

Executive Summary

Needs Assessment

Saskatchewan Paramedic Association

January 2005

© 2004 Saskatchewan Paramedic Association



Mercury Information Services

information for better decisions

Steering Committee

The Steering Committee was comprised of representatives from all areas of the health care sector: The services and organizations listed below either actively participated on the Steering Committee or asked to be kept updated and receive project information.

Athabasca Health Authority	Mitchell's Gourmet Foods
Backlins Ambulance	Moose Jaw Ambulance
Canadian Red Cross	Northeast Ambulance EMS
Carlyle Ambulance	Onion Lake EMS
Community Colleges	PAPHR
CUPE Saskatchewan Regional	Parkland Ambulance
Cypress RHA	Prairie North RHA
Dalmeny Fire Department	Regina EMS
DND	Regina Qu'Appelle Health Authority
Five Hills RHA	SAFC
FNIHB	SAHO
FR Saskatoon RHA	Saskatchewan Association of Fire Chiefs
Gabriel Dumont Technical Institute	Saskatchewan Cancer Agency
Gravelbourg Ambulance	Saskatchewan Emergency Nursing Group/ Saskatchewan Registered Nurses' Association
Health Quality Council	Saskatchewan Health
Health Sciences Association	Saskatchewan Institute of Applied Science and Technology
Heartland RHA	Saskatchewan Learning
Heartland RHA EMS	Saskatchewan Paramedic Association
Husky Upgrader	Saskatoon Fire and Protective Services
IMC Belle Plaine	Saskatoon RHA
IMC Esterhazy	SEMSA
International Association of Firefighters	SLPN
Local 3270 MD Employee Association	SMA
International Association of Firefighters Local 80	Southeast College
IPSCO	SPFFA
Keewatin RHA	Spiritwood/Big River Ambulance
Kelsey Trail RHA	SRNA
Lloydminster Ambulance	SUN
Marshall's Ambulance	Sun Country RHA
MCR Health Region	Sunrise RHA
MD Ambulance	SVFFA
Melfort Ambulance	Weyerhaeuser
Midway Ambulance	WPD Ambulance

This report was prepared for the
Saskatchewan Paramedic Association Sector Partnership Steering Committee by:

Mercury Information Services:

Linda Thauberger

Principal

Lianne Hopkins

Contract Consultant

Beth Campbell

Contract Consultant

Contact Information

For more information regarding this report, please contact either:

Lyle Karasiuk

Chairman/CEO

Saskatchewan Paramedic Association

1-877-725-4202

Linda Thauberger

Principal

Mercury Information Services

(306) 525-1044

Disclaimer: The Steering Committee recognizes there are some statements contained in this report that may not accurately reflect the Emergency Medical Services industry in Saskatchewan. If there are questions regarding the content of this report, the Saskatchewan Paramedic Association Sector Partnership Steering Committee is available to provide information and assistance.

Executive Summary

Introduction

In order to better understand the changing needs of the EMS (Emergency Medical Services) personnel in Saskatchewan the Saskatchewan Paramedic Association (SPA) approached Saskatchewan Learning (formerly Saskatchewan Post-Secondary Education and Skills Training) to provide funding to assist in the establishment of a Saskatchewan Paramedic Association Partnership Steering Committee (hereon referred to as the Steering Committee) to conduct a labour market analysis of these health providers.

More specifically, the Steering Committee completed an in-depth examination of EMS personnel, identified how they are currently being employed, how they could be employed differently, how retention could be improved, and if changes are required to be made to/for the current training curriculum.

Methodology

The following outlines the methodology used by Mercury Information Services, the consulting firm contracted to complete this Needs Assessment. An overview of the key findings for each methodology used is provided in subsequent sections of this Executive Summary.

Literature Review

In order to gain a better understanding of the EMS practitioners in Saskatchewan and Canada a comprehensive literature review was conducted.

Human Resource and Training Needs Assessment

Surveys with Employers and Employees were conducted to gain valuable input into the issues surrounding EMS in Saskatchewan. An overview of the surveys and key findings is provided in subsequent sections.

