Final Report

Needs Assessment

Saskatchewan Paramedic Association

January 2005

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

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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 complied 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 Project[1] 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 that 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 currents 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.

TABLE OF CONTENTS

1 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.

The purpose of the project was to accomplish the following objectives:

- ⇒ Develop a comprehensive profile of the industry, including validation of core competencies that were identified in the national study;
- ⇒ Identify current and future skill employment needs and develop strategies to address those needs;
- ⇒ Identify the skill gaps;
- ⇒ Address the immediate issues facing the industry, such as the availability of training and clinical sites;
- ⇒ Develop strategies working toward improving the effectiveness of the training that is required and develop new approaches for the delivery of the training;
- ⇒ Develop effective partnerships between the companies, training providers, and representative organizations and agencies.

A project management team with members from Saskatchewan Paramedic Association and Saskatchewan Learning was put in place and provided direction and advice as the project proceeded. Mercury Information Services, a Saskatchewan-based market research firm, was contracted by the SPA to provide the consulting services and conduct the study. The following agencies were approached to provide advisory support:

Employers –

- Parkland Ambulance
- MD ambulance
- Tisdale Ambulance Care Ltd.
- North-East EMS
- Regina EMS
- Meadow Lake Road Ambulance
- Melfort Ambulance Care Ltd.

Regional Health Authorities

- Keewatin Yattne RHA
- Regina Qu'Appelle Health Region

Saskatchewan Emergency Medial Services Association

Saskatchewan Ophthalmic Dispensers Association

Saskatchewan College of Physical Therapists

Saskatchewan Rural Municipalities Association

First Nation and Métis health care providers

Federation of Saskatchewan Indian Nations

First Responders

Saskatchewan Medical Association

College of Physicians and Surgeons

Paramedic Association of Canada

Sask. Registered Nurses' Association

Sask. Association of Urban Municipalities

Sask. Volunteer Fire Fighters Association

Sask. Association of Health Organizations

Saskatchewan Health

Saskatchewan Institute of Applied Science and Technology

Saskatchewan Association of Licensed Practical Nurses

International Association of Fire Fighters

Health Sciences Association of Saskatchewan

Canadian Union of Public Employees,

Saskatchewan Union of Nurses

Service Employees International Union.

Saskatchewan Association of Fire Chiefs

Regional College System

In order to meet the objectives of the research, the methodology included the following components:

- ⇒ Literature review;
- ⇒ Review and assessment of the appropriateness and costs of current training programs;
- ⇒ Surveys of stakeholder groups including an industry scan;
- ⇒ Validation of survey results through focus groups with employees, employers, organizations and agencies, and training providers;
- ⇒ A training database;
- ⇒ A gap analysis;
- ⇒ Analysis of current training programs, providers and processes and their capacity to meet current and future training needs and explore new or alternate delivery methods or providers; and
- ⇒ Recommendations and final report.

2 Methodology

2.1 Literature Review

In order to gain a better understanding of the EMS practitioners in Saskatchewan and Canada a comprehensive literature review was conducted. The findings of this literature review were used in three main ways:

- As a basis for survey development;
- As a basis to develop a comprehensive profile of EMS personnel; and
- As a basis to develop a list of core competencies, which will be validated in the primary research.

Several methodologies were used to develop this literature review. They include:

- Review of relevant studies;
- Internet searches; and
- Discussions with relevant groups and key stakeholders.

2.2 Human Resource and Training Needs Assessment

Surveys were conducted with various groups that provided valuable input into the issues surrounding EMS. An overview of each group is provided in the following subsections.

2.2.1 Employees

The initial project proposal called for a 350-response telephone survey of EMS employees. Because of changes in legislation (Privacy) the employee contact information was unavailable to us. It was decided that a mail-out survey would meet the needs of the project and still protect the privacy of the EMS employees in question. Sask Health was able to provide us with approximate employee numbers. The original numbers indicated that there were slightly over 3000 practitioners, including First Responders and EMD.

When reviewing the original numbers it was decided that the First Responder numbers would be scaled back from approximately 1168 to 292 (25%) and distributed to key regional areas to ensure a good result. It was also decided during the course of the survey development to include EMD in the survey process.

Approximately 2200 surveys were printed and distributed through the mail to 127 service providers throughout the province including public and private services (rural, urban, and northern) and industry and fire services. One survey was sent out to every registered employee **(EMR, EMT, EMT-A, EMT-P, and EMD-)** according to Sask Health records. Each survey was received and returned in an individual envelope to ensure privacy. Employers were asked to distribute the surveys to all employees and collect those that were completed by the due date in order to send them back to Mercury Information Services. The survey was sent out March 26th 2004 and was completed April 30th 2004.

The employee survey covered a number of areas, including:

- Current demographics;
- Working conditions;
- Job satisfaction;
- Turn-over rates and vacancies;
- Employment status (i.e., casual, part-time, full time) and unionization;
- The appropriateness and cost of the existing training programs (both pre-employment and on-the-job training);
- If program changes are required to provide better employment opportunities;
- What the new skills areas might be; and
- The effectiveness of SPA;

2.2.2 Employers of EMS personnel

50 employer telephone surveys were completed the first 2 weeks of April 2004. Employers were called and, in many cases, an appointment was made to complete the survey. The survey was completed with the first 50 employers who had the available time to answer. Those contacted included, but were not limited to:

- Employers, both public and private;
- Industry associations;
- Health Districts;
- Union representatives; and
- Training Providers.

The employer survey covered, but was not limited to, the following areas:

- Current demographics;
- Working conditions;
- Job satisfaction;
- Turn-over rates and vacancies;
- Employment status (i.e., casual, part-time, full time) and unionization;
- The appropriateness and cost of the existing training programs (both pre-employment and on-the-job training);
- If program changes are required to provide better employment opportunities;
- What the new skills areas might be;
- The portability of EMS personnel between employers;
- To assess the existing and future needs of employers for EMS personnel (casual, part-time, full-time);
- Initiatives that will improve the supply and retention of EMS personnel;
- The effectiveness of SPA; and
- Future trends and needs.

2.3 Focus Groups

Mercury Information Services completed five focus groups with representatives from employers/management and employees. Following the survey, focus groups were used to validate the information gathered, and explore in greater depth, key findings or issues that are identified in the survey. A number of areas were covered at the focus group including:

⇒ Recruitment and retention;

⇒ Skills;

⇒ Training; and

⇒ General industry.

There were a total of five focus 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
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 representative, and training providers who were either participating on the Steering Committee or members of the EMS in Saskatchewan.

Participants for the Employee groups were recruited from a database of names compiled of 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.

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.

2.4 Training Providers in Western Canada

A training database was complied 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.

2.5 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.

2.6 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, survey results, a copy of each survey instrument, focus group results, a copy of the focus group moderators' guide, the gap analysis, and recommendations.

3 Literature Review

3.1 Introduction

In order to gain a better understanding of the overall Emergency Medical Services (EMS) sector in Saskatchewan, a comprehensive literature review was conducted. It was noted during the research that there was a significant variation in terminology, particularly position titles, between provinces and between the national and provincial organizations. This document provides a national as well as provincial overview. The job titles and terminology used in the original documents will be used here.

The findings of this literature review will be used in three main ways:

- ⇒ As a basis for survey development;
- ⇒ As a basis to develop a comprehensive profile of current EMS personnel; and
- ⇒ As a basis to develop a list of core competencies, which will be validated in the primary research.

Methodologies used to develop this literature review included:

- ⇒ Review of relevant studies; and
- ⇒ Internet searches.

The complete literature review can be found in Appendix I

3.2 Literature Review Summary

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.

3.2.1 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 incorperated into the provincial training curriculum and the provincial licensing system. Saskatchewan not only trains EMTs who are qualified to work in other jurisdictions, but it has a licensing system that allows EMTs 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 EMRs to EMT-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.

3.2.2 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 being collected during this survey.

3.2.3 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).

3.2.4 Recommendations from Provincial Reports

A number of recommendations from the Saskatchewan EMS Development Project[1] report pertained to staffing and training requirements, and require input of resources from the provincial

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

government in order to be fulfilled. The major recommendations pertaining to staffing required the establishment of EMT-B/EMR 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 EMT-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 EMT 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 in collective agreements" as reasons that employers have difficulty filling positions. These other workplace issues need to be explored.

4 Survey Results

The opinions expresses are those of the individual and may not accurately reflect EMS 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.**

The employer survey covers a number of areas including:

- Current demographics;
- Working conditions;
- Job satisfaction;
- Turn over rates and vacancies;
- Employment status (i.e., casual, part-time, full time) and unionization;
- The appropriateness and cost of the existing training programs (both pre-employment and on-the-job training);
- If program changes are required to provide better employment opportunities;
- What the new skills areas might be;
- The portability of EMS personnel between employers;
- To assess the existing and future needs of employers for EMS personnel (casual, part-time, full-time);
- Initiatives that will improve the supply and retention of EMS personnel;
- Effectiveness of SPA; and
- Future trends and needs.

The number of employers responding to each question has been shown in brackets where applicable.

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.**

The employee survey covered a number of areas, including:

- Current demographics;
- Working conditions;
- Job satisfaction;
- Turn-over rates and vacancies;
- Employment status (i.e., casual, part-time, full time) and unionization;

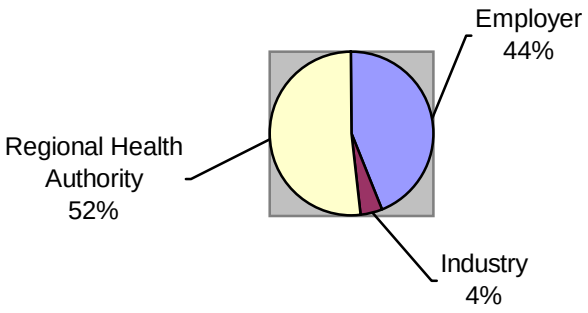
- The appropriateness and cost of the existing training programs (both pre-employment and on-the-job training);
- If program changes are required to provide better employment opportunities;
- What the new skills areas might be; and
- The effectiveness of SPA;

The number of employees responding to each question has been shown in brackets where applicable.

4.1 Employer Survey

Fifty employer surveys were completed in the month of April 2004. The following information was verified for each employer surveyed: contact name, telephone number, name of employer, and employer type (employer, industry association, regional health authority, union, or "other"). Employers fell into 3 of these categories: "Employer" refers to privately run ambulance services, Regional Health Authority refers to those ambulance services run by the RHA, and Industry refers to (usually) large manufacturers who employ EMS personnel on-site.

Type of Employer



(n=50)

4.1.1 Organization Information

Employers were asked which sector best describes the organization for which they work. Fifty-two percent of employers (26/50) work in the public sector; of these 26 respondents the majority (23/26, 88.5%) had identified themselves as a Regional Health Authority in the preceding question (the remaining 3 identified themselves as an employer). 46% of employers indicated that they (23/50) work in the private sector – these respondents made up the majority of those identifying themselves as an employer in the previous question (19/22 employers, 86.4%). The remaining private sector responses came from employers who identified themselves as belonging to a RHA (3/26) and one who identified as belonging to industry (1/2). One employer (1/50, 2%) described themselves as self-employed, and had previously identified themselves as Industry (Table 6).

Table 6. Comparison of Sector and Employee Category Responses

Sector	Employee Category	Number of Respondents
Private	Employer	19
Private	Industry	1
Private	RHA	3
Public	Employer	3
Public	RHA	23
Self	Industry	1
Total		**50**

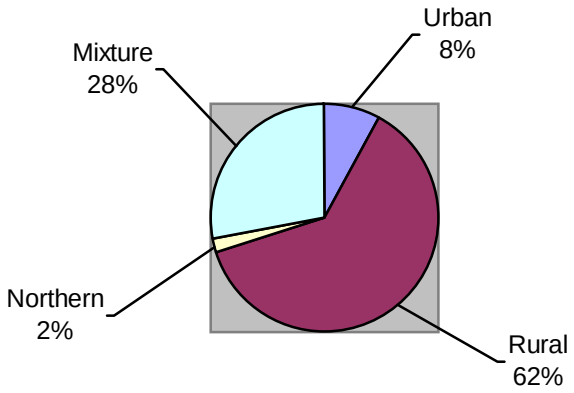
When asked which Unions represent their employees, employers gave the following breakdown. Numbers in parentheses indicate the number of responses given. A number of workplaces report being non-unionized. It is interesting to note that 18/50 (36%) of workplaces have EMS employees represented by more than one union.

⇒ Non-unionized (20/50)
⇒ CUPE & Health Sciences (8/50)
⇒ Health Science & SEIU (7/50)
⇒ Health Sciences only (4/50)
⇒ SEIU only (2/50)
⇒ IAFF (2/50)
⇒ CEP (1/50)
⇒ CUPE only (1/50)
⇒ Health Sciences & SGEU (1/50)
⇒ Health Sciences SHAS (1/50)
⇒ HSAF and SEIU and SUN (1/50)
⇒ Sask. Health (1/50)
⇒ SGEU only (1/50)

When asked about working location, more than half of employers reported working in rural areas. Urban is defined by the Government of Saskatchewan (2004) as a location with a population over 1000 persons (with a population density of 400 persons per square mile); rural areas have a population under 1000 persons, and Northern refers to locations north of Prince Albert National Park and/or Census Division 18.

Only 36% of employers report being in an urban location (8% urban, 28% mixture).

Location



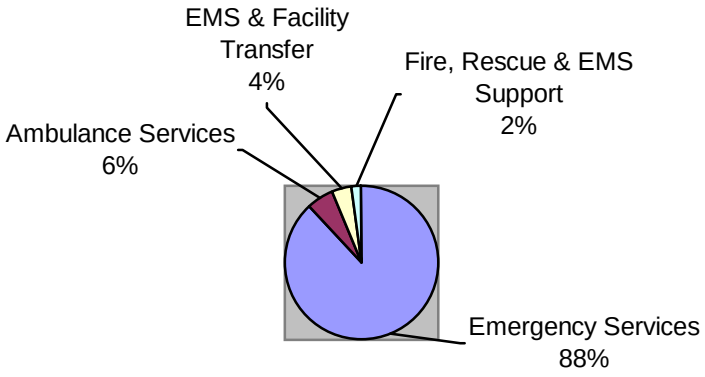
(n=50)

Of the 14/50 employers listing their location as "mixed", the following distributions were given:

- ⇒ 5/14 reported having a less than 50% Urban/Rural split
- ⇒ 1/14 reported having some Northern communities in addition to the Urban/Rural split
- ⇒ 3/14 reported having a 50%/50% Urban/Rural split.
- ⇒ 5/14 reported having a more than 50% Urban/Rural split

The main services provided by the organizations were predominantly EMS, with 88% of employers listing EMS as their primary service. Most others also included EMS as their primary service, with one employer citing fire and rescue as their primary service. Other services are included in the following chart:

Main Services Provided by Surveyed Organizations



(n=50)

When asked to list the number of years that the organization has been in business, 72% (36/50) stated that they had been in business for 16 years or more. This was followed by 18% (9/50) stating they had been in business for 11-15 years, 12% (6/50) had been in business for 6-10 years, followed by 4% (2/50) having been in business for 2-5 years. Interestingly, no businesses surveyed had been in business for 1 year or less.

By far, most of these businesses employ a relatively small number of people. Forty-six percent (23/50) of employers have 10 or fewer employees. A further 44% (22/50) employ between 11-20 people; 4% employ 21-50 people, while 6% employ more than 50 people.

When asked to which industry associations each employer belongs, the following responses were recorded. Forty employers responded to this question. Numbers in parentheses indicate the number of responses given. Thirty-four of forty employers report belonging to SEMSA. Other industry associations were also cited.

- ⇒ SEMSA (27)
- ⇒ SEMSA, SPA (6)
- ⇒ SEMSA, SEPA, SPA (1)
- ⇒ Ambulance Services (1)
- ⇒ Dept. of Health (1)
- ⇒ SAA (1)
- ⇒ SAFC, SBO (1)
- ⇒ SAHO (1)
- ⇒ SMA (1)

Most employers report delivering EMS services in rural areas – with a roughly even split between private and Health Authority workplaces. Many employers (40%) reported having workplaces with no union representation, and another large group (36%) reported having representation by more than one union. Just under half (46%) of employers have workplaces with fewer than 10 employees, while 6% of employers employ more than 50 people.

4.1.2 Current Employment Information

Employers were asked to indicate whether they employed First Responders (FR), Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Emergency Medical Technicians – Advanced (EMT-A), Emergency Medical Technicians – Paramedic (EMT-P), or Emergency Medical Dispatch (EMD). For each of these employment categories, employers were asked to list main responsibilities, main skills and competencies, work location, and average age.

4.1.2.1 First Responders (FR)

Thirty-three (66%) employers indicated that they "employed" First Responders. One respondent pointed out that First Responders are volunteers, and are not technically employed. (Although First Responders are volunteers, they are included in the survey under the employed category for ease of reporting.)

4.1.2.1.1 Main Responsibilities

All employers with FR indicated that the main responsibilities of the FR are to arrive first at the scene and to provide advanced first aid until EMR/EMTs arrive.

> *Respond in the rural areas until the ambulance can get there.*
>
> *Scene stabilization and primary assessment*

4.1.2.1.2 Main Skills/Competencies

Employers identified that FRs have training in CPR and First Aid. The majority of employers with FRs mentioned the required First Responder course specifically (25/33):

> *CPR, First Aid and First Responder course.*
>
> *First Responder training, Level 1 Fire Fighters, and Hazardous Waste training.*
>
> *CPR, First Aid, and First Responder course.*

4.1.2.1.3 Work Location

In responding to the work location question, employers listed their local area of the province. These employers (who make up 66% of respondents) live outside of urban areas. Responses included the following non-urban areas:

- Anything 10 miles from Melfort.
- Belle Plain
- Bengough area

- Biggar & Area
- Blaine Lake
- Burstall
- Cabri & District
- Central Butte & area
- District of Coronach
- Duck Mountain Provincial Park
- Eatonia & District
- Eston & District
- Fort Qu'Appelle
- Gravelbourg & District
- Invermay - Rama
- Kyle & District
- La Ronge & District
- Lashburn and North of Maidstone
- Lintlaw
- Meadow Lake & District
- Melville & District
- Moose Jaw & District
- Neiburg & District
- Nipawin & district
- Strasbourg & Area.
- Their own communities in West Central Saskatchewan.
- Tisdale & District
- Tramping Lake & Major
- Unity & District
- Wakaw & District
- Weyburn & District
- Whitewood
- Woolsley and
- Broadview

4.1.2.1.4 Average Age

Employers were asked to give the average ages of their EMS sector employees. The average age of First Responders given ranged from 27 to 55 years old. Of these responses, the overall average age was 40 years. Thirty one of 33 employers who employ First Responders answered this part of the question pertaining to First Responders.

4.1.2.1.5 Summary

Employers in non-urban areas employer First Responders. Employers were consistent with their answers regarding main responsibilities and main skills required – with most employers recognizing that FRs require certification. The age range of First Responders varied from 27-55 years.

4.1.2.2 Emergency Medical Responder

Forty employers (80%) answered the following questions pertaining to the employment of Emergency Medical Responders, compared to 66% who employed First Responders.

4.1.2.2.1 Main Responsibilities

The main responsibilities of the Emergency Medical Responder were more varied than those given for First Responders. Responses ranged from "drive the ambulance" (5/40) to EMRs who are nurses (1/50). A sampling of responses is given below:

> *Basic life support, AED, and drug administration.*
>
> *Emergency care. Some are drivers and some are attendants. They are volunteers and casual employees.*
>
> *They are basically employed as drivers and supplementary staff if we are short.*
>
> *They are both nurses who are part of the ambulance crew.*
>
> *They work with EMT's only, they never work alone.*

4.1.2.2.2 Main Skills/Competencies

Again, responses for the training levels of EMRs was varied. Answers ranged from "only does office work" to "similar to EMT training but without IVs." The most frequent response (29/40 employers) indicated that a recognized EMR course was required. Three responses (3/40) indicated that the employer provides or requires on-going training, and three others (3/40) indicated that extra training (such as lifting, etc.) was required by EMRs at their workplace.

4.1.2.2.3 Work Location

The areas of the province where EMRs are employed are listed below. As with FRs, EMRs tend to work in non-urban settings.

Bengough
Biggar
Blaine Lake
Cabri & District
Canora
Central Butte
Coronach & district.
Cudworth & District.
Cutknife, Little Pine and Poundmaker
Eatonia & District.
Eston
Foam Lake - Rose Valley
Fort Qu'Appelle
Gravelbourg
Grenfell
Gull Lake.
Kamsack - Norquay
Kerrobert
Kyle
La Ronge
Leader
Leroy & area
Lloydminster
Maidstone.
Maryfield
Meadow Lake
Melfort.
Melville
Neilburg
Porcupine Plain
Prairie North Health Region
Stoughton & District
Strasbourg
Their own community in West Central Saskatchewan.
Unity
Val Marie
Wakaw
Wawota and District
Weyburn
Whitewood

4.1.2.2.4 Average Age

The age range of EMRs was 19-51 years old, with an average of 37 years old.

4.1.2.2.5 Summary

More employers report having EMRs on staff than FRs (80% compared to 66%). Employers reported a greater variety of main responsibilities for EMRs – listing other medical professionals who have EMR training to work in the EMS field. As a result, responses for main skills required and used by EMRs was also varied. Most EMR positions are non-urban, and while the average age of EMRs also varied, the youngest average age reported for this job category was 19 years old.

4.1.2.3 Emergency Medical Technician

Ninety-eight percent (49/50) of employers have EMTs as employees.

4.1.2.3.1 Main Responsibilities

Employers were clear on the main responsibilities of EMTs. Ninety-six percent (47/49) responses indicated that EMTs are involved in Emergency Care and Patient Transport. One response

indicated that the main responsibility of the EMT on staff was fire fighting, and one EMT did mostly managerial administration.

> *Cardiac support assessment care, transport, area management, and continuing education.*
>
> *They oversee the operations of the ambulance, they maintain the ambulance, and they are in charge of all aspects of ambulance service*

4.1.2.3.2 Main Skills/Competencies

Employers were very consistent in their description of their main skills and competencies required for EMTs. Forty-five of 49 employer responses indicated that an EMT training course and certification are required. Two more employers listed some of the courses required in EMT training – indicating that they were aware of the required certification.

> *Four mandatory modules (CPR, Mechanical Aids to Breathing, Lifting and Moving, Spinal Immobilization). Class 4 License. 80 credits in Cont. Ed. every 2 years. Basic Trauma Life Support is preferred.*

Again, one EMT was listed as a fire fighter – with fire fighting certification cited as the main training required, and another EMT was reported as an administrator/teacher.

4.1.2.3.3 Work Location

Because 49 of 50 respondents answered this question, the list of work locations (below) also outlines the geographic locations sampled.

Moose Jaw & District
Wawota and District
Whitewood
Biggar
Their own community in West Central Saskatchewan.
Kerrobert
Strasbourg
Eston
Kyle
Central Butte
Bengough
Assiniboia and Southern Saskatchewan
Coronach and District
Leader
Gull Lake
La Ronge
Cudworth & District
Cut Knife, Little Pine, Poundmaker
Maidstone
St. Walburg
Meadow Lake
Maryfield
Saskatoon & District
Cabri & District
Regional Health District #6
Leroy & area
Porcupine Plain
Tisdale
Kelvington
Belle Plain
Neilburg
Prince Albert
Foam Lake - Wadena - Rose Valley
Grenfell
Fort Qu'Appelle
Lloydminster
Kamsack - Norquay
Humboldt & District
Gravelbourg
Weyburn
Val Marie
Wakaw
Canora
Eatonia & District
Blaine Lake
Melfort
Nipawin and Carrot River
Melville
Stoughton

4.1.2.3.4 Average Age

When asked for the average ages of their EMTs, averages ranged from 23-56, with an overall average age of 36 years.

4.1.2.3.5 Summary

Employers were specific with their description of EMT work and training required. EMTs work on the ambulance and are involved in all areas of patient care. Specific EMT education and training are required. Because 98% of employers have EMTs on staff, EMTs are employed across the province in both urban and rural settings. EMT ages range from 23-56 years of age.

4.1.2.4 Emergency Medical Technician – Advanced

Thirty of 50 respondents (60%) employ EMT-As.

4.1.2.4.1 Main Responsibilities

Twenty one of 29 respondents indicated that the main responsibilities of the EMT-A involved an advanced level of patient care. Three more indicated that EMT-As supervise patient care, which also indicates an advanced level of responsibility as compared to others on the ambulance.

> *Supervise and direct patient care.*
>
> *Advanced life support, patient care, advanced medication administration.*
>
> *They do advanced airway management, initiate IV's, administer certain drugs, and do manual defib.*

Four more indicated that EMT-As are responsible for patient care, although didn't describe it as "advanced". Overall, employers described the role of EMT-As as being one of an advanced level compared to other employees.

4.1.2.4.2 Main Skills/Competencies

Twenty four employers specifically referred to EMT-A certification or advanced training when listing the main skills and competencies required of an EMT-A. A further 4 listed skills required that are part of the EMT-A training:

> *ICP, AED, BTLS, and First Aid & CPR instructor.*
>
> *IV care, drug therapy, and start advanced patient care.*
>
> *Assess, stabilize, IV's, heart monitoring, intubations, and some meds.*
>
> *Remain the same, but add 9 more drugs that can be administered, intubations with the combi tube, manual defibrillation, and intravenous therapy.*

The last respondent cited "ICP" certification as a requirement.

4.1.2.4.3 Work Location

EMT-As are employed in the following locations around Saskatchewan, including urban and rural centers.

Biggar
Cabri & District
Canora
Coronach and District
Foam Lake - Wadena - Rose Valley
Fort Qu'Appelle
Grenfell
Humboldt & District
Kamsack - Norquay
Kelvington
Kerrobert
Kyle and Canora
La Ronge

Leader	Porcupine Plain	Tisdale
Maidstone	Prince Albert	Unity
Meadow Lake	Regional Health District #6	Wakaw
Melfort	Saskatoon & District	Weyburn
Melville	St. Walburg	Whitewood
Nipawin & Carrot River	Stoughton	

4.1.2.4.4 Average Age

Employers gave an average age range of the EMT-A from 25 – 55 years old. The overall average age from the responses given is 36 years.

4.1.2.4.5 Summary

EMT-As are employed by 60% of the employers surveyed. Employers were clear that EMT-As provide advanced care and require advanced training. Geographically, EMT-As are employed in urban and rural settings. Their average age is on-par with the average ages of EMRs and EMTs – at 36 years old.

4.1.2.5 Emergency Medical Technician – Paramedic

A much smaller percentage of employers (24%) indicated that EMT-Ps are employed by their businesses.

4.1.2.5.1 Main Responsibilities

The main responsibilities cited for EMT-Ps include:

Advanced care (8/12)
Advanced care plus administration and providing continuing education (2/12)
Acute care (1/12)
General EMS duties plus stocking medications (1/12)

4.1.2.5.2 Main Skills/Competencies

When asked about the main skills and competencies of EMT-Ps, all 12 employers responding to the question indicated that EMT-P training or certification was required.

4.1.2.5.3 Work Location

EMT-Ps are employed in the following locations in Saskatchewan:

Assiniboia and Southern Saskatchewan	Kelvington	Saskatoon
	Meadow Lake	Strasbourg
Central Butte.	Melville	Weyburn
Humboldt & District	Nipawin & Carrot River	
Kamsack - Norquay	Prince Albert	

4.1.2.5.4 Average Age

The average ages given for EMT-Ps ranged from 30 – 48 years of age, with an overall average of 38 years old.

4.1.2.5.5 Summary

Fewer employers (24%) report having EMT-Ps on staff. Responsibilities of the EMT-Ps begin to include administration and continuing education training. EMT-Ps are employed mainly in more urban areas. The average age range for EMT-Ps is considerably narrower than other EMS sector employees – between 30 – 48 years, with an average age of 38.

4.1.2.6 Emergency Medical Dispatch

Only 3 (6%) of employers said they employed an Emergency Medical Dispatcher (EMD). Others employers gave staff who perform a variety of tasks, including dispatch, but who do not have the formal EMD training.

4.1.2.6.1 Main Responsibilities

The main responsibilities of EMDs varied somewhat among the three responding employers. EMDs' job descriptions are varied;

> *Reception of calls for request of medical services, and receives calls from rural areas.*
>
> *Bookkeeping and management. Also driving.*
>
> *Dispatch, greet visitors, multi task, and accept deliveries.*

4.1.2.6.2 Main Skills/Competencies

Only one of the three responding employers indicated EMD certification/training was required, although the last respondent alluded to this training:

> *Standard EMT training.*
>
> *EMD certification and EFD certification.*
>
> *Dispatch.*

4.1.2.6.3 Work Location

Employers who have EMDs on staff are located in Assiniboia and Southern Saskatchewan, Saskatoon, and Prince Albert.

4.1.2.6.4 Average Age

The average age as reported by those surveyed ranges from 30-70, with an average age of 50.

4.1.2.6.5 Summary

Because of the few employers who reported EMDs on staff, the profile for this EMS sector job category is not as detailed as the other categories. Employers report a variety of job descriptions and required skills and training. EMDs are employed in urban areas, and their ages range from 30 – 70 years.

4.1.2.7 Current and Future Employment Estimates

Employers were asked about the number of full-time, part-time, and casual employees they currently have and expect to have in the future. Employee categories were as above: First Responders, Emergency Medical Responders, Emergency Medical Technicians, Emergency Medical Technicians – Advanced, Emergency Medical Technicians – Paramedics, and Emergency Medical Dispatchers.

4.1.2.7.1 First Responders – Currently "Employed"

There were 33 employers who responded that they "employed" First Responders in the previous section – of these, thirty-two responded to the questions in this section. In total, 511 FRs are on staff with 32 of the 33 employers who reported having FRs on staff. (Although First Responders are volunteers, they are included in the survey under the employed category for ease of reporting.)

4.1.2.7.1.1 Full-Time

Two employers reported full-time first-responders: one with 32 FRs and one with 14 (total: 46).

4.1.2.7.1.2 Part-Time

No employers reported part-time first responders.

4.1.2.7.1.3 Casual

The remaining 30 employers reported casual first responders. The number of first responders ranged between 1 and 70, with an average of 16. The total number of casual first-responders was 465.

4.1.2.7.2 First Responders – Future Employment

Despite having incomplete data for this question, the number of First Responders among the 32 employers responding to this question is expected to increase from 511 to at least 602.

4.1.2.7.2.1 Full-Time

The employer reporting that there are currently 32 full-time First Responders foresees having only 28 in the future. The other respondent did not answer the "Future Employment" question, so the current 14 FR positions were considered not to exist in the future.

4.1.2.7.2.2 Part-Time

There were no future positions for part-time First Responders foreseen by any employer.

4.1.2.7.2.3 Casual

Of the 30 employers who currently have First Responders on a casual basis, 2 foresee a decrease in the number of casual First Responders. One expects to lose 7 (30 down from 37) and the other foresees losing 4 First Responders (4 down from 8). Seventeen (of 30) expect that there will be no change in the future from their current number of First Responders. The remaining 11 employers expect to increase the number of casual First Responders ranging from an increase of 4 to an

increase of 30 people. Overall, the number of casual First Responders is expected to increase by 109 people in the future.

4.1.2.7.3 Emergency Medical Responders – Current Employment

Forty employers responded to the questions in this section. This corresponds to the 40 employers who reported that they employed Emergency Medical Responders in the previous section. The overwhelming majority (90%) of EMRs are employed on a casual basis.

4.1.2.7.3.1 Full-Time

Seven employers reported employing full-time EMRs. Six of these employ 1 EMR each, and one employs 2 EMRs. There are currently 8 full-time EMRs among the 40 employers with EMRs on staff.

4.1.2.7.3.2 Part-Time

Six employers report part-time EMRs on staff. Four of these employers have 1 employee, while the others employ 3 EMRs each. Thus, there are currently 10 part-time EMRs among employers with EMRs on staff.

4.1.2.7.3.3 Casual

Thirty-three employers have casual EMRs on staff. Only 3 of these employers reported either a full-time or part-time EMR. The number of casual EMRs ranges from 1 to 14, with an average of 5 casual EMRs per employer. Overall, there are 158 casual EMRs among the employers with EMRs on staff.

4.1.2.7.4 Emergency Medical Responders – Future Employment

Thirty-seven of the 40 employers who currently have EMRs on staff provided information on the current and expected future employment statistics. Overall, the number of EMRs is expected to rise slightly in the future, going from 176 to 188, with a similar number expected to be employed on a casual basis (92%).

4.1.2.7.4.1 Full-Time

Overall, full-time EMR positions are expected to drop by 1 in the future, although 3 employers who currently employ EMRs did not respond to this question.

4.1.2.7.4.2 Part-Time

Five employers expect to have part-time EMRs on staff in the future. Four of these employers expect no change in the foreseeable future. One employer expects to lose one part-time position, but will be gaining full-time positions. One employer who reported part-time EMRs currently declined to answer this part of the question. Overall, 2 part-time EMR positions are expected to be lost in the future (one shifts to full-time, and the other is the result of "no response"). The total number of part-time EMR positions in the future is expected to be 8 (among the employers surveyed).

4.1.2.7.4.3 Casual

Thirty-three of the 40 respondents report having casual EMRs on staff. Of these employers, 18 foresee no changes to the number of casual EMRs on staff. Ten of these employers expect to see an increase in staff, and the remaining 5 employers expect to lose some casual EMR positions. Overall, the number of casual EMRs is expected to rise from 158 to 173 among the employers with EMRs on staff.

4.1.2.7.5 Emergency Medical Technicians – Current Employment

All 50 employers reported employing an Emergency Medical Technician on either a full-time, part-time, or casual basis. These 50 employers reported a total of 324 EMTs currently on staff in one of full-time, part-time, or casual categories.

4.1.2.7.5.1 Full-Time

Thirty five of 50 (70%) of employers have at least one full-time EMT on staff. In total, the 35 employers reported having 149 full-time EMTs on staff. Full-time positions account for 46% of the total number of EMTs employed.

4.1.2.7.5.2 Part-Time

Sixteen of 50 employers (32%) report having part-time EMTs on staff, employing a total of 40 part-time EMTs. Part-time EMTs account for 12% of all EMT positions reported.

4.1.2.7.5.3 Casual

Thirty of the 50 employers surveyed employ casual EMTs. The number of casual EMTs employed ranged from 1 to 16, with the overall number of casual EMTs employed by these 30 employers at 135. Casual EMTs make up 42% of the EMTs currently employed.

4.1.2.7.6 Emergency Medical Technicians – Future Employment

The overall number of EMT positions is expected to rise slightly from the 324 positions currently reported by those surveyed to 348 positions.

4.1.2.7.6.1 Full-Time

Of the 35 employers currently employing full-time EMTs, 32 report an expectation that they will still have full-time EMTs in the future. Only 2 of these 32 employers expect a decline in the number of full-time EMTs. All of the remaining employers expect to maintain their full-time EMT numbers, and one employer who currently has no full-time EMTs expects to have 2 in the future. In total, the employers surveyed expected to have 146 full-time EMT positions in the future.

4.1.2.7.6.2 Part-Time

Of the 16 employers reporting current part-time EMTs, only two expect to have none in the future. The remaining 14 employers of part-time EMTs expect to maintain their numbers (12/16) or increase (2/16). Two additional employers expect to gain 1 or 2 part-time EMTs in the future. This results in an expected increase in the number of part-time EMTs from 40 to 45 in the future.

4.1.2.7.6.3 Casual

Of the 30 employers who have casual EMTs currently, only one expects to lose casual positions. Twenty-one of thirty employers expect to maintain their present number of casual EMT positions in the future, while the remaining 8 employers expect to gain positions. Casual employee positions, then, are expected to increase from 135 currently to 157.

4.1.2.7.7 Emergency Medical Technicians - A – Current Employment

Forty-two employers report currently having EMT-As on staff. Currently, these 42 employers have a total of 96 full-time, part-time and casual EMT-As on staff. Full-time EMT-As make up 63.5% of the total EMT-A workforce of the 42 employers responding to this question.

4.1.2.7.7.1 Full-Time

Twenty-four of 42 employers (57%) of employers with EMT-As report having full-time staff. The number of full-time staff ranges from 1 to 7. In total, 61 full-time EMT-As are currently employed by these 24 employers.

4.1.2.7.7.2 Part-Time

Six employers (/42; 14%) report currently having part-time EMT-As on staff. Three of these currently employ one part-time EMT-A, 2 employers have 2 part-time EMT-As, and one has 5 on staff, for a total of 12 part-time EMT-As among 6 employers. This accounts for 12.5% of employed EMT-As.

4.1.2.7.7.3 Casual

Fourteen employers have casual EMT-As on staff, with a total of 23 casual employees, making up 23.9% of the employed EMT-As.

4.1.2.7.8 Emergency Medical Technicians - A – Future Employment

The employers surveyed foresee an increase in EMT-As on staff in the future – increasing from the current level of 96 to 169. Based on the numbers provided by employers, they expect to see changes in the percentage of full-time positions in the future – with full-time employment in this job category declining.

4.1.2.7.8.1 Full-Time

Of the 24 employers currently having full-time EMT-As on staff, there were none who expected a decrease in the number in the future. Seventeen expect to maintain the same number of EMT-As in the future, and seven expect an increase. There were four more employers who currently do not employ EMT-As who expect to do so in the future. Altogether the number of full-time EMT-As is expected to increase from the present level of 61 to 96 for the employers surveyed. This actually represents a decrease in the percentage of full-time positions compared to part-time and casual in this job category – decreasing from the current level of 63.5% to 56.8%.

4.1.2.7.8.2 Part-Time

One employer expects to triple the number of part-time EMT-As in the future – expanding from 5 to 15. Another expects to lose both current positions, and the remaining four employers who currently have part-time EMT-As expect no changes to the number of part-time EMT-A employees in the future. A further 4 employers expect to add part-time EMT-As where they currently have none. The number of additional part-time positions ranges from 2-3 per employer. Overall, the number of part-time EMT-As is expected to increase from the current level of 12 to 29 for the employers surveyed. This represents an increase in the percentage of part-time EMT-As from 12.5% to 17% of the total employed EMT-As.

4.1.2.7.8.3 Casual

Of the 20 employers who currently have casual EMT-A positions, seven expect to lose all of the EMT-As in this employment category. Eight more employers expect to maintain their current number of casual EMT-As. The remaining 5 expect to lose some positions (ranging from a drop of 1 to 3 casual positions). One employer expects to gain one casual position – where there currently are none. Overall, the number of casual EMT-A employees is expected to increase from 23 to 44, which represents a minor increase in the percentage of casual EMT-As from 24% to 26%.

4.1.2.7.9 Emergency Medical Technician – P – Current Employment

Twelve employers (24%) currently employ EMT-Ps in some capacity. These employers reported a total of 58 employees in the EMT-P category.

4.1.2.7.9.1 Full-Time

All 12 employers have full-time EMT-Ps. The number of EMT-Ps on staff ranges from 1 to 25, with an overall current total of full-time positions at 40 – this represents 69% of the total EMT-P workforce among the employers surveyed.

4.1.2.7.9.2 Part-Time

Three employers (25%) also report having part-time EMT-Ps. One employer has 8 part-time, while the others each have one part-time EMT-P. In total there are 10 part-time EMT-Ps among the employers surveyed. Part-time EMT-Ps make up 17% of the EMT-P workforce.

4.1.2.7.9.3 Casual

Three employers (25%) also employ casual EMT-Ps. These employers have 5, 2, and 1 casual employee respectively, for a total of 8 casual EMT-Ps. This represents 14% of the EMT-P workforce.

4.1.2.7.10 Emergency Medical Technician – P – Future Employment

Overall, the employers surveyed expect to see an increase in the number of EMT-P positions in the future – moving from 58 to 73. The employers surveyed also expect to see a shift in the percentages of full-time, part-time, and casual EMT-Ps in the future.

4.1.2.7.10.1 Full-Time

Twelve employers anticipate that they will employ full-time EMT-Ps in the future. One employer who currently employs a full-time EMT-P expects to lose that position, and one employer who is currently without a full-time EMT-P expects to obtain a full-time position in the future. Six of 12 (50%) employers expect to maintain their current full-time EMT-P staffing levels into the future. Four employers who currently employ EMT-Ps expect to increase their staffing levels of this position in the future. Overall, the employers surveyed expect an increase in full-time EMT-Ps from 40 positions to 56 positions (an increase of 69% of all EMT-Ps employed to 77% of all EMT-Ps employed).

4.1.2.7.10.2 Part-Time

All three employers who reported that they have part-time EMT-P positions foresee maintaining their staffing numbers in this category for the future. There were no employers without part-time EMT-Ps who expect to gain employees in this category. Due to the overall increase in EMT-P employment numbers, maintaining 10 part-time EMT-P positions in the future represents a decrease in the percentage of EMT-Ps in the part-time category (decreasing to 14% from 17%).

