast will be declared elected.

14. Adjournment – Possible Motions Include

14.1. motion to adjourn when the business of the meeting is concluded; requires a vote of the majority of those voting.

14.2. motion to change a previously set time for adjournment; requires a two thirds vote of those voting.

14.3. motion to adjourn to another day or to a later time on the same day; requires a vote of the majority of those voting

Policy Document

Policy:	Resolutions	Policy Number:	1.7
Policy Type:	Governance	Date Approved:	April 7, 2009
		Date Revised:	

1. Resolutions

- 1.1. Membership of the Saskatchewan College of Paramedics shall use resolutions to recommend a course of action be taken by the College Council.

2. Call for Resolutions

- 2.1. The College shall issue a call for resolutions annually at least 90 calendar days prior to the deadline for submission.
- 2.2. Resolutions may be submitted by an individual member or a group.
- 2.3. The deadline for the submission of resolutions to be considered at an AGM is on the last working day at least 28 calendar days prior to the Annual General Meeting.
- 2.4. Resolutions must be submitted in writing to the Legislation and Bylaws Committee c/o of the Executive Director of the Saskatchewan College of Paramedics.
- 2.5. Resolutions may be dropped off, mailed in, or submitted by email.

3. Content

- 3.1. Resolutions may pertain to any area of practice, education, administration research, role of the association or role of paramedics within healthcare.
- 3.2. The subject of the resolution should be within the mandate of the organization.
- 3.3. Resolutions must include:
 - 3.3.1. The name, address, telephone number and registration number of the mover and seconder of the resolution;
 - 3.3.2. The date the resolution was submitted; and
 - 3.3.3. A statement that includes what action is being proposed and who should carry it out.
- 3.4. A "*How to Write Resolutions*" document shall be available to members and posted on the Saskatchewan College of Paramedics website.

4. Annual General Meeting (AGM)

- 4.1. Resolutions will be displayed at the AGM so that all members in attendance may see them.
- 4.2. Sponsors of resolutions must be available to introduce and speak to the resolution at the AGM.

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5. Action by Council

- 5.1. Pursuant to S.14(1) of *The Paramedics Act*, Council will review the proposed resolution and determine if it shall proceed to the Ministry for final approval in the case of Regulatory Bylaws, and to the Ministry for gazetteing in the case of Administrative Bylaws.

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Policy:	Parliamentarian	Policy Number:	1.8
Policy Type:	Governance	Date Approved:	April 24, 2009
		Date Revised:	

1. Rules and Procedures for the Saskatchewan College of Paramedics require a Parliamentarian be appointed to assist the Chair and other members of the College on Parliamentary Procedure. The role of the Parliamentarian is a passive role and does not participate in the active debate during the meeting.
2. The Parliamentarian is usually appointed for large meetings like the Annual General Meeting.
3. The Parliamentarian is appointed for a designated period of time to assist Council in developing understanding of parliamentary procedures and the understanding of the rules and procedures of the Saskatchewan College of Paramedics.
4. The Parliamentarian will provide active assistance to the Chair to make sure the proper process is followed and to help resolve procedural problems that may arise at a meeting.
5. The Parliamentarian shall make sure that quorum is maintained throughout the meeting and should advise the chair immediately in the event that quorum is lost.
6. The Parliamentarian can be asked to chair or participate in a constitutional Committee that is responsible for drafting the constitution of the organization or the bylaws dealing with the constitution.
7. The Parliamentarian will be chosen by the President of the Saskatchewan College of Paramedics, on recommendation from the Executive Director.
 - 7.1. The Executive Director will take into account the following factors in making the recommendation:
 - The individual's knowledge of parliamentary procedure or the individual's ability to develop the knowledge in a short time frame;
 - The individual's ability to fulfill the role described above, particularly the ability to provide objective advice to the chair and the ability to fulfill a passive role at a meeting;
 - The individual's desire and willingness to perform the role of Parliamentarian and his/her understanding of the requirements of the role.

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Policy:	Voting Procedures and Scrutineers	Policy Number:	1.9
Policy Type:	Governance	Date Approved:	April 24, 2009
		Date Revised:	

1. Voting Procedures

- 1.1. Before any vote takes place, the responsibility of the chair is to explain to the members the following:
 - The votes required to pass the motion or the election (ie. A simple majority, two thirds majority etc).
 - The type of vote (eg. Show of hands, voice votes, roll call vote or written vote).
 - The doors to the meeting room will be closed during the counting of the vote and no member shall be allowed to re-enter the meeting room while a vote is taken.
- 1.2. The Executive Director shall maintain an up-to-date list of all members that are entitled to vote and shall ensure that list is available at any meeting where it is required.
- 1.3. Unless otherwise specified in the Act, Bylaws or in Policy, all matters shall be determined by a majority of votes cast.
- 1.4. In the cases where the decision involves three or more options, like elections, the plurality of votes shall govern.
- 1.5. Each member shall be entitled to one vote and in the case of the Annual General Meeting must be present at the meeting to vote.
- 1.6. An abstention does not count as a vote cast.
- 1.7. After a voice vote or a vote by a show of hands, the chair announces the decision to the membership (ie. whether it has been approved or rejected) and the decision is recorded in the minutes. Generally, the number of votes for and against are not recorded in the minutes and the number of abstentions is not recorded. The head scrutineer's report will be included in the meeting's minutes.
- 1.8. After a written vote, the chair reports whether the motion has been approved or rejected. In the case of an election, the chair reports the name of the successful candidate.
- 1.9. The ballots from a written vote are kept by the Executive Director for at least one year following the vote.

2. Form of the Ballot

- 2.1. The form of the ballot will be approved by Council. Ballots shall list the names of the candidates in alphabetical order.
- 2.2. The ballot should be marked in a special way so that they are not easily reproduced.
- 2.3. The number of ballots distributed is recorded and checked against the returns. The instructions for marking the ballot are given by the chair of the meeting.

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3. Role of Scrutineers

- 3.1. Scrutineers are responsible for counting votes where a vote has been taken by a ballot or where a vote taken by a voting card cannot be easily determined. They are also responsible for distributing ballots to members in good standing, collecting ballots, ascertaining if any ballots are invalid and reporting to the chair of the meeting of the count of those for, those against, blanks and any spoiled ballots. Instructions for scrutineers are as follows:
- The meeting room will be divided into sections with one scrutineer assigned to each of the voting sections.
 - Scrutineers shall take their place near their assigned section.
 - Each scrutineer shall count the voters in his/her assigned section, counting only voters who are wearing appropriate voter identification.
 - Scrutineers shall record in writing the number of votes cast in favour and in opposition in their designated sections.
 - Scrutineers shall give their written records to the head scrutineer for counting.
 - The head scrutineer shall give the Chair a written report of voting for each question, including identification of the specific question, the number of votes in favour, the number of votes opposed and total number of votes.

4. Selection of Scrutineers

- 4.1. The Executive Director is responsible for the selection of scrutineers. Scrutineers must be objective individuals who are able to ensure an accountable process for counting votes.
- 4.2. The Executive Director shall obtain up to six members to act as scrutineers. One shall be chosen by the Executive Director to act as the head scrutineer. Scrutineers will be provided an orientation as to the rules for voting and reporting on votes taken.

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Policy:	Conflict of Interest	Policy Number:	1.10
Policy Type:	Governance	Date Approved:	Date Revised:

1. When either an employee, Council member or Committee member of the Saskatchewan College of Paramedics or any of their respective family, business partners or close personal associates stand to benefit directly or indirectly from a decision or transaction made by the Saskatchewan College of Paramedics, they are guilty of a conflict of interest or self-dealing (i.e. Deciding to rent a property in which a member or employee has a financial interest¹)
2. A conflict of interest may be either “real”, “potential” or “perceived”. In all of these cases there is an equally important duty to disclose.
3. Full disclosure in itself does not remove a conflict of interest.
4. Members and employees of the Saskatchewan College of Paramedics shall act at all times in the best interests of the College rather than any other individuals or constituencies.
5. Members and employees will perform their duties in such a manner that instills public confidence in the integrity, objectivity and impartiality of the College
6. Council and Committee members may be paid reasonable expenses incurred by them in the performance of their duties. Interests of immediate family members, close personal associates or business associates of a Councilor or Committee member are considered to also be the pecuniary interests of the Councilor or Committee member.

7. **How To Deal with Conflict of Interest²**

- 7.1. The Council/Committee member must openly disclose a potential, real or perceived conflict of interest as soon as the issue arises and before the Council or its Committees deal with the matter.
- 7.2. If the Council/Committee member is not certain they are in a conflict-of-interest position, the matter should be brought before the chair of the Council or Committee for advice and guidance.
- 7.3. If there is any question or doubt about the existence of a real or perceived conflict, the chair shall seek advice from Council Executive.
- 7.4. It is the responsibility of other Council/Committee members who are aware of a real, potential or perceived conflict of interest on the part of a fellow member to raise the issue for clarification, first with the member and if still unresolved, with the Executive Director.
- 7.5. The implicated Council/Committee member must;
 - 7.5.1. Abstain from participation in any discussion on the matter.
 - 7.5.2. Not attempt to personally influence the outcome.
 - 7.5.3. Refrain from voting on the matter.
 - 7.5.4. Leave the meeting room for the duration of any such discussion or vote unless otherwise decided by the Council or Committee.

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- 7.6. The disclosure and decision as to whether a conflict exists shall be duly recorded in the minutes of the meeting. The time the person left and returned to the meeting shall also be recorded.

¹ Board Development: Roles and Responsibilities of Not-for-Profit Boards, Board Development Program, Volunteer Services Branch, Alberta Community Development, rev.2001

² Gill, M. Sample Governance Policies, Institute on Governance, 2002

Policy Document

Policy:	Appointment of Committee Members	Policy Number:	1.11
Policy Type:	Governance	Date Approved:	Date Revised: Nov. 24, 2010

1. The Nominations Committee will recruit candidates and make recommendations for appointments by Council to College Committees.
 - 1.1. In addition to expertise and qualification for the positions, the Nominations Committee will seek candidates and make recommendations to ensure the broadest possible representation of the membership in terms of licence level, geography, sector, gender and any other salient factor;
 - 1.2. The Nominations Committee will screen applicants for appropriate experience and ensure that they are members in good standing with the College prior to making recommendations to Council for appointment.
2. Council may appoint members of the public who are not members of the College to committees which deal directly with matters of keen interest to the public, such as competence (Education) and conduct (Professional Conduct) and financial management (Audit).
 - 2.1. The Nominations Committee will recruit members of the public for identified committee appointments through such means as member recommendations, posting ads on the SCoP web site and contacting First Responders organizations for nominations;
 - 2.2. The Nominations Committee will screen applicants and nominees for appropriate experience and character and recommend appointments to Council.
 - 2.3. Members of the public appointed to College Committees are volunteers. Travel and other expenses will be reimbursed according to SCoP policy on Expense Reimbursement, and where financial loss is incurred from participation in College business, the Wage Loss Reimbursement policy will apply.

Policy Document

Policy: **Continuing Medical Education (CME)** Policy Number: 2.1

Policy Type: Practice Date Approved: April 24, 2009 Date Revised: March 2025

1. Agency and Program CME Approval

Course, is defined as any topics, activity, subject matter or annual program whereby approval is requested for CME credit.

In order to have courses recognized by the College for CME purposes, the program must be submitted to the Saskatchewan College of Paramedics (College) and approved prior to delivery and application of the credit(s).

Agency course proposals must be submitted by September 1 for the current year. Individual course proposals can be submitted throughout the year.

To have a course reviewed and approved by the College as being eligible for CME credit or acceptable as training for new protocols, the submission:

- 1.1 Must demonstrate that the course meets or exceeds College approved competencies for the target practitioner level;
- 1.2 Each course must clearly outline course objectives that include duration and provide an outline which clarifies how the course will meet all mandatory certification and CME credit requirements for the target practitioner level(s);
- 1.3 Must have quality assurance measures in place including:
 - 1.3.1 Appropriate instructor qualifications
 - 1.3.2 Standards for equipment, class size, curriculum, instruction and student materials which meet generally accepted practices for adult education
 - 1.3.3 Evaluation appropriate to the content
 - 1.3.4 Regularly scheduled update/revision to keep the course current
 - 1.3.5 Oversight by qualified practitioners
- 1.4 Must have a description of a reliable system for registration and tracking of students, and issuing and maintaining official transcripts and certificates; and
- 1.5 Must be willing to have the course audited at any time by the College.

2. Instructor Qualifications

To be qualified as the instructor, they must have expertise in the subject matter and be licensed at a level the same or higher than the participants in the course.

Instructors with a lower-level classification than the participants may be qualified instructors when they have specialized expertise or when the subject matter is the same for all levels of practitioners.

3. Timing of Changes to CME Requirements

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3.1 Any changes to CME requirements for the subsequent year must be approved by October 31st of the current year.

4. Audit

Approval of any CME course is subject to an audit not limited to the following recommended guidelines:

4.1 Agency Audit

4.1.1 Each agency may be subject to an audit;

4.1.2 Audits will occur with authority to either be on-site, off-site or combination as directed by the College;

4.1.3 Agency audits will be selected at random unless otherwise directed by the Executive Director or Council.

4.1.4

Audits will consist of the agency providing all relevant documentation pertaining to the delivery of indicated program/course/activity to the college for review, not limited to:

- Agency/Program CME submission documents
- Approval verification(s) for any delivered CME
- Exam(s)
- Delivered course material/content
- Resource material(s)
- Skill assessment(s)
- Attendance and/or participation verification
- Target level

4.1.5 A CME Audit report will be completed within 30 days post audit date utilizing a standard audit reporting template. The Agency will receive a copy of the approved CME Audit report and be required to acknowledge receipt of the report.

4.1.6 Audit criteria in evaluation of compliances will be according to a standardized evaluation document.

4.1.6.1 In Compliance – Agency rating of “*in compliance*” would result in no further proof of documentation or follow up on any recommendations that may be provided.

4.1.6.2 In Compliance with Caution – Agency rating of “*in compliance with caution*” would result in the agency having 30 days to correct their deficiency and provide documentation of proof to the College with particular attention to recommendations provided.

4.1.6.3 Noncompliance – Agency rating of “*noncompliance*” would result in the College being obligated to suspend any further CME credit awarded from that particular agency.

4.1.6 Appeal can be made in writing to Council on any audit reporting within 30 days of audit date.

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4.2 Program Audit (under development)

4.2.1 Each agency can at random have approved programs audited as per section 4.2.3

4.2.2 Program audits will consist of the agency providing all relevant documentation pertaining to the delivery of indicated program/course/activity to the college for review, not limited to:

- Agency/Program CME submission documents
- Approval verification(s) for any delivered CME
- Exam(s)
- Delivered course material/content
- Resource material(s)
- Skill assessment(s)
- Attendance and/or participation verification
- Target level

4.2.3 Agencies will receive 30 days' notice of the College's intended arrival for the CME Program Audit. A CME Audit report will be completed within 30 days post audit date utilizing a standard audit reporting template.

4.2.4 Audit criteria in evaluation of compliances will be according to a standardized evaluation document.

4.3 Practitioner Audit (under development)**5. Student CME Credits**

A graduate or current student may apply to the College for CME credit from an approved education program.

5.1 Pursuant to section 5(3) of the Regulatory Bylaws, a person who has completed the requirements for initial registration will be eligible for CME credit as follows:

5.1.1 Upon receipt of proof of program completion (transcripts, certificates, other; electronic copies are acceptable providing a seal or other authentication is visible on the document or proof of validity can be confirmed (documents provided directly by the issuing agency are preferred). The College will automatically grant the person 20 CME credits for the first renewal period following licensure; or

5.2 A person who is in the process of upgrading their paramedic education to achieve a licence level with increased scope may apply to the College for CME exemption as follows:

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- 5.2.1 Upon receipt of proof of program completion; electronic copies are acceptable providing a seal or other authentication is visible on the document or proof of validity can be confirmed (documents provided directly by the issuing agency are preferred); the College will grant the person 20 CME credits for one renewal period within two years of graduation; or
 - 5.2.2 The person may apply to the College to receive 20 CME credits prior to graduation by providing acceptable proof of program completion.
 - 5.2.3 CME credit will only be granted for one renewal period within two years of graduation.
- 5.3 A person who is in the process of completing a College approved paramedic refresher program may apply to the College for CME exemption as follows:
- 5.3.1 Upon receipt of proof of program completion, electronic copies are acceptable providing a seal or other authentication is visible on the document or proof of validity can be confirmed (documents provided directly by the issuing agency are preferred). The College will determine eligibility for CME credit on a case-by-case basis;
 - 5.3.2 If approved, CME credit will only be granted for one renewal period within two years of graduation.

Policy Document

Policy:	Licensing & Registration	Policy Number:	2.2
Policy Type:	Practice	Date Approved:	April 24, 2009
		Date Revised:	May 2, 2018

1. Licensing Requirements

- 1.1. The Saskatchewan College of Paramedics may register members, and issue a license to practice to individuals in accordance with the terms set out in S. 20 of the Paramedics Act and pertinent sections of the Regulatory Bylaws.
- 1.2. The requirements for licensure shall be reviewed annually, and where necessary, will be updated at least one year in advance of the upcoming license year.
- 1.3. The requirements for licensure shall be made available by posting on the Saskatchewan College of Paramedics website.

2. Language Requirements

- 2.1. New membership candidates are required to be fluent in English. Candidates for whom English is not their native language must provide proof that they have taken an approved test of English language fluency and have achieved an acceptable score demonstrating fluency.
 - 2.1.1. Approved tests for English language fluency are: the Test of English as a Foreign Language (TOEFL), the CanTEST, and the Canadian Language Benchmark (CLB)
Approved tests include those accepted by Immigration, Refugees, and Citizenship Canada. Members will be required to meet a score of an overall 7 as tested by the International English Language Test, or a comparable score on any other approved language test. Results will be accepted within a 2-year period from the date of testing. flu
- 2.2. Certain international applicants do not require English language tests. These include:
 - 2.2.1. non-native speakers who have successfully completed at least a two year course of study in which English was the language of instruction;
 - 2.2.2. non-native speakers who have taken an approved test of English language fluency within the past two years and have attained an acceptable score

3. Restricted Licenses

- 3.1. As set out in section 4 of the Regulatory Bylaws, The Saskatchewan College of Paramedics may issue a restricted license to a practitioner if the practitioner does not fully meet clinical, educational, or testing requirements.
- 3.2. The Executive Director/Registrar shall determine what restrictions or conditions are placed on a restricted license on a case-by-case basis.
- 3.3. Any license that has been restricted by the College will clearly bear the words "RESTRICTED" and further words describing the restriction, including it's duration.
- 3.4. The registrar shall make note of the restriction on the license in the College Registry.

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3.5. The registry, including the display on the College's internet site shall show the license to be "RESTRICTED" under "Membership Type."

3.6. Upon successfully meeting the conditions placed on the licence, a member may be issued an unrestricted licence.

3.7. A restricted license may be issued for a period of up to 6 months by the Executive Director/Registrar. If conditions placed on a license are not met within the restriction period, the member may submit a request to the Executive Director/Registrar for extension of the restriction.

A restricted license may be renewed for one additional period of up to 6 months based on the following guidelines:

- a. To facilitate successful exam completion;
- b. To facilitate training requirements; and/or
- c. Other purposes as individual circumstances dictate, and as deemed reasonable by the College.

The Executive Director/Registrar may seek guidance from Council as appropriate. Council will act as an appeal body should a member wish to advance interests that are inconsistent with decisions of the Executive Director/Registrar. *Effective: 2017/01/27*

4. Photo Membership Cards Repealed May 2, 2018

5. Instructor Certificates

5.1. For Licensing purposes, the Saskatchewan College of Paramedics will accept instructor certificates for all mandatory certificates until the certificate expiry date

6. Reinstatement of License

6.1. The Registrar may review and determine whether to reinstate members whose licenses have lapsed through failure to renew by the registration deadline. Council will decide on reinstatement where membership has been suspended or revoked.

6.2. The Registrar has the authority to process routine reinstatements such as:

- 6.2.1. Applications from practitioners who were members in good standing within the last two years, who are very late in seeking license renewal and have met all registration and reinstatement requirements; or
- 6.2.2. Those who are seeking to re-enter the profession after more than two years and less than five years of an extended period of non-practice in Saskatchewan, have taken a re-entry program and have met all other registration and reinstatement requirements; or
- 6.2.3. Those who are seeking to re-enter the profession after more than five years of an extended period of non-practice in Saskatchewan, have taken an approved

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program again in its entirety and have met all other registration and reinstatement requirements.

- 6.3 Labour Mobility applicants wishing to reinstate in Saskatchewan must be in good standing in another Canadian jurisdiction and must meet the terms of Sections 6.1. and 6.2.
- 6.4 Labour Mobility reinstatements *may* be exempted from documentation requirements noted in Section 6.2 and any reinstatement fees over and above regular licencing fees.
- 6.5 Reinstatement will only be considered on receipt of the standard registration requirements plus the additional requirements below:
 - 6.5.1 Provision of current mandatory certifications required for the requested license level
 - 6.5.2 Evidence of the amount of CME credits required for the requested license level in the past year;
 - 6.5.3 Evidence of the required mandatory skills for the requested licence level, completed within the past two years and signed by a person approved to assess these skills; and
 - 6.5.4 Evidence of successful completion of the Council-approved examination for their license level.

7. Licence Sub-titles

- 7.1. The College may use sub-titles to describe the initial training level which the member has achieved.
- 7.2. The sub-title to be used are:
 - 7.2.1. EMR;
 - 7.2.2. EMT/Primary Care Paramedic;
 - 7.2.3. EMT-A/Intermediate Care Paramedic;
 - 7.2.4. EMT-P/Advance Care Paramedic; and
 - 7.2.5. EMT-C/Critical Care Paramedic.

Policy Document

Policy: **Licensing and Registration:** *Active Practicing Member Awaiting Examination*

Policy Type: Practice

Policy Number: 2.2.1

Date Approved: January 27, 2016

Date Revised: December 21, 2016

Principle: Members should have the ability to provide patient care at an appropriate licence level upon meeting all standards as determined by the College.

1. Licensing Provision:

Members holding an active licence in good standing with the Saskatchewan College of Paramedics (SCoP), who are waiting to successfully complete the licensing examination may:

- Apply for a (full) practicing licence at the member's current active licensing level; plus,
- Request a licence restriction that permits practice at a higher level while directly supervised.
 - **Example:** PCP licenced member is waiting to write the ACP national licensing exam; the member may work at the PCP level with full scope of practice and also work as an ACP restricted when supervision is available.

1.1 Practice Parameters:

- Member will be able to practice at their existing (lower) level full scope of practice and can work (unsupervised) at this level at any time.
- Once granted a restricted licence, the applicant will be the responsibility of the practitioner they are working with at all times while providing patient care.
- Member will be licenced to practice under direct supervision at the higher scope of practice; the member cannot work at this level for any period of time, unless supervised by another member who is fully licenced at the higher level or greater (i.e.: fully licenced PCP 2011 NOCP or fully licenced ACP) and in good standing with the College. Supervision by other health professionals is not permitted.
- The supervising practitioner must not have any restrictions on their own licence. These requirements must be maintained throughout the entire term of the student restriction.
- Direct supervision is defined as being within arm's reach of the member being supervised. It does not permit the supervisor to provide direct supervision while they are driving.

1.2 Employer Requirements:

- In order to utilize a Student Restricted applicant, the Employer must commit to performing quality assurance reviews of all Patient Care Records (PCRs), both emergent calls and inter-facility transfers, where the Student Restricted applicant is a member of the team providing patient care.
- The individual completing the quality assurance reviews must not be the supervising practitioner and must be a member in good standing with the SCoP and at the same licence level or higher than the applicant.

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- All medical errors or adverse events made by the Student Restriction applicant during the provision of patient care must be reported to the College by the employer immediately upon becoming aware of the situation.
- The Student Restriction will be revoked on the expiry date, or in the event of any professional misconduct or incompetence issues, on a date determined by the Professional Conduct Committee of the College.
- The Employer must notify the SCoP immediately upon cessation of employment of the Student Restriction applicant. Please note that ceasing employment is not grounds for an extension of the restricted licence.

1.3 Eligibility:

- Member must have held an active licence in good standing with SCoP or another paramedic regulator (in the case of Agreement for Internal Trade "AIT" applicants) for the previous 24 months.
- Non-practicing members will not be eligible to access this licence provision.
- Member must meet all criteria for licensure with the exception of the licencing examination.
- Member must be eligible to take the licencing examination.
- Individuals who have taken the examination previously, and have expended the maximum number of attempts allowed, will not be eligible to hold this licence condition until successful completion of a refresher program has been demonstrated.

Policy Document

Policy Title: Professional Liability Insurance

Policy Number: 2.2.2

Approval Date: 01 September 2023

Date(s) of Revision:

1. Purpose

- 1.1** The *Paramedics Act*, 2008 Section 15 (2) (*q*) requires members to carry professional liability insurance (PLI) in the minimum amount prescribed in the Regulatory Bylaws.
- 1.2** This policy outlines coverage requirements and rationale for mandatory professional liability insurance.

2. Professional liability insurance

- 2.1** Professional Liability Insurance *means* coverage provided specifically for an individual, that includes coverage for negligent acts or errors and omissions related to services or failure to deliver a service by a Member of the College;
- 2.2** Professional Liability Insurance coverage for College members must be approved by the Council and adopted in the Saskatchewan College of Paramedics Regulatory Bylaws.
- 2.3** All member categories must maintain personal professional liability insurance coverage that meets the terms described in this policy unless otherwise authorized by Council; Life members are exempt from this requirement.

3. Rationale

Professional liability insurance coverage provides protection for the public, paramedic practitioners and the College as follows:

- 3.1** Enables a patient to have adequate financial compensation and access to support services (ie: therapy and counselling) should harm occur as a result of an error, omission, or negligent act.
- 3.2** Protects the paramedic by providing legal and financial support should a patient/client/agency make a claim against them.

4. Insurance Requirements

- 4.1** The Saskatchewan College of Paramedics shall secure professional liability insurance on behalf of its members using a process approved by Council;
- 4.2** Insurance premiums will be charged back to the membership unless otherwise authorized by Council.

Policy Document

Policy Title: Professional Liability Insurance

Policy Number: 2.2.2

Approval Date: 01 Sept 2023

Date(s) of Revision:

4.3 Members licenced with the Saskatchewan College of Paramedics must maintain professional liability insurance that meets the following terms:

- a) is independent of any insurance that may be available through an employer;
- b) provides coverage in an amount not less than \$5,000,000 per claim;
- c) aggregate coverage shall be no less than the amount stated in *The Paramedics Act* Regulatory Bylaws;
- d) provides minimum coverage of no less than 10,000,000 per policy period; and
- e) is provided by an insurer that is licensed with the Financial and Consumer Affairs Authority (FCAA) in Saskatchewan.

Policy Document

Policy: **Registry** Policy Number: 2.3

Policy Type: Practice Date Approved: April 24, 2009 Date Revised:

1. Registrar

- 1.1. The Executive Director of the College may act as the Registrar and have responsibility to register persons as members and issue licenses or
- 1.2. Council may appoint a Registrar as a separate role from the Executive Director
- 1.3. The Registrar will keep a register of the members of the College.

2. Register

- 2.1. The register kept by the Saskatchewan College of Paramedics will include the following information:
 - 2.1.1. Registration number;
 - 2.1.2. Name and address;
 - 2.1.3. Category of practice;
 - 2.1.4. License issued;
 - 2.1.5. Encumbrances, conditions or restrictions on the license; and
 - 2.1.6. Other information as may be required.
- 2.2. The register will be kept in accordance with S 18, 19, 20, & 21 of the *Act*.
- 2.3. The register will be kept at the head office of the College.
- 2.4. The register will be open for inspection by all persons, without fee, during normal office hours of the College.
- 2.5. A list of registered members derived from the register will be posted on the College website and will be updated at least every month. The list will include name, registration number, category of practice, license level, and whether there are restrictions or conditions placed on the license.

