

Nova Scotia Regulator of Paramedicine

By-Laws

Property of:

Nova Scotia Regulator of Paramedicine
315 – 380 Bedford Hwy
Halifax, NS, B3M 2L4

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ACKNOWLEDGEMENT

The Nova Scotia Regulator of Paramedicine (NSRoP) acknowledges that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People and pays respect to the Indigenous knowledges held by the Mi'kmaq People, and to the wisdom of their Elders past and present.

The Mi'kmaq People signed Peace and Friendship Treaties with the Crown, and section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights. We are all Treaty people.

The Regulator of Paramedicine also acknowledges the histories, contributions, and legacies of African Nova Scotians, who have been here for over 400 years.

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1. DEFINITIONS

- 1.1 All words used in these by-laws that are not otherwise defined in the by-laws have the same meaning as set out in the Act or regulations.
- 1.2 In these by-laws, unless the context requires:
- (a) “Board,” when used in these by-laws includes the Initial Board and Subsequent Boards, unless the Initial Board or Subsequent Board is specifically identified;
 - (b) “Board Code of Conduct policy” means the policy approved by the Board governing the conduct of Board members;
 - (c) “Board Composition Matrix” means the list of competencies, qualities and other criteria approved by the Board to describe the collective desired composition of the Board;
 - (d) “Chair” means the Chair of the initial Board or the Chair of a subsequent Board, as the context requires;
 - (e) “employee” means an individual employed on a full or part-time basis by the Regulator, but does not include an independent contractor, consultant or facilitator who otherwise provides services to the Regulator;
 - (f) "good standing" for purposes of appointment as a registrant Board member, means the status of a registrant who:
 - (i) holds a practising licence or a conditional licence, unless there is a condition on the licence restricting the registrant from eligibility to serve on the Board;
 - (ii) is current in their continuing competence requirements;
 - (iii) does not owe any outstanding fees or costs to the Regulator; and
 - (iv) is not subject to any licensing sanction or ongoing regulatory process that in the opinion of the Board, impacts their ability to ethically and competently serve as a member of the Board, or would otherwise be contrary to the objects of the Regulator;
 - (g) “Initial Board” means the Board of the Regulator continued from the legacy Board following the date of repeal of the *Paramedics Act*, SNS 2014, c 33;
 - (h) “Legacy Board” means the Council of the College of Paramedics of Nova Scotia in existence immediately prior to the repeal of the *Paramedics Act*, SNS 2014, c 33;
 - (i) “Meeting Rules” means such rules approved by the Board that govern the conduct of Board meetings that are not inconsistent with these By-laws;
 - (j) "officer" or "officers" means any 1 or more persons, respectively, who have been appointed as officers of the Regulator, and includes the Chair and Vice-Chair;

(k) “*Paramedicine Regulations*” means the regulations approved by Order in Council 2024-181 on May 30, 2024;

(l) “Subsequent Board” includes each Board appointed after the expiry of the term of the Initial Board.

2. CORPORATE SEAL

2.1 The seal of the Regulator shall have the words “Nova Scotia Regulator of Paramedicine” endorsed thereon.

3. HEAD OFFICE

3.1 The head office of the Regulator shall be maintained within the province of Nova Scotia and located as to reasonably carry on the business of the Regulator.

4. FORMS

4.1 Any forms required pursuant to the Act, regulations or by-laws shall be as approved by the Registrar.

5. NOTICES

5.1 All notices or materials that are required to be issued pursuant to the Act, regulations or by-laws that are not otherwise required by the Act, regulations or by-laws to be served in a specified manner, shall be deemed to be issued on the date such notices or materials are sent by the most appropriate method, as determined by the Registrar; to include mail, courier, electronic communication or any other form of issuance.

6. INITIAL BOARD

6.1 The Initial Board shall consist of the members of the Legacy Board.

6.2 The term of the Initial Board is 12 months, or such earlier time as may be determined by the Initial Board.

6.3 A registrant’s term on the Initial Board does not count towards any term limit for Board members appointed to Subsequent Boards after the expiry of the term of the Initial Board.

