Guidelines for paramedic programs on the use of the Paramedic Association of Canada’s (PAC) 2011 National Occupational Competency Profile for Paramedics (NOCP) in the Conjoint Accreditation process

Revised October 2016

1. Cross-reference document

As evidence for critical criterion 1.3, programs are required to submit a cross-reference of the NOCP (2011 version) competencies to the program’s curriculum. The documentation must demonstrate that the curriculum encompasses all sub-competencies specified in the NOCP. The sub-competencies must be verifiable in competency-based learning objectives in the program course outlines. The learning objectives must clearly reflect each sub-competency. Surveyors should not be expected to determine whether a vague or broad objective actually addresses the competency.

Although specific competencies are common to all paramedic levels, sub-competencies often are not. Within a specific competency, the language of sub-competencies can differ from PCP to ACP to CCP. Each successive paramedic level incorporates but in some instances exceeds the learning expectations at the previous level. ACP and CCP programs must ensure that learning objectives reflect any higher knowledge or behavioral requirement as per the profile.

If required for the validation process, other program documentation, for example, course modules or teaching materials developed by the program (no text books) may be used as evidence. Other program documentation must also be indicated in the cross-reference document. Material used as evidence must include clear learning objectives, i.e., the knowledge, skills and behavior expected as a result of the learning.

For accreditation purposes, the cross-reference document must list each specific competency and sub-competency, and indicate the specific course and competency-based objective where each sub-competency is taught [see the format recommended in Conjoint Accreditation Services’ Guidelines for programs in preparing the competency profile cross-reference document (criterion 1.3)].

The NOCP document indicates that appendices 4 (“Pathophysiology”) and 5 (“Medications”) are guidelines. Cross-referencing of the appendices is not required.

A program may exceed the competencies listed in the NOCP to include other competencies required by their stakeholders or local authority. If programs exceed the NOCP, they must specify which of the additional competencies are mandatory for all students in the program, and which competencies are optional, i.e., may be attained if the learning opportunity is available. Programs must specify the required performance level for the additional mandatory competencies. Additional competencies must be within the scope of practice of paramedics in the province.
Programs are encouraged to consult the Guidelines for programs in preparing the competency profile cross-reference document (criterion 1.3).

1.1 Provincial regulators and cross-reference to provincial requirements

In certain provinces, Conjoint Accreditation Services has signed agreements with provincial regulators. In those provinces, accreditation of paramedic programs will be based on the NOCP as well as any additional requirements established by the provincial regulatory body. Programs in those provinces must submit a cross-reference to the NOCP and to any additional provincial requirements. Provincial requirements in addition to the national competency profile are available on the Conjoint Accreditation Services website, www.cma.ca/accredit.

2. Evaluation tools

For criterion 1.4, the accreditation process expects programs to design tools and processes to assess the student’s proficiency in each “S” (simulated setting), “C” (clinical setting) and “P” (field preceptorship setting) specific competency. Clear assessment criteria must be used and the assessment must be recorded by a qualified instructor/preceptor.

The evaluation tools must confirm that the specific competencies designated “S”, “C” and “P” are demonstrated and evaluated in the required performance environment. For competencies designated “C” and “P”, proficiency must be demonstrated with a patient.

In all cases, if evaluation tools include clusters of competencies, the program is expected to demonstrate how a student’s proficiency in each specific competency was evaluated.

3. Tracking/monitoring of student attainment of competencies

A competency is attained when the student has demonstrated proficiency in the competency.

PAC’s definition of “proficiency”

The PAC Board of Directors has approved the following definition of proficiency:

“Proficiency involves the demonstration of skills, knowledge and abilities in accordance with the following principles:

• consistency (the ability to repeat practice techniques and outcomes; this requires performance more than once in the appropriate performance environment)
• independence (the ability to practice without assistance from others)
• timeliness (the ability to practice in a time frame that enhances patient safety)
• accuracy (the ability to practice utilizing correct techniques and to achieve the intended outcomes)
• appropriateness (the ability to practice in accordance with clinical standards and protocols outlined within the practice jurisdiction)”
3.1 Record of student attainment of competencies

The assessment and evaluation process must include a tracking system to record the ongoing performance of “S”, “C” and “P” specific competencies.