Policy Document

Policy:	Appeal of Registrar Decisions	Policy Number:	2.4
Policy Type:	Practice	Date Approved:	April 24, 2009
		Date Revised:	

1. Consistent with the *Act* (S21(4), (5), (6), (7)), a person aggrieved by a decision of the Executive Director regarding registering or issuing a license, may apply to Council to review that decision.
2. A person wishing to appeal a decision of the Executive Director/Registrar shall provide notice in writing to the College of the issue for which appeal is sought, the reasons for the appeal, and the resolution being sought.
3. The request for appeal will be provided directly to the Council by the Executive Director/Registrar without comment or analysis on the merits of the appeal.
4. Council shall assign one or more of its members or Committees to gather information on the appeal from the appellant and from the Registrar and from other sources as may be required.
5. The members will report findings back to Council for the purposes of a decision. In conducting the review, the members should be guided by the investigation process described in the policy on discipline investigations. A written report of their findings should be provided to Council with a recommendation as to the appropriate action to be taken by Council. Council may discuss the report and the recommendation in camera.
6. As per the *Act* Council may:
 - 6.1. direct the Executive Director/Registrar to exercise the power in a manner that the Council considers appropriate (S 21 (5)(a));
 - 6.2. confirm the Executive Director/Registrar decision (S 21 (5)(b));
7. On an appeal of the Executive Director/Registrar decision, the person aggrieved by the decision has the right to appear in person before the Council in support of the application (S 21 (6)).
8. The Council shall inform the applicant, in writing, of its decision regarding the review (S 21 (7)).
9. Council shall endeavour to render decisions in as timely a manner as possible and within a period not to exceed three months of receiving the appeal.
10. The right to appeal and the process for appealing a decision of the registrar shall be made available on the College website.

Policy Document

Policy:	Fees	Policy Number:	2.5
Policy Type:	Practice	Date Approved:	April 24, 2009
		Date Revised:	June 6, 2025

1. Fees

Fees will be reviewed annually and will be coordinated with the annual budget development process.

- 1.1. The licensing fee for licensing year starting in 15 months will be determined by using the Consumer Price Index (CPI) for Canada for September. *Re-introduced June 6, 2025*
- 1.2. Fees will not decreased if the CPI is negative. *Re-introduced June 6, 2025*

2. Method of Payment

- 2.1. Payment of fees shall be by Certified cheque, company cheque, money order, e-transfer, credit card, or other means deemed acceptable by the College. *May 2, 2017*
- 2.2. Personal cheques will not be accepted.

3. Late Fees

- 3.1. A late fee will be charged to an existing member who fails to submit a renewal prior to December 1. A renewal submission includes the electronic renewal, evidence that the member has met the educational requirements to maintain eligibility as a member and payment of the licensing fee. If any items required to renew are missing, a late fee will be charged. *07/13/2012*
- 3.2. A late fee of \$275 will be payable on December 2, and will permit renewal up to January 31. Late fee applicability will be based on the latter of: date and time of submission of a member's electronic renewal, and/or the date outstanding requirements and fees are received by the College.
- 3.3. Where the Registrar has received any items required to renew after December 1, the member will be informed of the late fee. The Registrar will process the application only after the amount owing for the late fee has been paid in accordance with the policy for payment of fees. *07/13/2012*

4. Relationship to Reinstatement Fees

- 4.1. Where applications for existing members are received after January 31 the policy on late fees does not apply and the member will be required to apply for reinstatement of his/her membership.

5. Reinstatement Fees

- 5.1. Where an existing member applies for registration and applies at any time after January 31 of the current licensing year, the member shall be required to apply to be reinstated in accordance with the policy on reinstatement. The fees charged shall be the fee for the licensing year plus \$275.
- 5.2. Where the Registrar has received an application after January 31 of the licensing year the Registrar will inform the member in writing or email of the need to be reinstated, the process for reinstatement, the fee charged for reinstatement and the calculation of

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the fee owing (including fees for exams, payment of fees, penalty for late fees and penalties to be determined by the Council). The Registrar will process the application only after the amount owing for the reinstatement fee has been paid in accordance with the policy for payment of fees.

6. Batching of Applications with Single Payment

6.1. If an EMS service, health authority or other employer or agency wishes to submit a single payment of fees for multiple members, the College will accept the fees providing that a list of the members accompanies the cheque or purchase order. The list of members should include the members' first name, last name and College registry number. 10/28/2011

6.2. If an invoice is required from the College, a request for an invoice must be submitted to the College in writing which provides the list of members as indicated in 6.1 as well as whether each member will be practicing or non-practicing for the upcoming year. A request for an invoice must be made with enough time to allow for an invoice to be generated and the fees to be paid prior to December 1st in order to avoid late fees. 07/13/2012

Policy Document

Policy:	Approved Educational Programs	Policy Number:	2.6
Policy Type:	Practice	Date Approved:	Apr. 24, 2009
		Date Revised:	May 2, 2018

1. Pursuant to Regulatory bylaw 2.1.c, educational programs approved by the Council will be all programs that hold current accreditation from a Council approved body and/or any program deemed equivalent by Council.

A list of Accreditation Canada accredited programs can be found on the Accreditation Canada/Equal Canada website at: <https://accreditation.ca/assessment-programs/health-education-accreditation/programs/>

- 1.1.1 If the educational program is not on the list of Accreditation Canada accredited programs or if the applicant is from a country other than Canada, then the individual has the option of requesting an equivalency review. The complete process and fees for this review are outlined in the Equivalency Review Policy (2.6).

2. Saskatchewan training institutions applying for approval must meet the following requirements in addition to the approved competencies:

Provincial Requirements
Ability to apply the <i>Paramedics Act</i>, S.S. 2007, c. P-0.1, as amended from time to time. (A) http://www.publications.gov.sk.ca/details.cfm?p=23320
Ability to apply the <i>Saskatchewan College of Paramedics – Regulatory By-laws</i> , enacted pursuant to the <i>Paramedics Act</i> , Saskatchewan Gazette (6 June 2008) and revised (4 June 2010) as per <i>Saskatchewan Gazette</i> (A) http://www.collegeofparamedics.sk.ca/docs/resources/documents/Regulatory_bylaws_amended_June4_2010.pdf
Ability to apply the SCoP, <i>Saskatchewan Paramedic Clinical Practice Protocol Manual</i> as posted on the College website (P) http://www.health.gov.sk.ca/ems-protocol
Provincial Requirements in addition to the National Competency Profile Health Science Profession: Paramedicine (Advanced Care Paramedic)
Ability to apply the <i>Paramedics Act</i>, S.S. 2007, c. P-0.1, as it might be amended from time to time. (A) http://www.publications.gov.sk.ca/details.cfm?p=23320
Ability to apply the <i>Saskatchewan College of Paramedics – Regulatory By-laws</i> , enacted pursuant to the <i>Paramedics Act</i> , Saskatchewan Gazette (6 June 2008) and revised (4 June 2010) as per <i>Saskatchewan Gazette</i> (A) http://www.collegeofparamedics.sk.ca/docs/resources/documents/Regulatory_bylaws_amended_June4_2010.pdf
Ability to apply the SCoP, <i>Saskatchewan Paramedic Clinical Practice Protocol Manual</i> (P) http://www.health.gov.sk.ca/ems-protocol

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3. Pursuant to Regulatory bylaw 2.3, additional training programs and advanced skills modules are required depending on the level of license being sought:
 - BLS, ACLS and PALS programs must cover content and learning outcomes approved by the Heart and Stroke Foundation of Canada.
 - ITLS programs must cover content and learning outcomes approved by the International Trauma Life Support Committee.
 - NRP programs must cover content and learning outcomes approved by the Canadian Pediatric Society.
4. The Director of Professional Practice and Research will determine if the applicant's program(s) are deemed acceptable/equivalent on a case-by-case basis.
5. If a course is part of an approved agency Accreditation Canada program, no further approval is needed providing accreditation is maintained (i.e. another agency can use it, or an individual can attend it without seeking approval).

In addition, the agency Accreditation Canada program approval should not require individual course approvals unless the courses are added after the agency program has been approved.

6. All EMR or paramedic program instructors must be licensed as an EMR or paramedic in at least one jurisdiction in Canada. Programs offering endorsement training are required to ensure that the instructors hold the endorsement in addition to holding paramedic licensure. The educators must hold a paramedic licence at the same level or higher as those they are teaching

7. Standards for Approval of EMR Programs

In order to have a course approved by SCoP as meeting the standard for licensure at the EMR level, an agency:

- 7.1. Must demonstrate the program meets or exceeds the College approved entry to practice competency profile for EMRs;
- 7.2. Must have quality assurance mechanisms in place including:
 - 7.2.1. instructor qualifications, training and regular recertification;
 - 7.2.2. standards for equipment, class size, curriculum, instruction and student materials which meet generally accepted practices for adult instruction;
 - 7.2.3. regularly scheduled update/revision to keep the program current;
 - 7.2.4. instruction and oversight by qualified practitioners that hold a practicing licence in Canada; and
 - 7.2.5. evaluation appropriate to content.
- 7.3. Must have a reliable system for registration and tracking of students, and issuing and maintaining official transcripts and certificates;
- 7.4. Must be willing to have the program audited at any time by SCoP; and

Policy Document

- 7.5. Must include, and provide a session outline to SCoP for, an introduction to the profession which covers such things as self-regulation, professional conduct and registration/licensing requirements.
8. The College will ensure that a list of approved EMR programs is available on its website:
<https://collegeofparamedics.sk.ca/licensing/initial-education-training/>.

Policy Document

Policy: **Equivalency Review** Policy Number: 2.7

Policy Type: Practice Date Approved: May 2, 2018 Date Revised:

Conditions of an Equivalency Review

1.1. Applicants will be required to go through a program equivalency review under the following circumstances:

- If the program is not currently approved by the Saskatchewan College of Paramedics (or is not on the accredited list of programs).
- If the individual received training in a province and/or territory that does not have a governing body.
- If the individual is an internationally educated applicant.

1.2. The College approved competency standards and standards of practice will act as a guide in assisting the Director of Professional Practice and Research to determining equivalency. The Director of Professional Practice will review all of the competencies to accurately determine the applicant's level of equivalency

- The SCoP entry to practice competencies and standards of practice can be found on the College website.

2. Equivalency Review Fees

2.1. The fee for an equivalency review is determined by the Council of the College and is subject to change without notice

2.2. Fees are non-refundable

2.3. The current fee schedule for educational programs within Canada is as follows:

Equivalency	Price for Review
EMR	\$300.00
EMT	\$400.00
EMT-P	\$650.00
EMT-C	\$950.00
Mandatory certificate or endorsement	\$300.00

2.4. If the educational program was:

2.4.1. completed in a country other than Canada; and

2.4.2. Is not accredited by a Council approved body; and

2.4.3. The applicant has never been registered as an EMR, EMT, EMT-P or EMT-C in another Canadian jurisdiction the fee shall be \$950.00. 06/21/2013

Policy Document

3. Submission of Equivalency Review request

- 3.1. Submissions accepted for Saskatchewan equivalency should be made using the form supplied by the College. If more than one educational institution was attended, one form is required for each school attended.
- 3.2. Generally all equivalency review submissions should contain the following elements. The Education Committee will evaluate all applications as submitted, however submission of the following elements will allow for a more accurate and timely review.
 - 3.2.1. A detailed course outline with learning objectives and time lines for didactic, clinical and ambulance components. Include the number of hours and/or weeks in each component of the program
 - 3.2.2. The methods used to deliver the material (eg. Lectures, home study, lab, computer managed learning etc.)
 - 3.2.3. Bibliography listing all of the texts used as well as copies of all printed resource material
 - 3.2.4. The methods and pertinent documentation used to evaluate the student's competence in each component: didactic, clinical and ambulance.
 - 3.2.5. The minimum competency requirements for instructors and preceptors
 - 3.2.6. Official confirmation of successful completion of the program including;
 - 3.2.6.1. Original certificate or certified true copy of proof of program completion; electronic copies are acceptable providing a seal or other authentication is visible on the document or proof of validity can be confirmed (documents provided directly by the issuing agency are preferred); and
 - 3.2.6.2. Official confirmation of attendance and transcript of marks;
 - 3.2.7. Copies of additional certificates of EMS related training or instruction such as ACLS, ITLS or BLS.
- 3.3. Individuals applying for equivalency will be afforded an opportunity to meet with the Education Committee to answer questions or obtain clarification regarding the review process.

4. Mandatory Certificate Equivalency Review request

- 4.1. Submissions accepted for mandatory certificate equivalency should be made using the form supplied by the College;
- 4.2. All equivalency review submissions should contain the following elements
 - 4.2.1. A detailed course outline with learning objectives and time lines for didactic, clinical and ambulance components. Include the number of hours and/or weeks in each component of the program
 - 4.2.2. The methods used to deliver the material (eg. Lectures, home study, lab, computer managed learning etc.)

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- 4.2.3. Bibliography listing all of the texts used as well as copies of all printed resource material
- 4.2.4. The methods and pertinent documentation used to evaluate the student's competence in each component: didactic, clinical and ambulance.
- 4.2.5. The minimum competency requirements for instructors and preceptors

Policy Document

Policy:	License and Certificate Equivalence	Policy Number:	2.8
Policy Type:	Practice	Date Approved:	April 24, 2009
		Date Revised:	June 21, 2013

1. License Equivalency

- 1.1.A Primary Care Paramedic (PCP) student who has completed the didactic portion of the PCP training program shall be eligible for a Restricted Emergency Medical Responder (EMR) license, providing the student meets all other registration requirements.

2. Certificate Equivalencies

- 2.1. The following certifications are accepted as equivalent to the requirement for a Cardiopulmonary Resuscitation Basic Life Support certificate (CPR BLS):
 - 2.1.1. St. John Ambulance, Canadian Red Cross or Heart and Stroke Foundation of Canada CPR BLS courses
 - 2.1.2. Intermediate First Aid from St. John Ambulance
 - 2.1.3. BLS Instructor, First Aid & CPR Instructor
 - 2.1.4. HIS/EMP Canada HCP BLS Program 06/21/2013
- 2.2. Mandatory Skills and CME points are not required for a two-year period following the date of program completion.
- 2.3. The applicant is required to provide valid BLS, ITLS or PHTLS, ACLS, PALS or PEPP, and NRP certification as appropriate to the license level regardless of program completion date. 09/18/2012

Policy Document

Policy: **PCP Re-entry Course** Policy Number: 2.9

Policy Type: Practice Date Approved: Date Revised:

1. Pursuant to Regulatory bylaw 5.2, applicants who previously graduated as an EMT/PCP and have not been actively licensed for two or more years must take a re-entry course before they will be granted a license to work in Saskatchewan.

Policy Document

Policy: Complaint Process**Policy Number: 2.10****Policy Type: Practice Date Approved: April 24, 2009****Date Revised: March 11, 2011**

1. Regulatory Responsibility

- 1.1. The College must ensure that all allegations of professional misconduct and/or professional incompetence are responded to and investigated thoroughly in accordance with the Act, Section 4, bylaws, and these policies. The College has a responsibility to ensure that all processes undertaken in this context meet the duty of fairness, the duty of due process, the duty of procedural fairness, and the duty to respond in a timely fashion.
- 1.2. All discipline and investigation processes carried out pursuant to the Act, bylaws and policy must be carried out in compliance with the *Canadian Charter of Rights and Freedoms*.

2. Receiving Complaints

- 2.1. All complaints received by the College alleging professional misconduct or professional incompetence shall be forwarded to the Professional Conduct Committee. (PCC)
- 2.2. Complaints made pursuant to this policy whether from another member or a member of the public shall be considered by the PCC once they have been made in writing by the person making the complaint or sent to the PCC by Council.
- 2.3. Verbal allegations
 - 2.3.1. The chair of the PCC or his/her designate shall respond to verbal allegations of professional misconduct or incompetence by explaining the investigation and discipline process and encourage the complainant to provide a signed written complaint.
 - 2.3.2. Where the complainant refuses to provide a written complaint, the person receiving the information shall record the information and provide it to the Council for consideration as to whether the complaint will be investigated by the PCC.
- 2.4. Staff may seek additional information to clarify the complaint prior to forwarding to PCC.

3. Employer Termination

- 3.1. Pursuant to section 44 of the Act, where an employer terminates a member, and the employer reasonably believes the cause is professional misconduct or professional incompetence, the employer shall report the termination to the College. A notice of termination shall be considered a written complaint for the purposes of this policy.

4. Investigation by PCC

- 4.1. The PCC shall review all allegations against a member made pursuant to this policy, and determine whether to investigate.

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5. Frivolous or Vexatious Complaints

- 5.1. If the Committee concludes that upon initial investigation, the complaint is frivolous or vexatious or does not fall within the definitions of professional misconduct or incompetence, the PCC may dismiss the complaint with no further action. In this case the PCC must notify the complainant and respondent that the complaint has been dismissed and the reasons why.

6. Complaints Against Staff

- 6.1. If an official complaint of professional misconduct or incompetence is received against any staff, or Council, or Committee member of the College, including the Executive Director, an independent investigator may be retained by Council. Council is required to ensure that an impartial investigation and due process occurs.
- 6.2. If an official complaint of professional misconduct or incompetence is received against a Council or Committee member, the member shall be asked to voluntarily withdraw from the Council or Committee for the time frame in which the investigation is occurring. If the member does not voluntarily withdraw, they may be removed or suspended pursuant to section 8 of the *Administrative Bylaws*.
- 6.3. Upon receipt of a satisfactory investigation report and determination of the resolution of the investigation of a Council or Committee member, the following may occur:
- If the matter is dismissed, the Council or Committee member who voluntarily withdrew shall immediately resume his or her membership on Council and/or any Committees; or
 - If the member was suspended pursuant to section 8 of the *Administrative Bylaws*, the matter was resolved via a Consensual Complaint Resolution Agreement or referred to the Discipline Committee, the Council shall determine whether the member shall remain suspended or be removed pursuant to section 8 of the *Administrative Bylaws*.

7. Notification of Member

- 7.1. A member named in the allegations shall be advised by the Manager of Professional Conduct on behalf of the PCC by registered mail that the College has received a complaint relating to the member's conduct and provide reasonable particulars of the complaint.

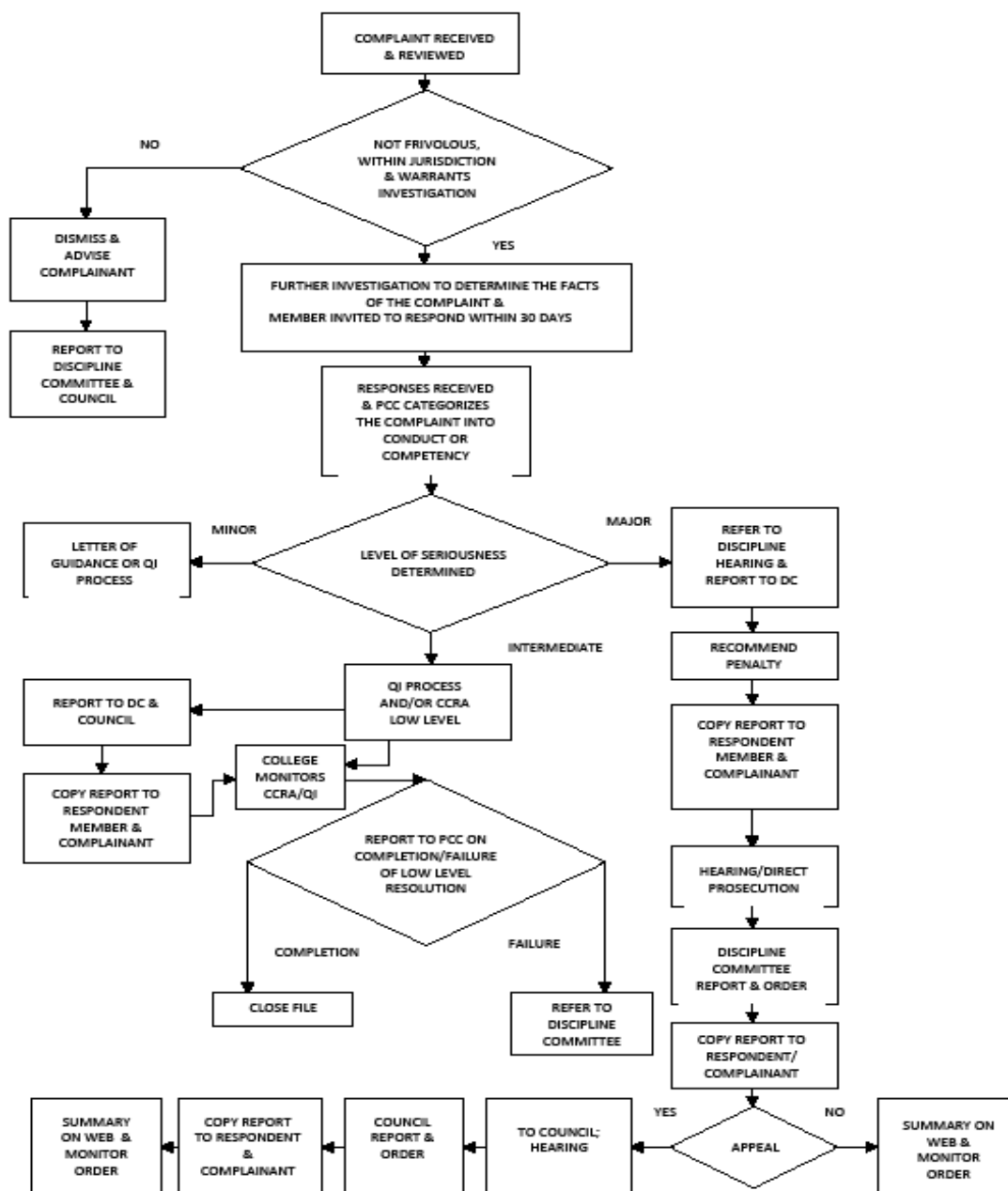
The Manager of Professional Conduct will request a written response from the member within 30 days regarding the allegations contained in the complaint. The member will also be informed that a copy of the response may be provided to the complainant.

8. Notification of Complainant

- 8.1. The Manager of Professional Conduct on behalf of the PCC shall provide written notification to the individual(s) making the complaint that the complaint has been received and is being investigated.

Policy Document

Policy:	Complaint Process	Policy Number:	2.10
Policy Type:	Practice	Date Approved:	April 24, 2009
		Date Revised:	March 11, 2011



Policy Document

Policy:	Anonymous Complaints	Policy Number:	2.10.1
Policy Type:	Practice	Date Approved:	June 10, 2011
		Date Revised:	

1. Purpose

The College encourages its members and the public to disclose their names when filing a complaint, however the Professional Conduct Committee acknowledges a responsibility to investigate every complaint.

An anonymous complaint is very difficult to investigate as there is no complainant who can clarify the complaint or provide names of witnesses to be interviewed or documents to review.

Excerpt from the Paramedics Act Section 27**Investigation**

27(1) Where the professional conduct committee is requested by the council to consider a complaint or is in receipt of a written complaint alleging that a member is guilty of professional misconduct or professional incompetence, the committee shall:

(a) Review the complaint; and

(b) Investigate the complaint by taking any steps it considers necessary, including summoning before it the member whose conduct is the subject of the complaint or assessing the member's competence.

The Professional Conduct Committee is bound by legislation to review and investigate all complaints received. Each investigation consumes the College's limited resources, and it has been proven that not every complaint received is worthy of exhaustive investigation.

Assessing an anonymous complaint that is not supported by a third-party witness, documentation or photographic evidence raises both practical problems and issues of fairness. In an effort to address these challenges, the Professional Conduct Committee has developed criteria that help determine the degree to which the committee should investigate a particular anonymous complaint.

2. Policy

An anonymous complaint will be reviewed and investigated by the Professional Conduct Committee. The Committee will consider the complaint by first evaluating against the Primary Test Criteria. If the complaint passes the Primary Test Criteria, it will then be applied to the rigors of the Secondary Test Criteria.

Policy Document

2.1 Primary Test Criteria

1. The anonymous complaint is determined to be frivolous (superficial, minor, insignificant) or vexatious (irritating, annoying).
2. The anonymous complaint is determined to not be within the definitions of professional misconduct or incompetence.

If either question is answered in the affirmative, the Professional Conduct Committee will dismiss the complaint and deem it unworthy of further investigation. The PCC must notify the named respondent that a complaint was received, dismissed, and the reason for the dismissal.

2.2 Secondary Test Criteria

2.2.1 Minor/Intermediate Concern

If the anonymous complaint is not frivolous or vexatious and:

- is
- within the definitions of professional misconduct or incompetence;
- cannot be properly investigated by reference to a witness, documentation or photographic evidence provided with the complaint; and
- is determined to be minor or intermediate in nature; then,

the complaint will be dismissed, and no further investigation will be warranted. The PCC must notify the named respondent that a complaint was received, dismissed, and the reason for the dismissal.

Minor Competency Concern

Is defined as a protocol or document error with **no potential or actual effect** on patient care or condition and **no risk** to public safety or trust

Intermediate Competency Concern

Is defined as any competency-related incident or occurrence that created **minimal risk** to public safety or public trust and/or any recurrent or unaddressed Minor Concern

Minor Conduct Concern

Is defined as deviation from the Code of Professional Conduct with no potential or actual effect on a patient, no risk to public safety or public trust, and little to no impact on the profession as a whole

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Intermediate Conduct Concern

Is defined as deviation from the Code of Professional Conduct which created limited risk to public safety or public trust, or which resulted in minimal disgrace to the profession.

2.2.2 Major Concern

If the anonymous complaint:

- is not frivolous or vexatious;
- is within the definitions of professional misconduct or incompetence;
- cannot be properly investigated by reference to a witness, documentation or photographic evidence provided with the complaint, and
- is determined to be major in nature; then
the complaint will be investigated to the best of the committee's ability, with the limited information provided.

Major Competency Concern

Is defined as:

- any practice outside the approved protocols where deviation **unfavourably affected** patient outcome ("unfavourable" being something that is not actually wanted);
- deviation from protocol and error of commission or omission that created **potential for poor patient outcomes**,
- any competency-related incident or occurrence that **endangered** public safety or public trust; and/or
- any recurrent or unaddressed Intermediate Concerns.

Major Conduct Concern

Is defined as:

- deviation from the Code of Professional Conduct which resulted in or had potential to result in injury or created significant risk to public safety or public trust;
- deviation from the Code of Professional Conduct which resulted in significant disgrace to the profession; and/or
- any activity of a criminal nature.

The Primary and Secondary Test Criteria will be used by the PCC when considering every anonymous complaint. Regardless of whether the complaint is dismissed or further investigated, the respondent will be notified of the complaint and will be asked to provide a response to the allegations within 30 days of notification.

A previously dismissed investigation or complaint may be reopened by the Professional Conduct Committee on receipt of new evidence.

Policy Document

Policy: **Investigation Process** Policy Number: 2.11

Policy Type: Practice Date Approved: Date Revised:

Related Documents: Policy 2.11 Appendix D: PCC Referral to Discipline

1. Establishment of Investigation Committee

1.1. The PCC may establish a sub-Committee to investigate a complaint received pursuant to this policy. The Committee will be called an Investigation Committee, and shall be composed of not less than two members and not more than five members. The majority of the members of the Committee shall be members of the College. At least one member of the Investigation Committee established pursuant to this policy, must be a member of the PCC.

Where an Investigation Committee has not been appointed, the PCC will be responsible for the investigation. Either the PCC or the Investigation Committee may direct the Executive Director to contract with an outside investigator to conduct the investigation.

2. Steps in Investigation

2.1. The PCC, Investigation Committee or outside investigator shall generally take the following steps in an investigation:

- Develop an investigation plan based on the complaint and the response if any, received from the respondent member. The plan should include an examination of all relevant documentation including the Act, bylaws and policies, the Professional Code of Conduct, and any standards or guidelines for practice from the Saskatchewan College of Paramedics or the employer
- Develop interview questions and a schedule for interviews, including the complainant and the respondent;
- Take statements from the complainant, respondent and any witnesses, beginning with the complainant. When conducting interviews, notes should be taken and should be provided to the interviewee to ensure the accuracy of the statement;
- All relevant information should be collected either through interviews or review of relevant documentation;
- Where necessary, the Committee can summon the respondent to appear before the Committee by providing a written request sent by registered mail;
- A detailed written investigation report should be prepared as to whether the allegations have been supported by the evidence found through the investigation. The report may not include personal opinions of the investigators.

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3. Receiving an Investigation Report

3.1. The PCC shall review the investigation report and determine whether to dismiss the matter, propose a Consensual Complaint Resolution Agreement, refer the matter to the Discipline Committee for a hearing or refer the matter back for further investigation. Where the PCC is not satisfied that the investigation has been thoroughly conducted the Committee may refer the matter to the investigator with clear direction as to their concerns.