6.4 The officers of the Initial Board are the Chair and Vice-Chair.

6.5 The Chair of the Initial Board shall be the same individual as the President of the Legacy Board.

6.6 The Vice-Chair of the Initial Board shall be the same individual as the Vice-President of the Legacy Board.

6.7 The term of office for the Chair and Vice-Chair on the Initial Board is the same as the term of the Initial Board.

6.8 The quorum for the Initial Board is a majority of its members, which must include at least one public representative.

- 6.9 Where a vacancy occurs due to the resignation, removal or otherwise of a registrant member of the Initial Board who is not an officer, prior to the expiration of the term of the Initial Board, that vacancy may be filled with a registrant in good standing appointed by the Initial Board.
- 6.10 A registrant appointed by the Initial Board to fill a vacant position of a registrant member on the Initial Board pursuant to Article 6.8 shall serve for the duration of the Initial Board's term. A registrant's replacement term on the Initial Board does not count towards any term limit for Board members appointed after the expiry of the term of the Initial Board.
- 6.11 Where a vacancy occurs due to the resignation, removal or otherwise of the Chair of the Initial Board, the Vice-Chair shall assume the role of Chair. The time served prior to the expiration of the Initial Board is not considered part of the Chair's term.
- 6.12 Where a vacancy occurs due to the resignation, removal or otherwise of the Vice-Chair of the Initial Board, that vacancy may be filled by the Initial Board with a member from amongst their number, in such manner as determined by the Initial Board. The time served prior to the expiration of the Initial Board is not considered part of the Vice-Chair's term.
- 6.13 The Initial Board shall develop and approve the Board Composition Matrix.

7. BOARD MEETINGS

- 7.1 The Chair of the Board shall call general meetings of the Board, with no less than 4 general meetings in a fiscal year.
- 7.2 The Registrar shall ensure notice of the Board meetings is given to Board members at least 14 days in advance of the meeting, stating the time and whether the meeting is in-person, virtual, or hybrid.
- 7.3 The Chair of the Board may call a special Board meeting at any time required by the Chair or upon the written request of one-third of Board members indicating the subject(s) to be considered.
- 7.4 At least 3 days prior to a special Board meeting, notice shall be issued to each Board member. The notice shall state the purpose of the meeting. No matter shall be discussed at any special Board meeting apart from that specified in the Notice.
- 7.5 Meetings may be conducted by such electronic means as determined by the Board.
- 7.6 Notice of and voting at Board meetings may take place by such electronic means as determined by the Board.
- 7.7 Accidental omission to deliver notice of meetings does not invalidate proceedings at the meeting.
- 7.8 Notice requirements for meetings may be waived by unanimous vote of those participating in the meeting.
- 7.9 Board meetings will be conducted in accordance with these By-laws and any Meeting Rules approved by the Board.

- 7.10 Where not inconsistent with the By-laws or Meeting Rules, the Chair may make procedural rulings or determinations on any matter relevant to the meeting.

8. REMOVAL OF MEMBERS OF BOARD AND OFFICERS

- 8.1 Notwithstanding any other provisions of the By-laws, the Board may, by a two-thirds majority vote of the quorum participating at any Board meeting or a special meeting called for the purpose, remove any registrant Board member or officer before the expiration of their term of office, where the Board believes it is consistent with the objects of the Regulator to do so.

- 8.2 Examples where the Board may believe it consistent with the objects of the Regulator to remove a registrant Board member or officer include, but are not limited to:

- (a) failing to attend 3 consecutive Board meetings, without sufficient cause accepted by the Board; and
- (b) acting contrary to the Board Code of Conduct policy.

- 8.3 A decision of the Board under this Article is final.

9. COMPOSITION OF SUBSEQUENT BOARDS

- 9.1 Each Subsequent Board following the expiry of the term of the Initial Board shall consist of 9 persons, including:

- (a) 5 registrant members; and
- (b) 4 public representatives.

- 9.2 The officers of each Subsequent Board are the Chair and the Vice-Chair.

- 9.3 The quorum for Subsequent Boards is a majority of its members, which must include at least one public representative.

- 9.4 Registrant Board members of Subsequent Boards shall be appointed in accordance with a process to be set out in By-laws to be approved by the Initial Board prior to the expiry of its term.

- 9.5 Officers of Subsequent Boards shall be appointed in accordance with a process to be set out in By-laws to be approved by the Initial Board prior to the expiry of its term.

