

A COMPARISON OF THE

**Pan-Canadian
Essential Regulatory
Requirements
(PERRs)**

AND THE

**National Occupational
Competency Profile
(NOCP)**

April 2024

Introduction

Competencies identify the knowledge, skills, and attitudes that paramedics are required to perform competently. They are a list of what the public and patients can expect from a registered paramedic to ensure safe, effective patient care.

In 2011, the Canadian Paramedic Association published an update of its **National Occupational Competency Profile for Paramedics (NOCP)**, originally established in the year 2000. The primary purposes of the NOCP were to create national standards for the development of Canadian paramedic curriculum and to provide a tool to assist paramedic regulators in establishing common workplace standards and enhance labour mobility.

In 2021, the Canadian Organization of Paramedic Regulators (COPR) initiated a project to develop a series of documents that reflect regulatory requirements for distinct levels of paramedic professionals, and specifically focus on the needs of the public and patients. The project culminated in the publication of the **Pan-Canadian Essential Regulatory Requirements (PERRs)**, which include, among others, the **Canadian Paramedic Competence Framework (CPCF)** and the **Canadian Paramedic Examination and Education Resources (EERs)**.

This document presents the results of a detailed comparative analysis of the contents of the PERRs (CPCF and EERs), and the NOCP. The purpose of the document is to provide a summary of the principal similarities and differences between the documents, and to instill confidence in the reader regarding the comprehensive nature of the PERRs.

COPR has developed comprehensive designation-specific Excel worksheets that list the specific CPCF competencies against the NOCP competencies. If you are an educator and would like access to these worksheets, please contact COPR at executive.director@copr.ca.



While the NOCP described the specific actions or functions performed by paramedics, PERRs was written using high-order statements, with a focus on the underlying knowledge, skills, and attitudes that enable paramedics to perform tasks effectively:

PERRs	NOCP
<p>B1.6 Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances.</p>	<p>2.1.f Speak in a language appropriate to the listener.</p> <ul style="list-style-type: none"> • Identify basic communication needs. • Describe common communication barriers. • Discuss methods of meeting basic communication needs. • Adapt communication techniques effectively.

The concepts included in the NOCP for this competency (i.e., identify, describe, discuss) are precursors to the final indicator, “adapt communication techniques effectively”. They lay the foundation and are necessary ingredients to acquire – and eventually master – the ability to adapt. PERRs excludes step-by-step procedures in its competencies, omitting the explicit presentation of tasks and levels of observable actions that suggest learning is taking place. PERRs also endeavours to eliminate some of the redundancy contained within the original competencies:

PERRs	NOCP
<p>2.8 Human anatomy, neuroanatomy, and physiology applied to all body systems across the lifespan (systems are listed)</p> <p>4.4 Diseases, illnesses, injuries, causes (for all body systems)</p> <p>H2 Perform patient-centred clinical assessments...</p> <p>16 Conduct complete physical assessment/in-depth assessment of systems and patient as appropriate</p>	<p>4.3.f Conduct obstetrical assessment and interpret findings</p> <ul style="list-style-type: none"> • Describe the pathophysiology... • Apply assessment techniques... • Evaluate findings... • Perform assessment techniques... • Adapt assessment techniques... <p>4.3.g Conduct gastrointestinal system assessment and interpret findings</p> <ul style="list-style-type: none"> • Describe the pathophysiology... • Apply assessment techniques... • Evaluate findings... • Perform assessment techniques... • Adapt assessment techniques...

In the above example, the NOCP uses the concept of conducting an assessment and interpreting findings, along with their associated, near-identical sub-competencies, for 9 separate body systems. By contrast, PERRs condenses these into concise statements that define the expected outcomes for a competent paramedic.

Reading the tables

The tables in the following pages contain:

Left column (PERRs)

The competence area, key competencies, and key terms and concepts (based on the indicators) included in PERRs (both the CPCF and EERs).

Right column (NOCP)

The equivalent competencies, key terms and concepts found in the NOCP.