4. Reports to Discipline Committee

4.1. The chair of the PCC will prepare a written report of the Committee's decision, and will forward the report to the Discipline Committee recommending that:

- the Discipline Committee hear and determine the formal complaint set out in the written report;
- no further action be taken with respect to the matter; or
- that the matter has been the subject of a Complaint Resolution Agreement

5. Disclosure of Report

5.1. The written report shall be provided to the complainant, the respondent, the Chair of the Discipline Committee and the Registrar

6. Reasonable Grounds

6.1. Prior to referral to the Discipline Committee, the PCC must have reasonable grounds based on the investigation and the evidence collected that the respondent may have committed an act of professional misconduct and/or professional incompetence.

7. No Further Action

7.1. Where the PCC concludes that no further action is to be taken, the complainant, and the respondent will be advised accordingly.

In the case of notice to the Council, confidentiality of the complainant, respondent and witnesses will be maintained and Council will be notified only that a complaint was received, investigated and that no further action was required.

8. Notification to Members

8.1. The PCC shall file a report annually which provides a summary of the number of complaints received and investigated, a categorization of the type of complaints, and an indication of their disposition.

8.2. The PCC shall report to members where warranted at the discretion of the Committee, on learnings from the investigations and implications for members.

Policy Document

Policy:	Confidentiality of Investigation Reports	Policy Number:	2.12
Policy Type:	Practice	Date Approved:	Date Revised:

1. Confidentiality of Investigation Records

- 1.1. All files of allegations and investigations shall be treated as confidential with access restricted to the Executive Director/Registrar, the Director of Operations, and members of the Professional Conduct Committee (PCC).

1.2. Security

- 1.2.1. All files described above shall be kept in a secure area.

1.3. File Retention

- 1.3.1. All files described above shall be kept for 15 years.

2. Role of PCC and Discipline Committee Members

- 2.1. All Committee members shall ensure the confidentiality of working files, including electronic files, during an investigation and/or a hearing. Once the investigation or hearing is complete, all working files, including electronic files, will be destroyed by the Committee member or will be returned to the Manager of Professional Conduct to be destroyed.
- 2.2. The Committee shall determine when an investigation/hearing is complete. Within one week each Committee member shall notify the Manager of Professional Conduct that all files, including electronic files, have been destroyed.
- 2.3. All Committee members shall remove electronic files from their computers immediately upon file closure.

3. Maintenance of Discipline Hearing Files

- 3.1. All files created for the discipline hearing and exhibits at the discipline hearing shall be maintained in a secure location.
- 3.2. **File Retention**
 - 3.2.1. All files described above shall be kept for 15 years and then destroyed.

Policy Document

Policy:	Complaint Resolution Agreement	Policy Number:	2.13
Policy Type:	Practice	Date Approved:	Date Revised: Sept 18, 2012

1. Complaint Resolution Agreement (CCRA)

- 1.1. Subsection 27(2) subparagraph (b)(i) provides that upon completion of the investigation, the Professional Conduct Committee (PCC) must make a report recommending that no action be taken because the matter has been resolved with the consent of the complainant and the member who is the subject of the investigation.
- 1.2. The Chair of the PCC shall determine whether there are opportunities to use a Complaint Resolution Agreement (CRA) to settle the complaint.
- 1.3. The respondent shall have 14 calendar days to review the CRA. If no agreement can be reached with the CRA, the file shall be referred to the Discipline Committee.

2. Results of CRA Process

- 2.1. Where the CRA process has resulted in an agreement that resolves the matter, a written agreement will be prepared and signed by the respondent and chair of the PCC. The agreement will be provided to the Executive Director, the respondent and the PCC.
- 2.2. The Executive Director will immediately take steps to enter the agreement into the records of the College and on the license of the respondent if applicable.
- 2.3. In the event the CRA provides for restrictions on a license or suspension of a license with or without conditions, the Executive Director shall comply with the requirements of the policy dealing with those matters.
- 2.4. In any event, it is the responsibility of the Executive Director to determine if the conditions of the CRA have been complied with and to take the necessary steps to reflect the compliance with the agreement.
- 2.5. Where it becomes evident that the CRA has not been complied with, the Executive Director shall immediately refer the matter to the PCC which will re-open the investigation.

3. Notification

- 3.1. The Executive Director shall notify regulators of jurisdictions, where the member has indicated that they hold a license or is registered, that the member has entered into a CRA and there are conditions on his/her license.
- 3.2. The PCC shall report once a year to members and the public on the number of CRAs which have been successfully negotiated, the types of concerns raised and the types of conditions imposed. Any identifying information will be removed from the report. 09/18/2012

Policy Document

Policy:	Discipline Hearings	Policy Number:	2.14
Policy Type:	Practice	Date Approved:	Jan. 15, 2010
		Date Revised:	October 28, 2011

Related Documents: Policy 2.14 Appendix B Discipline Hearings: Process and Roles; Policy 2.14 Appendix C Rules for Discipline Hearings
Policy 2.14.1 Virtual, In-Person, and Hybrid Hearings

1. Notice of Formal Complaint

- 1.1. Where the Professional Conduct Committee (PCC) has recommended that a disciplinary hearing be held, the PCC shall prepare a Notice of Formal Complaint.

The Notice of Formal Complaint shall set out the need for a hearing, the charges against the respondent and the date and time for a consultation on scheduling of the hearing and other arrangements. The Executive Director shall sign the Notice of Formal Complaint.

- 1.2. The Chair of the Discipline Committee, in consultation with the PCC, and its solicitor, the Discipline Committee and its solicitor, the respondent and their solicitor, and the Executive Director, is responsible for establishing the date, time and place of the hearing. The parties are expected to move the process forward as expeditiously as justice will allow.

- 1.3. **Service of the Notice of Formal Complaint** – The Executive Director or the solicitor for the PCC shall serve the Notice of Formal Complaint as required by the Act.

- 1.4. **Certificate of Executive Director** – The Executive Director shall prepare a certificate pursuant to subsection 19(3) of The Paramedics Act verifying whether the respondent was a member and held a valid licence at the times material to the complaint.

2. Role of Professional Conduct Committee

- 2.1. The PCC shall prosecute or direct the prosecution of the formal complaint and may retain legal counsel to act on its behalf.

3. Transparency and Accountability

- 3.1. The Chair of the Discipline Committee shall ensure that disciplinary proceedings are organized and conducted in a manner which ensures due process and that the principles of procedural fairness are followed.

- 3.2. **Public Hearings** – Discipline hearings are open to the public, unless there is a compelling reason that members of the public or the complainant are excluded so as not to unduly violate the privacy of a person other than the member whose conduct is the subject of the hearing.

Evidence as to the reason for closing the hearing must be presented to the Committee and a decision made that the person's right to privacy outweighs the public interest in an open hearing.

- 3.3. **Report of Hearing** – The Discipline Committee shall produce a written report of the hearing, as expeditiously as justice will allow, including the decision reached, the reasons for the decision and the resulting orders of the committee.

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3.4 Notification to Members – Discipline Committee hearings and decisions shall be communicated in a timely fashion to the members of the College by posting the following, when applicable, on the College’s website:

- Notice of Formal Complaint/Hearing;
- Agreed Statement of Facts;
- Decisions of the Discipline Committee;
- Notice of Sentencing;
- Notice of Appeal;
- Decisions of council; and
- Decision of the courts. 10/28/2011

4. Process for Hearing

- 4.1. Legal counsel (or designate) for the PCC shall present the case on behalf of the PCC.
- 4.2. The conduct of the public and members shall respect the seriousness of the hearing.
- 4.3. Tape recordings or cameras will not be allowed in the hearings.
- 4.4. The College shall provide a court reporter to record the proceedings of the hearing. The summations of counsel may be recorded at the discretion of the committee.

5. Decisions

5.1. The written decision of the Discipline Committee shall protect the confidentiality of patients/clients by referring to them by their initials or by numbers.

5.2. Report of Decisions – The report of a decision shall be provided to:

- The respondent and his/her legal counsel;
- The complainant;
- Legal counsel for the PCC;
- The Executive Director.

The Discipline Committee may send the member’s employer a copy of the Report of Decision.

5.3. Timely Decisions – The parties are entitled to a timely decision from the Discipline Committee.

5.4. Respondent’s File – A copy of the decision shall be placed on the respondent’s membership file and on the member’s discipline file.

5.5. Public Access – Upon written request to the Executive Director, a member of the public may access a copy of the decision.

Policy Document

Policy: **Discipline Hearings – Virtual/In-Person/Hybrid** Policy Number: 2.14.1
Policy Type: Practice Date Approved: November 23, 2021 Date Revised:

Related Documents: Policy 2.14 Appendix B Discipline Hearings: Process and Roles; Policy 2.14 Appendix C Rules for Discipline Hearings

1.0. INTRODUCTION

In response to needs arising from the pandemic, SCoP adopted processes for virtual, in-person, and hybrid hearings. Given the success of these approaches, the College has adopted them permanently.

1.1 PURPOSE

This purpose of the policy is to establish:

- SCoP approach to virtual and hybrid hearings
- Processes for hearing preparations as well as protocols and procedures for hosting a virtual hearing
- Procedures for in-person and hybrid hearings

1.2 SCOPE

This policy applies to:

- Members, the public and media, the Hearing Panel, designated SCoP Staff, witnesses and all hearing parties.

1.3. PRINCIPLES

- Virtual hearings require civility, professionalism, cooperation, communication and collaboration between parties, both before and during the hearing. Parties are expected to communicate and work cooperatively with each other and the Panel to ensure that the hearing is conducted in a just, expeditious and cost-effective manner.
- Virtual hearings at SCoP may be conducted via teleconference or videoconference.
- The Hearing Panel retains ultimate discretion in respect to procedures being adopted for any hearing. The Hearing Panel may depart from or modify the Virtual Hearing policy in any manner that they consider appropriate to address issues specific to or arising from a specific case.

1.4. DEFINITIONS

1.4.1. Virtual Hearings –Virtual hearings are the default method for holding SCoP hearings.

1.4.2. In-Person Hearings –In the event parties in a particular matter wish to proceed with an in-person hearing, they may apply to the Hearing Panel to proceed with a hearing by alternate means.

If an in-person hearing is unavoidable, SCoP has established specific policies and procedures for in-person hearings which have been appended to this document.

1.4.3. Filings – The Registrar will continue to receive all filings by courier to the office or via email The term “hearings” as used above encompasses all types of hearings, including

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but not limited to hearings on the merits, application and motion hearings, sanctions hearings, and financial compensation hearings.

2.0 VIRTUAL HEARINGS

2.1. Public access

- Media and members of the public may observe both teleconference and videoconference hearings. A member of the media or public who wishes to observe a videoconference hearing may select the "Register to attend" link on SCoP's webpage, next to the hearing date and time indicated.
- A member of the media or public who wishes to listen to a teleconference hearing may email their request to the Registrar, at least two business days in advance of the hearing, indicating their name, email address and the hearing they wish to listen to. Requests received less than two business days in advance of the teleconference hearing may not be able to be accommodated.
- The Registrar will provide the parties with dial-in information on how to listen to the proceeding.
- Members of the public will be muted by the Registrar in all virtual hearings. They will be able to listen (teleconference and videoconference) and view the Panel and the Parties making submissions (videoconference only).

2.2. Preparations for the Virtual Hearing

- Notice of hearing shall be accompanied by information alerting the witness to the fact that the hearing may proceed by way of a virtual hearing.
- Witnesses may contact the Registrar for more information on how to participate in the virtual hearing.
- All parties must provide the Registrar in advance with the following: name, contact information (phone number, address, email address, etc.); and the hearing to be observed.
- Information regarding the video platform software being used should accompany every hearing notice. The video platform information sheet will be subject to change from time to time and will be made accessible on SCoP website.
- All parties participating in a virtual hearing must download the video platform software that is to be used for that virtual hearing. The software must be downloaded and installed prior to the hearing or test run for the hearing. SCoP's video platform software for conducting virtual hearings is currently ZOOM®, but other platforms may be adopted and utilized at the discretion of the Hearing Panel.
- A test run should occur one week prior to the hearing. Accordingly, parties requesting a test run should make their request for a test run to the Registrar at least 14 days before the virtual hearing.
- Test runs must not involve the discussion of any substantive issues and should be focused on providing the parties with an opportunity to familiarize themselves with the video platform software, better understand the technology to be used in the virtual hearing and address any technical issues.
- A court reporter for the virtual hearing should be arranged by the Registrar. The Registrar should confirm that the court reporter is given access to the video platform software and is

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able to make a recording of the hearing. Court reporters may take part in test runs at their request or the Registrar's discretion.

2.3. Technology and Technical Assistance

- Counsel is responsible for ensuring their clients and witnesses have appropriate technology and understand how to access and participate in the virtual hearing.
- The technology must be compatible with the video platform software being used and internet bandwidth must be adequate to handle a virtual hearing.
- A self-represented litigant, or witness who is unable to get the necessary assistance from the counsel or party calling them, may contact the Registrar to seek assistance in accessing and participating in a virtual hearing.
- The Registrar or a delegate of the Registrar will take all reasonable steps to assist the self-represented litigant or witness with accessing and participating in a virtual hearing.
- In the event these attempts are unsuccessful, the Hearing Panel may after consultation with all parties decide to hold the hearing by an alternative method, such as a written hearing, telephone hearing, or any other alternative platform considered appropriate by the Panel.

2.4. Virtual Hearing Protocols

- Extra time to conduct a virtual hearing may be required. As such, additional time should be proactively allotted to deal with technical or other issues.
- During a virtual hearing or test run, parties and other participants should use headphones.
- When a party or other participant is not speaking, that person must place their microphone on mute.
- If a party or other participant wishes to object or intervene, the party or other participant may verbally raise the objection or intervene when appropriate.
- When the objection occurs, all participants in the virtual hearing should pause until the Panel has had an opportunity to acknowledge and deal with the objection.
- Unless otherwise decided by the Panel, SCoP communications personnel/technical support team will control participant mute, screen sharing, and video displays.
- Participants in the virtual hearing need to make themselves highly visible and appear against a neutral background. Backlighting and virtual backgrounds are not permitted.
- The Hearing Panel may ask witnesses to show the contents of their desk, station, or room and to confirm that all email, texting, and other communications systems are turned off.
- In the event a witness needs to use email, texting or any other communications systems for the purposes of testifying, the party calling the witness should first seek leave of the Hearing Panel to do so.
- The Hearing Panel retains discretion in taking steps to ensure the integrity of the proceedings, including by ensuring that witnesses are testifying alone and without inappropriate assistance from others.

2.5. Virtual Hearing Procedures

- All participants must log onto the video platform software at least 15 minutes in advance of the scheduled start time of the virtual hearing. The virtual hearing may begin once the Hearing Panel is satisfied that all necessary participants are adequately connected and able to meaningfully participate in the hearing.

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- At the outset of the virtual hearing, each participant shall identify all other persons present at the participant's location, including those outside the ambit of the video. In addition, each participant has an ongoing obligation to alert the Hearing Panel and other parties if any additional person enters the room or joins the virtual hearing.
- Unless provided leave by the Hearing Panel, all participants, except for the court reporter and SCoP technical support/communications personnel, are prohibited from recording the hearing or any portion of the hearing by any method.
- The Panel is to administer oaths and affirmations by video unless the party leading the witness applies for, and is granted, leave to proceed by way of an alternative method. Alternative methods should be proposed at least 48 hours before the hearing. If a witness wishes to take an oath, that witness must have her or his own religious text to swear the oath upon.
- The Panel may adjourn the proceeding at any time if it determines that the virtual hearing format is not adequate, is prejudicial to any party, is undermining the integrity of the proceedings, could create procedural fairness issues, or that proceeding by way of a virtual hearing is not in the public interest.

2.5.1. Submissions and Documents intended to be tendered into evidence:

- The Parties should confer and discuss in advance of the hearing whether witness testimony will be provided in writing or orally, and, if applicable, how witnesses will be provided copies of any documents to which they will be asked to refer to in their oral testimony.
- Hearing documents that are not attached to an affidavit from a witness should be electronically provided to the Registrar in advance of the hearing to ensure that the Panel and all Parties have copies. The Registrar will provide instructions for providing documents electronically. Paper copies are not required.
 - Documents and written submissions should be exchanged by the parties 14 days before the hearing.
 - All documents are to be provided to the Registrar by email at least three days before the hearing, except for those that are unanticipated or are otherwise required to be provided during the hearing, and for which leave from the Hearing Panel to introduce those documents into evidence has been sought and granted.
 - Documents should be introduced through each witness by way of the video platform software being used so that all participants are able to view the documents on screen during testimony. The witness's camera will remain visible while the document is being shared.

2.6. Objections to a Virtual Hearing

If a party to a matter believe(s) that a virtual hearing is not in accordance with the rules of procedural fairness or natural justice, or is otherwise not in the public interest, the party shall submit to the Panel a plan for the safe conduct of an in-person hearing ["**Plan**"]. The Plan shall:

- Explain why a virtual hearing in the specific instance is not in accordance with procedural fairness or the principles of natural justice, or is otherwise not in the public interest;
- Verify that the party or parties submitting the Plan have reviewed this policy for Virtual Hearings;

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- Verify that the parties have discussed virtual hearings as an option and have discussed the Plan;
- Indicate whether the other parties consent to the Plan or parts of the Plan, and where any disagreement regarding the Plan remains;
- Certify that the party or parties have reviewed and will follow the procedures proposed in the Plan and any other procedures approved or imposed by the Hearing Panel; and
- Propose specific measures to address any additional health and safety issues that arise based on any unique circumstances raised in the context of the specific case. Please note that the following applies to all Plans:
 - For matters that are already scheduled to proceed, a Plan shall be sent by the party proposing the Plan to all other parties in the matter no later than 14 days before the hearing.
 - The parties that received the Plan shall then send their response to the Plan within 3 business days of receiving the Plan.
 - The Plan shall thereafter be filed with the Registrar, along with all proof of sending, at least 7 days before the date scheduled for the hearing. For a matter that one or more parties, or all the parties, want to have proceed by an in-person hearing, but has yet to be scheduled for hearing, a Plan must still be sent and filed in accordance with the above policy. After filing, the Panel assigned to the matter will review the Plan and determine whether the matter should be set for an in-person hearing according to the Plan or should proceed according to any other fair and practicable process.

2.7. Process for Troubleshooting Technical Issues

- SCoP staff will actively monitor the hearing and will assist parties with technical issues.
- In the event of technical issues, SCoP will pause the proceeding briefly to resolve the issue. If the issue cannot be resolved quickly, the Panel may choose to proceed with the next scheduled party and reschedule the affected party.
- Parties should provide their phone and email details to SCoP to ensure they can be reached in case they are disconnected during cross-examination or witness testimony. Participants should keep the meeting call-in information (Zoom member, participant ID and dial in number) handy in the event of technological issues. SCoP can be reached through Zoom chat or by contacting the Registrar if:
 - You have difficulty joining Zoom
 - If you experience technical difficulties during the conference or test session.
 - You have technical difficulties during the hearing
 - Any discussions (via email, phone, or chat) that take place outside the virtual hearing room will not be transcribed.

2.8. Troubleshooting Scenarios

- If a witness during their scheduled questioning period is experiencing poor audio quality and cannot be heard clearly:
- The Hearing Panel may pause the hearing (and stop transcription) and direct the party to turn their camera off. If this does not improve the audio quality, the party may have to

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leave and rejoin the hearing. Once the party has reconnected, the Hearing Panel will restart the hearing.

- If audio quality is not improved, the Hearing Panel may pause the hearing and direct the party to switch their audio feed from the computer to a landline or cell phone. To do this, the party does not have to leave the hearing and can dial-in using their cell phone/landline. The phone numbers are noted in the meeting invitation and under the microphone icon in ZOOM.
- In the event the matter cannot be resolved quickly, the Hearing Panel may decide whether to adjust the schedule and continue or to adjourn the hearing.

2.8.1. If a witness or intervenor loses internet connection while they are speaking (testifying or asking questions, respectively) and exits the hearing:

- The Hearing Panel may pause the hearing and direct the court reporter to stop transcribing the hearing. The affected party will have 5 minutes to rejoin the hearing (the party can rejoin using their computer or call-in using their cell phone or landline).
- In the event the party is unable to rejoin within 5 mins, the party is required to inform SCoP via email or call the SCoP communications number provided.
- In the event the affected party is unable to notify SCoP, the Panel will decide whether to continue or to adjourn the hearing.

2.8.2. If a member of the Hearing Panel loses internet connection and exits the hearing:

- The Hearing Panel may pause the hearing while the affected personnel attempts to re-join the hearing. The hearing will continue once the Panel re-joins the hearing.
- If the affected personnel are unable to re-join the hearing within 5 mins, the hearing may be adjourned and the rest of the hearing Panel and hearing parties moved to separate breakout rooms, advising them to stay there.
- The head of the Hearing Panel and SCoP communications personnel will remain in the hearing room to attempt to establish contact with the affected personnel and rectify the issue. Once the issue is resolved, the Head of the Hearing Panel and SCoP Communications personnel will put the affected member into the breakout room with the other Hearing Panel.
- The head of the Hearing Panel will then bring the hearing parties and the members of the Hearing Panel back into the hearing room. The Head of the Hearing Panel will restart the hearing.

2.8.3. If the court reporter experiences technical issues:

- The Hearing Panel will pause the hearing while the transcription issue is resolved.
- If court reporting cannot be restored within 5 mins, the head of the Hearing Panel will adjourn the hearing and will direct the Hearings to move the Applicant, intervenors and SCoP staff to a breakout room (within the technology application being used).
- The Hearing Panel, SCoP legal staff and SCoP communications personnel will remain in the hearing room while the issue is resolved. Once the issue is resolved, all members of the

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hearing; the applicant, intervenors and SCoP staff will return to the hearing room and then the hearing will restart after the issue is resolved.

- In the event the issue cannot be resolved, the head of the Hearing Panel will adjourn the hearing and next steps/revised schedule will be communicated to parties at the earliest.

3.0. IN-PERSON AND HYBRID HEARINGS

SCoP has established the following policies in respect to in-person and hybrid hearings during a pandemic and beyond. The In-Person and hybrid Hearing Policies are subject to change from time to time. Hearing Panels may depart from or modify these policies in any manner that they consider appropriate to address issues specific to or arising from a specific case.

3.1. In-Person Hearing Safety Protocols

If at any time it appears that these In-Person Hearing policies are not being followed, or that health and safety issues (e.g., illness) may be arising notwithstanding these In-Person Hearing policies are being followed, the Panel may order an adjournment or impose any conditions it considers appropriate to protect the health and safety of all participants in the proceedings.

- The designated rooms are to be communicated to hearing participants at the time of the hearing.
- Witnesses shall wait in a waiting room until called to testify.
- The Panel retains discretion to issue directions that are necessary to best ensure the health and safety of the participants while also maintaining procedural fairness.
- All participants should bring their own masks to the hearing and may choose to wear those masks during the hearing. The Panel retains discretion to give directions regarding mask removal when doing so is necessary to ensure procedural fairness and the integrity of the proceedings.
- The designated Hearing Room in SCoP building may only hold eight in-person participants, including the panel and court reporter. The suggested participants totaling eight persons are: Panel Members (up to three persons).
 - Counsel for the respondent (one person).
 - The respondent (one person)
 - Counsel for SCoP (one person)
 - A witness (one person in the hearing room at a time, with additional witnesses waiting in a separate waiting room to be brought into the hearing room when their testimony is required)
- If the parties expect that a hearing may have more than eight in-person participants at any one time, then alternate locations must be proposed by the parties to the Registrar (e.g., a conference room). The Registrar should then take all reasonable steps to book an alternate location.
- During an adjournment, parties should gather in a designated room maintaining proper social distancing when necessary. Counsel or a self-represented litigant shall advise their witnesses when it is time for them to testify and have them enter and exit safely and in accordance with these In-Person Hearing policies.

3.2. Hybrid Hearings Protocols: Remote Attendance (by Video or Telephone):

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- Any hearing participant who wishes to attend an in-person hearing remotely must apply to the Registrar in advance of 14 days to seek leave of the Panel to do so.
- If a witness wishes to appear remotely, a party may apply for leave from the Panel to do so on behalf of that witness.

3.3. Public Hearing Status Maintained

- SCoP will take all reasonable steps to ensure public access to in-person hearings is available. To access hearings, interested media or other persons should email the Registrar at least two days in advance of the proceedings and provide the following information: name; contact information (phone number, address, email address, etc.); and the hearing to be observed.

3.4. Required Confirmations and Communications Prior to the In-Person Hearing

- At least 7 days before the hearing, Counsel or the self-represented litigant shall communicate to all participants all the expectations included in these In-Person Hearing policies.
- The Registrar shall communicate a reminder in this regard to Counsel and self-represented litigants at least 10 days before the hearing.

3.5. In-Person Hearing Procedures.

- The following processes apply to submissions and documents, with any necessary modification as individual cases may require or Hearing Panels may consider appropriate:
 - All submissions and Documents are to be exchanged by the parties electronically prior to the hearing.
 - No paper shall be exchanged or submitted at any time during the hearing.
 - At least three days before the hearing, the parties shall provide a proposed exhibit book containing all documents sought to be introduced by the parties into evidence to the Registrar by email, cloud storage, or a USB flash drive.
 - The Registrar shall provide each Panel member with a copy of the proposed exhibit book prior to the commencement of the hearing. The Panel members will not review the documents in advance of them being tendered by the parties during the hearing.
 - Documents that are introduced into evidence during the hearing and that are not part of the proposed exhibit book should be tendered and submitted by email, cloud storage, or a USB flash drive.
 - Witnesses will testify to documents as projected on a laptop or, if practicable, on a projector screen in a hearing room.

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Appendix

Virtual Hearing Etiquette

Arrive early: You should be prepared to join the virtual proceeding at least 15 minutes before the start to allow time to address any technical issues.

Location: Please make reasonable efforts to find a quiet, private space for the duration of the proceedings.

No recording: SCoP prohibits any video recording, audio recording, photographing and screen capturing of the proceeding.

Materials: Ensure the documents you need are organized and prepared in advance.

Confidentiality: All participants in an *in-camera* session are required to use video to confirm that all have signed the declaration and undertaking.

Speak loudly and clearly: Remember to unmute your microphone before speaking. Speak clearly and slowly to ensure everyone can follow what you are saying. This will reduce the additional time required for repeating responses. If possible, wear headphones or ear buds and turn down your speaker volume to minimize echo.

Objecting, responding or commenting: Use the “raise hand” button in virtual platform to signal that you wish to speak, or find an appropriate break in the conversation. Please do not speak at the same time as someone else.

Time limits: The hearing schedule outlines time limits. If you intend to cross-examine, please be present when cross-examination begins and adjust your questions to avoid duplication.

Use pen and paper: Take notes with pen and paper. Avoid shuffling papers or typing when your microphone is on. The sound of typing can be distracting and make it hard to hear others as can shuffling papers.

No food: Please do not eat during the proceeding.

Dress appropriately: Dress as if you are attending an in-person hearing.

Secondary Device:

- Consider installing Zoom on a secondary device such as a smartphone or tablet as a back-up
- Test connecting your computer to your smartphone’s hotspot for an alternate internet access
- Use a dedicated mobile hotspot device if you have one, since it performs better than a smartphone’s hotspot.

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Other tips:

- Ensure your device is plugged in or fully charged. Monitor battery life throughout the hearing.
- If possible, connect your device to the internet using a cable instead of Wi-Fi. If you must use Wi-Fi, choose a location with a strong internet signal.
- Close any unnecessary applications and web browsers, to assist with internet connectivity and to avoid interruptions resulting from notifications.
- You should anticipate that the Panel, Parties, witnesses and counsel may need to consult materials off-screen during the hearing, such as documents or authorities.

Policy Document

Policy:	Discipline Order	Policy Number:	2.15
Policy Type:	Practice	Date Approved:	Jan. 15, 2010
		Date Revised:	

1. Content of Order

1.1. Where the Discipline Committee makes an order pursuant to a hearing, the order of the committee shall include:

- the name of the respondent, including birth names and any other previously used names;
- the respondent's registration number;
- the jurisdiction where the respondent received his/her original registration;
- the charges on which the respondent was found guilty;
- the orders of the Discipline Committee;
- any order for the costs of the hearing including a time period for payment;
- the section of *The Paramedics Act* to which the orders pertain;
- a notice that the Respondent may appeal to the Council within 30 days after the decision or order.