10. CHAIR

- 10.1 The Chair shall:

- (a) unless otherwise delegated, preside at all meetings of the Board;
- (b) act as the official spokesperson for the Board, unless this function is otherwise delegated;
- (c) perform all acts related to the office; and

(d) perform such other functions as directed by the Board.

10.2 The Chair shall not vote at any meeting of the Board, except in the case of a tie, where the Chair shall cast the deciding vote.

11. VICE-CHAIR

The Vice-Chair shall:

(a) perform the duties of the Chair in the absence of the Chair; and

(b) perform other duties as delegated by the Chair.

12. LEGISLATIVE REVIEW COMMITTEE

12.1 The Board shall establish a Legislative Review Committee comprised of at least:

(a) 2 registrants in good standing; and

(b) 1 public representative.

12.2 The Board shall appoint members of the Legislative Review Committee for a three-year term. Members of the Legislative Review Committee are eligible for reappointment for a second term.

12.3 The Board shall appoint one of the members as Chair of the Legislative Review Committee.

12.4 The Board shall approve Terms of Reference for the Legislative Review Committee.

12.5 The Legislative Review Committee shall act in accordance with its Terms of Reference approved by the Board.

13. EDUCATION ADVISORY COMMITTEE

13.1 The Board shall establish an Education Advisory Committee comprised of at least:

(a) 2 registrants in good standing; and

(b) 1 public representative.

13.2 The Board shall appoint members of the Education Advisory Committee for a three-year term. Members of the Education Advisory Committee are eligible for reappointment for a second term.

13.3 The Board shall appoint one of the members as Chair of the Education Advisory Committee.

13.4 The Board shall approve Terms of Reference for the Education Advisory Committee.

13.5 The Education Advisory Committee shall act in accordance with its Terms of Reference approved by the Board.

14. SCOPE OF PRACTICE FOR EMERGENCY MEDICAL RESPONDERS

14.1 An emergency medical responder may only engage in those aspects of the practice of paramedicine that are:

- (a) taught in approved education programs for emergency medical responders;
- (b) set out in the competency framework, standards of practice, and practice guidelines for emergency medical responders as approved by the Board; and
- (c) conducted in collaboration with paramedics and other relevant regulated health professionals when needed;

in order to do any or all of the following:

- (d) assess clients across the lifespan;
 - (e) treat and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;
 - (f) promote health and injury prevention.
- 14.2 The scope of practice for emergency medical responders also includes relevant research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above, but excludes the ability to make a paramedicine diagnosis.
- 14.3 An Emergency Medical Responder is not permitted to call themselves a “paramedic,” or any derivation or abbreviation of that term.

15. SCOPE OF PRACTICE FOR PRIMARY CARE PARAMEDICS

15.1 A primary care paramedic may only engage in those aspects of the practice of paramedicine that are:

- (a) taught in approved education programs for primary care paramedics;
- (b) set out in the competency framework, standards of practice, and practice guidelines for primary care paramedics as approved by the Board; and
- (c) conducted in collaboration with other relevant regulated health professionals when needed;

in order do to any or all of the following:

- (d) assess clients across the lifespan;
- (e) make a paramedic diagnosis;
- (f) treat and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;

(g) promote health and injury prevention.

15.2 The scope of practice for primary care paramedics also includes relevant research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above, and all aspects of the practice of an emergency medical responder.

16. SCOPE OF PRACTICE FOR INTERMEDIATE CARE PARAMEDICS

16.1 An intermediate care paramedic may only engage in those aspects of the practice of paramedicine that:

- (a) were taught in educational programs for intermediate care paramedics prior to April 1, 2017, and approved by Emergency Health Services Nova Scotia;
- (b) set out in the essential competency profile, standards of practice, and practice guidelines for intermediate care paramedics as approved by the Board; and
- (c) conducted in collaboration with other relevant regulated health professionals when needed;

in order to do any or all of the following:

- (d) assess clients across the lifespan;
- (e) make a paramedic diagnosis;
- (f) treat and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;
- (g) promote health and injury prevention.

16.2 The scope of practice for intermediate care paramedics also includes relevant research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above, and all aspects of the practice of an emergency medical responder and a primary care paramedic.

