COPR OCRP

Canadian Organization of Paramedic Regulators

Organisation Canadienne des Régulateurs Paramédicaux

Background Paper
on
Determining the
Pan-Canadian Essential Regulatory Requirements (PERRs) Model

January 28, 2022

Preface

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For updated information on the PERRs project visit the COPR website.

Acknowledgements

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Executive Summary

Overview: In April 2020, the Canadian Organization of Paramedic Regulators (COPR) completed an update to its three-year strategic plan. At that time, COPR identified the development of specific regulatory requirements as a strategic priority. In February 2021, COPR agreed to move forward with the development of Pan-Canadian Essential Regulatory Requirements (PERRs) (e.g., competencies and/or standards) integrated for the four distinct levels of paramedic professionals, that reflect and specifically focus on the needs of the public and patients for safe, effective care.

The first step in this process is to conduct an **environmental scan and develop a background paper to inform decision-making on the preferred Essential Regulatory Requirements (ERRs) model for COPR.** This PERRs Background Paper outlines the findings of the environmental scan.

The development of this PERRs Background Paper involved the following five activities:
1. review of current paramedic regulatory requirements in Canada,
2. review of selected comparator organizations and/or documents,
3. analysis of the results of the environmental scan/comparator review,
4. development of potential ERRs models for consideration, and
5. development of the paper.

The review and analysis of the current Canadian paramedic regulatory requirements and the findings related to the key characteristics of the selected comparators, highlighted several themes and exemplars for development of the Essential Regulatory Requirements model.

Based on these findings, as well as COPR's values and guiding principles for the PERRs Project, four potential ERR models with strengths and limitations for COPR were identified for COPR's consideration. One of the four potential ERR models consists of only a competency framework, while the other three include both a competency framework and practice standards[1] presented using various formats. A detailed description of each of the potential models including the features, as well as strengths and limitations for COPR, is provided.

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[1] See definitions in APPENDIX A: Regulatory/Professional Documents – Definitions

8 Overarching features for the selected ERRs model are recommended[2]:
1. The competency framework uses a roles-based format.
2. The competency framework reflects entry-to-practice and is designed to support entry-to-practice assessments by regulators and professional mobility.
3. Standards (if included) apply across the career-span of the practitioner, regardless of practice area or setting.
4. The same ERRs approach is used for all four paramedic levels.
5. The competency framework/standards are structured such that competencies/standards common to all four paramedic levels are outlined first, followed by the specific performance expectations for each of the four levels (i.e., one level builds upon the other).
6. Each competency/standard uses a hierarchy of statements which drill down the requirements into increasing levels of detail.
7. Consistent assumptions/principles and terminology are used across documents and paramedic levels.
8. Web-based documents are developed to support access and facilitate linkages between competencies, standards and other related documents.

This Perrs Background Paper will advance the PERRs project, by enabling the Essential Requirements Committee to recommend an ERRs model best suited to COPR's present and future needs.

The recommendations are reviewed and approved by the Project Steering Committee. Updates on this decision and the project's progress can be reviewed on the COPR website.

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[2] Definitions for terms used in this section can be found in APPENDIX A: Regulatory/Professional Documents – Definitions

1.0 Introduction to PERRs and ERRs

The Canadian Organization of Paramedic Regulators (COPR) is a pan-Canadian organization that facilitates collective action of provincial paramedic regulators in advancing regulation and mobility of paramedics in Canada. In April 2020, COPR completed an update to its three-year strategic plan.

In their deliberations, COPR directors considered that regulators have the legislated mandate and bear the responsibility for setting standards of practice for the paramedic profession. Directors noted concerns regarding the current National Occupational Competency Profile (NOCP), in terms of its utility for regulatory purposes, and currency, given it was developed over a decade ago. As a result, COPR identified the development of specific regulatory requirements as a strategic priority.

In February 2021, the COPR Board of Directors held a Forum with the following objectives:
- Gain an understanding of the environment by exploring current processes and other approaches in the use of standards and competency framework documents.
- Identify issues and implications for COPR to develop regulatory focused standards and competency frameworks.
- Define the problem(s) to be solved via regulatory focused standards and competency frameworks.
- Decide on any next steps and priorities for COPR regarding regulatory focused standards and competency frameworks.
- Confirm a communication and outreach plan for COPR based on the forum discussions and decisions.

At the February 22, 2021 meeting, the Forum attendees agreed that the Paramedic Regulators must have a harmonized/unified approach for new pan-Canadian essential requirements (e.g., competencies/standards) to reflect and specifically focus on the needs of the public and patients for safe, effective care by paramedic professionals.

There was agreement to **move forward with the development of Pan-Canadian essential regulatory requirements (PERRs), integrated for the four distinct levels of paramedic professionals, that reflect and specifically focus on the needs of the public and patients for safe, effective care.**

The first step in this process is to conduct an environmental scan for the PERRs project to inform decision-making on the preferred model for the Pan-Canadian Essential Regulatory Requirements (PERRs). This PERRs Background Paper outlines the findings of this environmental scan.