2. Notification of Order

- An order made by the Discipline Committee shall be posted on the college web site.

3. Order Placing Conditions

3.1. Where the order of the Discipline Committee places conditions on the practice of the respondent the Executive Director or delegate shall undertake the following steps:

- The Executive Director or delegate shall replace the current licence with a restricted licence which clearly bears an endorsement which clearly reflects the order.
- The Executive Director or delegate shall indicate the nature of the conditions on all of the respondent's files, including computer records.
- The Executive Director or delegate shall make a notation on the register indicating the date and the detail of the condition.

3.2. **Information to the Public** – Members of the public inquiring as to whether a member is currently licensed to practice, shall be advised of any current conditions on the member's license.

4. Suspension of Licence with Conditions

4.1. Where an order is made by the Discipline Committee to suspend a respondent's licence, with or without conditions, the Executive Director shall :

- Indicate the nature of the suspension and conditions if any on all of the respondent's files, including computer records.

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- The Executive Director shall make a notation on the register indicating the date and the detail of the suspension and conditions, if any.

5. Information to the Public

- 5.1. Members of the public inquiring as to whether a member is currently licensed to practice, shall be advised of any current suspension and conditions if any of the member's licence.

6. Reinstatement of Licence

- 6.1. Where the Executive Director has been supplied with sufficient information to be satisfied that the conditions imposed in an order of the Discipline Committee have been met, the Executive Director shall return the member's licence to practise or an application form to reapply for membership. The Executive Director shall update the records of the College indicating the conditions have been met and that the licence to practice has been returned or an application to reapply has been sent to the member.

Policy Document

Policy:	Appeal of Discipline Decision	Policy Number:	2.16
Policy Type:	Practice	Date Approved:	Jan. 15, 2010
		Date Revised:	

1. Appeal from Decision of Discipline Committee

- 1.1. Pursuant to section 36 of *The Paramedics Act* a member may appeal the decision of the Discipline Committee to the Council by serving the Executive Director with a Notice of Appeal within 30 days of the date of the decision. The appellant shall include in the Notice of Appeal the grounds for the appeal.
- 1.2. Where the Executive Director receives a Notice of Appeal, the Executive Director shall supply Council with a true copy of the following:
 - The formal complaint and notice pursuant to section 30 of *The Paramedics Act* or the PCC report pursuant to section 33 of *The Paramedics Act*;
 - The transcript from the discipline hearing;
 - The decision of the Discipline Committee.
- 1.3. The Executive Director is responsible for establishing the date, time and place of the appeal and shall notify the appellant in writing of the date, time and place for the appeal hearing.

2. Transparency and Accountability

- 2.1. The Chair of Council shall ensure that appeal proceedings are organized and conducted in a manner which ensures due process and that the principles of procedural fairness are followed.
- 2.2. **Public Hearings** – Appeal hearings are open to the public, unless there is a compelling reason that members of the public or the complainant are excluded so as not to unduly violate the privacy of a person other than the member whose conduct is the subject of the hearing. Evidence as to the reason for excluding a person must be presented to Council and a decision made that the person's right to privacy outweighs the public interest in an open hearing.
- 2.3. **Report of Hearing** – Council shall produce a written report of the appeal, including the decision reached, the reasons for the decision and the resulting orders of Council.
- 2.4. **Notification to Members** – A decision of Council shall be communicated in a timely fashion to the members of the College by posting it on the College's website. The communication shall include a summary of the background information concerning the member in question, the decision of Council, a summary of the reasons for the decision and the penalty imposed, if any.
- 2.5. **Membership** – A member of Council who was also a member of the Discipline Committee shall not sit as a member of Council for the purposes of hearing the appeal.

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3. Process for Hearing

- 3.1. Legal counsel for the PCC or other designated person shall present the case on behalf of the College.
- 3.2. The conduct of the public and members at the hearing shall respect the seriousness of the hearing.
- 3.3. No tape recordings or cameras shall be allowed in the hearings.
- 3.4. Efforts should be made to protect individual confidentiality ie: individuals can be referred to by their initials or by registry number.
- 3.5. The College shall provide a court reporter to record the proceedings of the hearing, not including the deliberations of the Council. The summations of counsel may be recorded at the discretion of the Council.

4. Decisions

- 4.1. The written decision of the Council shall protect the confidentiality of patients/clients by referring to them by their initials or by numbers.
- 4.2. The report of a decision shall be provided to:
 - The respondent and his/her legal counsel
 - The complainant;
 - Legal counsel for the PCC;
 - The Executive Director.

The Council may also send the member's employer a copy of the Report of Decision.

- 4.3. **Timely Decisions** – The parties are entitled to a timely decision from Council.
- 4.4. **Respondent's File** – A copy of the decision shall be placed on the respondent's membership file and on the member's discipline file.
- 4.5. **Public Access** – Upon written request to the Executive Director, a member of the public may access a copy of the decision or may access the member's discipline file.

Policy Document

Policy: **Applicants with Criminal Convictions** Policy Number: 2.17

Policy Type: Practice Date Approved: October 16, 2009 Date Revised: May 10, 2016

Repealed: 2022 February 28

Policy Document

Policy: **Proof of Good Standing**

Policy Number: 2.18

Policy Type: Practice

Date Approved:

Date Revised:

1. Pursuant to Regulatory bylaw 2(f), each new membership candidate who was previously registered in another jurisdiction is required to provide proof of good standing in that jurisdiction.
2. Applicants must submit the completed form "Verification of Registration" from each regulatory body where they were/are registered and/or licensed currently or previously. This form is provided on the College website at: collegeofparamedics.sk.ca.

Policy Document

Policy: **Licensing Exams** Policy Number: 2.19

Policy Type: Practice Date Approved: October 16, 2009 Date Revised: June 21, 2013

- 1.** All applicants for initial registration with the College who have not been licensed to practice in another province and all applicants requesting to move up a licence level via change of status will be required to successfully complete the entry to practice licensing exam to be licensed in Saskatchewan.
- 2.** An exam is not required for members who are changing their status to PCP or ACP in Saskatchewan if they are already licenced as a PCP or ACP in another province.
Affected members are required to provide the College with a verification of registration from the other province(s) that they are licensed in, to confirm their licence level as part of their change of status submission.

Policy Document

Policy: **Competence Defined** Policy Number: 2.20

Policy Type: Practice Date Approved: May 26, 2010 Date Revised:

1. Competence or proficiency includes the demonstration of skills, knowledge and abilities in a manner which meets the tests of
 - Consistency (the ability to repeat practice techniques and outcomes)
 - Independence (the ability to practice without assistance from others)
 - Timeliness (the ability to practice in a time frame that enhances patient safety)
 - Accuracy (the ability to practice utilizing correct techniques and to achieve intended outcomes)
 - Appropriateness (the ability to practice in accordance with clinical standards and Saskatchewan protocols) ¹

(¹Source: Canadian Medical Association, Conjoint Accreditation Services)

Policy Document

Policy: Internationally Trained Applicant: Assessment Process

Policy Type: Registration

Policy Number: 2.21.1

Date Approved: November 2019

Date Revised:

Principle: The Saskatchewan College of Paramedics is responsible for regulating the paramedic profession in Saskatchewan under the authority granted by *The Paramedics Act*. The requirements for licensing are set out in Section 2 and Section 20 of *The Paramedics Act*, Saskatchewan College of Paramedics.

The *Paramedics Act* defines educational requirements for licensing but does not directly address an equivalency process for individuals trained outside of Canada. An equivalency process is necessary in order to determine if an applicant has sufficiently similar competency, knowledge and skill to meet the licensing requirements as defined by SCoP.

There is considerable variation in the education and clinical training received at institutions around the world. In order to determine if the education obtained by an applicant meets the required “entry-to-practice” standards, a comprehensive paper assessment of applicant education (program courses and course content) and training is required.

Following a paper assessment, a clinical assessment of an applicant’s knowledge, skill and experience may be required if gaps in standards (competency, knowledge, skills, and judgement) are identified. The assessment will take the form of a structured behavioral interview and/or a clinical evaluation in a simulated environment.

An applicant seeking a new license who has met the criteria in *The Paramedics Act*, Section 2, and who has successfully written the Canadian Organization of Paramedic Regulators examination may be deemed by the Registrar to have satisfied the licensing requirements and may not be required to undergo further assessment of knowledge and skill.

1. Purpose: Licensing Assessment Process for Equivalency

This policy defines an equivalency process for assessing the competency, knowledge, and skill of an applicant trained outside of Canada compared to an applicant who has successfully completed Canadian educational training and passed the Canadian Organization of Paramedic Regulators (COPR) examination.

2. Scope

This policy applies to all internationally trained applicants seeking licensure with the Saskatchewan College of Paramedics.

3. Implications

No implications noted

Policy Document

4. Policy: Assessment Components**4.1 Academic Credentials and Education and Training**

This review determines if the applicant's academic credentials and educational qualifications are similar enough to the standards adopted by the Saskatchewan College of Paramedics to move the application to the next step in the assessment process. The review is based on an equivalency assessment of the academic evidence submitted to Saskatchewan College of Paramedics (SCoP) by the applicant.

The assessment of international education and credentials will include the following:

1. Educational credential assessment – completed by an independent third party or consultant approved by SCoP.
2. Educational program review – completed by SCoP or a party approved by SCoP.

The applicant will be required to provide authentication of any academic credentials unless otherwise waived by SCoP; authentication must be completed by a SCoP approved agency.

The documents required for licensing assessment include but are not limited to:

- A list of all levels of education attained (as paramedic or health care provider) including the name of educational institution, level of education, years completed, summary of curriculum, list of courses with sufficient detail to support an assessment of content compared to the entry-to-practice competencies/standards (2016 standard: National Occupational Competency Profile/NOCP).
- Employment history as health care provider including duties, responsibilities and dates of employment.
- Copies of all professional licenses, accreditations, diplomas, and degrees translated and authenticated (by an agency approved by SCoP).

The Registrar may be authorized by the applicant to request documents from an institution or government on their behalf. If no academic evidence is available, the application cannot proceed.

In very exceptional circumstances, the Registrar may make a decision as to what is acceptable as alternative evidence of education and training when an act of war, natural disaster, refugee status or similar event may prevent the applicant from obtaining the required documentation.

The SCoP website identifies all documents required for licensing.

The applicant is responsible for all fees associated with this assessment.

4.2 Competency Assessment - Structured Interview

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The competency assessment compares the applicants' knowledge, skill and experience obtained through education and employment in the field of paramedicine (or another health care occupation) to the competency standards approved by SCoP.

The assessment will use a structured interview conducted by a committee of qualified assessors approved by the College. The pre-determined questions are based on the required standard(s).

An assessment report will be filed with the Registrar. The applicant is responsible for all fees associated with this assessment.

4.3 Clinical Skills Assessment – Simulated Environment

A clinical skills assessment is intended to evaluate an applicant's clinical skills in an environment that mimics real-life situations. The assessment must include:

- Scenarios designed to measure applicant competency;
- Assessment that measures application of knowledge, skills, and experience;
- An evaluation of judgment, flexibility, communication, problem-solving, and concern for safety, professionalism and jurisprudence knowledge.

Qualified assessors in a clinical setting or a simulation laboratory approved by the College will conduct the clinical skills assessment. An assessment report will be filed with the Registrar.

The applicant will be responsible for all fees associated with this assessment.

5. Legal Authority

The Paramedics Act

6. Key Stakeholders

7. Accountability Matrix: Not Applicable

- **Responsible:**
- **Accountable:**
- **Consulted:**
- **Informed:**

8. Penalties/Consequences:

Not applicable

Policy Document

Policy: Legal Entitlement to Work in Canada

Policy Type: Registration

Policy Number: 2.21.2

Date Approved: November 2019

Date Revised:

Principle: The Saskatchewan College of Paramedics is responsible for establishing entry to practice requirements for paramedical professions in the province. Legal authority to seek work in Canada must exist prior to the issuance of any license by the College.

1. Purpose

To identify acceptable legal documents that validate an applicant's citizenship and/or legal entitlement to work in Canada for the purpose of fulfilling the licensing requirements established by the Saskatchewan College of Paramedics.

2. Scope

This policy applies to all in-province, out-of-province and/or out-of-country applicants seeking licensure in Saskatchewan.

3. Implications

Applicants who are unable to provide sufficient confirmation of entitlement to work in Canada may be refused licensure with the College.

4. Policy

The Saskatchewan College of Paramedics may request that applicants provide evidence of eligibility to work in Canada. Documents acceptable to the College are consistent with those approved by the Government of Saskatchewan and by other regulated health professions in Canada. Certified copies of original documents may include one of the following:

- Permanent Resident Card
- Valid work permit
- Birth certificate from a Canadian province or territory
- Certificate of Canadian Citizenship
- Certificate of Indian Status
- Permanent Resident Card/Landed Immigrant
- Confirmation of Permanent Residence
- Record of Landing (under Immigration and Refugee Protection Act)
- Canadian Immigration Identification Card
- Protected Persons Status Document
- Valid work permit (authorizing work in Canada)
- Written document from Citizenship and Immigration Canada confirming eligibility to apply for permanent residence and to apply for a permit to work
- Any additional document as approved by SCoP

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5. Legal Authority

- *The Paramedics Act*
- Immigration and Refugee Protection Act, S.C. 2001
- <http://laws.justice.gc.ca/eng/acts/i-2.5/page-1.html#h-1>

6. Key Stakeholders

- International applicants
- The general public
- Canadian Paramedic regulators

7. Accountability Matrix: Not applicable

- **Responsible:**
- **Accountable:**
- **Consulted:**
- **Informed:**

8. Penalties/Consequences:

Applicants that fail to meet the terms of this policy may be denied licensure.

Policy Document

Policy: Declaration of Good Character

Policy Type: Registration

Policy Number: 2.21.3

Date Approved: November 2019

Date Revised:

Principle: The Saskatchewan College of Paramedics is responsible for regulating the paramedic profession in Saskatchewan under the authority granted by The Paramedics Act. The requirement for licensing are set out in Section 2 and Section 20 of The Paramedics Act, Saskatchewan College of Paramedics. The College is responsible for collecting evidence of good character under Section 2 of the Act, and Appendix A, Code of Professional Conduct. Further, the Act provides for the reporting of any professional conduct or professional competence investigation or referral to discipline by any regulatory body.

The intent of *good character* requirement is to mitigate risk to the public by ensuring that the applicant will conform to the expected professional standards of practice and behavior, and has the knowledge, skills, physical and mental capacity to practice effectively in the best interest of the patient and the public. Good character is an entry to practice requirement for which the onus is on the applicant to prove compliance with the registration requirement.

1. Purpose

- This policy provides for both an initial and annual self-declaration of good character to be added to the application for licensing for the applicant to disclose information on criminal or professional misconduct, incapacity or incompetence.
- The declaration is in addition to the Criminal Record Check with Vulnerable Sector Query required upon initial registration, and as required on request by the Registrar or designate.

2. Scope

- This policy applies to applicants seeking licensing with the Saskatchewan College of Paramedics.

3. Implications

- Risk to public safety.

4. Policy

A declaration of good character would be added to the Application for Licensing whereby the applicant would fully disclose:

- Any criminal offence in Canada or outside of Canada where the applicant was been found guilty;
- Any offences related to administering drugs;
- An offence related to intoxication;
- Details of all professional misconduct, incompetence, incapacity or any related investigations and proceedings that relate to the requirements for licensing in

Policy Document

Saskatchewan, and which may have occurred within the profession of paramedics and outside the profession of paramedics.

- Whether the applicant has ever been the subject of a misconduct investigation.
- The applicant would also signify that:
 - The self-declaration was true;
 - An understanding that the consequences of providing misleading or inaccurate information is a refusal issue a license, or to revoke one previously issued;
 - The Regulator is authorized to release information provided by the applicant for the purpose of licensing.
- If offences are declared, the Registrar will assess such offences in the context of a good character requirement for licensing.

5. Legal Authority

- The Paramedics Act

6. Key Stakeholder

- General public
- Canadian Paramedic Regulators
- Applicants

7. Accountability Matrix: Not applicable

- **Responsible:**
- **Accountable:**
- **Consulted:**
- **Informed:**

8. Penalties/Consequences:

- If the applicant fails to comply with this policy, a license will not be granted.
- Failure to report new offences to the Registrar may result in revocation of an existing license.

Policy Document

Policy: **Off-Duty Conduct****Policy Type:** Practice/Registration

Policy Number: 2.21.4

Date Approved: TBD**Date Revised:**

1. Principle

While a registrant off-duty conduct is generally a private matter, registrants of the Saskatchewan College of Paramedics (SCoP) are expected to always uphold the standards of the profession. Registrants remain accountable for conduct occurring outside their professional duties where that conduct may:

- i. adversely affect their ability to practice safely, competently, and professionally as a paramedic;
- ii. pose a risk to public safety;
- iii. undermine public confidence in the paramedic profession or the regulation of paramedic services;
- iv. bring the profession or the College into disrepute; or

1.1 The College recognizes that registrants are entitled to private lives and personal freedoms. However, where off-duty conduct raises legitimate concerns regarding a registrant's capacity, professional judgment, integrity, or compliance with professional obligations, the conduct may be subject to review and regulatory action by the College.

2. Purpose

This policy establishes responsibilities and the standard of conduct for registrant while off duty, in and outside Canada.

3. Policy Statement

3.1 Registrants must behave in a manner that is not likely to discredit the paramedic profession.

3.2 Registrants must treat every person with respect and courtesy and not engage in discrimination or harassment; these terms will be defined based on patient and/or public perspective

3.3 Registrants must respect the law and the rights of all individuals.

3.4 Registrants must act with integrity, fairness and impartiality, and not compromise or abuse their authority, power or position.

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3.5 Registrants must use paramedic uniforms, equipment, and property only for authorized purposes and activities.

3.6 Registrants must access, use and disclose patient information obtained in their capacity as registrants only in the proper course of their duties and abide by all paramedic obligations by which they are bound as registrants.

3.7 Registrants must comply with the expectations set out in this policy, other College policies, and other relevant legislative and regulatory requirements when using social media.

3.8 Registrants must uphold the standards of paramedic profession, conduct themselves in a professional manner, and not engage in unprofessional behaviour while using social media.

3.9 Registrants must avoid actual, apparent or potential conflicts between their professional responsibilities and private interests.

3.10 Registrants are expected to report to their employer or the College of off duty conduct that may be in breach of this policy and/or the Professional Code of Conduct and Standards of Practice. Additionally, reporting is required in situations where the registrant has been arrested, detained, investigated or charged with a serious violation, either in Canada or outside Canada, of the laws, statutes, or regulations of the country.

3.11 Registrants must take appropriate actions if the conduct of another registrant contravenes this policy, Code of Conduct, Standards of Practice, the Paramedic Act, or the Regulatory Bylaws and report the contravention as soon as feasible.

3.12 The College recognizes that substance use disorders are health conditions that may affect a registrant's ability to practice safely. Registrants who are experiencing concerns related to alcohol or substance use are encouraged to notify their employers, supervisors and/or access the College's Fitness for Purpose Program at the earliest opportunity. The College supports early identification, treatment, and recovery while maintaining its primary mandate of protecting the public.

4.0 Other related Policy

- a. Saskatchewan College of Paramedics [Code of Professional Conduct and Standards of Practice](#)
- b. Saskatchewan College of Paramedics [Regulatory Bylaws](#)
- c. Saskatchewan College of Paramedics. *Fitness For Purpose Policy*

Policy Document

Policy: English Language Fluency Requirement

Policy Type: Practice/Registration

Policy Number: 2.21.5

Date Approved: November 2019

Date Revised:

Principle: The Saskatchewan College of Paramedics is responsible for regulating the paramedic profession in Saskatchewan under the authority granted by The Paramedics Act. This Act, Section 2(d)(iv) states that applicants seeking a license in Saskatchewan must meet the English language fluency requirements set by Council.

1. Purpose

- This policy establishes the English language fluency score required for “entry to practice” licensing as a paramedic in Saskatchewan.

2. Scope

- This policy is applicable to all individuals applying for licensure with the Saskatchewan College of Paramedics. The College may adopt discretionary application based on evidence submitted within the application process. Policy will typically be applied to those individuals for whom English may not be their first language, and for whom exposure to English has been inconsistent over time.
- As English language fluency is a requirement for maintenance of practice, SCoP may require confirmation of fluency at any point in time.

3. Implications

- Non-compliance with this policy may prevent the College from issuing the applicant a licence (practicing or non-practicing).

4. Policy

- Ensures that all applicants applying for a license as a paramedic in Saskatchewan meet a consistent standard of English proficiency.
- The College standard gives consideration to the following:
 - Requirements set out by the relevant legislation and the regulator;
 - Minimum standards established by the Saskatchewan Ministry of the Economy; and,
 - Current standards acceptable within the paramedic profession.

5. Policy Scope

- This policy applies to licence applicants in-province, out-of-province and out-of-country seeking licensure in Saskatchewan.

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6. Policy Statement

- This policy establishes the overall English language fluency score required for licensing by the College.
- All applicants applying for licensure in Saskatchewan are required to meet a score of an overall 7 as tested by the International English Language Test, or a comparable score on any other approved language test (TOEFL, CanTEST, Michener English Language, or any other language test as accepted by Immigration, Refugees, and Citizenship Canada). In all cases, language testing must cover listening, reading, writing and speaking.

7. Legal Authority

- *The Paramedics Act*
- The Saskatchewan College of Paramedics Regulatory Bylaws
- Saskatchewan College of Paramedics Policy

8. Key Stakeholders

- The Saskatchewan Ministry of Health
- The Saskatchewan Ministry of the Economy
- Licensing applicants
- The Canadian Organization of Paramedic Regulators

9. Accountability Matrix: Not Applicable

- **Responsible:**
- **Accountable:**
- **Consulted:**
- **Informed:**

10. Penalties/Consequences: Not Applicable

Policy Document

Policy: Pre-Screening Self Evaluation Guide

Policy Type: Registration

Policy Number: 2.21.5

Date Approved: November 2019

Date Revised:

Principle: The Saskatchewan College of Paramedics is responsible for regulating the paramedic profession in Saskatchewan under the authority of *The Paramedics Act*. The regulator is responsible for establishing the means by which the requirements for licensing are met.

1. Purpose

- This policy establishes a self-evaluation prescreening tool based on the National Occupational Competency Profile (NOCP) to assist candidates trained outside of Canada review the expected competency prior to incurring the cost of an application for licensing. This tool supports an evaluation of an applicant's credentials by the regulator.
- Applicants will also be encouraged to complete the Self-Assessment Readiness Tool (SART) prior to initiating an application with SCoP.

2. Scope

- This policy applies to all internationally trained applicants.

3. Implications

- No significant implications noted.

4. Policy

- This policy provides for the adoption of a self-evaluation guide based on the National Occupational Competency Profile (NOCP). The guide would be completed by the applicant prior to submitting an application for licensing for the purpose of self-assessing whether the competency level required for licensing would be met.
- If the applicant made an application for licensing, the completed guide would be submitted along with the application to assist the regulator evaluate credentials and competency.
- A self-evaluation guide matches the NOCP and contains a scoring matrix.
- At the discretion of the regulator, the guide may be offered to a Canadian trained applicant for licensing who had trained in another health-related profession.

5. Legal Authority

- *The Paramedics Act*

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6. **Key Stakeholders**
 - Internationally trained applicants
7. **Accountability Matrix:** Not applicable
 - **Responsible:**
 - **Accountable:**
 - **Consulted:**
 - **Informed:**
8. **Penalties/Consequences:**
 - No consequences noted.

Policy Document

Policy: Registration Verification

Policy Type: Registration

Policy Number: 2.21.6

Date Approved: November 2019

Date Revised:

Principle: The Saskatchewan College of Paramedics is responsible for regulating the paramedic profession in Saskatchewan under the authority granted by The Paramedics Act. The evidence that an applicant registered in good standing in another Canadian jurisdiction is a consideration in issuing a license in Saskatchewan is provided for in Section 2 ((4)).

1. Purpose

This policy provides for the verification registration in another jurisdiction in Canada in any and all health-related professions.

2. Scope

This policy applies to all applicants for seeing a license in Saskatchewan.

3. Implications

This policy is an additional tool to mitigate risk to public safety.

4. Policy

This policy implements a requirement to verify registration for any applicant who has been licensed in another jurisdictions in Canada in the field of paramedics and/or another health care profession.

The regulator from the jurisdiction that issued the licensed is asked to verify if the applicant is or was in good standing; conditions of the license; criminal offences; professional misconduct; event affecting competence, mental or physical capacity to fulfill responsibilities.

5. Legal Authority

- The Paramedics Act

6. Key Stakeholders

- General public
- Canadian regulators

7. Accountability Matrix: Not applicable

- **Responsible:**
- **Accountable:**
- **Consulted:**
- **Informed:**

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8. Penalties/Consequences:

- Evidence of good standing is a requirement under The Paramedics Act and has implications under the Agreement on Internal Trade or subsequent replacement legislation.

Policy Document

Policy:	Budgeting	Policy Number:	3.1
Policy Type:	Administration	Date Approved:	April 24, 2019
		Date Revised:	

1. The Executive director shall not cause or allow budgeting which:
 - 1.1. Contains too little detail to enable reasonably accurate projection of:
 - 1.1.1. Revenues and Expenses
 - 1.1.2. Separation of capital and operational items
 - 1.1.3. Cash flow
 - 1.1.4. Sunsequential audit trails
 - 1.2. Fails to disclose planning assumptions
 - 1.3. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period
 - 1.4. Fails to recommend adequate funds for the Council's direct use during the year:
 - 1.4.1. Cost of the fiscal audit
 - 1.4.2. Cost of governance training, Council and Committee orientation, cost related to professional development for Council members,
 - 1.4.3. Costs related Council meetings, Annual General Meetings, Committee meetings
 - 1.4.4. Council legal fees
 - 1.5. Fails to recommend adequate funds for the organization to meet legislated and/or regulatory obligations
 - 1.6. Allows current assets to drop below the level required to meet the College's short term liabilities.
 - 1.7. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve Council stated organizational goals in future years.
2. With respect to fiscal planning (budgeting) the Executive Director/Registrar shall not deviate significantly from Council stated organizational goals and priorities in allocation of resources, risk financial jeopardy, or fail to ensure that budgeting is derived and reflective of the strategic plan
3. Budgeting projection for three years is included in the College's strategic plan, which shall remain posted on the College's website.
4. Budget projections shall be reworked each year and shall be available in the annual report which is also posted on the College's website

Policy Document

Policy:	Expenditures	Policy Number:	3.2
Policy Type: Administration Date Approved: April 24, 2019		Date Revised: Dec. 3, 2009	

The Executive Director/Registrar shall not cause or allow the development of fiscal jeopardy or a substantial deviation of actual expenditures from Council priorities as established in the Council delineated organizational goals.

1. The Executive Director/Registrar shall not:

- 1.1. Expend more funds than have been received in the fiscal year-to-date unless the debt guideline is met;
 - 1.1.1. The debt guideline is established in the annual operating budget as the deficit planned for that year.
- 1.2. Commit on his/her own authority to any expenditure of greater than \$5,000 which is not part of the approved budget.
- 1.3. Use any long-term reserves without specific Council motion;
- 1.4. Fail to settle payroll and debts owing to the College to be undertaken in an untimely manner;
- 1.5. Allow the collection of accounts receivable or debts owing to the College to be undertaken in an untimely manner.
- 1.6. Allow government ordered payments or filings to be overdue or inaccurately filed;
- 1.7. Fail to designate signing authorities for financial documents;
 - 1.7.1. Fail to ensure that there are 2 authorized signatures on all cheques. Authorized signatures are established in the Administrative Bylaws (14.1).
- 1.8. Fail to direct any excess of revenue over operating expenses at fiscal year end to Unrestricted Net Assets/The Investment fund unless otherwise directed by the Council.