4.1.2.7.10.3 Casual

Two out of three employers with casual EMT-P positions expect to maintain their current staffing levels (2 and 1 casual EMT-P currently). The remaining employer expects to lose positions, resulting in an imperceptible decline in casual positions foreseen by the employers surveyed – moving from 8 to 7 positions. Again, because of the expected increase in overall EMT-P positions, the percentage of casual employees is expected to drop from 14% to 9.6% of the total number of EMT-Ps.

4.1.2.7.11 Emergency Medical Dispatch – Current Employment

Three employers (6%) report employing Emergency Medical Dispatchers. There were no EMD employees currently or expected to be employed in the future in the casual category.

4.1.2.7.11.1 Full-time

All three employers report having full-time positions. The current number of employees in this category is 1, 2, and 12 for the three employers – giving an overall count of 15 full-time employees. This represents 79% of the total number of EMD employees reported by the 3 employers surveyed.

4.1.2.7.11.2 Part-time

Only one of three employers reported having part-time dispatchers. This employer reported having 4 part-time positions – accounting for 21% of all current EMD positions reported.

4.1.2.7.11.3 Casual

No casual EMDs were reported.

4.1.2.7.12 Emergency Medical Dispatch – Future Employment

Overall, the number of EMD personnel is expected to rise slightly among the three employers surveyed – from 19 to 22 positions.

4.1.2.7.12.1 Full-time

Two of three employers expect to retain full-time positions in the future. The employer who reported one current full-time position did not expect to retain this position in the future. Both remaining employers expect to maintain their current numbers (2 and 12 full-time employees). This represents a decrease in number from 15 full-time to 14 full-time positions. There is also a decrease in percentage of full-time positions from 79 to 64% of all EMD employees.

4.1.2.7.12.2 Part-time

The one employer with part-time EMD staff expects to double this from 4 to 8 in the future. This represents a percentage increase from 21% of all EMD staff to 36% of EMD staff positions.

4.1.2.7.12.3 Casual

No casual EMS positions are expected for the future.

4.1.2.7.13 Part-Time and Casual Work

Seventy-eight percent (39/50) employers responded that their part-time or casual employees worked for another organization. Another ten employers (20%) said "no", and one (2%) didn't know. The 39 employers who had casual employees working for another organization were then asked how many employees in each category worked elsewhere.

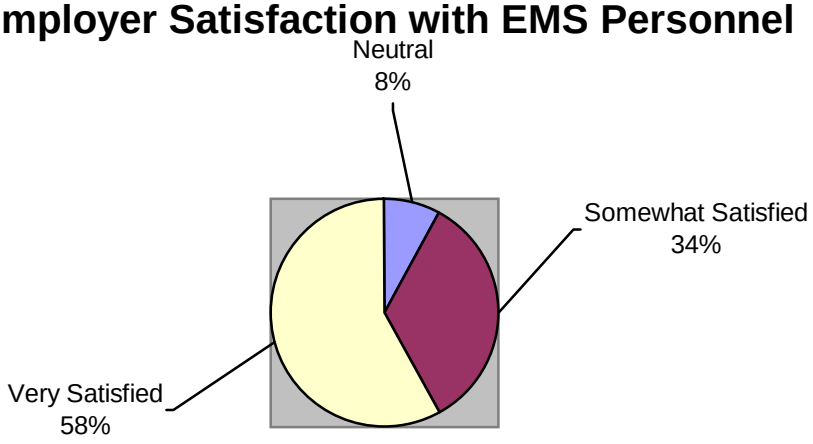
Eighteen employers (of 39) answered that they had part-time workers who held positions with other organizations. The number of part-time employees with positions elsewhere ranged from 1 – 4. In total, 31 employers reported that casual employees worked elsewhere.

4.1.2.8 EMS Employee Performance

Employers were asked a series of questions pertaining to work performance of EMS employees, and the factors involved in retaining employees.

4.1.2.8.1 General Work Performance

Employers were asked to rate their satisfaction with the general work performance of their EMS employees on a scale of 1 to 5, with 1 being not at all satisfied, and 5 being very satisfied. There were no employers who ranked EMS employees a "1" or "2"



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When asked to comment on reasons for their satisfaction rating, employers' comments fell into a few broad categories. Those expressing dissatisfaction with employee work performance gave a number of reasons that touched on some of the broader areas of investigation in this project.

⇒ Employers who had a high level of satisfaction with their employees (21/49 respondents) gave these comments:

We get along great, and they are always willing to do their job

My staff is very dedicated, as they are in it for the long haul.

They maintain their skills and education.

⇒ Other employers specifically commented that employees "are all very well trained" (8/49 respondents)

…and we pay a lot of attention to these areas.

I trained them.

We train them the way we want them to treat patients, with compassion and loving care.

⇒ …or that employees do a good job, but "just need practice to keep up their skills" (2/49 respondents).

Our call load is not very high and it is hard to keep their skills up. We are also very far away from an acute care centre.

⇒ Employees are motivated, community minded, and keep up their training (4).

They're all volunteers and they dedicate their own time towards their education and keeping their skills up.

A lot of them have upgraded their training, and our service is moderately busy so they are able to retain their skills.

I think for volunteers they are very good, both in keeping up their skills, and being available 24 hours a day.

⇒ Some employers (4/49 respondents) gave neutral responses such as

Most of our employees have up-to-date skills

For what they do, they are very capable.

⇒ Responses reflecting dissatisfaction (10/49) fell into a number of areas:

We have a high turnover.

My belief is, because they do not work full time, they do not portray the level of professionalism that they would if they were full time.

They are all well trained, but we have a lot of junior staff who require additional help.

We have a couple of people who are not suited for the position, and because they are volunteers it is very difficult to deal with.

Employers were asked to be more specific about the areas of job-related concerns they have with EMS employees. They were asked to give the top three concerns:

1. Accessibility to education (including continuing education) (12 responses)
2. Creation of full-time positions and Wages (8 responses each)
3. Wages (5 responses)

Employer answers with respect to full-time positions and wages indicated that the issues are more complex than simply having a lack of funding to pay full-time positions. A few employers explained that staff turnover because of a lack of full-time positions results in greater hours of work for remaining employees who are not adequately compensated for their time and skills. Issues arising from these situations included employee burnout and safety concerns.

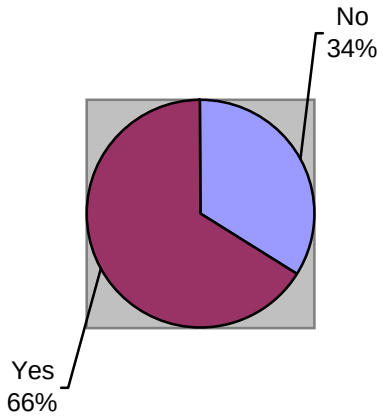
4.1.3 Recruitment and Retention

Employers were asked about issues related to attracting and retaining employees.

4.1.3.1 Recruitment

The majority of employers reported difficulty attracting qualified employees to the EMS sector.

Is it Difficult Attracting Qualified Personnel?



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Employers were also asked to rate their difficulty in attracting full-time, part-time, and casual employees. Thirty-three employers (66%) answered. Of these employers, most (67%; 22/33) had the most difficulty finding qualified casual employees. Part-time and full-time positions were somewhat easier to fill, with 6/33 (18.2%) and 5/33 (15.2%) of employers having the most difficulty filling these positions respectively.

When asked to expand on their ratings, employers' most frequent responses are given below:

⇒ Can't afford to live on casual/part-time wage (19)

They need more economic stability to move here

They require 2 jobs so that they can afford to live.

We are close to the oilfield where they can make big dollars, and we cannot guarantee enough hours for the casuals.

⇒ Can't afford to volunteer (2)

The young people are busy making a living, and do not have the time to volunteer.

On-call is difficult to handle (2)

They all have to have other jobs. All their hours are on-call. It requires an understanding employer to allow them to take calls while working else where during the day, so it's difficult to schedule daytime on-call shifts.

⇒ Want full-time work (2)

They take the same training as full time employees, but they only get part time work.

Employers were asked how the difficulties attracting employees can be overcome. Responses reflected the employers' understanding that lack of full-time work is an issue, and there were a few who had suggestions on overcoming this difficulty. The top 5 responses are given below. Thirty-three employers responded.

⇒ Offer more full-time positions (12/33)

We employ only full time, and we will share with other companies.

Creation of more permanent and part time positions for EMT and EMT-A's.

⇒ Issues with call volume (6/33) were identified, although not all had solutions

It is just the nature of the business in this area. It will never be strong enough to hire part-time employees.

We don't warrant full time employees, because of the number of calls.

We don't need ambulance in some of these smaller communities, instead have coordinated transfers.

⇒ Blended positions (4/33) were suggested

Some centres employ EMS employees under other positions as well as EMT or EMR.

The people must be multi skilled, and maintain more than one certificate, as the jobs are blended. We have non clinical positions such as maintenance EMT's, who do not have as many opportunities to maintain clinical skills.

Blended positions to make full time work.

⇒ Don't Know (4/33)

⇒ Increase funding (4/33)

Increased funding, better financial management and increased community education and awareness.

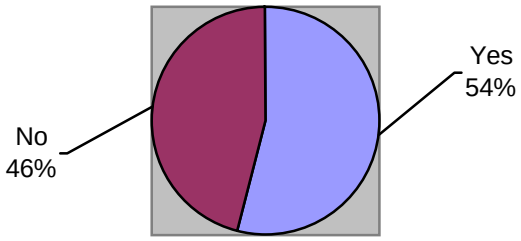
Implement wage parity with other professionals.

While some employers suggested blending positions, blended positions were also listed as problematic in a previous question regarding difficulty attracting positions that required special combinations of skills. Blended positions will also require research with respect to unionized workplaces.

4.1.3.2 Retention

When asked about the difficulty in retaining qualified employees, just over ½ reported that they had difficulty.

Is it Difficult to Retain Qualified EMS Personnel?



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Of those answering "yes", 55.6% reported having the most difficulty retaining casual employees, followed by 33.3% who reported having difficulty retaining full-time employees. 7.4% of employers had difficulty retaining part-time employees, and 3.7% were unsure which category of employee was most difficult to retain.

When asked to comment on why they were experiencing difficulty in retaining employees, employers offered the following answers:

⇒ We lose people to the larger centres (10)

They all want to go on to something better

They come, they work, they apply for other positions, and move on.

They like to move to larger centres where they have better shifts, 12 on and 12 off.

⇒ All of our people are looking for full time paid positions (5)

Being in the rural setting, we all are casual and work full time elsewhere.

The hours and full time work in the oil patch.

⇒ We must have the jobs for the people (4)

We are rural, and are not busy enough

We have difficulty retaining all three, as we find with rural services we are not a high call volume.

⇒ Low wages (4)

The low level of pay combined with the high level of training, and sporadic work hours.

Casuals do not make a wage, and therefore cannot commit the time.

⇒ They have to juggle their on-call time and trips with their full time jobs (2)

People need to make more money in order to survive

Employers were asked to provide opinions on how difficulties retaining employees could be overcome. Most offered that increasing the number of full-time positions was the answer, although some individual employers had different suggestions:

⇒ Offer full time EMS positions (10)
⇒ I don't know (5)
⇒ Higher wage (4)
⇒ Blending of positions (4)

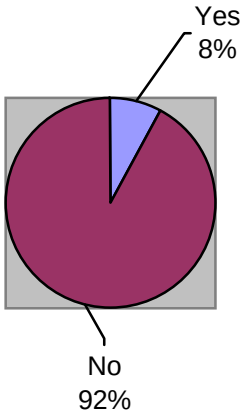
In smaller communities, the Health Authorities could create blended jobs, in which existing government employees (such as maintenance or health workers) could also function as Emergency Medical Service workers.

⇒ More funding. (2)
⇒ Possibly district rotation, and full time satisfying work.
⇒ Having permanent part-time positions would allow people to gain experience without getting burned out.
⇒ I think we need to consolidate ambulance service into larger centres.

4.1.3.3 Recruitment

When asked whether their organization is actively recruiting full-time employees, the overwhelming majority reported that they were not.

Employers Actively Recruiting Full-Time Employees



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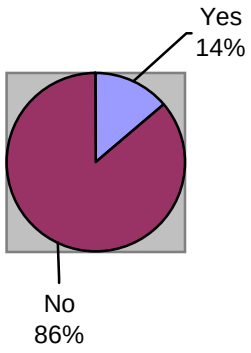
Of the 4 employers (/50) who are actively recruiting full-time EMS employees, 3 are recruiting for 1 position, and the remaining employer is recruiting 2 positions.

There are a few more employers actively recruiting part-time EMS workers:

Employers Actively Recruiting Part-Time Employees



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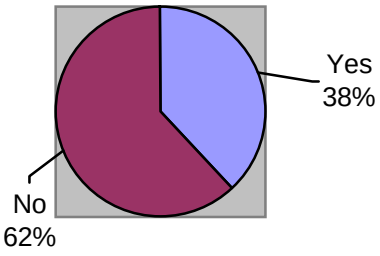
Of the 7 employers actively recruiting part-time employees, 3 are filling 1 position each, 3 are filling 2 positions, and 1 is recruiting 6 part-time employees.

The majority of employers who are actively recruiting employees are looking to fill casual positions. More employers report trying to fill casual positions than the either part-time or full-time.

Employers Actively Recruiting Casual Employees



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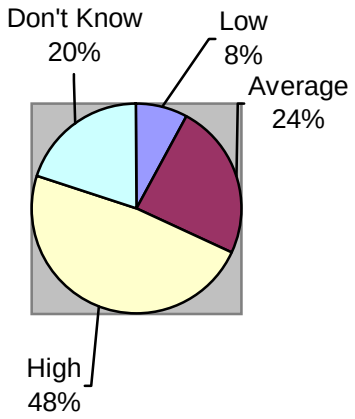
These employers also report trying to recruit more positions than either part-time or full-time. Of the 19 employers seeking casual employees, 7 are filling 2 positions each, 6 are filling 5 positions each, 3 are filling 3 positions each, 2 are looking for 4 employees each, and 1 employer is trying to fill 6 casual positions.

Employers were then asked to state whether they believed employee turnover in the EMS sector in Saskatchewan is low, average, or high compared to other sectors.

Employers Turnover Levels in Saskatchewan Compared to Other Sectors



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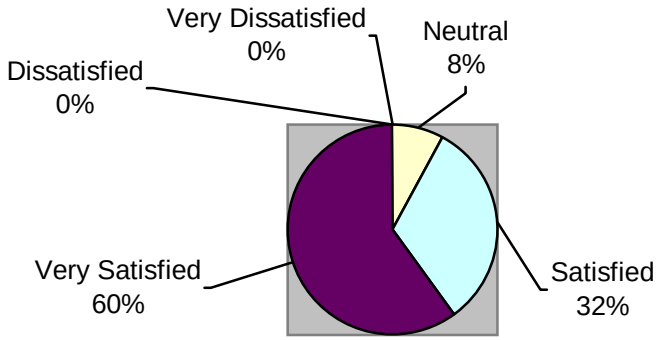
Almost half (48%) of employers though that turnover in the EMS sector is high compared with other sectors, although 20% were not sure. Only 8% thought employee turnover to be low compared to other sectors.

Employers were then asked to report on the average annual turnover of employees in their own organization. 72% of employers reported no average annual turnover of full-time staff within their organization. Of the remaining 28%, 20% reported turning over 1 staff member per year, and 8% reported a turnover of 2 staff members per year. Retention rates for part-time staff were slightly better than for full-time staff. 86% of employers reported no average annual turnover of part-time staff within their organization. Of the remaining employers, 8% reported an average annual turnover of 2 staff members, and 6% reported an annual average turnover of 1 employee. Turnover of casual staff was the highest – in keeping with the difficulty of recruiting casual staff to begin with. 58% of employers said there was no annual turnover of casual staff. The remaining 42% of employers reported annual turnovers of 1 casual employee (18%), 2 casual employees (12%), 3 casual employees (6%) and 4 casual employees (6%).

4.1.4 Skills and Training

Employers were asked to comment on their satisfaction with the skills and competencies of their EMS employees. Employees were rated on a scale of 1 – 5, with 5 being very satisfied.

Employer Satisfaction with EMS Employee Skills and Competencies



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Employers were asked to explain their rating of satisfaction with the skills and competencies of the EMS employees. Of the 50 employers who responded, the top 5 most cited answers are listed here (representing 41/50 employers):

⇒ They are all well trained (24)

They are well trained but being new they require more time in the field.

They are well trained; the problem would be to keep our skills current.

⇒ They follow up with their continued education (10)

We try to strive for high standards, and we do maintain a high standard of education.

⇒ They are improving, as they never got proper training before (3)

I am satisfied with their skills but I am not sure that they get all of the skills that are needed for example; driving skills may not be up to speed.

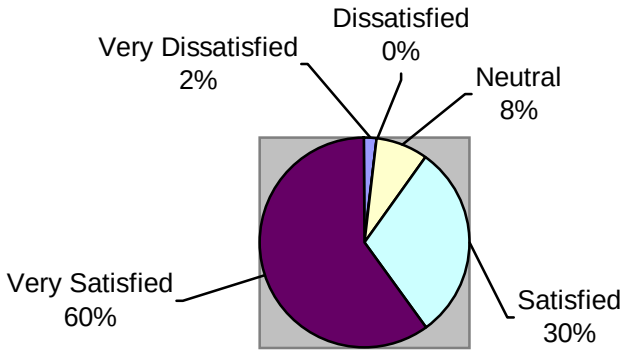
⇒ I only employ EMR so I can only expect so much for that skill level. The skill level is limited. (2)

We would prefer to have EMT's and EMT-A's on staff, however since they are all casual we can't require more than EMR training.

⇒ They do a good job with their limited experience (2)

Employers were also asked to comment on their satisfaction level of the general training of their EMS employees. The majority of employers reported being "very satisfied" – 5 on a scale of 1-5.

Employer Satisfaction with EMS Employee General Training



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Comments about the general training level of EMS employees were given by all 50 respondents. Responses given by more than one employer are listed below:

⇒ They are all well trained (19)

The training that they get from SIAST is good.

They seem to have adequate training for what we have calls for, they just lack experience in some cases.

For rural Saskatchewan, I have top notch employees, even over trained in some areas.

⇒ SIAST does not train them well enough (12)

They don't teach them how to drive an ambulance.

One of the things that I find that they don't have when coming out of school is administration training, or how to write reports.

I feel that they aren't prepared enough, the program has good content but it is too rushed.

⇒ Comments on in-house training (11)

We have adopted some resource materials that we use, so we take it seriously.

We train in-house. It would be nice to have someone else in to train occasionally, such as paramedic, a nurse, or a doctor, just to give a different perspective.

The senior staff require more training and upgrading.

⇒ They all have EMT or higher (2)
⇒ They are stuck at a certain level (2)
⇒ They work very hard at keeping their skills and training up to date (2)

When asked about the minimum amount of education and experience EMS personnel require when being hired, employers provided the following information. For accuracy of reporting, the employer responses are provided using their terms, specifically position titles. The information provided is the opinion of the respondents and may not accurately reflect EMS in Saskatchewan.

First Responders: 30 employers responded about their training requirements for First Responders. One employer requires an EMT certificate and 20 require FR training. Six employers cite requiring First Aid and CPR training, one requires CPR-C only, and one requires Grade 12. No employers reported requiring any previous experience.

Emergency Medical Responders: 38 employers answered regarding the training requirements for EMRs. Fifteen of 38 employers require EMR training and certification for hiring in this job category. 8 others responded that employees were required to have CPR, First Aid and 3-4 training modules. Six employers expect EMRs to hold FR certification, 3 employers require first aid and CPR certification, 3 employers require this training and a class IV driver's license. Other employers require an EMT certificate (1), Grade 12 (1), or Grade 10 with First Aid/CPR/class IV (1). 37 of 38 employers require no previous experience. The one employer requiring experience asks only for a "few hours" ride-along time.

Emergency Medical Technicians: Forty-eight employers responded to this question. All but 3 required EMT certificates. These employers required PCP (2), Grade 12 with a class IV driver's license (1), and First Aid/CPR training (1). Employers also commonly cited First Aid and CPR along with EMT certification. One employer required fire fighting qualifications in addition to the EMT certification. Another employer required the ability to fly a small plane and experience dealing with First Nations people. More experience is required of EMTs before hiring than was required for FRs or EMRs. While 43 employers required no previous experience, another required some ride-alongs (1), 1 year (1), 2 years (1), or 10 years of experience (1).

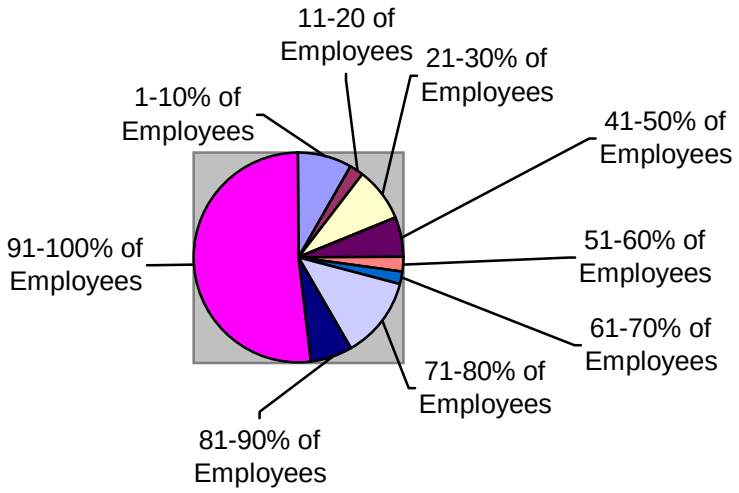
Emergency Medical Technician (Advanced): Thirty-two employers responded to the question about qualifications required for hiring EMT-As. Twenty-nine required a minimum of EMT-A certification, with a number also citing other First Aid and CPR training in addition to extended training modules. One employer requires EMR certification plus ICP training. One employer requires PCP training, and the last, an employer from industry requires only First Aid and CPR training upon hiring. Previous experience is also required more frequently at this level, with 6 employers requiring 2 years of experience as an EMT. One other employer requires one year of experience.

Emergency Medical Technician (Paramedic): Fourteen employers responded to the EMT-P job requirements question. All but one report requiring EMT-P certification or equivalent. The industry employer requires First Aid and CPR training only and trains from there. Other requirements included: certified to work on car (1), clean criminal record (2), and the ability to pass the physical fitness requirements (1). One employer (of 14) stated that they required any previous experience (1.5 years).

Emergency Medical Dispatcher: Of the 4 employers who responded to this question, 2 require an EMD certificate. The others required First Aid and CPR (1) and Grade 12 with EMT training (1). None of the employers required previous experience in the field.

Employers were asked what percentage of their employees had the relevant certification prior to their employment. Fifty percent of employers said that over 90% of their employees are hired already possessing the valid certificate. Eight percent of employers said that fewer than 10% of their employees are hired with relevant certificates. This area needs to be explored further in focus groups.

Percentage of Employees Hired with Relevant Certificate PRIOR TO Employment



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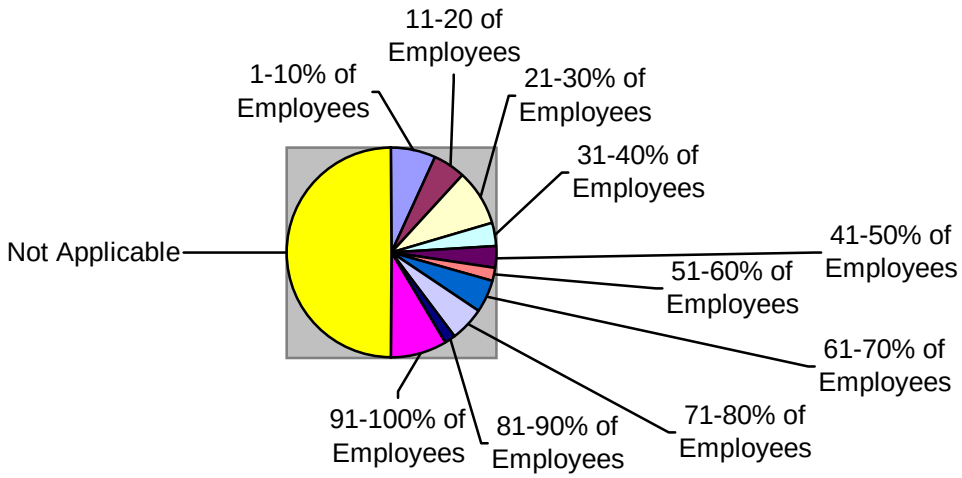
Employers were also asked to report on the percentage of employees who obtained a relevant certificate while "on-the-job". Forty-two percent reported that this question was "not applicable" – most likely because they hired only fully-qualified staff. Ten percent of employers report that over 90% of their staff receives training on-the-job.

Percentage of Employees Obtaining Certificate "On-the-Job"



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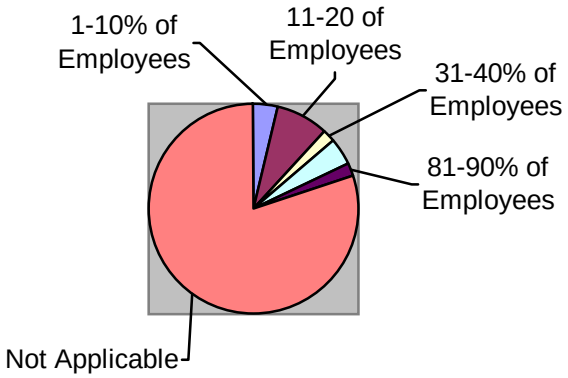
Employers were also asked to report on the percentage of employees they currently have who have no formal certificate for the positions they hold. Eighty percent of employers report that this question is "Not Applicable". Interestingly, 8% of employers report that between 11-20% of their staff does not have the required certification for the jobs they are performing.

Percentage of Employees with No Formal Certificate



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In addition to employees with training certificates obtained prior to or on-the job, or employees with no formal certificates, employers cited these other "types" of employees. Eighteen employers responded to this question, and multiple answers were given. Employees in the EMS sector are doing jobs with the following certifications:

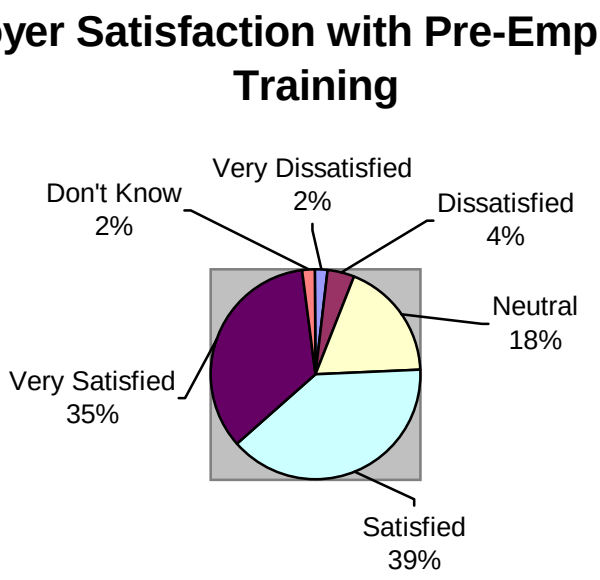
- ⇒ University degrees (7) other than those mentioned below
- ⇒ Teacher (6)
- ⇒ RN (4)
- ⇒ LPN (4)
- ⇒ RCMP (2)
- ⇒ Special Care Aides (2)
- ⇒ Fire Fighters (2)
- ⇒ Maintenance personnel (2)
- ⇒ Local training with our facilitator (1)
- ⇒ Lab Technician (1)
- ⇒ Orthotech (1)
- ⇒ Training through the health region (1)
- ⇒ Dental assistant (1)
- ⇒ Truck driver (1)
- ⇒ I don't know (1)
- ⇒ CPR/First Responder instructor (1)

When asked to specify the program name and Training Provider for pre-employment training of EMS employees, the employers could list up to 3 programs. Forty-eight employers responded, with 25 providing 2 answers and only 12 listing a third provider (85 responses in total). The following are the top 9 Training Providers (where more than one employer gave a similar answer). Programs are listed as well. Categories were generated by the responding employers.

Table 7. Employers' Ranking of Pre-Employment Training Providers and Programs Accessed by Employees

Training Provider	**Program**
SIAST (38 responses)	EMT (17), Certificates (11), EMT-A (5), PCP (2), EMR, Emergency Health Care and ICP (1 response each)
In-house Training (13 responses)	Orientation (4), EMR (3), FR (2), 1st Aid/CPR (2), AED (1), and "Skills" (1)
Local Trainer (4 responses)	FR (2), EMR (1), and BTLS (1)
Red Cross (4 responses)	CPR/First Aid (4)
Heart and Stroke Association (3 responses)	CPR/First Aid (2), AED (1)
SIAST/SAIT (3 responses)	EMT-A (2), Certificates (1)
La Ronge (2)	EMT-A (2)
Local Ambulance (2)	CPR/First Aid (1), Orientation (1)
Technical Schools (2)	Certificates (1), CPR/First Aid (1)

Employers were asked to rate their satisfaction with pre-employment training of EMS employees in general – again on a scale of 1 to 5 where 1 was "very dissatisfied" and 5 "very satisfied."



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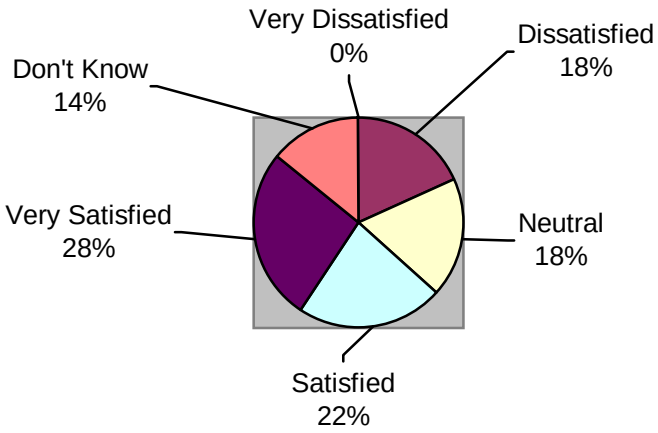
More dissatisfaction was expressed with respect to pre-employment training costs than with the quality of the training.

Employer Satisfaction with Pre-Employment Training Costs



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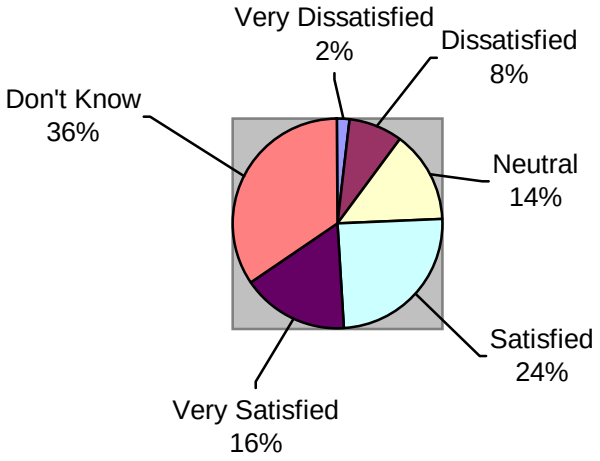
Employers were also asked to comment on Prior Learning Assessment and Recognition (PLAR). A large percentage answered that they "didn't know" (36%). Another 40% expressed that they were "satisfied" or "very satisfied" with this aspect of assessment.

Employer Satisfaction with Prior Learning and Assessment Recognition



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When asked to comment on how training could be improved, employers commented on a number of areas. Numbers in parentheses indicate the number of responses in each category.

⇒ Improved/Increased Experience (9)

They should be screened a little closer than what they are, train people with common sense.

More street experience.

You must have a lot more experience to go between the levels of training, and more hands on skills training.

⇒ Teach Driving (5)

I wish they would put the defensive driving module back in.

They should provide driver training into the programs or provide a driving module that would get you the proper license.

⇒ More Advanced Initial Training (4)

Train to the intermediate level right away.

I would like to see more skills available to the basic EMT, similar to the Alberta program.

⇒ Certify All Providers (2)

All providers should have recognized standards.

There should be more base material like textbooks, etc., and certify the facilitators.

⇒ Improved Access to Training (2)

I want it to be more available to rural areas.

I recommend that they offer the paramedic program in Saskatoon rather than just keeping it in Regina.

⇒ Change Entrance Requirements (2)

Get rid of the first applied or first accepted policy, and put in a screening process so that we have a higher quality of people for the ambulance, rather than the applicants going into the police, fire or industry sectors.

I would like to see the people pre-screened as far as physical condition, before they are accepted into any of the programs.

⇒ Longer Training (1)

I instructed the PCP course at SIAST, and the pressure put on those students is unbelievable. Extend the length of the course, or revamp the program.

When asked about the types of training available for EMS employees on-the-job, employers listed the following trainers and programs. Employers were allowed to list their top 3 responses: all 50 responded at least once, with 39 and 23 employers providing a second and third response respectively. Categories were generated by the responding employers.

Table 8. Employers' Ranking of On-The-Job Training Providers and Programs Accessed by Employees

Training Provider	**Program**
In-house training (77 responses) – Categories mentioned more than once are included	Continuing Education modules (33), CPR/First Aid (6), BTLS (6), AED (4), Orientation (4), First Responder (3), Rescue (2)
External Facilitator (15)	CPR/First Aid (3), WHMIS (2), Driving (2), Safety Seat Inspections (2), BTLS (2), Continuing Education (1), H_2S Alive (1), Fire Fighting (1), Conferences (1)
Health District (7)	First Responders (3), BTLS (2), CPR/First Aid (1), Critical Care (1)
Ambulance (6)	Continuing Education (3), BTLS (2), AED (1), Ride-along (1)
SIAST (4)	BTLS (1), EMT (1), Anatomy (1), PCP Bridging (1)
Red Cross, St. John, Heart and Stroke (3)	AED (2), CPR/First Aid (1)

Employers were then asked whether their EMS employees were required to upgrade or take additional training throughout their employment. 80% of employers answered that on-going training is a requirement of their jobs.

When asked to describe the training available throughout the EMS employees' employment, 33 employers responded. The majority of responses pertained to improvements that are required for this training. Responses occurring more than once are listed below:

⇒ More intensive/realistic training is required (8)

They need a review of skills in all aspects especially for new equipment.

Spend a little more time on real life situations.

Instil a driving component. Operators need more input into things that are taught because they are the ones that are in the industry.

⇒ More money needed for training (5)

More money for more qualified instructors, to do the PCP bridge.

I would like to see it more cost effective.

⇒ More continuity in standards (4)

Recognized standards provincially, not just between health regions.

The facilitators should be trained.

Administer it the way Alberta does, the modules are sent out, and each individual is responsible for their own, thus providing more continuity.

⇒ Update Modules (4)

The continued education programs need to be updated and offer them on-line.

The continued education program needs updating to the current code of practice.

⇒ Need a variety of instructors (3)

Ours would improve if we brought in an instructor from the outside, and more funding.

More money, for a variety of instructors, as they get tired of the same one, being myself.

The ongoing training is becoming boring, and we need some new ideas.

⇒ Access to Training (3)

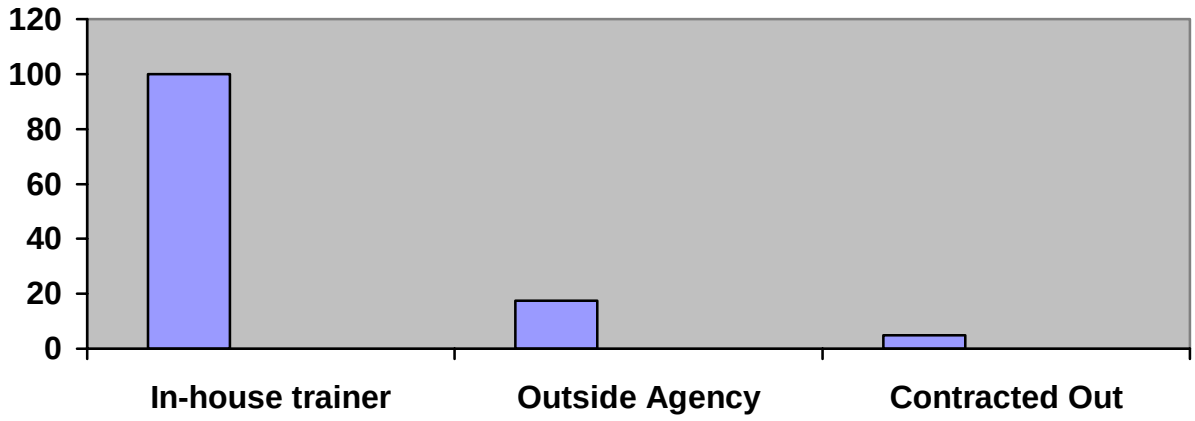
More training available so that people can advance.

I would like to see more First Nations people involved in the programs.

If there was some way of having more advanced training provided locally.

This on-going professional development training is usually provided in the following manners. Forty employers responded – giving multiple answers. All 40 respondents use in-house training.

Training Providers - % of Respondents using each Method



n=40

Twenty employers responded when asked about barriers to these types of training and what could be done to address the barriers. Barriers cited included:

- ⇒ Cost of instructors (7)
- ⇒ Lack of time for travel (3)
- ⇒ Lack of training for instructors (2)
- ⇒ Lack of access to training (2)
- ⇒ Availability of staff, location, irrelevant content, and none (because it's done in-house) were all listed one time each.

Most of the employers (15/20) provided some response regarding solutions to these barriers:

- ⇒ Increase funding (4)
- ⇒ Provide funding for outside instructors (2)
- ⇒ Have on-line training (2)
- ⇒ Pay for training expenses for employees (2)
- ⇒ Bring continuing education to EMS employees (2)
- ⇒ Cover cost of additional staff and allow people to use their skills were each listed once.

When employers were then asked whether they expected this to change in the future, the majority (68%) said "No." Twenty-two percent expected some change, and 10% weren't sure.

Those who stated that they expected to see a change in training in the future (10/11) had a wide variety of expectations. The most frequent response (3/10) was the expectation that EMS workers would need a minimum PCP level to work on the ambulance. Other changes included:

I have heard talk of them developing a system with a more central location for the EMT.

I expect it to change only if the scope of practice changes.

On-line remote training sessions, and having the instructor come out to remote sites.

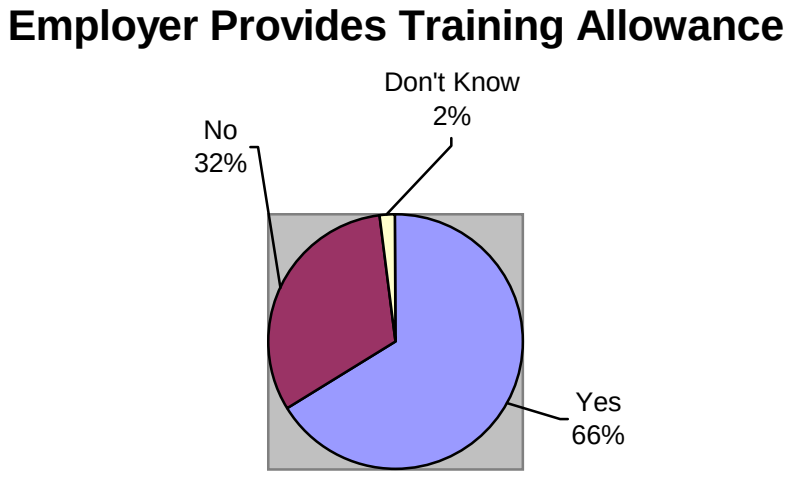
Provide one neutral qualified instructor for each health district.

I think that there will not be as much money for training, so we won't get as many opportunities to train.

As staff realizes that they are getting up in age and can't do street duty any longer, then we will see an increase.

I would like to see somewhere where we could rent or share the resources more freely.

When asked whether their organization provides a training allowance to EMS employees, the majority said "yes":



n=50

When asked about whether they knew of any other pre-employment or on-the-job training programs in Saskatchewan that had not already been mentioned, 26% answered "yes." These employers were asked to list these and also to comment on how these programs are able to meet their training requirements, cost, curriculum content, and any suggestions for improvement. All employers who answered "yes" provided further comment. Nine (of 13) described on-the-job training – 3 have experience with BTLS (2 gave positive comments, one declined), 2 each with Interphase and Management, and one employer each mentioned defensive driving and SIAST's

bridging program. Interphase is seen as a good program, although one employer mentioned limited access. One employer had no direct experience with the Management program, and the other described it as "adequate." Both the defensive driving and SIAST's bridging program were considered very good.

With respect to pre-employment programs not already mentioned, 4 were brought up. The one employer who had used AED training mentioned that access to training was an issue. There was no comment from the employer who added BTLS to the list. Another employer believes that more Red Cross First Responder programs need to be approved, and the last employer commented that the Saskatchewan Initiative Training Program is "awesome."

The largest barriers to training are listed below. Employers were given examples to choose from – cost, availability, lack of time, geographical proximity to training programs. The top 5 responses are listed (these were answers getting more than one response):

⇒ Funding (12)

Funding and what the staff is able to do with the training after.