To ensure clarity throughout this document, **working definitions for the PERRs such as scope of practice, competency frameworks, standards of practice and curriculum guidelines have been defined and are found in [Appendix A](#).**

2.0 Approach to Determining the model for Pan-Canadian Essential Regulatory Requirements (PERRs)

The development of this PERRs Background Paper involved the following five activities:
1. review of current paramedic regulatory requirements in Canada,
2. review of selected external and international comparator organizations,
3. analysis of the results of the environmental scan/comparator review,
4. development of potential PERRs models for consideration, and
5. development of the paper.

The approach used for each activity is described in this section and the findings and analysis, including implications for PERRs, are outlined in Section 3.

Activity 1: Review of Current Paramedic Regulatory Requirement Documents
Online searching gathered information about current paramedic regulatory requirements in Canada as a whole and in the individual jurisdictions between September 1 and October 22, 2021.

Activity 2: Review of Regulatory Requirement Documents of Selected External and International Comparator Organizations
Within the same time frame, online searching gathered information about competencies/standards from 13 comparator organizations. The comparators were selected to provide a broad spectrum of organizations from a variety of health professions, including some that recognized/registered different types or levels of providers.

The comparators were selected based on the following criteria:
*   pan-Canadian organizations (primarily regulatory, outside paramedicine), and/or
*   mandates were similar to COPR, and
*   information was available.

In addition, there was outreach to the PERRs Project Steering Committee and Essential Requirements Committee for suggested documents and/or comparators to be reviewed as part of this environmental scan. A number of suggestions were received and considered in the scan.

The selected comparators included Canadian regulatory/professional organizations outside of paramedicine (n=10) and international paramedic/paramedic-related organizations (n=3).

Appendix B includes the selected comparators with the relevant electronic links. A template was used to ensure that consistent information was collected about key characteristics of the comparators' regulatory requirement documents. Table 3 lists the key characteristics.

Activity 3: Analysis of the Results of the Environmental Scan/Comparator Review
The Consultants reviewed and coded the information collected related to the key characteristics across comparators. This information was analyzed and themes and exemplar models which have implications for the PERRs were identified.

Activity 4: Development of Essential Regulatory Requirements Models for Consideration

The Consultants developed the potential PERRs models based on the findings of current paramedic regulatory requirements in Canada, the findings from the selected comparator review, as well as the COPR values and guiding principles for the PERRs document(s) outlined in the Project Charter.

Consultants met twice to review the potential PERRs models, and after final revisions, the models were shared with the Essential Requirements Committee to inform their work.

Activity 5: Development of the PERRs Background Paper

The draft paper reflecting the findings/analysis from Activities 1 to 4 underwent final revisions and was shared with the Essential Requirements Committee to inform their work.

3.0 Findings

3.1 Current Paramedic Regulatory Requirements in Canada

A review of the current paramedic regulatory requirement documents in Canada can help inform decision-making related to COPR's PERRs for paramedics by providing an understanding of the documents that currently exist, as well as overlap and potential gaps.

3.1.1 Canadian Competency Documents

The following three competency documents that apply to the paramedic profession in Canada were identified during this review.

1) *The National Occupational Competency Profile for Paramedics (NOCP)*[3] was developed by the Paramedic Association of Canada (PAC) in 2000 and was most recently updated in 2011. The stated purpose of the NOCP is to
   - create national standards for education programs, and
   - provide a tool to assist paramedic regulators in establishing common workplace standards and enhancing labour mobility.

The NOCP describes competencies for four levels of paramedic providers including: Emergency Medical Responder (EMR), Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP) and Critical Care Paramedic (CCP). A description of the levels is included in Appendix C. It should be noted that the paramedic levels are integrated, such that each successive level incorporates and exceeds the competencies of the previous level.

COPR currently uses the NOCP to
   - develop the entry-level examination blueprint, and
   - assist internationally educated paramedics self-assess their education and experiences to one of the four levels.

In addition, the NOCP is currently used by several provincial/territorial paramedic regulatory organizations (see Sections 3.1.2 and 3.1.3).

It was noted that PAC, in conjunction with the CSA Group (Canadian Standards Association) initiated a project to update this document. COPR Council has supported communication between the PERRs Consultant and the CSA/PAC Technical Consultant for the purpose of sharing information regarding the two projects and enabling alignment of the projects where appropriate.

2) *The Leadership Competency Framework*[4] was developed by the Paramedic Chiefs of Canada in 2016. The purpose of this document is to
   - form the foundation for a set of leadership tools which will help individuals grow and refine their leadership competence,
   - begin to develop common language and understanding of paramedic leadership, and

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[3] The National Competency Profile for Paramedics may be accessed at URL
[4] The Leadership Competency Framework may be accessed at URL

- begin conversations around leadership and act as a discussion tool to support the ongoing personal, organizational and profession wide development of paramedic leaders.