Focus Groups

Five focus groups with representatives from EMS were conducted to validate the findings from the Literature Review and Needs Assessment.

Training Providers in Canada

A training database was compiled to provide an overview of the training that is currently available in the sector. Development of this database will allow the group to identify gap areas.

Gap Analysis

A gap analysis was completed as a part of the final report. The gap analysis is based on the literature review, survey results, focus group validation, and Steering Committee meetings. It outlines the fundamental gaps that exist between what is currently in place and what the Emergency Medical Service industry requires.

Recommendations and Final Report

The results were compiled into a final report for submission to the Steering Committee for their review and input. With the active participation and input of the committee, a set of recommendations and action items was developed and form part of the final report. The final report includes the literature review results, survey results, a copy of each survey instrument, focus group results, a copy of the focus group moderators' guide, the gap analysis, and recommendations and next steps.

Literature Review Key Findings

A review of the provincial and national literature showed a number of repeated issues or areas of concern in the Paramedic Sector. Changes to health care delivery services in the recent past have recognized the importance of maintaining the high level of service provided by EMS practitioners both nationally and provincially. A number of areas of interest have arisen.

Training, Certification, and Continuing Education

A broader definition of EMS recognizes paramedicine practitioners as more than providers of ambulance services. Being part of the primary health care sector means that paramedics have an opportunity to use their training in a broader role. This changing role has implications for paramedics with respect to their training, certification, and continuing education.

Training and Certification

Provincially, the Saskatchewan Paramedic Association, the Canadian Medical Association, the Canadian Paramedic Association, Saskatchewan Health and SIAST have been working to ensure that the National Occupational Competency Profiles are incorporated into the provincial training curriculum and the provincial licensing system. Saskatchewan not only trains Emergency Medical Technicians who are qualified to work in other jurisdictions, but it has a licensing system that allows Emergency Medical Technicians trained in other jurisdictions to obtain licensing in Saskatchewan. This is due to the CMA's Conjoint Accreditation program. Although each province is responsible for setting its own training and certification standards, cooperation of the provincial bodies at the national level means not only that a national standard exists, but that training institutions educate practitioners that are qualified to practice in any provincial jurisdiction.

The Saskatchewan Health Bursary program is also an on-going initiative, with the goal of improving the training levels of 240 Emergency Medical Responders to Emergency Medical Technician-Bs over a 4 year period (2002 – 2006). As of June 2003, it was reported that 57 bursaries had been extended to students, and because training was in process, completion rates were not available.

Barriers to training in this sector need more exploration. The Paramedic Association of Canada outlined a list of essential skills that students are expected to have prior to training.

Continuing Education

In Saskatchewan there is an urgent need for an updated continuing education and tracking mechanism. Continuing education is tied to licensing, and currently it is the responsibility of the employing ambulance service to ensure that employees are qualified to work. The Saskatchewan Paramedic Association has drafted a program that would see the SPA administer continuing education seminars. In this way, practitioners who are not employed could more easily maintain their records. As well, a provincially organized continuing education program could respond to local needs as well as take advantage of cost saving by running province-wide courses and seminars.

Demographics of the EMS Practitioner

The "average" Canadian EMS practitioner is a 36 year old Caucasian male. The hourly wage (\$18.73) is slightly above the national average, but below average for occupations in the health

sector. Unemployment in the paramedic profession is below that of the overall average, and the percentage of full-time workers is higher in this profession than in the public. Although the percentage of women in the field has risen since 1994, the 30% of EMS practitioners who are women is still lower than the overall 46% average. We were unable to find demographic information regarding Aboriginal EMS practitioners.

These findings are Canada-wide statistics. Demographic information on the Saskatchewan Paramedic Sector was collected during this survey.

Health and Safety

Although limited in amount, the Canadian statistics available on health and safety issues indicate that paramedical practitioners work in a high-risk environment. Areas of concern include personal safety (assaults and life-threatening situations), and injury (neck and back injuries, and other injuries related to over-exertion).