N.B. The content of the two documents has been condensed in the tables that follow. As such, the items listed are not the full statements contained in the original documents. For example, B2 in PERRs reads, “Gather and synthesize accurate, relevant information compassionately and respectfully, incorporating the perspectives of patients, their families, and those in patients’ circle of care”. In this document, B2 is presented as, “Gather and synthesize information with compassion and respect”. Condensing the elements allows the document to act as a high-level overview of the results of the comparison. The lists are not exhaustive; rather, they were compiled using a “best fit” approach. The document should therefore not be used as a definitive source.

PERRs

A

Professionalism

A1 Patient commitment through best practices and high ethical standards

- Professional behaviours and relationships based on honesty, integrity, humility, commitment, compassion, altruism, confidentiality, respect (including for diversity) (A1.1)
 - Management of ethical issues, conflicts of interest (A1.2, A1.3)
 - Use of technology-enabled communication (A1.4)
 - Patient safety and quality improvement (A1.5)
-

A2 Accountability and responsibility for decisions and actions

- Trustworthiness (A2.1)
 - Response to/reporting of unprofessional, unethical, oppressive behaviours (A2.2)
 - Accountability for decisions and actions (A2.3)
-

A3 Adherence to regulatory requirements

- Respect for laws, practice standards, rules, regulations (A3.1)
 - Working within scope of practice and level of competence (A3.2)
 - Informed consent based on practice context (A3.3)
 - Professional boundaries (A3.4)
-

NOCP

Professional Responsibilities

1.1 Function as a professional

- Dignity, privacy, empathy, confidentiality
 - Ethical behaviour
-

1.7 Manage scenes with actual or potential forensic implications

- Ethical/legal requirements for situations of abuse
-

1.4 Compliance with provincial and federal legislation

- Compliance with scope of practice, protocols, standing orders, directives, guidelines, legislation, policies, procedures
 - Patient rights
-

PERRs

B

Communication

B1 Establish professional therapeutic relationships

- Patient-centred approach that encourages trust, autonomy; empathy, respect, compassion (B1.1)
- Optimizing physical environment for comfort, dignity, privacy, engagement, safety (B1.2)
- Modified approach based on values, biases, perspectives (B1.3)
- Recognizing and responding to non-verbal behaviours (B1.4)
- De-escalating disagreements and emotionally charged conversations (B1.5)
- Adapting to unique needs and preferences (B1.6)

B2 Gather and synthesize information with compassion and respect

- Patient-centred interviewing (B2.1)
- Clear structure to manage flow of patient encounter (B2.2)
- Information from other sources (B2.3)

NOCP

Communication

1.1 Function as a professional

2.4 Effective interpersonal relations

2.3 Effective non-verbal communication

- Appropriate language use and personal interaction
- Respect, trust, rapport, empathy, compassion
- Assertiveness, confidence
- Diplomacy, tact, discretion
- Persons exhibiting emotional reactions
Conflict resolution
- Threatening behaviours, hostile situations

2.1 Effective oral communication

2.3 Effective non-verbal communication

- Effective interactions in stressful situations
- Non-verbal behaviours, cultural factors
- Active listening

PERRs

B3 Share information and plans with consent

- Providing clear, accurate, timely information; checking for understanding (B3.1)
- Disclosing harmful patient safety incidents (B3.2)

B4 Document written and electronic information about the patient encounter

- Accuracy, completeness, timeliness, accessibility; compliance with clinical/regulatory/legal requirements (B4.1)
- Effective communication (B4.2)
- Information sharing that respects privacy/confidentiality (B4.3)

B5 Engage patients and families in developing plans that reflect patient perspectives

- Facilitating culturally safe discussions (B5.1)
- Communication technologies to support care and health management (B5.2)
- Skills and strategies to support informed decision-making (B5.3)

NOCP

2.1 Effective oral communication

- Organized, accurate, relevant reporting (including with telecommunication devices)
- Deliver organized, accurate, relevant patient history
- Providing information about situation and care; evaluating patient comprehension

1.3 Medicolegal aspects of the profession

2.2 Effective written communication

- Pertinent and required information
- Organization, accuracy, relevance
- Professional correspondence

2.1 Effective oral communication

- Language appropriate to the listener
- Appropriate terminology

PERRs

C

Collaboration

C1 Maintain professional relationships with other paramedics, public safety personnel, and all care team members

