

CGP203

FITNESS TO PRACTICE POLICY AND PROCEDURES



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1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices adopted or adapted for use with other clinical policies, procedures and guidelines approved and/or published by NA and to comply with all relevant Laws and Regulations. National Ambulance is committed to fostering a culture of excellence and continuous improvement and has therefore developed capacity and capability to provide best standards for all stakeholders.

CGP 203 Fitness to practice will define 'Fitness to Practice' in accordance with NA Scope of services, the expected standards, and requirements of Fitness to Practice for Clinical Practitioners and how staff will be assessed and approved at each stage of the procedure. Details of how to attain and maintain the requirements are included. This policy will also provide clear directions for Clinical Practitioners and other relevant staff to follow if issues arise and actions are required to meet the defined standards and requirements.

2. SCOPE

CGP 203 Fitness to Practice Policy applies to clinical employees including those with the following position titles: Emergency Medical Technicians (EMTs) and Paramedics (of any level or grade), Nurses (of any level or grade), Physicians (of any level, grade, or specialty), Pharmacist (of any level or grade), any other employee of NA providing clinical care and/or intervention to any patient. The Policy also applies to Education staff, Directors and Managers.

The policy should be read in conjunction with other relevant policies and procedures, including but not limited to Policy for CGP 146 – Continued Medical Education (CME), CGP 149 – Clinical Incident Reporting and Investigation Policy, CGP134 – Patient Care Protocols, COP102 –Disciplinary Policy and CGP147 – Clinical Quality Assurance Policy, CGF 136 – Clinical Competency and Skills Inventory Form, the Daily Observation Reports and CGP 128 – Remediation and ITP Policy.

3. ROLES AND RESPONSIBILITIES

CHIEF OPERATIONS OFFICER

The Chief Operations Officer is responsible for ensuring that operational activities that relate to Fitness to Practice support the implementation of this policy and for escalation to the MD of any Fitness to practice related issues that may arise.

MEDICAL DIRECTOR

The Medical Director (MD) /designate, is responsible for development, implementation, monitoring and revision of this policy. The MD / Designate is responsible for ensuring that the NA Mission, Vision, Values, and strategic objectives inform this policy and for compliance with any clinical legal and regulatory requirements. The MD or their designate is also responsible for approving, revoking, or suspending the privileges of all National Ambulance clinical practitioners.

MANAGERS

Managers are responsible for following this policy including, initiating, and participating in Fitness to Practice reviews, raising any Fitness to practice issues including, but not limited to complaints, incidents, and disciplinary matters to the designated senior management. Managers should assist in the progression of any action plan including monitoring and reporting, they must also provide guidance for the staff they are responsible for when needed.

EDUCATION MANAGER

The Education Manager is responsible for oversight of activities involving Education staff, implementation of the education related activity detailed in this policy including any Action plan. The Education Manager is also responsible for raising any serious issues in relation to fitness to practice to the MD or designate.

EDUCATION STAFF

Educators must follow the assessment process and criteria to ensure that the performance expectations of each level of operational employee is achieved. They should carry out all activity regarding performance in the Education context including ensuring that the staff meet the required clinical competencies through Education activities, field assessment using daily observation reports as relevant, and any other required learning activity in relation to CGP134 – National Ambulance Patient Care Protocols. Recommendation of clinical privileges will be made to the MD using the approved processes and documentation.

Education staff may be involved initiating and participating in Fitness to Practice reviews, raising any Fitness to practice issues including, but not limited to complements, complaints, incidents, and disciplinary matters to the designated senior management. They should also lead or assist in the progression of any Action plan.

ALL NATIONAL AMBULANCE CLINICAL EMPLOYEES

All NA clinical Employees must read, understand, and adhere to this policy as well as understanding any related policies, including those mentioned herein.