Finances and travel.

⇒ Location/Proximity (10)

Our rural location where travel for training would be an issue.

For us, it is the proximity to training programs, and the time involved.

For the casuals some of the travel can be long.

⇒ Lack of time (10)

Time and resources being away from their regular job.

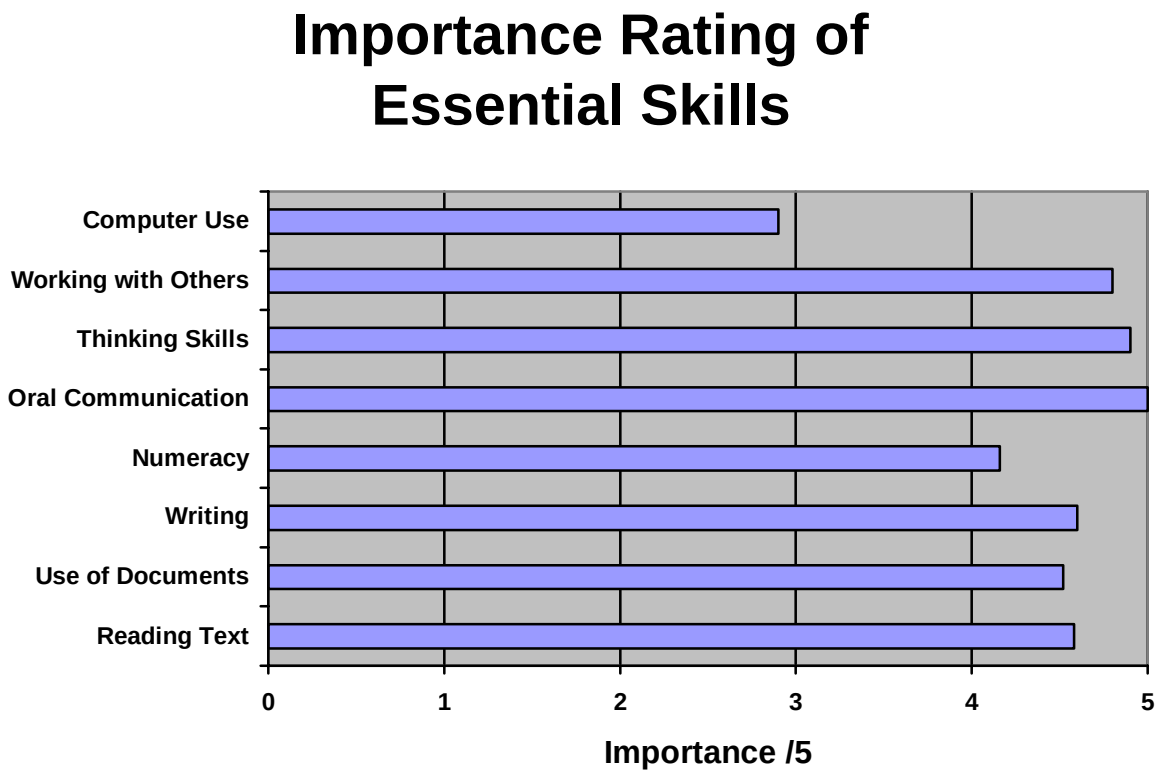
Time is the biggest problem, getting everyone together at one time.

⇒ All of the above (6)

⇒ Staff shortages while the employee is away being trained (3)

Scheduling conflicts.

Employers were asked to indicate how important they felt a number of "essential skills" are to employment in the EMS sector. Each skill was rated on a scale of 1 to 5 – with 1 being "not important" and 5 being "very important". The average responses are shown below. All skills were seen as being "important to very important", except for computer use which scored as "neutral."



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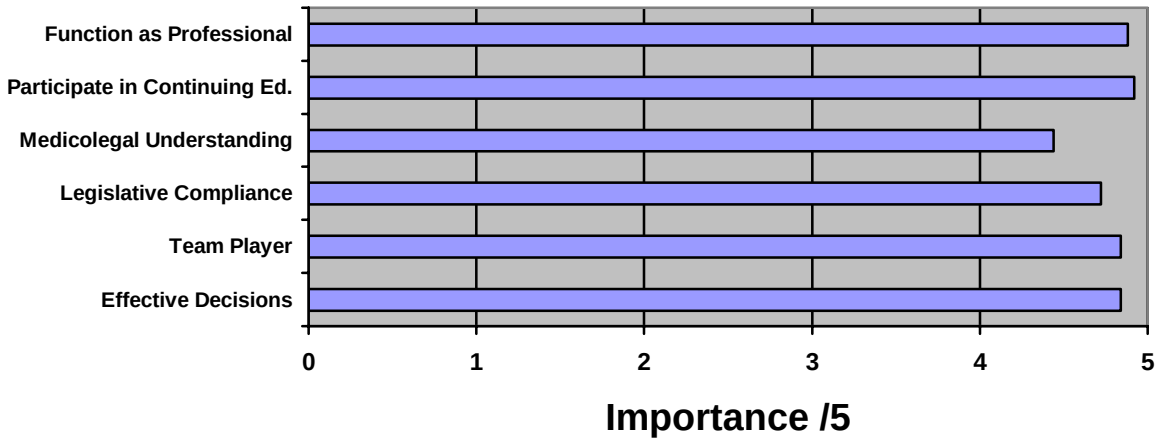
Employers were asked to similarly rate the importance of a list of professional responsibilities – where 5 is "very important" and 1 is "not important." All professional responsibilities are rated as being "important" to "very important" – these include the ability to function as a professional, participate in continuing education, understand the medicolegal aspects of the profession, comply with legislation, function effectively in a team environment, and make decisions effectively.

Importance Rating of Professional Responsibilities



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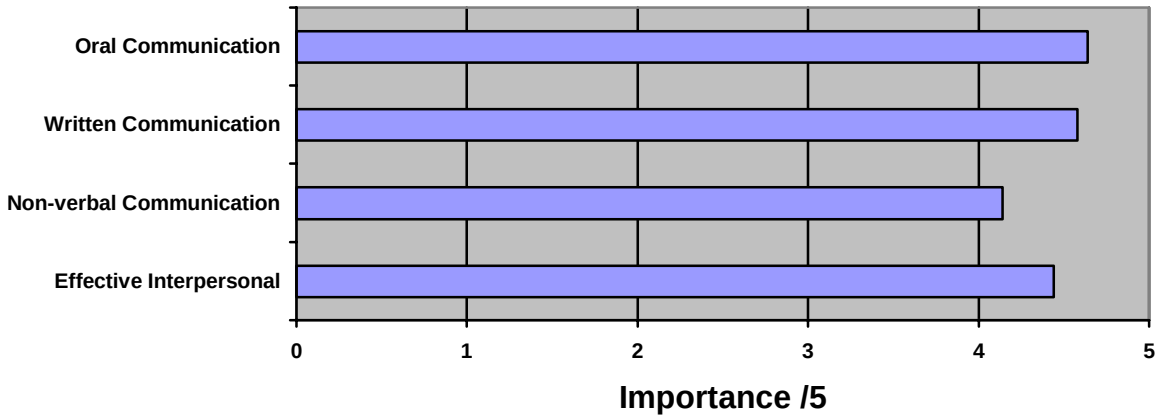
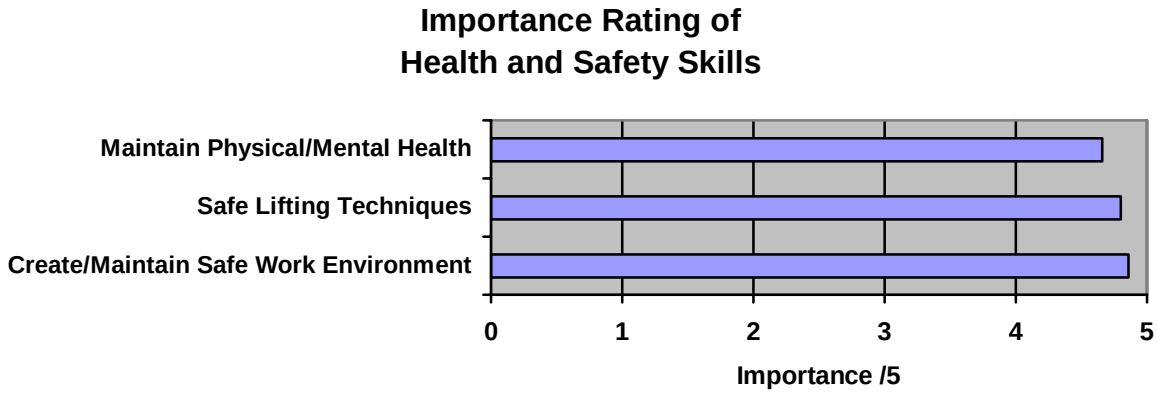
The next group of skills that employers were asked to assess pertained to communication. Again, 5 was the highest rating; "very important". All were rated "important" to "very important". These skills include oral, written, verbal, and non-verbal communication modalities.

Importance Rating of Communication Skills



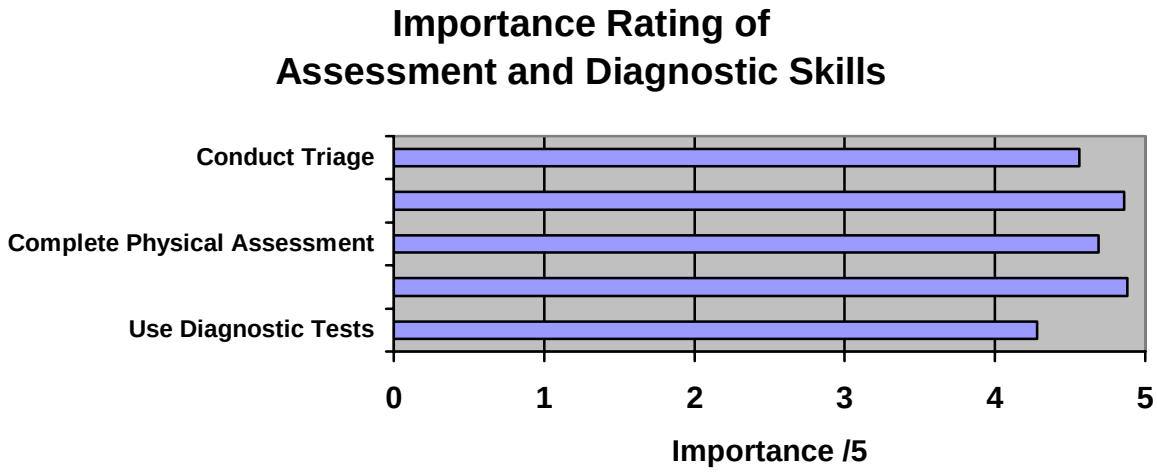
n=50

Health and Safety skills of employees in the EMS sector were also rated by employers. Again, these skills were considered "important" to "very important" – with a rating of 5/5 being the best. Health and Safety skills include the ability to maintain physical and mental health, use safe lifting techniques, and create and maintain a safe work environment.



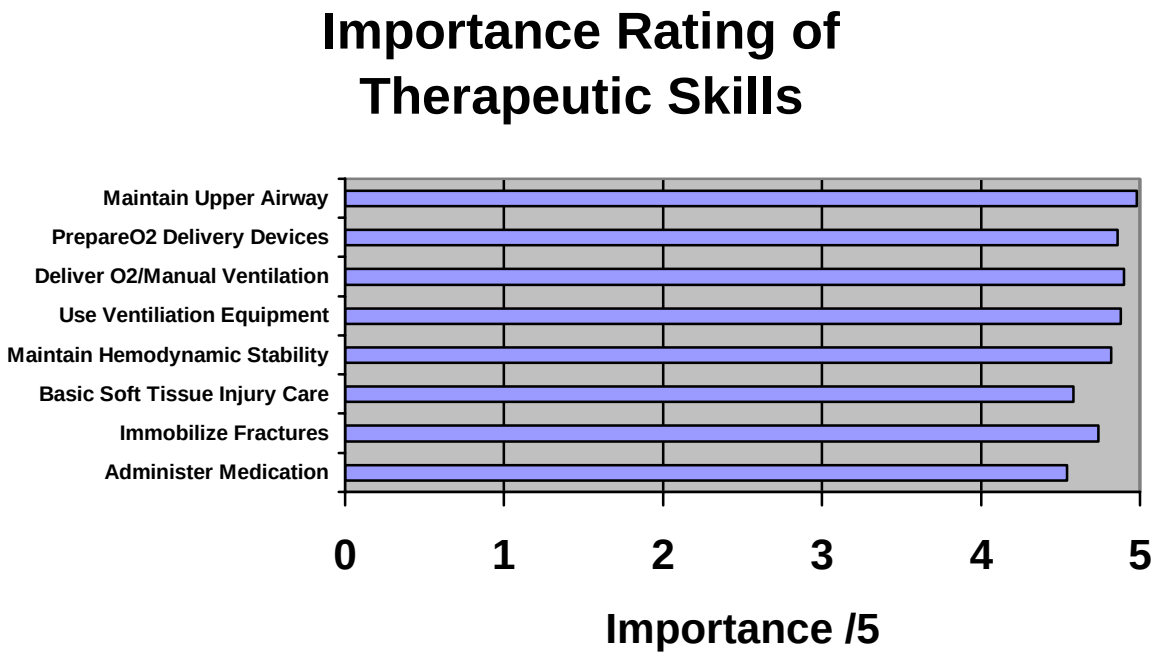
n=50

Employers were also asked to rate the importance of EMS employees' assessment and diagnostic skills. Ratings were done on a scale of 1 to 5, with 5 being "very important". Ratings were given for the EMS employee's ability to conduct triage, obtain patient history, complete a physical assessment, assess vital signs, and use diagnostic tests. As with previous skill ratings, this group of skills were considered "important" to "very important".



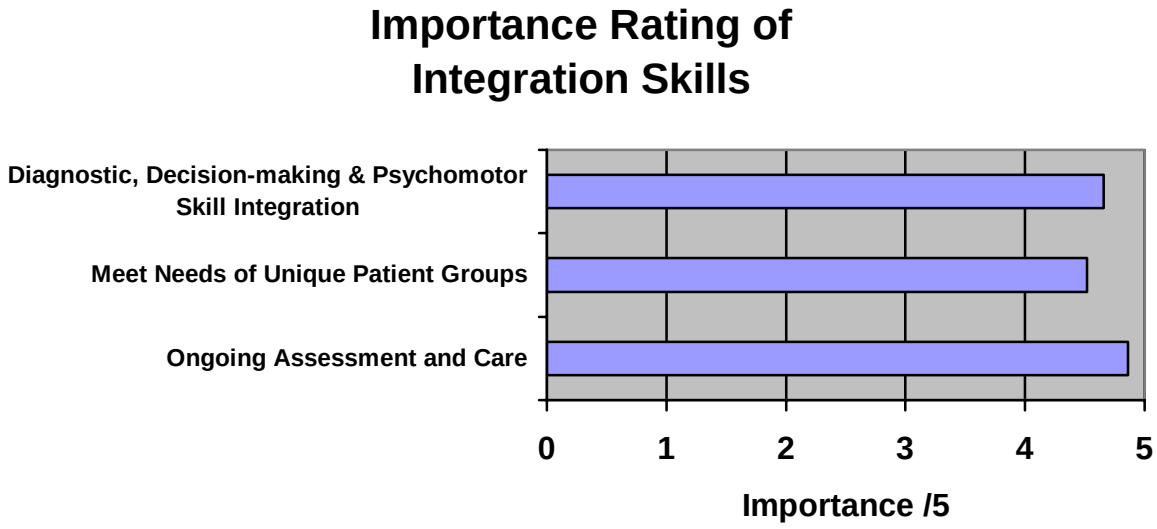
n=50

When asked to rate the importance of EMS employees therapeutic skills, the employers rated all skills close to "very important". Therapeutic skills include maintaining patency of upper airway and trachea, preparing oxygen delivery devices, delivering oxygen and administering manual ventilation, using ventilation equipment, implementing measures to maintain hemodynamic stability, providing basic care for soft tissue injuries, immobilizing actual and suspected fractures, and administering medications.



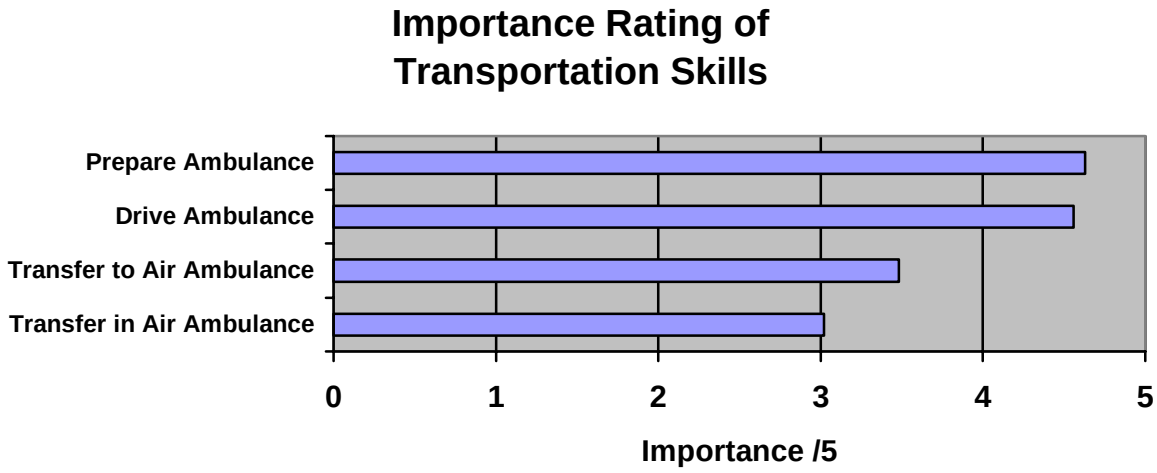
n=50

Another skill area for EMS sector employees that was rated by employers was the integration of skills. Again, the importance of these skills was rated on a scale of 1 to 5 where 1 was "not at all important" and 5 was "very important". Integration skills were all rated "important" to "very important". These skills included the ability to use differential diagnostic skills, decision-making skills, and psychomotor skills in providing care to patients, providing care to meet the needs of unique patient groups, and conducting on-going assessments and providing care.



n=50

Employers were also asked to rate the importance of EMS employees' abilities in the transportation area. The ability to drive an ambulance has already been raised in a number of sections of this survey and appears below. Again, ratings happened on a scale of 1 to 5, with 5 being "very important". Preparing and driving the ambulance were rated "important" to "very important", whereas skills related to air ambulance scored between "neutral" and "important".



n=50

Employers were asked whether there are any competencies, skills or training that are no longer relevant for employment in the EMS sector. Of the 12% of employers (6/50) who answered that there are some irrelevant skills, the following responses were obtained:

⇒ Anti-shock garments (2)
⇒ Any training done with PASG is no longer relevant (2)
⇒ The provincial education program is dated, and requires an overhaul.
⇒ EMR designation, because it is too basic.

When asked to predict what types of new skills or training will be needed in the EMS sector in the next 5 years, employers could give three opinions. Thirty nine (/50) responded, with 14 giving 2 answers, and 4 providing 3. The top responses are listed here:

⇒ Advances in Present Skills – including changes to increase the scope of practice (43/57 responses)

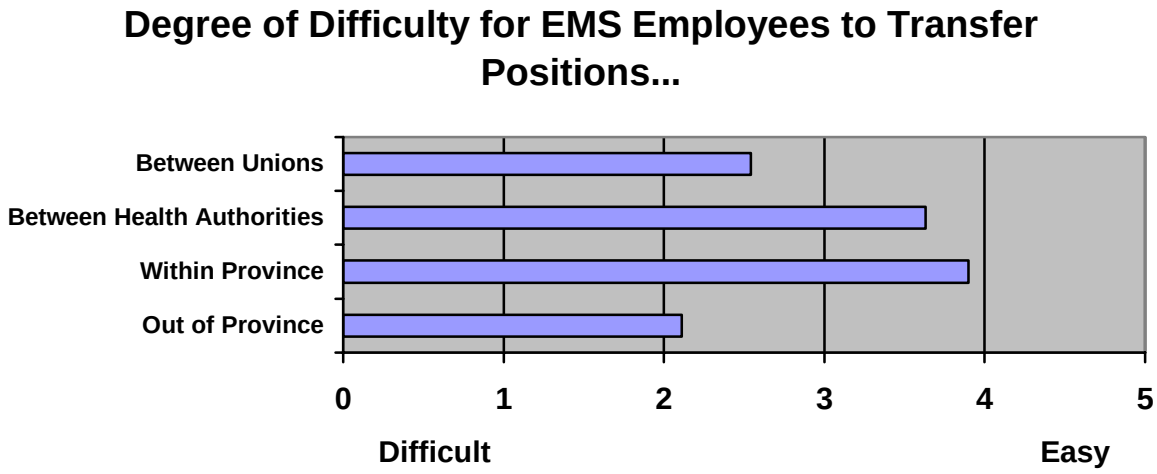
Allow IVs and Meds for EMTs (14/42)

PCP will become minimum standard (5/42)

Allowing intubation (3/42)

⇒ Improve communication and computer literacy (4/57)
⇒ Haz-Mat and Disaster Scenarios changing (2/57)
⇒ Infectious Diseases (e.g. SARS) will change practices (1/57)
⇒ Training will be delivered on-line (1/57)

Employers were then asked to rate the difficulty EMS employees face when transferring between Unions, Regional Health Authorities, Employers in Saskatchewan, and Employers out-of-province. Ratings were made on a scale of 1 to 5, with 5 being not very difficult, and 1 being very difficult. The most difficult transfer was perceived to be for employees moving out of province – which implies that there may be difficulty in recruiting skilled employees from out of province. It was also considered difficult to move between unions – which is an area of concern given the variety of unions involved in those workplaces with union representation (and in the event of blending jobs).



n=50

When asked if employers thought that many EMS employees would continue their education, 78% (39/50) said "yes". When asked to rate the level of difficulty current EMS employees would have using their current training to transfer into other programs, employers gave a rating of 3.33/5 – where 1 was very difficult and 5 was "not at all difficult". This means that employers thought that employees would have some difficulty – between "neutral" and somewhat difficult" – in using their experience to transfer into other programs.

Employers were asked one last question about the most pressing training issues or trends facing the EMS services sector in Saskatchewan and how they would suggest the issues be resolved. The top 12 issues are given here. These are issues that received more than one comment. In total, 61 responses were received.

- ⇒ Increase the scope of practice (9)
- ⇒ Educational issues (7) including access and other improvements
- ⇒ Lack of funding (6)
- ⇒ Retention of Qualified Staff (6)
- ⇒ Increasing Skills in Rural Areas (5)
- ⇒ Increasing Positions in Rural Areas (5)
- ⇒ Improvements to Continuing Education (4)
- ⇒ Implementing Consistent Standards (3)
- ⇒ Increasing Training (3)
- ⇒ Blending Jobs (2)
- ⇒ Closing Hospitals (2)
- ⇒ Unrealistic Public Expectations (2)

In closing… employers were given an opportunity to make one final comment. Comments fell into areas already covered in the survey – and the employers' final comments provided a fitting summary to this section of the survey.

⇒ Unions

They should not have EMT and EMR in different unions when we have the same issues.

⇒ Rural Issues

The government and Paramedic associations need to understand the differences between the operation of salaried, urban services and on-call volunteer rural services.

Co-ordination and maintaining of ambulance services in the rural areas is a struggle. The dispatchers are not familiar with all areas, and sometimes give improper directions.

A lot of times because we are rural we get left out of new programs. We lack the funding for conferences, and would like to have easier access to education.

⇒ Training Issues

I feel there is something wrong with our training centre (SIAST); for instance they lose papers and don't train EMT's on driving. Driving is the most important part of the job and it makes no sense that they don't train EMT's in that area.

⇒ Scope of Practice

⇒ Funding

4.2 Employee Survey

The opinions expresses are those of the individual and may not accurately reflect EMS in Saskatchewan.

In addition to the detailed information to follow, employees were surveyed with respect to demographic information. 60.9% of respondents were male, 39.1% were female. There were 12 people in total who indicated Aboriginal ancestry – 3.1% (11/351) indicating a Métis background, and 0.3% (1/351) indicated Inuit ancestry. No respondents identified as First Nations.

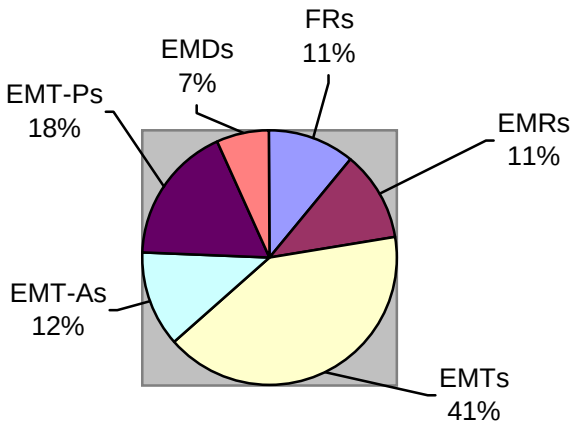
4.2.1 Organizational Information

Three hundred and fifty-one surveys were returned from employees in the EMS sector. Respondents were initially asked to identify which job category best described their work: First Responder (FR), Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Emergency Medical Technician – Advanced (EMT-A), Emergency Medical Technician – Paramedic (EMT-P), or Emergency Medical Dispatcher (EMD). This information was used when analyzing responses to many of the questions on the employee survey for two main reasons:

1. Responses given by FRs and EMDs had the potential to skew results.
2. The employer survey indicated that some job categories tend to be more urban or rural than others, so that differences in urban vs. rural issues might be made more clear by looking at responses among job categories.

The largest single category of responses came from those "employed" (either paid or volunteer) as EMTs:

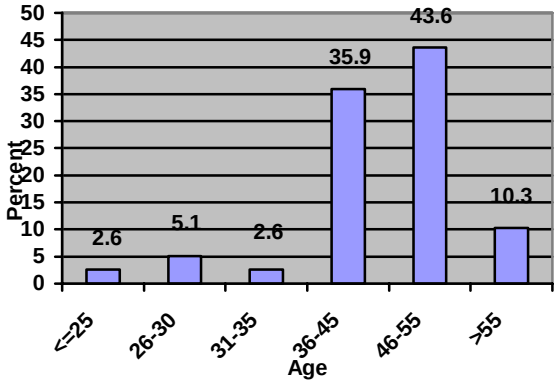
Employee Respondents by Job Category



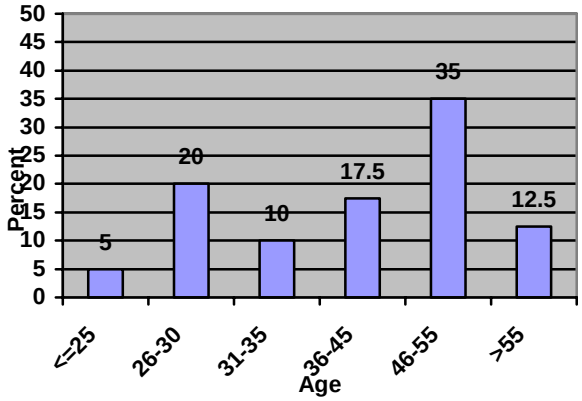
n = 351

Demographic information about employee age was given by age ranges: 25 and under, 26-30, 31-35, 36-45, 46 – 55, and 56 and older. Results were analyzed by job category. Age differences were noted for job categories. FRs tend to be between 35 and 55 years old, EMRs tend to be 26-30 or 46-55, EMTs are most prevalent in the 25-30 age group, while EMT-As, EMT-Ps and EMDs tend to fall into the 36-45 range.

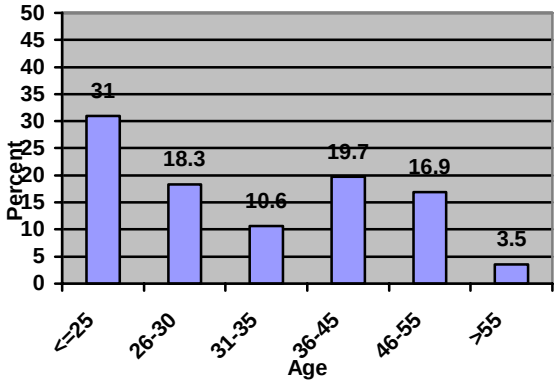
First Responders



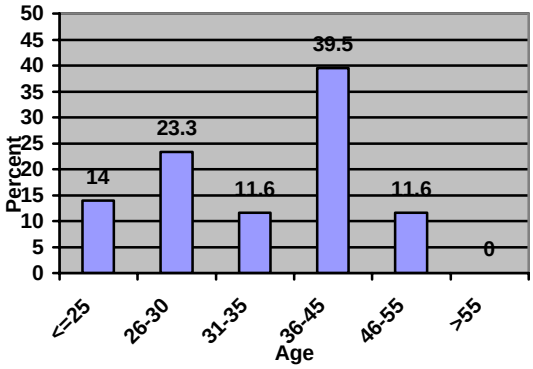
Emergency Medical Responders

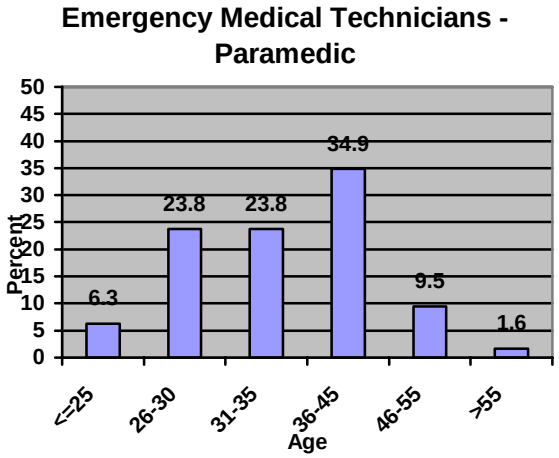


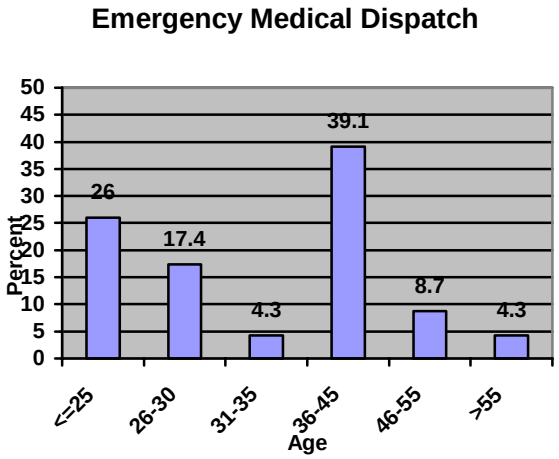
Emergency Medical Technicians



Emergency Medical Technicians - Advanced







Employees were then asked whether they are currently employed (either paid or volunteer) in the EMS sector. If their response was "no", they were then asked if they had been involved in the industry at one time, and if so, why they had left. The majority of respondents are currently involved in the EMS sector – with at least 92% of respondents in each category indicating current involvement in the sector (Table 9). Of those not presently involved, only 2 indicated past involvement: one moved to be with family and another is on a leave of absence. A small percentage gave "no response", perhaps being unsure of the question.

Table 9. EMS Employees' Current Involvement in the Sector

Job Category	Percent Currently Involved	Percent Not Involved	No Response
First Responder	92%	5%	3%
Emergency Medical Responder	100%	0%	0%
Emergency Medical Technician	96%	2%	2%
Emergency Medical Technician – A	100%	0%	0%
Emergency Medical Technician – P	97%	1.5%	1.5%
Emergency Medical Dispatcher	100%	0%	0%

4.2.2 Current Employment Information

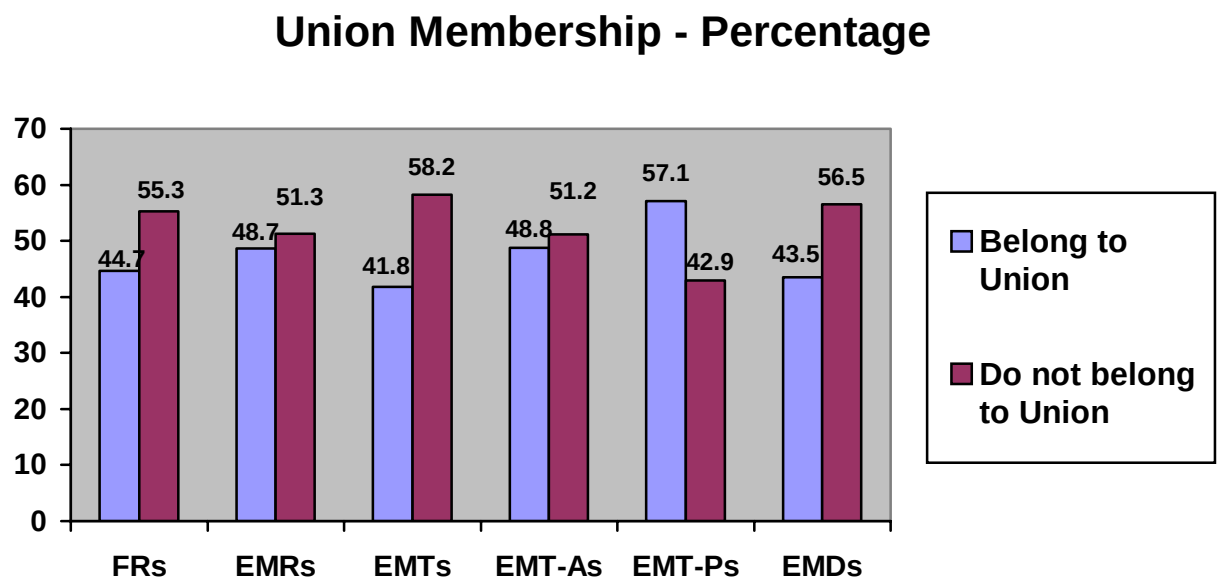
EMS employees were asked whether they currently work for more than one employer within the EMS sector. Regardless of job category, 11% or fewer had more than one employer within the sector. First Responders and EMTs reported the highest percentage of employees working for 2 or more EMS sector employers (11% each), followed by EMT-Ps (8%), EMT-As (7%), EMRs (5%), with EMDs reporting the lowest percentage (4.5%) working for other employers.

When asked whether their primary employer was public or private sector (or both), EMS sector employees reported the following splits. First Responders work predominantly for Public Sector institutions (78% of FRs), followed by EMRs, 55% of whom report working for the Public Sector. All other job categories report working predominantly for the Private Sector, with a trend to an increased percentage working for the private sector – especially EMDs who report 91.3% working in this sector (Table 10).

Table 10. Percentage of EMS Sector Employees Employed in Public or Private Sector Workplaces

Job Category	Public	Private	Both
First Responder	78.1%	21.9%	0.0%
Emergency Medical Responder	55%	42.5%	2.5%
Emergency Medical Technician	38.7%	59.9%	1.4%
Emergency Medical Technician – A	39.5%	58.1%	2.3%
Emergency Medical Technician – P	28.6%	69.8%	1.6%
Emergency Medical Dispatcher	8.7%	91.3%	0.0%

When asked about whether they belonged to a union, respondents in all job categories indicated that between 40 – 60% belonged to a union. Overall, most job categories had a greater number who did not belong to a union, with the exception of the EMT-Ps who reported that closer to 60% of their members belonged to a union



Respondents listed the following unions. Numbers in parentheses indicate the number of respondents giving that answer. The majority of responses came from members of the HSAS and International Firefighters' unions.

- ⇒ HSAS (51)
- ⇒ International Firefighters (44)
- ⇒ SEIU (21)
- ⇒ CUPE (11)
- ⇒ SGEU (4)
- ⇒ SAHO (3)
- ⇒ SUN (2)
- ⇒ CEP (2)
- ⇒ HSAS and SEIU (2)
- ⇒ SAHO and HSAS (1)

The geographical distribution of employees within the EMS sector tends to vary depending in which job category employment is held. The greatest percentage of employees working in an urban setting is in the EMD job category, with 95.7% of these respondents employed in an urban setting (and none report working in a rural setting). Rural areas employ the greatest percentages of EMRs (79.5%), FRs (58.3%), and EMTs (41.7%). Despite the relatively low

percentage of total employees in the North, there are 3 job categories represented in the North: 4.7% of EMT-As, 2.8% of FRs, and 0.7% of EMTs report working in the North – no EMRs, EMT-Ps or EMDs work north of PA National Park (Table 11).

Table 11. EMS Sector Employment by Geographical Location

Job Category	Urban	Rural	North	Mixture
First Responder	27.8%	58.3%	2.8%	11.1%
Emergency Medical Responder	7.7%	79.5%	0.0%	12.8%
Emergency Medical Technician	34.5%	41.7%	0.7%	23.0%
Emergency Medical Technician – A	44.2%	16.3%	4.7%	34.9%
Emergency Medical Technician – P	68.3%	12.7%	0.0%	19.0%
Emergency Medical Dispatcher	95.7%	0.0%	0.0%	4.3%

When asked which type of EMS service employees worked for, there were differences according to job category. While the majority of employees work for Ground Ambulance services, far fewer FRs reported working in this area – having an almost equal split between Ground Ambulance and Fire Services (Table 12).

Table 12. Specific Area of Employment within the EMS Sector

Job Category	Ground Ambulance	Fire Services	Industry	Clinic/ Hospital	Other Combination
First Responder	40.0%	37.1%	0.00%	14.3%	8.6%
Emergency Medical Responder	87.5%	0.00%	0.00%	7.5%	5.0%
Emergency Medical Technician	77.3%	9.9%	2.8%	5.0%	7.8%
Emergency Medical Technician – A	86.0%	0.00%	0.00%	9.3%	4.7%
Emergency Medical Technician – P	84.1%	0.00%	0.00%	1.6%	14.3%
Emergency Medical	82.6%	4.3%	0.00%	0.00%	13.0%

Dispatcher					

Of the responses in the "Other Combinations" category, all FRs reported working for a Ground Ambulance/Fire Services employer and the EMRs reported working for a Ground Ambulance/ Health Clinic & Hospital employer. The EMTs reported multiple combinations of employers: 2 reported working for a Ground Ambulance/ Fire Services employer, 5 for a Ground Ambulance/ Health Clinic & Hospital employer, 1 other for a Ground Ambulance/ Industrial employer, and 2 others gave no response. Both EMT-As reported working for a Ground Ambulance/ Health Clinic & Hospital combination employer. The EMT-Ps work for a Ground Ambulance/ Industrial employer (2), a Ground and Air Ambulance service (1), Ground and Air Ambulance & Health Clinic/ Hospital employer (5), and 1 reported working for a Ground Ambulance, Fire Services and Industrial employer. Two EMDs report working for a Ground and Air Ambulance Service combined with a Fire Services employer, while the final EMD works for a private company.

The respondents above who indicated that they worked in a hospital setting were then asked whether they work for a Regional Health Authority and respond to ambulance called when needed. Again, there were different responses depending upon which job category an EMS professional worked in. There were no EMDs responding to this question. The majority of EMRs, EMTs, and EMT-As replied that they work for a Regional Health Authority and respond to ambulance calls when required. Only EMT-Ps were in the majority when answering "no" (63.6% do not work for a Regional Health Authority) (Table 13).

Table 13. EMS Sector Employees Working in Hospitals Who Respond to Ambulance Calls When Needed.

Job Category	**Yes**	**No**	**# Responding**
First Responder	50.0%	50.0%	6
Emergency Medical Responder	88.9%	11.1%	9
Emergency Medical Technician	70.8%	29.2%	24
Emergency Medical Technician – A	66.7%	33.3%	12
Emergency Medical Technician – P	36.4%	63.6%	11

Among those employees who work in another area of a Regional Health Authority and respond to ambulance calls when required, they listed the following as their alternate jobs.

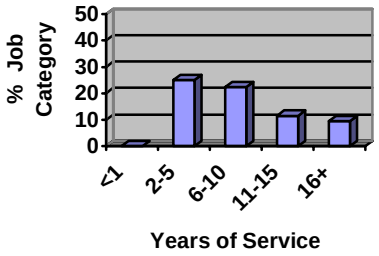
Numbers in parentheses indicate the number of respondents listing that job. Only job with 2 or more responses are listed here.

- ⇒ Special Care/Resident Aide (12)
- ⇒ Emergency Room (5)
- ⇒ Assist with nursing duties (5)
- o *Out patient department, helping Dr. with procedures, assessing patients in out patient department, stocking, calling IV start, LPN, RN, instrument cleaning. Develop and train for disaster. MAV Ais.*
- ⇒ Maintenance, housekeeping (4)
- ⇒ Administration (3)
- ⇒ Maintenance Mechanic (3)
- ⇒ Hospital Emergency (2)
- ⇒ First Responder (2)
- ⇒ EMS Coordinator (2)

When asked about their years of experience in the EMS sector, respondents' answers varied again by job category. Interestingly, there were no FRs who answered that they had less than one year's experience – with the greatest percentage of FRs having greater than 16 years of experience in the sector (37.1% - although 25.7% and 28.6% of FRs also responded to having had 2-5 and 6-10 years of experience respectively). Both EMRs and EMTs peaked at having 2-5 years of experience, while EMT-As listed 2-5 years and 6-10 years experience closely (27.9% and 25.4% respectively). EMT-Ps were even more balanced among 2-5 years experience (27.0%), 6-10 years experience (25.4%), and 11-15 years experience (25.4%). EMDs peaked at 2-5 years experience with 47.8% of those employed in this category falling into this years of service level.