Policy Document

Policy:	Assets	Policy Number:	3.3
Policy Type: Administration Date Approved: April 24, 2019		Date Revised: June 21, 2013	

Protection of Assets

1. The Executive Director shall not allow organizational assets to be unprotected, inadequately maintained or unnecessarily risked. Accordingly, the Executive Director shall not:
 - 1.1 Fail to maintain adequate insurance against theft, fire and casualty losses, and against liability losses to Councilors, staff and individuals engaged in activities on behalf of the College or the College itself. Adequate insurance is deemed to be an amount comparable to that held by other similar organizations.
 - 1.2 Unnecessarily expose the College or its Councilors, staff and volunteers to claims of liability.
 - 1.3 Allow unbounded personnel access to substantive amounts of funds or other material assets.
 - 1.4 Allow or cause equipment to be subjected to improper wear and tear or insufficient or inadequate maintenance.
 - 1.5 Receive, process or disburse funds under internal controls which do not meet the Council-appointed auditor's standards.
 - 1.6 Make purchases without due consideration to quality, after-purchase service, value for dollar, and opportunity for fair competition. The Executive Director shall not:
 - 1.6.1 Make any purchase wherein normally prudent protection has not been given against conflict of interest;
 - 1.6.2 Make any unbudgeted capital expenditure of greater than \$5,000.
 - 1.7 Fail to protect intellectual property, information and files (electronic and paper) from loss or significant damage.
 - 1.8 Invest and hold operating capital in insecure instruments, including uninsured chequing accounts, or in non-interest-bearing accounts excepts where necessary to facilitate ease in operational transactions:
 - 1.8.1 Fail to diversify the investment portfolio to minimize risk and optimize liquidity and return;
 - 1.8.2 Fail to design the investment strategy so as to assure the necessary cash flow.
 - 1.9 Receive, process or disburse funds in a manner inconsistent with the Council appointed auditor's standards.
 - 1.10 Fail to implement recommendations in the auditor's management letter or provide acceptable rationale to the Council as to why they should not be implemented.

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- 1.11 Acquire, encumber (mortgage) or dispose of real property (real estate) without Council knowledge and approval given via Council motion.
- 1.12 Make any unbudgeted purchase or commitment greater than 2 years.

Amortization

2. Capital assets are stated at cost less accumulated amortization and are amortized over their estimated useful lives at the following rates and methods:

Equipment	20%	Declining balance method
Computer equipment	30%	Declining balance method
Furniture and fixtures	20%	Declining balance method
Leasehold improvements	5 years	Straight-line method
Software license rights and trademarks	5 years	Straight-line method

Reserves

3. The Executive Director shall protect against unforeseen loss of income, unexpected events or unanticipated expense by maintaining designated reserve funds.
4. The reserve funds will be funded with surplus operating funds as recommended by the Executive Director and directed by Council on a yearly basis.
5. Reserved funds are established as follows:

Reserve Fund	Use	Contribution Goals
Capital Fund	For future capital purchases	\$200,000
Contingency Fund	For assistance to operations in the event of unforeseen circumstances	\$200,000
Legal Fund	For unbudgeted expenses respecting complaints lodged with the College against members or litigation against the College.	\$300,000
Project Fund	For future major projects that are outside the scope of the normal day-to-day operations of the College	\$100,000
Research and Development Fund	To fund research and development work that supports the public interest, the College vision and mandate, health system developments, and paramedical practice; funding allocation would be based on policy.	\$100,000
Technology Reserve Fund	Funds available to support system changes and any ongoing support or subscription costs not identified during the budget process.	\$165,000

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6. The College shall adopt an investment policy² for reserve funds, excess cash, and other short-term funds which will maximize current income and preserve capital.
 - 6.1 The investment portfolio should be sufficiently flexible to accommodate any specific operating and capital withdrawals that may be required; and
 - 6.2 Should be reviewed on an annual basis at minimum, along with the policy.
7. The Executive Director is responsible for assuring that the value of the reserve funds are protected by:
 - 7.1 Maintaining them in separate savings accounts and investments from the operating revenues.
 - 7.2 Investing all interest earned on the capital in the designated reserved funds back into those funds.
 - 7.3 Using designated reserve funds for purposes other than costs associated with activities falling within these fund categories as anticipated and so designated by Council when the funds are/were created.
 - 7.4 Advising Council of all expenditures from designated reserve funds.

08/09/2017

² Refer to Policy 3.3.1

Policy Document

Policy:	Investments	Policy Number:	3.3.1
Policy Type:	Administration	Date Approved:	April 5, 2016
		Date Revised:	Sept. 15, 2017

Purpose

To establish guidelines to govern the investment of the Saskatchewan College of Paramedics (the College) reserve funds, excess cash and other short-term funds.

Objectives

The portfolio is to be constructed so as to maximize current income and preserve capital. Over the short-term, the portfolio should be sufficiently flexible to accommodate any specific operating and capital withdrawals that may be required.

Income Needs

Current income and the maintenance of future purchasing power are of prime importance.

Planning Horizon

Investment recommendations will be made with a 3-to-5-year view. Results will be measured annually and reported quarterly.

Scope

These policy guidelines are applicable to all funds managed by and on behalf of the Saskatchewan College of Paramedics.

INVESTMENT GUIDELINES**1) Definition and Investment Philosophy**

All investments managed by and on behalf of the College will be invested in accordance with prudent investment management principles. Investment will at all times be based on the requirement for safety, liquidity, and yield in that order of importance.

Wherever possible preference will be given to dealing with investment firms or financial institutions which have a direct presence in the community of Regina. Investment firms/advisors must be licenced to practice in Canada.

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Policy:	Investments	Policy Number:	3.3.1
Policy Type:	Administration	Date Approved:	April 5, 2016
		Date Revised:	Sept. 15, 2017

2) Scope of Investments

All investments made by the College in relation to funds earmarked for operating purposes and for allocation to the legal expenses will generally be limited to liquid investment grade fixed income securities such as money market instruments or funds, Guaranteed Investment Certificates (GICs), bonds and debentures and, (subject to the restrictions on overall equity investments contained within this policy) agency rated investment grade income producing equities (Income Trusts, Preferred Shares and Convertible Debentures).

The preference for all fixed income investments will be for terms of 5 years or less to maturity except in the case of Government Bonds and then only with prior approval of the Audit committee. The investments will be made with the intention of holding the security to maturity and to account for cash flow projections.

This Investment Policy strictly prohibits the College from engaging in any non-business related investment activity that would be considered speculative according to the general accepted principle of conservative investment management.

3) Application

This Investment Policy will be implemented and monitored by the Audit Committee of the Saskatchewan College of Paramedics' Council. Any changes to these guidelines must be fully approved by the Council of the Saskatchewan College of Paramedics.

4) Investment Quality Guidelines

All individual debt securities will be rated "BBB" (investment grade) rating (R-1 for money market securities) or better by a recognized Rating Agency unless purchased by an Investment Manager as part of an overall fixed income portfolio.

Preferred securities will be rated P-3 or better.

There should be no concentration of investment in any geographic area or country or industry sector with the exception of the Government of Canada and its agencies.

No equity investment in a company shall exceed 10% of the total College portfolio. The cumulative equity investment in one industry will not exceed 25% of the total portfolio.

Any investment falling outside the above constraints will not exceed 5% of the portfolio.

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Policy Type: Administration Date Approved: April 5, 2016

Date Revised: Sept. 15, 2017

No direct equity investment shall be made in any listed company with a market value capitalization of less than \$100 million. Investment Managers who purchase the equity of such a company as part of the holdings of a diversified investment portfolio for and on behalf of the College are exempt from this requirement.

5) Asset Mix Guidelines³

The portfolio will be invested in money market securities, longer dated fixed income securities and equities in accordance with the following guidelines:

<i>Asset Mix Guidelines</i>	<i>Long-Term Target</i>	<i>Asset Allocation Guidelines</i>	
	<i>Asset Mix</i>	<i>Minimum</i>	<i>Maximum</i>
<i>Cash and short term</i>	<i>25%</i>	<i>20%</i>	<i>50%</i>
<i>Fixed income securities (over a year)</i>	<i>65%</i>	<i>50%</i>	<i>80%</i>
<i>Equities</i>	<i>10%</i>	<i>0%</i>	<i>20%</i>

6) Decision Making

All recommendations will be made within the context of the objectives, asset allocation guidelines and the constraints set out above.

All recommended investments and portfolio changes will be made by the decision of the College.

7) Payment and Safekeeping

Only cash accounts may be opened on behalf of the College. Margin accounts are strictly prohibited. To provide a safeguard from lost cheques and to ensure timely funding of the

Policy: **Investments**

Policy Number: 3.3.1

Policy Type: Administration Date Approved: April 5, 2016

Date Revised: Sept. 15, 2017

³ The percentages (10 - 25%) and term limits (2 - 5 years) in the two sections on Investment Quality Guidelines and Asset Mix Guidelines are only guiding principles. The investment manager or professional financial advisor may make adjustments based on the market performance. The fixed income should be 2-5 years; short term can be 18 months, if market rates are conducive.

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College's operations, all withdrawals of monies from the investment accounts shall be through electronic funds transfer to the appropriate banking account, wherever possible.

An investment dealer authorized to practice in Canada and/or qualified financial institution approved by the Audit Committee will keep securities purchased in safekeeping.

8) Reporting And Review

Regular contact, monthly and quarterly reporting shall be with the appropriate staff of the College (currently the Executive Director/Registrar of the College and the Director of Operations/Deputy Registrar.)

Regularly

Day to day contact as needed

Monthly

Trade confirmations and monthly statements itemizing all transactions and balances.

Quarterly

A comprehensive portfolio valuation and rate of return calculation.

Annually

An annual review with the Audit Committee providing a comprehensive portfolio review including performance evaluation and a review of this policy statement to ensure it continues to meet requirements.

Details of any variation from stated investment policy.

9) Policy Review

This policy shall be reviewed annually (at minimum), by the Audit Committee to ensure that it remains consistent with the overall objectives of the College and prudent and conservative investment practices. Proposed changes to this Investment Policy shall be provided to the Council of the Saskatchewan College of Paramedics for approval.

Policy 3.3.1 Appendix A: Investment Risk Tolerance Categories

Type of Investor	Description (Behaviour of Investors)	Typical Investments

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Conservative	• Not willing to tolerate “noticeable downside market fluctuations” and willing to forego most all significant upside potential, relative to the markets, to achieve their goal. • Don’t want to get their monthly statement and see less money than they had before (unless it was due to withdrawals). • Want their portfolio to provide an inflation-adjusted income stream.	• Invest in cash and high-quality short and intermediate term maturity fixed income bonds. • Avoid very risky asset classes.
Moderately Conservative	• Can tolerate a little more risk than the Conservative investor, but still averse to large short-term downside fluctuations. • Want a little more return with a little less income. • Not relying on the income from their investments for their daily or annual cash requirements. • Want their portfolio to be protected somewhat from large downside market fluctuations • Willing to not fully-participate when markets rally upwards. • Investments produce little capital gains distributions.	• Invest in fixed income securities, several types of stocks (core asset classes as opposed to very risky asset classes), real estate and tangible commodities that somewhat track inflation.
Moderate (Approved by Council)	• Middle of the road category. • Desire to invest in long-term for future income requirements. • Current need for portfolio-generated income is usually several years away. • Want good returns, and willing to take some risks to get them. • Portfolio should go up less than the market as a whole, but also should go down less when markets go down.	• Invest in a balanced mix of most all-major viable asset classes for maximum diversification, including bonds and stocks. • Balance between profits and loss reduction is the possible goal.

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Moderately Aggressive	• Desire to outperform when markets go up and willing to take losses when markets go down. • Want to accumulate significant amount of wealth, and are willing to wait a significant amount of time for income to recoup short term losses.	• Invest in bonds and stocks, including international stocks.
Aggressive	• Desire to outperform the markets and willing to take higher risk. • Willing to take high losses when markets go down expecting that they will make high gains when markets go up (even when this may take several years).	• Invest in growth, small-cap, and sector funds or stocks. • Fixed income funds are a small part of their portfolio.

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Policy 3.3.1 Appendix B: Investment Option Selected

Investment Option	Main Features	Motivations/Attractions	Concerns
Private Wealth Management (Approved by Council)	• Based on asset allocation and rebalancing methodology. • A professional—for example, Certified Financial Analyst (CFA), professional financial advisor, or certified financial planner—manages bonds, stocks, and other investable assets market products on behalf of the College.	• The College can gain access to more investments than it would normally have access to in other options. The mutual fund pools the money with other investors. • PWM enhances timely financial update and communication with the financial experts/advisors. • The College may take advantage of the volatility in the market and achieve high rates of return. • With different types of mutual funds available, there may be one or more that better fits the College's lifestyle and goals.	• There is a high financial risk when the College enters into the market. • There are additional fees and costs associated with the maintenance or implementation of the PWM strategy. • The College may give away some of its decision making powers to the investment manager or consulting firm. • Financial advisors may change their practice, resulting in an ineffective communication network with SCoP.

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Policy:	Financial Controls	Policy Number:	3.4
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	

1. GAAP

- 1.1. Accounting principles and practices of the College shall meet Canadian Generally Accepted Accounting Principles.
- 1.2. Internal Financial Control consists of five interrelated components as follows
 - 1.2.1. **Risk Management:** identification and analysis of relevant internal and external risks.
 - 1.2.2. **Control activities:** policies and procedures that help ensure management directives are carried out. These include activities like authorizations, verifications, reconciliations, reviews of operating performance, security of assets and segregation of duties
 - 1.2.3. **Information and communication:** As determined by the College policies.
 - 1.2.4. **Monitoring:** The internal control system must be monitored by management and others in the College. This monitoring must include both the design of and compliance with the internal control system. Monitoring reports to Council, external reviews of programs, and the performance management system all contribute to this component.
 - 1.2.5. **Control environment:** established by Council and contained in College policies.

2. Accounts Receivable – The following steps will be followed.

- 2.1. When mail is opened, items containing receipts shall be delivered directly to the person responsible for recording receipts.
- 2.2. Receipts awaiting processing shall be held in a secure cabinet
- 2.3. All receipts shall be promptly recorded and posted
- 2.4. A receipts number shall be used to link the source document to the software entry. Source documents shall be retained.
- 2.5. Bank deposits and statements slips shall be reconciled monthly.
- 2.6. Posting on receipts to the general ledger shall be performed by the Director of Operations.
- 2.7. "Please Remit" notices shall be mailed for receipts that become overdue.
- 2.8. The Director of Operations shall monitor bank reconciliations and membership reports

3. Purchasing – The following rules apply to purchase of goods and services:

- 3.1. Position descriptions shall specify the purchasing and/or contracts spending authority.
- 3.2. Periodic (every 5 years at a minimum) reviews shall be conducted for recurring purchases/services. Exceptions must be documented and approved by the Executive Director.

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4. Accounts Payable – The following steps shall be used when processing accounts payable.

- 4.1. When the mail is opened, all invoices and expense claims shall be delivered directly to the employee responsible for processing accounts payable.
- 4.2. Independent payment authorization, either in the form of a signed and priced purchase order/contract or an authorizing signature on the invoice/expense claim, and account coding shall be obtained prior to item entry into the accounts payable software. Recurring utilities and rent are an exception. These invoices shall be simply be checked for reasonableness prior to entry.
- 4.3. Invoice and expense claim extensions shall be checked for accuracy. Vendor statements shall be reconciled.
- 4.4. A vendor master file shall be maintained in the software for all repetitive purchases.
- 4.5. Vendor payment terms shall be honored. Payments shall normally occur within 4 weeks.
- 4.6. All invoices and payments shall be promptly recorded. Posting reports shall be retained.
- 4.7. Each source document shall be marked with a processing stamp that links it to its software entries as payable and as a payment. Source documents shall be retained.
- 4.8. Payments required in non-Canadian funds shall be made by means of either a money order or a credit card.
- 4.9. Cheque stock shall incorporate security features such as micro-printing and watermarks and shall be serially numbered.
- 4.10. All cheques shall require hand written signature of two Association officers; documentation shall accompany cheques when they are sent for signature and shall be examined before signing any cheque.
- 4.11. Posting of accounts payable transactions to the general ledger shall be performed by the Director of Operations or delegate.
- 4.12. Bank statements shall be reconciled monthly.
- 4.13. Cheque registers, monthly aged cash requirements reports, and bank reconciliations shall be reviewed by the Director of Operations.

5. General Ledger – The following processes shall be followed when maintaining the general ledger:

- 5.1. Journal entries shall be sequentially numbered and retain sufficient documentation to be self-explanatory. Postings to the general ledger shall be made at least monthly by the Director of Operations or delegate.
- 5.2. Payroll transactions shall be posted at least monthly to the general ledger by the Director of Operations. All payroll transactions shall be logged and verified against the payroll register before posting to the general ledger.
- 5.3. Postings to the general ledger from accounts payable and accounts receivable shall be made at least monthly by the Director of Operations or delegate. Each subledger shall be reconciled to the general ledger.

Policy Document

5.4. All accounts (asset, liability, revenue and expenditure) shall be reviewed monthly for reasonableness by the Executive Director.

5.5. The Executive Director shall be provided with detailed monthly expenditure lists.

6. Financial Reporting – Financial reports must at a minimum include:

6.1. Consistency in use of GAAP and consistency across fiscal periods;

6.2. Clarity of financial statements and related disclosure;

6.3. Significant accounting policies shall be reported in the notes to the audited financial statements;

6.4. Completeness of financial statements and related disclosures;

6.5. Representational faithfulness, verifiability and neutrality of the accounting information included in financial statements;

6.6. Budget development and expenditure projections shall be based on management knowledge and experience about past and current events as well as judgments and assumptions about future events;

6.7. Electronic working papers shall be prepared and shared with external auditors.

6.8. Reports generated from various sources shall, as far as practically possible, articulate with one another (that is, the numbers should be internally consistent). All new or revised reports shall be validated for content and tested for accuracy by the Director of Operations or delegate.

6.9. Monthly financial statements shall be posted by the Director of Operations to the Executive Director within the first two weeks after month end..

6.10. These statements shall contain actual year-to-date results, annual budget, and comparative trend information from the previous year.

6.11. These statements shall report the results of operations by area.

6.12. Detailed quarterly prospective (to the end of the fiscal year) variance reports shall be prepared by the Director of Operations or delegate. These reports shall include comments describing the reasons for variances.

7. Capital Expenditures

7.1. Any capital expenditure not identified in the approved budget shall be approved by the Executive Director. A capital expenditure is an expenditure excess of \$999.99 for a tangible object with a useful life beyond one year.

8. Petty Cash

8.1. The Director of Operations will have responsibility for a petty cash fund.

8.2. No petty cash fund shall exceed \$100.00. Disbursements over \$50.00 from petty cash shall be avoided.

8.3. The Director of Operations shall report monthly on Petty Cash.

9. Audited Financial Statements

Policy Document

- 9.1. The Executive Director shall ensure that an independent and reputable auditor is retained by the College for the purposes of preparing annual audited financial statements. Employees of the College and members of Council shall cooperate fully with the Auditor and shall supply the Auditor with any and all information requested. The annual audited financial statements shall be presented at the Annual General Meeting.

10. Auditor Independence

- 10.1. In order to maintain auditor independence and ensure compliance with Canadian Independence Rules, all potential non-audit services by the the College audit firm shall be discussed with the firm partner in charge of the College and with the Executive Director.

Policy Document

Policy:	Line of Credit & Credit Card Use	Policy Number:	3.5
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	

1. Line of Credit

- 1.1.The College may maintain a line of credit at a financial institution approved by the Council under terms agreed to by the Council. The Council shall approve the terms and the security for the line of credit as required by the financial institution.
- 1.2.The Council will approve the officers who may execute the documentation required by the financial institution. The Executive Director may be approved as one of the signatories to the line of credit.
 - 1.2.1. The officers approved pursuant to this policy may execute any documentation or do any thing as required by the financial institution in order to obtain and maintain the line of credit.
- 1.3.Payment on the line of credit will be made in accordance with the terms of the agreement with the financial institution.

2. Credit Card

- 2.1.Use of the College credit card shall be restricted to the Executive Director and the Director of Operations, for any use related to College business;
- 2.2.The College credit card shall be paid in a timely manner to avoid interest charges; and
- 2.3.The Executive Director shall be accountable to the Audit Committee on credit card purchases. *Amended October 28, 2015*

Policy Document

Policy:	Payroll	Policy Number:	3.6
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	July 1, 2016

1. Payroll Dates

- 1.1. Permanent employees will be paid on a bi-weekly basis. Payments will be made and processed in accordance with policy and procedures approved by the College.
- 1.2. Casual staff will be paid bi-weekly. All payments to casual staff shall be processed through payroll. Casual staff will be paid only in accordance with the College approved policy and procedures. Only hours actually worked to the requisition date shall be included for payment.

2. Deductions

- 2.1. Except for Canada Pension Plan, Employment Insurance, Income Tax and garnishees written permission from the employee is required for all payroll deductions.

3. Taxable Benefits

- 3.1. All taxable benefits will be reported in an employee's annual gross earnings.

4. Anniversaries

- 4.1. Salary increments shall be effective on the employee's anniversary date or a date as determined by the College (i.e.: July 1 of each year). When the anniversary or salary increment date occurs on an unpaid date, the increment will be effective on the first following paid date. *Amended July 1, 2016*
- 4.2. An unpaid leave of absence shall adjust an employee's anniversary date by the period of the unpaid leave.

5. Biweekly Work Record

- 5.1. Each non-casual employee shall submit a biweekly work record, signed by his/her supervisor, listing all approved overtime worked (where applicable) and paid leaves taken including sick leave and compassionate leaves, vacation, time-off in lieu of overtime, scheduled days off, staff development and statutory holidays. The Director of Operations shall maintain a record of each employee's accumulated entitlement to overtime, sick leave, and scheduled days off.

6. Termination of Employment

- 6.1. Final earnings for time worked, vacation and any other amounts owing will be calculated, paid and reported on a Record of Employment within 5 calendar days of termination of employment.

Policy Document

Policy:	Liability Risk Management and Insurance	Policy Number:	3.7
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	

1. Council Liability

- 1.1. The Council of the Saskatchewan College of Paramedics has been given the statutory and regulatory mandate to manage the admission, membership, continuing medical education and operational affairs of the College.
- 1.2. To minimize liability, the Council must:
 - 1.2.1. Give notifications as are required under the Act, bylaws and policies;
 - 1.2.2. Notify the membership as required of resolutions and bylaw changes;
 - 1.2.3. Complete all filing requirements under provincial and federal legislation;
 - 1.2.4. Approve, and establish a regime for reviewing College governance and all Council policies;
 - 1.2.5. Maintain up-to-date contracts with the Executive Director;
 - 1.2.6. Maintain an annual evaluation process for the Executive Director;
 - 1.2.7. Ensure that audited financial statements are considered at the Annual General Meeting;
 - 1.2.8. Purchase adequate insurance as described below;
 - 1.2.9. Develop written job descriptions or terms of reference for the Council members and Committee members and chairs;
 - 1.2.10. Ensure that Committee reports are provided regularly and are submitted in writing.

2. Insurance

- 2.1. The Executive Director shall ensure that adequate insurance coverage is provided as follows:
 - 2.1.1. General insurance to protect the contents of the office of the College and to protect against any injury suffered by a third party in the office space of the College;
 - 2.1.2. Errors and omissions insurance to cover the activities of the staff of the College during the normal course of their business activities;
 - 2.1.3. Directors/officers liability insurance to cover the activities of the Council and Committee members during the normal course of their business activities.

Policy Document

Policy:	Record Ownership and Access	Policy Number: 3.8
Policy Type: Administration	Date Approved: April 24, 2009	Date Revised: June 5, 2026

2. Ownership of Records

- 1.1. All information received by the College in whatever form shall be the property of the College.

All electronic records entered or received on College equipment are the property of the College and subject to College records classification and retention policy.

Employees shall not keep corporate files of the College on personal computers.

2. Access to Records

- 2.1. Except as otherwise provided in bylaws or policy, employees of the College will have access to records as required, to perform their duties.

Where records are removed from the office (for the purpose of working offsite), the employee shall be responsible to maintain the confidentiality and safekeeping of the record.

3. Principles for Record Retention

- 3.1. The College shall maintain guidelines to guide record classification and retention based on the following:

- Clearly defined record retention periods. Record retention periods will be based on classes of records. Retention periods will be based on operational requirements, legal requirements and archival responsibilities.
- Record retention periods shall be reviewed periodically to ensure legislative compliance and operational fit.
- File closure criteria will be developed for each class of record. Record retention periods begin when the file is closed.
- When a record contains non-regulatory personal information, the College will comply with legislation requiring that personal information be held no longer than is required for the original purpose for which the information was collected.
- Designation of permanent retention for a record does not exclude the possibility of subsequent donation of the record to the Saskatchewan Archives.
- Disposition of a record shall be approved by the Executive Director.
- Upon disposition of a record, the content of the record shall be destroyed. Data associated with the record such as including information related to its destruction, shall be retained indefinitely.

Policy Document

Policy:	Electronic Device Record Management	Policy Number:	3.9
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	Feb. 5, 2026
Related Documents:	SCoP Risk Management Framework 4/1/2015		

1. Network Protection

- 1.1. A current virus scanning program shall be maintained on workstation files daily.
- 1.2. A firewall shall be maintained between the College internal network and the external environment.
- 1.3. Employees shall ensure all devices are scanned for viruses prior to opening files
- 1.4. Employees shall exercise high caution when deciding whether to open E-mail from unknown sources.
- 1.5. The Executive Director shall insure that College systems are secured and backed up in compliance with the College Risk Management Framework (RMF).
- 1.6. The membership database and general ledger shall be archived electronically and backed up in accordance with the RMF.
- 1.7. Employees should not store data on external devices; if external devices are used, the employee must back-up files to the College network.
- 1.8. Access to the network and to various secured applications shall be controlled by two factor authentication.
- 1.9. Employees shall keep passwords secure from unauthorized access. If confidentiality is breached, the password shall be changed immediately.
- 1.10. Employees shall adhere to password format standards and change schedules.
- 1.11. Employees shall ensure College devices (including computers) are secured in accordance with the College RMF.
- 1.12. Programs and devices not purchased by the College shall not be installed on College equipment without the written approval of the Director of Operations. Such devices/programs include games, screensavers, real-time players and office products obtained via the Internet or any tangible medium.

2. Computer Access and Control

- 2.1. Laptops will be provided by the College as required to complete job responsibilities. Responsibility for the security of the machine, and the files it contains, lie with the employee to whom it is assigned. Accordingly the employee shall:
 - Not abandon the computer in an unlocked area.
 - Not store sensitive data on the local hard drive.
 - Cycle the laptop back to the office when requested for updates and maintenance.

Policy Document

- Report a stolen or lost computer to the Director of Operations immediately so access rights can be revoked.
- Except for decision writers of Disciplinary Hearings, or with the explicit authorization of the Director of Operations or the Executive Director, laptops shall not be removed from the building by non-employees.
- In all other cases where a non-SCoP employee requires a computer or device:
 - The employee requesting the laptop (or device) for the non-employee is responsible to ensure that it is returned before the non-employee leaves the building or the agreement with the individual has ended.

3. **E-Mail:** Policy defined in College Risk Management Framework

Policy Document

Policy: **Employment Terms** Policy Number: 3.10

Policy Type: Administration Date Approved: April 24, 2009 Date Revised: July 1, 2023

1. Employment Terms

- 1.1. Saskatchewan College of Paramedics's employment terms are established as part of a plan to be a preferred employer, and to recruit and retain its workforce, while balancing the need for fiscal responsibility and public accountability.

2. Recruitment

- 2.1. Competence to carry out job responsibilities is essential for appointment to permanent positions and casual employment. Available permanent positions will be advertised externally to maximize the pool of qualified applicants. Existing employees will be informed as to when permanent positions will be advertised so that they may apply for the position.

3. Discrimination

- 3.1. The College will not discriminate in its hiring and employment practices, including benefits availability (except where prohibited by legislation, as in the case of registered pension survivor benefits) against persons by reason of age, race, creed, religion, colour, sex, nationality, ancestry, or place of origin, political affiliation, union activity, marital status, sexual orientation or disability.

4. Letter of Appointment

- 4.1. A letter of appointment shall be sent to all new employees outlining the expectations of the employer, establishing the starting date of employment, the type of employment (permanent, temporary, casual), salary, benefits, position description and probationary period.

5. Hours of Work

- 5.1. Unless otherwise directed by the Executive Director, the hours of work will be from 8:30 am to 4:30 pm. Employees will be entitled to breaks in accordance with applicable legislation. 01/07/2023

6. Compensation for Permanent Staff

- 6.1. The Executive Director shall establish the pay ranges for permanent staff where fiscal resources permit such an approach. Annual increments will be granted to a maximum of the most recent September Consumer Price index for Canada plus 2%, however, regular market reviews should occur in an effort to remain a preferred employer as outlined in section 1.