The assessment and evaluation process must enable the program to monitor each student’s performance on an ongoing basis in order to identify performance trends and weaknesses over time as well as to monitor volume and variety of patient case experience.

3.2 Record of student proficiency

As evidence for critical criterion 1.5 during phase I, programs are required to submit a representative sample of evaluations of student proficiency for three students (student names removed or student release signed). The documents submitted must demonstrate the students’ proficiency in specific competencies in each of three performance environments for the appropriate practitioner level.

For the phase I document review, programs should at minimum submit the following sample for three students:

- completed evaluation records to verify the attainment of two “S” specific competencies
- completed records from the clinical (hospital) practicum to verify the attainment of two “C” specific competencies
- completed records from the field preceptorship (including records or logs of patient care provided) to verify the attainment of two “P” specific competencies in area 6 (“Integration”)
- master competency record documenting the attainment of all the “S”, “C” and “P” specific competencies required for the practitioner level

During the phase II program visit, the survey team reviews complete student evaluation records for three or more students to verify the attainment of all “S”, “C” and “P” specific competencies.

Regardless of whether the program uses paper or electronic tools to record student performance, the submitted student records must:

- include completed skill sheets or scenario forms to validate attainment of the “S” competencies
- include a record of each patient encounter and each call on which the student was evaluated for “C” and “P” competencies
- provide details on the actual patient care provided, e.g., medications administered and/or procedures performed
- validate that the student performed the competencies on which the evaluation is based
- include a record of any weaknesses in a student’s performance and remedial action taken, as applicable

“S”, “C”, and “P” specific competencies must be demonstrated as successfully attained in the appropriate (or higher) performance environment, at least twice.
4. **Practicum (clinical and preceptorship)**

As evidence for critical criterion 3.5, programs are requested to demonstrate that they provide adequate clinical and field placements for all students enrolled. Accredited programs are expected to provide students with a clinical rotation and a field preceptorship that enables them to perform the competencies required for entry to the profession. The minimum requirement is the performance of all NOCP specific competencies designated “C” or “P” according to PAC’s definition of proficiency.

5. **Using high fidelity simulation (HFS) to demonstrate student proficiency in “C” and “P” competencies**

Simulation of certain “C” and “P” competencies is possible. Refer to “Appendix A” of the NOCP for specific details. Programs should clearly identify any “C” and “P” competency that was evaluated and attained in high fidelity simulation instead of the indicated performance environment.

6. **Scope of practice and medical direction**

The accreditation process recognizes that each province has its own legislation or regulations concerning paramedic practice. Educational programs have the obligation to ensure that they comply with current regulations in their province, and in any jurisdiction where students complete their clinical and field placements. This compliance includes local or provincial requirements for medical direction and any requirements related to a physician’s delegation of medical acts to preceptors who will be supervising and evaluating students during the field preceptorship.

An educational program must confirm with each field placement site how the paramedic scope of practice in the jurisdiction aligns with the NOCP, and whether there are any additional procedures performed by paramedics in that jurisdiction or EMS service that students will be exposed to or allowed to perform under the authority of the medical director for the field placement site. The program must ensure that students have the appropriate knowledge and skills for all procedures that will be performed during the clinical and field placements.

7. **Preceptor selection and training**

7.1 **Basic preceptor qualifications**

Preceptors must be qualified in the competencies being performed by the student, and have sufficient experience to be able to assess the student’s ability to integrate knowledge and skills into practice. For paramedic practitioners, this means that the preceptor is qualified to at least the practitioner level being taught.

The preceptor must be in a position to evaluate the student’s performance in an objective, unbiased manner. In this regard, the program must ensure that the assignment of a student to a specific preceptor for the clinical or field placement does not place the student or preceptor in an actual or perceived conflict of interest because of their employment relationship.
Preceptors are also expected to be familiar with the NOCP and PAC’s definition of proficiency, as well as the program’s required competencies.

