A COMPARISON OF THE

Pan-Canadian Essential Regulatory Requirements (PERRs)

AND THE

National Occupational Competency Profile (NOCP)

November 2024

COPR ⚕ **OCRP**

Canadian Organization of
Paramedic Regulators

Organisation canadienne des
régulateurs paramédicaux

Introduction

Competencies identify the knowledge, skills, and attitudes that paramedics and emergency medical responders are required to perform competently. They are a list of what the public and patients can expect from a registered paramedic or emergency medical responder 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 paramedics and emergency medical responders, 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
B1.6 Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances.	2.1.f Speak in a language appropriate to the listener. • 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
2.8 Human anatomy, neuroanatomy, and physiology applied to all body systems across the lifespan (systems are listed) 4.4 Diseases, illnesses, injuries, causes (for all body systems) H2 Perform patient-centred clinical assessments… 16 Conduct complete physical assessment/in-depth assessment of systems and patient as appropriate	4.3.f Conduct obstetrical assessment and interpret findings • Describe the pathophysiology… • Apply assessment techniques… • Evaluate findings… • Perform assessment techniques… • Adapt assessment techniques… 4.3.g Conduct gastrointestinal system assessment and interpret findings • 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)	Right column (NOCP)
The competence area, key competencies, and key terms and concepts (based on the indicators) included in PERRs (both the CPCF and EERs).	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.

This document reflects terminology of the PCP and ACP Canadian Paramedic Competence Frameworks; there may be some variability in the terminology used for the EMR Framework as well as among some indicators.

PERRs	NOCP
A **Professionalism**	**Professional Responsibilities**

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)

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

PERRs	NOCP
A3 **Adherence to regulatory requirements**	**1.3** **Understand medicolegal aspects of the profession** **1.4** **Compliance with provincial and federal legislation**
• 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)	• Compliance with scope of practice, protocols, standing orders, directives, guidelines, legislation, policies, procedures • Patient rights

B Communication

Communication

PERRs	NOCP
B1 **Establish professional therapeutic relationships**	**1.1** **Function as a professional** **2.4** **Effective interpersonal relations** **2.3** **Effective non-verbal communication**
• 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)	• 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

PERRs	NOCP
B2 Gather and synthesize information with compassion and respect	**2.1 Effective oral communication** **2.3 Effective non-verbal communication**
• Patient-centred interviewing (B2.1) • Clear structure to manage flow of patient encounter (B2.2) • Information from other sources (B2.3)	• Effective interactions in stressful situations • Non-verbal behaviours, cultural factors • Active listening
B3 Share information and plans with consent	**2.1 Effective oral communication**
• Providing clear, accurate, timely information; checking for understanding (B3.1) • Disclosing harmful patient safety incidents (B3.2)	• Organized, accurate, relevant reporting (including with telecommunication devices) • Deliver organized, accurate, relevant patient history • Providing information about situation and care; evaluating patient comprehension
B4 Document written and electronic information about the patient encounter	**1.3 Medicolegal aspects of the profession** **2.2 Effective written communication**
• Accuracy, completeness, timeliness, accessibility; compliance with clinical/regulatory/legal requirements (B4.1) • Effective communication (B4.2) • Information sharing that respects privacy/confidentiality (B4.3)	• Pertinent and required information • Organization, accuracy, relevance • Professional correspondence

PERRs	NOCP

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

2.1 Effective oral communication

- 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)

- Language appropriate to the listener
- Appropriate terminology

C **Collaboration**

Professional Responsibilities, Health Promotion and Public Safety

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

1.5 Function effectively in a team environment

1.7 Manage scenes with actual or potential forensic implications

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

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

PERRs	NOCP

C2 Work effectively as part of a care team to provide patient-centred care

8.1 Integrate professional practice into community care

- 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)

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

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

2.4 Practice effective interpersonal relations

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

- Respectful treatment of others
- Conflict resolution skills

C4 Transfer patient to facilitate continuity of care

8.1 Integrate professional practice into community care

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

- Utilizing community support agencies as appropriate

PERRs	NOCP

PERRs

D	**Learning and Adapting**

Professional Responsibilities

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)