- Appropriate responses to requests for help or advice (C1.1)
- Requests for assistance/advice within scope of practice and abilities (C1.2)

C2 Engage patients and families in developing plans that reflect patient perspectives

- Negotiating overlapping and shared responsibilities (C2.1)
- Involving other care professionals, delegating appropriately (C2.2)
- Coordinating multiple team members in complex situations (C2.3)
- Soliciting feedback, effective team communication (C2.4)
- Respectful, shared decision-making with team (C2.5)

C3 Work with others to promote understanding, manage differences, resolve conflicts

- Respectful interaction (C3.1)
- Collaborative culture (C3.2)

NOCP

Professional Responsibilities, Health Promotion and Public Safety

1.5 Function effectively in a team environment

1.7 Manage scenes with actual or potential forensic implications

- Working collaboratively with a partner
Teamwork, cooperation
- Collaborating with law enforcement agencies in crime scene management

8.1 Integrate professional practice into community care

- Working collaboratively with other members of the health care community, emergency response agencies

2.4 Practice effective interpersonal relations

- Respectful treatment of others
- Conflict resolution skills

PERRs

C4 Transfer patient to facilitate continuity of care

- Determining when care should be transferred (C4.1)
- Safe handover of care, including oral and written communication (C4.2)

D Learning and Adapting

D1 Educate students, public, colleagues and other health professionals

- Role-modelling, mentorship, formal and informal curricula (D1.1)
- Safe learning environment (D1.2)
- Ongoing patient safety (D1.3)
- Leading learning activities (D1.4)
- Timely feedback in psychologically safe manner (D1.5)
- Assessing learners, teachers; evaluating programs (D1.6)

D2 Apply evidence-based practice

- Identification, selection, navigation of pre-approved resources (D2.1)
- Providing feedback when guidelines do not reflect best practice (D2.2)
- Integrating evidence into decision-making (D2.3)

NOCP

8.1 Integrate professional practice into community care

- Utilizing community support agencies as appropriate

Professional Responsibilities

1.5.b Accept and deliver constructive feedback

- Delivering constructive feedback

1.2.c, Interpret evidence in 1.2.d medical literature.

- Importance, ethical considerations, sources, levels of evidence
- Academic, qualitative, quantitative research; research question
- Evidence-based practice
- Literature review
- Evaluating, applying evidence
- Presenting information, facilitating group discussions

PERRs

D3 Continuing competence, ongoing learning, professional development

- External effects on practice (D3.1)
- Self-reflection, opportunities for learning (D3.2)
- Learning plan, improving practice (D3.3, D3.4)
- Maintenance of competence to meet needs (D3.5)

D4 Critical analysis of best evidence

- Keeping up to date with research, guidelines, and practices (D4.1)
- Integrating relevant evidence into practice (D4.2)

E

Health

E1 Understand role of one's health

- Ways to remain healthy (E1.1)
- Impact of patient/community sociocultural and organizational factors (E1.2, E1.3)
- Adapting practice to remain healthy (E1.4)

NOCP

1.2.a, Continuing education, 1.2.b professional development

- Professional development, goal setting, self-evaluation
- Developing plan, evaluating options
- Self-evaluation, goal-setting for improvement

1.4.a Function within legislation, policies, procedures

- Rationale for legislation, policies, procedures
- Compliance

Health and Safety

3.1 Maintain good physical and mental health

- Balance, healthy lifestyle
- Personal support system
- Stress management
- Physical and mental health improvement
- Physical strength and fitness

PERRs

NOCP

E2 Describe influences and challenges

n/a

- Influence of experiences and sociocultural identities on responses and coping mechanisms (E2.1)
- Differences between common stressors (E2.2)
- Organizational factors' effect on health (E2.3)
- Personal and systemic factors' influence on resilience (E2.4)

E3 Commit to health and well-being

n/a

- Monitoring health and well-being (E3.1)
- Acting on warning signs of ill health (E3.2)
- Removing oneself from practice as required (E3.3)

E4 Maintain physical and mental health

n/a

- Health habits, regular health checks (E4.1)
- Coping mechanisms (E4.2)
- Personal and professional support