The Executive Director will obtain the approval of Council for salaries, any annual increments and any performance pay/bonuses. 09/18/2012

Policy Document

7. Casual or Temporary Staff

- 7.1. Casual or temporary staff will be paid an hourly rate to be determined by the Director of Operations and approved by the Executive Director. Rates of pay for casual staff will be reviewed on an annual basis.

8. Overtime

- 8.1. The College will comply with The Labour Standards Act and therefore any positions exercising managerial responsibilities will not be eligible for overtime. On occasion, work demands necessitate extra hours, and there is a corresponding understanding that these employees may, from time to time balance personal needs when work pressures are less demanding. The Executive Director may authorize leave with pay, where excessive hours have been worked.

9. Probation

- 9.1. A new employee shall have a probationary period during which his/her suitability to remain in the position will be determined. During the probationary period, the College will have the right to terminate the incumbent's employment without cause by providing two weeks salary. The probationary period will be one year, unless otherwise determined by the Executive Director and may be extended with the consent of the Executive Director. A performance appraisal interview will be held with the incumbent and his/her supervisor midway through the probationary period. When the probationary period has been successfully completed the employee will be notified in writing of his/her appointment to the permanent position.
- 9.2. A permanent employee demonstrating unsatisfactory performance may be placed on probation with a written plan from the employer outlining necessary steps to improve the employee's performance.

10. Performance Reviews

- 10.1. Performance reviews will be held annually, which shall consist of an assessment of the degree to which the employee has fulfilled the requirements of the position as established in the job description and the annual work plan. The employee will be given written feedback on performance. (See also policy on Individual Performance Management).

11. Termination of Employment

- 11.1. Employment may be terminated without notice for just cause. In instances of resignation or termination with or without cause, accrued vacation and current year banked scheduled days off shall be paid out to the employee. An employee's final date of employment beyond his/her last working day will not be extended to permit the use of this time, unless otherwise agreed to by the Executive Director.
- 11.2. The employee's last working day shall constitute the termination date for purposes of group benefit coverage calculations.
- 11.3. In the case of dismissals without cause, severance will be one month per year of service to a maximum determined in accordance with common law principles.

Policy Document

Policy: **Leave and Days Off**

Policy Number: 3.11

Policy Type: Administration Date Approved: April 24,2009

Date Revised: March 16, 2012

1. Sick Leave

- 1.1. All permanent employees will accrue 1-1/2 days per month of sick leave.
- 1.2. Employees accruing sick leave may carry over unused sick days from year to year up to a maximum of 190 days. Days accrued in excess of 190 days and existing as of June 30th will be removed from the College records once a year on that date. 03/16/2012
- 1.3. The employer reserves the right to request a medical certificate in respect of absence due to illness or disability. The employer shall not abuse this right to request medical certificates. 03/16/2012

2. Pressing Necessity Leave

- 2.1. All employees have the right to negotiate time away from the office to handle pressing personal necessities. Adjustment of working hours, rescheduling of scheduled days off, or use of vacation time are options that may be explored with the supervisor within the context of the College's needs. Permanent employees shall have the right to access their paid sick leave benefits in relation to sickness of family members.

3. Vacation Leave

- 3.1. Unless otherwise negotiated and approved by Council, all permanent employees will be entitled to annual vacation leave as follows:
 - 1 to 8 years – 3 weeks
 - 8 to 15 years – 4 weeks
 - 15 to 22 years – 5 weeks
 - 22 years+ - 6 weeks
- 3.2. Where an employee leaves their position before one year, the employer will comply with *The Labour Standards Act* and provide holiday pay as required.
- 3.3. The maximum amount of vacation leave that may be accumulated by all eligible employees is 15 days. It is the employees' responsibility to ensure that they have scheduled their vacation leave in excess of the 15 day carry forward target. 03/16/2012
- 3.4. If the supervisor and staff member are unable to agree on mutually satisfactory vacation dates for the days in excess of the 15 day maximum and existing as of June 30th, the supervisor can schedule the staff member's vacation by providing the staff member with a minimum 2 weeks of written notice of the date on which the staff member's annual vacation is to commence, and the staff member must take the vacation at that time. 03/16/2012
- 3.5. In exceptional non-recurring circumstances, vacation leave beyond the maximum carry over may be allowed with the approval of Council. Employees must submit their request in writing to Council for approval prior to June 30th. 03/16/2012

Policy Document

4. Scheduled Days Off

- 4.1. All permanent employees (including probationary employees) are entitled to 12 scheduled days off per calendar year. These days must be used within the calendar year in which they are earned, and may not be banked nor paid out at year's end.

5. Designated Holidays

- 5.1. All permanent full-time employees are eligible for leave with pay for:

- New Year's Day
- Family Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Saskatchewan Day
- Labor Day
- Thanksgiving Day
- Remembrance Day
- Christmas Day
- Boxing Day

Policy Document

Policy:	Employee Special Leave Provisions	Policy Number:	3.12
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	

1. **Compassionate Leave of Absence** – Compassionate leave means a leave with pay granted in the event of a death or life-threatening illness in the immediate family or of any significant other.

- 1.1. Requests for compassionate leave shall be made to the employee's supervisor. Leave with pay up to a maximum of five days on any one occasion may be granted.
- 1.2. Employees who are absent for compassionate reasons shall notify the office as soon as possible. The Executive Director reserves the right to refuse paid leave to an employee who fails to provide notice as required.

2. **Court Leave**

2.1. An employee, other than one who is on leave of absence without pay, is entitled to leave with pay where required:

2.1.1. To serve on a jury.

2.1.2. To attend as a witness in any proceedings held:

- In or under the authority of a court of justice;
- Before a court, judge or coroner;
- Before an arbitrator or a person or body of persons authorized by law to make an inquiry and to compel the attendance of a witness before it.

2.1.3. Such an employee shall be paid by the Association the difference between their regular salary and the daily jury duty or witness fee paid for the number of hours they otherwise would have been scheduled to work.

3. **Maternity/Adoption/Parental Leave**

3.1. An employee who has at least one year of continuous employment with the College, and who becomes pregnant, or who becomes the primary care giver of an adopted child shall be entitled to combination of maternity/adoption leave and parental leave without pay for a period up to fifty-two weeks as determined by the employee.

3.2. An employee who has at least one year of continuous employment with the College and who is a birth father or the spouse of an adopted child's primary care giver may, request unpaid parental leave up to thirty-seven weeks within the first year of the child's arrival.

3.3. An employee who has not been continuously employed, but who has at least twenty weeks of service in the fifty-two weeks preceding the requested leave shall be eligible for maternity/adoption/parental leave according to provisions in *The Labour Standards Act*.

3.4. At the request of the employee, the employer may extend the combination of maternity, adoption, and parental leave to a maximum of eighteen months.

Policy Document

- 3.5. Prior to the commencement of maternity/adoption/parental leave, the employee and employer will determine mutually convenient dates for taking all vacation and overtime which have been earned but not taken.
- 3.6. A pregnant employee will have access to accumulated sick leave for health related absences arising from her pregnancy.
- 3.7. Accumulated benefits will be retained during the maternity/adoption/parental leave of absence. Participation in group benefit plans shall be in accordance with plan guidelines.
- 3.8. An employee returning to work from maternity/adoption/parental leave shall be reinstated in her previous job classification, subject to altered program emphasis, lack of work, and/or technological changes.
- 3.9. Salary of employees on maternity/adoption/parental leave shall remain at the increment level in effect when the leave was granted. The increment anniversary date will be extended in relation to the period of leave.
- 3.10. A request for maternity/adoption/parental leave shall be submitted in writing to the immediate supervisor at least four weeks, and preferably four months, prior to the date requested for commencement of the leave. The request shall include a tentative date for return to employment.
- 3.11. The employee on leave shall give the employer two weeks notice of intent to return to work, or four weeks notice of intent to request an extension of the leave.

Policy Document

Policy:	Employee Benefits	Policy Number:	3.13
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	June 10, 2011

1. Employee Benefits

- 1.1. Saskatchewan College of Paramedics's benefits are established as part of a plan to be a preferred employer, and to recruit and retain its workforce, while balancing the need for fiscal responsibility and public accountability.

2. Membership in the Saskatchewan Association of Health Organizations

- 2.1. As the College is a member of the Saskatchewan Association of Health Organizations (SAHO), the College has joined the following benefit plans for all permanent staff:

- 2.1.1. Core Dental Plan
- 2.1.2. Disability Income Plan
- 2.1.3. Enhanced Dental Plan
- 2.1.4. Extended Health Plan
- 2.1.5. Group Life Insurance Plan

- 2.2. There is a 26 week waiting period for the Core Dental Plan, Enhanced Dental Plan and Extended Health Plan to take effect.

3. Pension Plan

- 3.1. The College has established an employee pension plan subject to the following conditions:
- 3.1.1. the employer contribution is established at 112% of the employee contribution; and the employee contribution shall be 7% of salary;
 - 3.1.2. a monthly payment of the employee and employer's contribution shall be paid directly to the Saskatchewan Health Employees Pension Plan (SHEPP) as adopted by the College effective April 1, 2025;
 - 3.1.3. on request by an employee, the College may make voluntary deductions over and above the 7% of salary to provide a monthly employee contribution direct to a personal RRSP. This contribution must be in addition to the regular SHEPP contribution defined in section 3.1.2 above.

4. Flexible Benefit

- 4.1. On an annual basis the College will make a maximum of 20% of permanent staff salaries available for all employee benefits for permanent staff, including statutory benefits. The pension, SAHO employee benefits plan, and statutory benefits costs will be calculated for the fiscal year.

The balance of the 20% to a maximum of \$850 (per person) will be made available for a flexible benefit for all permanent staff.

Policy Document

- 4.2. The flexible benefit will be used to reimburse staff expenditures for health and wellness costs which have not been reimbursed by the SAHO plan or for voluntary pension contributions or tuition for approved training.

5. Workers Compensation

- 5.1. All employees must complete a work injury report within 48 hours of the discovery of an injury.

6. Transportation Injury Insurance

- 6.1. The College shall provide group coverage insurance for injuries to all employees while traveling on College business.

Policy Document

Policy:	Executive Director – Position Profile	Policy Number: 3.14(a)
Policy Type: Administration	Date Approved: April 24, 2009	Date Revised: June 2, 2026

1. Position Function

- 1.1. The Executive Director (ED) position reports directly to the President of Council and is responsible for all functions within the College whether performed directly by the individual or not.
- 1.2. The ED is accountable for designing and implementing strategic plans, providing vision and leadership, and overseeing daily operations. This role involves managing staff and committees, mentoring employees and volunteers, and fostering a strong organizational culture. They must stay informed about all aspects of the organization, including staffing, budget, and resources, while also enhancing the College's profile.

2. Core Responsibilities

The Executive Director is accountable in the following priority areas:

2.1 Leadership

- Oversee the development and monitoring of the College vision and strategic plan.
- Proactively identify and communicate issues that (may) impact the College.
- Advise the Council on relevant organizational activities.
- Encourage teamwork between the Council and College employees.
- Function as the College's spokesperson and ambassador.
- Manage official correspondence with (and/or on behalf of) the Council
- Represent the College within the community and at stakeholder meetings build relationships.

2.2 Communications

- Actively engage with stakeholders, employees, and Council to ensure alignment of business strategies with organizational objectives.
- Lead the development of strategic direction, policies, and procedures.
- Build and maintain relationships with key stakeholders, including government and industry influencers.
- Approve official correspondence, presentations, and policy submissions to Council and government officials.
- Serve as the College representative for media relations and requests.
- Act as the primary steward of the College brand, offering strategic guidance and direction where necessary.

Policy Document

2.3 Operational Planning and Management

- Develop and implement an operational plan that aligns with the organization's strategic goals.
- Endorse operational best practices with a view to understanding and meeting Council (and stakeholder) expectations.
- Oversee daily operations for efficiency and effectiveness.
- Draft and review policies for Council approval, recommending changes as needed.
- Maintain secure storage and confidentiality of personnel, member and volunteer files.
- Support the Council by preparing meeting agendas and materials.

2.4 Financial Oversight

- Collaborate with staff and the Council to prepare a comprehensive budget.
- Ensure adequate funding through member dues and other sources of revenue.
- Approve expenditures within the Council's delegated authority.
- Maintain sound bookkeeping and accounting practices.
- Administer funds according to the budget and monitor cash flow.
- Provide the Council or delegated Committee with clear and timely financial reports.
- Deliver regular updates to the Council on revenues and expenditures.
- Ensure compliance with taxation and withholding legislation.

2.5 Regulatory Program Effectiveness

- Oversee the planning, implementation, and evaluation of the College's regulatory programs and services.
- Ensure alignment of programs with the organization's mission and relevant legislation.
- Monitor daily delivery of programs and services.
- Collaborate with the Registrar on planning and evaluating special projects.

2.6 People Oversight

- Provide a safe and supportive workplace that provides mentorship and leadership to the people within the organization; adopt processes that build productivity, teamwork, and morale.
- Conduct ongoing evaluations of program and staffing requirements to ensure seamless service delivery.
- Implement and monitor Human Resource (HR) policies that include job descriptions for all positions.
- Ensure candidates for college opportunities are aligned in terms of values, skills, and attributes; provide fulsome orientation and training when transitioning new hires.

Policy Document

- Establish a performance management process with ongoing monitoring and annual reviews.
- Manage disciplinary actions and separations using appropriate and legal procedures.

2.7 Relationship Development

- Develop strong stakeholder relationships and build trust by engaging them in a transparent manner and by ensuring information provided is accurate and timely.
- Collaborate willingly with government, community groups, and other organizations to support the goals of the College and health system.

2.8 Risk Assessment and Management

- Ensure that risk(s) to the College and public are identified and addressed on a regular basis; risk assessment areas include employees, property, financial, reputational, legal, and political.
- Report to the Council at least annually regarding insurance coverage for both the Council and College.
- Ensure Council and employees are provided with information regarding policy limitations and conditions.

3. Competency and Behavioural Requirements**Flexibility and Nimbleness:**

- Demonstrated ability to shift and change perspectives efficiently in a challenging and moving setting without compromising organizational goals and effectiveness.

Personal and Professional Ethics:

- Recognize ethical standards and business practices, ensuring that your own actions and those of others align with these principles and the organization's values and ethics.

Relationship competencies:

- Foster and sustain positive, collaborative relationships with internal and external partners to help achieve the organization's goals.

Sound communication abilities:

- Communicate effectively using multiple modes and through demonstrated active listening techniques.
- Ensure recipients understand messaging by utilizing reflective approaches.

Creative and innovative thinking skills:

- Generate innovative strategies to benefit College programs and operations in addition to creating new opportunities.

Patient focus:

- Proactively identify, understand, and address the needs of the public to meet or exceed their expectations within the College mandate.

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Teamwork:

- Collaborate effectively with others to establish goals, resolve issues, and make decisions that improve organizational effectiveness.

Influence:

- Inspire and motivate others to achieve their potential while meeting desired outcomes that benefit the organization.

Decision-Making:

- Evaluate situations to identify significance, urgency, and risk, to support clear and timely decisions that contribute to the goals of the College.

Organizational Skills:

- Establish priorities and monitor progress toward goals; report on performance vs. strategic objectives.

Planning:

- Identify strategies to advance the organization; establish goals, develop, and execute action plans, and assess the process and outcomes.

Manage Issues Effectively:

- Evaluate challenging situations to identify causes, collect and analyze relevant information, generate potential solutions, and provide recommendations or resolve issues.

Strategic Mindset:

- Proactively demonstrate monitoring of macro-economic factors that influence the ability of the College to meet its goals; these include the political, economic, social, technological, legal, and environmental conditions.

4. Qualifications and Knowledge

- Bachelor's Degree with Master's Degree preferred;
- Eight or more years of progressive management experience in the non-profit sector;
- Regulatory college experience is desired;
- Demonstrated strong written and verbal communication skills;
- Knowledge of leadership and management principles as they relate to non-profit/voluntary organizations;
- Knowledge of federal and provincial legislation applicable to non-profit or voluntary sector organizations; i.e.: employment standards, human rights, occupational health and safety, charities, taxation, Canada Pension Plan, Employment Insurance, etc...
- Current understanding of regulatory environment including environmental factors influencing regulatory activity;
- Human resource management competencies that are greater than average; demonstrated ability to recruit and lead employees in a way that encourages personal and organizational success;
- Solid budget management skills including preparation, analysis, decision-making, and reporting;

Policy Document

- Strong relationship competencies as demonstrated through prior collaboration efforts and engagement activities;
- Prior experience leading and interfacing with diverse stakeholder groups;
- Strong strategic management experience; demonstrated ability to convey strategic direction to internal and external stakeholders; and
- Effective conflict management and resolution skills as demonstrated in prior settings.

Policy Document

Policy: **Executive Director – Terms of Employment** Policy Number: 3.14 (b)

Policy Type: Administration Date Approved: April 24, 2009 Date Revised: June 5, 2026

1. Employment Contract

1.1 The President of the College, on behalf of the College, will negotiate the employment arrangements for the Executive Director/Registrar⁴. The arrangements will be recorded in a contract of employment approved by the Council and signed by the President and the Executive Director. The terms of the contract will be subject to an annual review.

1.2 The Executive Director will receive the benefits outlined in the employee benefit policy.

In addition to any other benefits, the Executive Director will be entitled to 12 scheduled days off per year and holidays as negotiated by the President and recorded in the contract of employment.

2. Annual Review

2.1 The President will conduct an annual performance review with Executive Director. The annual review will be based on the agreed upon goals and objectives for the Executive Director in the previous year and will include a review of performance in the following areas:

- General knowledge and performance;
- Strategic management skills
- Human resource management;
- Financial management;
- Judgment and organizational competencies;
- Interpersonal communication and effective working relationships.

2.2 In preparation for the review with the Executive Director, the president will have an in-camera discussion with Council in order to obtain their feedback on the Executive Director's performance in the above areas. Feedback will be objective and based on the Executive Director's performance in the above areas and will be provided in accordance with the policy on Individual Performance Management.

2.3 A third party may be retained by the President to assist in the collection of the above information to ensure consistency and objectivity.

⁴ This assumes that the roles of Executive Director and Registrar are combined; in the event they are separated the terms of this policy will apply to the Executive Director alone.

Policy Document

3. Compensation

- 3.1** Compensation will be reviewed on an annual basis. The Executive Director will receive a market increment to his/her base salary similar to the market increase provided to permanent staff.
- 3.2** Additional performance pay may be awarded by Council on an annual basis to a maximum of 10% of the Executive Director's current gross salary. Any performance pay granted should correspond to the performance ratings contained in Policy 3.15.
06/21/2013

4. Employee Benefits

- 4.1** The Executive Director will receive employee benefits similar to those provided to permanent staff, as set out in approved College policies. Any additional benefits will be determined by Council at the time of appointment of the Executive Director.

Policy Document

Policy:	Individual Performance Management	Policy Number:	3.15
Policy Type:	Administration	Date Approved:	April 24, 2009
		Date Revised:	Sept 18, 2012

1. Individual Performance Management

- 1.1. Individual performance management is the informal and formal process of orientation together with regular planning, monitoring, review, documentation and dialogue that focuses on strengthening employee performance and results. A focus on lifelong learning, competence and early identification of gaps contributes to maximizing individual performance that is aligned with College policy. Further, staff will support each other in developing and maintaining competence through their commitment to one another and the organization.
- 1.2. Individual performance management will focus on ensuring that employees have goal clarity, the required competence, are motivated and equipped to fulfill goals.
- 1.3. Individual performance management will emphasize ongoing communications to plan, monitor, review, document, discuss and improve employee performance and results.
- 1.4. Individual performance management will emphasize communications and employee development.
- 1.5. Individual performance management will assess observable, job-related performance and results.
- 1.6. Evaluation of staff performance shall be conducted by the person to whom the staff member reports directly on at least an annual basis.
- 1.7. The employer will recognize that the ability to demonstrate competence is influenced by his/her environment and resource allocation.

2. Annual Reviews

- 2.1. Permanent staff will have his/her performance reviewed on an annual basis in a personal discussion with their immediate supervisor. The employee will, subsequently, be provided written feedback on their performance and will have an opportunity to provide a written response to the feedback.
- 2.2. Written feedback to the employee will include one of the following performance ratings:
09/18/2012
 - 2.2.1 Performance Exceptional – Performance consistently and significantly exceeds expectations for most or all areas on a sustained basis. Individual provides an extraordinary contribution to the organization and is a model of excellence and distinguished achievement.
 - 2.2.2 Performance Exceeds Expectations – Performance noticeably exceeds expectations for the position. Individual demonstrates superior contribution on a frequent and sustained basis. There are no shortcomings in terms of expectations.
 - 2.2.3 Performance Consistency Meets Expectations – Performance fully and consistently meets expectations for the position. Individual may have noticeably strong performance in some areas, balanced by a slight gap in results for a less critical area.

Policy Document

2.2.4 Performance Needs Improvement – Performance does not consistently meet expectations for the position. Some key expectations were not attained and performance will need to improve.

2.2.5 Performance Unsatisfactory – Performance does not meet minimum expectations for the position and potential for significant improvement must be demonstrated in the short term.

3. Personnel Files

3.1. Personnel files shall be established and maintained for each employee of the College. The files shall be confidential and shall be kept in a secure location. The Executive Director shall have access to all files, otherwise only the immediate supervisor and the individual employee shall have access to files relating to persons whom they supervise or his or her individual file.

3.2. Performance Review documents shall be retained on file for five years.

Policy Document

Policy:	Expense Reimbursement	Policy Number:	3.16
Policy Type:	Administration	Date Approved:	Nov 14, 2008
		Date Revised:	July 1, 2015

1. Expense Reimbursement

- 1.1. The College will reimburse Council and Committee members for approved expenses incurred in the course of attending any Council meetings, or scheduled Committee meetings, as well as regular office expenses incurred.
- 1.2. Council members who are requested by Council to attend other agency meetings on behalf of the Saskatchewan College of Paramedics in their capacity as Council members will receive reimbursement upon providing reasonable proof the meeting was Saskatchewan College of Paramedics business.

2. Incidental Office Expenses

- 2.1. Council and Committee members performing duties with respect to their position on the Council or Committee, will receive reimbursement for paper, envelopes, postage, labels, and long distance or cell phone/fax calls upon submission of expense claim accompanied by original, paid receipts.

3. Monthly Office Stipend discontinued July 1, 2015**4. Additional Expenses**

- 4.1. Any expenses submitted that fall outside the guidelines are subject to approval by the Audit Committee at any regularly scheduled meeting.

5. Errors or Overpayments

- 5.1. Should errors or overpayments occur, the College reserves the right to make the necessary corrections to reconcile expense reimbursement accordingly.

6. Forms

- 6.1. All expenses being claimed must be submitted on Council approved expense claim form.

7. Date of Submission

- 7.1. All expenses must be submitted to the Saskatchewan College of Paramedics within 60 days of the expense. Expenses submitted late, will be reviewed by the Audit Committee or Council, to determine if they will be paid.

8. Mileage

- 8.1. Standard mileage distances are found at: <http://www.highways.gov.sk.ca/docs/travelersinfo/distance.pdf> for travel in Saskatchewan. Should the location not be in the table from the web site, the Council or Committee member is asked to record the mileage between the locations.

9. Mileage Reimbursement Rates

Policy Document

- 9.1. The College will adjust annually the rates for mileage for Council, Committee and staff travel using personal vehicles, to reflect the rates established by the Government of Saskatchewan for its employees and published on the web site of the Saskatchewan Public Service Commission (PSC) each October. The current mileage rates will be found on the College expense claim form.

10. Transportation

- 10.1. When Council or Committee members travel to attend Saskatchewan College of Paramedics business at out of town meetings, full reimbursement will be given for use of bus, taxi, or parking upon the submission of original, paid receipts. Carpooling is encouraged and expected of Council or Committee members living within the same geographical area.

11. Daily Transportation Stipend

- 11.1. A \$10 stipend per meeting to a maximum of \$10 per day can be claimed for non-receipted expenses, such as in town kilometres. Date, location, and purpose of meeting are required on expense claim.

12. Air Travel

- 12.1. Should travel by airplane be determined to be necessary, it will require prior approval of the Executive Director. Such approval can only be granted where it falls within the Council approved budget or revised expenditure plan for the year.

13. Meal Reimbursement Rates

- 13.1. The College will adopt annually the October PSC rates for meal reimbursement for Council, Committee and staff travel. The current meal rates will be found on the College expense claim form.

14. Complimentary Meals

- 14.1. Reimbursement will not be given if the College or another organization provides a complimentary meal.

15. Accommodation Expenses

- 15.1. Council or Committee members living more than 200 km from the destination of College business starting before 10:00 AM will be reimbursed for the prior night's hotel stay. Should a Council or Committee member not be able to reach home before 9:00 **PM** on the day of College business, the College will reimburse that night's hotel stay.

16. Incidental Telephone Charges

- 16.1. When Council or Committee members are away from home for approved business, reasonable telephone charges may be invoiced on their hotel bill to contact their immediate family. However, all other incidental charges are the responsibility of the member.

Policy Document

17.Executive Director Approval for other Expenses

- 17.1. The College requires that expenses other than travel to Council/Committee meetings must be approved in advance by the Executive Director, and the Executive Director may only approve expenditures which fall within the Council approved expenditure plan.

Policy Document

Policy: **Wage Loss Recognition** Policy Number: 3.17

Policy Type: Administration Date Approved: Nov 14, 2008 Date Revised:

1. Wage Loss Recognition

1.1. The College will reimburse Council and Committee members for their contribution as follows:

- An honorarium of \$200 for Council members and Committee Chairs and \$175 for Committee members will be provided in situations where the member is not supported by his or her employer to participate in College business, and is losing wages to participate;
- The policy does not apply to regular days off or where the member has taken holiday or time in lieu pay;
- Proof of wage loss certified by the employer will be required to establish eligibility for the honorarium;
- This honorarium will only be available for formally scheduled full day College meetings or activities specifically designated by Council for this purpose.

2. Reimbursement

2.1. Where the member provides the Executive Director with proof of wage loss from the employer, payment of the honoraria will be provided. A letter from the employer is sufficient proof of wage loss.

Policy Document

Policy:	Committee Terms of Reference	Policy Number:	3.18
Policy Type:	Administration	Date Approved:	Nov 14, 2008
		Date Revised:	Jan. 15, 2010

1. Committees of the Saskatchewan College of Paramedics provide support to the College and Council by advising and making policy recommendations to Council pertaining to their stated purpose.
2. Committees perform research and consider matters referred to them in greater depth than would be possible by the whole Council.
3. Committees can identify problems that require consideration or attention, propose possible resolutions, present the implications of their resolution and make other general recommendations to the Council.
4. Council makes the ultimate decision.
 - 4.1. It is the Committee's responsibility to review matters in greater detail than the Council. If the Council is not satisfied with the Committee's depth of knowledge, the Council may refer the issue back to the Committee for further study.
 - 4.2. With the exception of the Professional Conduct and Discipline Committees which shall have their own legal counsel appointed by Council, any request for a legal opinion by a Committee must be approved by Council prior to seeking legal advice.
5. A quorum of the Committee is 50% plus one.
 - 5.1. In the event that a member is not capable of personally carrying out the powers and duties of the Committee membership, the Committee can continue to deal with its core business. Council shall specify an alternate who may be called on to complete the term of any Committee who resigns during his/her term of office.

6. Committee Member Rules

- 6.1. Committee members shall conduct themselves at all times in a professional and forthright manner, consistent with the Code of Professional Conduct.
- 6.2. While enacting the College's legislative mandate, members will conduct themselves in accordance with the College's behavioral expectations, reflective of the College's mandate, mission and vision.
- 6.3. Committee members will adhere to the 'Oath of Office and Confidentiality Agreement' (Appendix E), conflict of interest policy and any other Council policies. Committee members will be given a copy of their signed 'Oath of Office and Confidentiality Agreement', and of the College's conflict of interest policy.
- 6.4. The confidentiality of applicable information will be maintained at all times. Breach of confidentiality may be considered a violation of the College's confidentiality policy, conflict of interest policy, code of professional conduct, and/or the College's behavioral expectations. Substantiated allegations of break of confidentiality may result in a Council motion for removal from the Council as well as other disciplinary action.
- 6.5. The Committee's advice, policy recommendations and decisions will at all times be in accordance with provisions in all applicable sections of The Paramedics Act, The

Policy Document

Regulatory Bylaws, The Administrative Bylaws and Operating Policies, Procedures and Guidelines.