The leadership competencies are grouped under three building blocks: Self Attributes, Leading Others, and Innovation. Under each, several competencies are listed, each of which has facets. A self-assessment has been created that allows individuals to rate their proficiency against the various facets of the *Leadership Competency Framework*, as well as the importance of that specific competency in their role.

3) *The Canadian Paramedic Profile – Paramedic Roles[5]* is a roles-based competency document that was developed/approved for consultation by the PAC in 2016 and published in 2017, but it does not appear to have been formally adopted.

The competencies are described under six roles: Clinician, Professional, Educator, Advocate, Team Member and Reflective Practitioner. In addition, there is an Integrative Paramedic role described. The section on each role includes a definition, description, core concepts, key capabilities and enabling capabilities.

This competency document is part of a suite that also includes Standards of Practice, Code of Ethics and The Canadian Paramedicine Education Guidance Document.

3.1.2 Professional Regulatory Documents by Jurisdiction
Information collected in September/October 2021 from the members of COPR related to current professional regulatory documents is outlined in Table 1. It should be noted that for this review the type of document was categorized using the definitions in Appendix A.

Table 1: Current Professional Regulatory Documents by Jurisdiction

Type of Document (as defined in Appendix A)	Summary of Regulatory Documents by Jurisdiction
Competency Frameworks:	• All ten jurisdictions are using some form of the NOCP. • One jurisdiction combines the Competency Profile with the Scope of Practice.
Standards of Practice:	• Six of the ten jurisdictions have standards document(s). • One jurisdiction combines the Standards of Practice with the Code of Ethics.
Code of Ethics/Professional Conduct:	• Eight of the ten jurisdictions have some form of code of ethics/professional conduct document. • One jurisdiction combines the Code of Ethics with the Standards of Practice. • One jurisdiction combines a code of ethics/professional conduct with patient care standards.
Curriculum Guidelines:	• Four of the ten jurisdictions have some form of curriculum guidelines.

3.1.3. Levels of Paramedic Providers in Canada
A summary of information collected in 2021 from the members of COPR and online searches related to the levels being used is provided in Table 2. Overall, it appears that all jurisdictions are using at least some of the four levels in the types of licensure/registration/certification

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[5] The Canadian Paramedic Profile – Paramedic Roles may be accessed at URL

currently in place. In some jurisdictions, additional levels exist, while others do not include all four levels.

It should be noted that jurisdictions often do not define the levels, except by situating them in lists of activities that may be part of the NOCP or provincial controlled acts/restricted activities to indicate what a paramedic is licensed to perform based on their level of training. These lists appear to have been adapted from the NOCP.

Table 2: Types of Licensure/Registration/Certification Levels by Jurisdiction

Jurisdiction	Types of Licensure/Registration/ Certification Levels[6] (Levels are in blue)				
	EMR	PCP	ACP	CCP	Other Levels
Newfoundland/Labrador	√	√	√	√	EMD, MFR
Prince Edward Island		√	√	√	ICP
Nova Scotia		√	√	√	ICP
New Brunswick	√	√	√	√	
Quebec		√	√		Tactical Medical Response Group, Paramedic Specialist
Ontario		√	√	√	
Manitoba	√	√	√	√	ICP
Saskatchewan	√	√	√	√	ICP
Alberta	√	√	√		
British Columbia	√	√	√	√	FR, ITT

3.2 Review of Selected External and International Comparator Organizations

An examination of the essential regulatory requirements of the selected comparator organizations can also help inform decision-making on PERRs by providing an understanding of current and common practices in regulatory and professional requirements.

3.2.1 Description of Selected External and International Comparators

The following describes the selected comparators and documents reviewed:

- Thirteen comparators were examined including 10 external pan-Canadian organizations of diverse professional groups (other than paramedics) and three international paramedic/paramedic-related organizations (See Appendix B).
- Of the 13 comparators, 11 were regulatory organizations, one was a professional association, and one was a national association of State Emergency Medical Services (EMS) officials.
- The majority of comparators were responsible for one professional group (n=8), while two were affiliated with four different professions/levels, and another three were responsible for two different provider groups/levels. In this latter category, in one comparator, the development of competencies/standards for one of the two groups was under development and therefore not available.
- A total of 18 documents were examined including: 14 competency frameworks, three standards of practice and one scope of practice. One comparator outlined their competency framework and standards in the same document.

3.2.2 Comparator Review Findings

An analysis and summary of the findings of the comparator review by key characteristics examined is outlined in Table 3.

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[6] Acronyms:
ACP = Advanced Care Paramedic; CCP = Critical Care Paramedic;
EMA = Emergency Medical Assistant; EMD = Emergency Medical Dispatch;
EMR = Emergency Medical Responder; FR = First Responder;
ICP = Intermediate Care Paramedic; ITT = Infant Transport Team;
MFR = Medical First Responder; PCP = Primary Care Paramedic.

