# **MARKET SUPPLEMENT PROGRAM**

# Report of the Market Supplement Review Committee

**Paramedic** 

**FINAL** 

March 26, 2022

(Annual Review Date)

# **OBJECTIVE**

The objective of the Market Supplement Program is to ensure that the Saskatchewan Health Authority (SHA) 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 annual review process regarding the market supplement for the Paramedic classification. The initial market supplement report was released by the Market Supplement Review Committee on August 6, 2002, and implemented on October 16, 2002. The market supplement rate of pay for Paramedics was increased in February 2006 through the adjudication process, as outlined in the Market Supplement Letters of Understanding between SAHO and Health Sciences Association of Saskatchewan (HSAS). The annual review date for the supplement is March 26, 2022.

This latest report is to be considered as part of the ongoing review of the market supplement process for this classification. The formal review by the committee was done in April 2022.

#### Role of a Paramedic:

Paramedics provide intervention services to those clients requiring Emergency Medical Services (EMS). These interventions have been demonstrated to be life saving and significantly impact patient comfort and outcome. Paramedics are able to provide the following:

- Pain control through the administration of narcotics.
- Stabilization of severe respiratory distress.
- Diuresis of Congestive Heart Failure patients.
- Full ACLS resuscitation equivalent to that performed in the Emergency Department.
- Twelve lead ECG interpretation.
- Cardiac pacing.

There were six respondents reporting for this review. A number of locations throughout Saskatchewan utilize private ambulance services, and that information is not included in this report.

#### **Qualifications:**

There are multiple levels of EMS practitioners in Saskatchewan. To apply to the Paramedic program, these practitioners must have two years experience as an EMT. The Paramedic training program consists of thirteen weeks of training.

The most comprehensive EMS practitioner in Saskatchewan is the Paramedic.

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

Table 1 – Paramedics – Budgeted and Vacant Positions (2022)

Number of Budgeted Positions 2022		Number of Vacant Budgeted Positions 2022		% Vacancy	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
87	16	14	3	16.09%	18.75%

# **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.)

A total of six respondents provided data to this annual market supplement review. Another respondent had no **permanent budgeted** positions so was excluded from the data. Two locations reported experiencing no service delivery issues, two respondents reported minor service delivery issues and two reported moderate service delivery issues related to recruitment and retention.

The two other respondents reported moderate service delivery issues related to recruitment and retention. There is difficulty recruiting casuals, therefore, causing overtime. Some client services are being delayed due to short staff. As well, where there are staffing shortages some respondents report using different classifications, contracting out, and referring to a private sector to assist with service delivery.

**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.)

Fourteen full-time vacancies and three part-time vacancies were reported for this review, for vacancy rates of 16.09% and 18.75% respectively.

**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 annual turnover {loss of employees to other competitor employers} ratio to the existing staff complement {budgeted positions} in the given occupation.)

Of the locations that track and report turnover, the following data was reported:

- Last 12 months 7 (1 other reason; 1 change of occupation; 2 other employment; 3 no reason stated). This would an overall turnover rate of about 6.8% with about 2% reported to employees seeing other employment.
- Previous 12 months 5 (2 other employment; 1 other employment-wage related; 2 changed in employment)

**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.)

Respondents indicated they utilize typical recruitment and retention initiatives, including:

- offering practicums for PCP and ACP students;
- providing interest-free loans to take ACP training;
- granting leaves of absence to attend the ACP program;
- advertising;
- offering relocation assistance;
- offering recruitment incentives; and
- attending career fairs.

**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 Paramedics (ACP):

- Saskatchewan Health Authority Maximum \$43.754/hour; five steps. Effective April 1, 2022.
- Alberta Health Services (Advanced Care Paramedic) Maximum \$44.750/hour; nine steps.
   Effective April 1, 2019.
- British Columbia Regional Health Authorities (Advanced Care Paramedic) Maximum \$42.85/hour; seven steps. Effective April 1, 2021.
- Manitoba Regional Health Authorities (Emergency Paramedic II) Maximum \$46.46/hour; five 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:

- Two respondents reported no service delivery issues issues, two reported minor and two respondents reported moderate service delivery issues related to recruitment and retention.
- Fourteen full-time vacancies and three part-time vacancies were reported for this review, for vacancy rates of 16.09% and 18.75% respectively. Most the positions and vacancies are found in Regina.
- Respondents reported minor to moderate recruiting challenges for this classification.

Having reviewed the information as provided by respondents, and considering the labour market criteria defined by the market supplement framework, the Market Supplement Review Committee recommends **maintaining** the current market supplement for the Paramedic classification.