Policy Document

Policy:	Committee Record Keeping	Policy Number:	3.19
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Policy Type: Administration	Date Approved: Nov 14, 2008	Date Revised:
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1. The chair of each Committee must ensure that the Committee members abide by the College's confidentiality policy when dealing with all paper and electronic records pertaining to the work of the Committee.
2. The chair must ensure that the Committee follows the information management procedures put in place by the executive director for the handling of records pertaining to the work of the Committee. In this way, the chair of the Committee is responsible to ensure that the Committee:
 - 2.1. Meets legislated requirements for the collection, utilization, retention, retrieval, sharing and destruction of records (electronic and paper).
 - 2.2. Meets the legislated requirements for freedom of information and protection of privacy; and for ensuring the accuracy of information.

Policy Document

Policy:	College Field Support System	Policy Number:	3.20
Policy Type:	Administration	Date Approved:	June 12, 2009
		Date Revised:	

1. The College Field Support System is comprised of two levels of assistance
 - 1.1. **Proctors** assess CME and mandatory components, attest to the completeness of the practitioner's application, and maintain practitioner files with all their certifications which can be audited by the College
 - 1.2. **Coordinators** assist practitioners in assembling their applications for license renewal, keep attendance records for certain CME activities and provide a record to the practitioner of the CME attended, but do not assess CME credits or mandatory skills, nor would they attest to the completeness of the practitioner's application
2. The System enables both proctors and coordinators to batch applications and arrange to pay centrally for practitioner license fees. This also enables both to serve as advocates or assistants to practitioners to help resolve issues with their registration with the College.
3. The proctor and coordinator certification is achieved through a training and evaluation process managed by the College.
4. Proctors and coordinators must be authorized in writing by practitioners to have access to their file and to discuss their applications with the College.
5. The College will charge a cost recovery fee to certify proctors and coordinators. This fee covers the incremental cost to the College for the training (including lunch and coffee service) and the audit/evaluation processes (including travel) for facilitators and coordinators.

Policy Document

Policy: **Contractual Services** Policy Number: 3.21

Policy Type: Administration Date Approved: May 26, 2010 Date Revised:

1. The Executive Director may contract expertise to complete the objectives approved in the Strategic Plan or other work of the College.
2. Rates of compensation will be determined by the Executive Director in consideration of the complexity of the task and the expertise required in fulfilling the requirements.

Policy Document

Policy: **Miscellaneous Administration**

Policy Number: 3.22

Policy Type: Administration Date Approved: Nov. 24, 2010

Date Revised: June 5, 2026

1. Addressed Advertising Materials

The College will not routinely distribute addressed advertising materials to members.

All addressed advertising materials received by the College must be approved by the Executive Director; if not approved such materials will be discarded.

Policy:	Remote Workplace and Telecommuting (RWT)	
Policy Type:	Administration	Policy Number: 3.23
Date Approved:	September 23, 2022	Date Revised:

Principle: With advances in technology, the need for all employees to be centrally located has changed. The Saskatchewan College of Paramedics (SCoP) recognizes the importance of providing a supportive and flexible work environment while continuing to deliver on its mandate.

Purpose

The intent of this policy is to define a baseline framework to the adoption of telecommuting/remote work arrangements where appropriate to do so. To support interpretation of this policy the following definitions apply:

Remote Work: Refers to an employee that is remotely located on a temporary or permanent basis.

Telecommuting: Refers to an employee that is remotely located and may be required to work on-site some of the time.

1. Scope & Eligibility

- 1.1 The College may identify RWT (new and existing) positions based on need.
- 1.2 Policies for remote work and telecommuting will be applied in a similar manner despite differences in work arrangements.
- 1.3 Employees may submit a request for consideration of remote work or telecommuting arrangements providing:
 - 1.3.1 Performance standards meet expectations or are being managed effectively;
 - 1.3.2 Position commitments and accountability can be met in a remote setting;
 - 1.3.3 The employee accepts attendance and reporting commitments as defined in this policy.
- 1.4 Before implementing an RWT agreement, the College will evaluate the suitability of such an arrangement, reviewing the following areas:

2. Employee suitability:

- 2.1 The Executive Director (ED) and employee will assess the needs and work habits of the employee and compare vs. traits customarily recognized as appropriate for successful telecommuters.

3. Job responsibilities:

- 3.1 The ED and employee will discuss the job responsibilities and determine if the job is appropriate for a RWT arrangement.

4. Support Requirements:

- 4.1 Equipment needs, workspace design considerations and scheduling issues will be evaluated by the College and employee; both parties will review the physical workspace needs and the appropriate location for the telework.

5. Legal, Tax and other implications:

- 5.1 The employee will be responsible for ensuring that they continue to meet any tax or legal obligations, provincial and municipal laws, and/or restrictions arising from working out of a home-based office.
- 5.2 Responsibility for fulfilling all obligations in this area rests solely with the employee.
- 5.3 Employee failure to meet the requirements of this policy may result in discontinuation of the remote work/telecommuting arrangement.

6. Policy

- 6.1 Remote work and/or telecommuting (RWT) may be a viable flexible work option when the College, employee, and the position are suited to such an arrangement.
- 6.2 RWT may be adopted on a casual, part-time, or full-time basis depending on individual circumstances and accountabilities.
- 6.3 The RWT policy is not an entitlement or broad company benefit and in no way changes the terms and conditions of employment with the College.

7. Equipment

- 7.1 SCoP will work with the employee to identify equipment needs for each RWT arrangement on a case-by-case basis.
- 7.2 Equipment supplied by the College will be maintained by the organization.
- 7.3 Equipment supplied by the employee will be maintained by the employee.
- 7.4 The College accepts no responsibility for damage or repairs to employee-owned equipment.
- 7.5 The College reserves the right to make determinations as to the appropriate equipment, subject to change at any time. Equipment supplied by the organization is to be used for business purposes only.
- 7.6 The remote worker/telecommuter must sign an inventory of all SCoP property received and agree to take appropriate action to protect the items from damage or theft.
- 7.7 Upon termination of employment, all SCoP property must be returned to the College unless other arrangements have been made.
- 7.8 The College will supply the employee with appropriate office supplies (pens, paper, etc.) as deemed necessary.
- 7.9 The College will also reimburse the employee for business-related expenses that are reasonably incurred in carrying out the employee's job.

- 7.10 The employee will establish an appropriate work environment within the remote location for work purposes. SCoP will not be responsible for costs associated with the setup of the employee's home office, such as remodeling, furniture or lighting, or repairs or modifications to the home office space.

8. Security

- 8.1 RWT employees will be expected to ensure the protection of College and member information accessible from their home office in a manner consistent with the organization's expectations of information security for employees working at the office.
- 8.2 Steps include the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment.

9. Safety

- 9.1 Employees are expected to maintain their home workspace in a safe manner, free from safety hazards.
- 9.2 Injuries sustained by the employee in a home office location and in conjunction with regular work duties are normally covered by the company's workers' compensation policy. Telecommuting employees are responsible for notifying the employer of such injuries as soon as practicable.
- 9.3 The employee is liable for any injuries sustained by visitors to the home worksite.

10. Personal Commitments/Childcare

- 10.1 RWT is not intended to be a replacement for appropriate childcare. Although an individual employee's schedule may be modified to accommodate childcare needs, the focus of the arrangement must remain on job performance and meeting business demands.
- 10.2 Prospective telecommuters are encouraged to discuss expectations of telecommuting with family members prior to entering a trial period.

11. Time Worked

- 11.1 RWT employees are expected to be available for contact during normal business hours (0830-1630 hours Monday to Friday).
- 11.2 RWT employees may work flexible hours on the approval of the Executive Director or Director of Operations, however, must be available for telephone contact during regular business hours.
- 11.3 RWT employees will be required to accurately record all hours worked .

- 11.4 Employees are expected to work 30.0 hours per week:
- 11.4.1 If an employee is required to work beyond the 30.0-hour maximum:
- Overtime pay or an equivalent amount of time in lieu will be provided.
 - Prior approval will be required to bank excess hours for future use (time in lieu) to ensure the accuracy of College banked time reports.
- 11.4.2 Use of time in lieu must be pre-authorized by the Director of Operations.
- 11.4.3 Failure to comply with this requirement may necessitate termination of the RWT agreement.

12. Ad Hoc Arrangements

- 12.1 Temporary RWT arrangements may be approved for circumstances such as state of emergency, inclement weather, special projects, or business travel. These arrangements are approved on an as-needed basis only, with no expectation of ongoing continuance.
- 12.2 Other informal, short-term arrangements may be made for employees on family or medical leave to the extent practical for the employee and the College, and with the consent of the employee's health care provider, if appropriate.
- 12.3 All informal telecommuting arrangements are made on a case-by-case basis, focusing on both the needs of the employee and that of the College.

13. Termination of the Agreement

- 13.1 RWT agreements may be discontinued at any time at the request of either the telecommuter or the organization.
- 13.2 The College will make every effort to provide 30 days' notice changes to RWT agreements to provide the employee with time to address personal commitments. There may be instances, however, when no notice is possible.

14. Accountability Matrix:

- 14.1 **Responsible:** Executive Director
- 14.2 **Accountable:** Executive Director and Employee
- 14.3 **Consulted:** Council
- 14.4 **Informed:** Employee

15. Penalties/Consequences:

- 15.1 Employee failure to meet the requirements of this policy may result in discontinuation of the remote work/telecommuting arrangement.

Policy: Reduced (4-day) Work Week Program

Policy Type: Administration
Date Approved: 2023 April 14

Policy Number: 3.24
Date Revised/Reviewed: June 2025

1. Purpose

This policy is intended to provide College employees with an opportunity to combine family/personal commitments with College requirements in a manner that works for both parties.

The anticipated outcome of this program is an improved work life balance, productivity, and overall satisfaction. Employees will retain responsibility for managing workplans and deliverables, with ongoing accountability and reporting to support the change.

2. Scope & Eligibility

- Initial implementation: 2023 July 01
- All employees may access this policy providing the following requirements are met:
 - College operational requirements and targets support a reduced work week
 - Individuals have been employed by the College for no less than 1-year as a full-time salaried employee
 - Hourly employees may be eligible for this benefit on approval by the Executive Director; hourly employees will be converted to salaried to participate in this program
 - Employees must meet or exceed performance expectations to have access to this program

3. Implications

- Anticipated implications of policy implementation include:
 - Balanced time between work and home
 - Improved well-being; increased mental and physical health
 - Staff retention focused
 - Personal development time increased
 - Reduced child/elder care cost
 - Additional indicator reporting
 - Intentional meeting scheduling; greater focus
 - Improved efficiency
 - Employer of choice

4. Definitions

- **Regular work week:** 5-days per week/7.5-hour workdays
- **Reduced work week:** a minimum of 4-days per week and 7.5 hours per day
- **Flexible work hours:** starting and completing work at any time providing the employee is available for consultation during core business hours (0830-1630)
- **Salaried employee:** employee benefits and pay are based on an annual salary; salaried employees are not eligible for overtime pay unless required to work in excess of 8 hours per day or 30 hours per week. Employees may choose to average hours over multiple weeks and/or take time off in lieu of overtime payment.
- **Hourly employee:** employee benefits and pay are based on an hourly rate; hourly employees are eligible for overtime pay when hours worked exceed 30.0 hours per week or 7.5 hours per day (not including unpaid meal breaks). Employees may choose to average hours over multiple weeks and/or take time off in lieu of overtime payment.

5. Policy

- Employees must meet performance requirements to maintain eligibility for this program; failure to meet this requirement may result in reversion to a regular work week schedule as determined by the Executive Director
- Individuals adopting a reduced work week will not be eligible for a cost-of-living increase for the conversion year
- Reverting to a regular work week can occur without penalty at any time by providing the employer with a minimum of 30-days' notice
- The College may discontinue or amend this policy at any time without penalty

6. Accountability Matrix:

- **Responsible:** Executive Director
- **Accountable:** Executive Director and Employee
- **Consulted:** Council
- **Informed:** Employee

7. Penalties/Consequences:

- Employees that are unable to consistently meet the requirements of this policy may be removed from the program, as determined by the Executive Director

Policy: Socio-Cultural Policy

Policy Type: Diversity

Policy Number: 4.0

Date Approved: 2022 November 25

Date Revised: June 5, 2026

1. Purpose

- 1.1** This policy is intended to support and guide the College in meeting cultural safety standards for delivering effective service in a non-discriminatory manner that meets the cultural needs of patients and stakeholders.

2. Definition of culture and cultural safety

- 2.1** Culture is dynamic and evolves over time, extends beyond ethnicity, and individuals may identify with multiple cultural groupings at any one point in time.
- 2.2** Cultural safety is about shared respect, shared meaning, shared knowledge in an environment “that is spiritually, socially, emotionally, and physically safe, for the delivery of equitable health services not restricted by age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status.

3 Rationale

- 3.1** To support the College in aligning its work with socio-cultural and linguistic context to enhance interactions with members and the public.
- 3.2** To improve clinical outcomes and lessen disparities in access to pre-hospital care for marginalized groups through the development of standards and policy.

4 Policy statement

- 4.1** The College will ensure that their actions in no manner demeans, diminishes, or disempowers any person on the basis of their cultural needs or ways.
- 4.2** The College is concerned with the cultural safety of all stakeholders (patient, members, and employees) and recognize the diversity within our communities.
- 4.3** The College believes that there is no single culture more important than another and that all cultures should be recognized for their differences. Difference can include Indigenous status, person’s socioeconomic background, religion, gender, and gender identity, sexuality, ethnicity, age, or generation, religious or spiritual belief and disability.

5. Cultural safety guidelines

College employees must demonstrate professional cultural safe engagement by:

- 5.1** Developing and displaying awareness and sensitivity to cultural knowledge;
- 5.2** Being aware of and sensitive to the disadvantages of some cultures and the effects these factors may have on health and living conditions;
- 5.3** Acknowledging power relationships and dominance that are a result of cultural privilege and acting to ensure equitable and respectful engagement.
- 5.4** Using communication and nonverbal communication that is clear, understandable, and respectful. Avoiding the use of language that may be colonizing or disempowering.
- 5.5** Encouraging exploration of different experiences and cultural viewpoints in the way business is conducted.

6 Accountability

6.1 Council and College Committees, Employees, and Executive Management will ensure:

- 6.1.1 They are aware of all policies related to cultural safety.
- 6.1.2 They conduct themselves in a culturally safe manner.
- 6.1.3 Personally foster a spirit of cultural safety in all their dealings with stakeholders.

6.2 Executive Management will:

- 6.2.1 Actively investigate complaints and breach of policy.

Policy: **Definition of Terms and Acronyms**

Policy Number: **Appendix A**

Policy Type:

Date Approved:

Date Revised:

Definition of Terms

Term	Definition
Act	Refers to The Paramedics Act
Administrative Bylaw	Refers to a bylaw created for a purpose set out in subsection 15(1)
Bylaws	The valid and subsisting bylaws of the College
College	Refers to the Saskatchewan College of Paramedics continued pursuant to section 3
Council	Means the Council of the College
Court	Refers to the Court of Queen's Bench
Executive Director	Refers to the executive director appointed pursuant to section 12
Member	A member of the College who is in good standing
Minister	The member of the Executive Council to whom for the time being the administration of this Act is assigned
Practicing Member	A member to whom a current license to practice has been issued pursuant to section 20
Record	Any information that is recorded or stored in any medium or by means of any device including a computer or electronic media
Regulations	Refers to The Ambulance Regulations
Regulatory Bylaw	Refers to a bylaw made for a purpose set out in subsection 15(2) of the act or pursuant to section 17 of the act.
Temporary Bylaw	As referred to in the Administrative Bylaws; a time restricted license as defined in Regulatory bylaw 4.6;

Definition of Acronyms

ACLS	Advanced Cardiac Life Support
ACP	Advanced Care Paramedic (a training category that generally corresponds to licensure as an EMT-P)
AED	Automated External Defibrillator
AESB	Acute and Emergency Services Branch (a branch of Saskatchewan Health involved in administering emergency services funding in the province and licensing ambulance services)
AHA	American Health Association
AOCP	Alberta Occupational Competency Profile
CCP	Critical Care Paramedic (a training category that generally corresponds to licensure as an EMT-C)
CHA	Canadian Heart Association
CLB	Canadian Language Benchmarks Test
CMA	Canadian Medical Association (for program accreditation purposes)
CPR	Cardio-Pulmonary Resuscitation
EMR	Emergency Medical Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-A	Emergency Medical Technician - Advanced
EMT-P	Emergency Medical Technician - Paramedic
ICP	Intermediate Care Paramedic (a training category that generally corresponds to licensure as an EMT-A)
ITLS	International Trauma Life Support
MRA	Mutual Recognition Agreement (under the Agreement on Internal Trade or subsequent replacement legislation), intended to accommodate regulated practitioners moving from province to province.
NOCP	National Occupational Competency Profile

PAC	Paramedic Association of Canada
PALS	Pediatric Advanced Life Support
PCP	Primary Care Paramedic (a training category that generally corresponds to licensure as an EMT)
PCR	Patient Care Report (completed by practitioners)
PESPC	Provincial Emergency Services Practice Committee
RHA	Regional Health Authority
SAHO	Saskatchewan Association of Health Organizations
SCoP	Saskatchewan College of Paramedics
SEMSA	Saskatchewan Emergency Medical Services Association
TILMA	Trade, Investment and Labor Mobility Agreement (Alberta and BC Governments)
TOEFL	Test of English as a Foreign Language

SCoP GUIDELINES: PCC REFERRAL TO DISCIPLINE PROCESS

Where a case is referred by the Professional Conduct Committee (PCC) to the Discipline Committee, the College has adopted the following processes:

A: Referral to Discipline Committee Contemplated:

In situations where consensual complaint resolution has not been reached and a referral to the Discipline Committee is being considered, the following must take place:

- a) The Director of Professional Practice (or delegate) completes the following:
 - i. An "Investigation Report"; and
 - ii. If deemed necessary, a letter requesting a legal opinion (see below); PCC legal counsel.
- b) If required, request legal opinion on the merit of the case that includes the following:
 - i. A list of the allegations/complaints that the PCC believe have merit;
 - ii. Any additional unprofessional conduct and/or incompetence disclosed in the investigation; and
 - iii. A full copy of the investigation file;

B: Following completion of legal review:

1) Lawyer finds no merit:

- i. PCC should complete a Report to Discipline where no further action is taken [Sec 27(2)(b)]⁵;
- ii. Copies of the report should be provided to: Council, the Member; and the complainant (if any) [Sec 27(5)].

2) Lawyer finds merit:

- i. PCC decision to proceed with prosecution (Yes/No);
- ii. The lawyer or delegate (i.e.: Director of Professional Practice) develops a "Formal Complaint" which will be incorporated in The Report to Discipline (see below):
 - o The Formal Complaint will set out the charges separate from the Report to Discipline and is signed by the Registrar.

C: Prepare Report to Discipline:

The Report to Discipline must be signed by the majority of the PCC [s.27(4)] to confirm the decision of the PCC, and should incorporate the following:

- i. **All charges** listing them exactly as listed in the Formal Complaint; and
- ii. **The Formal Complaint**, which must include the following:
 - 1. Describe all charges separate from the Report to Discipline;
 - 2. The date of initial complaint;
 - 3. The name of member;
 - 4. The name of complainant; and
 - 5. The Registrar's signature (after the Report to Discipline has been signed by PCC members).

Note: The formal complaint should not reference any portion of the complaint that PCC decide not to prosecute.

⁵ All section references within this document are taken from *The Paramedics Act*

SCoP GUIDELINES: PCC REFERRAL TO DISCIPLINE PROCESS

Report to Discipline Template:

The Report to Discipline should read as follows:

"The written complaint of <Complainant> alleging that <Member> is guilty of <Professional Misconduct and/or Professional Incompetence (select one or both)> was received on <date> by the office of the Saskatchewan College of Paramedics and forwarded to the Professional Conduct Committee.

*After having reviewed the written complaint and having considered all matters disclosed during the investigation of the complaint, the Professional Conduct Committee finds support for the allegation(s) and recommends that pursuant to Section 27(2)(a) of The Paramedics Act, that the Discipline Committee hear and determine the formal complaint against <Member> as follows: **[insert Formal Complaint allegations]**.*

This decision was made by the Professional Conduct Committee, with the members below signing as representatives of the Professional Conduct Committee."

D) Signature Requirements:

The SCoP office will obtain signatures on the following documents:

1. "Report to Discipline" – signatures of majority of PCC
2. "Formal Complaint" – signature of the Registrar, to be signed and dated after all signatures are obtained on Report to Discipline

E) Distribution of Report to Discipline:

Upon obtaining all required signatures, SCoP must distribute the "Report to Discipline" (which itemizes the charges) as follows:

1. **Copy to Discipline Committee Chairperson:**
 - The Report to Discipline is not distributed to anyone other than the Discipline Committee and legal counsel below.
2. **Copy to Legal Counsel for the Discipline Committee:**
 - Include a covering letter notifying Counsel of impending hearing.
3. **Copy to Legal Counsel for PCC:**
 - Include a covering letter notifying her of impending hearing (this is formal notice as PCC Counsel will already be aware).

SCoP GUIDELINES: PCC REFERRAL TO DISCIPLINE PROCESS

F) Document Distribution to Member and Complainant:

The Registrar must send the following:

1. To the Member:

- A copy of the "Formal Complaint" only (**not the Report to Discipline**) must be sent to the member 14 days prior to the date of the hearing [Sec 30(1)] by registered mail or delivered in person [Sec 50(1)(a) and (2)]; and
- A letter stating they will be informed of hearing date, time and place when set.

2. To the Complainant (if one exists):

- A letter notifying them that of the date, time and location of the hearing.

G) Hearing Arrangements:

1. Check for conflict of interest from the Discipline Committee and legal counsel;
 - The Chair or Registrar will have the panel members complete a conflict of interest form or declare if they have a conflict of interest with either the member or the complainant.
2. Check availability of the following:
 - Contact member (or member's lawyer);
 - PCC lawyer;
 - Discipline lawyer; and
 - Discipline Committee for availability for hearing date and length of hearing (# of days) so a hearing date(s) can be set.
3. Confirm date, time, and location for hearing.
4. Book Court Reporter (Royal Reporting); they will transcribe notes and give copies only if requested; additional charge for recording.

H) Registrar Responsibilities

1. Send "Notice of Hearing" to the member by registered mail or delivered in person that includes the notice date and time and place of hearing [s.50(1)(a) and (2)];
 - Notice of Hearing must be served 14 days prior to hearing [s.30(1)(b)].
 - The hearing can be held without the member if he chooses not to attend [s.30(11)]. The member is allowed to bring representatives.
2. Send copies of the "Notice of Hearing" to PCC lawyer, Discipline lawyer and Discipline Committee members who are attending;
3. Send letter to complainant advising of time and place of Hearing [Sec 30(14)]
 - The "Notice of Hearing" can be sent at the same time as the "Formal Complaint" but is not recommended by Karen Prisciak. Sending the Notice of Hearing after consultation with all parties avoids the need to continuously change dates.

SCoP GUIDELINES: PCC REFERRAL TO DISCIPLINE PROCESS

- At least three members of the Discipline Committee [Sec 29(1)] must be present to adjudicate the case.
- 4. After the member is served with the "Formal Complaint" and "Notice of Hearing", the Registrar must swear an "Affidavit of Service" verifying that the member held or holds valid registration at the time materials were sent by the complainant:
 - This is done after there is proof that the member received the "Formal Complaint" and the "Notice of Hearing" (when Canada Post tracking shows the two letters have been picked up).
 - Attach copies of the Canada Post tracking receipts to the Affidavit of Service.
- 5. The Hearing does not have to be published in the paper although it is open to the public.
- 6. The Discipline Committee lawyer only requires:
 - A copy of the Formal Charges, and
 - Formal Notice of Hearing.
- 7. General: Pens, paper, copies of Act, Bylaws, and Code of Conduct etc. should be made available for the Discipline Panel.

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

A: Roles and Responsibilities

1. The Professional Conduct Committee:

- a. The Professional Conduct Committee investigates the allegations against the Member and decides whether to bring the matter to a hearing.
- b. *Legal counsel for the Professional Conduct Committee*
 - Legal counsel for the Professional Conduct Committee prosecutes the charges [“prosecuting counsel”].

2. The Member:

- a. The accused Member is entitled and encouraged to be present at the hearing.
- b. *Legal counsel for the Member*
 - The Member may have legal counsel if desired; the Member or the Member’s legal counsel defends the case against the Member.

3. The Discipline Committee

- a. The Discipline Committee is to consist of at least three members, a majority of whom are practising members.
- b. At least one member of the Discipline Committee shall be a member of the public who has been appointed to the council under s.9 of *The Paramedics Act* (the Act).
- c. The role of the Discipline Committee is:
 - To control the proceedings;
 - Hear the evidence; and
 - Make a decision in accordance with the Act, the Bylaws and the common law.
- d. Some rules are explicitly given to them, such as the ones laid out in the Act and bylaws; others are implied, such as the rules of natural justice. The rules of natural justice give the Member certain rights and impose certain obligations on the Discipline Committee. If the Member’s rights are not respected, the Discipline Committee’s decision will be vulnerable to judicial review by the Courts.
- e. The Discipline Committee must inform the Member of:
 - The charge against him/her;
 - The case to meet, including disclosure of evidence supporting the case against the Member;
- f. The Member has the right:
 - To respond to the charge;
 - To be represented by legal counsel;
 - To respond to the evidence against him/her, including the right to cross-examine witnesses;

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

- to adequately state his/her own case, including the rights to present evidence supporting his/her case, to make representations, and to call his/her own witnesses.

4. Discipline Committee Obligations:

- To act fairly and in good faith;
- To be free from bias and the reasonable suspicion of bias (for example, the Discipline Committee must not take on the role of prosecutor, nor appear to be collaborating with the Professional Conduct Committee);
- To hear the evidence;
- To make a decision based on all the relevant evidence and no irrelevant evidence.

5. *Legal counsel for the Discipline Committee*

- Legal counsel for the Discipline Committee acts as an advisor on procedure or matters of law. Counsel also assists the Discipline Committee in arriving at and writing a decision that conforms to the law.
- Counsel does not speak for the Discipline Committee and does not conduct the hearing.

B. Format and Process

1. Public hearings

- Hearings are public, although there is an exception if the privacy of a person other than the Member is “unduly” violated (s. 30(15), (16)).
- While hearings are open to the public, often no members of the public will actually be present.

2. Room set-up

- The Discipline Committee typically sits at the front of the room.
- The prosecuting counsel, the Member and his/her counsel sit opposite, facing the Discipline Committee.
- The witness sits in between so everyone can see him/her.

3. Recording

- The proceedings are transcribed by a court reporter in case the decision is appealed.
- When an appeal is taken, the registrar must file certain documents with the council or court appealed to; a transcript of proceedings is one of the documents that must be filed (s.37).
- For portions of a hearing that are held *in camera*, those areas of the transcripts may need to be ordered sealed until further order of the court, because once filed with a court on an appeal they would become part of the court record and publicly accessible.

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

C. Other Issues Relating to the Format of the Hearing

1. Two-stage Hearing

- The Member may request that the hearing be held in two stages:
 - a) The Discipline Committee must first determine whether or not the member is “guilty”; then
 - b) Only after a finding of “guilty” should the Discipline Committee hear any evidence as to penalty.
- If the Member wishes to proceed in this manner, the Discipline Committee should accommodate the request or risk judicial review.
 - The rationale behind a two-stage hearing is that if the penalty is discussed before the issue of guilt is determined, the decision maker may be prejudiced in respect of the issue of guilt in the first place.

2. Where the Member fails to appear

- The Discipline Committee can proceed in the absence of the Member (s. 30(11)).
- The prosecution must still present the case. The Member can only be found guilty if guilt is established, so evidence will be required.

D. Hearing Procedure

1. Call to order

1. The Chair calls the hearing to order.

Sample: “This is a hearing constituted under *The Paramedics Act* to consider the matter of [Member]...”

2. Introductions

1. The Chair introduces the members of the Discipline Committee.
2. The Chair introduces the legal counsel for the Discipline Committee and explains what his/her role and purpose for attending.