4. DEFINITIONS

Clinical Practitioner	Any individual sponsored by, assigned to, approved volunteering, or working for National Ambulance (NA) who is a provider of clinical care and/or intervention to any individual to whom National Ambulance is providing care.
Fitness to Practice	A status determined by the presence of skills, knowledge, competencies, character, and health to practice their profession safely in accordance with their Job Roles and Responsibilities, Scope of Practice, and Licensure category.
Clinical Competencies (Privileges)	Procedures and Skills Integral to the Practice of Emergency Medical services and that are clinically acceptable in the out-of-hospital setting.
Revocation of privileges	The act of withdrawing clinical privileges to perform against the itemised clinical competencies from the individual as approved by the MD or designate.

- 4.1. National Ambulance has an obligation to assess and review the Fitness to Practice (privileges) of all clinical staff on a regular basis. Fitness to Practice has many elements; this document cannot list every eventuality, but it should be used to identify areas and events where fitness to practice needs to be evaluated.
- 4.2. NA clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and awarded privileges, they must use relevant qualifications, training, skills and experience to provide optimal clinical care and must ensure they comply with the process stated below to maintain fitness to practice.
- 4.3. In the event of a Practitioner failing to meet the expected standard in accordance with one or more elements of this policy or another relevant area, Fitness to Practice review can be initiated in accordance with the procedure

- by any Education staff, Operational Manager and in accordance with the roles and responsibilities contained herein.
- 4.4. Fitness to practice review may consider the revocation or suspension of clinical privileges of the clinician involved, this can take place immediately, or following the outcome of any investigation or action plan.
 - 4.5. In addition, following Fitness to practice review the MD or nominated delegate may issue a Maintenance of privileges letter to confirm that privileges previously approved are maintained. All actions related to privileges, approval, suspension, revocation or maintenance must be signed by the MD or their nominated designate.
 - 4.6. Examples of issues that may impact on the clinical practitioner (in relation to fitness to practice) may include but are not limited to: Behavior;
 - 4.6.1. Clinical practice;
 - 4.6.2. Education findings / recommendations;
 - 4.6.3. Failure to meet or comply with Licensing requirements;
 - 4.6.4. Physical and/or Mental Fitness; and
 - 4.6.5. Enquiry / Investigations from Complaints (internal or external).
 - 4.7. Any action plan developed and used to manage a fitness to practice issue must:
 - 4.7.1. Clearly identify the area of non-compliance;
 - 4.7.2. Be communicated to the individual concerned, line manager and where relevant the HR Manager
 - 4.7.3. Contain structured feedback if based on assessment;
 - 4.7.4. Contain an action plan aimed at rectifying the area of non-compliance;
 - 4.7.5. Include specific details of the required actions but not limited to education and training activities and supervised practices;
 - 4.7.6. Be delivered back to the employee face to face where possible unless there is good reason why this is not possible

5. STANDARDS

- 5.1. Clinical Practitioners are expected to maintain the knowledge, skills and training specified by NA Protocols and Policies to practice safely and in the best interest of patients' clinical condition
- 5.2. These standards are reflected in all policies and protocols within National Ambulance, with particular attention to the following references:
 - 5.2.1. Corporate Policies such as Code of Conduct and Disciplinary Policy
 - 5.2.2. Policies and procedures as detailed on the NA Learning Management system
 - 5.2.3. Scope of Practice, & clinical Competencies as detailed below
 - CGP134 National Ambulance Patient Care Protocols
 - CGP147 Clinical Quality Assurance Policy
 - CGP 146 Policy for CME for the relevant category of professional license.
- 5.3. Scopes of Practice and Competency standards provided in Appendix 1 and Appendix 2 must be considered and assessed against the following criteria:
 - 5.3.1. Any requirements set by regulatory bodies such as DOH and MOH;
 - 5.3.2. Use of baseline competencies assessed and agreed at stages of recruitment, initial training and assessment and management of any competency gaps;
 - 5.3.3. Ongoing reassessment using classroom setting and workplace performance assessment;
 - 5.3.4. Competencies including procedures and skills are clinically acceptable and in accordance with legal and regulatory requirements.
- 5.4. Fitness to practice may be reviewed if a clinical complaint is investigated or at any other time deemed appropriate by Senior Management, this could include review of any clinical privileges with potential revocation.
- 5.5. Behavior that falls below the identified standard as detailed in the Code of Conduct and employee contract would be a cause to evaluate fitness to practice. Any action carried out by an employee that is subject to the NA Disciplinary Policy and Procedure may also be a cause to evaluate fitness to practice.
- 5.6. Where National Ambulance engages in proof of concept, study, pilot, or research projects clinical staff may be trained and approved to carry out additional procedures and medication administration. In these situations, additional competencies will be documented, the privileging document prepared and recommendation made by the Education Department and signed by the MD or designate for awarding privileges to the clinical staff involved.
- 5.7. The employee and manager will discuss at regular intervals (face to face where possible) to monitor the progress with any agreed action plan.