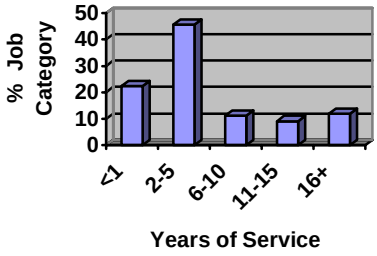
Years of Service – Broken Out by Job Category

First Responders

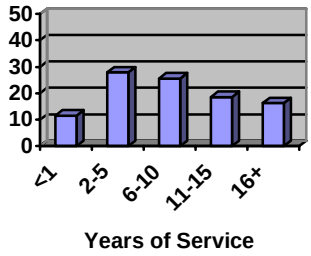


Emergency Medical Responders

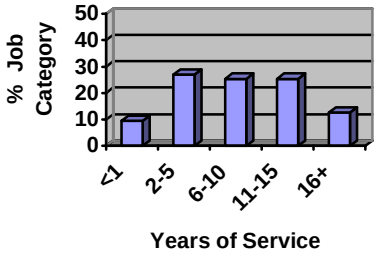
Emergency Medical Technicians



Emergency Medical Technicians-A



Emergency Medical Technician-P



Emergency Medical Dispatchers

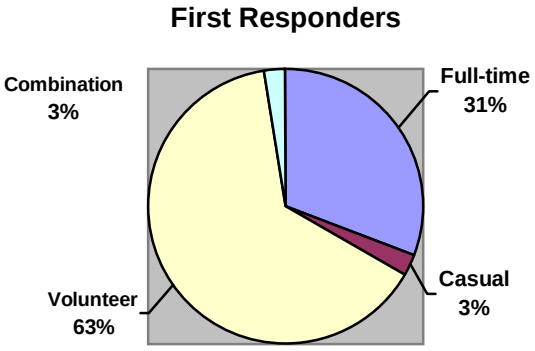
Employees were also asked about the number of employers they've had over the course of their employment within the EMS sector. A significant number of FRs gave "No Response" (33%), most likely due to their volunteer status. A small percentage (2.3%) of EMT-As reported having had 10 employers – this represents one EMT out of the 43 responding. Similarly, only one EMT-A has had 6 employers, while 2 EMT-Ps report having had 6 employers. EMT-Ps are more likely to report having had multiple employers within the EMS sector, with 30.2% of EMT-Ps reporting having had 3 employers. In all other categories, the majority of employees report having had 1 or 2 employers (Table 14).

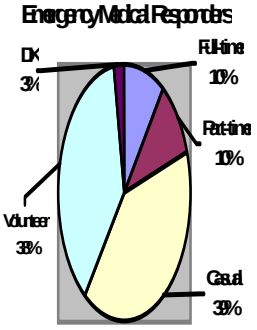
Table 14. Percentage of EMS Sector Employees Having Had 1 or More Employers

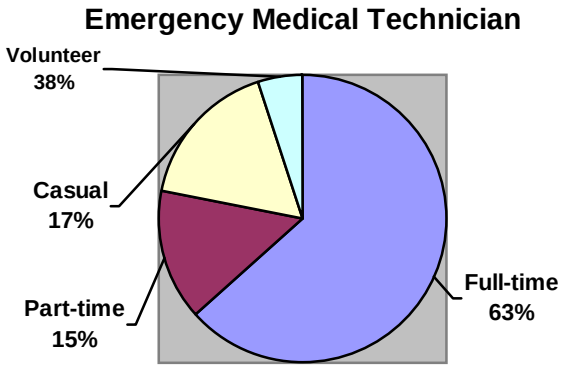
Job Category	**1**	**2**	**3**	**4**	**5**	**6**	**10**	**No Response**
First Responder	56.4%	2.6%	7.7%	0.00%	0.00%	0.00%	0.00%	33.3%
Emergency Medical Responder	77.5%	10.0%	0.00%	5.0%	0.00%	0.00%	0.00%	7.5%
Emergency Medical Technician	49.7%	30.8%	10.5%	3.5%	2.1%	0.00%	0.00%	3.5%
Emergency Medical Technician -A	48.8%	32.6%	11.6%	2.3%	0.00%	2.3%	2.3%	0.00%
Emergency Medical Technician - P	19.0%	28.6%	30.2%	12.7%	4.8%	3.2%	0.00%	1.6%
Emergency Medical Dispatch	65.2%	30.4%	0.00%	0.00%	0.00%	0.00%	0.00%	4.3%

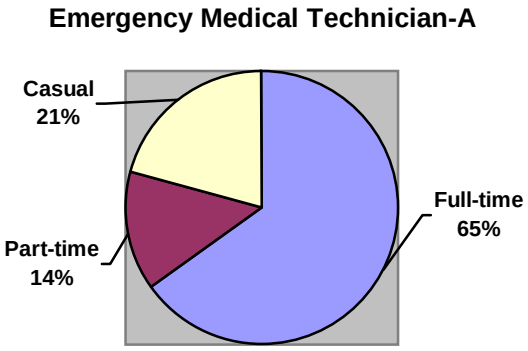
Survey participants were asked to classify their employment as full-time, part-time or casual. In a few categories, enough respondents answered, "volunteer" that this category was added for FRs, EMRs, and EMTs. The majority of employees in the EMT, EMT-A, EMT-P and EMD categories are employed on a full-time basis – increasing from 63% to 78% respectively.

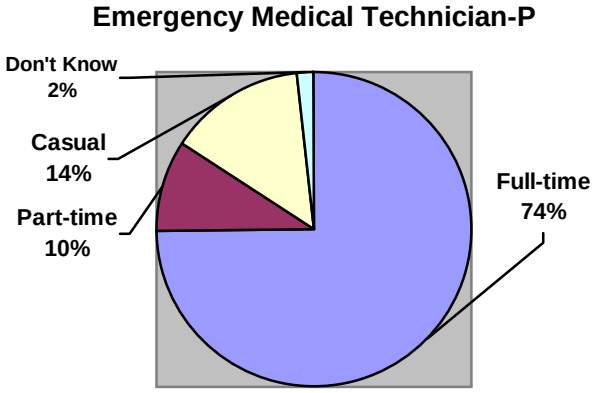
Is Your Position Full-Time, Part-Time, or Casual?

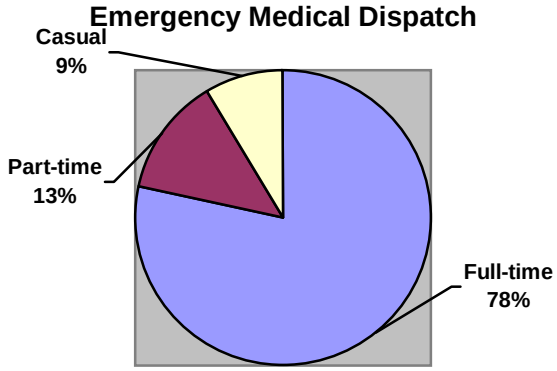





Emergency Medical Technician
Volunteer
38%
Casual
17%
Part-time
15%
Full-time
63%


Emergency Medical Technician-A
Casual
21%
Part-time
14%
Full-time
65%





Those employees working on a part-time or casual basis were then asked how many hours per week they worked. No First Responders gave a response to this question. Responses were grouped into the categories shown in Table 10. EMT-Ps who work on a part-time or casual basis were the only group **not** reporting working in excess of 30 hours per week. All other categories of part-time and casual workers reported working full-time hours on average – and all other categories with the exception of EMDs report working on average in excess of 50 hours per week *on a part-time or casual basis*.

Table 15. Number Of Hours Per Week Worked By Part-Time and Casual Employees.

Job Category	10 or fewer	11-20	21-30	31-40	41-50	> 50	No Response
Emergency Medical Responder (n=15)	20.0%	26.7%	6.7%	6.7%	0.00%	6.7%	33.3%
Emergency Medical Technician (n=43)	16.3%	25.6%	16.3%	14.0%	9.3%	9.3%	9.3%

Emergency Medical Technician –A (n=11)	9.1%	18.2%	18.2%	27.3%	0.00%	9.1%	36.4%
Emergency Medical Technician – P (n=9)	0.00%	22.2%	33.3%	0.00%	0.00%	0.00%	44.4%
Emergency Medical Dispatch (n=8)	37.5%	0.00%	25.0%	12.5%	12.5%	12.5%	0.00%

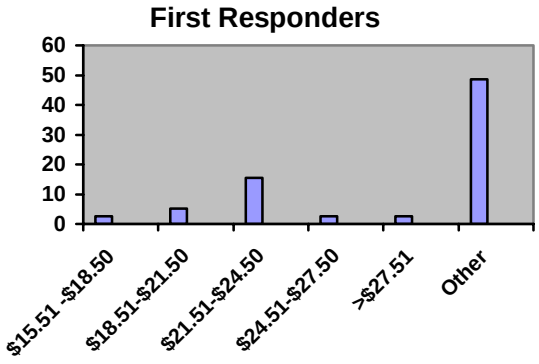
Those answering that they worked as volunteers were asked how many calls per month they respond to on average. Responses were received for FRs, EMRs, EMTs and EMT-Ps. No EMT-As or EMDs reported working volunteer hours. One EMT-P responded that he or she responds to 4 calls per month on a volunteer basis. First Responders respond mostly to 1-2 calls per week – with a range between 0 – 5 calls per month. Half of volunteer EMRs respond to 1 call per month, with the rest reporting responding to 2-3 calls or 7-10 calls per month. Volunteer EMTs respond mainly to 1 call per month, with the remaining spread equally among 2, 3, 4, 6 and 7 calls per month.

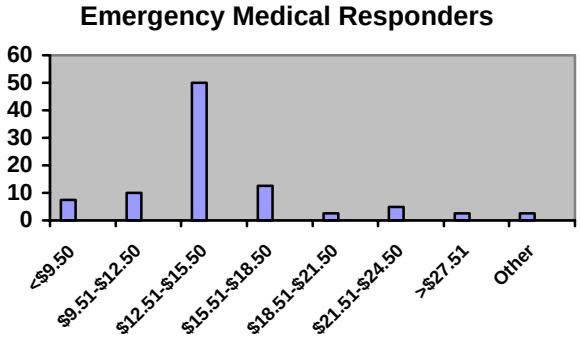
Table 16. Average Number of Calls Volunteers Respond to Per Month

Job Category	0	1	2	3	4	5	6	7	10	No Response
First Responder (n = 27)	7.4%	33.3%	22.2%	11.1%	7.4%	3.7%	0.00%	0.00%	0.0%	14.8%
Emergency Medical Responder (n=16)	0.00%	50.0%	12.5%	12.5%	0.00%	0.00%	0.00%	6.25%	12.5%	6.25%
Emergency Medical Technician (n=9)	0.00%	33.3%	11.1%	11.1%	11.1%	0.00%	11.1%	11.1%	0.0%	11.0%
Emergency Medical Technician – P (n=1)	0.00%	0.00%	0.00%	0.00%	100%	0.00%	0.00%	0.00%	0.0%	0.00%

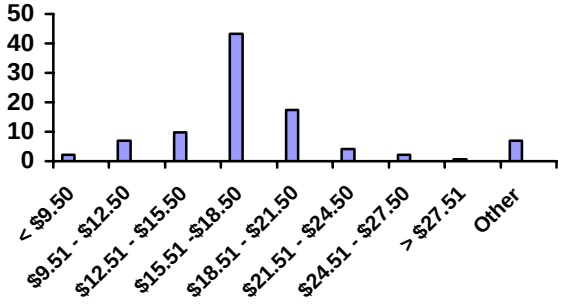
Employees in the EMS sector were surveyed regarding their current wages. Again, there was an expected difference in responses based on the type of work done. The majority of FRs responded that they receive an "Honourarium or Other" type of compensation for their work. EMR wages ranged from $9.50 an hour or less (7.5%) to greater than $27.50 per hour (2.5%, or 1 respondent out of 40). Half of EMRs fall into the $9.51 - $12.50 per hour category.

What is Your Current Wage?

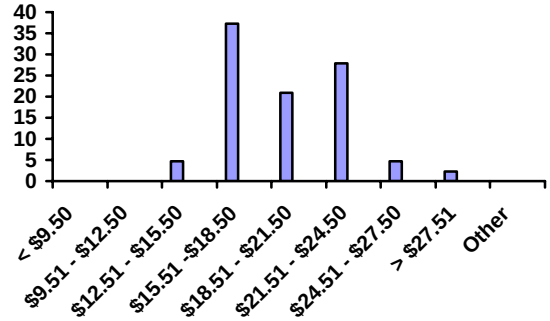




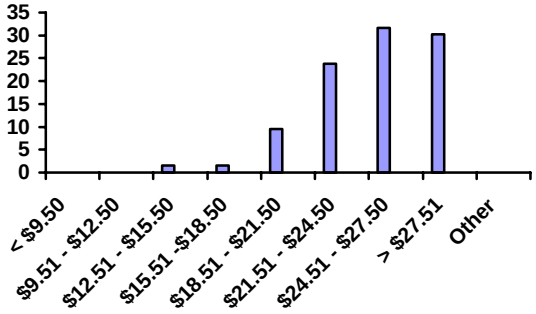
Emergency Medical Technician



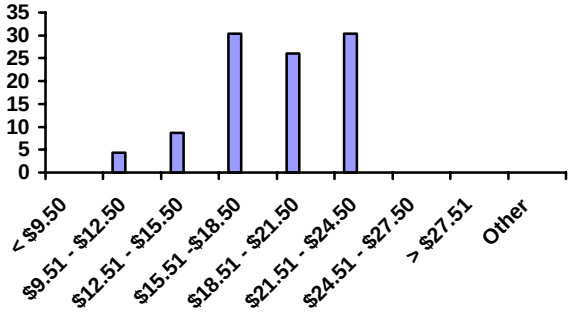
Emergency Medical Technician-A



Emergency Medical Technician-P



Emergency Medical Dispatch



When asked to explain an "Other" response, FRs, EMRs, and EMTs elaborated about their stand-by rates of pay and other honoraria. Numbers in parentheses indicate the number of employees who cited each pay or honorarium rate.

⇒ $2.19 - $2.50/hr on-call pay (5)

- *$2.19 per hour to carry beeper - honorarium over 100 kilometre.*
- *$2.19 on call $16.93 called back rate*
- *$2 something on call time, $13 something on trips*

⇒ $15.20/hour (2)

⇒ $10/hour with ambulance service as First Responder. (1)

⇒ $1.19/hr standby pay $8.60/per when on a call (1)

EMS sector employees were also asked whether they receive benefits as part of their employment compensation package. Benefits were received by 65% of respondents overall, but varied greatly by job category. Interestingly, 33% of FRs responded that they receive benefits while only 25% of EMRs reported receiving benefits (Table 17).

The greatest percentage of employees receiving benefits are the EMT-Ps, followed by EMDs and EMT-As.

Table 17. Break-down of EMS Sector Employees Receiving Benefits with their Employment Compensation (Percent)

Job Category	Yes	No	No Response
First Responder (n = 39)	33.3	59.0	7.7
Emergency Medical Responder (n=40)	25.0	72.5	2.5
Emergency Medical Technician (n=143)	70.6	26.6	2.8
Emergency Medical Technician-A (n=43)	74.4	23.3	2.3
Emergency Medical Technician – P (n=63)	87.3	12.7	0.0
Emergency Medical Dispatcher (n=23)	78.3	21.7	0.0

When asked the percentage of time they spend at their primary job task, responses varied by job description. Twenty-five percent of FRs spend less than 10% of their time carrying out their primary FR responsibilities. Responses among FRs were bimodal – that is they peaked in two broad percentage categories – and this may reflect the nature of the FR job and how this question was interpreted. FRs are the most likely category of EMS employee to hold down an "outside" job, so those FRs answering that they spend very little time at their primary role are most likely estimating the amount of time they spend on calls. Those FRs answering that they spend 80 – 100% of their time at their primary role are more likely to be answering the question in terms of total time spent working as a FR (Table 13).

The highest percentage of EMRs answered that they spend between 91 – 100% of their time on primary EMR roles (42.4%) followed by EMDs (30.0%). All other professionals (EMT, EMT-A, and EMT-P) report less than 20% of their time is spent at their primary job task (Table 18).

Table 18. Percentage of Time Employees Spend at their Primary Task (Percent of Employees Responding)

Job Category	< 10%	10-20%	25-50%	55-75%	80-90%	91-100%	> 100%
First Responder (n = 24)	25.1	8.3	8.3	0.0	29.5	29.2	0
Emergency Medical Responder (n=33)	3.0	3.0	6.0	24.4	21.2	42.4	0.0
Emergency Medical Technician (n=122)	0.8	3.3	22.9	27.1	26.2	18.0	1.6
Emergency Medical Technician – A (n= 39)	0.0	0.0	23.1	38.4	23.1	15.4	0.0
Emergency Medical Technician – P (n=56)	1.8	0.0	14.3	37.5	28.6	17.9	0.0
Emergency Medical Dispatch (n=20)	0.0	0.0	20.0	0.0	50.0	30.0	0.0

When asked whether they currently perform skills in addition to those outlined in the Saskatchewan Scope of Practice, 22.5% of all respondents answered that they did – 73.5% do not. Again, there were differences depending on job category. Those practicing skills outside the scope of practice tend to be those professionals with the highest levels of training (34.9% of EMT-Ps, Table 19). EMT-Ps are the most likely to practice out-of-scope skills, followed by EMTs, EMT-As, EMRs, EMDs and FRs.

Table 19. Performance of Skills outside the Saskatchewan Scope of Practice (Percentage)

Job Category	Yes	No	No Response
First Responder (n = 39)	5.1	82.1	12.8
Emergency Medical Responder (n=40)	15.0	82.5	2.5
Emergency Medical Technician (n=143)	25.5	72.7	2.1
Emergency Medical Technician-A (n=43)	23.3	74.4	2.3
Emergency Medical Technician – P (n=63)	34.9	65.1	0.0
Emergency Medical Dispatcher (n=23)	13.0	69.6	17.4

While some skills cited pertain to teaching duties (9 respondents indicated working on public awareness and continuing education), other responses pertained to patient care and assessment skills – specifically Alberta 12-1 skills were frequently mentioned (e.g. I.V. 5H Cannulation, D5-w administration, Entonox, mast, nasal suction, Pneumatic CPR and Cardiac monitoring). Skills performed outside the scope of practice are listed below if more than one response was given. Number in parentheses indicated the number of respondents giving this answer.

- ⇒ IVs (9)
- ⇒ Air Ambulance (5)
- ⇒ Emergency Room (4)
- ⇒ Assist physician nurse practitioner or medic (5)
- ⇒ Dispensing meds (4)
- ⇒ Fire/Rescue (4)
- ⇒ Urinary catheterization (4)
- ⇒ Assisting with ALS procedures (4)
- ⇒ Vehicle Extraction (3)
- ⇒ Cast removals, Suture removals, Dressing changes (2)
- ⇒ Search and Rescue (2)
- ⇒ Transporting patients (2)
- ⇒ RSI (2)
- ⇒ Airway management (2)

When asked where they obtained these out-of-scope skills, the overall average response was that this training was received in-house (49.4% of all responses). In-house training was the top answer for all job categories except EMR. 50% of EMRs reported learning out-of-scope skills "through another program", although only 6 EMRs responded to the question. Forty-one EMTs and 22 EMT-Ps responded to this question – they reported learning these skills in-house primarily and both groups ranked "through another program" second. Specific training institutions cited more than once are listed below. Numbers in parentheses indicate the number of responses.

- ⇒ SIAST (16)
- ⇒ Saskatchewan Air Ambulance (7)
- ⇒ University of Saskatchewan/ RUH (6)
- ⇒ SVFFA and in-house. (3)
- ⇒ SPA (2)
- ⇒ Portage College (2)
- ⇒ Moose Jaw EMS (2)
- ⇒ SAIT (2)

Respondents were queried about whether they have competencies or skills for which they do not have certification, but feel should be recognized. While 29.9% of respondents overall said that they do (with 63.8% saying that they don't), again there was a significant difference in responses depending upon which job category the respondent fell into. FRs and EMDs were least likely to report having unrecognized skills (5.1% and 8.7% respectively). EMTs, EMRs, EMT-As and EMT-Ps were increasingly more likely to report unrecognized skills (with 28.0%, 30.0%, 39.5% and 50.8% respectively). This ranking also follows a general trend that the more highly trained professionals feel they have acquired skills and competencies that are unrecognized. These specific skills are listed below. Numbers in parentheses indicate the number of EMS sector employees giving the response. Responses given by 2 or more respondents are reported here.

⇒ Advanced Airway Protocols (31)

Rapid sequence intubation
Ventilators

⇒ Trained to a skill level not recognized by SaskHealth (25)

I recently completed the ICP bridge, but am not able to utilize the skills taught i.e. administration of certain drugs, 12-lead monitoring.
I am a PCP and the skill set for PCP includes epinephrine, ventolin, nascan, glucagen but I am not allowed to use these drugs.

⇒ Administration of meds (24)

Use of ventolin, epinephrine, and rhythm strip (basic interpretation).
IM and Subcutaneous injections - taken in the PCP course but is not recognized in the Saskatchewan protocols.

⇒ IV Therapy (11)
⇒ Urinary Catheters (11)
⇒ Cardiac Skills (7)
⇒ Search and Rescue; Fire Behaviour; Personal Protective Clothing; SCUBA Water Rescue (3)
⇒ Teaching skills (2)
⇒ Suturing (2)
⇒ Customer service management (2)

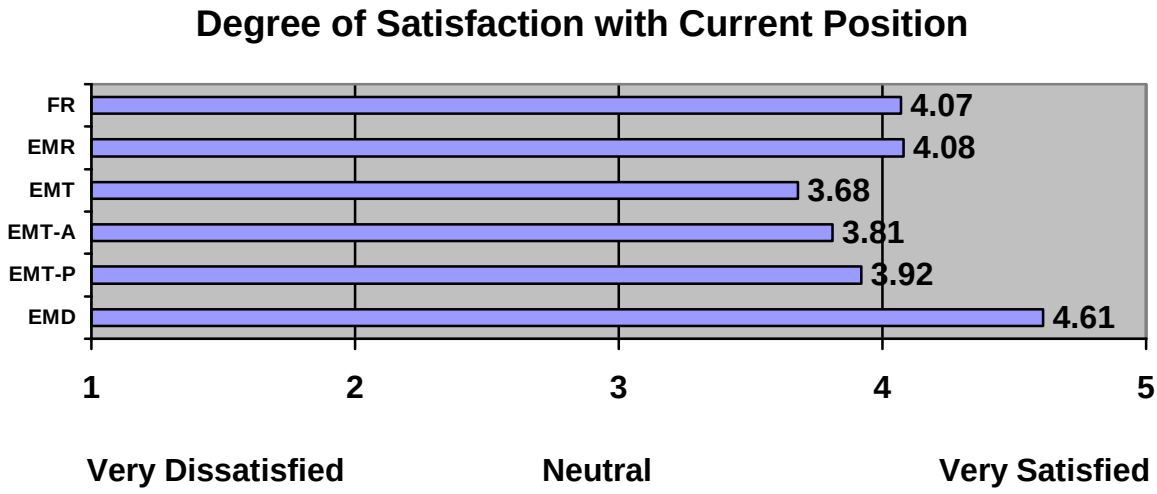
When asked whether they were trained in another discipline, 40.2% of respondents overall answered "yes." The range of responses was not as great as seen with other questions. FRs were least likely to be trained in another discipline (25.6% of 39 FRs answering "yes"), with EMDs the most likely to be trained in another discipline (56.5% of 23 EMDs answering "yes"). Of the remaining EMS professional categories, EMT-Ps were least likely to be trained outside the discipline (28.6% of 63 answering "yes"), followed by EMTs (42.7% of 143), EMT-As (44.2% of 43), and EMRs (with 50% of 40 respondents answering "yes"). The specific "outside" disciplines are listed here. Numbers in parentheses indicate the number of responses given. All responses cited by 2 or more employees are listed here.

⇒ Firefighting. (30)

NFPA II Firefighter, Hazmat Technician, High Angle/Confined Space Rescue Tech.

⇒ Emergency Medical Dispatcher. (11)
⇒ Special Care Aide (9)
⇒ RN (including 1 student RN) (8)
⇒ Education Degree/Teacher (6)
⇒ EMS Training (EMT) (8)
⇒ Own/work at a local business (5)
⇒ Training in Sports Therapy/ Kinesiology (6)
⇒ First Aid/CPR instructor. (7)
⇒ Administration (6)
⇒ Recreation Professional (3)
⇒ Licensed Practical Nurse (3)
⇒ Police Officer (2)
⇒ Oilfield services (2)
⇒ Volunteer Firefighter. (2)
⇒ EMS Sector Instructor (2)

All respondents were asked about their degree of satisfaction with their current positions on a scale of 1 to 5, with 1 being "very dissatisfied" and 5 being "very satisfied". The most satisfied employees are in the Emergency Medical Dispatch area with an average rating of 4.61/5.00. First Responders and EMRs rated their jobs in the "very satisfied" range, with ratings of 4.07 and 4.08/5.00 respectively. EMTs are the most dissatisfied with a rating approaching "neutral" of 3.68/5.00.



Employees were asked to explain their responses. The majority of responses indicated some level of satisfaction with their employment situation (132/262 total responses). Replies with 2 or greater responses are listed below. Numbers in parentheses indicate the number of responses for each category.

⇒ Satisfied to Very Satisfied with Employment Situation (132)

Work is exciting and fulfilling, variety and satisfaction of helping and being there for people is gratifying.

Work for a fair employer. Earning decent wage. Excellent job satisfaction.

The first 11 years I worked casual - long hours on call with very little pay. I am now full time and not only enjoy the job, but am paid well for it.

⇒ More skills should be recognized and incorporated into scope of practice (19)

PCP trained staff are not able to use medication and cardiac skills.

Need wider scope of practice on the street, more meds and more skills, less restrictions from the college of physicians and surgeons for protocols.

⇒ Would like to have more EMS calls (16)

We provide a good community service but this is not full-time work/wages due to a low call rate.

⇒ Would like to become full-time. (15)

⇒ On-Call status is difficult (8)

⇒ Wage Issues (8)

⇒ Casual status is difficult (7)

⇒ Politics (6)

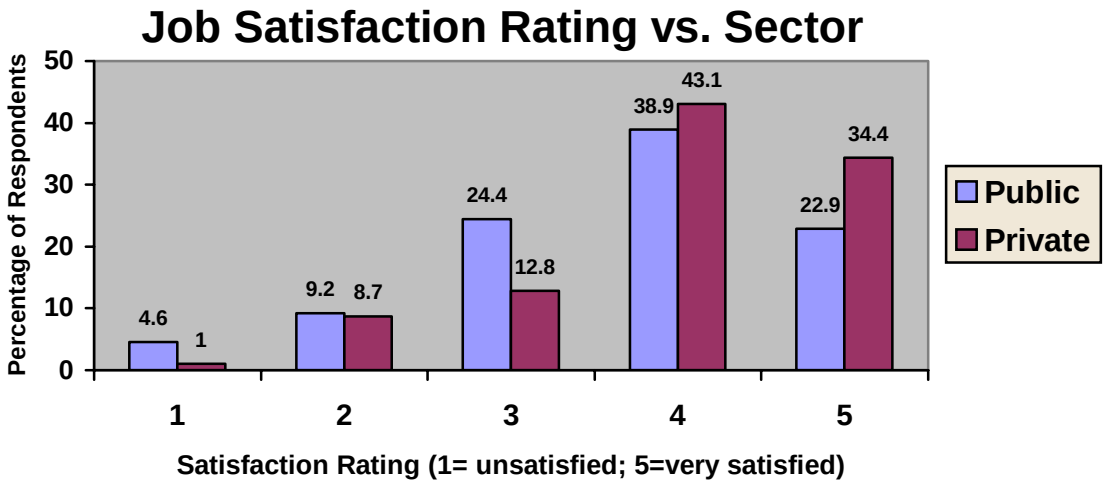
⇒ Other Rural Issues (4)

⇒ Union Issues (3)

⇒ Upgrading Issues (2)

⇒ Would like to have a higher level of training (2)

Satisfaction ratings were also analysed by comparison with responses to the type of organization the employee worked for (public/private) and by union membership. Private sector employees were more likely to report being satisfied to very satisfied (answering 4 or 5 out of 5) than Public sector employees: 77.5% compared to 61.8%.



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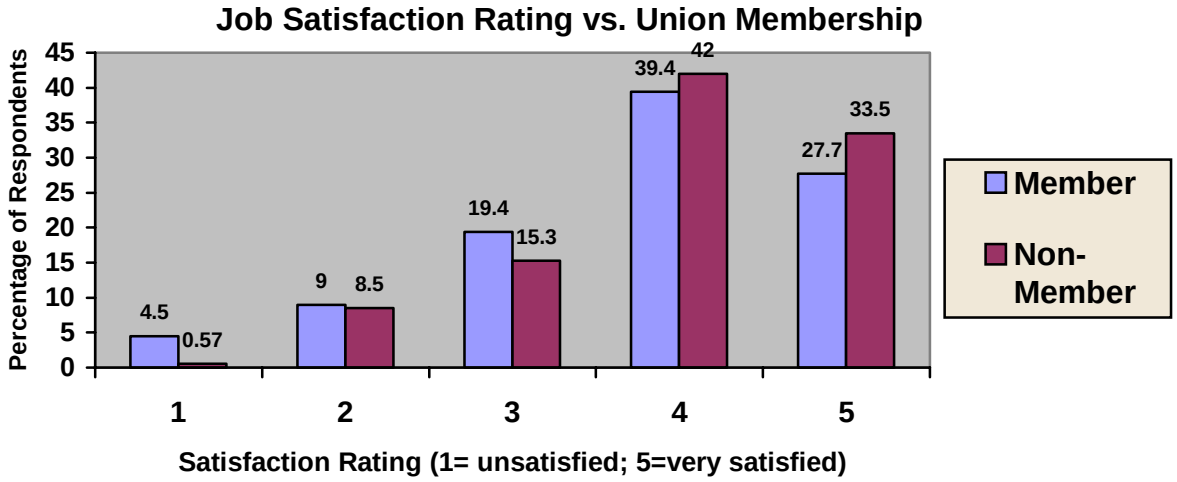
When satisfaction levels were compared to union membership, similar trends were seen with 75.5% of non-members reporting job satisfaction (ratings of 4 or 5 out of 5) compared to EMS sector employees who belonged to unions (67.1%).



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4.2.2.1 Recruitment and Retention

EMS sector employees were asked a series of questions related to recruitment and retention of qualified employees.

To begin, they were asked if it is difficult for employers to **attract** qualified employees. Overall, just over half (54.7%) of respondents answered that it is difficult, while 40.7% feel that it is not. 4.6% of respondents either had no answer or didn't know. Between job categories there were some differences in percentage responses. EMT-As had the highest percentage of "yes" responses (79.1% of 43 respondents), followed by EMRs (67.5% of 40 respondents). EMDs and EMTs also believed that it is difficult to attract qualified employees to the EMS sector, but less so than the previous group (with 56.5% and 52.4% of respondents respectively). 49.2% of EMT-Ps (31 of 63 respondents) and 30.8% of FRs felt that it was difficult to attract qualified employees. There were, however, a significant percentage of FRs (35.9%) who had no response to the question.

The respondents who answered "yes" to the above question were asked to state whether it is more difficult to attract full-time, part-time, or casual employees. Overall, 45.8% of respondents thought that casual employees were the most difficult to attract, followed by part-time (21.9%) and full-time (20.3%) The remaining respondents indicated both part-time and casual (4.7%), all job categories (4.2%) and both full-time and part-time (1.0%). The final 2.1% had no answer.

When asked to explain these answers, the following issues were cited as the top reasons that recruitment is difficult in Saskatchewan. Issues with 2 or more responses are listed here (numbers in parentheses indicate the number of responses given). While these answers are ranked, the complicated nature of the issues means that the issues are often inter-twined. For example, the lack of full-time positions is another way of saying that there are too many casual positions.

⇒ Lack of Full-Time Positions (37)

We don't have full-time staff nor do we have volunteers who are available at all times. Sometimes staff is thin.

No one qualified will move to small town Saskatchewan for less than full-time work.

⇒ Casual (35)

Casuals want to do more EMS related work not LTC duties.

We usually don't hire casual because they can't keep up the knowledge and skills in the rural setting. People need full-time to live or to help benefit their spouse or in order to move.

We only have casual employees. We don't have a full-time position to attract younger people - casual employees must have jobs that can be left at a moments notice.

⇒ Rural Issues (34)

Low Call Volume Issues

Reluctance to work in rural areas and there are too many people taking PCP course with no intention of working in EMS.

It is difficult to get people to come to rural Saskatchewan due to the dwindling of resources (i.e. hospitals, extra-curricular activity).

⇒ Part-Time (16)

⇒ On-Call (10)

⇒ Volunteer (10)

⇒ Wage Issues (10)

⇒ Concern with Skills (8)

⇒ Hours of Work Issues (4)

⇒ Lack of Funding/ Money (3)

⇒ Blended Jobs Issues (2)

⇒ Stress/Health Issues (2)

When asked how these issues can be overcome, a number of categories of response emerged. Again, responses with more than one response are listed – and again, there is often overlap among categories. Numbers in parentheses indicate the number of responses given.

⇒ Improved Wages, Benefits, Pensions. (34)

Wage parity

The recent wage increase in the ambulance service would have certainly helped.

Have a set standard of pay consistent for private/district run services where the private operators/employees are not discriminated with pay issues or FTEs.

⇒ Fund full time positions (27)

I feel we need full-time employees who are available 24 hours a day to make ambulance runs - volunteers have other jobs to attend to.

I feel staffing should all be permanent full-time to attract staff and retain skills. To accomplish this one must over staff cars so that when someone is sick for example, dropping a car isn't an issue.

⇒ Unsure/ Too Complicated (17)

⇒ Guaranteed Hours (15)

⇒ Increase funding (8)

⇒ Can't be done (7)

⇒ Blending Jobs of Similar Skills (7)

⇒ Improved Training at the Post-Secondary Level (6)

⇒ Increase call volume (4)

⇒ Recruitment and Retention (3)

Recruit young employees and provide a safe working environment.

Better recruiting practices, more PR.

⇒ In-House Training (3)

⇒ Reduction/Elimination of On-Call Status (2)

⇒ Rural Revitalization (2)

⇒ Provide Incentives for Rural Employment (2)

⇒ Mandate EMS to be publicly operated (2)

⇒ Part-time with benefits (2)

When asked to comment on **retention** of qualified employees, similar results were found. Overall, 54.1% of those surveyed believe that it is difficult to retain qualified employees in the EMS sector. FRs were least likely to believe that qualified people are difficult to retain, with 43.6% answering "no" – although this category again had the highest percentage of null responses (35.9% of 39 surveyed). EMT-As were most likely to believe that qualified staff are difficult to retain (72.1% of 43 surveyed), followed by EMT-Ps (63.5% of 63 surveyed), EMTs (59.4% of 143 surveyed), and EMRs (52.5% of 40 surveyed). EMDs had the highest percentage of "no" responses – with 65.2% (of 23 surveyed) stating that it is not difficult to retain qualified employees in the EMS sector.

Overall, these EMS sector employees felt that is it also most difficult to retain casual employees (36.3% of the 190 who felt that it is difficult to retain employees), followed by the retention of full-time employees (29.5%) and part-time employees (20.0%). All job categories ranked the retention of casual employees to the most difficult, except EMT-Ps. EMT-Ps rated full-time employees most difficult to retain (35.0% of 40 surveyed), followed by part-time employees (27.5%) and then casual (20.0%). A further 15% of EMT-Ps cited "all of the above" and a mixture of part-time and casual as the most difficult to retain.

When asked to explain these responses, EMS sector employees gave the following answers. Response categories with 2 or more responses are listed here. Numbers in parentheses indicate the number of responses cited.

⇒ Full-time Employment Issues (37)

The days of volunteer service has come and gone. Staff can't live on $2.19/hour. This has become a career choice for those entering the field, treat it as such.

With lack of available hours advancement to fulltime is difficult.

Most full time spots do not have a high turnover rate. In turn P/T and casual positions have no opportunity to advance. They then leave service searching for F/T employment.

⇒ Casual and Part-time Employment Issues (31)

Not many services extend benefits in any amount to part-time staff

Our casual employees are mainly a transfer car/cover city when full time crew goes out of town. Very busy -> demanding of time no guaranteed hours. Work 6-24 hrs on call. Only 3 days off. Decreased skill use. Hours hard on body and mind.

You cannot make a living as an ambulance worker in rural Saskatchewan on casual hours. Most have second job which may affect availability for ambulance shifts.

⇒ Hours of Work (22)

⇒ Wage Parity Issues (21)

⇒ Low Call Volume (10)

⇒ Career Path (9)

⇒ Retention Issues (8)

⇒ On-Call Issues (8)

⇒ Rural Issues (5)

⇒ Difficulties with Blended Jobs (4)

⇒ Volunteer Issues (3)

⇒ Type of Work Issues (2)

With these issues identified, respondents were asked to provide suggestions on how these areas of concern could be addressed. Again, responses given by 2 or more respondents are listed here, with numbers in parentheses indicating the number of responses.

⇒ More Full-Time Positions (34)

Provide greater opportunities for full-time job-sharing - gets more people working more hours.

Rural and small communities need fulltime hours or higher on-call wages.

⇒ Wage Parity (27)

With equitable pay and improving communication in the whole health services sector, from doctors and hospitals to health regions and government, to all EMS providers and a governing EMS body looking after all EMS workers.

Some way of having equal pay for equal training i.e. ACP in urban center vs. ACP in smaller center.

Raise standby wage.

⇒ I don't know (13)

⇒ Blending Jobs (9)

⇒ Increase Funding to EMS Sector (9)

⇒ Eliminate On-Call Status (9)

⇒ Guaranteed Hours (7)

⇒ Provide a structure that ensures equality physically and mentally.

⇒ Recruit more, older (more mature) people.

⇒ Low Call Volume Issues (6)

⇒ Training Issues (6)

⇒ Work Schedules (6)

⇒ Provincial Control of EMS Sector (5)

⇒ Rural Issues (4)

⇒ Increased respect for EMS within Health Regions (3)

⇒ Reassess Job Expectations (2)

When asked why they have chosen to stay in the EMS sector, the overwhelming responses were positive – that they derive personal satisfaction with the job and feel it helps their community. There were a number, however, who expressed some concern with their job and will be leaving shortly or wish they could. Any category with 2 or more responses is listed here, and numbers in parentheses indicate the number of responses given.

⇒ Personal Satisfaction (214)

When I see that we make a difference, it makes all the training worth it.

I like blood and it's the next best thing to being a superhero, I like people.

I have chosen to stay in the EMS industry because this year at $17.78 I can finally afford to stay in the field. Prior to this last increase I was looking at leaving the sector. I feel I'm well suited to the field and enjoy what I do.

⇒ Community Need (42)

Volunteer time to support friends and families in the community.

To try to keep our ambulance service intact, if several of us quit, there would not be someone to respond.

Staff shortage - we are barely keeping this service alive.

⇒ Not a Routine Job (23)

This is a career that has endless possibilities if you are a person who is not scared of being challenged.

The environment you work in is always changing. You are always doing or learning something new. It not monotonous. Makes you think or use your head every day.

No deadlines, my own "boss", responsibility is high, shift work is flexible, excellent employer and colleagues.

⇒ Not Completely Satisfied (9)

⇒ Have Worked in Sector Too Long to Change (9)

⇒ Part of my job (8)

⇒ Trying to get Employment in Another Sector (6)

⇒ Family Situation Issues (5)

⇒ Volunteers (3)

⇒ Have Found/Trying to find other work (2)

When asked whether there are any reasons why they might choose to leave this sector, answers were dependent on job category. Again, FRs had the highest percentage of "no response" (28.2%). EMDs were least likely to cite reasons for leaving the sector (26.1%). EMRs were more likely to find reasons for leaving (42.5%), followed by EMTs (62.2%), EMT-As (74.4%) and EMT-Ps (76.2%). This trend for increasing reasons to leave correlates to increasing levels of training and responsibility in the professions (Table 20).

Table 20. Are There Reasons Why You May Choose to Leave This Sector (Percentage)?