Sample: [Legal counsel’s name] is legal counsel for the Discipline Committee. Her role is to act as an advisor on procedure or matters of law. Counsel also assists the Discipline Committee in arriving at and writing a decision that conforms to the law.

3. The Chair calls on counsel for the Professional Conduct Committee to introduce herself and others with her.
4. The Chair calls on the Member or Member’s counsel to introduce his/herself and others with him/her.

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3. Preliminary Matters

1. The Chair asks if everyone is ready to proceed and asks if there are any preliminary matters that either side wishes to raise.

“Preliminary matters” include objections to jurisdiction or process, failure to disclose, or other process matters that are not related to the substantive issues themselves.

2. If any such issues are raised, the Chair provides an opportunity for the party raising the issue to make whatever submissions or arguments they think are relevant.
3. The Chair allows the other party to respond to the submissions or arguments.
4. The party raising the issue would then generally be provided a right of reply.
 - The important objective is to make sure that everyone gets the chance to say everything they think needs to be said so that no one can argue later that they did not get the opportunity to make their point.
 - This process is more relaxed than a court proceeding so the Chair may allow the matter to go back and forth between the parties.
 - The Chair should cut the process off if it starts becoming repetitive.

4. Opening Statement

1. The Chair asks if either side wishes to make an opening statement.
 - The **“opening statement”** is a *brief* summary of what the party believes the case is about and what the evidence they intend to present.
 - The opening statement is not evidence itself; it just provides a framework within which the committee will hear the story as it comes out through the testimony of witnesses and can be helpful in providing meaningful context.
 - An opening statement is not mandatory and either side may decline to provide one.
 - The Chair must provide each side the opportunity to present an opening statement if they so desire.

5. Filing the Professional Conduct Committee’s report

1. Prosecuting counsel files with the Discipline Committee a copy of the report of the Professional Conduct Committee, which includes the formal complaint against the member (s. 30(1)(a)).
2. If prosecuting counsel does not step forward to file the report, the Chair will prompt her to file the report.

Example: “Does counsel for the Professional Conduct Committee have a report to be formally filed with the Discipline Committee?”

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- The purpose of filing the report is to establish the Discipline Committee's jurisdiction. Prosecuting counsel will typically know what they want to do and will not require a great deal of prompting.

6. Filing documents with the Discipline Committee

1. When documents (exhibits) are filed with the Discipline Committee, the Chair numbers the documents in the order in which they are filed.
 - It is customary to number the documents in order to distinguish which documents are filed by which side. For example, agreed documents could be numbered A-1, A-2, etc.; documents for the prosecution could be numbered P-1, and documents for the member could be numbered M-1.
2. The Chair announces the number to be given to each document as it is filed, and everyone will mark the copy of the document that they have.
 - There should be enough copies for each member of the Discipline Committee, legal counsel to the Discipline Committee, and each of the parties.
 - Legal counsel for the Discipline Committee should keep a list of the documents as they are filed. If the Chair is not sure what number to put on the document, they may simply ask counsel.
3. Prosecuting counsel may indicate there are agreed facts to be filed.
 - **"Agreed facts"** are those facts that both parties agree to be true. If some facts are not contentious, the parties should prepare a statement of agreed facts and present them at the hearing.
 - The Discipline Committee will take these facts as given and use them in reaching a decision.

7. Swearing in Witnesses

1. Both prosecuting counsel and the Member may call witnesses to testify. Prosecuting counsel will call their witnesses first.
2. The Chair asks whether the witness prefers to swear on the Bible or affirm.
3. If the witness does not know the difference between swearing and affirming, the Chair explains it. The Chair should not give the impression that one option is preferable to the other.

Example: "Swearing means taking an oath on the Bible, while affirming means taking an oath without the Bible. Both have the same legal weight and it is a personal choice for you as an individual whether you would like to swear on a Bible or not."

4. The Chair administers the oath to ["swears in"] the witness to give evidence (s.30(6)).

Example: [affirm] "Do you solemnly affirm that the evidence to be given by you shall be the truth, the whole truth and nothing but the truth?"

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

Example: [swear] “Do you solemnly swear that the evidence to be given by you shall be the truth, the whole truth and nothing but the truth, so help you God?”

5. After the prosecution has called all its witnesses, the Member then has the opportunity to call witnesses. The same swearing-in process applies to the Member’s witnesses.

8. Questioning Witnesses

1. The party who called the witness asks the witness first [“examination in chief”].
2. The other party has an opportunity to ask the witness questions [“cross-examination”].
3. The party who called the witness has an opportunity to ask the witness questions that arise from the other party’s questioning [“re-examination”].
 - New issues should not be brought up at this point because the other party does not have the opportunity to question the witness on the new issues.
4. Members of the Discipline Committee may ask the witness questions.
 - The Chair asks members of the Discipline Committee if they have any questions of a witness before the witness is excused.
 - Members of the Discipline Committee should refrain from interrupting the flow of questioning by the parties and only ask questions once the parties are finished with the witness.
 - The Discipline Committee should restrict its questions to questions of clarification and should definitely not get into an argument with the witness about anything.
5. If members of the Discipline Committee have asked the witness any questions, the Chair should then ask the parties if either of them has any questions arising out of the questions asked by the Discipline Committee.
6. The Chair excuses the witness.

9. Subpoenas

- a) In order to compel a witness to attend the hearing and provide evidence, a subpoena may be required (s. 30(8)).
 - A “**subpoena ad testificandum**” requires the witness to attend and testify.
 - A “**subpoena duces tecum**” requires the witness to attend and produce at the hearing books, papers, and other things within his/her control.
- b) The persons who are entitled to subpoena a witness are:
 - a. The Member;
 - b. Any member of the Professional Conduct Committee; and
 - c. Any member of the Discipline Committee.
- c) The person requiring the subpoena prepares it and takes it to the local registrar at the court to have it issued. The local registrar will issue the subpoena to him/her.

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

10. Evidence & Objections

- The hearing process is not bound by the technical rules of evidence (s.30 (4)).
 - The Discipline Committee can hear any evidence that it thinks it should, whether or not that evidence would be admissible in court.
 - Generally speaking, an objection to hearing certain evidence will very seldom be upheld on the basis that the evidence is not admissible in court.
 - In particular, hearsay evidence is admissible in these proceedings although it may not carry much weight with the Discipline Committee, but that will be for them to decide when they deliberate.
1. If one party interrupts the other's questioning with an objection, the Chair asks the party objecting to state clearly what is objected to and the reason for the objection.
 2. The Chair then provides the other side with an opportunity to explain why the evidence is relevant and should be heard.
 3. Once these explanations are given, the Discipline Committee must make a decision whether to allow the evidence.
 4. It may be necessary to have a brief adjournment for the Discipline Committee to discuss the matter and to arrive at a decision.
 - In this case, the Chair asks the parties to leave the room while the Discipline Committee decides the issue.
 5. When the Discipline Committee has come to its decision, the Chair calls the hearing back to order and provides the Discipline Committee's decision to the parties and the hearing will proceed in accordance with the decision.

11. Adjournments

A request for adjournment may arise at any point and for various reasons (i.e.: washroom break, lunch, or a request to adjourn the proceedings to another day, etc.)

1. When the Member requests an adjournment to another day, the Chair provides each side an opportunity to state his/her case for or against the adjournment.
2. The Chair asks the parties to leave the room while the Discipline Committee decides the issue.
3. The Discipline Committee deliberates in private and comes back with its decision.
 - Advice: Err on the side of the Member's request. If an adjournment is not granted and the hearing is later challenged in a court ["judicial review"], it could result in the whole process being quashed on the basis of a failure to comply with the rules of natural justice.

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

12. Argument

- After all witnesses have been heard from for both sides, each of the parties may submit an argument, based on the evidence and the law.
 - The purpose of the argument is to try to persuade the Discipline Committee to see things from the perspective of the side making the argument.
 - Each side will tell the Discipline Committee why the committee should agree with him/her and the Discipline Committee will use this argument in coming to a decision.
- On occasion (usually because of the time of day) the parties will agree to submit written submissions instead of oral argument.
 - If this happens, dates should be set so there is a precise awareness of who has to do what and when. Sometimes, each side will just submit a written argument on the same day.
 - Alternatively, the parties may want to be more formal and have the prosecutor submit one first and then give the Member time to respond to that written brief with a right of reply to the prosecutor.
 - Either way of proceeding is fine if the Member agrees.

Advice: It would not be wise to force on the Member a process that they might later claim was unfair in an application for judicial review. Even if his/her argument against the process fails at the judicial review, the Discipline Committee having to respond to it will be time-consuming and expensive, so it is best to avoid the issue entirely.

13. New charges arising during hearing

1. The Discipline Committee is empowered to amend the charges or add new ones as a result of the testimony it hears (.30(12)(13)); this does not happen very often and should be avoided.
2. If an issue like this arises, the Discipline Committee should solicit the views of the parties.
3. The Discipline Committee must advise the Member if they may be guilty of a charge other than, or in addition to, the charge specified in the formal complaint.
4. If the Discipline Committee intends to amend the charges or add new ones, the hearing must be adjourned for a period sufficient to allow the Member to prepare a defence to the new or amended charges, unless the Member consents to proceeding with the hearing.

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

E. Making the Decision

1. Deliberating

- a. Once all evidence and argument is completed or arranged for, the Chair adjourns the hearing.
- b. The Discipline Committee then deliberates with its legal counsel to come to a decision. The Discipline Committee must look at the facts in light of the definitions of “professional incompetence” and “professional misconduct” contained in the Act and the Regulations.
- c. The Discipline Committee’s first job is to agree on what the facts are.
 - Where evidence is conflicting (i.e. witnesses disagree, or a witness’s testimony contradicts documentary evidence), the Discipline Committee must attempt to reconcile the differences, choose to believe one witness over another, or choose to believe one statement over another.
 - The Discipline Committee may believe some but not all of a witness’s statements.
- d. Once the Discipline Committee has established the facts, they then must ascertain whether the facts support the charge that has been made. The Member can only be convicted of the charge before the committee.
- e. If at this point the Discipline Committee feels there is another charge that should be brought, they can notify the Member and proceed as able.

2. Drafting the decision

- a. The role of legal counsel to the Discipline Committee at this stage is to assist the committee with questions of law and to act as their scribe.
- b. The Discipline Committee decides what the facts are and how the law applies to the facts and the result.
- c. Legal counsel records these decisions, while attempting to write it in a way that will satisfy the rules of natural justice and protect the integrity of the committee’s decision.
- d. Once the draft is completed, legal counsel provides it to the Chair.
- e. The Chair either approves the draft or indicates changes to be made.
- f. Once the Chair is satisfied with the draft, it is circulated to all other committee members.
- g. It might be necessary to have a subsequent meeting or conference call to discuss the draft decision among all of the committee members.
- h. Once all committee members are agreeable, the decision is signed by the Chair and distributed as provided for in the Act and Bylaws.

SCoP DISCIPLINE HEARINGS: PROCESS AND ROLES

F. Disciplinary Orders

The Discipline Committee may execute one or more of the following orders (s.31(1)):

- a. an order that the Member be expelled from the College and that the Member's name be struck from the register [the most severe punishment, which should only be used as a last resort];
- b. an order that the member be suspended from the College for a specified period;
- c. an order that the member be suspended from the College pending the satisfaction and completion of any conditions specified in the order [such conditions should address the problems identified in the hearing];
- d. an order that the member may continue to practise only under conditions specified in the order, which may include, but are not restricted to, an order that the member:
 - i. not do specified types of work [relating to the charge];
 - ii. successfully complete specified classes or courses of instruction [relating to the charge];
 - iii. obtain medical treatment, counselling or both [to help correct the underlying problem resulting in the charge];
 - iv. An order that reprimands the member [generally, the least severe punishment]; or any other order that to it seems just [a residual power to make an order not explicitly listed above; what constitutes an appropriate order will depend on circumstances of the case].

G. Privacy Issues

- Provincial privacy legislation (The Freedom of Information and Protection of Privacy Act [FOIPPA], The Local Authority Freedom of Information and Protection of Privacy Act [LAFOIPPA]) does not apply to the College as it is not a prescribed agency.
- The provincial Privacy Act, which makes invasion of privacy an actionable tort in certain situations, would apply to the College but does not apply to disciplinary hearings.
- The *Health Information Protection Act* does apply to the College as it is a trustee by definition in that act.
- The Discipline Committee is also governed by *The Paramedics Act* and Bylaws in its proceedings.

Discipline Committee - Rules for Discipline Hearings

Purpose of Discipline Hearing

- A discipline hearing must be held whenever a matter is referred to the Discipline Committee by the Professional Conduct Committee (PCC) pursuant to clause 30(1) of *The Paramedics Act*.
- Once a matter is referred for a hearing, the Discipline Committee is required to hear the complaint and decide whether or not the member is guilty of professional incompetence or professional misconduct, or both, as alleged in the formal complaint referred to it by the PCC.

Notice of Hearing

- A written Notice of Hearing, setting out the formal complaint, and the date, time and place where the hearing will be held, must be served on the member at least 14 days prior to the hearing [s.31 of the Act].
- Service must be by personal service or registered mail at the address shown in the Register maintained by the College. [s.50 of the Act].

Burden of Proof

- The PCC acts as prosecutor of the formal complaint and must therefore convince the Discipline Committee, on a balance of probabilities, that the member is guilty of the discipline offence alleged [s.31(3) of the Act].

Dates of Hearings

- The Discipline Committee meets on an ad hoc basis, whenever required.
- When a matter is referred for a hearing, an effort is made by all concerned to select dates that are convenient for all parties.

Arrangements for Counsel and Witnesses

- The Discipline Committee expects that the hearing will proceed on the date for which it is set.
- The member who wishes to be represented by legal counsel must ensure that legal counsel is obtained in time for the hearing.
- Both the PCC and the member must ensure that arrangements are made to have witnesses available to testify on the date(s) set for the hearing.
- If witnesses must be subpoenaed to appear, the subpoena must be obtained from the local registrar of the Court of Queen's Bench [s.30(8) of the Act].

SCoP Guidelines:
Discipline Committee - Rules for Discipline Hearings

Adjournments

- If unforeseen circumstances arise that make it impossible to proceed with a hearing on the established date, the party who wishes to request an adjournment must provide details by email, of the circumstances that make it impossible to proceed.
 - Notice must be provided to legal counsel for the Discipline Committee and to the other party.
 - The other party must provide consent to the adjournment request or reasons why the adjournment should not be granted; information must be provided to legal counsel for the Discipline Committee and to the requesting party.
- If an adjournment is consented to by the parties, legal counsel to the Discipline Committee will contact the Discipline Committee and an Order to that effect will be issued and circulated to all parties by email.
- Where an adjournment request is opposed, the requesting party may provide a reply to the objection by email to legal counsel for the Discipline Committee and to the other party.
 - Legal counsel for the Discipline Committee will provide the adjournment request, the objection and any reply to the members of the Discipline Committee for their consideration.
- If the Discipline Committee requests it, a conference call will be held, but otherwise the Discipline Committee will deliberate and issue its decision and Order through counsel via email to all parties.
- Out of respect for the time commitments of all persons involved in the process, an adjournment should be requested at the first opportunity once it is known that it will be needed.
 - Responses to adjournment requests are expected to be made as soon as possible and preferably within 24 hours.
 - Adjournment requests arising less than a week before the scheduled date of the hearing will be considered as a preliminary matter on the date and at the time and place scheduled for the hearing, unless there are exceptional circumstances to warrant otherwise.

Pre-Hearing Procedures

- Although service of a Notice of Hearing may occur as late as 14 days in advance of the date set for the hearing, where possible service will be effected early enough to permit a conference call to be convened approximately two weeks prior to the date on which the hearing is scheduled to begin.
- The Chair of the Discipline Committee, the Discipline Committee's legal counsel will participate in the call on behalf of that Committee.
- Other participants will be the member and legal counsel, if any, legal counsel for the PCC and, if available, a representative of the PCC.

SCoP Guidelines:

Discipline Committee - Rules for Discipline Hearings

The purpose of a conference call is:

- to identify any preliminary issues;
- to determine if the member accepts responsibility for the alleged discipline offence;
- to determine if the matter will proceed by way of agreed facts or if witnesses will have to be called, and if so, how many;
- to establish dates by which any required documents will be filed with the Discipline Committee in advance of the hearing; and
- to deal with any other matters that may be relevant to organizing the conduct of the hearing so that it may proceed expeditiously.

The Hearing

- All hearings are conducted in accordance with the provisions of *The Paramedics Act* relating to hearings [s.30 of the Act] and the rules of natural justice.
- "Natural Justice" is a legal concept that includes basic duties of fairness owed by the Discipline Committee to the member when determining the consequences to them of alleged discipline offences. These include:
 - The right of the member to be heard, including the right to cross-examine witnesses for the PCC;
 - The right to call witnesses to testify on the member's behalf;
 - The right to be heard by a decision maker who is unbiased;
 - The right to be represented by legal counsel;
 - The right to make argument; and
 - The right to receive written reasons for the Discipline Committee's decisions.
- Legal counsel for the PCC may act as prosecutor [s.30(2) of the Act] and will file:
 - A Notice of Hearing with the Discipline Committee, which contains the formal complaint to which the member is required to respond; and
 - Proof that the Notice of Hearing was served on the member as required by the Act.
 - Legal counsel for PCC may then call any witnesses that may be required to establish the formal complaint as alleged.
 - The member, or the member's legal counsel or agent, may cross-examine any witnesses that testify for the PCC [s.30(7) of the Act].
 - Once legal counsel for the PCC has concluded the case for the prosecution, the member, or the member's legal counsel or agent, may call any witnesses on the member's behalf. These witnesses will be subject to cross-examination by legal counsel for the PCC.
 - Once all witnesses have been heard, both legal counsel for the PCC and the member, or the member's legal counsel or agent, will be provided with an opportunity to make submissions in argument to the Discipline Committee.
 - Submissions may be presented to the Discipline Committee in writing, or verbally, or both.

SCoP Guidelines:
Discipline Committee - Rules for Discipline Hearings

Witnesses

- As proceedings before the Discipline Committee are formal legal proceedings, all witnesses that appear before the Discipline Committee are asked to present their testimony under oath or affirmation [s.30(6) of the Act].

Expert Witnesses

- Where a party intends to call an expert witness, notice of that fact shall be provided to the other party and to legal counsel for the discipline committee at least 10 days in advance of the scheduled date of the hearing.
- The notice must contain a concise statement of the nature of the expert evidence the witness is expected to give and a summary of the qualifications relied upon to establish the area of expertise claimed.
- The notice must be accompanied by the curriculum vitae (CV) of the proposed expert.
- Where notice is not given as required and the other party objects, a proposed expert will not be permitted to testify.

Documentary Evidence

- Wherever possible, the parties should compile a joint book of documents.
- The Discipline Committee is not bound by the technical rules of the law of evidence, so almost anything that is relevant is admissible [s.30(4)].
- The Discipline Committee expects that the parties will co-operate and that each side will consent to the other's documents unless there is a valid reason to object.
- Consent does not imply agreement about the significance, interpretation or weight to be placed on any particular document. This means that parties are expected to consent to documents that might be adverse in interest, where it is clear that the document is admissible.

Hearsay

- Testimony or documentary evidence is not objectionable merely because it is hearsay although, even if admissible, very little if any weight is attached to hearsay.

Subpoenas

- The Discipline Committee has NO authority under the Act to issue subpoenas to compel the attendance of witnesses and to order the production of documents.
- If a subpoena is required, the PCC or the member, or the member's legal counsel, must contact the local registrar of the Court of Queen's Bench [s.30(8) of the Act].
- Note that documents can be obtained by subpoena from a regional health authority or health care organization [s.30(10) of the Act].

SCoP Guidelines:
Discipline Committee - Rules for Discipline Hearings

Agreed Facts

- The member may wish to avoid the expense of a lengthy hearing by agreeing with legal counsel for the PCC about all or some of the facts relating to the alleged discipline offence.
- This is a matter to be determined in discussion with legal counsel for the PCC.
- The Discipline Committee will be bound by any agreed facts that may be submitted.

Penalty Hearing

- Normally, unless a member is pleading guilty, the hearing is divided into two stages.
- At the conclusion of the first stage, the Discipline Committee will come to a decision on the issue of whether or not the member is guilty of a discipline offence.
- If the member is found guilty, the hearing will be resumed to hear evidence and submissions relating to the imposition of an appropriate consequence or penalty.
- The Discipline Committee is authorized to make an Order that will address the conduct that led to the offence for which the member has been found guilty.
- The Discipline Committee may order:
 - That the member be expelled or suspended;
 - Take courses;
 - Obtain treatment or counselling;
 - Not do certain kinds of work;
 - Be reprimanded; or
 - Any other order that the Discipline Committee considers just.
- In addition, the Discipline Committee can impose a fine of not more than \$5,000. [s.31 of the Act]

Costs

- The Discipline Committee is authorized to order a member to pay of all or a portion of the costs of the investigation and discipline process [s.31(2)(a)(ii) of the Act] where a member is found guilty of a discipline offence.
- The Discipline Committee will consider all relevant and appropriate factors in regard to a costs order, including:
 - the member's conduct in assisting the proceedings to work expeditiously or in forcing unnecessary expenditures to be incurred; and
 - the member's ability to pay.

Joint Submissions

- Where a member is found guilty of a discipline offence, the member and legal counsel for the PCC may wish to submit joint recommendations for penalty.
- The Discipline Committee will take joint recommendations under advisement, recognizing that the Saskatchewan Court of Appeal has indicated that joint submissions should only be departed from where the penalty proposed is unfit or unreasonable or contrary to the public interest, and there are good and cogent reasons for doing so.

SCoP Guidelines:
Discipline Committee - Rules for Discipline Hearings

Discipline Committee Orders

- The Discipline Committee's written reasons and Formal Order are signed by the Chair and sent to counsel; or, where a member is not represented, served on the member by personal service or by registered mail at the address in the Register maintained by the College.
- The Order takes effect on the day and hour specified in it.
- The Discipline Committee also sends a copy of its Orders to the complainant, if there is one, and to the Council, and may send a copy to the member's employer where that is appropriate.
- All Discipline Committee Orders are redacted and published on the College's website.

Authority

- These Rules for Discipline Hearings are made pursuant to the authority vested in the Discipline Committee by virtue of subsection 29(3) of *The Paramedics Act*.

Legal Contact Information

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Appendix E:



Oath of Office and Confidentiality Agreement

I, _____, a Councilor, committee member or employee of the Saskatchewan College of Paramedics, declare that, in carrying out my duties as a councilor or committee member, I will:

1. Exercise the powers of my office and fulfill my responsibilities in good faith and in the best interests of the Saskatchewan College of Paramedics;
2. Exercise these responsibilities, at all times, with due diligence, care and skill in a reasonable and prudent manner;
3. Respect and support the college's by-laws, policies, Code of Professional Conduct, and decisions of the council and registrants;
4. Keep confidential all information that I learn about registrants, personnel (staff and volunteers), and any other matters unless specifically asked to release such information;
5. Conduct myself in a spirit of collegiality and respect for the collective decisions of the council and subordinate my personal interests to the best interests of the college;
6. Immediately declare any personal conflict of interest that may come to my attention;
7. Immediately resign my position as Councilor, committee member or employee in the event that I, or my colleagues on the council, have concluded that I have breached my 'Oath of Office'.

Signature: _____ Date: _____

Witness: _____ Date: _____

Document History and Version Control

Tracking initiated: April 1, 2015

Policy #	Date Approved	Approved by	Brief Description
3.9 Computer Record Management	April 1, 2015	Council	SCoP Risk Management Framework Reference added
3.5 Line of Credit & Credit Card Use	October 28, 2015	Audit Committee	Removed regular reporting requirement; added accountability
2.17 Applicants With Criminal Convictions	May 10, 2016	PCC, Education Committee, Executive Director	Change to review committee from Education to PCC
2.2.1 Licencing and Registration	January 27, 2016	Council; Membership	Active Practicing Member Awaiting Examination
3.6 Payroll	July 1, 2016	Executive Director	Anniversary Dates changed to permit synchronization of employee dates
2.1 Continuing Medical Education	October 21, 2016	Council (policy change)	CME Credit exemption for graduates changed to one year
3.3.1 Practice	December 14, 2016	Education Committee	Licencing and Registration: Active Practicing Member Awaiting Examination – added guidelines
2.2 Licencing & Registration	January 27, 2017	Council	Exec. Limitation re: modify extension of licence restrictions
3.3.1 Investments	April 5, 2017	Council	Added Investment Policy to manual; approved by Audit Committee (Jan. 26, 2016)
2.5 Fees	May 2, 2017		Housekeeping (added e-transfer as method of payment)
2.7 Equivalency Review	May 2, 2018		Addition of EMT-C/Critical Care Paramedic Fees

Document History and Version Control

Policy #	Date Approved	Approved by	Brief Description
2.11 Investigation Process	September 15, 2017	Executive Director/ Legal Council	Added reference to Appendix D: PCC referral to Discipline process guidelines
3.21 Contractual Services	June 1, 2017	Executive Director	Removed table and replaced with general compensation language
Housekeeping	June 1, 2017	Executive Director	Replaced all references to “Office Manager” with Director of Operations
3.3.1 Investments	September 15, 2017	Council	Amended Investment Policy to reflect Canadian advisor requirement
2.2 (4) Photo Membership Cards	Policy Repealed May 2, 2018	Council	No longer required
2.2(7) Licencing & Registration	May 2, 2018	Council	Addition of EMT-C/ Critical Care Paramedic
2.6 Approved Educational Programs	May 2, 2018	Council	Replaced reference to CMA with Accreditation Canada Added instructor licence requirement
2.6 (7.3) EMP Emergency Medical Responder Program (British Columbia)	May 2, 2018	Executive Director	Removed EMP EMR program (B.C.) – program discontinued
2.14.1 Virtual (default), In-Person, & Hybrid hearing policy	November 23, 2021	Council	Addition of Virtual (default), In-Person, & Hybrid hearing policy.
2.5 Fees 3.23 Remote Work Policy 3.24 Cultural Safety (pending)	June 11, 2021	Council	Removal of annual CPI member fee increase; removal of late fee increments; addition of remote work policy; <i>Pending</i> : addition of cultural safety policy
2.17 Applicants with Criminal Convictions	February 28, 2022	Executive Committee <i>for</i> Council	Repeal policy due to inconsistency with legislation

Policy #	Date Approved	Approved by	Brief Description
2.1 Continuing Medical Education 2.2 Licencing & Registration	October 18, 2022	Executive Director	Added: electronic copies (of documents) are acceptable providing a seal or other authentication is visible on the document or proof of validity can be confirmed (documents provided directly by the issuing agency are preferred).
4.0 Socio-Cultural Policy (College Staff only)	November 25, 2022	Council	Added policy and guidelines for College administration
3.24 Reduced (4-day) Work Week Program	April 14, 2023	Council	Added: policy regarding 4-day work week for permanent fulltime employees
2.2.2 Liability Insurance	September 1, 2023	Council Minister of Health	Adding mandatory requirement and terms for Professional Liability Insurance
3.14(a) Executive Director Position Profile	January 1, 2025	Council	Executive Director/Registrar
3.13 Flexible Benefit	January 1, 2025	Executive Director Housekeeping	Confirmed limitations on flexible benefit payment
3.13 Pension Plan	April 1, 2025	Council	Amended to add SHEPP to the pension policy and removal of personal RRSP notations.
2.19 Licencing Exams	April 1, 2025	Executive Director Housekeeping	Amended to reflect current licencing exam processes and eligibility
2.9 PCP Bridge	April 1, 2025	Executive Director Housekeeping	Repealed section as no longer applicable
Policy 3.8 Record Ownership & Access	February 5, 2026	Housekeeping	No significant change
Policy 3.9 Computer Record Management	February 5, 2026	Housekeeping	Modify language to reflect more general descriptor i.e.: devices' Revise 2 nd last bullet; add preamble such as: ...in all other cases where a non-SCoP employee requires a device...

Policy 3.22 Miscellaneous Administration	February 5, 2026	Housekeeping	No significant change
Policy Number: 4:.0 Socio-Cultural Policy (College Staff only)	Reviewed April 2, 2026	Council	No changes
Policy Number: 3.14(a) Executive Director Position Profile	June 5, 2026	Housekeeping	Changed to reflect current state; updated competencies and position requirements
Policy Number: 3.14(b) Executive Director	June 5, 2026	Housekeeping	Changed to reflect current state and desired competencies