

**MARKET SUPPLEMENT PROGRAM**

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**Report of the Market Supplement Review  
Committee**

**Emergency Medical Technician  
(Primary and Intermediate Care)**

**FINAL**

**December 1, 2021**

## 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 nine (9) areas (based upon former RHAs) that reported data for 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 who are not covered by the SAHO-Provider union agreements.

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

Role of an EMT/PCP and EMT-A/ICP:

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

Qualifications:

EMT/PCP and EMT-A/ICPs are required to meet the requirements of the Primary Care Paramedic for the EMTs and as Intermediate Care Paramedics if EMTAs. These qualifications can be obtained through SaskPoly. EMTs and EMT-As must be licensed through the Saskatchewan College of Paramedics. The skills required include Basic Life Saving for Health Care Providers, Trauma Life Support, use of Supraglottic Airways devices and knowledge of medications.

The committee met on **January 13, 2022** to review this occupation.

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

**Table 1 – EMT/PCPs and EMT-A/ICPs – Budgeted and Vacant Positions (December 2021)**

Number of Budgeted Positions (As of December 2021)		Number of Vacant Positions (As of December 2021)		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
69	88	2	11	2.9%	12.5%

## 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 nine areas participating in this review, three reported experiencing minor service delivery issues related to recruitment and retention resulting in some impact timing or quality. Five reported moderate issues related to recruitment and retention resulting proving a level of service but some routine duties not being completed. One location reported critical issues related to recruitment and retention resulting in not being able to provide services.

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

To address these issues, respondents reported undertaking a number of initiatives, including establishing partnerships with other agencies, and using different classifications for service delivery.

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 157 permanent full-time and part-time positions, with vacancy rates of 2.9% for full-time positions and 12.5% for part-time positions.

**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 reported turnover, the following data was provided:

- Last 12 months – 28 (9 other employment; 1 family/domestic; 4 change of occupation; 1 retirement; 8 other reason; 1 termination)
- Previous 12 months – 13 (7 other employment; 2 change of occupation; 1 other reasons; 3 unknown)

**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;
- Advertising online;
- Offering recruitment, relocation and tuition/educational allowances with return for service agreements; and
- Providing multi-site hospital environment work as part of a health care team;

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 rates for EMT/PCPs:

- Saskatchewan Health Authority – minimum \$28.855/hour, maximum \$35.283/hour, 5 steps. Effective April 1, 2021
- Alberta Health Services – minimum \$27.25/hour, maximum \$34.40/hour, 8 steps. Effective April 1, 2019
- British Columbia Regional Health Authorities – minimum \$28.21/hour, maximum \$34.54/hour, 4 steps. Effective April 1, 2021
- Manitoba Regional Health Authorities – minimum \$34.13/hour, maximum \$40.40/hour, 4 steps. Effective April 1, 2021

## CONCLUSIONS AND RECOMMENDATIONS:

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

- Of the nine areas participating in this review, three reported experiencing minor service delivery issues related to recruitment and retention, five reported moderate issues and one location reported critical issues.
- Participating areas reported a total of 157 full-time and part-time positions, with vacancy rates of 2.9% for full-time positions and 12.5% for part-time positions. This is an overall vacancy rate of 8.3%.
- In terms of turnover related to moves to other employers the data identified a total of 10 employees who left for other employment or 6.4% of employees.
- Typical recruiting and retention efforts were reported. Some former RHAs report being able to fill their part time and full time vacancies from their casual lists.

Having reviewed the employer information, and considering the labour market criteria defined by the market supplement framework, the Market Supplement Review Committee has determined the current market supplement should be **maintained**.