6. PROCEDURES

- 6.1. The procedure commences when staff are employed and participate in the induction programmes and assessments. In some cases the "CGF 136 – Paramedic Competency & Skills Inventory Form" is completed by some applicants and a clinical skills interview is conducted for all applicants to assess baseline knowledge and skills based on their level of practice.
- 6.2. One of the process for assessing fitness to practice is detailed in "Appendix 3 – Fitness to Practice Procedure Flow Chart" as an example.
- 6.3. The process of assessing fitness to practice will be continually included in the clinical education activities according to the level of the practitioner, (at all levels) and, where relevant extended scope activities.
- 6.4. When the clinical practitioner has achieved the relevant competencies to a satisfactory level, the Education Manager / representative will make a recommendation to Medical Director/ HR.
- 6.5. Once staff are approved by Medical Director as privileged at the level of practice after the induction process and are licensed to practice in the local setting then they are required to maintain their levels of Clinical Competencies (and licensure). NA provides ample opportunity for staff to keep upskilled through the extensive online learning on LMS as well as face-to-face education programmes.
- 6.6. Clinical staff may also be assessed in the operational field by mentors, team leaders, educators, or management at any time.
- 6.7. For ongoing compliance with the agreed privileges and clinical competencies staff should follow the requirements of the CGP 146 - Policy for Continuing Medical Education (CME) and specifically the minimum number of hours required and completion of the two year Education cycle.
- 6.8. In the event of any issues with achieving or maintaining clinical competency or DOH / MOH Licensure, NA reserves the right to embark on processes that safe-guards the patients, the company and core functions that may need to be covered
- 6.9. Disciplinary processes in accordance with the COP102 - NA Disciplinary Policy will be an action taken by HR managers when required
- 6.10. The individual involved will be interviewed and may also be clinically assessed in an attempt to resolve the issues. Examples of issues include but are not limited to:
 - Behavior;
 - Clinical practice;
 - Education;
 - Failure to meet or comply with Licensing requirements;
 - Physical and Mental Fitness; and
 - Complaints (internal or external).
- 6.11. If the circumstances are such that it is not appropriate to set an action plan or the employee has followed an action plan and not met the desired outcomes within the required time frame, the employee will be referred to an Operations Manager for potential disciplinary action, including dismissal in accordance with the COP102 - NA Disciplinary Policy.
- 6.12. In the event of any concerns with a clinician's capability of performing his/her duties due to health reasons, they will be referred to occupational health for further assessment. If further escalation is required, occupational health will refer to HR and operation who will intervene and act in accordance with policy, regulation, and local laws.
- 6.13. Medical Director (MD) should be privileged by the most senior NA physician and the privileging letter should be counter signed by the CEO in order for the MD to provide medical advice.
- 6.14. Validity of the privileging letter should be the same as the validity of DOH/MOH License.