17. SCOPE OF PRACTICE FOR ADVANCED CARE PARAMEDICS

17.1 An advanced care paramedic may only engage in those aspects of the practice of paramedicine that are:

- (a) taught in approved education programs for advanced care paramedics;
- (b) set out in the competency framework, standards of practice, and practice guidelines for advanced care paramedics as approved by the Board; and
- (c) conducted in collaboration other relevant regulated health professionals when needed;

in order to do any or all of the following:

- (d) assess clients across the lifespan;
- (e) make a paramedic diagnosis;
- (f) treat and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;
- (g) promote health and injury prevention.

17.2 The scope of practice for advanced care paramedics also includes relevant research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above, and all aspects of the practice of an emergency medical responder and a primary care paramedic.

18. SCOPE OF PRACTICE FOR CRITICAL CARE PARAMEDICS

18.1 A critical care paramedic may only engage in those aspects of the practice of paramedicine that are:

- (a) taught in approved critical care paramedicine education programs;
- (b) set out in the competency framework, standards of practice, and practice guidelines for critical care paramedics as approved by the Board; and
- (c) conducted in collaboration with other relevant regulated health professionals when needed;

in order to do any or all of the following:

- (d) assess clients across the lifespan;
- (e) make a paramedic diagnosis;
- (f) treat and manage acute and chronic health conditions in any setting including emergent, urgent, acute, and primary care;
- (g) promote health and injury prevention.

18.2 The scope of practice for critical care paramedics also includes relevant research, education, inter-professional collaboration, consultation, management, administration, advocacy, regulation, or system development relevant to the above, and all aspects of the practice of an emergency medical responder, a primary care paramedic, and an advanced care paramedic.

19. INTERMEDIATE CARE PARAMEDIC

19.1 Intermediate care paramedic is a licensing category.

19.2 The following are the intermediate care paramedic licensing categories:

- (a) intermediate care paramedic practising licence;

(b) intermediate care paramedic conditional licence.

- 19.3 Every person who, as of April 1, 2025, holds an intermediate care paramedic class of licence and satisfies the renewal criteria, shall be granted a primary care paramedic category of licence with the same privileges, and subject to the same conditions or restrictions, as the previous intermediate care paramedic licence held by the person. For clarity, no person shall be eligible for an intermediate paramedic class of licence after April 1, 2025.
- 19.4 The scope of practice of a license holder pursuant to Article 19.3 includes the scope of practice of a primary care paramedic and such additional aspects of the practice of paramedicine as determined by the Board.

20. RESTRICTED TITLE

- 20.1 No person shall take or use the title, description, or designation of “Intermediate Care Paramedic,” “ICP,” or any derivation or abbreviation thereof either alone or in combination with other words, letters, or descriptions unless that person is one of the following:
- (a) a registrant holding an intermediate care paramedic practising licence or an intermediate care paramedic conditional licence under these by-laws;
 - (b) otherwise authorized to practise as an intermediate care paramedic or to use the relevant title, in accordance with the Act, the regulations, or these by-laws.
- 20.2 An intermediate care paramedic may take and use the title or description of “paramedic.”

21. REGISTRATION AND LICENSING EXAMINATIONS

- 21.1 The examination required for registration and licensing as an emergency medical responder is the entry to practice examination for emergency medical responders administered by the Canadian Organization of Paramedic Regulators and approved by the Board.
- 21.2 The examination required for registration and licensing as a primary care paramedic is the entry to practice examination for primary care paramedics administered by the Canadian Organization of Paramedic Regulators and approved by the Board.
- 21.3 The examination required for registration and licensing as an advanced care paramedic is the entry to practice examination for advanced care paramedics administered by the Canadian Organization of Paramedic Regulators and approved by the Board.
- 21.4 The examinations required for registration and licensing as a Critical Care Paramedic are the entry to practice examinations for critical care paramedics administered by the Nova Scotia Health Learning Institute for Health Care Providers and approved by the Board.

22. CONTINUING COMPETENCE PROGRAM

- 22.1 The Board shall approve a continuing competence program for each licensing category and designation.

- 22.2 The Board shall approve reporting requirements for registrants respecting the continuing competence program.
- 22.3 A registrant must retain documentation and records related to continuing competence program activities for at least the immediately previous 4 years.
- 22.4 For the purpose of verifying a registrant's compliance with the continuing competence program, the Regulator may at any time conduct an audit of the documentation and records kept under Article 22.3.