Table 3 Summary of Comparator Review

Key Characteristic	Findings
Type of document	• The majority of comparators used only competency frameworks as their essential regulatory requirement (n=8); while one had only a standards document. • Three regulatory organizations had developed both competency frameworks as well as standards. • One comparator's document described a national 'EMS Scope of Practice Model' designed to act as a guide for states to increase regulatory uniformity in paramedic levels.
Date of publication	• The date of publication of the professional documents ranged from 2009 to 2021, with several comparators (n=7) updating their documents in the past six years (i.e., 2016 or later).
Partners	• In seven comparators, the regulatory authority was responsible for the development of the essential regulatory document(s). • Five comparators involved partners such as regulators, educators, the association and accreditors. • In one case the professional association was responsible for developing the document, while in another it was a national association of state EMS officials.
Professional level targeted by the document	• All of the competency frameworks were targeted to the entry-to-practice[7] practitioner. • However, in six comparators, the document was also applicable across the professional career span (one organization produced a career-span accompaniment to their entry-to-practice competency framework). • In the comparators with standards, these documents applied across the career-span of the practitioner.
Number of documents	• The majority of comparators of single professions produced a single document, most frequently a competency framework (n=8). • One of these eight comparators with multiple specialties, used the generic roles-based CanMEDS[8] Framework to outline the profession's general competencies. Each specialty then developed a 'specialty suite' that describes in detail the required competencies, type of educational experiences, and workplace-based activities that must be observed and evaluated for that specialty. • One comparator with one professional group developed a competency framework and standards in two separate documents. • One comparator with one professional group included both the competency framework and standards in one document. • One comparator with two professional groups developed a competency framework for each group in two separate documents. • One comparator with two levels of practitioner produced a competency framework and standards for each group (total of four documents). • One comparator with four professional groups produced competency frameworks for each group (2014) and then updated the material into one document (2020).
Underlying values/assumptions	• All comparators outlined values/assumptions (i.e., overarching concepts or principles) that applied to the content (e.g., statements are not outlined in order of importance, they are inter-related).

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[7] 'Entry-to practice' or 'entry-level', refers to the point in a practitioner's career when they are initially registered/licenced, having successfully completed their professional education and training.

[8] CanMEDS Framework applies to the competencies acquired by physicians throughout their career related to seven professional roles: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional. May be accessed at URL

Key Characteristic	Findings
	• The majority of documents also had values/assumptions that applied to the professional (e.g., autonomous health professional, seeks informed consent, applies client-centred care). • In standards documents, the values/assumptions were also applicable to the regulatory authority (e.g., as a basis for monitoring registrants' performance).

Overall structure of the competencies/standards	• The content (i.e., the competencies and/or standards) in all documents was outlined according to an overarching structure which organized the material into coherent and integrated units.
	• Several of the competency frameworks were organized around a structure adapted from the CanMEDS roles (n=5).
	• A similar number (n=5) were structured around domains which combined and/or adapted some of the CanMEDS roles (four competency frameworks, one standards).
	• All of the comparators' competency documents published within the past six years (n=7) used a roles-based format.
	• Two were organized around professional responsibilities or the therapeutic process (one competency framework, one standards).
	• In addition, one each was organized:
	    ○ alphabetically (standards)[9],
	    ○ in generic statements (standards),
	    ○ by level of provider (scope of practice), and
	    ○ using a standards-based conceptual framework (competency framework).
	• The number of individual competencies/standards ranged from four to 21, with the majority (n=10) in the range of five to nine.

Structure of the individual competencies/standards	• In all comparators, within the document structure, each competency/standard was displayed in hierarchical levels of statements that broke down the behavioural requirements into increasing levels of detail. • All documents but one had a first level statement (e.g., core competencies, practice competencies, domains). One document organized the material according to provider level. • All documents also had a second level statement (e.g., essential competencies, performance expectations/indicators). • Nine of the documents broke the behavioural expectations down further into third level statements (e.g., sub-competencies, entry-to-practice milestones, performance criteria).

Additional information included in the document	• All competency frameworks/standards included an introduction/background.
	• Many documents included additional information such as:
	    ○ glossary (n=11),
	    ○ appendices (n=3),
	    ○ references (n=2), and
	    ○ an assortment of other material (e.g., interpretive guidelines, practice examples, statement of entry-to-practice).

Linkages to other resources	• Ten documents included linkages to other resources, notably when there were companion documents with more information. • Eight documents did not include linkages to any other professional material. • One competency framework was predominantly web-based which facilitated the linkage to a number of professional resources.

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[9] This particular comparator has two documents – one roles-based and one alphabetical.

3.3 Implications of Findings for PERRs

The findings from the review of current Canadian paramedic regulatory requirement documents, as well as the selected external and international paramedic comparators, highlighted several issues, trends, and key characteristics which can serve to inform decision-making related to COPR's PERRs. Findings of particular relevance are outlined in this section.