Recommendations from Provincial Reports

A number of recommendations from the Saskatchewan EMS Development Project¹ report pertained to staffing and training requirements, and require input of resources from the provincial government in order to be fulfilled. The major recommendations pertaining to staffing required the establishment of Emergency Medical Technician-B/Emergency Medical Responder as the minimum ambulance crew staffing level, and to increase the number of full-time staffed ambulances (since many operate on an "on-call" basis). Aside from increasing the level of care, and decreasing response times, the addition of full-time positions will affect recruitment and retention of professionals. With respect to training requirements, Keller and Cross recommended increasing certification levels of personnel - especially in rural and remote areas. This recommendation was echoed in the province's Action Plan For Health wherein they recommended that 240 new or existing ambulance attendants become Emergency Medical Technician-Bs. To date, 57 people have been enrolled in this project - 16 of whom are in a Northern Health Authority.

The Action Plan for Health also stipulated that they will work through professional health organizations to establish partnerships with Aboriginal institutions, and they would also work to ensure an increase in the number of Aboriginal students enrolled in post-secondary medical training.

The Action Plan specifically promised improvements in emergency response times, at least one Emergency Medical Technician on the majority of calls, and improving ambulance dispatch. In order to improve on response times, benchmarks for and tracking of performance must be carried out. Improvements to ambulance dispatch mean changes to 21 ambulance services outside of the 5 "wide-area" dispatches.

The issue of wage parity was briefly covered in the Action Plan, in the context of attracting and retaining skilled professionals. While the Action Plan did not go into detail, there is some indication that the issue of wage parity has only begun to be addressed.

While wage parity was cited as one way to recruit paramedical professionals, the Action Plan listed "lack of full-time positions, shortages of qualified candidates, geographical remoteness and barriers

¹ Keller, RA and J. Cross. (2000). Saskatchewan EMS Development Project

in collective agreements" as reasons that employers have difficulty filling positions. These other workplace issues need to be explored.

Survey Results

The information collected during the survey process is the opinion of the survey respondent and may not accurately reflect EMS industry in Saskatchewan.

In total 50 **employers**, both public and private, were contacted by telephone in April 2004. A copy of the Employer Survey used is found in **Appendix V**.

In total 351 **employees**, both public and private, were contacted by mail in April 2004. A copy of the Employee Survey used is found in **Appendix VI**.

Employer Survey

Throughout the employer survey, a number of issues became apparent. Some of these were directly addressed by the survey questions, and some arose from additional comments given by the employers.

- ✚ 40% of workplaces are non-unionized, and 36% of unionized workplaces are represented by more than one union. Unionized workplaces will have an impact on employee movement between employers, and in the consideration of blending jobs.
- ✚ While a minimum of 62% of employers identify themselves as being rural, there are a number of major issues experienced by rural EMS service providers – from service delivery to dispatch to training. The different realities faced by urban and rural EMS sector professionals must be considered at all phases of the assessment.
- ✚ The majority of EMS sector employers (88%) report being primarily involved in EMS work – but there are other EMS providers whose jobs aren't primarily EMS but who must be considered as well (i.e. Fire and Rescue Services).
- ✚ Most employers employ a relatively small number of people. Large employers are limited to urban areas.
- ✚ The average age of EMS sector employees in the Emergency Medical Responder, Emergency Medical Technician, Emergency Medical Technician-Advanced, Emergency Medical Technician-Advanced, and Emergency Medical Technician-Paramedic fields is between 36-40 years old. Emergency Medical Technician-Paramedics had the narrowest age range, and made up the least percentage of EMS sector employees.
- ✚ First Responders are predominantly in rural areas. From the 50 employers answering this survey, there were 511 First Responders reported. This is the highest number of participants in any of the 6 EMS sector job categories assessed. Rural EMS depends on these volunteers.
- ✚ Emergency Medical Responders have the highest casual labour rates – with over 90% of the positions reported as being casual.
- ✚ Emergency Medical Technicians are employed in the highest non-volunteer numbers – with 324 reported by the 50 employers surveyed. Emergency Medical Technicians are hired in

every location. 46% of Emergency Medical Technicians are employed on a full-time basis, and 42% are casual employees. This is an interesting split and should be explored more fully.

