

Developing the National Occupational Standard for Paramedics in Canada – update 1.

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Introduction

A recent study defined paramedicine as “a domain of practice and health profession that specialises across a range of settings including, but not limited to, emergency and primary care. Paramedics work in a variety of clinical settings such as emergency medical services, ambulance services, hospitals and clinics as well as non-clinical roles, such as education, leadership, public health and research. Paramedics possess complex knowledge and skills, a broad scope of practice and are an essential part of the healthcare system. Depending on location, paramedics may practice under medical direction or independently, often in unscheduled, unpredictable or dynamic settings” (1).

This definition represents one part of an ongoing global effort to better understand and more accurately reflect paramedicine and paramedic practice. Within Canada, the paramedic community has made similar efforts with the 2011 National Occupational Competency Profile (NOCP) (2) and reflecting advances in the profession additional investigations in 2016 such as the Paramedic Profile and Roles (3,4). Yet we continue to experience a disconnect between practice and activities such as education, warranting a re-examination. Examining and understanding contemporary (and future) paramedic practice in Canada will ensure that activities such as initial and continuing education and assessment are better informed. In this article, we will briefly describe this disconnect and its implications, then outline a recent effort by the Paramedic Association of Canada (PAC) and the Canadian Standards Association (CSA) Group to correct this problem, led by recent advances in competency framework development processes and a national group of experts.

First, paramedics in Canada care for diverse patient presentations, in highly variable emergency and non-emergency contexts. In order to do so, they require a broad set of clinical and non-clinical competencies, and these can be difficult to define due to the complexity and diversity of paramedic practice. Indeed, paramedic practice is unique and complex in that it can encompass several differentiated and undifferentiated patient presentations, across a spectrum of acuity and health and social needs, in constantly changing and challenging environments or contexts of practice. These contexts of practice are growing (e.g., industrial sites, isolated locations), as are the roles paramedics are playing in healthcare (e.g., community paramedicine programs, palliative care, integrated care programs), and in the scopes of practice. This growth, diversity, broadening and increasing complexity of practice presents a challenge when we attempt to describe it. Existing descriptions may be outdated or incomplete, calling for updated ways of reflecting and guiding the profession nationally.

This difficulty in finding suitable descriptions of or guidance for paramedicine in Canada becomes evident when we examine examples of the disconnect between practice and existing frameworks. Paramedics in Canada care for patients from differing environmental, social and cultural contexts on a daily basis that are not sufficiently represented in practice documents. For example, paramedics attend a significant number of calls to older adults (approximately 40%) (5), and yet there is a noticeable lack of focus in paramedic competencies on issues related to the care of older adults, or on intimate partner violence, victims of human trafficking, mental health patients, chronic disease conditions, social determinants of health and much more. Further, perspectives and considerations of other minority and vulnerable populations that paramedics regularly care for have also been ignored. This includes the unique health and social care needs of Canada's Indigenous communities, members of the LGBTQ+ community, refugees, individuals experiencing homelessness, and many others. The non-clinical aspects of paramedicine, such as desirable traits and non-technical skills are equally as varied and pose additional challenges when we attempt to represent practice (6).

As a result of these levels of complexity and diversity, existing descriptions of paramedic practice may fail to adequately or inappropriately represent practice. What can and does result when descriptions of practice are limited in this way, is a poorly aligned curriculum and workforce for the communities and patients they intended to serve, as well as a disconnect between what paramedics do and how the profession is described, examined, positioned, structured and advanced. Simply translating descriptions of paramedic practice from one

jurisdiction to another may be insufficient. Attempting to represent paramedic 'competencies' in Canada well, must acknowledge a) jurisdictional variations; b) competencies within paramedicine are not well understood or researched; c) competencies are subject to continuous change and influence; and d) competencies must ultimately guide the preparation of paramedics for practice throughout their career.

The National Occupational Competency Profile

PAC published the first NOCP in 2001. The NOCP has since been used by regulators, paramedic services, educators and education accreditation agencies. Recognizing the shifting role of paramedicine in Canada in public safety and healthcare contexts, PAC renewed the NOCP in 2011. In 2016 additional work commissioned by PAC, examined the roles paramedics should embody as part of their work (e.g., clinician, reflective practitioner) (3,4).