23. PRACTICE HOURS

- 23.1 A registrant must keep a record of the hours that the registrant worked for at least the immediately previous five years.
- 23.2 The Regulator may at any time conduct an audit of records kept under Article 23.1.

24. CURRENCY OF PRACTICE REQUIREMENTS

- 24.1 An applicant for a licence must provide satisfactory proof to the registration and licensing decision maker that the applicant meets one or more of the following currency of practice requirements:
- (a) current licensure in an equivalent category of licence in another Canadian jurisdiction;
 - (b) graduated from:
 - (i) an approved education program for emergency medical responders no later than one year prior to applying to the Regulator;
 - (ii) an approved education program for primary care paramedics no later than two years prior to applying to the Regulator;
 - (iii) an approved education program for advanced care paramedics no later than two years prior to applying to the Regulator; or
 - (iv) an approved education program for critical care paramedics no later than two years prior to applying to the Regulator;
 - (c) engaged in practice for a minimum of:
 - (i) 75 hours within the previous 12 licensing months prior to applying to the Regulator;
 - (ii) 225 hours within the previous 3 licensing years prior to applying to the Regulator; or
 - (iii) 375 hours with the previous 5 licensing years, with no continuous absence from practice for a period of two consecutive years, prior to applying to the Regulator; or

- (d) successfully completed a competence assessment and/or bridging education within the previous 4 years prior to applying to the Regulator.

24.2 Article 24.1 does not apply to an applicant licensed by a paramedicine regulatory authority in another Canadian jurisdiction when applying to the Regulator for initial registration and licensure.

25. LICENSING AND RENEWAL CRITERIA

25.1 If a registrant did not submit proof at the time of initial registration with the existing regulator that they met criteria equivalent to the criteria set out in subsection 10(1) of Paramedicine Regulations, a registration and licensing decision maker may request the registrant submit proof that they meet the criteria in subsection 10(1) of Paramedicine Regulations upon applying for a licence or applying to renew a licence.

26. ADDITIONAL REGISTRATION AND LICENSING CRITERIA

26.1 Despite subclause 12(1)(b)(i) of the *Paramedicine Regulations*, for conditional registration to be granted, an applicant is not required to meet the criteria in subclause 10(1)(b)(x) of the *Paramedicine Regulations*.

26.2 Where an applicant has not passed the registration examinations required for conditional registration but has otherwise met the requirements of subsection 12(1) of the *Paramedicine Regulations*, the registration and licensing decision maker may grant conditional registration pending the passing of the registration examinations.

26.3 Despite paragraph 13(1)(a)(ii)(A) of the *Paramedicine Regulations*, for a conditional licence to be granted, an applicant is not required to meet the criteria in subclause 10(1)(b)(x) of the *Paramedicine Regulations*.

26.4 In addition to the criteria for a conditional licence set out in paragraph 13(1)(a)(ii)(C) of the *Paramedicine Regulations*, for a conditional licence to be granted, an applicant must meet the criteria in subclauses 11(1)(b)(iv) and (v).

27. TRANSCRIPTS

27.1 A registrant who requests that a transcript be made of a regulatory process is responsible for paying the full cost of the transcript.

28. FINES AND PENALTIES

28.1 The fine that may be imposed by the Registrar for a registrant who has practised without a licence for a period less than one year, shall be half of the annual licensing fee for each month, or a portion thereof, the registrant practiced without a licence, but not to exceed in total double the amount of a registrant's annual licence fees.

28.2 The fine that may be imposed for the reinstatement of a suspended licence in accordance with section of 154 of the Act may be up to the equivalent of the annual licensing fee.

29. CODE OF ETHICS

29.1 The Code of the Ethics are those approved by the existing regulator prior to the establishment of the Nova Scotia Regulator of Paramedicine under the Act.

30. STANDARDS OF PRACTICE

30.1 The Standards of Practice are those approved by the existing regulator prior to the establishment of the Nova Scotia Regulator of Paramedicine under the Act.

31. COMPETENCIES

31.1 The Competencies are those approved by the existing regulator prior to the establishment of the Nova Scotia Regulator of Paramedicine under the Act.