E5 Support health and well-being of others

n/a

- Recognizing others' need for assistance, warning signs of ill health (E5.1)
- Assistance to colleagues seeking support (E5.2)

PERRs

F

Advocacy

F1 Advocate with and for patients

- Culturally safe care, inclusivity (F1.1)
 - Minimizing personal and cognitive biases, inequitable behaviour-based factors (F1.2)
 - Respect, humility (F1.3)
 - Managing/mitigating determinants of health (F1.4)
 - Health promotion (F1.5)
-

F2 Understand intersectionality of inequity, accessibility, health

- Structural racism (F2.1)
 - Trauma-informed approach (F2.2)
 - Promotion of equitable health outcomes (F2.3)
 - Challenging biases and social structures that privilege or marginalize people and communities (F2.4)
-

F3 Advocate for system-level change

- External effects on practice (D3.1)
 - Self-reflection, opportunities for learning (D3.2)
 - Learning plan, improving practice (D3.3, D3.4)
 - Maintenance of competence to meet needs (D3.5)
-

NOCP

Professional Responsibilities

1.1.j Function as a patient advocate

- Patient advocacy needs
 - Ways to advocate for patients Integrating advocacy into care
-

n/a

n/a

PERRs

G

Leadership

G1 Serve as a role model for practitioners entering the field

- Helping behaviours, facilitating integration (G1.1)
 - Motivating colleagues to strive for excellence (G1.2)
-

G2 Demonstrate critical thinking and problem identification

- Incident command (G2.1)
 - Need for additional resources (G2.2)
 - Assigning responsibilities to others (G2.3)
 - Confidence and situational awareness (G2.4)
-

G3 Contribute to management and improvement of paramedic practice

- Improvement initiatives (G3.1)
 - Culture of improvement and safety (G3.2)
 - Opportunities for practice improvement (G3.3)
-

NOCP

Professional Responsibilities

1.6 Make decisions effectively

- Importance of leadership
-

1.6 Make decisions effectively

- Reasonable and prudent judgment
 - Effective problem-solving
 - Delegation of tasks
-

1.1.f Quality assurance and enhancement

- Quality assurance and enhancement programs
-

PERRs

H

Care

H1 Work within scope of practice, practice standards, level of competence

- High-quality, evidence-based care (H1.1)
 - Role integration (H1.2)
 - Application of knowledge (H1.3)
 - Establishing care priorities (H1.4)
 - Clinical assessments (H1.5)
 - Emergency and routine situations (H1.6)
 - Critically ill patients; transfer of care (H1.7)
 - Triage and care priorities (H1.8)
-

H2 Perform patient-centred clinical assessments and implement patient care

- Physical and mental health assessment (H2.1)
 - Reassessments; monitoring condition and treatment effectiveness (H2.2)
 - Patient history to inform care (H2.3)
 - Differential and presumptive diagnoses (H2.4)
 - Evidence-based, appropriate assessment methods (H2.5)
 - Interpreting results; integrating into care plan (H2.6)
 - Sound clinical reasoning and judgment for care planning (H2.7)
 - Goals of care (H2.8)
-

NOCP

Assessment and Diagnostics, Therapeutics, Integration

4 Assessment and Diagnostics

6 Integration

- Physical assessment, psychiatric assessment
 - Triage, multiple-patient incident
 - Priority-setting
-

4 Assessment and Diagnostics

6 Integration

- Physical assessment, psychiatric assessment
 - Patient history
 - Interpretation of findings
 - Differential diagnosis
 - Decision-making
 - Justification of approach, decisions, variations
 - Care plan adjustment, integration
-

PERRs

H3 Plan for ongoing care, follow-up, referral, education, and transfer of care

- Care plan development and implementation (H3.1)
- Indications, contraindications, methods, potential complications (H3.2)
- Informed consent (H3.3)
- Patient preparation for transfer of care or discharge (H.3.4)
- Effective information-sharing (H3.5)

H4 Provide accurate oral and written transfer of care or discharge

- Discharge or transition plan development (H4.1)
- Patient preparation for transfer or discharge (H4.2)
- Effective information-sharing (H4.3)

NOCP

5 Therapeutics

6 Integration

- Indications, contraindications
- Adaptation to care
- Consent for medication administration
- Ongoing care

See the Communication section within the NOCP.