- ✚ Emergency Medical Technician-Advanced, fall in the middle of Emergency Medical Technicians and Emergency Medical Technician-Paramedics with respect to numbers (fewer than Emergency Medical Technicians, more than Emergency Medical Technician-Paramedics) and percentage of full-time positions.
- ✚ Emergency Medical Technician-Paramedics have the fewest employees (with the exception of Emergency Medical Dispatchers) and the highest percentage of full-time employment within their job category.
- ✚ Employers are “very satisfied” and “somewhat satisfied” with EMS employees’ performance (58% and 34% respectively). Employers identified the following issues as impacting job performance:
 - Low call load means difficulty maintaining skills
 - High staff turnover
 - Lack of full-time jobs impacts on professionalism
 - Employees tend to be young and inexperienced
 - It’s hard to fire volunteers
- ✚ The top job-related concerns of employers were: accessibility to education, lack of full-time positions, and low wages.
- ✚ Finding and retaining casual employees is difficult.
- ✚ Retaining full-time employees is difficult as experienced full-time employees can easily find jobs in urban centers.
- ✚ The most current active recruiting by employers is for casual positions.
- ✚ Both skills and training of EMS sector employees is rated highly by employers.
- ✚ 50% of employers hire staff without the relevant training certificate. 20% of staff does not have the required training for the job they are performing.
- ✚ 36% of employers didn’t know about PLAR.
- ✚ Improvement suggestions for training included: more field experience, teach Ambulance driving, and more advanced training.
- ✚ Improvement suggestions for Continuing Education training included: More intensive/realistic training required, more funding, and continuity of standards.
- ✚ Barriers to Continuing Education training included: cost of instructors, time for travel, and lack of training for instructors.
- ✚ Changes to skills for the future include: advancement of present skills, increasing the scope of conduct for all levels of EMS personnel, and improve communication and computer literacy skills.

Employee Survey

- ✚ Just under half of all employees belong to a union.
- ✚ Years of service tends to increase with increasing level of work. This makes sense given that career progression often takes someone from Emergency Medical Responder through to higher Emergency Medical Technician levels. Emergency Medical Dispatchers peak at 2-5 years' experience.
- ✚ Number of full-time, part-time, and casual positions is an issue – especially in rural areas. Singles and families have more difficulty “making ends meet” on casual and part-time wages. On-call work can be incompatible with other work and it is difficult to balance another job with on-call status. 77% of Emergency Medical Responders report volunteer and casual employment, compared to 17% of Emergency Medical Technicians, 21% of Emergency Medical Technician-Advanced, 14% of Emergency Medical Technician-Paramedics, and 24% of Emergency Medical Dispatchers.
- ✚ Wages increase as an employee moves from Emergency Medical Responder through Emergency Medical Technician, Emergency Medical Technician-Advanced and Emergency Medical Technician-Paramedic. Many commented, however, that additional training was not worth the effort due to geographical distances to access training and the cost of additional training would not be recovered because full-time, well-paid positions were difficult to find in higher job categories.
- ✚ Benefits in addition to salary are received by the majority of Emergency Medical Technicians, Emergency Medical Technician-Advanced, Emergency Medical Technician-Paramedics and Emergency Medical Dispatchers. One-third or fewer First Responders and Emergency Medical Responders receive employment benefits.
- ✚ EMS professionals who report using skills outside of their scope of practice are most likely to be Emergency Medical Technician-Paramedics, followed by Emergency Medical Technicians, and Emergency Medical Technician-Advanced. Many of these professionals report learning these skills during their training – and that these are skills recognized in other provinces, but are outside of their scope of practice in Saskatchewan. Unrecognized skills included: advanced airway protocols, administration of medications, IV therapy, catheterization, and cardiac skills.
- ✚ Revising the scope of practice is an issue that was continually mentioned.
- ✚ Those with the most training – Emergency Medical Technicians, Emergency Medical Technician-Advanced, and Emergency Medical Technician-Paramedics report the least satisfaction with their current job positions. Emergency Medical Dispatchers are the most satisfied. Dissatisfaction centred on scope of practice, low call volume, lack of full-time positions, and lack of wage parity (between urban/rural, public/private, and between EMS and other medical sectors).
- ✚ Employees in the private sector and those not in unions reported slightly higher levels of job satisfaction than those in the public sector.