7.2 Required preceptor training

Preceptors should be trained on the program’s student evaluation methods and evaluation tools. Each program must determine the most feasible method for training its preceptors. Whatever the process, the goal should be to familiarize preceptors with the required learning outcomes and process for assessment of student proficiency and to ensure that preceptors are able to fulfill their responsibilities for consistent and reliable evaluation of student performance. This information should be provided as evidence for criterion 1.5 demonstrating that the program has appropriate mechanisms to facilitate consistency in assessment of student proficiency.

Beyond training on assessment tools, the program is responsible for developing the preceptor’s ability to teach, support learning of and provide ongoing feedback to the student. Specific development of educational and pedagogical skills should also be included as evidence for criterion 3.2.

8. Student supervision

8.1 Adequate supervision

Programs are expected to provide students with adequate supervision during this educational experience. Adequate supervision is defined as direct supervision by a certified or qualified practitioner (see basic preceptor qualifications above) until the student demonstrates proficiency in all NOCP specific competencies according to the definition of PAC.

Indirect supervision is acceptable once a student has demonstrated proficiency in the specific competencies performed; however, the preceptor must be in proximity and in a position to help the student immediately, if required.

8.2 Paramedic team configuration for preceptorship

The commonly accepted configuration to support the educational experience of the paramedic student for all practitioner levels is the 1 preceptor/1 student and 1 driver configuration. A total of 3 persons that include 2 practitioners.

For the PCP level, this is the only acceptable configuration during field preceptorship.

Clarification on a 2-person preceptorship configuration (ACP and CCP only)

PAC has confirmed that a 2-person preceptorship configuration is acceptable for ACP and CCP education. However, neither the preceptor or student should be driving. If the preceptor is driving, he/she cannot provide the required supervision of the student and is not in a position to assess the student on his/her attainment of competencies. In either situation, the student cannot be assessed. Competencies performed at the scene, under direct supervision, can be evaluated.
The provincial regulatory body may not allow a 2-person configuration. The program is required to seek approval of the 2-person configuration with the provincial regulatory body.

Clarification on a 2 students/1 preceptor (ACP only) preceptorship configuration

PAC has confirmed that a 2 ACP students/1 preceptor scenario is an acceptable educational experience, but only when both ACP students are recognized as PCP and are employed by the emergency service providing the practicum experience. In this configuration, each of the ACP students may be evaluated on their individual performance on the call. However, the two students cannot be assessed on the same competency on the same call or patient.

The provincial regulatory body may not allow a 2 students/1 preceptor configuration. The program is required to seek approval of the 2-person configuration with the provincial regulatory body.

9. **Professional examination results**

As evidence for critical criterion 1.5, certification or registration examination results must be submitted whenever such examinations are conducted in the province or region.

10. **Recognition of prior learning when progressing from one paramedic level to another**

For all NOCP areas except for area 6 (“Integration”), an ACP program may give prior learning credit for PCP specific competencies and sub-competencies. However, the program must provide evidence that

1) it has a documented system to validate that the student entering the ACP program possesses the prerequisite PCP specific competencies; and that

2) the individual student has been evaluated in the required performance environment for each specific competency credited.

These validation systems could include the following:

- a prerequisite that applicants be graduates of a PCP program accredited by Conjoint Accreditation Services
- a review of the PCP program demonstrating assessment of relevant competencies occurred in the appropriate performance environment
- an examination of skills performance to assess the relevant PCP competencies
- a pre-program entry review modules and testing of the relevant PCP competencies in the required performance environments

For NOCP area 6, the ACP program must teach and evaluate students on all NOCP specific competencies at the ACP level in the required performance environments.

The above principles would also apply when progressing from an ACP practitioner level to a CCP practitioner level.
11. Bridging programs and accreditation of bridging programs

Bridging programs can be accredited provided that the learning outcomes reflect the NOCP competencies required for the relevant practitioner level. A bridging program is expected to document the prior learning assessment recognition (PLAR) process used to determine which competencies have been acquired in prior learning and which must be included in the bridging program (see evidence required for recognition of prior learning above).