MARKET SUPPLEMENT PROGRAM

Report of the Market Supplement Review Committee

EMT/Primary Care Paramedic (PCP)

FINAL

Report Due Date: December 1, 2025
(Annual Review)
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OBJECTIVE

The objective of the Market Supplement Program is to ensure that the Saskatchewan healthcare employers 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.

A market supplement will be an acceptable option only if:

a) Workplace initiatives have not addressed the skill shortage;
b) Labour market data supports a supplement; and,
c) Recruitment/retention is a problem, is affecting service delivery, and is well documented.

OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed updated documentation submitted in the review process regarding the market supplement for the EMT/Primary Care Paramedic (PCP).

Primary Care Paramedics are members of the Health Sciences Association of Saskatchewan (HSAS). HSAS and SAHO are parties to a collective bargaining agreement (CBA) with a term of April 1, 2018 – March 31, 2024. The Provincial Market Supplement Program language can be found in Letter of Understanding #12 – Provincial Market Supplement Program and Letter of Understanding #13 – Determination of Market Supplement Rates, on pages 168 and 170 of the SAHO/HSAS CBA

Role of an EMT/Primary Care Paramedic (PCP):

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

Qualifications:

- *Primary Care Paramedic Certificate*
- *Licensed as an EMT/PCP with the Saskatchewan College of Paramedics.*
- *Current certification in Basic Life Support – Cardiopulmonary Resuscitation (BLS-CPR) and International Trauma Life Support (ITLS)*

ANALYSIS

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

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.)*

Table 1: EMT/PCP – Vacant Permanent Positions including Coordinator – October 2025

Number of Permanent Positions		Number of Vacant Permanent Positions		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-time
87	130	17	58	19.54%	44.59%

Vacancy experience across the Saskatchewan Health Authority was varied for full-time and part-time positions. In the northern area of the province, full-time vacancies are noted as being critical in that vacancies represent over 30% of existing staff for extended periods.

Across the province, full-time vacancies were noted as moderate meaning that vacancies represent less than 20% of existing staff. Vacancies may be difficult to fill and may require a greater than a standard amount of time to recruit i.e. 3 to 6 months.

Part-time vacancies are being reported as critical when viewed across the province as a whole. Both northern and rural areas are experiencing particularly high levels of part-time vacancies.

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.)*

Due to permanent vacancies, service delivery impacts in the province are noted as being significant meaning that the department can only provide a basic level of service; there may be significant gaps in service; service problems persist; waiting lists are prevalent and growing; quality and quantity of service has declined; may impact other services; impacts direct patient care.

Measures to address service delivery impacts include:

- Utilization of overtime.
- Use of different classifications.
- Reallocating resources within the geographic area if possible.
- Providing accommodations for staff to access in some communities.

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.)*

Where it was known over the past 12 months, the following turnover was reported:

- Number of employees who retired from this classification – 3
- Number of employees who failed their probation or trial period – 1
- Number of employees who left due to family/domestic reasons – 7

- Number of employes who left the organization for reasons not wage related – 3
- Number of employees who left the organization for increased salary – 6

Turnover trends noted were leaving for more desirable work hours or positions with no attached standby; moving into careers with higher salaries such as with fire services.

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.)*

All of the areas within the Saskatchewan Health Authority indicated that their recruitment issues were moderate meaning that new graduates and qualified professionals are difficult to recruit. Educational institutions are not graduating sufficient new grads to meet the demand or purchasing seats at educational institutions on behalf of employers. Employers become concerned about the "potential" of losing employees due to the amount of time and expense that has been invested in training.

It was also noted that the Primary Care Paramedic program has limited training seats, and an increasing number of graduates are choosing careers in fire services rather than healthcare. As a result, healthcare employers are facing recruitment challenges because fewer trained paramedics are entering the health system and fire services often offer higher compensation.

It was discussed that although both roles in fire and healthcare require PCP training, healthcare and fire services represent fundamentally different professions with distinct risk profiles, responsibilities and career paths. Therefore, equating pay solely on the shared PCP credential is not appropriate as the work contexts and job demands are not comparable.

Typical recruiting and retention efforts were reported, including:

- Providing accommodations when able to do so.
- Attending career fairs at colleges and also speaking directly with practicum students and high school students.
- Attending Saskatchewan Polytechnic twice a year to meet with students.
- Recruiting via word of mouth by managers and staff.
- Advertising internally and externally online and on Health Careers Sask.
- Advertising on out-of-province sites.
- Advertising on Saskatchewan College of Paramedics.
- Offering relocation support.
- Creating new practicum sites where possible.
- Improving master rotations and increasing part time hours where possible.
- Providing mentorship for new staff.
- Bursaries are available to eligible classifications to support educational advancement to the Primary Care Paramedic level.

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.)*

Table 2: Primary Care paramedic EMT/PCP - Salary Market Conditions

Province	Job Title	Effective Date	Maximum Rate of Pay (April 1, 2023)
British Columbia	Primary Care Paramedic	April 1, 2023	$ 42.21
Alberta	Primary Care Paramedic	April 1, 2023	$ 35.87
Saskatchewan	EMT/PCP	April 1, 2023	$ 36.572
Manitoba	Emergency Paramedic 2	April 1, 2023	$ 41.830
Manitoba	Primary Care Paramedic	April 1, 2023	$ 41.826
Western Canadian Average (2023)			$ 39.120

Saskatchewan Rate (2023)	$ 36.572
Western Canadian Average (2023)	$ 39.120
Sask compared to Average ($)	$ (2.55)
Sask compared to Average (%)	93.49%

Notes: Saskatchewan rates are below the Western Canadian Average.

ADDITIONAL INFORMATION:

- SAHO and HSAS are currently negotiating a new collective agreement as their previous agreement expired on March 31, 2024.

CONCLUSIONS AND RECOMMENDATIONS

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

- Full-time vacancies in the EMT/PCP classification are 19.54%, while part-time vacancies are significantly higher at 44.59%.
- Turnover trends indicate employees are leaving for more competitive salaries, improved work hours, and positions with reduced or no standby requirements.
- A number of recruitment strategies are currently being pursued for the EMT/PCP classification, including a recent increase in training bursaries.
- The current salary level remains below the Western Canadian average.

The Committee has completed its annual review of this classification in accordance with the SAHO/HSAS collective agreement. As the quantum on the Committee's 2024 recommendation have been referred to adjudication, the Committee is unable to evaluate current market conditions as part of this review. Until the market supplement for 2024 is implemented, there is no way to assess its impact on this classification going forward. Therefore, the Committee **reaffirms its support for the 2024 report's recommendation to increase the market supplement** but is not in a position to provide any recommendation for the 2025 report.