- ✚ Recruitment issues included similar areas: lack of full-time positions, rural vs. urban issues (including low call volume), wage issues (again between urban/rural, public/private, and EMS/other medical sector employment).
- ✚ Lack of full-time positions includes issues around wages and benefits, making a living wage, skill retention, hours of work, union seniority and blended job issues.
- ✚ Low call volume directly impacts both salary and skill retention.
- ✚ Many respondents report having a blended job (that is, they work in a hospital or other health care job and answer ambulance calls as needed). A number of responses indicated that blended jobs would be one way to help alleviate work hour issues in rural areas, but there were also a number of responses from those in blended jobs who had serious concerns about them.
- ✚ Suggestions on how to improve recruitment and retention issues centred around funding: improving wages, benefits, pensions (for more than just full-time workers); funding full-time positions, guaranteeing minimum hours of work, directly increasing funding, eliminating on-call status, providing incentives for rural employment. Rural revitalization was seen by a small number of respondents as a requirement for improving recruitment and retention issues.
- ✚ Privatization came up on occasion – most commenting on this issue expressed the opinion that the government needs to run the EMS sector. There were, however, a small number of dissenting opinions.
- ✚ Training issues involve mainly funding and access to training. These are both larger issues in rural areas than urban.
- ✚ The EMS sector issues vary between urban and rural settings. Rural providers feel ignored. All comments relating to “increased respect for EMS within Health Regions” pertained to rural issues.
- ✚ EMS sector workers work long hours often for little pay, no benefits, no pension and worry about health issues. Many feel that work in the sector is incompatible with family. Reassessment of job expectations was suggested by a small number of respondents. This area should be explored more fully in focus groups.
- ✚ An overwhelming majority of employees report high to very high levels of personal satisfaction with their jobs, with a smaller but significant number reporting that they work in the sector because of community need.
- ✚ Those giving reasons why they might leave the sector cite: more stable hours (with family often listed as a reason for seeking these), physically unable to continue work, low wages, aging, high emotional stress, no career advancement, lack of government support.
- ✚ Satisfaction with training programs decreases as Emergency Medical Responders progress to Emergency Medical Technician-Paramedics. Emergency Medical Technician-Paramedics are most likely to be less satisfied, with an average rating of 3.65/5.0.
- ✚ First Responders are most dissatisfied with the cost of training programs. Given that most First Responders are volunteer or casual, this is not surprising. Suggestions that First

Responders' training be covered by the Health Region or Provincial government were given by a few respondents.