Job Category	Yes	No	No Response
First Responder (n = 39)	20.5	51.3	28.2
Emergency Medical Responder (n=40)	42.5	52.5	5.0
Emergency Medical Technician (n=143)	62.2	35.0	2.8
Emergency Medical Technician-A (n=43)	74.4	25.6	0.0
Emergency Medical Technician – P (n=63)	76.2	23.8	0.0
Emergency Medical Dispatcher (n=23)	26.1	69.6	4.3

When asked to describe reasons why they may choose to leave this sector, respondents reiterated categories of dissatisfaction – categories with 2 or greater responses are listed here. Again, numbers within parentheses indicate the number of responses given.

⇒ To find work with more stable hours (35)

Work that gives me more family time without shift work. Work that pays considerably more.

With family, planning shift work will be hard, the world revolves around 9-5, getting kids to sports/school events. Not sure if my body will be able to keep up to the physical demands, working 12 hour shifts makes it hard to get to the gym.

To work a 12hr shift and be able to go home and do whatever you want. No more 24hr on call.

⇒ Physically unable to continue. (24)

Physical wear and tear. As one ages it becomes more difficult to not have aches and pains from heavy lifts, etc.

Physical strain over long-term.

⇒ Low Wages (21)

Zero stability - I have to support my family on my income alone. It is tight but we get by.

Worked part-time of casual for almost 7 1/2 years. Would not go back to part-time or casual employment in EMS which could possibly lead to leaving industry if this happened.

⇒ Aging (16)

⇒ High Stress (Emotional) (11)

⇒ No Room For Career Advancement (8)

⇒ More education (8)

⇒ To pursue other career options (7)

⇒ Politics/Government Support (7)

⇒ Retirement (5)

⇒ Don't Know (4)

⇒ To leave the province (4)

⇒ EMS is not my main sector (3)

⇒ Job Security (3)

⇒ Union Issues (3)

⇒ Work environment (2)

⇒ Job Blending Issues (2)

⇒ Training Issue Frustrations (2)

4.2.2.2 Skills & Training

4.2.2.2.1 Pre-employment

Respondents were given the opportunity to list up to 3 training programs they had completed and to identify whether the program was completed within Saskatchewan. In total the 351 respondents listed 535 programs – an average of 1.5 completed programs per person. Overall, 84.3% of programs were completed in Saskatchewan with a range of 80.1% (EMTs) to 100% (FRs). Respondents were also asked to list the year of graduation. Graduation years for 524 of the 535 programs cited in the previous question were given. Graduation years ranged from 1965 to 2004, with a trend to the percentages of graduates increasing beginning into the 1990s and falling slightly since then. Table 21 shows the percentage of EMS sector employees and their years of graduation broken into decades. While a significant percentage of all categories received certification in the 1990s, it is interesting to note that over half of EMRs, EMTs and EMDs have been trained in the past 4 years. EMT-As and EMT-Ps have the lowest percentage of recent graduates (13.9% and 20.5% respectively).

Table 21. Year of Graduation –Training Programs (Percentages, Multiple Answers Allowed)

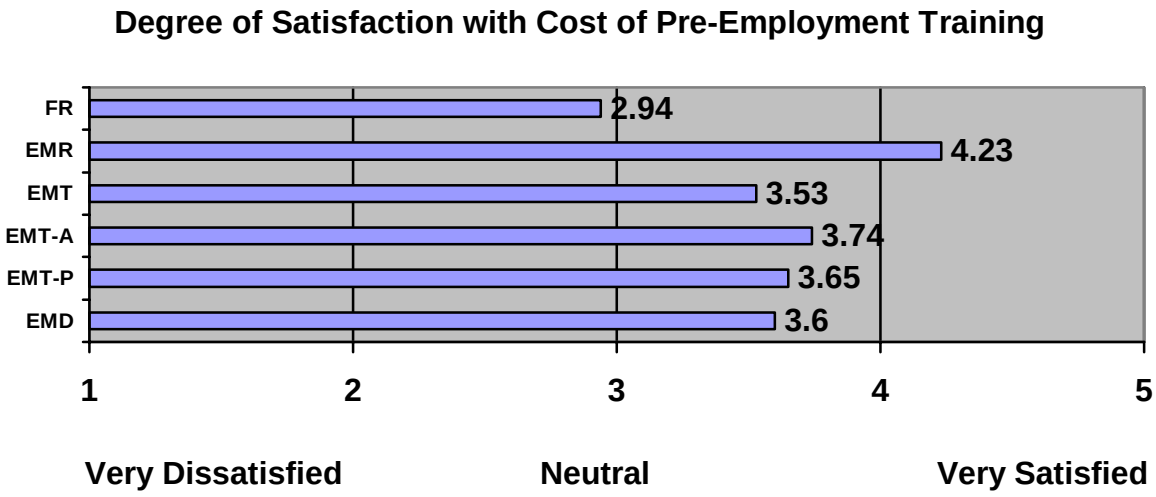
Job Category	**1960s**	**1970s**	**1980s**	**1990s**	**2000→-**
First Responder (n = 25)	0.0	4.0	4.0	64.0	28.0
Emergency Medical Responder (n=56)	1.8	1.8	3.6	35.7	57.1
Emergency Medical Technician (n=221)	0.0	4.1	8.6	32.6	54.8
Emergency Medical Technician-A (n=72)	1.4	4.2	19.4	61.1	13.9
Emergency Medical Technician – P (n=117)	0.0	4.3	18.8	56.4	20.5
Emergency Medical Dispatcher (n=33)	0.0	0.0	3.0	39.4	57.6

These responses were for those employees with pre-employment training. There were a number of EMS sector employees who indicated that they had no pre-employment training. Twelve FRs (/39, 30.8%) indicated no pre-employment training, followed by 17.4% of EMDs (4/23), 10.0% of EMRs (4/40), 7% of EMT-As (3/43), and 6.3% each of EMTs (9/143) and EMT-Ps (4/63). The extent of "no pre-employment training" should be explored more fully in focus groups, given that EMS sector employees often upgrade to more advanced skill levels on-the-job.

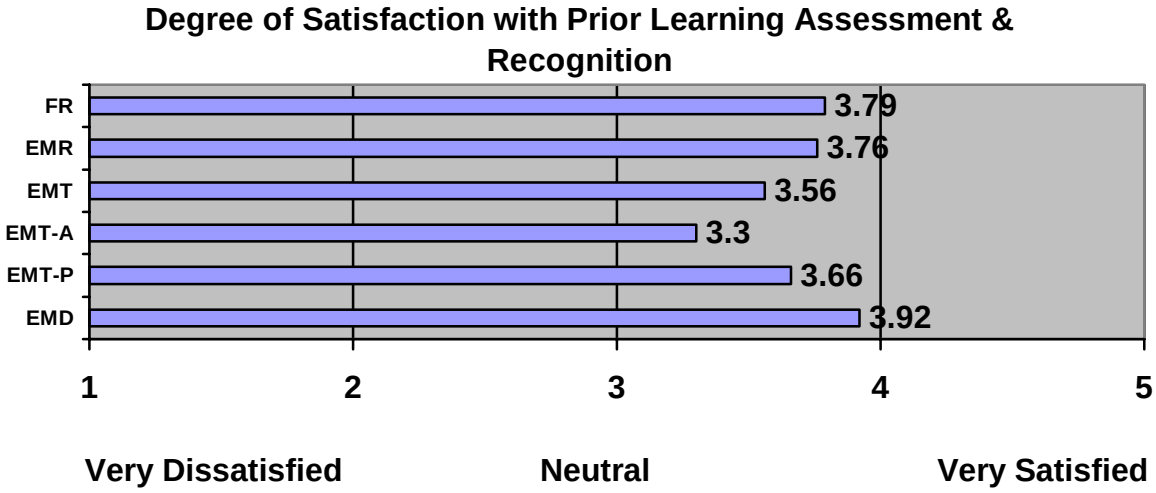
Employees with pre-employment training were asked a number of questions regarding their satisfaction levels with various aspects of pre-employment training. They were asked to rate their satisfaction levels on a scale of 1 to 5, with 1 being "very dissatisfied" and 5 being "very satisfied." Ratings around 3 indicate a somewhat neutral level of satisfaction.

Most EMS job categories listed that they were "somewhat satisfied" with their pre-employment training, with responses ranging from 3.85 to 4.39. EMT-Ps were the least satisfied with their training, giving an average response of 3.65/5.0.

Only EMRs indicated that they were somewhat satisfied with the cost associated with their pre-employment training (4.23/5.00). The FRs were the least satisfied with the cost associated with their training, giving an average rating of 2.94/5.00. This may be due to the relative cost of training compared to the very low compensation most FRs receive. All other job categories gave ratings between "neutral" to "somewhat satisfied" with the cost of pre-employment training.



When asked about their satisfaction with Prior Learning Assessment and Recognition (PLAR) programs, all groups were less than "somewhat satisfied." This somewhat low response across the board indicates that PLAR programs need to be investigated further.



Respondents were asked to suggest changes that they would recommend for these pre-employment training programs. Response categories with more than 1 response are listed here. Numbers in parentheses indicate the number of responses given. A large number of responses listed "none" as an answer, indicating some level of satisfaction with current pre-employment training programs.

⇒ Increase course length (24)

⇒ None (20)

The current training to maintain certification is sufficient. There are also numerous practices most of which I am unable to attend.

⇒ Increase Clinical time (16)

⇒ Increase scope of practice (11)

⇒ Improve access to training (12)

⇒ Raise expectations in training programs (10)

⇒ Add a vehicle operations component, not a class 4 (9)

⇒ Minimum age requirement for employment (5)

⇒ Decrease cost (7)

⇒ Institute Pan-Canadian training curriculum (5)

⇒ More/Better instructors (5)

⇒ More skills training (4)

⇒ Improve scenarios (3)

⇒ Increase training/monitoring of preceptors (3)

⇒ Recognize training from all schools (2)

⇒ More relevant rural training (2)

⇒ More in-house training (2)

⇒ Improve PLAR (2)

4.2.2.3 On-the-Job Training

Employees were asked the same questions about On-the-Job training as they were for pre-employment training – whether they have on-the-job training, where and when it is accessed, and their levels of satisfaction with various aspects of this training.

Overall, 93.5% of On-the-Job training has been taken in Saskatchewan, with percentages within job categories ranging from 88.0% to 100%. The 351 survey respondents listed 387 different On-the-Job training programs, an average of 1.1 training program per person. This is slightly less than the 1.5 training programs per person cited in the pre-employment training section.

With respect to On-the-Job training, the majority percentage of programs have been completed since 2000 (Table 22). As could be expected, EMT-A and EMT-P On-the-Job

training programs are almost evenly split between the 1990s and since 2000 – most likely due to the on-going training nature of these professional job categories.

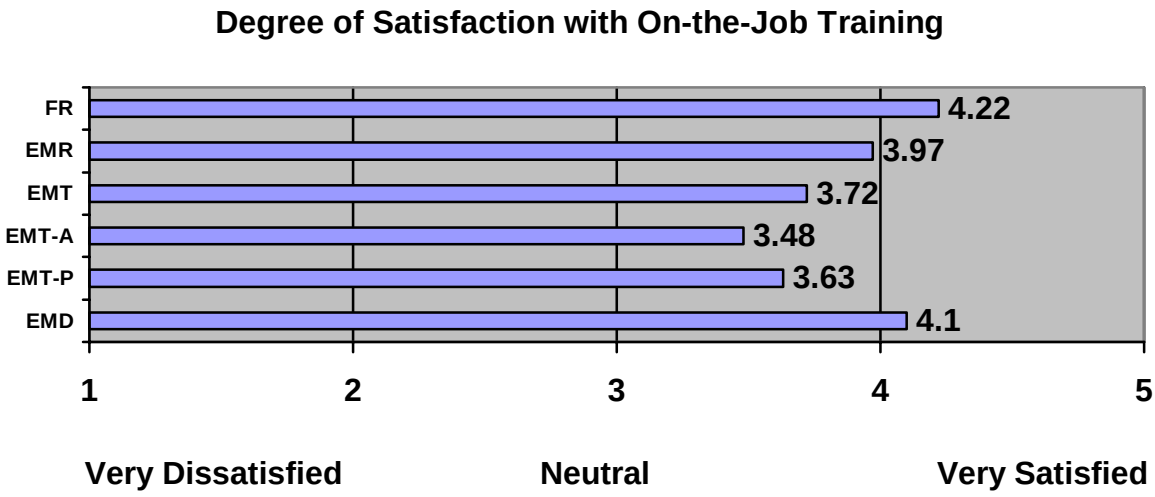
Table 22. Year of Graduation –On-the-Job Training Programs (Percentages, Multiple Answers Allowed)

Job Category	1970s	1980s	1990s	2000→-
First Responder (n = 27)	0.0	0.0	22.2	77.8
Emergency Medical Responder (n=30)	0.0	3.3	16.7	80.0
Emergency Medical Technician (n=112)	0.9	1.8	25.8	72.3
Emergency Medical Technician-A (n=46)	0.0	8.7	45.7	45.7
Emergency Medical Technician – P (n=72)	4.2	11.1	41.7	43.1
Emergency Medical Dispatcher (n=36)	0.0	5.6	38.9	55.6

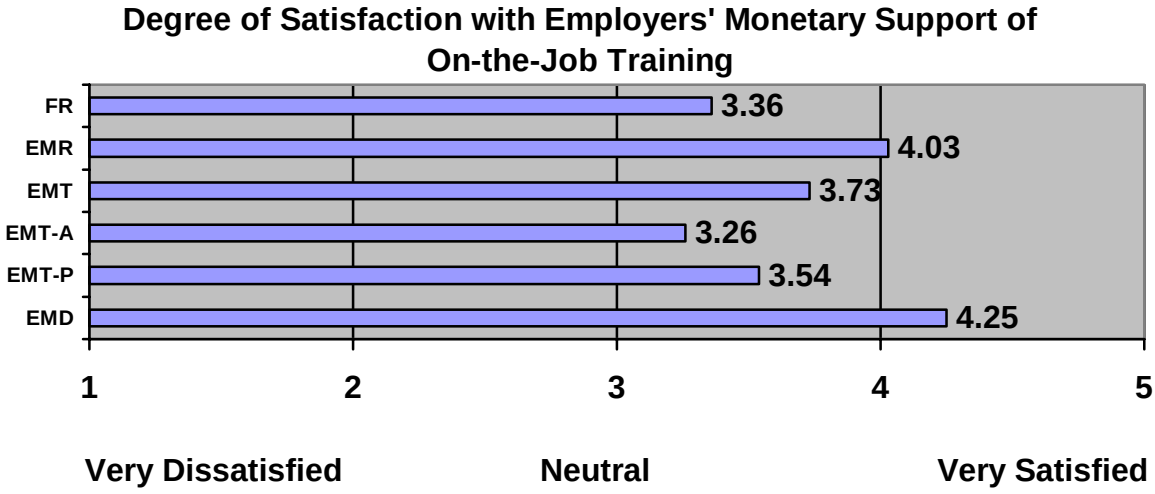
Again, a number of survey respondents indicated that they had no On-the-Job training. EMT-As were the most likely to report having had no On-the-Job training (25.6%; 11/43), followed by EMT-Ps (19%; 12/63), EMTs (16.1%, 23/143), FRs (10.3%, 4/39), EMRs (7.5%, 3/40), and EMDs (4.3%, 1/23). The top 3 job categories reporting no further training (EMT-As, EMT-Ps, and EMTs) are arguably the 3 categories that should be receiving on-going training.

Those accessing On-the-Job training programs were asked to rate their levels of satisfaction with this training in general, the monetary support of the employer, and Prior Learning and Assessment Recognition.

On-the-Job training was rated most highly FRs (4.22/5.0) and EMDs (4.10/5.0). All other job categories rated On-the-Job training below 4/5 with decreasing levels of satisfaction from EMRs, EMTs, EMT-Ps to EMT-As.

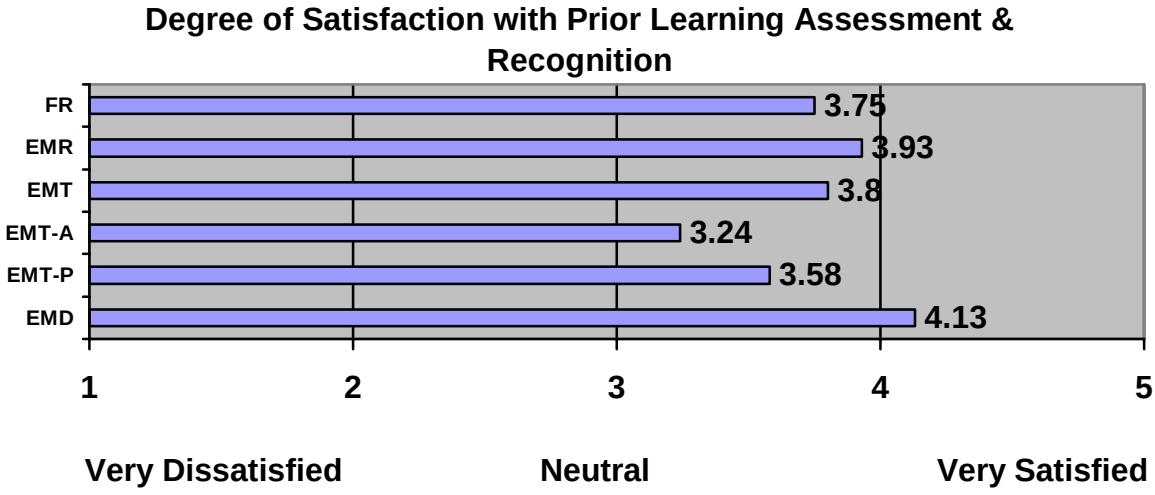


Satisfaction levels with the employers' financial contributions to On-the-Job training ranged from neutral to somewhat satisfied. EMDs were the most likely to report being satisfied with employer support (4.25/5.0). EMRs were somewhat satisfied (reporting an average of 4.03/5.0), while EMTs, EMT-Ps, FRs and EMT-As were decreasingly likely to report satisfaction. This generally "underwhelming" feeling of employer support should be further investigated.



When asked about their satisfaction with Prior Learning Assessment and Recognition (PLAR) programs, most groups were less than "somewhat satisfied" with the exception of

EMDs who reported an average satisfaction rating of 4.13/5.0. Again, this somewhat low response across the board indicates that PLAR programs need to be investigated further.



As with pre-employment training, respondents were asked to comment on changes to on-the-job training programs. Response categories with 2 or more answers are listed here. Numbers in parentheses indicate the number of responses given.

⇒ Improved con-ed (19)

More scenarios - not to be lectured every month.

More up to date training material for resources.

Prior to Regional Authorities - there was monetary assistance available for courses and training for FT and casual employees with provision that time to our service was given back - this was a good thing.

⇒ More con-ed. (8)

That we actually would do training.

⇒ Provincial module standards (6)

Set modules across the province, as there is a wide variety of programs out there.

Con-Ed is not set to any standard in particular; some people don't take it seriously or don't attend and are still receiving credits.

⇒ Improve scope of practice (5)

⇒ More emphasis on field experience (4).

⇒ Improve access to con-ed (4)

⇒ Address cost issues (4)

⇒ None (3)

⇒ Need all equipment for training (3)

⇒ Recognize training (2)

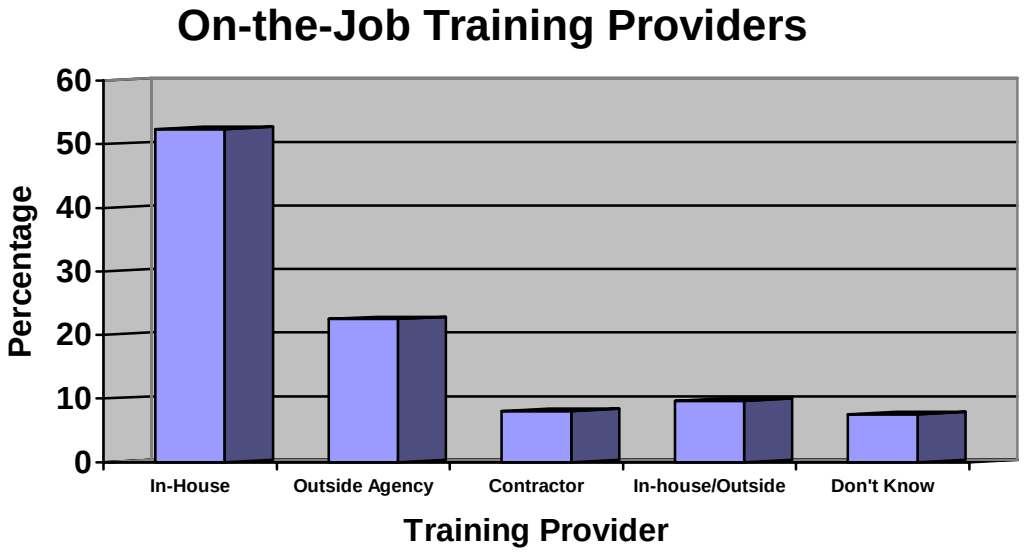
⇒ Ensure people qualified before taking training (2)

⇒ More class time for SIAST programs. (2)

⇒ "Train the Trainers" (2)

Survey respondents were asked whether they were required to take additional training by their employers. On average, 53.3% of employees are required to take on-going training. Within job categories this ranged from 41.9% of EMT-As to 69.8% of EMT-Ps. 39.9% overall reported that they are not required to take on-going training – ranging from 20.5% of FRs to 49.0% of EMTs.

When asked how on-going training is provided, the overall response was divided among in-house trainer, outside agency, outside contractor or a combination of these. Within job categories, only EMDs cited a higher percentage of outside agencies that are hired to provide on-going training (50.0%).



Respondents were asked to describe the on-the-job training they expect will be required in the future. The top categories are listed here (those with 2 or more responses). Numbers in parentheses indicate the number of responses given.

⇒ PCP training (17)

Upgrade to PCP more my choice.

Upgrade to ACP/PCP for all employees.

⇒ EMT, EMT-A training (5)

⇒ BTLS as required (4)

⇒ Upgrading as required (3)

⇒ Employer should train/upgrade (2)

⇒ Supervisor course. (2)

⇒ Upgrade from EMT to a higher level of training. (2)

When asked whether there are barriers to On-the-Job training, 47.1% of those responding said "no", 31.6% thought there were barriers to training, and a further 21.4% had no response to this question. The majority of respondents (53.6%) thought that there would be no future changes to access to On-the-Job training.

When asked whether their employer provides a training allowance, the overall average response was about 50/50, yes or no. Some categories of job, however, significantly differed from this average. EMRs (57.5%), EMT-Ps (57.1%) and EMDs (65.2%) all reported greater than 50% of their employers provide a training allowance. 74% of FRs reported not having a training allowance.

When asked whether they were required to upgrade in order to maintain their status, answers varied by job category. 73.9% of EMDs must upgrade, compared with 66.7% of EMT-Ps and 61.5% of FRs. Only 37.2% of EMT-As, 40.0% of EMRs and 46.2% of EMTs report being required to continually upgrade to maintain their status. When asked to provide specific information on the training required, respondents listed the following types of on-the-job training (numbers in parentheses indicate the number of responses given).

⇒ On-going continuing education (59)

We meet five or six times during the year for two hours or more to study and practice techniques.

We do con Ed monthly and recerts as required.

We are expected to continue taking in-services to maintain our registration. We are required to have a number of credits every two years. I don't know if this counts as upgrading or taking additional training, for the most part it's usually a review.

⇒ Updates/Recertification (56)

We recertify every year. From CPR, AED, and at least 6 mandates to keep our status. It is close to something to do each month.

I have to keep my BTLS current, CPR-C and AED current.

Exam every two years to remain certified but no upgrade.

⇒ Voluntary Upgrades (23)

⇒ Fire related (12)

⇒ Mandatory sessions (4)

⇒ Skill maintenance (4)

⇒ Supervisor course (2)

Overall, 16.6% of respondents stated that upgrading training they required in order to maintain their status was delivered at a training institution and a further 10.5% said they received this training via distance education or correspondence. The remaining respondents (those responding "other") were asked to elaborate. Responses with more than 1 answer are given here (number in parentheses indicates the number of responses given).

⇒ In house. (58)

Watched a video and took a test.

⇒ Outside instructor goes to site (13)

⇒ Distance Education (9)

⇒ Within our Fire Hall. (8)

⇒ Outside agency comes in-house. (4)

⇒ Travel to instruction (4)

⇒ SIAST (3)

⇒ Within Health District (3)

⇒ On-line/Training Centre (3)

⇒ EMS Coordinator provides training (2)

⇒ Combination of Training Methods (2)

Respondents were asked to identify the types of training they expected to take in the future. Responses listed both content of training as well as training methods. The top responses are listed (numbers in parentheses indicate the number of respondents giving the answer).

⇒ Required Upgrading (30)

to PCP. (17), to EMT (3), to EMT-A (4), to ICP (4), to ACP (2)

⇒ On-going continuing ed (6)

⇒ Recertification/Updates (5)

Finally, employees were asked to list the main barriers they feel make access to training difficult. The majority of responses had to do with the cost of programs. Barriers were

categorized, and categories with more than 1 response are listed here (numbers in parentheses indicate the number of responses given for each category)

⇒ Cost (137)

No funding from Health Region as of yet.

To take the EMD program from the start, the cost is a lot. Program is also a lot of information in a short time. Most classes are 2 or 3 days long. Recertification and classes for update are also 2 days long, people pay for update and expenses for 2 days.

These days it seems many cannot afford to enrol in the EMT-P training course

⇒ Troubles having the time off approved by work. (49)

Not being a full-time employee you can't afford to take time off your regular job to attend training - to volunteer in the end.

Time is a factor - as most EMR's in this area (or EMT's) have full-time jobs, most of our people won't take time to upgrade to EMT or EMT-A.

Scheduling of larger groups to meet for the training. Costs prohibit smaller groups that would better suit our department.

⇒ Courses not locally available (35)

⇒ Geographical Location (27)

⇒ Waiting Lists (11)

⇒ Travel time (3)

⇒ There are no barriers (3)

⇒ Poorly structured training programs (3)

⇒ Little personal time just doing job (2)

⇒ Lack of Government commitment to EMS sector (2)

⇒ PLAR inadequate (2)

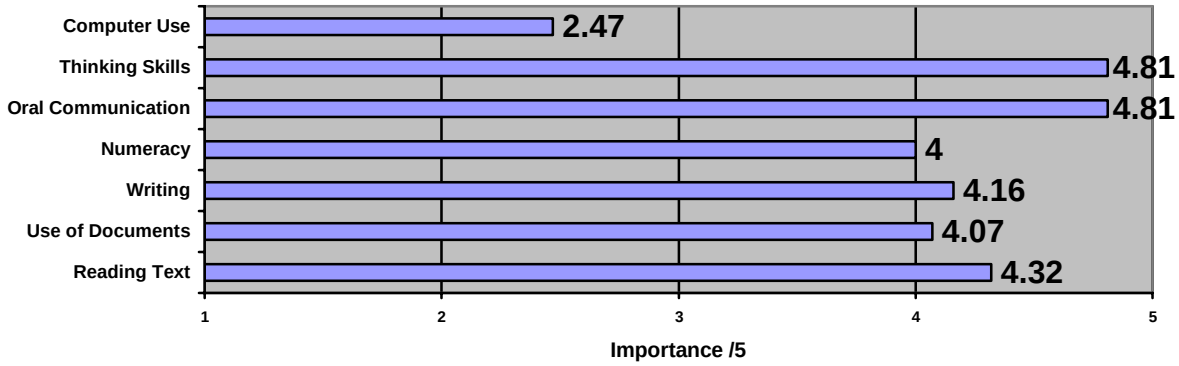
⇒ Scope of Practice (2)

4.2.2.4 Essential Skills

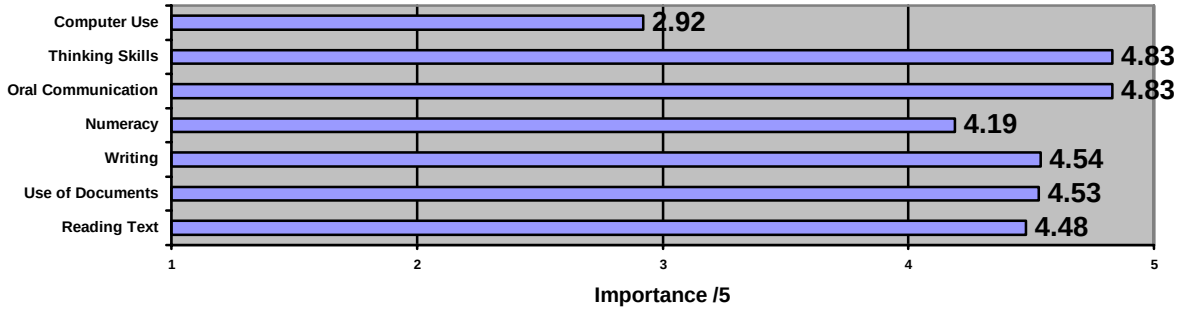
EMS sector employees were surveyed as to their opinions on the importance of a number of essential skills. Results are shown here broken out by job category. In some instances there is little difference in opinion about the importance of a skill, but for many skills that are job-specific differences are noted below. Skills were rated on a scale of 1 to 5 with 1 being "not important" and 5 being "very important".

First Responders rated most essential skills (reading text, use of documents, writing, numeracy, oral communication, thinking skills) as being "important" to "very important". Only computer use was rated "neutral" to "not important".

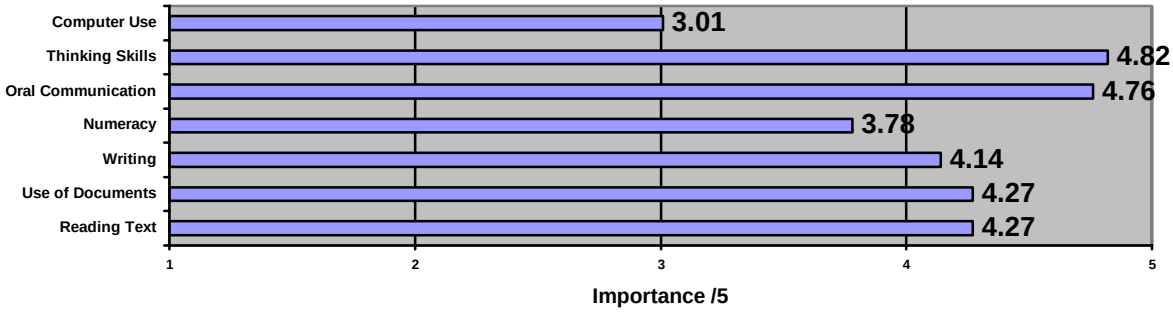
Importance Rating of Essential Skills - FRs



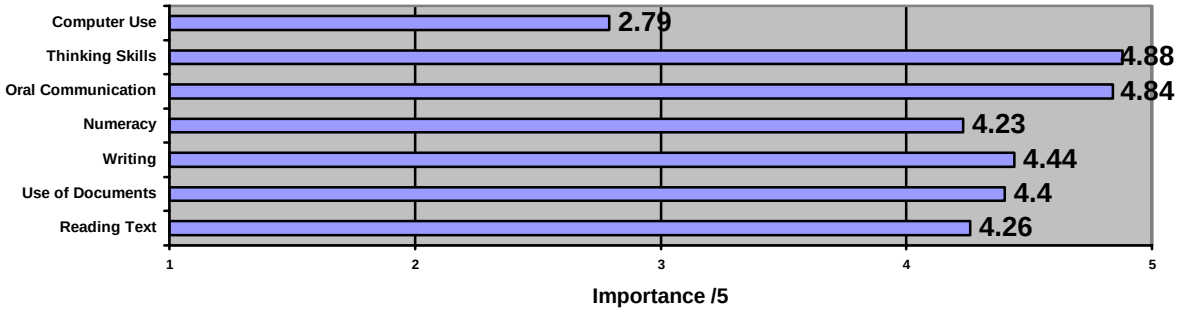
Importance Rating of Essential Skills - EMRs



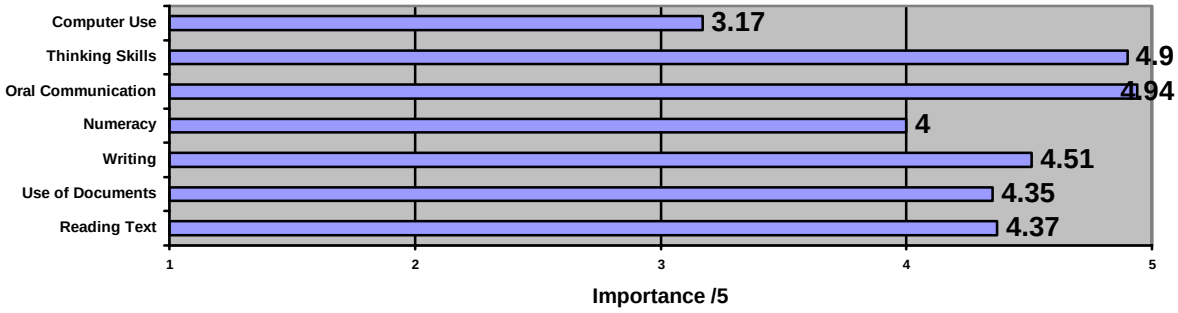
Importance Rating of Essential Skills - EMTs

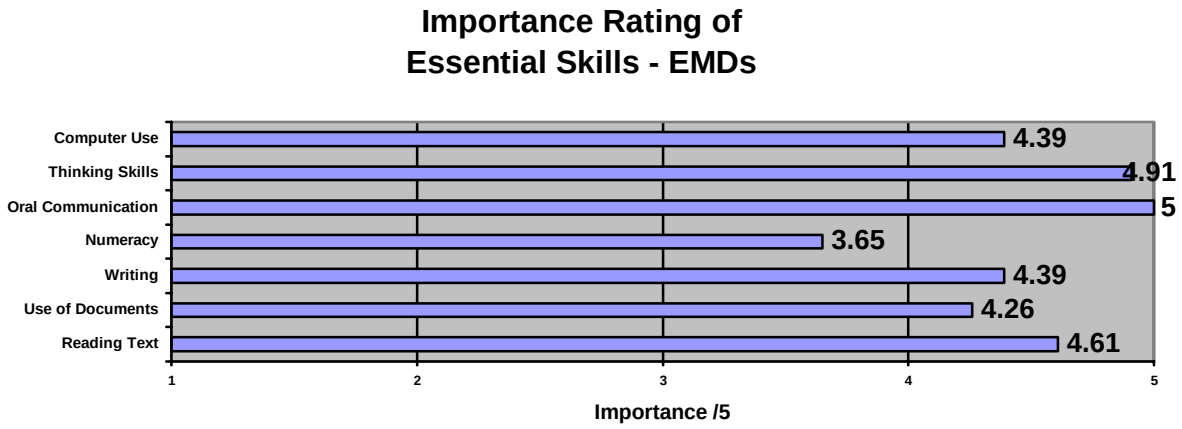


Importance Rating of Essential Skills - EMT-As



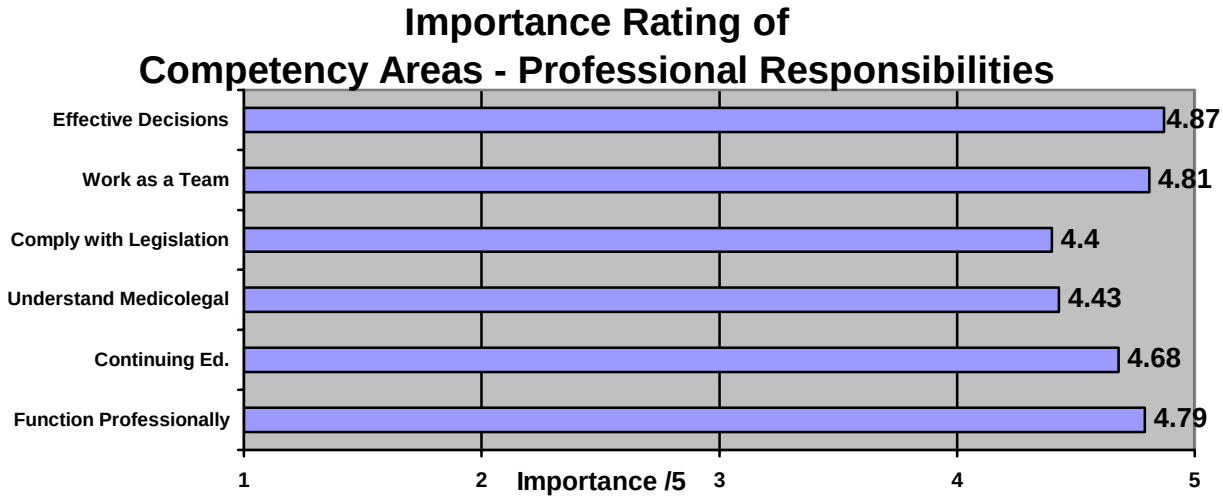
Importance Rating of Essential Skills - EMT-Ps



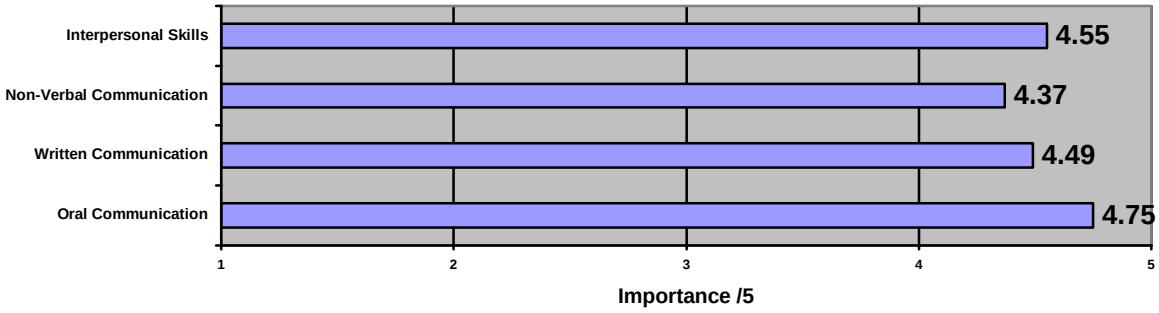


4.2.2.5 Competency Areas

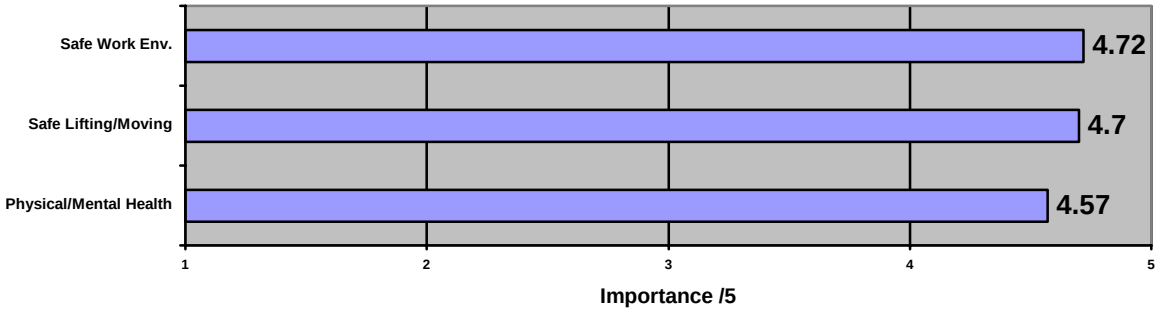
Within the skills surveyed for in "Competency Areas", answers given among job areas followed similar trends, and for that reason are reported here as overall averages only.