1.5.b Accept and deliver constructive feedback

- Delivering constructive feedback

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)

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	NOCP

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)

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

D4 **Critical analysis of best evidence**

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

1.4.a   Function within legislation, policies, procedures

- Rationale for legislation, policies, procedures
- Compliance

E **Health**

Health and Safety

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)

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 systems (E4.3)	
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	NOCP

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)
- Work with patients and their families (F1.6)

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)

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

PERRs	NOCP

F3   **Advocate for system-level change**

n/a

- Responding to determinants of health and well-being (F3.1)
- Reducing effects of unequal distribution of power and resources (F3.2)
- Reconciliation with Indigenous peoples (F3.3)
- Promoting health, well-being, and system-level change; social accountability (F3.4)

G **Leadership**	**Professional Responsibilities**

G1   **Serve as a role model for practitioners entering the field**

1.6   **Make decisions effectively**

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

- Importance of leadership

G2   **Demonstrate critical thinking and problem identification**

1.6   **Make decisions effectively**

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

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

PERRs

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)

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)

NOCP

1.1.f Quality assurance and enhancement

- Quality assurance and enhancement programs

Assessment and Diagnostics, Integration

4 Assessment and Diagnostics

6 Integration

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

PERRs	NOCP

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)

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

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 (H3.4)
- Effective information-sharing (H3.5)

5 Therapeutics

6 Integration

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

PERRs	NOCP
H4 **Provide accurate oral and written transfer of care or discharge**	*See the Communication section within the NOCP.*
• Discharge or transition plan development (H4.1) • Patient preparation for transfer or discharge (H4.2) • Effective information-sharing (H4.3)	

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 Diagnostics
	5 Therapeutics
	6 Integration

- 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)

- Medical, pharmacological terminology
- System assessments, interpretation of findings, provision of care
- Pharmacology

PERRs	NOCP
7-9 Content specific to paramedicine	**1 Professional Responsibilities**
	3 Health and Safety
	4 Assessment and Diagnostics
	5 Therapeutics
	6 Integration
• General topics: role, scope of practice, assessment, intervention, adaptations, goals of care, discharge planning, etc. (7)	• Scope of practice, primary and secondary assessments, intervention, adaptation
• Infection prevention and control (8)	• Safe work environment: hazards, defusing, self-protection, WHMIS, infection control
• Point-of-care and diagnostic test results (9)	• Diagnostic tests
10-13 Emergency preparedness and management	**4 Assessment and Diagnostics**
	6 Integration
	8 Health Promotion and Public Safety
• Disaster response (e.g., natural occurrences, terrorism) (10)	• Multiple-patient incident
• Patient management following:	• CBRNE incident
- chemical, biological, radiological, nuclear, and explosives (CBRNE) incidents (11)	• Assessment, interpretation of findings, care for various patient groups (e.g., pediatric, palliative, exposure, trauma, physically- impaired, bariatric)
- 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)	

PERRs	NOCP
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)

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	NOCP
21-32 Therapeutics	**3 Health and Safety**
	5 Therapeutics
• Maintain patency of upper airway and trachea (22)	• Maintain patency of upper airway and trachea
• Administer oxygen (22)	• Prepare and deliver oxygen
• Use oxygen delivery systems (23)	• Administer manual ventilation
• Administer ventilation (24)	• Utilize ventilation equipment
• Administer manual positive pressure ventilation (25)	• Maintain hemodynamic stability (CPR, control hemorrhage, etc.)
• Administer mechanical positive pressure ventilation (26)	• Provide basic care for soft tissue injuries
• Hemodynamic stability (27), fluid and resuscitation (27a), hemorrhage control (27b)	• Immobilize actual and suspected fractures
• Provide routine care (28)	• Safe lifting and moving techniques
• Provide care for fractures (29)	• Administer medications
• Provide care for dislocations (30)	
• Patient handling and movement (31)	
• Administer medications and substances using various routes (32)	
n/a	**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.