

**MARKET SUPPLEMENT PROGRAM**

---

**Report of the Market Supplement Review  
Committee**

**Emergency Medical Technician  
(including Advanced level)**

**FINAL**

**December 31, 2019**

## **OBJECTIVE**

The objective of the Market Supplement Program is to ensure that the Saskatchewan Health Authority can attract and retain the employees required to provide appropriate health care services to the people of Saskatchewan.

This program is designed to address specific skill shortages by use of a market supplement to attract and/or retain qualified employees. The program is designed to ensure that temporary market supplements respond to valid labour market criteria, to address recruitment/retention pressures.

## **OVERVIEW**

The Market Supplement Review Committee (MSRC) reviewed updated documentation submitted in the review process regarding the market supplement for the Emergency Medical Technician (EMT) and EMT-A classification. Following a June 2015 adjudication, a decision was handed down that a market supplement was warranted for this classification. The parties then undertook negotiations with respect to the amount of the market supplement, which subsequently came into effect in October 2017.

There were eight (8) areas that reported to this analysis of EMTs. A number of locations in Saskatchewan utilize private ambulance services. This report does not include information pertaining to those service providers.

EMTs are members of the Health Sciences Association of Saskatchewan (HSAS).

Role of an EMT and EMT-A:

The role of this classification is to provide pre-hospital services in emergency medical situations, including emergency centres, industrial settings and community settings.

Qualifications:

Changes to the Emergency Medical Services professions are coming to Saskatchewan, as determined by the Saskatchewan College of Paramedics. These changes will affect all current and future EMTs and Primary Care Paramedics (PCPs). Current members at the PCP level have until June 2019 to fulfill the requirements needed to meet this increased scope. Members not upgrading at that time will be re-licensed at the Emergency Medical Responder (EMR) level. Members at the EMT level will also need to choose to upgrade to the PCP level, or be re-licensed at the EMR level.

In Saskatchewan, PCPs can obtain their training at Saskatchewan Polytechnic.

Information regarding budgeted positions and vacancies is provided in the following table:

**Table 1 – EMT’s and EMT-A’s – Budgeted and Vacant Positions (December 2019)**

Number of Budgeted Positions (As of December 2019)		Number of Vacant Positions (As of December 2019)		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
43	75	1	3	2.3%	4%

## ANALYSIS

The MSRC discussed the Labour Market Criteria as guided by the Market Supplement Program framework.

**SERVICE DELIVERY IMPACTS:** *(Respondents were asked to provide information that addresses current service delivery impacts resulting from staff shortages; potential staff short-term service delivery impacts; potential long term service delivery impacts; and options for alternative service delivery models.)*

Of the eight areas participating in this review, two reported experiencing no service delivery issues related to recruitment and retention. The remaining six reported their issues were in the minor to moderate range, occasionally resulting in some out-of-service time; overtime; delayed response time; and a reduction in the number of ambulance units available.

Service delivery issues were mainly attributed to the challenges associated with recruiting and retaining casual staff in areas with low call volumes.

To address these issues, respondents reported undertaking a number of initiatives, including establishing partnerships with other agencies; using different classifications for service delivery; and, in some smaller communities, financing accommodations for casual staff.

Other measures to ensure service delivery included coordinating transfers, and providing service between multiple communities. One area noted that the majority of new graduates have restricted licenses, which can be a challenge to facilitate in smaller communities.

**VACANCY RATE ANALYSIS:** *(Respondents were requested to provide information about the frequency and timing of vacancy occurrences (i.e. seasonal vacancies, do the vacancies always follow an event, etc.); and to identify trends that may affect recruitment/retention efforts.)*

Participating areas reported a total of 118 permanent full-time and part-time positions, with vacancy rates of 2.3% for full-time positions, and 4% for part-time positions. Some recruiting challenges were attributed to lack of affordable housing and low call volumes in rural areas.

**TURNOVER RATES:** *(Respondents were asked to provide local analysis of reasons for leaving and trends that may be emerging. They were also asked to provide their annual turnover ratio {loss of employees to other competitor employers} to the existing staff complement {budgeted positions} in the given occupation.)*

Of the areas that tracked and reported turnover, the following data was provided:

- Last 12 months – 24 (12 other employment; 3 change of occupation; 1 family/domestic reasons; 3 retirements; 4 other reasons; 1 relocation).
- Previous 12 months – 21 (7 other employment; 5 family/domestic reasons; 7 other reasons; 1 failed probation/dismissal; 1 failed probation/dismissal).

**RECRUITMENT ISSUE ANALYSIS:** *(Respondents were asked to provide information such as length of recruitment times; training investments; licensing issues; supply and demand issues, etc.; as well as information that would identify trends that may affect recruitment and /or retention efforts.)*

Typical recruiting and retention efforts were reported, including:

- Attending career fairs and other networking opportunities;
- Offering recruitment, relocation and tuition/educational allowances with return for service agreements;
- Providing multi-site hospital environment work as part of a health care team; and
- Providing base accommodation at sites for staff on shift from outside the community.
- While recruitment does not appear to be difficult one of the respondents noted that there are cost issues related to the training and orientation of new staff.
- Where there is competition for recruitment

Respondents – particularly those in rural areas – experienced difficulties attracting and retaining casual employees, due to low call volumes, fewer hours, or other employment commitments.

**SALARY MARKET CONDITIONS:** *(Respondents were asked to identify situations where their salary levels are lower than other employers that they would expect to recruit employees from, or other employers that recruit their employees. This may be local, provincial, regional, national or international, depending on the occupation group and traditional recruitment relationships. Cost of living considerations may or may not be appropriate to factor into market salary comparisons.)*

The MSRC reports the following market conditions for EMT's:

- Saskatchewan Health Authority – \$33.264/hour, 5 steps, effective April 1, 2017\*.
- British Columbia Regional Health Authorities – \$33.20/hour, 4 steps, effective April 1, 2019.
- Alberta Health Services – \$34.40/hour, 8 steps, effective April 1, 2019.
- Manitoba Regional Health Authorities – \$38.83/hour, 4 steps, effective April 1, 2019.

*\*The SAHO/HSAS collective agreement expired on March 1, 2018.*

## **CONCLUSIONS AND RECOMMENDATIONS:**

Considering the labour market criteria under the provincial framework, the Market Supplement Review Committee makes the following conclusions:

- Two of the eight respondents reported no service delivery issues related to recruitment and retention. The remaining six experienced minor to moderate issues.
- Vacancy rates of 2.3% (one full-time position) and 4.0% (three part-time positions) were reported.

- One respondent characterized its turnover rate as moderate, and another reported that turnover rates were significant.

Having reviewed the employer information, and considering the labour market criteria defined by the market supplement framework, the Market Supplement Review Committee recommends **maintaining** the current market supplement at this time.