- ✚ All job categories rated satisfaction with PLAR below 4/5. The majority (76.4%) of respondents thought EMS employees would continue with their education, moving up to higher job categories. They rated the difficulty of using current training to access other programs between 3.1 and 3.6/5 (where 5 is “not difficult”). Given that career paths within this sector often rely on recognition of previous training, PLAR issues should be further investigated.
- ✚ Suggestions for improving training include: increasing course length (in-class, clinical, skills), increasing scope of practice to align with training some job categories receive, increasing access to training, increasing expectations in training programs, improving pre-screening of applicants, adding ambulance operation classes, decreasing costs, instituting a Pan-Canadian curriculum.
- ✚ On-the-job training is rated below 4/5 for Emergency Medical Responders, Emergency Medical Technicians, Emergency Medical Technician-Advanced and Emergency Medical Technician-Paramedics. Similarly, all of these groups except Emergency Medical Responders rated employers' monetary support of these programs below 4/5. Improvement suggestions included: improve con-ed (both in delivery method, resource materials, and content), provide more con-ed and improve access, institute provincial module standards, improve scope of practice to come into alignment with training, and improve training for the trainers.
- ✚ The top 3 barriers to training were: cost (including lack of funding, high cost of Emergency Medical Technician-Paramedic training), trouble arranging time off from work for training (whether employed in EMS sector or not), and not having courses locally available.
- ✚ Transferring jobs between unions, Health Regions, and other provinces was considered difficult – with transfer to other provinces being most difficult. Training isn't standard within the province, or among provinces. Having more provincial and national standard curricula and training was given by some as an option.
- ✚ Final comments fell into a number of categories – many of which had been explored in the survey. These areas included: Scope of Practice (11), the importance of National and Provincial Standards (8), Training Curriculum being responsive to industry (7), other Training Issues (7), Rural Issues (6), Government Support of the sector (6), Wages (5), First Responder Issues (5), Comments on the SPA (4), Lack of Funding (4), Firefighters in EMS (3), Public Awareness (3), Privatization (3), Full-time positions (2), Affirmative Action (2), and issues with Blended Jobs (2).

Focus Groups

Mercury Information Services completed five focus groups with representatives from relevant areas of the Emergency Medical Services industry. Following a survey, focus groups are used to validate the information gathered and explore in greater depth key findings or issues that are identified in the survey. Each of the groups was recorded using audio equipment. A moderator's guide was used to stimulate discussion during the focus groups. A copy of the moderator's guide is included in **Appendix VII**.

There were a total of five groups conducted at the following locations:

⇒ **Prince Albert September 13, 2004**

Employer/Management Herb Basset Conference Room at the Victoria Hospital

⇒ **Prince Albert September 14, 2004**

Employee Group Herb Basset Conference Room at the Victoria Hospital

⇒ **Saskatoon September 15, 2004**

Employer/Management Pulse Research Focus Group Facilities

⇒ **Regina September 16, 2004**

Employee Wascana Rehab Center

⇒ **Regina September 17, 2004**

Employer/Management Wascana Rehab Center

Participants for the Employer/Management groups were recruited for the focus groups from the database of service providers, industry representatives, and training providers who were either participating in the Steering Committee or members of the EMS in Saskatchewan.

Participants for the Employee groups were recruited from a database of names compiled from survey respondents. Employers were also asked to post the focus group information to allow employees who did not complete the survey to take part in the process. The process was voluntary at all times; employees were given an honorarium to compensate them for their time.

It was pointed out by a participant that the groups originally titled as Employer were really owners, employers, management, and training providers. The Employee group contained employees and employees who were also representing training providers. We acknowledge that the groups comprise more than employers and employees but for ease of reporting those will be the titles referred to herein.

During the recruiting process, effort was given to ensure that the groups were representative of the industry in Saskatchewan. The Employer/Management and Employee groups contained:

- ✚ Urban and rural representation at an employee and management level;
- ✚ Public and private services at an employee and management level;
- ✚ Training provider representation at an employee and management level;
- ✚ Industry representation at an employee and management level;
- ✚ Representation from Fire at an employee and management level; and
- ✚ First Nations and northern representation at a management level.

Focus Group Key Findings

The following is a summary of the key findings from all five focus groups. Unless otherwise indicated statements incorporate employer and employee comments.

Recruitment and Retention

- ✚ When asked, most participants agreed that part time and casual labour in having a negative effect on the industry.
- ✚ Most participants agreed that the wages were acceptable given changes in recent years but those on standby or those not receiving full time hours expressed concern.
- ✚ Continuing Education is a concern for most of the participants that we spoke to, particularly accessibility and consistency.
- ✚ Most participants saw the benefits in blended positions providing that the individuals remained within their scope of practice.
- ✚ Most participants saw the benefit of a formalized Emergency Medical Dispatch curriculum but were satisfied with what was currently available.

