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# Emergency Licensing of Health Care Professionals

## A BC Perspective

Presentation to the Pacific Northwest Border Health Alliance

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# Background

Large-scale emergencies or disasters often require the support and assistance of individuals and organizations outside the affected jurisdiction including:

- Physicians
- Nurses
- Paramedics
- Health care professionals from neighbouring provinces or states
- International NGOs such as IRC, MSF etc., and other nations



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# Rationale for Emergency Licensure

In the event of a disaster that requires a health surge response from agencies outside of BC, it is the public must receive care from professionally recognized health care providers when possible.



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To ensure the rapid inclusion of external personnel into the health response to a major event, the licensing and registering bodies of health professionals in BC have included provisions for emergency registration in their bylaws and appropriate procedures have been established.



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# Challenges

- Convergence of HCPs without coordination
- Timely registration to ensure acute life-saving interventions are underway ASAP
- Potential loss of infrastructure impacting coordination capability
- Scope of practice/designation i.e., respiratory therapists, physicians' assistants, nurse practitioners, etc.



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# Current Agreements

- FPT MOU on Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public
  - The Operational Framework for Mutual Aid Requests (OFMAR) operationalizes this MOU
- Pacific Northwest Emergency Management Arrangement (PNEMA)
- Pacific Northwest Border Health Alliance MOU
- LOAs with NGOs (Red Cross, St. John Ambulance, etc.)



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# Emergency Registration

## Regulatory Agencies Involved

- College of Physicians and Surgeons of BC
- College of Registered Nurses of BC
- College of Licensed Practical Nurses of BC
- College of Pharmacists of BC
- College of Midwives of BC
- Others may align in future



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# BC Mechanisms for Receiving HCP Surge Support

*Licensing:* Emergency Health Services Act (S. 5.5, Visiting Health Professionals)

Licensing: College Bylaws

*Health Authority/Hospital Credentialing:* Temporary Medical Staff Privileges (Medical Staff Bylaws)

\*Credentialing not required if professional working in a community/non-hospital setting



## Agreements/ Arrangements

- FPT MOU on Mutual Aid (2009)
- LOA on use of Canadian Red Cross Emergency Response Units
- Pacific NW Emergency Management Arrangement (PNEMA)
- Pacific Northwest Border Health Alliance (MOU)
- LOA's with NGO's (i.e., DMGF and St. John Ambulance)

## Emergency Health Services Act

- S. 5.5 allows visiting health professionals to provide services for up to 72 hours
- The services *must* be requested by an agency in accordance with an agreement or arrangement as per s. 5.4 of the Act
- S. 5.5 can be used with the FPT MOU and LOA with the Red Cross.

## Emergency Registration/Licensing

- Several regulatory bodies/Colleges have bylaws allowing for emergency/temporary licensure of visiting healthcare professionals.
- Bylaws vary and temporary licensure can be issued for 15 to 90 days, depending on the College. In most cases, this can be renewed.
- The turn-around time for registration varies by college, but typically within 24-48 hours after an event.

## Temporary Medical Staff Privileges

- Applicable to incoming staff working at a Hospital
- Health Authority Medical Staff Bylaws permit granting temporary privileges in urgent circumstances
- The appointments must be ratified or terminated by the Board at its next meeting



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# Planning

- Health system plans are in place to utilize locally available HCP resources to their fullest capacity
- Agreements in place with surge support providers to facilitate early response and integration
- Identify and work to mitigate any potential legislative / bureaucratic barriers to receiving HCPs before an event occurs
- Practice and validate plans



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# Considerations

- Regulatory bodies may themselves be impacted by a disaster
- Alternative processes such as utilizing sister agencies in an adjacent province to provide interim licensure or delegating that authority to another entity as a contingency may be necessary
- For staff working within a health authority, additional local credentialing and privileging may be required



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# Summary

The preparatory work around emergency licensure of HCPs can be complex.

This is not a bridge you want to build as you run across it during a major health system crisis.

We owe it to our citizens to ensure that we can receive and utilize health support from our neighbours quickly during disasters.



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Questions/Thoughts?



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A composite image at the top of the slide. On the left, the British Columbia flag is shown waving. To its right is a scenic landscape with a green valley, a small lake, and snow-capped mountains under a blue sky with white clouds.

Thank you