Paramedic practice continues to evolve and there is a duty to ensure the NOCP reflects the complexity of contemporary paramedic practice, and outlines the features required for competent practice in diverse contexts across Canada. Earlier we outlined the diverse contexts, presentations, and populations in which Canadian paramedic practice is enacted. Now, we propose that such contexts must be considered when we attempt to describe or represent paramedic practice. In doing so, we may realise that paramedic practice comprises interdependent healthcare and social care aspects. Indeed, as the role and scope of practice of paramedics has evolved, emergency care has become merely one aspect of broader practice, and as a profession we have the opportunity to evolve and develop larger social care and advocacy roles (7,8). As one example, community paramedicine has emerged across Canada as a non-urgent and public health care service across the country, which requires consideration and appropriate recognition within our renewed understanding of practice.

Developing the National Occupational Standard for Paramedics

PAC has partnered with the CSA Group to manage the renewal of the NOCP and incorporate it into a new standard following accredited processes of the Standards Council of Canada – the National Occupational Standard for Paramedics (NOSP).

Development Group (DG)

PAC has appointed Dr. Alan Batt, a Professor in the Paramedic Programs at Fanshawe College, Ontario, and Adjunct Senior Lecturer in Paramedicine at Monash University, Australia to lead the NOSP development project on behalf of PAC. Dr. Batt's research focuses on improving the development of competency frameworks in healthcare professions, and better understanding contemporary professional practice. His award-winning doctoral research is being used to improve the development of competency frameworks in multiple healthcare and non-healthcare professions.

Dr. Batt is supported by research assistants Jennifer Bolster and Meghan Lysko. They will work closely with Jeanne Bank, a consultant for the CSA Group, and a committed Development Group (DG) of PAC, Canadian Paramedicine Educator Chapter (CPEC), and other paramedic educator members, including Pierre Poirier, Dr. Ron Bowles, Cheryl Cameron, Dr. Becky Donelon, Noël Dunn, Dr. Tim Essington, William Johnston, Rene Lapierre, Paige Mason, Dugg Steary, and Dr. Walter Tavares.

Technical Committee (TC)

A Technical Committee (TC) has been established pursuant to the CSA Directives. This TC contains representation from industry, education, research, government/regulatory, the profession, allied professions, the public, and international representation in a balanced matrix format. This ensures no one stakeholder or sector dominates the efforts of the committee to reach consensus. The TC will work in collaboration with the DG to produce a draft NOSP over the coming months.

Development process

The NOSP will be developed following the CSA Group's standards development process and using a six-step model for developing competency frameworks recently published by members of the DG (9) - see Figure 1. The development process will be collaborative and ensure the inclusion of diverse stakeholders' and end-users' views throughout the process. Each step will be conducted in collaboration between the DG and TC. The development of the NOSP will be informed by the principles guiding paramedicine in Canada (10), and the 2016 Paramedic Profile and roles (3).



Figure 1. NOSP Development Process. Informed by Batt et al. (9). Copyright A.M. Batt, 2022. Used with permission.

Step 1.

The DG have drafted the purpose, intended uses, terminology, and scope of the Standard, along with identifying potential stakeholders and end-users who should be consulted as part of the development of the NOSP. This step involved collaboration with the consultant leading the development of the Canadian Organization of Paramedic Regulators (COPR) Paramedic Essential Regulatory Requirements (PERRs) project to ensure the projects are aligned with regards to terminology and other developmental considerations. This draft document is now with members of the TC for input and feedback.

Step 2.

The TC and DG are working to identify the contexts of paramedic practice in Canada for consideration in the Standard. These contexts will inform the creation of working groups (WG), and subsequent methodology and data

collection methods. We expect a call for WGs to be issued in the next month. Membership of WGs is open to all across Canada involved in paramedicine.

Step 3.

The DG will outline suggested methods of data collection for discussion with the TC. The DG will then plan the methods required for data collection, submit appropriate ethics applications, and oversee the conduct of the data collection methods with WGs over a several month-long period. The DG will analyse the data and prepare a summary for the TC.

Step 4.

The DG will analyse the data inductively and iteratively to identify competency statements. The group will create a draft Standard for consideration by the TC. Working with the TC, the group will clarify, refine, and edit the draft Standard.

Step 5.

A working draft of the Standard will be published on the CSA Group website, open for public review and comment for a minimum period of 60 days. During this time, the DG and TC will solicit feedback from diverse stakeholders, including individual healthcare professionals, in order to inform the finalised version of the NOSP. Comments received from the public review will be reviewed and actioned by the TC. The finalised version will be available to view on the CSA Group website free of charge.

Step 6.

The development of the NOSP will incorporate evaluation approaches throughout the development process, and a clearly outlined plan for the continuous update and maintenance of the NOSP.

Contact the development team

If you wish to contact the DG, please contact us via this form: <https://forms.gle/zQUbNodND7LjSQ4t7>. We will provide regular updates on the development of the NOSP in Canadian Paramedicine, and via social media.

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