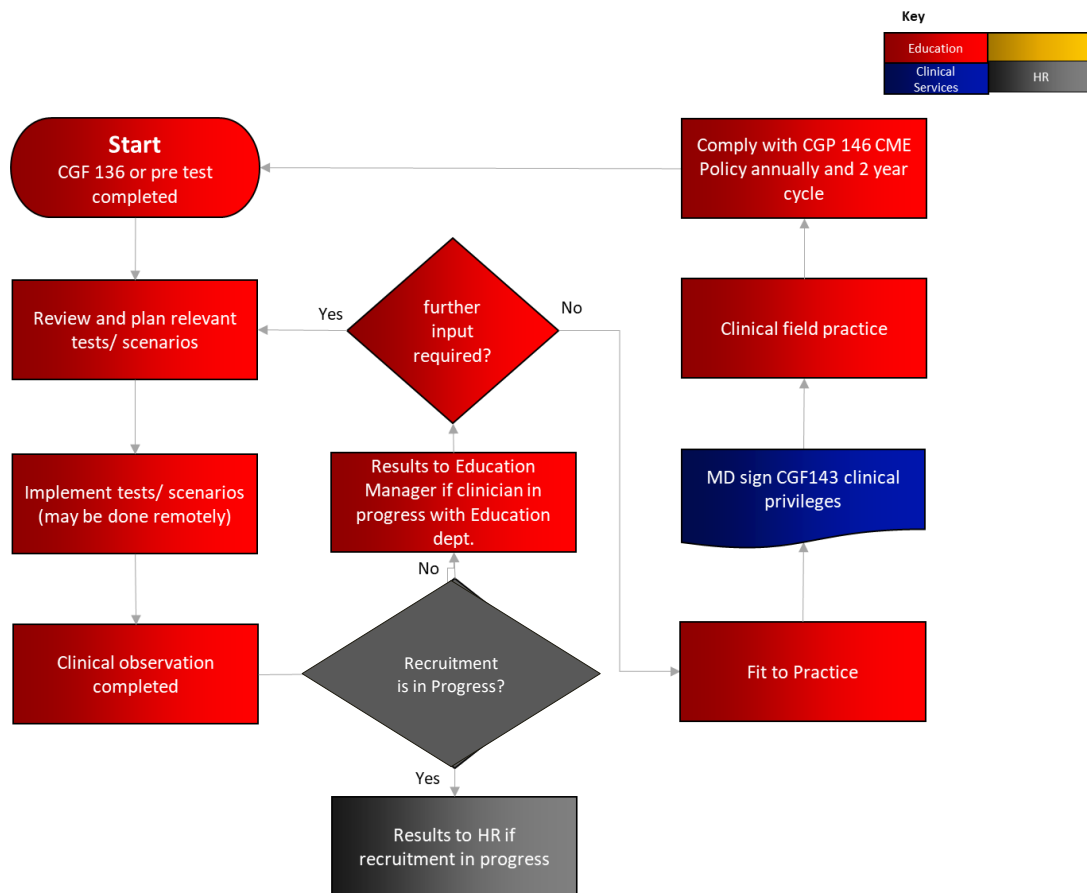
7. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Scope of Practice Guidelines for Licensed Healthcare Professionals. Version 0.9. Effective March 2020	DOH/GDL/ICMD/SOP/0.9



8. PROCESS MAP



9. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
CGP134 National Ambulance Patient Care Protocols
CGP 108 Clinical Practice Policy
CGP147 Clinical Quality Assurance Policy
CGP 146 Policy for CME for the relevant category of professional license
COP102 - NA Disciplinary Policy
CGF 136 – Paramedic Competency & Skills Inventory Form

10.FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to ghse@nationalambulance.ae