3.3.1 Implications from Canadian Paramedic Regulatory Requirement Documents

The following points were noted:

- The most used competency framework is the NOCP (2011) that PAC is currently updating in conjunction with the CSA Group. A more recently developed competency framework for paramedics is roles-based and was published in 2017, but does not appear to have been formally adopted.
- Canadian provincial regulatory organizations currently have a mix of professional regulatory requirement documents. Several jurisdictions also have standards, code of ethics/professional conduct documents, and curriculum guidelines, but these vary by jurisdiction.
- The levels of paramedic providers in Canada also vary by jurisdiction. However, it appears that all jurisdictions are using at least some of the four levels in the types of licensure/registration currently in place. In some jurisdictions, additional levels exist, while others do not include all four levels.

3.3.2 Implications of the Selected External and International Comparator Review for ERRs

The themes by key characteristic include:

- *Type of document:* The majority of comparators used only competency frameworks as their essential regulatory requirement to outline entry-to-practice expectations. A few regulatory organizations also had standards.
- *Date of Publication:* The time since publication ranged from one to 12 years, with approximately half of the comparators updating their documents in the past six years.
- *Partners:* In a majority of comparators, the regulatory authority was responsible for the development of the essential regulatory document and several noted collaborations with stakeholders.
- *Professional level targeted:* In all of the comparators, the competency frameworks were targeted to the entry-to-practice practitioner. Standards documents applied across the career-span of the professional.
- *Number of professional documents:* The number of documents each comparator had varied from one to four, depending on whether they included competencies and standards, the number of professional groups/levels of practitioner included, and structure of the document(s).
- *Values/assumptions:* All comparators outlined values/assumptions that applied to the content.
- *Overall structure of the documents:* The majority of comparators used a CanMEDs or roles-based format which was adapted to meet the specific requirements of the profession. A trend of using a roles-based format was noted in the more recently published competency documents.
- *Structure of the individual competencies/standards:* In all comparators the document structure involved each competency/standard displayed in hierarchical levels of statements which broke down the behavioural requirements into increasing levels of detail.

- *Additional information in the documents*: All comparators included an introduction or background, and the majority also included a glossary.
- *Linkages to other resources:* The majority of comparators included linkages to other professional resources in their documents. One competency framework was web-based (as opposed to a pdf document) which permitted flexibility in terms of facilitating access to additional professional resources.

In addition, **four exemplars of regulatory requirements were identified which may have particular relevance to the PERRs.** These include:
- One organization with both a competency framework and standards, included both in one document; individual standards then were linked to the appropriate competencies.
- One organization with two levels of provider, developed both competency frameworks and standards for each in separate documents (i.e., four documents). The document format/structure was similar for both levels and the documents were linked within and across professional levels.
- One organization with four different provider levels, in earlier versions of their competency frameworks, used similar therapeutic practice headings/format for all groups in four distinct documents. The profession specific information was outlined in content related to therapeutic procedures and in appendices. This competency framework has recently been updated to a single document using the roles-based CanMEDS structure with profession specific information provided in companion documents.
- One organization with multiple specialties, used the generic CanMEDS framework to outline the profession's general competencies. Each specialty then developed a 'specialty suite' that describes in detail the required competencies, the type of educational experiences to obtain the competencies, and the workplace-based activities that must be observed and evaluated.

The findings from the review of current paramedic regulatory requirements in Canada, as well as examination of selected external and international paramedic comparators, highlighted several important features which have implications for PERRs and can help inform the selection of an appropriate future model for COPR.

4.0 Potential PERRs Models

Four potential essential regulatory requirements models have been developed for consideration based on the following:

- the analysis of the findings, themes and exemplars identified in this environmental scan,
- consideration of COPR's values and the guiding principles for the essential regulatory requirements document(s) outlined in the Project Charter (see Appendix D).

In developing the potential models, 8 features that apply to all proposed models were identified as outlined in Table 4.

Table 4: 8 Overarching Features that Apply to All Potential ERRs Models

1. The competency framework uses a roles-based format.
2. The competency framework reflects entry-to-practice and is designed to support entry-to-practice assessments by regulators and professional mobility.
3. Standards (if included) apply across the career-span of the practitioner, regardless of practice area or setting.
4. The same PERRs approach is used for all four paramedic levels.
5. The competency framework/standards are structured such that competencies/standards common to all four paramedic levels are outlined first, followed by the specific performance expectations for each of the four levels (i.e., one level builds upon the other).
6. Each competency/standard is displayed in hierarchical levels of statements which break down the requirements into increasing levels of detail.
7. Consistent assumptions/principles and terminology are used across documents and paramedic levels.
8. Web-based documents support access and facilitate linkages between competencies and standards and to other professional documents.

The potential PERRs models:
- Model 1: Competency Framework (one document),
- Model 2: Separate Competency Framework and Standards (two documents),
- Model 3: Combined Competency Framework and Standards (one document),
- Model 4: Integrated Competency Framework and Standards (one document).