Skills

- ✚ Participants indicated that they do not agree with performing duties outside the scope of practice but agreed that it happened for time to time. When the duties were seen as being somewhat benign it was seen as acceptable, i.e. teaching. It was understood that sometimes because of a blended position the individual was required to perform duties that were technically out their scope of practice i.e. paramedic in an ER situation. Some admitted that sometimes in an 'emergency situation', such as a transport that they performed duties outside their scope of practice.
- ✚ Some respondents felt that the scope of practice should be updated to meet education levels currently offered in the province.
- ✚ Most participants saw the benefit in standardized hiring depending on position but felt that it would be unachievable because of vastly different work environments and funding availability.

Training

- ✚ Most participants liked the idea of pre-employment (training for employment preparation) training but more as a screening process than an upgrading process. Some individuals felt that no program was required; the individual should come to the job trained and ready to work.
- ✚ Most participants had heard of PLAR but not all were familiar with the workings of the process as it related to them.
- ✚ Most participants when asked felt that PCP should be the basic level, First Responders not withstanding. However, those in rural and private services indicated that it would be next to impossible for them to meet that standard.
- ✚ Most individuals want to see Saskatchewan on par with national position titles and job description.
- ✚ All participants thought that national accreditation was important for the training institutions. Some participants indicated that they would like to see industry more involved in the training process.
- ✚ Participants were asked if they thought there should be a variety of choice available in Saskatchewan to achieve their certification. Most participants were happy with what they have, although some indicated that if the need was there it should be an option for other training providers to offer the service.
- ✚ When asked some, but not all participants were in favor of developing EMS training around an apprenticeship model. Most were concerned about safety and indicated if those needs could be met that it might be a viable option.
- ✚ Participants indicated that training could be improved by offering defensive driving, longer training and improved access to training. They also felt that there should be a more stringent screening process for those wishing to enter EMS.

General Industry

- ✚ When asked about the top concerns facing EMS, participant indicated that funding was always an issue; the scope of practice was acceptable but should be expanded if the need arose and access to training, particularly Continuing Education was an ongoing issue.
- ✚ When asked about the role of the SPA, most thought that they should continue on in the current direction working towards self regulation. Most thought that membership should be mandatory and that the industry should support the work of the SPA. Some felt that the SPA was not doing its job and that it (SPA) was out of touch with the grassroots of EMS. They indicated that they could see no progress.

Gap Analysis

Unless otherwise stated in the points below, the following gap analysis is based on findings from the literature review, survey results, focus group validation and Steering Committee meetings. The analysis outlines the gaps between what is currently in place and what Saskatchewan EMS required.

Job Descriptions

- ✚ There are numerous job titles and descriptions for EMS personnel in Saskatchewan. This causes confusion for employers, employees, and other relevant entities in Saskatchewan and other provinces.

Competencies

- ✚ Potential candidates for the EMS type programs need to be properly screened, as identified through the focus group research. Having the right aptitude and the desire to work in this field are essential for success.
- ✚ The role and scope of the EMS provider in Saskatchewan is in flux. A number of EMS personnel currently do or have the potential to perform duties outside their scope of practice. This is partially due to requirements of blended positions, and partially due to circumstances in the field.
- ✚ EMS hiring requirements are not standardized between employers. There is a discrepancy between public and private, rural, urban and northern employers. Minimum standardizing hiring requirements in the industry should be explored.

Training

- ✚ There is a discrepancy concerning continuing education with EMS personnel. Not all services have access to training material, training dollars or training facilitators. Standardizing continuing education requirements in the industry should be explored.
- ✚ Cost of travel and time away from work are main barriers to accessing training. Thus, alternatives for accessing EMS type training in rural and northern locations particularly should be investigated with training providers and employers. In addition, funding alternatives for continued training should be explored with entities such as Saskatchewan Health.
- ✚ Findings from the focus group and survey research indicate that some employers and employees are unsure of what PLAR is and/or feel that prior learning and on-the-job training is not being adequately recognized.

