

BULLETIN

Shortage of paramedical professionals a matter of supply and demand

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Our free market is driven by the principle of supply and demand. If the supply is greater than the demand then the price will go down and when the demand is greater than the supply the price will increase.

Health care is facing a crisis due to the shortages of trained professionals. The shortage is due to a number of reasons including the ability of health care professionals to move from job to job, reductions in the number of training programs offered by post secondary institutions, the requirements for more professionals due to expanded services and the increasing numbers of health care providers who are reaching retirement age.

It is projected that before 2015 there will be more people in Canada retiring from the workforce than there are entering it. The increasing age of the population will create increased demands on the health care system. It is critical that our children see health care as a vocation that is mentally, socially and financially rewarding.

This crisis is not limited to British Columbia or Canada but it is happening on a worldwide basis. In the Summer 2000 edition of the Canadian Journal of Medical Radiation Technology there is an article titled "Human Resource Planning Issues Affecting Radiation Therapists" which identifies a shortage of 244.5 therapists in Canada.

The Summer 2000 edition of the BCAMRT contains 3 pages of advertisements for positions in Radiology/Mammography, Nuclear Medicine, Ultrasound and Radiation Therapy. For nuclear medicine technologists, one of the eight institutions that advertised even offered a \$1000 US signing bonus.

In Prince George, the shortage of specialists and general practitioners led to a withdrawal of services by the doctors in our community and the Ministry of Health was forced to respond. Their response was the creation of a \$10 million per year package for the Prince George physicians. This package was further broken down as follows:

- \$5.2 million for retention initiatives (money in the doctors pockets)
- \$3.2 million for on-call compensation
- \$600,000 for continuing medical education
- \$1 million for recruitment incentives including signing bonuses

I bring this to your attention as we prepare to submit bargaining proposals that will lead us to the negotiation of our new collective agreements. This round of bargaining is critical to where we will be positioned in the first half of this decade. What we are able to accomplish at the table will directly impact the ability of our employers to retain and recruit paramedical professionals in this province.

If you look at the Prince George doctors settlement as a template you can see four items that are of interest

and importance to most of our members.

1. We must negotiate a significant increase in our wages to remain competitive in a global market.
2. We must enhance the classification system to provide advancement incentives that will help our employers retain our members.
3. We must negotiate reasonable compensation for being on-call.
4. We must negotiate improvements to the educational leave language including the dollar allocation.

As your chapter meets to discuss and prepare your bargaining proposals please consider the long-term implications of this set of bargaining. If we do not make headway in these areas what can we expect:

- We will see more of our co-workers leaving for other provinces or countries
- We will have greater difficulty in attracting new graduates to our facilities
- We will have a greater individual workload, increased stress and increase in sick-time use
- We will see our children choose professions that are not health care related
- We will see our health care system collapse

Supply and demand - if we do not negotiate a contract that will help meet the supply needs of today, the demands that we will place on health care tomorrow will not be met and health care chaos will result. Please give your support to this vision during this round of negotiations.

Fred McLeod represents Region 10 on HSAs Board of Directors.

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