11.DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Medical Director

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Version No.	Date	Change
3	27 November 2014	Replaces OPP 121 Version 2 - Complete revision and change to clinical policy rather than operations, addition of competencies and scopes of practice
3.1	21 January 2015	Minor change - Reference to CGF 125 for education and to add clarity to wording
4	31 August 2015	Comprehensive additions to reflect the process for fitness to practice, to assure safe and quality clinical care, initial and ongoing training and management and effective management of fitness to practice issues.
5	13 December 2015	Referral to revocation of clinical privileges, adjustment of and addition of competencies and drug privileges for all levels.
6	13-April 2016	Minor revisions to competencies and tiers, cross referencing to Patient Care Protocols
7	28 December 2018	Document due for Review. Change in Title of Medical Director. Qualification Standard reviews. Scope of Practice at various levels review. Deletion of Paramedic extended scope Creation of CGF169 Privileges EMT B Extended scope Form has been revised due to the review of the CGP203, forms are CGF143, CGF149, CGF150, CGF152 Some of the medication has been deleted
8	May 2021	Document due for Review Add the policy numbers (CGP146, COP102) Delete Directors and supervisors from the roles Add the form name (Paramedic Competency & Skills Inventory Form) Add "Procedure Flow Chart" to the Appendix 3 Add the policy name (Policy for Continuing Medical Education (CME)) Change word for "operation Director" to "Operation Manager" Delete" scope of practice for "Ambulance Driver and "Emergency Medical Dispatcher" Delete Intraosseous access from EMT-Intermediate" scope of practice Delete the word advisor and leave only Medical Director Add below medication (Clopidogrel, Deep Heat Spray, Fentanyl, Oral Rehydration Salt, Propofol, Rocuronium, Sodium Lactate Compound, Thiopental) Update the "Medication Routes" Change word (BSL) to (BGL) Add the title "Appendix 3: Fitness to Practice Flow Chart" Update the flow Chart (Change CMA to MD) Add MD Privilege process Add privilege Validity

CEO Approval

Board Member Verification



Fitness to Practice
May 2021

CGP203
Version 8

APPENDIX 1 – SCOPES OF PRACTICE

Emergency Medical Technician (EMT) - Basic	
Definition	A basic life support technician who has completed accredited training in emergency care to provide rapid access to clinical assessment, treatment, and care in the prehospital environment
Education	High school plus education, experience, licensing, and CME requirements as per DOH/MOH requirements
Operations	<p>Respond to, assess, and manage patients in emergency situation, and facilitate either transport of the patient to a healthcare facility for on-going care or the attendance of a higher level of clinical response where available.</p> <p>Operate without direct supervision and perform against a defined set of competencies in the emergency care setting as per NA Protocols (CGP134)</p> <p>Typically operate as part of a two-person crew and operate from an ambulance equipped with a defined set of equipment and medications</p> <p>May operate in a variety of settings and environments e.g. rural and remote, community, industrial, Defense, public gathering and including disaster response.</p>
Clinical Skills	
Diagnostic	<p>Use of non-invasive diagnostic devices to take and record vital signs, point-of-care testing incl. blood glucose monitoring, SpO2, ETCO2, temperature etc.</p> <p>Primary and Secondary Assessments</p> <p>Maintain and monitor stable patients during transport with any IV medication infusions or procedures done in a medical facility</p> <p>Monitor or assist with monitoring of all vital signs including basic rhythm ECG as per privilege level</p>
Procedures	<p>Apply basic airway maneuvers and adjuncts, oxygenation & ventilation support and insert supraglottic airway devices (I-Gel)</p> <p>Manage respiratory emergencies with a non-invasive positive pressure delivery device and basic airway management</p> <p>Prepares for labour and support delivery in uncomplicated emergency childbirth</p> <p>Use of Automatic/Semi-automatic External Defibrillator Device (AED)</p> <p>Basic First Aid</p> <p>Provide basic life support and basic trauma life support</p> <p>Cervical spinal and musculoskeletal injuries care and stabilization</p> <p>Insert Intravenous line*</p> <p>Intravenous Fluid Resuscitation*</p> <p>Intravenous line for Adrenaline 1:10000 for CPR*</p> <p>Loading and conveyance of patients to/from health facilities</p> <p>Prepare and assist with on-scene intermediate, ALS and Physician</p> <p>Perform other emergency tasks as directed, if under visual supervision of the EMT-I/Paramedic/Physician</p>
Medications	<p>Prepare and administer medications in line with CGP 134, in accordance with Appendix 2 and NA Medication Formulary</p> <p>Assist a patient with administration of patients own medications</p> <p>Prepare and administer pain relief for patients in accordance with their training with knowledge of indications and contraindications</p>
Other	<p>Complete a clear and accurate pre-hospital patient care record for all patients</p> <p>In the event of a declared Mass Casualty Incident (MCI) follow the procedures as defined in the local Mass Casualty Incident plan,</p>