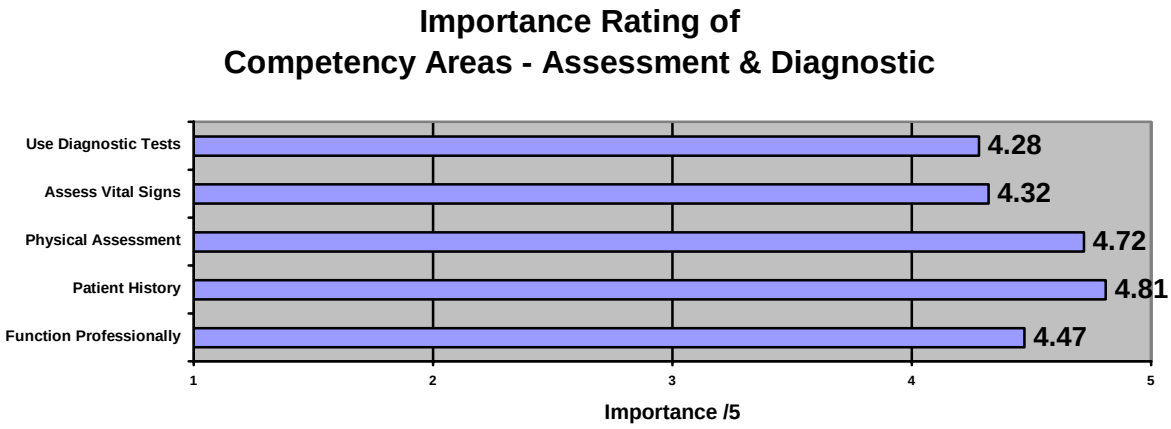


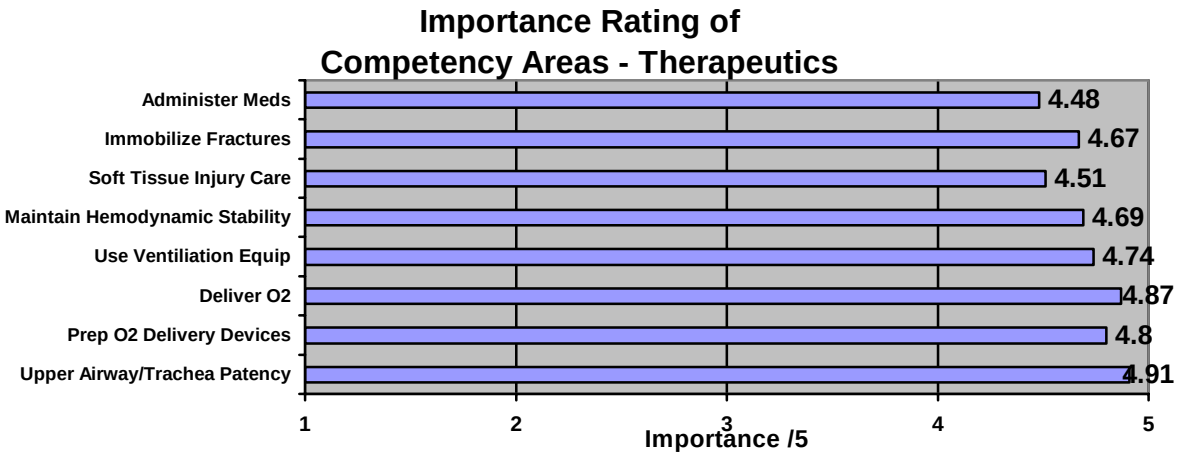
Importance Rating of Competency Areas -Communication Skills

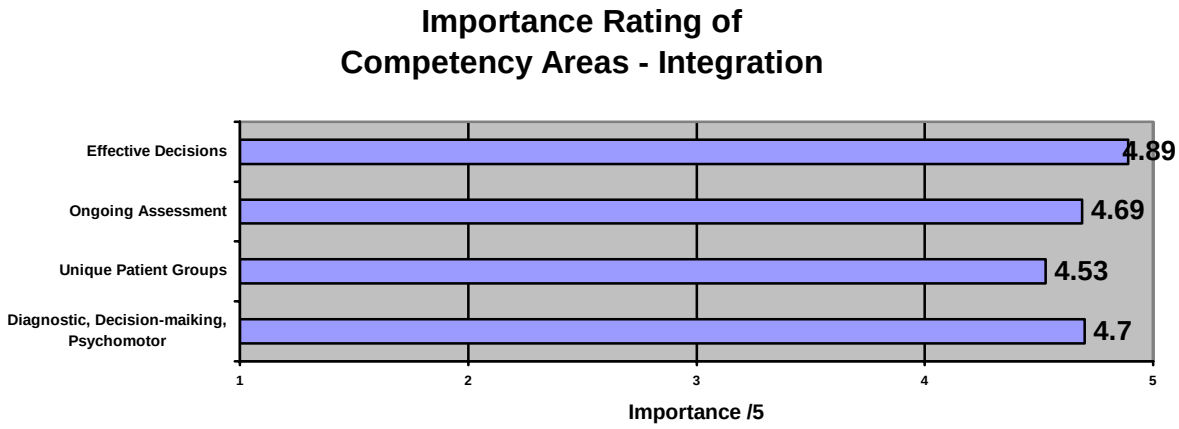


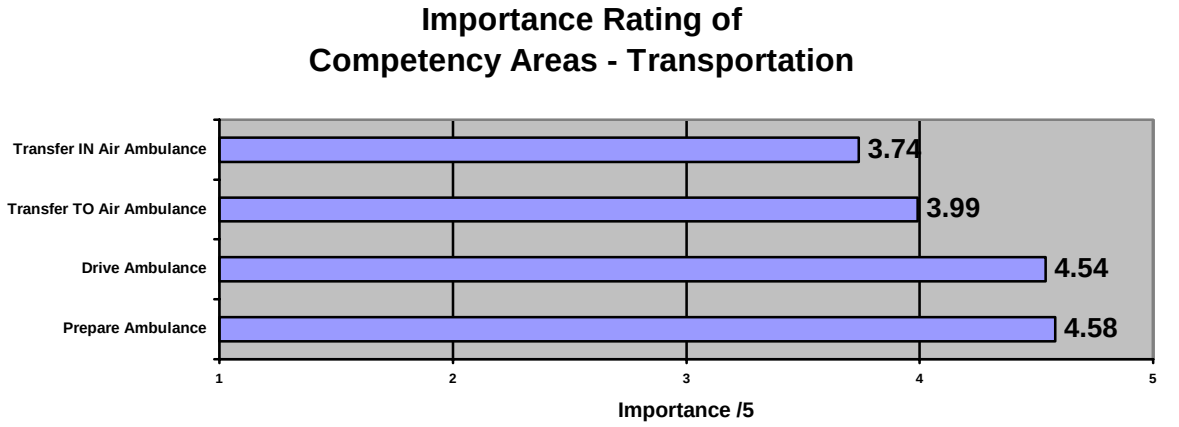
Importance Rating of Competency Areas - Health & Safety




Importance Rating of
Competency Areas - Assessment & Diagnostic
Use Diagnostic Tests
Assess Vital Signs
Physical Assessment
Patient History
Function Professionally
4.28
4.32
4.72
4.81
4.47
1
2
3
4
5
Importance /5


Importance Rating of
Competency Areas - Therapeutics
Administer Meds
Immobilize Fractures
Soft Tissue Injury Care
Maintain Hemodynamic Stability
Use Ventiliation Equip
Deliver O2
Prep O2 Delivery Devices
Upper Airway/Trachea Patency
4.48
4.67
4.51
4.69
4.74
4.87
4.8
4.91
1
2
3
4
5
Importance /5



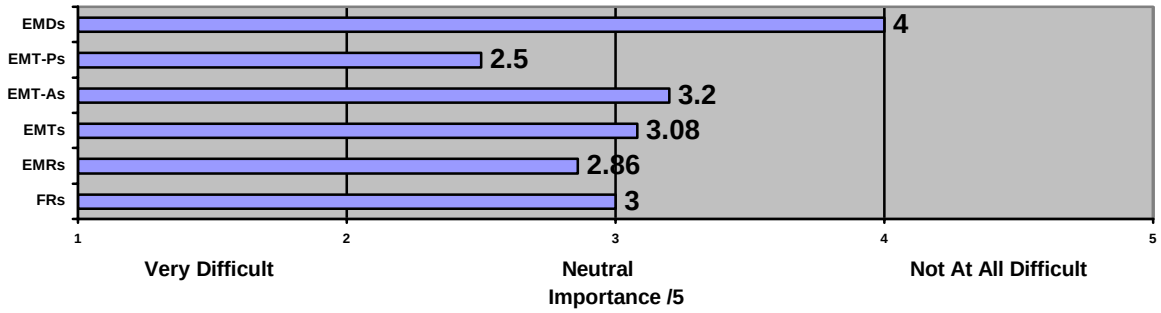


Twenty-three (6.6%) of respondents thought there were some competencies, skills or training that re no longer relevant for employment in the EMS sector. The top 2 responses were MAST/PASG pants are no longer used in Saskatchewan (14), and ambulance driver (2). All other responses were given by 1 person only, with the exception of "not sure" (2).

Respondents were asked to give their opinion on the difficulty of switching job positions between unions, and a variety of in-province and out-of-province employers. Responses for each question varied among job category and are reported separately below.

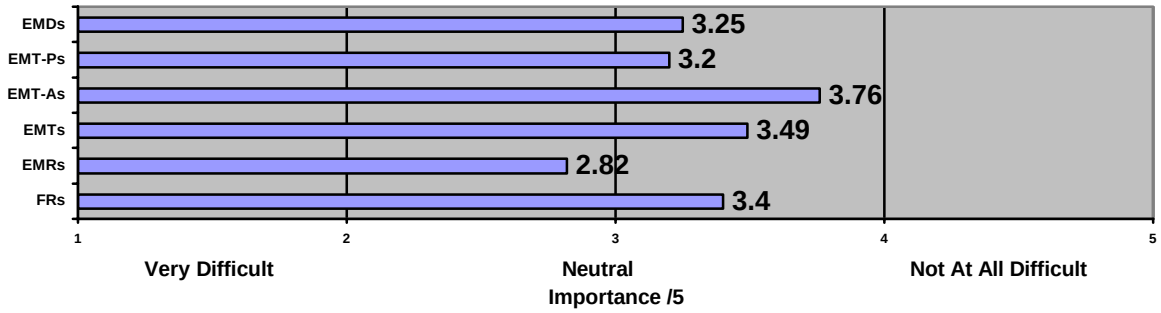
The difficulty of moving between unions varies greatly depending on job category. EMDs report the easiest time moving between unions, while EMT-Ps cite the most difficulty. Overall, moving between unions is considered difficult.

Difficulty for EMS Employees to Move or Transfer Between Unions

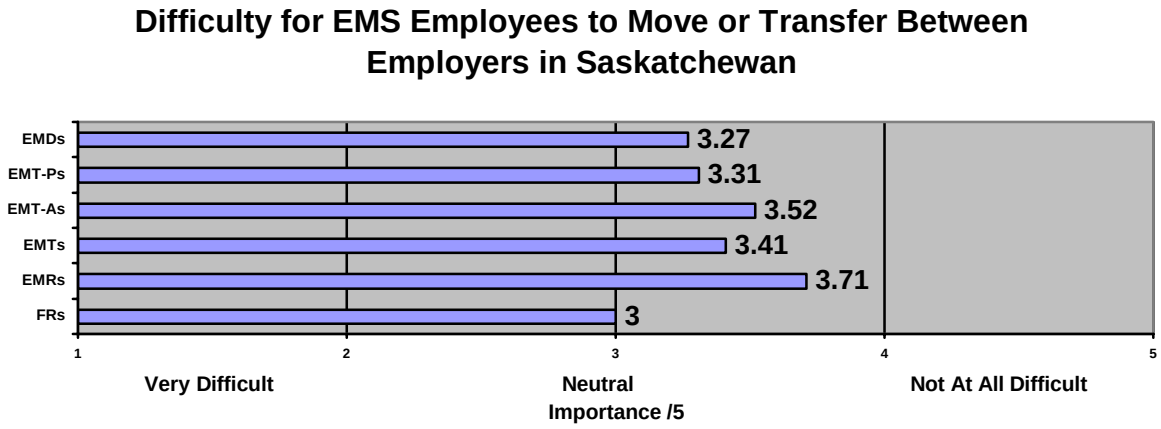


Movement between Health Authorities is considered more even among job categories, although overall is considered somewhat less difficult than the moves between unions. EMRs report the most difficulty moving between Regional Health Authorities.

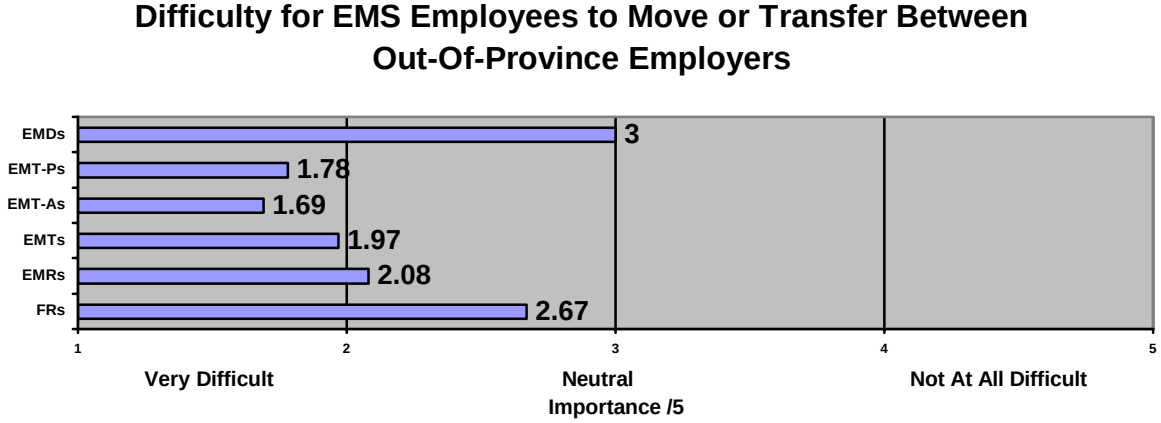
Difficulty for EMS Employees to Move or Transfer Between Regional Health Authorities



Movement among employers is considered less difficult, with FRs reporting the most difficulty moving between employers.

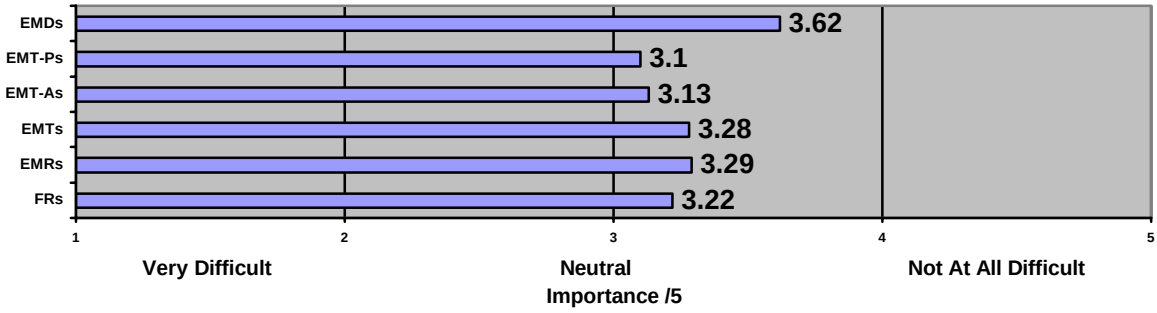


Movement between provinces is considered difficult to very difficult for all job categories with EMT-As reporting the most difficulty. EMDs report the least difficulties with inter-provincial transfers, although their rating on difficulty is "neutral".



When asked if they thought that EMS sector employees will continue with their education, 76.4% of respondents said "yes". These 76.4% of EMS sector employees were then asked to rate the difficulty they thought it would be to use their current training to move or transfer into other programs. They rated the difficulty on a scale of 1 to 5 where 1 was "very difficult" and 5 was "not at all difficult".

Difficulty for EMS Employees to Use Current Training to Access Other Training Programs



4.2.3 Final Comments

When asked to provide additional comments, respondents gave detailed comments in a number of areas – including 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). A sampling of comments from these areas is listed below.

⇒ Scope of Practice (11)

As an LPN, I wish I could use all my skills as an LPN in the ambulance and at a scene and vice versa I wish I could use my EMT skills in the facility.

I feel Saskatchewan EMS needs SPA to take over scope of practice like protocol changes and governing of our own practitioners. All other fields in health care have their own governing body to regulate them except the pre-hospital providers.

I feel that my extra PCP training is being wasted in Saskatchewan and all that is going to happen when the protocols come in is a lot of people (PCP's) will need retraining. Big money when you already paid for these skills with money and time in school.

⇒ National/Provincial Standards (8)

The system has to be more consistent throughout the province. Quality of care and level of care varies too much right now.

The provinces need to implement the new system of medical classifications (PCP, ACP, etc.) to standardize the qualifications across Canada instead of each province having different qualifications for each classification of medical responders.

We need to be the same as Alberta. Why do you think everyone is going there.

⇒ Training curriculum needs to be more responsive to industry (7)

A more professional training institute where all providers from Saskatchewan could get together and learn from the same course. Providers trained in equipment that would be used throughout Saskatchewan instead of non-compatible equipment transfer.

Need greater autonomy from SIAST to develop courses.

The biggest problem in EMS, I believe starts with the training. If there aren't quality individuals coming out of school - how can or why would we want to retain them in this profession?

⇒ Training Issues (7)

On-going training need to be changed people have bills and families and can't be up and leaving to go to school.

There is a growing need to have well-trained staff as our regions cover such large areas, as well as retaining the ones we have by creating jobs to keep them here. They need to love people and what they do.

There are way too many people passing the programs because they are book smart but have no skill level. Preceptors are sometimes letting them pass so they don't have to put up them anymore, or instructors are placing them with someone who will pass them.

⇒ Rural Issues (6)

A lot has to be done to improve the workload for rural EMS personnel or we will lose them. Also, we have to get better quality of students in the EMT course. We should also find a way to use these EMS personnel in other medical fields if they leave EMS.

Endorsements. Petition government to allow this to happen. It only improves the rural service.

I became an EMT to help people, and love the challenges. Things need to change to benefit all, not just the "city" EMS. We should be treated equally, whether rural or urban. I'm not comfortable with working "in-hospital", as that's not the career I chose.

⇒ Government respect/understanding of Sector (6)

Existing EMS services will most likely be cut from 18 to 8, frustration and low morale is at an all time low. The services left realize they cannot cover the huge areas. Staff burnout and resignations are going to become rampant.

The government has to recognize how essential EMS is to the delivery of health.

In this health district, they are eroding the EMS system. The needs of the people are being pushed aside. Upper management is misleading the public and the morale of the EMS staff is plummeting.

⇒ Respondent wants more contact (5)

I would like to see an information meeting in the area from you organization.

I would like to receive the results of this study.

⇒ First Responder Issues (5)

As a First Responder, when we are 40 min from ambulance base, I agree we are helpful and useful. A person gets tired of volunteering at terrible hours. We are now paying ourselves honorariums for going out on calls and in-services.

As a First Responder volunteer, I am grateful for the opportunity to keep my skills and knowledge current not only for the community, but for use in my personal life as well. I appreciate the fact that this is achieved at a minimal monetary cost to me.

All efforts to include First Nations into department have been ignored by both band council and individuals. As a First Responder, many of the questions were not applicable. It would be good to see sponsoring Ambulance companies pass more funding to us.

⇒ SPA Comments (4)

For SPA to become an effective licensing body for EMS providers work on the infrastructure first. For example, in the two years I was a member I received nothing from SPA but my renewal notice, which is why I didn't renew. Plus the website was down.

EMS has to move themselves from a transport service to a professional association of medical experts that are part of a definitive health care team. SPA seems content to assume a status quo approach.

Change is hard. Self-regulation is needed to remain a dynamic force in EMS. LIC and training should be handled by a professional association even if it contracts the training thru SIAST but controls the content.

⇒ Lack of funding (4)

How can anyone put a price tag on good health?

Sometimes healthcare takes a backseat to our material luxuries in our modern society. We must ensure that health and well being are #1. As rural hospitals close the weight initially is transferred to the 1st responder - they need the tools and training.

We keep quite active with our cont. education. We could do much more if we had funds to help us. We are from a very small town. We always have to fundraise to keep up our needs. Our health district used to give us an allowance and fee for calls, not now.

⇒ Fire Fighters and EMS (3)

As a practitioner in an industrial Fire/EMS based system our needs/voice are not heard on a provincial level with the needs of large services dictating the process for all practitioners in the province.

Keep EMS away from fire sector. Funding for training. Level of training accredited to further training.

⇒ Public Awareness (3)

As an EMD, I feel that the EMD is a very important job. I also feel that EMD does not get the recognition they deserve, except from the people they work with and the people or companies we answer for. People do not know what an EMD is or what goes on.

I hope this help to continue to advance EMS within our own and in the public's eye. I think we have come a long way already, and are getting the respect we deserve from the rest of the Health Services.

⇒ Privatization (3)

Privatized EMS is killing Sask. EMS.

Help the EMS industry by getting rid of bad private employers.

⇒ Full-time Positions (2)

Wages have risen largely in the industry but there is still a lack of available full time employment and difficulty moving between provinces and services.

⇒ Affirmative Action (2)

I do not believe a job should be given to anyone based on sex, race, or any other factor. It should be given to the most qualified persons available at the time the position is available.

Aboriginal people should be hired into the work force because they have made the cut and are the best candidates for the job of all those who applied. Not hired just because they are aboriginal. That is the only way to promote true equality.

⇒ Issues with Blended Jobs (2)

I do not enjoy doing long-term care (bathing, feeding and toileting people). I'm an EMT let me do what I'm trained to. I did not become and EMT to do LTC. I'm ready to move on to places where I can do my job and what I'm trained to do.

Multi-purpose positions in rural services are not the answer. EMS Services should be operated as an ambulance so that retention of skills is beneficial to the service, the employees and patients. More efficient skills required as patient's needs change.

5 Key Findings

5.1 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.

1. 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.
2. 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.
3. 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).
4. Most employers employ a relatively small number of people. Large employers are limited to urban areas.
5. The average age of EMS sector employees in the EMR, EMT, EMT-A, and EMT-P fields is between 36-40 years old. EMT-Ps had the narrowest age range, and made up the least percentage of EMS sector employees.
6. 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.
7. EMRs have the highest casual labour rates – with over 90% of the positions reported as being casual.
8. EMTs are employed in the highest non-volunteer numbers – with 324 reported by the 50 employers surveyed. EMTs are hired in every location. 46% of EMTs are employed on a full-time basis, and 42% are casual employees. This is an interesting split and should be explored more fully.
9. EMT-As fall in the middle of EMTs and EMT-Ps with respect to numbers (fewer than EMTs, more than EMT-Ps) and percentage of full-time positions.
10. EMT-Ps have the fewest employees (with the exception of EMDs) and the highest percentage of full-time employment within their job category.

11. Employers are "very satisfied" and "somewhat satisfied" with EMS employees' performance (58% and 34% respectively). Employers identified the following issues as impacting job performance:
    a. Low call load means difficulty maintaining skills
    b. High staff turnover
    c. Lack of full-time jobs impacts on professionalism
    d. Employees tend to be young and inexperienced
    e. It's hard to fire volunteers
12. The top job-related concerns of employers were: accessibility to education, lack of full-time positions, and low wages.
13. Finding and retaining casual employees is difficult.
14. Retaining full-time employees is difficult as experienced full-time employees can easily find jobs in urban centers.
15. The most current active recruiting by employers is for casual positions.
16. Both skills and training of EMS sector employees is rated highly by employers.
17. 50% of employers hire staff without the relevant training certificate. 20% of staff do not have the required training for the job they are performing.
18. 36% of employers didn't know about PLAR.
19. Improvement suggestions for training included: more field experience, teach Ambulance driving, and more advanced training.
20. Improvement suggestions for Continuing Education training included: More intensive/realistic training required, more funding, and continuity of standards.
21. Barriers to Continuing Education training included: cost of instructors, time for travel, and lack of training for instructors.
22. 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.
23. Barriers for employees who might wish to change jobs include: difficulty moving out of province (and into province?), difficulty moving between unions.

5.2 Employee Survey

1. Just under half of all employees belong to a union.
2. Years of service tends to increase with increasing level of work. This makes sense given that career progression often takes someone from EMR through to higher EMT levels. EMDs peak at 2-5 years' experience.
3. 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 EMRs report volunteer and casual employment, compared to 17% of EMTs, 21% of EMT-As, 14% of EMT-Ps, and 24% of EMDs.
4. Wages increase as an employee moves from EMR through EMT, EMT-A and EMT-P. 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.
5. Benefits in addition to salary are received by the majority of EMTs, EMT-As, EMT-Ps and EMDs. One-third or fewer FRs and EMRs receive employment benefits.
6. EMS professionals who report using out-of-scope skills are most likely to be EMT-Ps, followed by EMTs, and EMT-As. Many of these professionals report learning these skills during their training – and that these are skills recognized in other provinces, but are out of scope in Saskatchewan. Unrecognized skills included: advanced airway protocols, administration of medications, IV therapy, catheterization, and cardiac skills.
7. Revising the scope of practice is an issue that was continually mentioned.
8. Those with the most training – EMTs, EMT-As, and EMT-Ps report the least satisfaction with their current job positions. EMDs are the most satisfied. Dissatisfaction centred around out-of-scope procedures, 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).
9. Employees in the private sector and those not in unions reported slightly higher levels of job satisfaction than those in the public sector or who were union members.
10. 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).
11. 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.
12. Low call volume directly impacts both salary and skill retention.

13. 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. This issue should be explored more fully in focus groups.
14. 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.
15. 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.
16. Training issues involve mainly funding and access to training. These are both larger issues in rural areas than urban.
17. 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.
18. 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.
19. 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.
20. 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.
21. Satisfaction with pre-employment training programs decreases as EMRs progress to EMT-Ps. EMT-Ps are most likely to be less satisfied, with an average rating of 3.65/5.0.
22. First Responders are most dissatisfied with the cost of pre-employment programs. Given that most FRs are volunteer or casual, this is not surprising. Suggestions that FRs' training be covered by the Health Region or Provincial government were given by a few respondents.
23. 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.

24. Suggestions for improving pre-employment 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.
25. On-the-job training is rated below 4/5 for EMRs, EMTs, EMT-As and EMT-Ps. Similarly, all of these groups except EMRs 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.
26. The top 3 barriers to training were: cost (including lack of funding, high cost of EMT-P training), trouble arranging time off from work for training (whether employed in EMS sector or not), and not having courses locally available.
27. 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.
28. 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).

6 Focus Groups

A comprehensive survey of employers/management and employees was conducted to gather information on EMS in Saskatchewan. 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.** The following areas were covered in the focus group process:

- ⇒ Recruitment and retention;
- ⇒ Skills;
- ⇒ Training; and
- ⇒ General industry.

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.

A substantial amount of data was collected during the survey process. In order to make this stage of the process manageable, the information from all 5 groups has been compiled into one comprehensive document.

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 that 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.

The Employer groups were comprised the following services:

WPD Ambulance Care

Weyerhaeuser Canada

Weyburn Ambulance

Swift Current and District Ambulance

Spiritwood Ambulance Care Ltd.

SIAST

Rosetown Ambulance District

Regina Health District EMS

Regina Ambulance

Regina Albert Fire Department

Pelican Narrows Ambulance,

Peter Ballantyne Cree Nation Health Services

Parkland Ambulance Care Ltd

Moose Jaw Fire Department

Moose Jaw & District EMS

MD Ambulance Care-Communication

MD Ambulance Care

IMC Potash Belle Plain

Backlin's Ambulance Service Ltd.

The Employee Group consisted of the individuals from the following services:

Weyerhaeuser Canada

Wald Ambulance Ltd.

SIAST / MD Ambulance Care

Regina Health District EMS /SIAST

Regina Health District EMS

Parkland Ambulance Care Ltd.

Moose Jaw Fire Department

MD Ambulance

Maidstone Hospital Ambulance

Lakeland and District Fire Department

Kyle-White Bear District Ambulance

Kelvington Ambulance Care Ltd.

Hudson Bay Regional Ambulance

Hanson's Ambulance Service

Cudworth Ambulance

Central Butte EMS

Big River (Spiritwood Ambulance Care Ltd.)

Balgonie (Indian Head and District Ambulance and Touchwood EMS)

Avonlea (Moose Jaw and District EMS)

6.1 Recruitment and Retention

The opinions expresses are those of the individual and may not accurately reflect EMS in Saskatchewan.

6.1.1 Effect of casual and part time employment on recruitment and retention

The survey identified that part-time and/or casual employment within the industry was affecting the recruitment and retention of employees. Participants were asked to comment on the impact that part-time/casual hiring was having on the industry.

Employers

All employers agreed that there were issues, but they differed slightly from group to group, as did the solutions. The issues these groups focused on included funding, continuous employment, and education.

One of the larger urban employers indicated that they only hired part time (defined as 100 hours plus per month) and that the employee could expect full time positions as turnover allows, usually a two to three year wait.

> *"They are all part time. We don't hire any casual. The way I look at it, part time is 100 hours plus, we can guarantee all of our part timers at least 100 hours a month… Usually they have to go through the system so they will either start at Peter Ballantyne or they will start in what's known as the e-shift and that it at least 100 hours a month …when we do a hire for those, they are really hard to get to PA because they look at it and say, well, I have to move, have to get an apartment for 100 hours a month, so it's really hard to get those kind of people."*

> *"What happens in communications is, it's such an ever-changing environment that it's very difficult to have people come in and feel comfortable enough to do the job when they aren't in full-time positions. We are having a difficult time keeping them because, of course, they can't live on that type of hours."*

Participants representing industry indicated that they only hired full time positions; there were no part-time or casual jobs. The Northern employer who participated indicated the same.

> *"…we are hiring for a new full time employee in Pelican Narrows and that person, when we hire them, at least they know it's a full time position… with the employees that go there, and they usually stay there 2 to 3 years."*

Rural employers indicated that they felt the stand-by rate was not enough of an incentive to keep people on the job

> *"… the biggest problem is the largest percentages of our employees are casual which means they are on stand-by rate and it's really hard to recruit and keep people there at a stand-by rate, hard to put food on the table and pay the rent and whatever else. It's very, very difficult. But we are not busy enough. It's very difficult for our rural residents."*

"…in rural areas, it's kind of tough. It's tough to get somebody trained to the level of a primary care paramedic or EMT that would want to stay out there for the money. If there is an issue in the rural centers, it's funding. Because if they fund it to the level where you could get, depending upon call volume, 24/7, proper shifting and the proper number of people, then you could get away from the on-call."

Some services have gone as far as filling one full time position with more that one part-time staff person to ensure that the hours are spread around.

"Basically, we have been in a position that everybody else was so what we did several years ago was to open up full time spots so when full time personnel left, we kept that part open and filled it with part-time staff so part-time get a certain number of first car shifts and then they do the inter-city transfers and the call-ins when staff don't want to be on call, so they do those kinds of calls and do all our transfers."

Employees

Employee representatives for the urban services indicated that they were currently stable, that there was some turnover but not to the degree faced by rural services.

"With regards to Regina our staff body, actually for the last 2 years has been quite stable, our attrition is down. Right now though we are finding that people are starting to leave again although over the last couple of years it has really been quite stable. We are going through a hiring process and we are going to need a few people here again. "

"Well, to be honest with you, our part-times and our casuals have had full time hours."

Employee participants agreed in principal that it is better all around to have full time employment and gave some specific examples, including the difficulties faced by part-time/casual rural employees; those who are employed with several employers at the same time the cost associated with this, i.e. travel etc., and the lack of stability and financial security.

"Well, we used to work, you know, just the part-time kind of a basis and then we went to full time but we were paid so many hours during the day and if you got called out during the night then you got overtime. You know one month I would get $5000 and the next month $2000, maybe a little less and then it got to be such a headache that we finally went on straight salary per month. It worked out good for retention of staff and it worked out good for us. It stabilizes everything. You could go out and buy a house or you could buy a car and you know your job is there and you are getting that money and that is a nice thing. Last month we didn't have barely any calls, none of us would have any money so it is kind of nice because we are getting that money and we are going to stay there."

"At our service, we don't have any part-time but we have some casual ….. One girl is working for 2 different services and she is getting one-third of the equivalent of a full time job."

Employee participants also felt that it was hard to make a solid life career choice with EMS when there was only casual work available. Where is the motivation to embrace EMS and stay?

"EMT's definitely will be starting in casual positions, rather than part-time permanent. Paramedics usually move right into a full time position if they are able to but they have great difficulty obtaining full time positions in the rural areas so lots of casual as somebody pointed out if you are prepared to work many, many communities maybe the accumulation of the hours works out to full time but it is kind of difficult to obtain enough hours to live on. Without driving all over the province and the casual(standby) pay of $2.19 an hour isn't enough to live on whether you believe it or not. "

Employees also indicated that they felt some of the responsibility for educating them about the realities of EMS fell onto the shoulders of the training providers. Some indicated that if they had known what faced them as employees, their choices may have been different.

Participants representing communication employees indicated that part-time was a problem. Respondents indicated that it could be up to three years before full time employment became available, if ever.

"Communications is a bit different. It's mostly urban but we have had our own issues in retaining staff because there are no guaranteed hours so they have to work elsewhere but they have to be available for call-in which you can't juggle both at once. Being that's its probably two to three years before you MAY get a full time position, the ones we have full time we retain but part-time is a little bit different."

"… we were down to two members that could take calls on a full time basis, both EMRs and we had two people who work full time in the facility so their ability to take calls was very, very limited. . There is no money for education, no incentive to go from an EMR to an EMT because you get paid the same but you have more responsibility and your benefits suck"

One participant indicated that their employer guaranteed a monthly wage, regardless of hours worked.

"We are guaranteed our wage, we are not sitting on call for $2.19 plus they have 2 units manned there but it is hard for us too because if we are not busy, 2 people might be missing out on all the calls so they are not getting that experience with it but with that guaranteed wage, people are staying. Sometimes we put in 12 hours in a month and we are getting paid full wages."

"But that's a failed portion of education right now. They have to have a better understanding of the people that they want into it and not just straight out of school and into it."

"They used to have a screening portion going into it and they removed it. I am not sure the reasons why but they do have to have an educational portion there to tell them what the field is like."

"That only makes sense if you want an employee that's going to last and be faithful and learn and stay with you a long time, you have to have full time hours. You have to."

"… in the smaller centers it becomes less attractive to increase your education when you are stuck on a casual. I think that if EMS were made full time, I mean, you don't see part-time police officers and you don't see part-time fire fighters in urban centers and I think it makes good sense if you are going to use that as a recruitment retention tool."

6.1.2 Job related concerns

In the survey, employers were asked to identify job related concerns; responses included accessibility to education, creation of full time positions, and wages. Participants were asked if they agree with the identified concerns.

Employers

Employer participants indicated that they were, for the most part, satisfied with the current wages, indicating that there has been significant improvement in the past few years. Some services have followed the Health Science contract and used it as an example.

> *"What we have done is we always followed the Health Sciences contract so when they did anything, we always followed suit. It's been really good because obviously our wages have gone up. Although we were keeping people before the wages went up, people aren't moving anymore because that's their career. We have no complaints about that at all."*

One participant indicated that there had been a problem. The northern representative indicated that there was some discussion between Provincial and Federal Governments about who was subsidizing, however they are currently paying on par with the Health Science contract.

> *"... we were looking at the wage parity issue for drivers because the drivers weren't getting the proper pay that they should have been getting based on the Health Sciences rates... and during this whole time they had been working without an increase. When the NSB rates finally went up, we were able to then increase our contract".*

Access to education was an issue for all the employer participants, prerequisites and spaces were the two things that participants mentioned most. Cost was also mentioned.

> *"It's difficult to get a person into SIAST, to get them to school, to get them their EMT ticket."*

> *"Now, it's prerequisites and space. Before it used to be just space. As a matter of fact, we have actually gone in prior to this and bought spots to get people into training. Now, again, what we are telling people who bid into the job is to come with the prerequisites to get in so it's just changed the whole outlook of how the people come into the job."*

> *"We have a hard time ... Sask Health has been just excellent helping us out. We run about 55 calls a year and Continuing Ed is horrendous for us. ... There is only so much you can do".*

> *"One of the major concerns is the prerequisites. ... We are looking at eventually trying to hire aboriginal people within the community because that's where you get your consistency ...and part of the problem is the prerequisites and the aboriginal people in the north, the education wasn't there. What we had to do and we did it this spring, we set up a pre-course so we got them ready to start their training in the fall. The other things we are currently looking at is partnering with SIFC and looking at doing some sort of training course through them because of the cost, see if the cost can be brought down."*

> *"Without going through SIAST you're limited and you have to go through SIAST, they've got the prices jacked right up."*

The participants representing urban services were somewhat more satisfied with the access to training and the availability of full time work hours.

"Well actually I can only speak for communications and for us the accessibility of education, we do okay. Creation of full time positions, unfortunately, for us it goes with call volume, so basically for us it's the more clients that you have. Wages, speaking for the majority I think there is maybe one call center in Saskatchewan that is on the lower end but we have had no complaints for wages."

"Continuing Ed, from a standpoint of service, I am really quite happy. We actually do it monthly and take it seriously. We test our staff and go through it skill-wise, scenario-wise so we do that as well with our First Responders and that sort of stuff."

"Full time positions, I don't know if I can answer that because there is such a disparity of the levels of service in the province. I mean you got larger, you got smaller, the Swift Currents, the Battlefords, and the Spiritwoods where we do 1200 calls a year which is private. You've got Meadow Lake which does few calls but is staffed much better because it's public. "

"I am going to try to speak to both services in terms of being the EMS provider in Regina as well as the Fire service because they both kind of tie in together in the health care area. I think they do a great job there, they have an educator, fresh ideas, and they set up with other areas of health care so they bring in a nurse educator as well and will do something with the two groups. If I want to bring the Fire into that, the fire service is certainly welcome to do that but to this point they haven't been joining in."

Employees

Employee respondents tended to agree with all the specified areas identified by the employer survey, but to differing degrees. Most indicated that they were either satisfied with the wage or expressed the sentiment that they were not in EMS solely for the money, rather for the satisfaction of the work. Having said that, several indicated that unless you were employed full time, it was challenging.

"For us, the wages are no problem because the way the operator set it up is really good but talking to other EMT'S around the area, this whole on-call at $2.19 and hour and if you only do 1 call a month you'll be sorry. Yeah, it is a big problem, not for me personally but other people I guess."

"I think there are a couple of groups that really get into the ambulance portion of EMS; one is the people that are very cemented in their community and are doing it just wanting to help out the community and enjoy the job and being there to add to it. Then there is the younger factor that got into it for a career. This is my job. I don't have anything else I am doing. There is nothing else I want to do and so wages absolutely become a necessity for me and I worked in 4 different services. I had to leave one just because it was on-call time and you can't afford to live on that so I mean I found a place that is paying full time and it makes a really great life to lead."

"I think what we are actually getting paid, I have no complaints. My hourly wage is excellent but I have to do it on a part-time basis doesn't really help."

"As far as wages, I agree with you. You're in it for different reasons. I see some of the younger ones that are just coming out of school that are in it more for the wages."

"I think in the last few years we have all seen a change in the wages to make it a viable profession and if I was working in a small rural community to be an advanced paramedic, whereas 15 miles down the road in the urban center you guys are making $22 an hour, that becomes an issue for retention for the rural areas."

Sure, but even at the EMT level, they will make $21, $22 an hour according to Health Services contract which is my understanding is supposed to be throughout EMS. Now there are some issues how some of the Health Districts are dealing with that, to me that's not a wage issue. The wages are there. It's about how the monies are being disbursed.

"I don't think most of us are in this for wages, per se, otherwise many of us wouldn't sit around for $2.19 an hour waiting for a call. I think if you are in this industry, you are in it because you have a zest for it and you really do like people and you do feel a need to help them when a need arises. "

Continuing Education, access, quality, and quantity, was an issue for most of the Employee participants. While most employees indicated that they understood that it was a cost that is mostly covered by the Employer, they passionately expressed the desire for more up-to-date education and education that was in a more structured, controlled setting…i.e. more than a casual conversation in the coffee room.

"We were excited when we found out we were getting amalgamated with Regina because some of your Con Ed has been interesting whereas we were just getting bored so we at least had that to look forward to."

"Con Ed for us, we've been, we are very proactive in that we want to learn so we are digging for information and we are going to access it. It is definitely not given to us you know where 3 hours a month is allowed to have for education which is fine. We have our Con Ed meeting once a month to do our different scenarios, do our mandatory as well."

"Amongst our group we just make up little exams for each other and do tests."

"Continuing Ed, looking at it from an employees' perspective, I think it's a great issue. I look at our role right now, up until this last week, we had an excellent paramedic on staff and it's mandatory. We have had mandatory in-services every month. My concern now is that he is effectively out of his job and they really don't care. We were told the other day that in-services will now be our responsibility. We will do take-home tests, do them and turn them in. I've got 410 points accumulated for this year towards my registration and now I know I will actively be going out and seeking in order to try and get that because it will not be available".

"As far as continuing education I think we've got a real big problem in this province. It's because of the differences in services and right now basically it is up to every individual service. I have had the opportunity to work in both Yorkton and Regina and I consider both actually the continuing education programs are great. But there are other locations that have very little continuing education and if we want any consistency in this province we have to address that. "

"In our district, the First Responder's continuing education is paid for by the district so we don't have to pay anything out of our pockets for that, however, there are certain things that we do have to come up with for money and I guess if this was a perfect world and we didn't have to pay and some of those things would be examples-I would like to see our group have our own mannequins of some sort so we can practice the CPR and using the defibrillator and in order to do that I can run to Moose Jaw and back which

costs me my time, my gas or we can fund raise on our own and buy our own so in a perfect world it would be nice if we had something like that given to us."

"Well, the Con Ed is my job at Regina EMS but my education portion of my job is only a .5 position so even in an urban setting we have a .5 position and we could certainly use a full time one. I certainly have a lot of help and I design the program and often facilitate"

"Continuing education is a big problem in rural areas. Just the availability and kind of isolated in your own little group and it's hard to maintain when you have casual staff that don't get very many hours. It's hard to get them to come to continuing education."