Appendix A

Expanded List of Foundational Knowledge and Minimal Entry to Practice Skills for Care Along a Health and Social Continuum (Care)

PERRs	NOCP
Foundational Knowledge	
1-6 General content	2 Communication 4 Assessment and 5 Diagnostics 6 Therapeutics Integration
<hr/> <ul style="list-style-type: none">• Medical, paramedic, pharmacological terminology (1)• Human anatomy, neuroanatomy, physiology for all body systems across the lifespan, including terminology, structures, function (2)• Cognition (3)• Pathology/Pathophysiology (4)• Pharmacology (5)• Unique characteristics (e.g., equity-deserving, marginalized, racialized, underserved) and impact on care (6) <hr/>	<hr/> <ul style="list-style-type: none">• Medical, pharmacological terminology• System assessments, interpretation of findings, provision of care• Pharmacology <hr/>

PERRs

7-9 Content specific to paramedicine

- General topics: role, scope of practice, assessment, intervention, adaptations, goals of care, discharge planning, etc. (7)
- Infection prevention and control (8)
- Point-of-care and diagnostic test results (9)

10-13 Emergency preparedness and management

- Disaster response (e.g., natural occurrences, terrorism) (10)
- Patient management following:
 - chemical, biological, radiological, nuclear, and explosives (CBRNE) incidents (11)
 - environmental emergency (e.g., heat exhaustion, cold injury, barotrauma) (12)
- Unique needs of patients (e.g., neonatal pediatric, geriatric, bariatric; mental health, addictions, psychiatric conditions) (13)

NOCP

- 1 Professional Responsibilities
- 3 Health and Safety
- 4 Assessment and Diagnostics
- 5 Therapeutics
- 6 Integration

- Scope of practice, primary and secondary assessments, intervention, adaptation
- Safe work environment: hazards, defusing, self-protection, WHMIS, infection control
- Diagnostic tests

- 4 Assessment and Diagnostics
- 6 Integration
- 8 Health Promotion and Public Safety

- Multiple-patient incident
- CBRNE incident
- Assessment, interpretation of findings, care for various patient groups (e.g., pediatric, palliative, exposure, trauma, physically- impaired, bariatric)

PERRs

Minimum Entry to Practice Skills

14-20 Assessment and Diagnostics

- Continually assess the practice environment (14)
 - Obtain patient and incident history (15)
 - Conduct complete physical assessment (16)
 - Determine mental health status (17)
 - Assess vital signs and interpret findings (18)
 - Utilize diagnostic tests and/or interpret findings (19)
 - Integrate laboratory findings/diagnostic imaging results into patient care (21)
-

NOCP

3 Health and Safety

4 Assessment and Diagnostics

- Scene safety, bystanders
 - Patient history
 - Physical assessment
 - Psychiatric assessment
 - Vital signs, normal and abnormal findings
 - Diagnostic tests, interpreting findings
 - Interpreting laboratory, imaging data
-

PERRs

21-32 Therapeutics

- Maintain patency of upper airway and trachea (22)
- Administer oxygen (22)
- Use oxygen delivery systems (23)
- Administer ventilation (24)
- Administer manual positive pressure ventilation (25)
- Administer mechanical positive pressure ventilation (26)
- Hemodynamic stability (27), fluid and resuscitation (27a), hemorrhage control (27b)
- Provide routine care (28)
- Provide care for fractures (29)
- Provide care for dislocations (30)
- Patient handling and movement (31)
- Administer medications and substances using various routes (32)

n/a

NOCP

3 Health and Safety

5 Therapeutics

- Maintain patency of upper airway and trachea
- Prepare and deliver oxygen
- Administer manual ventilation
- Utilize ventilation equipment
- Maintain hemodynamic stability (CPR, control hemorrhage, etc.)
- Provide basic care for soft tissue injuries
- Immobilize actual and suspected fractures
- Safe lifting and moving techniques
- Administer medications

7 Transportation

Competencies listed in NOCP section 7, “Transportation”, were intentionally omitted from PERRs, as they are considered to be an employment requirement rather than entry-to-practice competencies.