EMT Basic * - Extended scope of practice

Emergency Medical Technician - Intermediate	
Definition	An individual who has completed Intermediate Emergency Medical training to provide rapid response to patients needing clinical assessment, treatment, and care in the pre-hospital environment
Education	High school plus Education, experience, licensing, and CME requirements as per DOH/MOH requirements
Operations	As per the operations for EMT Basic
Clinical Skills	
General	Perform all diagnostic, care and medication procedures that an EMT Basic may perform in compliance with CGP 134 NA Protocols and Procedures
Diagnostic	Carry out electrocardiograph interpretation of basic rhythms, including; ventricular fibrillation, ventricular tachycardia, pulseless electrical activity and asystole. Obtain a 12 Lead electrocardiograph Draw peripheral blood, urine and fluid specimens Monitor waveform capnography
Procedure	Initiate and maintain peripheral intravenous (I.V.), and Intramuscular injection administering medications according to their training with knowledge of indications and contraindications Perform cardiac defibrillation with a manual defibrillator
Medications	Prepare and administer medications in line with CGP 134, and in accordance with Appendix 2 and the NA Medication Formulary

Paramedic	
Definition	A healthcare professional who provides rapid response with comprehensive patient assessment, treatment, and care in the pre-hospital environment
Education	High school plus Education, experience, licensing, and CME requirements as per DOH/MOH requirements
Operation	As per the operations for Advanced Life Support EMT
Clinical Skills	
General	Perform all diagnostic, care and medication procedures that Basic and Intermediate EMT may perform as per CGP 134 NA Protocols and Procedures
Procedures	Initiate advanced airway management including <ul style="list-style-type: none"> Endotracheal intubation; Needle Cricothyrotomy; Transtacheal jet insufflation; and Needle thoracostomy Initiate an orogastric or nasogastric tube Provide advanced life support in cardiac arrest Perform emergency cardioversion Perform external transcutaneous pacing of bradycardia Prepares for labour and performs complicated emergency childbirth Access indwelling catheters and implanted central IV ports for fluid and medication administration

Physician (GP)	
Definition	An advanced clinical practitioner who has undergone extensive training to provide rapid response to the acutely unwell patient with significant illness/injury requiring comprehensive patient assessment, treatment, and care in the pre-hospital environment
Education	High school plus Education, experience, licensing, and CME requirements as per DOH/MOH requirements
Operation	Perform all procedures that a Paramedic may perform;
Clinical Skills	
General	Perform all diagnostic, care and medication procedures that an EMT-B, EMT-I and a Paramedic may perform as per CGP 134 NA Protocols & Procedures
Procedures	Under the consent, verbal or written of a Medical Director perform the following:
	a. Surgical cricothyrotomy
	b. Intubation with rapid sequence induction
	c. Initiate and place chest tube thoracostomy
	d. Emergency Ultrasound
	e. With ultrasound guidance Initiate and perform pericardiocentesis
	f. With ultrasound guidance, place central vascular access or deep vein cannulation
	g. Prepare, initiate, perform, and/or interpret any diagnostic test or diagnostic device under specific written protocols authorized by the Medical Director and in accordance with individual clinical privileges
	h. Manage patient care for patients on Mechanical Ventilator
	i. Carry out other Clinical diagnostics, tasks and procedures as authorized by the Medical Director
	j. Be unrestricted as to the environment of practice or function in accordance with scene safety criteria
Medications	k. Initiate placement of a urinary catheter
	l. Perform ePCR/PCR clinical audit
	Prepare, administer, and maintain medications, (including maintenance) blood products under specific written protocols and in accordance with Appendix 2 and the NA Medication Formulary (CGP 134 NA Protocols & Procedures) For Physician, prescribing medications is also included