"As far as Con Ed goes, it is by far my number one concern. Now that I am out of school and a paramedic, continuing education is something that you can't blow off anymore. Any one who has worked in, there are a lot of rural services, I won't say all by any stretch of the imagination, there are a lot where Con Ed has basically blown off and signed off and they figure you are alright. I can't agree with that."

"As far as Con Ed, I agree with there are some services that okay, there is your letter, you're down for another 2 years and that doesn't benefit anyone. I think we have to adjust, some means, whether we set a weekend aside or there are mandatory workshops that you have to be at, whether it is done by SIAST or a regional health district, something with a little tighter constraint on recertification."

"In my position as an instructor and teaching predominantly in an intermediate type of course and seeing the people come in from the EMT level, their skills are horrible. You listen and you talk to them and ask them why, what's going on and they say I have no Con Ed. They say this is a Con Ed year, but where is it? There is no Continuous Ed. In fact, many of them will turn around and say, well, we just had a big meeting but we just sort of sat around and drank coffee and then all of a sudden everyone was re-licensed. So some areas have great Con Ed but some of the smaller communities don't have the resources to have that Con Ed."

"If you look at it from an employee's point of view, they are making it but they are doing it on part-time wages or from a full time position where they are working constantly, you can't get away to do that so how are you going to get out and do all these courses, especially if they bring it to a one-year type of thing that you have to recycle every year. That's insanity. So that's got to be looked at and maybe one of the solutions to assist is that SIAST education goes out into the smaller rural centers within a region and helps out with education and stuff of that nature. Bringing in an outside view, helping them out with stuff of that nature".

"The Con Ed with communications or EMD, Con Ed is all in-house and I am in charge of it. It's a small group. We have different requirements for us too, so it's not so much of an issue."

"Working in industry it's like a rural setting so we don't get a lot of calls, so Con Ed is real important to us. We basically pushed our employer to bump up our Con Ed and we have worked with them over the last couple of years to come up with a program that we used to have and now it's pretty good but to tell you the truth, they are not that interested in doing it. It's something you've got to fight and beg and squeal for. We don't make money for them doing EMS and firefighting but we have been able to come up with a pretty good program so it is important, very important."

"As far as Continuing Education, we just get a chapter sent, we go over it together, we do our homework and come back and go over it the next time we have a meeting."

6.1.3 Difficulties in attracting employees

The results of the survey indicated that 66% of employers and 54% of employees felt it was difficult to attract qualified EMS personal, particularly casual. Participants were asked if they agreed with the survey findings.

Employers

Most employer participants agreed that there was difficulty. They indicated that if they hired right out of school that the individual was "book smart' but needed lots of hands-on training, which takes time and money. One employer indicated that they tried to hire people with experience whenever possible. For some, such as the more rural services, there was not always the option; employers indicated that they usually hired whoever applied and trained them.

> *"I agree. The biggest problem we see coming out of SIAST is my idea of someone coming out of training in that I should be able to put him in an ambulance and he should be able to perform as he was trained. That's not the case. The case is they come out, they may be book smart, they may be able to do all these things but as soon as they step in that ambulance they start from ground-zero."*

> *"It's definitely a quality thing …we have casuals coming in maybe only once every 3 months to work, if that's all they can work, it's a quality issue. The person is not really comfortable coming in and we are not really comfortable having them come in"*

> *"Usually when we hire somebody it's with some track record, some experience because a lot of people that come in green, it takes so long to train them, I mean it's a lot of money to train somebody, lots of time, our training supervisor spending a lot of time with these people and it's tough so we always try to look at somebody who has a little bit of experience from somewhere and that's not always the case."*

Employees

Most employees agreed that it was difficult. They felt that there was enough interest in the job but that it was a hardship to move into a new community for a part-time or casual position. Most would prefer to work full time.

> *"I agree simply because every one of us has bills to pay so if you are only working part-time in a casual position, quite often you are finding you have to go out and find employment in another venue in order to offset that income and if that employment venue is going to give you better hours, then you are going to start cutting back on EMS."*

> *"I agree because in the rural setting you have the lack of people and to draw them from other areas; it's really hard to get them to come in for a part-time position."*

"It seems there is enough interest to get people into the job for the most part but that's where finding full time employment, really getting into the industry as opposed to just doing a bit of casual does make a difference whether or not you are going to maintain it or whether it's worth the effort."

"Especially in the rural area it's a problem retaining. If it's only casual, there are no guaranteed hours, only being paid stand-by hours and at $2.19 an hour, nobody wants to work for that."

"I think that what happens because it is casual, because it is $2.19 an hour you can't pick up your family and move into an area for $2.19 an hour. If you already live there and want to train and pay for it yourself because we have come down with no funding for education. Yes, if you have another job to supplement it, you know working on the farm and being an EMS it is actually not a bad mix but to come in as a job or as a career, is that what you are looking for?".

6.1.4 Blended positions

Participants were asked if they see blended positions as a viable alternative to casual or part-time positions. For the purpose of this focus group a blended position is defined as a position, typically within an RHA, where the job description includes more than traditional ambulance response duties. Example: a position where the person responds to emergency calls but also works in the emergency room.

Employer

The majority of employer participants were in favor of blended positions. Employers thought it was important that the position in question be within the scope of practice of the individual if possible.

"We haven't really ventured into that at all. It's something we are going to be looking at, possibly having paramedics in the ER for example, and helping out in ICU, that kind of stuff. If I had this blended position, then I could say you could work a little bit on the street and a little bit in here. When I need you on the street, I can pull you out.'

"I think they would absolutely have to be within their scope, not a paramedic cleaning toilets or whatever, for example, at the hospital."

Some employers, particularly those speaking for the northern, rural, and to some extent industry, indicated that sometimes because of the blended position their employees performed tasks that were outside the set protocols, mostly due to the requirements of the position that they are filling, for example running the health center.

"… our people pass the bounds boundaries? of those protocols day in and day out because they also run the Health Center. …we used to have two fulltime nurses. We no longer have any nurses due to cutbacks … so my people now run the Health Center. They get experience, they practice, they use their skills and I think that's the right thing for these people to do. I think the protocols that are written for ambulance people are great for ambulance people but not so good for what we try to do working in a Health Center because day in and day out, we surpassed the protocols and the people who work for me are liable which puts us in a terrible legal position."

"We are in a little bit of a unique situation in the north. We operate the Health Clinics and the ambulance drivers have a position in the community, they fit right in. I phoned the Health Center, they are answering phones, and they are helping the nurse.

Speaking on behalf of our staff in Pelican, it's good for them to be doing it also because they also learn a lot of stuff that's happening and going on in the Health Center. They get to know the people, the staff and it's a win-win situation."

"… they (employees) are security guards, hazardous materials technician, they are a level 1, 2, firefighter, rescue specialists".

One or two employers felt that blending positions was not viable; they felt that the overlap of duties could lead to complications.

"Again we are kind of back to the private versus public run services. If we are a private service trying to mesh with our RHA, how is that going to work? That's kind of the big issue but if that would work, I think that would be a really good idea."

"Blended positions do not work, I will tell you that right now. …They were hired to complement the existing staff at emergency staff but the facility staff doesn't see it as such. They see it as their staff. As soon as they start getting into the facility, it becomes a facility issue and it just seems to be an ongoing problem. It really does. The concept is good because then both EMS and the facility share the wages and benefits and stuff like that, the concept is good, but in reality it does not work because that's what occurs."

Some employers took the process a step further and suggested that EMS personnel could pick up on call services or services that that had been eliminated because of budget and staff availability from other areas such as Home Care.

"There are other things we could possibly do I guess in a rural setting like Home Care, for example. You have people on call for Home Care to go to a home because someone has fallen or whatever, an additional group of people on stand-by just in case the phone rings. Why couldn't EMS? If we could approach the Health Region on that part of it"

"Mobile health. We could go down and do assessments and transfers."

". . . and I have seen that happen in a couple of different situations in Regina where because of lack of funding the position of Home Care nurse was cancelled after midnight so consequently there is nobody in Home Care so there were caregivers that were mopping up in the middle of the night and other things that needed to be done. Now it became an EMS function to go out, assess the patient, if a catheter needed to be changed, we could change it here and do further follow-up on it, transport that patient if there was something the patient required medically and then bring the patient back. As far as the small regional health centers that may be closing or not, being able to fund a position or looking for something within the position where that has happened and contracted to come out, that time to Coronach Hospital where I worked, or Health Center I should say, as somebody who had ACL training who could provide that service there and then anybody who was critical move them out to Assiniboia or wherever they needed to go."

Employees

Employee participants were asked to comment on whether they thought that blended positions were a viable option to enhance part-time and casual positions. While most saw the blended position as a good way to get in enough hours to make an acceptable wage they were quite vehement about the work that they are asked to do, and the circumstances surrounding some of the positions. All employee respondents stressed that the blended position should utilize their skills as a health care professional whenever possible.

"I would love to speak on this one. We have a blended position. We work in the hospital. We are SCA's slash EMT's and it can lead to some wonderful situations….it feels as if they are using the EMS budget to staff the hospital……..there is no set

protocol. Nobody really knows, nothing is defined and nobody seems to want to try to define it. I do feel it's going to lead to major incidents somewhere, somebody is going to get short-staffed and short-ended."

"In an acute care setting it is of tremendous benefit and I have no problem with that but it is being utilized now where you are doing more long-term care and more of an SCA position."

"We have, we are a blended care position. It's working really well and it has enabled us to go from just an on-call service to actually having the 8 hours and then the remaining 16 we are on call."

"I work in a blended position but it's different. I wish it was a little more as I would love to use my skills but with maintenance and ambulance, I think, I like it because it guarantees me hours. Otherwise I have no guaranteed hours. I just have my stand-by but I think they need to look at the type of blended position. What are they going to do so that we can, especially in the rural settings, retain our skills because they are, they do deteriorate but I think it is a good thing if it's done properly."

"So if it's a position where we are able to utilize our skills, I think it could be a huge benefit but if we were going to be abused like you are there, running around changing bedpans and feeding people and whatnot, well I am sorry, I didn't get in this profession to do that."

"Like I said with the skills on the base, I know that with those firefighters out there, if they are not firefighting and watching the planes come in, their other job is cutting grass. They do it or they are gone you know everybody is well-skilled in individual areas but sometimes you might have to do something extra just to maintain your job you know like sure I like just go to work and fight fires all the time you are out there but sometimes you are out there and you have to direct traffic. Well my job is stand on the highway and have some guy try to run me over when I'm trying to take some guy out of the ditch, … sometimes you have to do it because you have to protect your people."

"I think it's the way to go. You can't expect to staff an EMS for every rural center based on three or four calls a month. ……. The only thing that I would suggest is there have to be certain protocols put in place as to what type of blended positions you have. It's the whole thing about getting the full time hours for the stability within EMS to have that coverage in the rural area."

"My job is very, very blended. In our department we are EMS, we are firefighters, we are a health center, we are the security department, we run the dispatch, we maintain all the equipment and basically, it's like he said, we do six EMS calls a month or something, we maybe do five to ten fires a month. There is no way they are going to pay us to sit and wait for that so we, but, saying that, I am our union rep for our area. I work together with my boss, a very good relationship but it's almost a full time jobs coming up with back-up plans."

"It's viable for us at Strasbourg right now. We are actually taking the after hour calls for the Health Center at Strasbourg. They have a doctor I guess and he meets them there, otherwise we'll go down and give him a hand which is good for us, it seems to be working."

"Yeah we really work with them together, instead of paying one of the nurses to be on call; we are on call anyway so we might as well just take that position."

"You basically have to be an ICP or PCP to get a job at Whitewood Nursing Home so you have to have that amalgamated position. So if you go work in Whitewood and want to get full time hours you have to go where they need you."

"The other area that we could really help is we have a number of rural nursing homes and these patients have to come into Regina for IV antibiotic treatment, for goodness sake because the nurse out there isn't allowed to be certified to start IV's. Why not send your EMT over there, start the IV and let the nurse monitor it so there are a number of things. Probably in the primary care setting, you are probably allowed to do it."

"… let's make it EMS-related and be creative in the duties that we are doing to do that and all the areas that we are behind. I will tell you, what were some of the things, working with professional associations for stuff like this, say this SPA project. Nobody has time but there are probably about 100 EMT's and paramedics in the province who are sitting at their bases right now, clicking the TV. Let's get them involved."

Some employees suggested that the development of some blended positions could promote career longevity.

"With respect to going into health care facilities and performing skills within your scope of practice I think that is absolutely necessary. Even in the urban centers it promotes career longevity and after six or seven years you are going to be tired of picking up drunks you are going to get tired of fighting with people that don't want to be helped. So I think we need to explore creative options like that not only for wages to keep people in the profession in rural centers but as well for longevity in lateral movement in the urban centers as well, I don't see an RCMP officer cutting grass at a nursing home so why should a Paramedic or an EMR."

"…when you are working in an urban setting that is doing 17,000 calls a year, your back isn't going to last?? too many years so the opportunity to move into another position? and continue to use your brain in a blended position like the emergency department would be a wonderful option. I love the idea of a blended position concept as long as it is within our scope of practice.'

A couple of the participants for rural and/or private services did not see how it would be possible for a private employer and a public employer to separate duties and wages and therefore did not think it would work very well. Some employees were against blending simply on principal.

"Personally I like that, but in our situation I don't know how it would work being a privately run service and the hospital being, of course, health board driven…I like the idea but I don't know how you would administrate it."

"Blended positions as EMT/Caretaker/Care Aid. Absolutely not, I'm so totally against it that it is not even funny. I think that there needs to be some openness on behalf of the employers to incorporate the current scope of practice and skills that everybody went to school for to be incorporated into certain facilities so into an emergency department, yeah, into a long term care facility to wipe bums, clean floors, cut grass absolutely not. We are health care providers."

"It just depends on how far it goes. At Strasbourg we do other things, too. We fill water bag ice but that's part of the business, we cut the grass but as soon as that call comes in, it's dropped and we are out of there and there have been issues with that, too, but at least it gives us something to do no matter what sector you are in".

"The biggest thing that we find with these blended positions that is if you have a blended EMR/SCA, say you have that kind of position and that person is on the floor and they are on call and they get called out well than that special care aide work needs being done and they have to call in another special care so there is logistical problems with that sort of thing,"

"Is there a difference between district and private, too, because I know my private boss won't say, go to the hospital and clean out the board room. I would love to play in X-ray for a day but my boss isn't paying me to be at the hospital, you know. He is paying me to cut the grass at the base."

"I know it's a concern but I really hate when we are trying to find work for somebody just so we can keep them in that other area. I am sorry but we need to address this whole call volume issue and that. Perhaps some of these very small volume places, maybe we can amalgamate. I don't know what the answer is but there certainly are issues in it."

"There's a different kind of turf war out there and that is between private owners who are living or working close to each other. Why, if we needed extra help, why couldn't we have an EMT or an EMT-A, sorry I am not using the new terminology so work two days a week with Gravelbourg and two days a week with us and create a position."

6.1.5 EMD curriculum

Currently, Saskatchewan's EMS communications centers use Priority Medical dispatch as the core training program. Participants were asked if they thought there was a need for a formalized emergency medical dispatch (EMD) curriculum.

Employer

The employer participant that was representing Communications spoke to this issue while others indicated that they were satisfied with the training that was currently in place.

"I think it's really important. I started in communications 20 years ago and when we started and up until 1990, we went on callers' emotions and we went on what kind of day we were having and should we go or should we not. Yes we did have our EMT but that didn't prepare you for what you are getting from the caller and it does not prepare you whatsoever. I note Swift Current used to have a course. The problem with that course was that they didn't have a lot of input from the com centers in Saskatchewan; what they wanted to have taught in that course and so what was happening was there was a lot of information that was being taught that nobody in Saskatchewan was even using. I definitely agree 100% and not only that, there has to be, with that, there has to be a quality assurance program put into place for all com centers because sure you can use medical priority but if you are not using it correctly, it's nothing."

Employees

When asked if they felt that a formal medical dispatch curriculum was required, employees, particularly the EMDs who participated, felt that it would be a definite benefit. They felt that Saskatchewan was quite progressive but communication-specific education would be an asset.

"I don't think it would hurt. We get people in who have gone through the 24-hour course and then I train them from there so would be nice to have a communications-type education."

"I have been to the international conference, the navigator conference and that includes police, fire and ambulance a year ago in Los Angeles; Saskatchewan I think is very far ahead of a lot of people down there. I was quite surprised at the questions they were asking."

"… from an industry position such as the fire dispatch and everything else of that nature or Weyerhaeuser, it could be an important asset for them as well."

6.1.6 Retention difficulties

The survey stated that 54% of employers and an equal number (54%) of employees indicated difficulty retaining employees. Employers offered the following reasons; Lose people to the larger centres, People are looking for full time paid positions and Low wages. Employee's top 3 reasons for difficulty with retention are; lack of full time positions (too much casual), hours of work and Wage parity. Participants were asked if they agreed with the statements.

Employer

The employer participants we spoke to acknowledged that the issues were problematic in the past but felt that there had been some progress made.

"We used to lose people to bigger centers but now because of our call volume going up, we don't really have an issue of losing people. We retain people, we have some old-timers there that have been there 20-years plus so it's not a real issue. The people who are part-time, we very seldom lose them unless they go for further training and we lost 2 this year to go for paramedic training but they are going to return. We gave them a leave of absence and they are going to return so we don't lose many people, that's for sure."

Employees

The survey indicates that there was some difficulty in retaining employees. Employee participants indicated that they agreed with the statements, particularly consistent wages and hours.

"I think a lot of the points that I would have touched on again, like you said wages, if you have a full time position you are making good money. It is not necessarily the wage per hour that anybody is kicking, but it is whether you have hours to work."

"Regina in particular tends to be either a feast or famine. Certain times of the year it's feasting and the guys gobble up the hours; they are called on a regular basis. Then again, later on in the year, there is nothing for them and they go out and find another job somewhere. All of a sudden you are into that feast time and the other job is calling. If you don't come, I am sorry, we are going to have to let you go. Then you move into the famine and there is no place to go. So it's kind of a bad situation to put them in because there is no continuity or stable atmosphere."

6.2 Skills

6.2.1 Scope of practice

Survey participants were asked whether they currently perform skills in addition to those outlined in the Saskatchewan Scope of Practice, 22.5% of Employee respondents

answered that they did – 73.5% do not. There were differences depending on job category. Those practicing skills outside the scope of practice tend to be those professionals with the highest levels of training (34.9% of EMT-Ps,). EMT-Ps are the most likely to practice out-of-scope skills, followed by EMTs, EMT-As, EMRs, EMDs and Frs.

Employers

Employer participants were asked to comment on why they thought this was happening. Employers do not condone the behavior but they did indicate that sometimes there is no other choice due to location or medical personnel availability. They were quite specific about the skills that they found acceptable, such as teaching/facilitating. All participants spoke of liability for actions taken out of scope and the severity of this behavior.

> *"I don't know why but I think it's part and parcel to what we were discussing before about working at a Center environment, Pelican Narrows for instance anyway. They are getting paid to be there whether they are out in the ambulance or whether they are watching cable in their unit. I think you will find that in the north, in a lot of positions and not just EMTs, it's just the geographics of it. Take the nurses for instance when it's not a doctor's day, they are pretty much doing what the doctor does and I think it's the same for the EMTs because of the geographics of it. They are up there."*

> *"… they treat everything that comes in the front door of that Health Center and then they decide whether to transport or send back to work. When the nurses were there, the nurses did all that. We have a medical director who tells us where he is comfortable and where he is not."*

> *"You have a number of EMS professionals, paramedics and intermediates working in northern postings, for example working in a Health Care Center. You are doing a job of nurse and they are doing stuff that they shouldn't. In a lot of cases they are doing it because they are directed to. There is no one else to do it. It's either them or nothing but I know from the standpoint, if my staff, because of the audit process that we have, go beyond their scope of practice, they are in serious, serious trouble. Very serious trouble and they will be warned and trained and advised and if it happens again, they will be fired. '*

> *"There seems to be a lot of times a blend of what is considered to be a scope of practice. Is teaching really a scope of practice? I know that a big part of what I was doing at EMS was assisting the facilitator in teaching the course that needed to be taught. If there was anything that needed to be done or researched, I researched it while I was on duty, between calls, whenever that happened to be, developed a program, delivered the program and evaluated the program. Was that outside my scope of practice? Yes. I did it because I liked to do it and I enjoyed doing it but I wasn't doing it to be paid for it or sanctioned to do that. There was not a job description to do that but there was a need there."*

Employees

Employee respondents indicated that they understood that it was not really acceptable, and could be dangerous, but sometimes there was a choice to be made for the care of the patient and they felt that they had no choice but to assume the responsibility for the action.

> *"I don't think that most people who go outside their scope of practice don't understand the guidelines. They look at their patient and they realize they are an hour from a hospital and that's legitimate and they are going, oh, they are going, this is how I read this. I have done these things; they are doing it for their patient, for patient care. They are not doing it for their own gratification."*

"There are two things going on here. One is a forced requirement. Someone comes all the way from Big River, goes down to Saskatoon and picks up a patient, all of a sudden finds that the patient is on a NG tube or has a chest tube inside that has to be monitored going back to wherever or a nasal gastric tube or something of that nature. Now they are forced into it or they have to pick up a nurse from there or refuse to transfer there. That's absolutely silly."

"Because they are there and maybe they think that patient, you know that something else needs to be done so they figure they will just go ahead and do it because the hospital is 45 minutes away."

"I think the higher numbers in the advanced levels are because morally, I think the paramedic likely saw that it was a decision they had to make whether it was going to save their patient's life or not and they had to make a moral decision whether they were going to follow protocol or do something that was going to save that patient's life. I think they run into a lot more of those situations than the lower levels. I think the what does this mean?, I will say EMT for example, starting IV's, I think it's an education but they are looking at it to expand the knowledge and you kind of try some new things."

"As a First Responder I have some concerns for both of these questions that came up. Because we are so far from the ambulance, it takes about 45 minutes for the ambulance to get there, I can't understand by the blood glucose monitors, why I can't poke them. I asked the wife to do that because they have it in their own home so they have an idea what the blood sugar level is but I am not allowed to do that. It's not black and white for me. I can't administer ASA but I can suggest it. I mean I want to see these kinds of things in black and white on a piece of paper what I can and can't do. I need some stuff to be clearly defined and some stuff expanded."

Employees felt quite strongly about the differences between that training they had received and the rules they were expected to follow. They indicated that there were often vast differences.

Some employees indicated that Sask Health was perhaps moving slower than they would like when it came to instituting change. One participant felt that even if they did step outside their scope of practice that it was likely to go unnoticed for the most part because Sask Health has not taken the time to involve itself in the review process, rather it is left up to the Employers and the Health Regions.

"People are going outside scope of practice in my opinion at the paramedic level anyway because of frustration with the current protocols. There has been nothing done on them for a number of years now. We have seen a few new protocols; last time we had any additions was two years ago. The whole group, the whole thing needs to be reviewed and revised. SIAST does an excellent job of teaching our students cutting edge knowledge. Unfortunately, industry which is directed by Sask Health's protocol is not keeping up and certainly we are not going to be able to do everything that is taught in school but we are not anywhere close. I try to keep a pretty good tab on a national level and we are way, way behind."

"… there are times we have total indication for the medication or procedure but because our protocols are like this, the little tiny box, we can use them for other means and I am guilty as charged. I have done it."

"Absolutely. You will find these new kids that are coming out and I know a very good example of this, brand new PCP, ICP, same thing, getting all this knowledge and what do you mean, I can't do this."

"I think a couple things are why it happens. First and foremost, I think that the training programs have evolved and there is more information being taught so then the paramedics coming out feel more comfortable with their skills and the scope of practice though Sask Health has not kept pace or evolved at the same time as the changing field. I think that's probably part of it."

"The other issue I think is that no one polices us. No one has ever been taken to task by Sask Health for going out of scope and so everyone seems to think its okay. I'll bet you the last ten years, they haven't gone over any ALS call report forms that have been submitted to them so it's left up to private companies, health regions to do it, they don't have the time or the expertise to deal with it and all of a sudden I think, I am not even out-of-scope anymore. It's there."

"I remember answering that question in the survey and the reason I answered it was because what he said, the protocols haven't kept up. There are things we have been trained on there is no protocol for. Correct me if I am wrong but is there a protocol for eye injuries? We get like 30 eye injuries a month. There is no protocol. What do I do, tell the guys to just go back to the workplace? So I do eye injuries and there is no protocol, no scope-of-practice for it. There is tons of stuff there is no protocol for. We have our own protocol at work for those issues and you know we have a physician as well and we have done them but by the Sask Health protocol, I guess I am working out of my scope. That's why I answered it that way."

"Yes, but also you look at their protocols and some of them are so, can I or can't I. you can bend them a little bit but it's kind of like, am I going to get into trouble for this or aren't I. Some of the protocols are too vague."

"If you go outside of your scope, you go because you feel that it was necessary or you didn't understand the guidelines that there were set out."

Some employees indicated that they worked out of scope when they had assumed another position (blended) and the job and expectations were different.

"The only time I experienced working out-of-scope is in the ER at RUH where you are giving drugs that you weren't taught originally. That's part of the job there and you are working with other people that understand them so certainly that's out-of-scope.'

6.2.2 Competencies and certification

Surveyed employees were asked if they have competencies or skills for which they do not have certification, but feel should be recognized. 29.9% of respondents overall said that they do (with 63.8% saying that they don't). There was a significant difference in responses depending upon which job category the respondent fell into. FRs and EMDs were least likely to report having unrecognized skills (5.1% and 8.7% respectively). EMTs, EMRs, EMT-As and EMT-Ps were increasingly more likely to report unrecognized skills (with 28.0%, 30.0%, 39.5% and 50.8% respectively). It would seem that a significant percentage of EMS has skills that go unrecognized. Participants were asked how they thought that this could be rectified.

Employer

Employer participants indicated that the individual should perform duties as outlined by the position regardless of additional training.

> *"I don't recognize what skills are not being recognized. I mean an EMT or a paramedic, they all have the skills, and they have protocols. They are recognized for everything that they do."*

> *"Now nobody knows what to call themselves but I think part of what that survey may have entailed are these people who are thinking they are a PCP and they feel, I have been trained how to start an IV and have been given the background information on it but feel now I should be able to start an IV. Well, no, because you need that other background information. Do I think that a PCP should be able to start an IV? Absolutely, but they need that background information to go with it and the extra training to go with it."*

Most employer participants felt that this was not that common; they indicated that they felt that changes in the training program (PCP) were causing a lot of the discrepancy.

> *"There isn't a great deal of that. They have changed the course now with the new PCP where they are giving stuff at the start that they can use later on but those skills still can't be used. I know what they are taught. If you have someone that comes from Alberta to Saskatchewan to work, yeah, they got their twelve one skills and that sort of stuff and they have been hired as an EMT or a primary care paramedic, yes, then they have been trained to do IV's and maybe they do a couple of different drugs, whatever, they have been able to do things that they have not been allowed to do here because we are here in Saskatchewan. "*

> *"Yes, Sask Health has the ultimate say; they will not recognize a primary care paramedic, an intermediate care paramedic, and advanced care paramedic. They are only recognizing EMT and EMT advanced paramedic."*

Employee

Employee participants were asked how they thought this issue should be addressed. Some suggested waiting until the skills they had learned in training were recognized.

> *"I guess coming into it from a slightly different perspective, as a paramedic we are taught certain skills, RSI, catheterization that we are just not doing. I am just patiently waiting, I guess."*

> *"I guess one of the issues right now is the crossover between EMT and PCP. With the PCP program, you are being trained in skills that you take home with you but you can't use. You are sitting there and it's a dead weight so everybody is pushed going through and getting their PCP but in reality, by the time the PCP is actually acknowledged, how many of us are going to have to go back and take a refresher and at what cost, in order to validate using it. That's frustrating."*

Most employees understood that it was the protocols that need to evolve in order to meet the training levels in Saskatchewan.

> *"I agree with what you said with the PCP bridging. You've got these skills and the scope-of-practice. It needs to be looked at."*

"I think it falls into, at all levels we are given skills that exceed what our protocols are and it's the lack of the protocols evolving. RSI is a bit of a sore spot personally for me because I have been beating my head against the wall. The protocol has been written for 2 1/2 years but it keeps falling flat on its face."

"I think it's a protocol issue and it's got to be addressed. We got a bunch of people who are going to be soon in a situation where it's been so long since you've looked at it or done it, you 'll have to refresh and it becomes a cost and time issue."

"I remember when I graduated from the paramedic program and we were trained on 52 drugs and could only give 11. Since then, there have been many drugs that have come out and you know what, we always had in-services on them and if you don't do the in-services and they are not submitted to Sask Health, then you are not allowed to do the procedure."

"I think it's so important that what we see happening is that training has changed. We had a new level of national profile that came out and a new level of training. Unfortunately our protocols have not changed. I think what has happened is that it's too cumbersome. I sit on the Regional Medical Advisory Committee and I sit on that committee as an advisor and it's just ridiculous the procedure to let protocols pass and I think that's where the problem is."

"The other thing is turf protection. There is another body that turns around and says, when we get to do drugs and we get to do that, I think what we do need to do is move forward to a best practice that if they are using RSI west of us in Alberta and all their paramedics can do that and they have said it's proven, it works, then why are we not doing it? If they are doing it in Manitoba, why are we not doing it? Because we don't have the political will or we have some physician who says, you know what, I have an objection to this because there was once a case and until that problem is rectified, we are always going to have this problem where sometimes there are standard changes about where EMS is at and where it's going to, national bodies and that, then it's not going to change."

"I think our EMD protocols are strict enough and the updates are straightforward enough that we don't have that problem. Myself, I've got a teaching degree as well and that has been recognized by me being the training coordinator."

"The other thing I will say is I know already, the EMT's in Weyerhaeuser can give symptom relief drugs and they give other drugs so why PCP's aren't doing it in the field is beyond me."

"An example of what she is talking about is ASA. As a first aide instructor for how many years were we telling people if someone is experiencing chest pains, get them to chew and swallow an ASA. Yet an EMT responding in an ambulance couldn't. Like what sense is there in that?"

6.2.3 Hiring requirements

Surveyed employers were asked about the minimum amount of education and experience EMS personnel require when being hired. The responses varied greatly between employers. Participants were asked to comment the variance and if they thought hiring requirements be standardized in Saskatchewan.

Employer

Employer participants indicated that working environments, hiring practices and funding availability was so different between providers that standardization would be very hard to achieve, although most agreed with it in theory. Most small or rural services had to hire whoever was qualified and was a 'good fit' for the service.

> *"All you got to do to get into my service is bid in and pass the training. If you didn't pass the training, you didn't stay.'*

> *"You know we have really revamped our hiring policies quite significantly. Before, most of it was dependant on the references, experience, and interview. Now we have a physical aptitude, you have to show us that you can lift, that you can do certain tasks."*

> *"Sometimes you just got to take what you can get. I mean we don't have the luxury of saying, oh, you have five years working in Regina and you want to come to Spiritwood. I mean, that just doesn't happen. So for the most part, traditionally it's been the guys that start off in rural areas and work their way up to the larger cities and that sort of stuff so we don't have the number and we just don't have the luxury."*

> *"Pretty tough to do because now even in the health regions we have EMR's who are basically First Responders with a little bit of additional training whereas in some of these other services, it's all EMT's or PCP's now and so now we have that level issue as well. The EMR's all they are basically going to do is drive and that becomes an issue."*

> *"Also too you try to pull some people from your community as well. Somebody who is in the community doesn't always have that luxury or the time or the finances to take extended training so you get somebody with basic level and that fits your service, so if it fits your service, you are going to hire him."*

> *"Standardize the hiring process; you are standardizing it for somebody else to fit into that mold where it might not be necessary for a particular place and time."*

> *"As far as the actual standard of training, we will only hire PCP's. We won't hire First Responders or attendants anymore. The minimum amount of training that we require is PCP level but I agree with all these guys. Just because you got somebody who's got all the credentials does not mean they are fit to work the street."*

> *"Unfortunately it's usually a reactive thing. If you are short, you've got to hire."*

Some employers did not agree with standard hiring but did think there should be minimum requirements for all hires.

> *"Standardized requirements for hiring, no. I think the needs of the operation depending on whether it's integrated, not integrated, urban or rural, whether you do air ambulance, those needs and requirements are going to change based on geography and attitudes for the particular RHA. That being said, minimum requirements, absolutely. You need to be registered, you need to have a license and have CPR. Could that bar be raised? Certainly. No problem with that."*

"I would like to see minimum standards for hiring. I would like to see us all doing the same sort of testing, the same sort of physical requirements, and the same sort of scoring. That's my goal for the province."

"One of the areas that I didn't touch on is if you go to a minimum standard or if you go to a standard across, are you moving in a situation once a person is not successful in one employment setting, boom, you are done with Saskatchewan, you go somewhere else."

Employee

Employees were asked if they thought that hiring should be standardized in Saskatchewan. Most liked the idea of some standards but strongly objected to standardized hire *per se* because of the vast differences between urban and rural services. Some however felt that there should be a minimum level of training required and no one should be hired unless they were at the accepted level.

"As it is in this province right now, the rural services are used as training grounds to work in the city, to put it as bluntly as possible. That's exactly where that happens so they don't have a choice. They hire employees right out of school and if you want to get into a city, you've got to get some experience under your belt before you even attempt to go there because they just won't take you. The hiring process is that hard to get through, basically."

"I think there should be a standard and quite frankly it should be at the PCP level. I do not think any one working in EMS should be other than a PCP".

"I agree. It has to be a PCP as a minimum level but I have to add a clause to it that there has to be an occupational standard or competency standard as well. You can't expect someone to get into this field without being able to lift a proper weight or whatever of that nature so why are we letting them through. There also has to be a standardized preceptor, not sit there and I will tell you what to do and when to do it, things of that nature and the poor individual comes out, graduated, going right into the work field, going, I don't know what to do."

"I think if there are standards that are set right when you walk into the door at SIAST you are on a level playing field with the other 10 or so people that are in your class and I think that should be set right at SIAST"

Those employees representing communications thought because there were so many different factors to consider that the standards should be left to the employer who was doing the hiring.

"With dispatch, I think there should be the prerequisite EMD but then depending on the dispatch center, they have so many different roles. Some of them dispatch fires, some First Responders, some don't. I think it should be up to the employers to have their own screening process and their own standard"

"I guess I just want to clarify something. I don't want to diminish anyone else's role because I think the EMR's and the First Responders are very, very important to EMS but I think if you are going to work in a paid position, on an ambulance, then it has to be minimum PCP level. It's a responsible job".

6.3 Training

6.3.1 Pre-employment program

Educational institutes have minimum entrance requirements to all programs. Participants were asked if they felt that there should be a pre-employment program in EMS and if so, what certification level should be achieved. Participants were given a definition of a Pre-employment Certificate in Trades Programs to use as reference (see below).

Pre-employment Certificate Definition in Trades Programs

> *A training institute provides entry level training in designated trades. These programs are usually designed to provide trades training to students without previous experience in a trade. Training is credited toward eventual apprenticeship certification in Saskatchewan. The training institute issues certificates to graduates from these approved programs if they are a specific length.*

Employer

Some employer participants agreed with the idea of a pre-employment training program at all levels, from basic upgrading to more specific training. Employer answers also varied depending on working environment, i.e., industry vs. Fire vs. northern vs. EMS service provider.

> *"In my environment, we would bring them into the department and then send them and get it (pre-training) and then go to PCP school only because of being a closed shop."*

> *"In the north, the situation there is that you will rarely find someone with the prerequisites because of the education system in the north. Some of the schools don't even offer the math's and some of the sciences so they are coming out into a whole new environment where they need to upgrade those course before they can even get into any. That's why we did that on our own because we recognized the need for that so yeah, I think it would get the people trained and it goes toward that standardization that we were talking about so the people are ready and prepared for what they are going into"*

> *"I think it's no different than the fire service now. You got to spend your money to go out and get your training now and find a job. That's a big financial commitment. You see a lot of police services now taking people with a degree from whatever university."*

Other employer participants were more inclined to place the onus on the individual to get the education required.

> *"Are you willing to invest the money as an employer in a pre-screening program for someone, without them having to really put anything into it? You want to be a fireman, there are some fire departments that train themselves but a lot of these guys are putting up fifteen to twenty grand to go to a fire school in Vermilion or in Manitoba so what have they got to lose. If I am going to take a risk on somebody I would like to at least think in my own mind that there is going to be a return."*

Some employer participants did not agree; they felt that it would hurt the rural services.

> *"I can see this. This is a question that is very urban-driven. I feel if that was to go through, you would decimate the rural areas, especially the First Responder areas and a lot of areas where there is a smaller call volume."*

> *"Yes, ultimately, should there be something before to help you meet the entrance requirements to apply."*

Employee

Most employee participants saw value of a pre-employment program but more to offer some orientation to EMS; a realistic picture of what could be expected should they chose this as a career.

> *"I think that even having some kind of even 40 hours working at Parkland as ride-along just to see what the field is all about before you get in there, yeah, I think it's a good idea"*

> *"I think there should be something definitely. Some of these (people,), the only experience they had was in the back of the ambulance doing their clinical stuff. You have a professional back there; you are not going to be able to screw up. You are not going to be able to make that mistake. They are not going to let you do it so you are not in total control of that call so to me, they have some experience, they've seen it but have they actually done it all on their own?"*

> *"We talked about some of the younger people taking the program now because they are making good money as compared to what we used to. I would like to see people do a ride-out before they get into the back of an ambulance or even into the program."*

> *"I am not totally convinced that it's necessary to have a pre-employment program but I wouldn't be opposed to it."*

> *"I know SIAST with the PCP waiting list, they are interviewing people who are on the waiting list and saying this is what the program entails, this is what you will be doing, this is the wages, this is what the employers are looking for, sort of to make sure people know what they are getting into."*

> *"I think the training institute as well as the profession needs to work hand-in-hand to see who comes into our profession. I know SIAST does, they are inviting the professional associations to come in some small degree."*

> *"Now that the schools are implementing Career Ed, it's good in one way. It does expose them to a lot of life experiences that they have never been exposed to; other people's homes, etc. Their eyes do get opened. I am glad; I am kind of for this. You should have a pilot project with the apprentice program then they could opt out once they get their feet dug in a little bit."*

> *"And just getting back to this whole pre-employment concept, my son is a mechanic. He took the one year pre-employment, went back and did all of the work towards his journeyman. You know what? We essentially do that with our existing program."*

Employees suggested a hands-on approach; first hand experience goes a long way.

> *"I guess the one comment that I would make in entering into EMS like at say a PCP level I think the experience I gained as a First Responder both for taking the course and actually responding to calls was probably the biggest asset for me and also gave me a*

taste of what EMS is really all about. I find if you have an opportunity to do that, we have had First Responders come and go. Those that really into it and enjoy it, they have a good understanding of what they are really getting into if they decide they want to go further and really actually get involved in EMS. I think that's a good way to start."

"I don't know if it should be a prerequisite but like he said he worked as a First Responder and as an EMR. He went into his first course with his eyes wide open and maybe that is something that when you are applying for your PCP if you have x number of years on a card as an EMR that should be taken into account as far as your entrance goes as well."

"There should be something to show everybody the sights and smells that you notice. You know the major crashes, the snow blizzards, the multi-vehicle accidents don't happen every day but the 25 year old who is ingesting so many drugs, that pukes on your shoes happens on a fairly regular basis so that person needs to know that you are going to get puked on, you are going to get swung at, you are going to get sworn at, you are going to have stuff. To have their eyes opened so they know what the reality is."

6.3.2 PLAR

The formal definition of PLAR, is *Prior Learning Assessment (PLAR) is an evaluation through a valid and reliable process, by qualified specialist(s), of the knowledge and skills that have been learned through non-formal education, training or experience to determine the equivalency for credit to a course.* Participants were asked to explain their understanding of the concept and the process.

Employer

All of the employer participants had heard of PLAR but the some of respondents did not have a clear understanding of it. The misunderstanding were slight but changed the process. The most common misconception was that PLAR was an aptitude testing process, a pre-screening process, rather than a skill knowledge assessment.

".. If you don't have the science, the math, whatever else you need for prerequisites, you usually have to take the PLAR to find out if you are a candidate."

"Lots of these people they've got Grade 11 or haven't finished their Grade 12 and sort of left it be and this steps them up so that now at least you got a certain level that you got to beat. I think it's very important."

"We have used it and our candidate went through, did what he needed to do to get the requirements and then went to school. It worked. The system worked"

"I know right now I know the PCP bridge is being used at the PLAR level where you are given credit for field experience, previous experience in certain modules of that program to bridge up to the PCP, so from paramedic level to PCP."

"Here's an example of how that may have worked for example on myself. Before I was an EMS, I worked as an orderly at a hospital. One of the functions of my orderly work in the hospital was to do urethral catheterizations. Get to SIAST, to take that

particular module; I wasn't really required to take that module because I had done that. I had been in that function for several years before I even got to the module so I knew everything surrounding that and maybe even some things that weren't taught in the module. Consequently, I even taught the module when I was there to the rest of the students."