It should be noted that one of the potential models includes only a Competency Framework (Model 1) while the other three models (Models 2, 3, 4) include both a competency framework and standards using various formats (see Figure 1).

An additional fifth model was identified which included separate competency frameworks and standards for each paramedic level (i.e., eight documents). However, due to the complexity of this model and the significant resource investment for development, this model is not suggested for the PERRs.

Figure 1: Overview of Potential PERRs Models

Model 1 1 document	Model 2 2 documents	Model 3 1 document	Model 4 1 document	
Competencies (only) For 4 levels Document #1	**Competencies** For 4 levels Document #1	**Competencies** For 4 levels	**Competencies** For 4 levels	**Standards**
			Competencies For 4 levels	**Standards**
			Competencies For 4 levels	**Standards**
			Competencies For 4 levels	**Standards**
	Standards For 4 levels Document #2	**Standards** For 4 levels Document #1	**Competencies** For 4 levels	**Standards**
			Competencies For 4 levels	**Standards**
			Document #1	

A detailed description of each of the potential PERRs models including the features and strengths and limitations for COPR is provided in Table 5.

Table 5: Potential PERRs Models (in addition, to the 8 Overarching features from Table 4)

Model	Strengths for COPR	Limitations for COPR
Model 1. Competency Framework (one document)		
Description • One competency framework is developed for all paramedic levels, or an existing framework is adapted as required. • No standards are developed Example National Competency Profile for Entry-level MRTs in Canada link	• May facilitate integration into various jurisdictional regulatory requirements. • Resource efficient – time and money. • One document only avoids confusion and ensures clarity when seeking information. • Implementation and updating straight forward. • Roles-based format in one document consistent with more recently developed competencies of other professions.	• The lack of shared standards may limit the impact of COPR's goal of establishing pan-Canadian essential regulatory requirements.
Model 2. Separate Competency Framework and Standards Documents (two documents)		

Description
• The competency framework and standards are distinct and separate documents.
• The competency framework follows a roles-based format.
• The standards follow a therapeutic process format of organization.
Linkage of the Competency Framework and Standards
• The competency framework and standards are linked in the narrative of both documents, in the introduction/
background, including the purpose/use of each.
Linkage of Paramedic Levels
• A table/diagram at the start of each document can outline the commonalities and differences between paramedic levels.
Example
Canadian Alliance of Physiotherapy Regulators:
   -   Competency Profile link
   -   Standards: link
	• Having both competencies and standards supports strong and complete essential regulatory requirements for each jurisdiction.
	• May facilitate implementation by various jurisdictions as the implement the document(s) that are needed.
	• The distinction between competency frameworks and standards is very clear in separate documents.
	• A smaller/shorter document, i.e., separate documents, may assist users in more rapidly finding the information they are seeking – user friendly.
	• Separate documents could facilitate updating (e.g., one document at a time).
		• Development of two documents could be more resource intensive in terms of time and money than planned for.
		• Users are required to check two documents to find the information they are seeking.

Model 3. Combined Competency Framework and Standards (one document)		
Description • Both the competency framework and standards are outlined in separate sections in one document. • The competency framework follows a roles-based format. • The standards follow a therapeutic process format	• Having both competencies and standards supports strong and complete essential regulatory requirements for each jurisdiction. • Access to both the competency framework and standards is facilitated as the information is all in one place.	• Development of both competencies and standards together could be resource intensive in terms of time and money.

Model	Strengths for COPR	Limitations for COPR
• The document includes an introduction followed by the competency profile, then the standards. <u>Linkage of the Competency Framework and Standards</u> • The competency framework and standards are linked in the narrative at the beginning of the document. • The linkage is further reinforced in the introduction to each section i.e., at the beginning of the competency framework and at the beginning of the standards. • Within each standard is a list of related competencies and/or a table is included at the beginning of the document demonstrating the linkage between specific competencies and standards as appropriate. <u>Example:</u> Federation of Dental Hygiene Regulators of Canada link	• The purpose and relationship between competencies and standards is clear to users by having both in one document.	• The document may be very long and cumbersome which can make finding specific information lengthy and difficult.