Appendix 2 Competencies – Medications

Clinical Level	TIER	EMT Basic	EMT Intermediate	Paramedic	Physician
ADENOSINE	1			X	X
ADRENALINE 1:1,000	0	X	X	X	X
ADRENALINE 1:10,000	1		X	X	X
AMIODARONE	1		X	X	X
ASPIRIN	0	X	X	X	X
ATROPINE	1			X	X
CHLORPHENIRAMINE	1		X	X	X
CLOPIDOGREL	1		X	X	X
DEEP HEAT SPRAY	0	X	X	X	X
DEXAMETHASONE	1			X	X
DEXTROSE 10%	1		X	X	X
ENTONOX	0	X	X	X	X
FENTANYL	3				X
FUROSEMIDE	1			X	X
GLUCAGON	0	X	X	X	X
GLUCOSE ORAL GEL	0	X	X	X	X
GTN IV	3				X
GTN SL	0	X	X	X	X
HALOPERIDOL	3			X	X
IBUPROFEN	0	X	X	X	X
IPRATROPIUM BROMIDE	0		X	X	X
KETAMINE	3			X	X
LIDOCAINE	1		X	X	X
METHOXYFLURANE	0	X	X	X	X
METOCLOPRAMIDE	1			X	X
METOPROLOL	3				X
MIDAZOLAM	3			X	X
MORPHINE	3			X	X
NALOXONE	1	X	X	X	X
ONDANSETRON	1			X	X

ORAL REHYDRATION SALT	0	X	X	X	X
OXYGEN	0	X	X	X	X
OXYGEN (with guidance of CSD or EMT-B or above)	0	X	X	X	X
PARACETAMOL - Oral	0	X	X	X	X
PARACETAMOL – IV	1		X	X	X
PROPOFOL	3				X
ROCURONIUM	3				X
SALBUTAMOL	0	X	X	X	X
SODIUM CHLORIDE 0.9%	1	X	X	X	X
SODIUM LACTATE COMPOUND	2			X	X
THIOPENTAL	3				X
TRANEXAMIC ACID	1			X	X
Prepare/initiate or administer any medications or blood products under specific written protocols authorized by the Medical Director, or direct orders from a licensed physician	3				X

Competencies - Medication Routes

Clinical Level	TIER	EMT Basic	EMT Intermediate	Paramedic	/ Physician
Oral	0	X	X	X	X
Buccal	0	X	X	X	X
Aerosol	0	X	X	X	X
Sublingual	0	X	X	X	X
Intramuscular injection	0	X	X	X	X
Nebuliser	0	X	X	X	X
Intranasal	0	X	X	X	X
Intraosseous injection/infusion	2			X	X
Intravenous injection/infusion	1	X*	X	X	X
Per rectum	0	X	X	X	X
Subcutaneous injection	1		X	X	X

EMT Basic * - Extended scope of practice

Competencies - Diagnostics

Clinical Level	TIER	EMT Basic	EMT Intermediate	Paramedic	Physician
Use of non-invasive diagnostic devices to take and record vital signs	0	X	X	X	X
Primary Assessment (Medical/Trauma)	0	X	X	X	X
Secondary Assessment (Medical/Trauma)	0	X	X	X	X
Blood glucose monitoring	0	X	X	X	X
Draw Peripheral blood/ urine /fluid specimens and interpret	1		X	X	X
Waveform Capnography	1		X	X	X
Electrocardiograph interpretation of basic rhythms - VF, VT, PEA, Asystole	0	X	X	X	X
Obtain a 12 Lead Electrocardiograph	1	X*	X	X	X
Interpretation of 12 Lead Electrocardiograph	2			X	X
Emergency Ultrasound examination	3				X
Point of Care testing (BGL)	0	X	X	X	X
Lab Value interpretation	3				X