Casualization

- ✚ The predominance of casual and part time employment affects the ability to attract and retain qualified EMS personnel. Without steady employment, these individuals seek other work which leads to expanding casual labour pool and exacerbates the problem.

Industry Association

- ✚ EMS in Saskatchewan has grown to the point where a self regulating body is required to speak for it. The Saskatchewan Paramedic Association is currently a voluntary association; it needs to have mandatory membership if it is to move forward effectively. This group should be responsible for bringing forth the concerns of EMS personnel and to act as the guiding force. In its current state it is unable to do this effectively.

Recommendations and Next Steps

The Saskatchewan Paramedic Association and the Sector Partnerships Steering Committee, in partnerships with other key industry stakeholders will begin a process of exploring and implementing strategies to undertake the following recommendations and next steps:

Recommendations:

1. Develop and implement a continuing education model to coordinate and promote continuing education needs and opportunities in the sector. This process would include:
 - A review and enhancement of existing continuing education guidelines to meet the registration needs and the needs of employers and employees in the sector;
 - A review of current continuing education practices within all the health authorities in the province;
 - A review of current continuing education practices and standards of other professions within the province and other jurisdictions; and
 - A review of Recognition of Prior Learning (RPL) processes that facilitate the identification and documentation of experiential learning and continuing education, to the creation of professional development plans.

2. Develop a comprehensive communications strategy to support the SPA in:
 - Providing community stakeholders, employers and employees an understanding of the work that the SPA has done in partnership with SK Health in working towards the SPA becoming a self-regulated professional body;
 - Promoting and marketing continuing education opportunities and possible funding options that may be available to support education and career laddering; and
 - Providing community stakeholders, employers and employees with an overview of the work completed and being undertaken by the Sector Partnerships Steering Committee.

3. Develop a Recognition of Prior Learning (RPL) strategy to provide industry with an awareness and understanding of how RPL can support training and career laddering/career pathing in the EMS sector. This strategy might include:
 - Deliver orientation workshops for employer/ees in the EMS sector outlining RPL values, principles and processes, including Prior Learning Assessment and Recognition (PLAR), credit transfer (CT), and qualification recognition (QR);
 - RPL orientation workshops for employer/ees to increase understanding of how RPL processes support efficient career laddering/pathing; and
 - Create awareness of how RPL processes can support recognition of workers' prior learning and minimize need to repeat existing education/training.

4. Develop and enhance partnership with Aboriginal organizations to promote training and career opportunities in order to work towards a representative workforce within the sector.
5. Develop and implement strategies to enhance communication and information sharing between agencies and the SK Health pertaining to statistical/data information, educational opportunities and funding/bursary opportunities. Explore the development of a data-base to house a health resource guide to educational and employment opportunities.
6. Develop a process to begin reviewing scope-of-practice within the different occupations in the sector and ensuring that training programs continue to meet support individuals in working within their full scope-of-practice. This could also include exploring blended positions as they exist currently and if and how they could be enhanced to meet future human resource needs of the industry.
7. Review current occupational levels within the sector and explore options to consider streamlining the current levels working within the objectives of the (AIT) Agreement of Internal Trade and the National Occupational Competency Profiles (NOCP) agreements.

Next Steps

The following action plan was developed regarding the next steps for the Steering Committee:

- ⇒ Membership of the Steering Committee will be reviewed to ensure that there is strong representation from all key groups to carry on the discussions and initiatives from the report.
- ⇒ Communicate the results of the study to the various stakeholder groups, including the Aboriginal community, unions and employers.
- ⇒ Post a copy of the executive summary of the final report on the SPA website and distribute copies electronically to SPA and SEMSA membership.
- ⇒ The SPA, in partnership with Saskatchewan Learning and key stakeholders explore the delivery of orientation workshops in order to outline RPL values, principles and processes, including PLAR, credit transfer and qualification recognition. This would be the first step creating awareness within the sector as to how RPL processes can support recognition of workers' prior learning and minimize the need to repeat existing education/training.