Model	Strengths for COPR	Limitations for COPR
Model 4. Integrated Competency Framework and Standards (one document)		
Description • Adapt an existing, recent roles-based competency framework (e.g. CanMEDs) • Develop roles-based standards in synchrony with the competencies under as many comparable headings as possible (e.g., Collaborator, Communicator). Linkage of Competencies and Standards • An introduction at the beginning of the document demonstrates the linkage between specific competencies and standards as appropriate. • For each of the headings (e.g., Collaborator, Communicator) describe the competencies and standards side by side to show how each unit of the competencies relates to each standard and vice versa to create an integrated document. Example: Note: This is not a perfect example as it has integrated Competencies and Educational Requirements, though not included Standards of Practice. Royal College of Physicians and Surgeons of Canada, Competence By Design Model, Emergency Medicine Specialty Training sample ([link](#))	• Both competencies and standards support strong and complete essential regulatory requirements. • Access to both the competency framework and standards is facilitated as the information is all in one place. • The purpose and relationship between competencies and standards is clear to users by having both in one document. • The competencies and standards are truly integrated with the distinction and purpose of each is clear. • One integrated document may facilitate access to required information – user-friendly. • An innovative approach to essential regulatory requirements. • More easily can develop other relevant content such as educational experiences/requirements.	• May be more challenging to implement in jurisdictions with developed standards. • Development of both competencies and standards together could be resource intensive in terms of time and money. • The document may be very long and cumbersome which can make finding specific information lengthy and difficult.

5.0 Summary

This PERRs Background Paper provides the results of an environmental scan to inform decision-making on the preferred model for COPR's PERRs.

From the review of the current paramedic regulatory requirements in Canada, selected external and international comparators, as well as COPR's values and guiding principles for the PERRs, four potential models are presented. In light of this information, the next step is for the Essential Requirements Committee to review these findings and identify recommendations for the most appropriate and best-suited PERRs to meet COPR's present and future needs.

APPENDIX A: Regulatory/Professional Documents – Definitions

Scope of Practice
- Defines the parameters of various duties or services that may be provided by an individual with specific credentials.[10]
- Represents *the **limits of services*** (e.g. patient/client problems, work settings, procedures) an individual may legally perform whether regulated by rule, statute, or court decision,…" .[Ibid]
- The scope of practice for individual practitioners may be influenced by a variety of factors such as experience, initial or continuing education and employment setting.
- The legislative body (provincial/territorial government) or its delegated authority (e.g., regulatory organization) uses a defined scope of practice to recognize credentials or assess individuals who do or do not meet the profession's scope.

Competency Frameworks
- Describe the ***core outcomes*** expected of an individual who has the necessary knowledge, skills, abilities, attitudes, and judgments to perform the work defined in their profession's or group's scope of practice.[11]
- Typically provides an overview of ***what*** the professional is able to do, rather than *how*.
- May be used by regulatory organizations to inform practice standards, establish examination blueprints, identify ongoing competence maintenance methods and requirements, establish educational or practice equivalency across jurisdictions. Educators may use in the development of curriculum guidelines.

Standards of Practice
- Outline minimum professional practice and accountabilities that each person must adhere to, regardless of roles, responsibilities, level of experience, and practice environment.
- Typically include detailed information on ***how to*** perform tasks.
- May be used by regulatory organizations to inform practice standards, establish examination blueprints, identify ongoing competence maintenance methods and requirements, establish educational or practice equivalency across jurisdictions. May be used by educators in the development of curriculum guidelines.

Curriculum Guidelines
- Describe the recommended elements of the knowledge, decision-making and clinical skill content of an educational program's curriculum.[12]
- May be used by educational programs to assist in the planning and implementation of curriculum and by education accrediting bodies to ensure required curricular content, process and outcome expectations are met.

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[10] National Highway Traffic Safety Administration. (2019). National EMS Scope of Practice Model 2019. Available here
[11] Adapted from Kane, M. T. (1992). The Assessment of Professional Competence. Evaluation & The Health Professions, Vol. 15, No. 2, 163-182, Sage Publications Inc.
[12] Canadian Council of Physiotherapy University Programs. (2019). National Physiotherapy Entry to Practice Curriculum Guidelines. URL

APPENDIX B: List of Selected External and International Comparators

Selected External and International Comparator Organizations Reviewed		
Organization	**Title and Electronic Link to Document(s)**	**Date of Last Update**
Organizations within Canada		
1. Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASLPR)	Audiology National Audiology Competency Profile Speech-Language Pathology National Speech-Language Pathology Competency Profile	2018 2018
2. Canadian Alliance of Physiotherapy Regulators (CAPR)	Core Standards of Practice for Physiotherapists in Canada Competency Profile for Physiotherapists in Canada (National Physiotherapy Advisory Group)	2016 Updated 2020 2017
3. Canadian Association of Medical Radiation Technologists (CAMRT)	Entry level competencies National Competency Profile for Entry-level MRTs in Canada	2014 2020
4. Canadian Council of Registered Nurse Regulators (CCRNR)	Competencies in the Context of Entry-Level Registered Nurse Practice **Nurse practitioners** NURSE PRACTITIONER REGULATION FRAMEWORK IMP Background Information	2012 2021 2020
5. Corecom • Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO); • Association of Canadian Occupational Therapy University Programs (ACOTUP); and • Canadian Association of Occupational Therapists (CAOT).	New Draft Competencies for Occupational Therapists in Canada – Validation Draft	2021
6. Federation of Dental Hygiene Regulators of Canada (FDHRC)	Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists (Entry-to-practice competencies presently being updated)	2010
7. National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)	National Competency Profile/Framework (NCF) Part 1 Entry to Practice Part 2 Career Stages	2016 2016
8. National Association of Pharmacy Regulatory Authorities (NAPRA)	Pharmacists Professional Competencies for Canadian Pharmacists at Entry to Practice Model Standards of Practice for Canadian Pharmacists Pharmacy Technicians	2014 2009