EMT Basic * - Extended scope of practice

Competencies - Procedures

Clinical Level	TIER	EMT Basic	EMT Intermediate	Paramedic	Physician
Basic Manoeuvres	0	X	X	X	X
Basic Airway Adjuncts	0	X	X	X	X
Intubation with rapid sequence induction if privileged	3				X
Suctioning	0	X	X	X	X
Foreign body airway obstruction management	0	X	X	X	X
Bag Mask, CPAP / BIPAP Ventilation as per privileged level	0	X	X	X	X
Supra Glottic airway placement	0	X	X	X	X
Oral Tracheal Intubation	2			X	X
Nasal Tracheal Intubation	2			X	X
Needle Cricothyrotomy	2			X	X
Transtacheal jet inflation	2			X	X
Needle thoracostomy	2			X	X
Surgical Cricothyrotomy	3				X
Automatic/Semi-automatic External Defibrillator (AED)	0	X	X	X	X
Manual defibrillator	0	X	X	X	X
Basic Life Support in Cardiac Arrest	0	X	X	X	X
Advanced Life Support in Cardiac Arrest	1		X	X	X
Cardioversion as per privileged level	2			X	X
Transcutaneous pacing as per privileged level	2			X	X
Chest tube thoracostomy	3				X
Pericardiocentesis under ultrasound guidance as per privileged level	3				X
Place Central line under ultrasound guidance as per privileged level	3				X
Basic First Aid	0	X	X	X	X
Cervical spine immobilization (under direction of EMT(B) or above)	0	X	X	X	X
Immobilization for Musculoskeletal injuries (under direction of EMT(B) or above)	0	X	X	X	X
Participate in Mass Casualty Incident	0	X	X	X	X
Prepare and assist with on-scene intermediate and ALS skills	0	X	X	X	X
Initiate and orogastric/nasogastric tube	2			X	X
Prepares for labour and performs complicated emergency delivery	2			X	X

Prepares for labour and supports delivery in uncomplicated situation	0	X	X	X	X
Access indwelling catheters and implanted central IV ports for medication administration	2			X	X
Insert Urinary catheter	3				X
Place Patients on stretchers and load into ambulance	0	X	X	X	X
Maintain, monitor stable patients during transport with any IV medication infusions or procedures done in a medical facility	1		X	X	X
Manage patient on Mechanical Ventilator	2			X	X

Competencies - Miscellaneous

Clinical Level	TIER	Ambulance Driver	EMT Basic	EMT Intermediate	Paramedic	Physician	Medical Dispatcher
Transportation of stable patients with in-hospital interventions	0	X	X	X	X	X	
Drive Ambulances or assist ambulance drivers in transporting patients	0	X	X	X	X	X	
Typically operates as part of a 2 person crew, operating from an ambulance that is equipped with a defined set of equipment and medications	0	X	X	X	X	X	
Remove and replace used linens and equipment to maintain sanitary conditions	0	X	X	X	X	X	
Complete Patient Care Report or ePCR	1		X	X	X	X	
Replace supplies and disposable items	0	X	X	X	X	X	
Complete vehicle related documentation, prevention maintenance and checks of vehicles	0	X	X	X	X	X	
Demonstrate general effective communication skills in their role	0	X	X	X	X	X	X
Communicate effectively with the public, colleagues and external stakeholders	0	X	X	X	X	X	X
Demonstrate effective use of appropriate technology in their role for Information and communication technology	0	X	X	X	X	X	X
Demonstrate effective use of appropriate technology in their role for Accessing and utilizing data sources	0	X	X	X	X	X	X
Adopt a professional approach to their practice through attitudes, ethical understanding and legal responsibilities	0	X	X	X	X	X	X
Adopt a professional approach to their practice through Pre-hospital emergency care operational procedures	0	X	X	X	X	X	X
Demonstrate a commitment to continuous professional competency and personal development	0	X	X	X	X	X	X