"Prior knowledge. That's what PLAR is."

"Well, related to EMS, probably not with PLAR, I don't have an understanding."

There were training providers attending the majority of the focus groups so an accurate description of the process was incorporated into the conversation at several points.

Employee

Employees were asked to indicate what they thought PLAR was and how it could be used in EMS. Several of the employee participants were quite comfortable with their understanding of PLAR and had either used the process themselves or had been otherwise involved.

"Credit given for the knowledge that you gained on the job and through life skills. I used it when we did the bridging program from diploma paramedic to advanced care paramedic."

"It's a valuable tool providing there is a little bit of common sense applied to it overall. If I have to work on a respirator as such and I am going to go into that type of thing, I have to be trained in that specific type of respirator or something of that nature beforehand. I have worked with 5 different types of respirators over the years. That's what I mean about PLAR. If I used my PLAR there, I didn't have to take any of this re-certification but there is common sense and reasonability that has to be applied there. "

"There could be EMR's out there that have worked with an EMT all their life and they have the knowledge, they have it, if they went and sat down and wrote the PCP exam and challenge it, they could pass."

"Whether or not I agree with PLAR it is here to stay I think and is definitely a reality. I do agree with it."

"I think PLAR has a place definitely but like with that bridging process and so on and so forth a lot of the provincial Paramedics have bridged into the advanced care Paramedic program and they incorporated concepts of PLAR into that and have done that very effectively I think."

"I've bridged it, we basically bridge from the old EMT Paramedic program into the national occupational competency profiles version of the advanced care Paramedics. Instead of coming into SIAST and to demonstrate that I know how to assess somebody with a neurological emergency they assume that based on my experience either in a practicum setting or in a work site setting that I have encountered somebody having a seizure. I don't need to go in ad describe how to take care of that."

"PLAR is excellent but it is only as good as they people that are evaluating the PLAR and in our situation it's SIAST."

"Not at all, I've done a number of PLAR papers and it varies from school to school and from university to university. In most universities you have to go in with a portfolio and prove that you are at this level which is essentially a challenge you know you are challenging them so overall the concept is the same so it is only as good as SIAST makes it and fortunately with the ACP it was done very well."

Some of the employee participants had no idea what PLAR was or how it could be used to their advantage.

"I am not really familiar with it."

"I am familiar with it but it's never been pertinent to me".

6.3.3 Practitioner levels

Currently, the different levels of practitioners in Saskatchewan are first responder (FR), emergency medical responder (EMR), primary care paramedic (PCP old EMT), intermediate care paramedic (ICP old EMT-A) and advanced care paramedic (ACP old EMT-P).Participants were asked if in their opinion any practitioner levels be eliminated, amalgamated or new levels created.

Employer

The majority of employer participants that we spoke to thought that PCP should be the basic level with First Responder support however the rural services do not see this happening without dire consequences.

"I think the ICP and Paramedics should be amalgamated. I think when you have too many levels it really is confusing to the general public."

"First Responders on the other hand, they are so vital in our areas we serve and a lot of times, it's almost impossible for these people to become EMTs and just looking at the First Responders program I think it's very beneficial to the people that are taking the training to be able to give care to the patients out there in the field. There should be one level and then top dog."

"Personally, I would like to se a minimum of PCP. Actually, PCP with additional skills."

"First Responders are okay as far as the initial contact if the person is not in the ambulance, not in the actual vehicle. To do the actual first hands-on prior to the ambulance prior to the ambulance getting there, I think they are a necessity."

"I agree and I think in the situation where you are having First Responders or EMR's, EMR's even more so, going to a car accident where they may have multiple patients, my goodness, I think you are really fitting yourself for some liability issues where

this EMR is not really trained to maybe deal with what he is going to see and what he might have to deal with. If you have one attendant and 16 patients, North Battleford, that car accident at Cochin, you are going to put an EMR into that?"

"Right now I have had good resumes come across my desk from PCP's because places like Regina are not hiring them and so now they are going to have to start looking at the rural services just to get experience. Is it a good thing? Helps me."

"There should only be one category and it should be a primary care paramedic advanced. That should be the only person working on the street, driving in city or rural but I have cut off my nose enough times and the bottom line is that if we say that the only person that can work in EMS is an EMT, then probably 70 to 80% of rural services will no longer exist and somebody from a small community where I can't get EMT's to work, never mind part-time, they've got to be EMR's, you train them as best you can, you take the EMT Con Ed and everything else like that. They need the same level of care no matter whether they are in Regina, Saskatoon or Fiske, Saskatchewan. The level of care should always be the same but it's not."

"I still think that we need to migrate towards that in the province. We still have a number of EMRs functioning in the rural communities. So as a result our level of care still lies way behind. We need to migrate towards a lot of the recommendations where we are creating full time work for these people. Right now, the reason the rural guys aren't doing it is because they are relying on the local community people to hang on-call that have other jobs. Yeah, they are not going to go and take those PCP bridges."

"They are barely doing a few calls now and you know, if there is a good First Responder or PCP program in place that those people learned there, doing it, looking after those people, then that's fine but this is a big rural issue that we have finally got the level of care up from a First Aid to First Responder. That's a big course for a lot of people to take but I can't see a lot of the rural areas going beyond that."

Some employers thought that Saskatchewan levels should be the same as national levels.

"Well, the government was given $300,000 to pay for these people to go out and do it. In a lot of those rural areas, that's not going to happen because most of those guys have their full time position first and they do this second to support the community. Maybe they do a business that has time to do that or whatever. They are not going to go out and make it a career path to that. There are a lot of areas that there should be services that were shut down. They are not right now. "

"I know practically, if you eliminate the EMR type of position as being inadequate, you are going to shut down services. I get a lot of gain out of the ICP's that we have. I think its worthwhile having ICP's as opposed to the full paramedic. Maybe the ICP isn't rational. I think it is because we are so rural-based; Weyburn is a relatively rural-based economy. I think ICP is necessary and ACP is also nice so I don't see eliminating any."

"The only amalgamation I see that needs to really take effect is SIAST has followed the new CMA standards of ACP and PCP. We need to get our government on board and change the old levels of EMT and paramedic up to that level of standard to amalgamate and raise the bar. As far as EMR and all that needs to stay for now."

Employee

Employee participants were asked if they thought that any practitioner levels should be eliminated, amalgamated or new levels created. Like the employers, everyone had a comment but the general consensus seemed to be that PCP should be the basic practitioner level, and First Responders should stay.

> *"I think they should abolish the ICP program within Saskatchewan, non accredited and not recognized anywhere else however intermediate care for medical having said that we do need that skill set and I think we are set up very nicely within our educational institutes right now to incorporate the gap between the PCP program and the ICP program, incorporate those skills. I think we should exceed what the PCP program is offering right now to include the skills offered in the ICP program as a baseline entry level for EMS. "*

> *"Look what they did now, they've got the PCP program and we've got all these old EMTs right which are going to have to bridge this PCP eventually so if we combine this ICP program with the PCP as soon as we can it would be better because you've got your old EMTs out there and you got these PCPs who are going to have to bridge into the ICPs."*

> *"All of the above. The Saskatchewan Government has to decide exactly where and what they want to have for EMS levels"*

> *"Those are the only levels. You can't have anything else in between or mixing all them because you don't know who is going to be applied to what."*

> *"If we want to have EMR'S in the back of the ambulance they need to working side by side with the PCP, I was going to say trained professional but I know that you are a trained professional also but there has to be a minimum level and I am sorry EMR is not it. We need to have EMTs and PCP's.*

There was some confusion about recognition of the PCP designation. Some who had taken the training were still technically classified, and identified as EMT.

> *"I am a PCP; I am trained as a PCP but to say I am a PCP the way I understand it, that's against the law. I am licensed as an EMT. I cannot even say I am a PCP in Saskatchewan because I am not one. That burns me. Here is my license right here. I am an EMT."*

> *"I agree with him in just the definition. You go to the work of bridging PCP and you can't use it. You can't and yet the ones who are registering, who have gone through the PCP course, not bridged but gone through the whole course, are called PCP's."*

> *"I think there is just a little undertone in there about how there has been a lot of grandfathering. At some point in time when we do get up to that PCP program level, if there are EMT's out there that are working for four years in rural service and all they remember is oxygen, position, comfort and transport, it's time to drop them or re-educate them."*

> *"There was a lot of work and effort put into changing national competency profiles and for some reason, as usual, as chosen to do a few of their own. There is Primary Care Paramedic, Advanced Care Paramedic, Critical Care Paramedic of which we have two of the three that are out there. One is of our own creation. Intermediate Care Paramedic does not exist in the national profiles. If you look at the profiles, there is no definition for them. So now what do we do with these people? Is it something that we need to address if we want to make it straight across at the national level? Do they go up or do they go down? I would think we bridge them up."*

6.3.4 National accreditation

The Canadian Medical Association sets the minimum standards for accredited training institutes in Canada and training institutions choose to be accredited or not. Participants were asked if they thought national accreditation for training institutions was important.

Employer

All employer participants agreed that it was important. Some participants felt that they, by the way of provincial organizations such as SPA and SEMSA, would like to be more involved in the process.

> *"I think it's an important thing. I think to work towards that anyway. I would like to see different bodies involved in that accreditation process, SEMSA and the like."*

> *"When it comes to national accreditation you want to see people who are involved in the province of Saskatchewan as having a voice in the process but I see that as a positive thing".*

> *"I think SPA is really making some inroads regarding accreditation. We see roadblocks but I think they are going the right way and I think also I think SEMSA which you know are the biggest stakeholders, get the stakeholders together in accreditation they are the people that know the systems and how they should work and I think that's very important to have them there".*

> *"Well, SIAST does the actual training but the actual accreditation is the CMA, which is fine for medical but there's a lot of other things out there involved in it. I think there should be other stakeholders involved in it."*

Participant also took the opportunity to voice their support to have standard training available across Canada for EMS personnel.

> *"We are starting to see it now a little more in the fire service …starting to head toward a national accreditation in the fire service… We still haven't got there but we are starting to see it come a little bit now."*

> *"Look at the pipefitting trade, the millwright trade, you get your inter-provincial ticket, you can pipe fit any place in Canada. I don't know why we can't do that in the emergency services field, whether it's firefighting or medical or whatever. If you got an EMT ticket in Vermilion, Alberta and you come back to Saskatchewan, why am I writing another set of exams? It's crazy so we need to go national."*

> *"I don't know much about this, accredited training that they have but I know with communications, we are an accredited center and that holds us to the highest standard possible and to me if somebody is training the people who are out there saving peoples' lives, they need to be an accredited center."*

> *"The question is the training institutes though, that's what you are after, like SIAST. I think accreditation is your insurance policy that somebody coming from that institution is accurately trained to a level that is acceptable to deliver the standard of care that is expected of them."*

"I think if you are delivering pre-hospital care training in the country of Canada, then you are accredited. That accreditation should be recognized across the country without hesitation, without the situation like you have in Alberta where if you want to go from Saskatchewan to Alberta, you would write the basic exams over."

"The CMA can't even get together as to what the skills are from province to province so what's the sense of having a national standard for accredited schools when we can't even use them?"

"But the schools that are accredited do meet those minimum requirements; there is no question about that. The problem is that the non-accredited schools don't want to or can't meet it and then provincial organizations like Sask Health will not recognize it."

"I think it's very important. I have been, spent a lot of work on the accreditation cycle that is just taking place at SIAST. The accreditation team will be here in January, February, March and looking at that national occupational competency profile. I think that the good thing that we are doing at SIAST is we are being responsive to the province's needs."

Employee

Employees were asked, in their opinion, how important national accreditation was. Most employee participants thought that it was extremely important and saw the value. The felt that there should be a national recognized standard.

"Extremely. We have students coming from Alberta now from a course that is not accredited and they are very substandard. These poor kids are getting ripped off honestly. They will go back and try to write their Alberta college departments or whatever they are writing over there. I think they have a 10% pass rate or less."

"I think it's very, very important. I think for mobility. Right now if you don't graduate from a nationally-accredited program, you can't even challenge exams. You can in Alberta because you are going to pay an exorbitant fee to the Alberta College of Paramedics but if you come from a national program that is nationally accredited by the CMA that gives you the right to challenge their licensing programs."

"As an ICP working in Saskatchewan doesn't mean diddly squat because I can't go to Alberta and work, I have to challenge their protocol exam and I have to pay $450.00 and it sort of just doesn't mean anything to me."

"I think that national accreditation is terribly important. Institutes need to be held to a certain degree of credibility. There definitely needs to be a national minimum standard and encourage organizations to exceed that minimum standard and not just meet it."

"I agree. We should be accredited, having that CMA accreditation, having that reciprocity across the nation. It would be very helpful to everybody if a PCP in Saskatchewan meant the same as a PCP in Ontario and a PCP in the Northwest Territories."

"I agree they all should be accredited, teach the basic things like getting your PCP or your ICP would be the same here as it is in BC, Ontario, if you want to go work on the Rock, go ahead, but be able to be licensed there without having to spend extra."

"It's not always so we can work in another province, it's if we are going to grow as a profession, we need to be speaking the same language across the country."

A couple of respondents indicated that they never intended to leave the province so it was not as important to them

"I have no intention of working in any other province so national standards don't mean anything as long as I meet my provincial standards".

The representative from Fire indicated that he thought that they currently had NFPA standard so his training was accepted anywhere in the US or Canada.

"In our thing (Fire) we have NFPA standards where everybody right across Canada and the US do pretty well the same, like everybody should be on the same page and that's the way I have NFPA standards that they are trained to do that and everybody is the same. I can go anywhere I want as long as like I say, if I go there and they accept me. Every field in the fire department has their own standards, not standards but hiring standards but they still have all the same standards and if your NFP standards are up to it, then that's how they accept you and that's right across Canada, the US or wherever. Everybody knows exactly, if you are doing something, they know exactly what you are doing and the next person knows what they are doing and that's the way it should be."

6.3.5 Achieving certification

In other provincial jurisdictions there maybe a variety of training opportunities to achieve the end result of an entry level certification as a PCP. For certain groups, PCP training is part of a much larger package of training. Example: the Brandon Fire College gives graduates a CMA accredited PCP certification with many other fire related credentials. Participants were asked if they thought there should be a variety of choices to achieving certification in Saskatchewan

Employer

Employer participants indicated that they were satisfied with the kind of training that was currently being offered but were dissatisfied with access to that training. Some participants indicated that they would like to see some competition for training but also suggested that there is a limited market.

"… right now with one trainer, you run into the problems. It's like no competition. They control the market is what it comes down to and what we would like to see is opening that up so there is some fairness there, so you can get some people trained without having to pay an arm and a leg to get these people trained."

"If you have a national accreditation, if your organization can meet the requirements to teach a nationally-accredited course, then why not? You can get an EMT ticket in Vermilion, Alberta at SAIT or NAIT, why not. By all means, let's get some competition. Why not get some training going?"

"As far as the training, I don't know too much about it, the actual course itself, but the cost is something that I actually saw and to work with another group to accomplish that at a reasonable cost, why wouldn't you go there?"

"The only problem is that if you have too many training agencies you have to be careful of that too because now you are pumping out too many and you are diluting the system."

"Yes. SIAST doesn't allow anyone to teach. It's got a stranglehold, a monopoly on it so I mean, they don't even provide the opportunity for another institute or another school or whatever the case may be. We have a backlog of 100 students wanting to take the PCP course. Why? It doesn't make any sense to me but with that amount of demand, why not let somebody else take up some of the slack?"

"I agree with that. I mean a nurse trained in Alberta is a nurse in Saskatchewan, come across and say here is my nursing ticket and I was trained at this institution. Why can't it be done here as far as EMS goes?"

"I agree. People hurt, doesn't matter where they are. They all bleed the same."

Employee

Employees were asked if they thought that there should be a variety of sources to receive certification in the province of Saskatchewan. Some employee participants felt that they were at a decided advantage in Saskatchewan with the current training provider. They felt that the education was consistent and they always knew what they were getting and the end result.

"That's an advantage to us because then it's standardized training and we are not getting all this mish-mash of this guy's been shown this because he went to Joe Blow's school and this guy went to this school so he got something different so this way it's standard right across the board. You know what your expectations are."

"I don't think we have enough clinical placements to handle another school honestly and I have to agree with him. It seems to almost be an advantage over having one."

"I think we are fine. We have the regional colleges who do the extension programs in conjunction with SIAST. I think there is plenty of opportunity out there to get into the course. I don't think that's lacking. I think we are fine the way we are"

Some felt that the current training provider should be given the opportunity to expand the program to meet the need.

"I agree. I think there should be a standard, set education but we should look at an option of alternate routes to promote people who aren't trained properly. As far as numbers go, if people aren't being trained and people are waiting, I think we should give SIAST and the instructors an opportunity to expand programs to accommodate."

Others felt that if there was a need, there should be other training providers. They did specify that the provider must be nationally accredited. Several gave waiting lists as a reason. One industry

participant indicated that his employer frequently sent employees to Albert to training and thought it would be nice to keep the dollars in Saskatchewan.

> *"I guess I would have to ask how many people aren't getting into school. If there is a big line up of people who aren't getting into school or if there is a demand for employees and they are not getting into school, another accredited school would for sure be a benefit. Not just Joe Blow's school but it would have to be an accredited SIAST school as well, maybe in conjunction with fire fighting. I have been through the Vermilion course, I don't know about the EMS side of it. If there are people not getting into school and they are going to Alberta and other places, then I think yes, we need it."*

> *"I would like to comment, too. My employer spent a ton of money over the past few years sending us to Alberta. It would be nice to keep the money here."*

> *"If there is an issue with wait lists, then they just need to increase the capacity of the system that we currently have in place."*

6.3.6 Apprentiship model

Participants were asked if they thought that Saskatchewan EMS training could be developed around an apprenticeship model.

Employer

Some Employer participants were not against the idea but were concerned about the competence of the apprentice (regarding safety) and the overall perception of security for the patient.

> *"… if you have someone who is going through the apprenticeship program, there is always ways built into the system. First of all, if you go to a pipefitting or millwright school, you go to your first year where you go to your school for 3 or 4 weeks, write your exams, then you go out and do your work stint, you go back and you do your next courses. It would have to be structured properly to make it works but I don't think you could rule it out completely."*

> *"… as far as an apprenticeship program coming into place, they obviously have their own protocols when it comes to new employees that's something that could be incorporated into an apprenticeship program of some sort."*

> *"Well, you are talking like I am assuming this is like electricians where they will start working, they work for awhile, go to school for awhile, go back and work for awhile. I don't see that as being a bad thing personally. What you need from the start, we can't send somebody out to a scene without some level of training."*

Employee

Some employee participants were asked if they thought that Saskatchewan EMS training could be developed around an apprenticeship model. Employees respondents seemed to be in favor of the apprenticeship model but were concerned with a pre-screening program.

> *"I think adding more clinical or an apprenticeship where there may be, as a paid position, working with an experienced provider at the next level above them that they can learn from."*

"I think it's good in one way. It does expose them to a lot of life experiences that they have never been exposed to; other people's homes, etc. Their eyes do get opened. I am glad for this. You should have a pilot project with the apprentice program then they could opt out once they get their feet dug in a little bit. I am not sure how the PCP course is right now. I know I took mine out of the anatomy and physiology classes and stuff but you do some of your classes, go out for your ride-along, work with people, get x many hours and then go back to class. I don't know how you would work that but I think then you would be able to weed out a few right from the get-go."

"I don't know if an apprenticeship program would necessarily expose everybody to all the situations that you are going to come across with the EMS. I think that apprentice thing depending on how long it would go, it would really weed out those things, you could say, well I'm on unemployment right now I could take this program and take up seats for people who really want to be in there have that passion that everybody says nobody has anymore."

"I have to say this because there is not going to be another opportunity: these are patients that we are dealing with. This isn't like a mechanic trade or anything like that so we can't practice on people so we can get a little experience to see if this is what we really want to do."

6.3.7 Training improvements

Surveyed employers were asked how training could be improved; they offered the following possible solutions: improved/increased experience, teach driving, more advanced initial training, certify all providers, improved access to training, change entrance requirements, longer training. Participants were asked if they agreed with the suggested improvements.

Employer

Employer participants were asked to give their thoughts on the suggestions offered. Most employers agreed with some or all of the suggestions, in particular defensive driving. This seemed to be a hot issue with a number of participants.

"I don't hear anything wrong with any of those."

"I agree that the PCP should go to school, come out, do some clinical, go to school again, say, hey, I think it's going to make something click, go back, do clinical until final time and maybe in the second clinical, that's where you start saying, hey, these are the drugs we use and that's why. It's always good to know more than what you need to know. I am a big believer in higher education."

"I like the NAPD driving program but at the same time I am not sure that, I never taught it as a SIAST instructor. I only participated in it as an employee."

'I am not so sure they need to be longer. If you are going to lengthen any component, I would suggest it would be your intermediate practicum component to give them a little more opportunity to work on their skill set that they have under supervision in a large enough volume service that they are given repetition 'cause once, a lot of those people when they are done, don't get enough repetition to improve.'

"I agree with some of those. I really like the defensive driving training. I think that is very important"

Employers also indicated that there is a need for a screening process for training.

"Not only does there need to be a conversation between employers and SIAST as he was saying but I think there needs to be some kind of pre-entrance. There is pre-med and I think that is going to get a lot of these, hey, I am right out of high school, this is a quick three-month course, guess what I am going to do."

"We were talking about the orientation process and they are doing it to keep some people out. First of all, I think the whole PCP program should be longer. My personal opinion is that they should leave a certain amount of clinical, go out and work on the street, come back, do some more of their theory and didactic and go out on the street and they should be with the same preceptor on the street throughout it all so there is consistency. I also think that the preceptor should also have some kind of standardized set of rules or how they apply things because when students are coming out. Just to give an example, an EMT-A student is paired up with a paramedic, the EMT-A student is to go through all the drugs in the paramedic kit. They can't use them so why are they doing it? They are only allowed to use x number of drugs. That's what they should be responsible for. They shouldn't have to go in and look at all 50 drugs …To me, I just don't think that's right. If you want to do a preceptor, an EMT-A with an EMT-A, leave it at that level."

"I think training could improve with SIAST, not that I am picking on SIAST but with SIAST, making sure that the people who are coming out of that, the EMT course is put through for the right reasons, not just because they paid their money. There are an awful lot of complaints that I hear from people on the street that there are people, and what SIAST will do is just keep sending them back until someone will pass them through and to me that is just scary."

"This isn't a criticism of fire but it's EMS and you've got 22 young guys that want to be firemen. They are not interested in working within EMS … there is a backlog and we are putting through these courses. … it's not a criticism of these young guys because they need that to get to where they need to be but then we get caught holding the wrong end of the stick."

Access to training was also an issue several employers felt there was a need to address.

"At one time, people that were already working within the industry that started as EMR's were given priority at SIAST when they asked for training. They were in it, they wanted to do it, they had proven themselves to some extent and they were given priority. That changed now since they came in with this new, they even changed the marks, you only have to get 80%, now it's 60 or 65, that changed. The disparity here though is that SIAST is providing a training course for EMS but they don't give a rat's you know what about EMS. They don't care what the industry needs or the industry is asking for. It's simple as that. Not that they don't run a good course. Everything could be improved or whatever the case but does SIAST determine what the industry needs or the industry tell SIAST what it needs so I think the tail is wagging the dog."

"People say it's always hard to get into SIAST programs and I was told to mention this …. the one-year waiting list does exist for PCP. It does take time to get into that PCP program but …this will be the first year we will fill up all 48 ICP seats but we have done that in the last, no, I don't think that has ever been done. I think this will be the first year that we fill all the ICP seats. With the ACP program, we only, typically when we fill the costs, there are only three or four people sitting on a waiting list for the next year."

"Well, here's the thing. SIAST in this whole thing is looking at the cost issue. Program delivery is one thing. Yes, okay, they agreed the program be delivered but when they are tallying up cost, they are looking at that bottom line. To run that program in Spiritwood, Saskatchewan, it is going to cost x number of dollars for us. Our profit on that is going to be really small. Let's get

them to come to Regina and do it there. That's cheaper for us, or Saskatoon. That's what they were looking at. That's probably why they did not want to do it that way. That's the only reason."

Employee

Employee respondents were asked if they agree with these suggestions. Of the solutions offered, employee participants felt that longer training time and practicum and defensive driving were most important.

"Longer training time I agree with. I think it was way too much material to go through in a short period of time. However it did make you study hard. I managed to get through it but I think it could have been over a longer period of time".

"The driving component to it, I think that's very important. When I took it I did take the emergency defensive driving. I work with some younger people who haven't gone through it and I am telling you, you can beat their heads to the dash and they still will not learn how to drive and that's very important."

"I agree with the driving aspect. When I went through there was no driving aspect. I had to go down to SGI, drive my car around to get my Class 4 and away I go. I know there are places that have driving policies before you can go to work which I think is an excellent idea. I would like to see more advanced position training. We are adults and I think we should be treated as such. I would like to see some higher training provided at PCP levels or skills."

"I would like to see a longer practicum."

6.4 General Industry

6.4.1 Registration standard

In Saskatchewan the current regulatory body recognizes graduates of CMA accredited programs at face value without challenge for admission. Participants were asked if they felt that was an adequate registration standard.

Employer

Most employer participants who were asked were unsure of the question and did not feel confident offering a response.

"I don't what that means."

"I have no idea what that means".

"You might have to correct me… if somebody takes PCP in Brandon and it's CMA approved, then Saskatchewan is just a license transfer between provinces?"

"It depends on the program. If it's accredited, my understanding now is that if you are a PCP that graduates from a PCP accredited program within Winnipeg for example, you can apply to Sask Health and you are granted a license"

Because of difficulty with the question, employee participants and the remaining employers were not asked this question.

6.4.2 Training issues

In the survey employers were asked about the most pressing training issues or trends facing the EMS sector in Saskatchewan. The top 3 responses were without detailed explanation were increase the scope of practice, educational issues, including access and other improvements and lack of funding. Participants were asked if they agree with the answers.

Employer

Most of the employer participants that we spoke to agreed with the issues raised although those that chose to comment felt that funding was a big issue, the scope of practice was fine and could be expanded when the need arose.

"It's (scope of practice) fine the way it is because we have a medical director that as soon as we have something that we want to change we have to submit information to the regional medical association which is headed by the regional medical officers of all the health districts plus all the paramedic designates from the ambulance companies. So the scope of practice is good the way it is now. Any changes will take place when there is a need."

"I know our situation is a little different but without the funding there, you are not going to have any of that service in place. The same goes with the education. If you don't have the drivers driving the ambulances, you're not going to have the ambulance service. If you can't pay them based on your wage parity, you are not going to have a service either, and then you will be reverting back to the old ways or whatever needs you can access at the time."

Employee

Employee respondents were asked if they agreed with the issues identified. They agreed with all three identified areas, particularly funding and access to training, particularly Con Ed.

"I would like to see them increase the scope-of-practice. I just finished the ICP and I think there are medications we could give, I think there are medications at PCP level that I should be able to give."

"The lack of funding, right now the responsibility on most of us is to come up with the funding ourselves in order to continue our education, whether it's to be to attend a seminar somewhere or to take the steps to take your PCP. Health Districts aren't really funding that right now because it's not recognized and it makes an issue so funding is definitely going to come into play but I think if they start to increase the scope-of-practice, then Health Districts will start recognizing the need for it and that will come into mind".

"That's kind of a biggie with us with rural. It's really hard to get in even for the PCP bridging. You've got to come to Saskatoon. It's hard when you are full time and you got a family and all the other things to think about. It's hard to make that time and you do it because it's what you decide to do but being able to bring some of that education out to the rural areas, making it a little more accessible and some help with continuing education, keeping it up, just getting the training."

"I think that for Con Ed, I really believe there are issues with funding. I don't think that there is adequate funding for Con Ed."

"I think that if an employer, if my scope-of-practice goes up, my employer is going to benefit because I am going to be doing more calls. He is going to be making more money so I don't think that should be a concern. Keeping up my training and keep my skills at a level required by the government should be my employer's responsibility."

6.4.3 Role of Saskatchewan Paramedic Association (SPA)

Participants were asked to comment on what they thought the role of the Saskatchewan Paramedic Association was, or should be.

Employer

Most employer participants were strongly in favor of the SPA and the work they were doing, particularly in areas is of self-regulation.

"Personally, I think it should be a licensing body for EMS practitioners in the province. Within their structure of SPA, it is just not a rag-tag bunch of people. It's people that are dedicated personnel in Saskatchewan who have different divisions they take care of. For instance, there's one with licensing, there's one with accreditation with First Responders and other areas within the structure but I think we have to go out on our own and it's very important we have a licensing body through SPA."

"SEMSA supports it 100%; it's a group which is credible and I think there should be no qualms about them becoming the licensing body but they have been working on it forever, three, four years, trying to get it through legislation. We know the wheels of government turn slowly and they have reached opposition in certain points. As a matter of fact, the fire chiefs were in opposition of it and now they are in agreement with it. They had to tweak a little bit here and there but I think eventually for all of us as personnel it would be an advantage having them as a licensing body. I think the firefighters were worried that SPA would go in and say this guy did this and that, he's gone. Well, there's a lot of stuff that would happen before it gets to that point. I think that was a big worry that they don't have full control of their employee in that there's another body that can reprimand that person. It's happening now at SLAST. If SLAST really wants to nail you for something, they will and they will go to the nth degree to take care of it. It's the same kind of thing but it's not a government body anymore. It's more a group body, the organization."

"… in any industry, it's always scary to see the people who are in it, run it. When you look at other professionals though, you take doctors for instance, lawyers or those types of people who, they regulate that, they've got guidelines."

"I don't know what it's going to take to get that recognition where government and CMA start taking the industry seriously. I know this part of the process but I don't know what it's going to take. I don't know what is going on in other provinces; I am assuming they are probably having many of the same problems as we will do. You know when they start looking at EMS as a profession, a legitimate profession, that is so undervalued and so underutilized, the quality of the people out there, the intelligence, the compassion that they have that they could be used in so many different areas and they are held back because of why? Bureaucracy and turf and politics. People are suffering and it's frustrating. So how do you break down those walls? How does SPA become the licensing body for EMS in the province?"

"I mean if we had the money to hire people to do the job and do the lobbying, things would move right along but we don't because we haven't come together, really, as an industry."

"But they do need to have the backing of the whole, all the people in the province. They can't just do it on their own.'

"So one of the things is to impose membership, mandatory membership on anybody working in an EMS-related position."

"It basically has to be legislated before it's going to get credibility. Once you get legislation, then you can go to the people and say, okay, to be licensed in the Province of Saskatchewan, you shall pay your membership fee and be counted as a member. It's the way the Saskatchewan Registered Nurses Association is recognized, any of those associations, you must be a member to be recognized in the association, you have to have those members and it's that simple."

"I kind of like the direction that SPA has taken already. Ultimately I think our industry has grown to the point where we need self-regulation. I think that's the role that they should take so accreditation, self-regulation, depending on what you want to call it but I think it should be the licensing body and we should be responsible for policing and responsible for professionalism."

"Self-regulation and also development modules both for training and diversifying where they send those out and have trainers deliver those modules."

Some, however, took the opportunity to indicate that they felt that there needed to be more information available to increase the general understanding of the SPA and particularly what self-regulation would mean to individuals.

"I have never been 100% convinced yet that SPA should be the licensing body. It worries me a little bit, probably because I don't know enough about it. If I look at the licensing for a journeyman pipe fitter, the pipefitting trade has nothing to do with whether or not he becomes a journeyman. It just, to give a body that is involved in the trade, the right to deny a person worries me. If it's an independent body, then yeah, I could probably buy into that."

"I was just going to say that I think that's the most important thing that SPA really needs to get out there. I am thinking more small time but SPA really needs to get out there and promote themselves within our own industry. I don't know the last time I ever got a newsletter or even what they are doing or what the plan is and I know a lot of people feel that way. Who are they and who is on this committee? Nobody knows anything so we need to get our own people together before we can fight any big dogs."

Employee

Employees were asked what they thought the role of the SPA was. The employee participants were pretty much equally divided in their thoughts about the SPA. One side was forward looking and indicated what they thought the SPA should be doing, such as Con Ed, licensing and regulatory; the outlook was somewhat positive in nature. This group had taken it upon themselves to become involved in or become a member of SPA.

"Yes, major involvement in training 'cause obviously with some of these people on the board, you guys know what is going on out there and what needs to be covered in this industry to keep it going. So that's what I think."

"SPA's role should be licensing rather than Sask Health. They should be the central body."

"But I still think the institution whether it be SIAST or whatever, should be the training institution but as far as continuing education, maybe have a firmer role in making sure there is a decent continuing education offered to the rural services so they can in turn pass it on to the employees."

"I don't believe that we should be doing education, that's SIAST's job. We have all just answered that question. We do need to work strongly with the educational institute, that's SIAST, to develop current best practices and to ensure that our people coming into the profession are educated as such. I don't believe we should have any role with respect to collective bargaining issues. SPA has nothing to do with wages. That's what you have a union for or choose not to have a union. That's what I sort of think our role is. If I want to be a professional, I need to take steps necessary for professionalism and that's licensure, ensuring that people that don't meet the standards, no longer hold licensure or re-education. Basically need to be our own guiding force."

"As the profession is growing, we need to attain self-regulation. That's only going to be done by SPA. We are about public safety and licensure and we are a group, a small group of volunteers that are trying to look after a massive amount of work so you know, when you hear things like 'what's it doing for me?' that's our goal. Our goal right now it's self-regulation. We will be about hopefully, licensure and public safety."

"That's where my personal interest lies. That's why legislation basically empowers the SPA to basically govern ourselves. We will still have to work with the SPA, the College of Physicians & Surgeons because they establish best practice but there is that need and what they do"

"I would look at the SPA as my voice who will go to the government, who will go to the doctors to say, look, this is what we need, how our training is to be done, how our standards need to be done. I always thought SPA would be part of Con Ed"

"I don't know a lot about it but what I think they should be doing is trying to push for standards that are going to be accepted across Canada. They should be trying to, some of the high standards across the country, they should be in there as a voice for us to get the whole country on line and get us on line and get a system set up so these people are making the decisions for us and not for some politicians and some doctors who don't even know what's going on. Like I say, I don't really know what it's all about. I am a member but that's just what I am hoping for in a perfect world."

The other employees felt that SPA was not meeting the needs of the members, and felt that they needed to communicate at a grass roots level to find out what the membership wanted and take that agenda forward, not an agenda of their own choosing. This group felt that the SPA should prove their worthiness before they became members. They indicated that they would a sit back and wait.

"I don't know. I haven't had much, well we were with them in Strasbourg but all we get is a piece of paper in the mail saying 'pay your fees' kind of thing".

"Send more info sheets out, I guess. Tell us what it is all about. I don't know much about the Paramedic Association. Just more info, I guess. Can you guys do Con Ed, stuff like that, like take over the Con Ed from Sask Health?"

"Working in rural, I have had nothing to do with SPA and it's like SPA has had nothing to do with me. But working with people directly involved with SPA and SEMSA and that and selling me the story, I am willing to buy, but before I didn't think SPA really did a lot for me."

"I think that is something that you maybe have to get out, especially to smaller practices, rural practices, that sort of thing, because we are left out, nobody talks to us including our bosses. I mean it's, nobody does. We are left in the hinterland and nobody and if that is what, I think that the things I have heard from my people above me when they look at this they go, pooh. I think that is maybe something you have to look at is making sure that they see the importance of licensing, the importance of self-regulation, and the importance of why you are there for public safety. I don't think people know that and I think it's an industry image thing that you have to promote and maybe those issues are all fine and yeah, they are important but to a lot of rural issues, the rural people, that isn't the issue. The issue is that nobody speaks for us."

"I think that SPA needs to get off its butt, get going, and get working with the educational, as a partner. One of the things I have observed there that they do not work with partners. They want this but they want everyone to do all their work for them and not come forward. They need to get off their butt, come up with a plan and start with Con Ed. Training programs, you know what, they are pretty much straightforward. They are CMA accredited; the training programs are pretty straightforward. There are some issues. We have some unique things in Saskatchewan are going on. They need to be a part of that. They need to be working in partnership with that educational institution to move forward but there is nothing going on there. The next thing is self-regulation. They need to get in charge and dealing with that but unfortunately there are lots of issues with that. That's about working with partnerships, with team building, about working with government, about working with partners whether that's with fire, educational, industry. They have not done a good job being a partner. With that comes no one wants to be partners with them."

"My personal belief is that they are not working with a partner. They do not go out to the people, the EMS profession and make contacts at the grassroots."

"They are not at the grassroots. I know because at SIAST we invite them, we encourage them to come and talk to the students. These are prospective members. They don't even show up to come to talk to the students. At SIAST we put out probably about 200 students a year and if you think this is the base of your membership."

"They keep reinventing the wheel over and over and over again. As soon as they change the administration, it starts all over again so they are not listening to us at the bottom end no matter how many times we put different people inside. Whoever is in charge makes the final decision which is against what all the membership wants to be in there."

"I couldn't agree more and that's why I was hesitant to answer this question because quite frankly, I couldn't tell you right now what SPA is really trying to do. So it's really hard to speak to where I think they should be when I don't even know what their mandate is."

"First of all, they have got to go back to the grassroots and start communicating with their membership. Ask us what we want so that we can provide them with a proper mandate because as far as I am concerned, one of the things SPA promised and this is real grassroots, one of the things they promised when they came out is jobs. Jobs would be put out on the Internet so we would be able to research it and find it. No, I don't feel that SPA is doing anything. I really don't."

"I agree basically SPA has never, most of us what they do for, like what they are going to do for you and there doesn't seem to be that answer. It's just out there."

"It's about a vision. Where are we going, how are we going to get there when there is no vision, no plan. They work in isolation. Unfortunately as a member, we do what we can, but you know what? Your solutions fall on deaf ears and you are only going to beat your head against the wall so many times. I have done that. I have volunteered time and that and here are the suggestions for SPA and they turn around and they say, oh no, we are going to do it this way. Okay, fine. You disagree? Then you go do it. Here's your chance and here we are today."

All felt there was a need for a group such as SPA; all participants felt that there needs to be a common voice for the industry. About half of the employee participants who participated in the focus groups were current members of the SPA.

6.5 Closing Comments

"Thank God we got dedicated individuals. I am an owner. I am an EMR. I am never going to be an EMT. I am an administrator. But to be a member of SPA but we are. We even encourage our staff to the extent that we pay 50% of their membership to become members of SPA. No excuse for any individual that works for EMS not to be a member of SPA. There are people, the reason why you don't hear about them is that there is no money. You got the same people, men and women, doing the same jobs for nothing. Think of the number of people who put together this Act. It's a daunting task. All volunteer time. Man, I give them $200 a year just to thank you for doing that. I mean just for the amount of work they put into it but because we as people say, oh, what am I getting for it, we don't want to pay for it. I mean this whole industry was carved out back in the fifties because people met a need. They saw a need and they did it. They had bugger all for training and experience and they forced it. It was always that small group of individuals that forced it and worked at it and devoted countless hours of time and they didn't see their families and they have seen success."

"Do you know what another problem is? Where we are at in EMS and recognition and professionalism and people involved and dollars that go into it has to do with the fact that this thing has been around for thousands of years. It's been around since man moved out of the cave. Professional organizations, nursing has been around for hundreds and hundreds of years. How old is EMS? Really, if we look at EMS as a profession, how long has it been around? 1971, paramedics started coming back from the Vietnam War, practicing in the street. That's how old EMS really is. So, if you take that timeline into consideration, we've come a long way, baby. We've got a long ways to go but we've got to kind of keep that in mind."

"I think the biggest thing that I need to comment on and I am certain a lot of people in the room will agree is that there seems to be a fairly large disconnect between the industry and the Department of Health. It seems the industry and I have been involved in it a number of years, we try to keep pushing things ahead in a good way, in my opinion, and there doesn't seem to be anybody championing the EMS portfolio within our province so it just seems that there is door after door being closed."

"Absolutely but there needs to be the support from the Department, whoever is in that role to help them move that agenda along and we don't see that, or I don't see that at present, so we can have a high performing EMS system but not if policy makers or the people involved with developing policy provincially won't allow the industry to move forward. In my opinion they are keeping us in the past, whether it's protocol, whether it's legislation, whether it's self-regulation, a ream of areas that I could bullet down where the Department or government in some way, shape or form are just stifling the life and when you talk about recruitment and retention issues, look at a higher level than just recruitment and retention of people entering the industry. Take a look at some of the senior management team around here and what are they thinking about doing because at some point, people are just going to get really tired of what we are doing and getting nowhere."

6.6 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 EMD 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 of scope 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 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 participants were in favor but somewhat less than enthused about 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 Con Ed 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.

7 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 currents state it is unable to do this effectively.

8 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:

8.1 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.

8.2 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.
- ⇒ Work in partnership with SaskLearning under the Sector Partnership Program to develop a detailed proposal for Phase II funding.