Selected External and International Comparator Organizations Reviewed		
Organization	**Title and Electronic Link to Document(s)**	**Date of Last Update**
	Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice	2014
	Model Standards of Practice for Canadian Pharmacy Technicians	2011
9. Partnership for Dietetic Education and Practice (PDEP) (Alliance of Canadian Dietetic Regulatory Bodies, Dietitians of Canada, Education Programs)	Integrated Competencies for Dietetic Education and Practice	2020
10. Royal College of Physicians and Surgeons of Canada (RCPSC)	CanMEDS Framework	2015
International Paramedic/Paramedic Related Organizations		
11. Health and Care Professions Council (UK) (HCPC)	Health and Care Professions Council Standards of Proficiency – Paramedics	2014
12. National Highway Traffic Safety Administration (US) (NHTSA)	National EMS Scope of Practice Model	2019
13. Paramedicine Board of Australia (PBA)	Professional Capabilities for Registered Paramedics	2021

APPENDIX C: National Occupational Competency Profile for Paramedics (NOCP) Levels

The NOCP contains integrated competency sets describing the entry-to-practice expectations for four paramedic levels[13]. The paramedic levels are integrated, in that each successive level incorporates and exceeds the competencies of the previous level and are:

The Emergency Medical Responder (EMR) has successfully completed a recognized training program in emergency patient care and transportation. Historically, EMRs have been the medical first responder in rural and remote communities. They are often associated with volunteer emergency services organizations, and may be the sole provider of emergency medical services in some communities. EMRs may be responsible for initial assessments, the provision of safe and prudent care, and the transport of a patient to the most appropriate health care facility.

The Primary Care Paramedic (PCP) has successfully completed a recognized education program in paramedicine at the primary care paramedic level. PCPs may be volunteer or career paramedics associated with remote, rural, suburban, urban, industrial, air ambulance and military services. PCPs constitute the largest group of paramedics in Canada. Controlled or delegated medical acts in the PCP competency profile include intravenous cannulation and the administration of certain medications.

The Advanced Care Paramedic (ACP) has successfully completed a recognized education program in paramedicine at the advanced care paramedic level. An ACP education program may require prior certification at the PCP level (or equivalent). ACPs are often employed in rural, suburban, urban, industrial, and air ambulance services. ACP education builds upon the PCP competencies, and ACPs apply their added

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[13] Paramedic Association of Canada. (2011). National Occupational Competency Profile for Paramedics. Ottawa, ON: Author. URL

knowledge and skills to provide enhanced levels of assessment and care. Controlled or delegated medical acts in the ACP competency profile include advanced techniques to manage life-threatening problems affecting patient airway, breathing and circulation. ACPs may implement treatment measures that are invasive and/or pharmacological in nature.

The Critical Care Paramedic (CCP) has successfully completed a recognized education program in paramedicine at the critical care paramedic level. This is currently the highest level of paramedic certification available. CCPs are often employed in suburban, urban, and air ambulance services. CCP education builds upon the ACP competencies, and CCPs apply their added knowledge and skills to provide enhanced levels of assessment and care. Controlled or delegated medical acts in the CCP competency profile include advanced techniques, including invasive hemodynamic monitoring devices to manage life-threatening problems affecting patient airway, breathing and circulation. CCPs may implement treatment measures that are invasive and/or pharmacological in nature.

APPENDIX D: COPR Values and Guiding Principles for the Essential Regulatory Requirements Document(s)[14]

COPR's Values will inform the development of the *essential regulatory requirements* document(s) and include:
- Accountability: Being accountable to each other, key stakeholders, and the public.
- Collaboration: Being cooperative, inclusive, reasonable and fair.
- Innovation: Breaking new ground/contemporary approaches, analytical, and responsive.
- Respect: Listening to and appreciating differences between each other and in stakeholder relationships.
- Transparency: Communicating with each other, stakeholders and the public in a way that is open, honest, comprehensive, and reflected in action.

The *guiding principles* for the *essential regulatory requirements* document(s) include that it will
- reflect the regulatory perspective,
- focus on the needs of the public/patient for safe effective care by paramedic professionals
- be evidence informed,
- be fluid and nimble,
- build on the work of other organizations and professions,
- consider both Colleges and Government Regulators,
- reflect the current continuum of paramedicine practitioner groups,
- reflect the current needs of patients, health systems, educational delivery and regulatory frameworks, and
- utilize consistent terminology across the continuum of paramedicine practitioner groups.

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[14] COPR. (2021). Project Charter for the Development of COPR Essential Regulatory Requirements Document(s). URL