

City of Alexandria, Virginia

MEMORANDUM

DATE: APRIL 29, 2016

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

THROUGH: MARK B. JINKS, CITY MANAGER 

FROM: STEVE MASON, ACTING DIRECTOR, HUMAN RESOURCES DEPARTMENT

SUBJECT: BUDGET MEMORANDUM #23: MEDIC AND FIRE PAY FOLLOW-UP

This memorandum provides feedback regarding the data that was used in the review of EMS pay in a comparison of market comparators, a response to feedback and data provided by Lonnie Phillips (attached), EMS Supervisor, the email from Megan Ellzy, President of the Alexandria Firefighters Inc (attached), and follow-up to Councilman Bailey's question of Fire pay.

The data that the Human Resources Department (HRD) provided in the second analysis of medic pay (budget memo #17) consisted of a comparison of jurisdictions in Northern Virginia: Fairfax County, Arlington County, Prince William County and Loudoun County. The job classifications that were selected as comparable positions to the City were identified as the closest possible match within these jurisdictions despite Alexandria being the only jurisdiction that is not predominantly dual role. For those medic positions that are dual role in the City (Medic IV and EMS Captain), a Transitional Pay Incentive (TPI) was included in our review as this pay is an equivalent of a 10% base pay addition for these positions. Based on this data, we found that medic positions are paid at or above the average of the average of market¹. As stated previously, while the analysis for the EMS Supervisor position shows that the salary is behind the market, this is a position that is being eliminated through attrition as the Fire Department shifts to a dual role system.

The focus of this analysis was base pay. This is an accepted standard HR practice. While pay in comparator jurisdictions consist of specialty pay, specialty pay is not equivalent to base pay and cannot be accurately estimated as a part of base pay; it can only be compared with other specialty pay. For this reason, specialty pay was not included in this analysis of base pay.

An email from Lonnie Phillips listed concerns regarding the analysis that was conducted by HRD. Mr. Phillips also provided data that he identified for consideration; we thank Mr. Phillips for sharing his feedback.

While we understand that specialty pay is offered to medic positions in Northern Virginia jurisdictions, as stated in the previous section, specialty pay is a form of pay that is made available to employees in addition to base pay and is not the equivalent of base pay. As such, specialty pay could not be included in

¹ FY2017 Budget Memoranda #17 delivered on April 20, 2016 (pgs 11-16)

a review of base pay. TPI on the other hand is a reflection of medic base pay and was included as a part of the review of base pay. TPI is issued to Medic IV's to make up for a loss in pay that occurred when medics transitioned into the dual role positions as a result of an increase in work hours.

The Firefighter Association's letter expresses concern that this 10% for dual role medics now results in a pay disparity with the dual role Firefighter IV when considered as a part of base pay. The salary range differential between Medic IV's and Firefighter IV's derives from a working with the Fire Department regarding planning the transition from separate medic and firefighter roles to a dual role system while having a need to amend existing and separate medic and firefighter pay scales to reflect this new dual role system. This was not an easy task. The 10% TPI was created in order to ensure that medics who volunteer to train and to move to the dual role Medic IV position receive a pay increase rather than a loss when they move into the dual role position. It may have created what some may perceive as disparities with the Firefighter pay scale, but it is a reasonable and fair solution to the issues raised by conversion from a single role to a dual role system.

Concerns regarding the data in HRD's analysis included the exclusion of an EMS Supervisor position in Washington, D.C. and the use of the Captain I position in Fairfax County rather than Captain II. This information was provided to HRD during the analysis process and was excluded for the following reasons:

- Washington, D.C. was excluded from the analysis as it is not one of our comparator jurisdictions. The focus of this analysis was on Northern Virginia comparators. During a council work session, a question was asked regarding why Loudoun County isn't used as a comparator. As such, Loudoun County was included in our review.
- Fairfax County does not have an exact match to Alexandria's EMS Supervisor. A review of Fairfax County's positions identified that Alexandria's position falls between two of Fairfax County's dual role positions: Fire Lieutenant and Fire Captain I, not Fire Captain II. As such, HRD selected Fairfax County's Fire Captain I position which is the higher of the two positions.

Additional concerns were cited regarding the use of the same comparator positions in the analysis of Medic II and Medic IV positions. The reason for this is that the pay in these jurisdictions are designed with a base salary and adds any applicable additional pay (specialty pay) based on a variety of factors including number of hours that an employee rides on certain vehicles as well as the certifications and qualifications that individuals earn. Alexandria's career ladder for medic positions were designed to provide medics with promotable opportunities based on their qualifications, receiving increases in their base pay in lieu of issuing specialty pay. Alexandria's structure is not identical to our comparators and as such, the only positions that are available for comparison are the positions that were used in the analysis.

HRD has also reviewed the data provided by Mr. Phillips. This information was provided previously and HRD did determine that this data could not be used as it contains data outside of the parameters of this analysis including estimates of specialty pay as well as formulas that are inconsistent with HR practice.

In reference to questions regarding comparing Fire pay to jurisdictions that work a 56 hour work week, a memo was delivered to council on April 20, 2016².

Attachments: Medic Pay Analysis
Email from Megan Ellzy, April 21, 2016
Email from Lonnie Phillips, April 28, 2016

² FY2017 Budget Memoranda #17 delivered on April 20, 2016 (pgs 9-10)

Human Resources
Department
Total Compensation Division

Analysts:
The Class and Comp Team

UPDATED ANALYSIS OF EMS CLASSIFICATIONS AND COMPENSATION



4/14/16

Medic Pay

Current Pay and Career Ladder Expansion

The Medic career ladder currently consists of three positions: Medic II, Medic IV and EMS Supervisor. The pay for these positions is as follows:

| Position | Minimum | Midpoint | Maximum | Comments |
|------------------------------------|----------|----------|-----------|-------------------------------|
| Medic II (Gr 11) | \$50,041 | \$68,347 | \$86,653 | |
| Medic IV (Gr 13) | \$55,167 | \$75,349 | \$95,530 | Receives 10% transitional pay |
| *Salary including transitional pay | \$60,683 | \$82,883 | \$105,083 | |
| EMS Supervisor (Gr 14) | \$57,921 | \$79,110 | \$100,300 | |

This career ladder is scheduled to be expanded in April 2016 to include Medic III and EMS Captain positions. When Medic III's become dual role, they will be moved to a Medic IV position and receive a 10% transitional pay increase. While medic and fire fighter association representatives do not believe that the 10% transition pay should be included in any comparator pay analysis, HR staff believes it should be included because the purpose of this pay is to offset a loss in base pay as a result of moving to the 56 hour fire schedule and being impacted by the FLSA 7k exemption. As such, the inclusion of the 10% transition pay is a reflection of their actual base pay. When complete, the pay for the overall career ladder will be as follows:

| Position | Minimum | Midpoint | Maximum | Comments |
|------------------------------------|----------|----------|-----------|--|
| Medic II (Gr 11) | \$50,041 | \$68,347 | \$86,653 | |
| Medic III (Gr 12) | \$52,540 | \$71,761 | \$90,981 | |
| Medic IV (Gr 13) | \$55,167 | \$75,349 | \$95,530 | Receives additional 10% transition pay |
| *Salary including transitional pay | \$60,683 | \$82,883 | \$105,083 | |
| EMS Supervisor (Gr 14) | \$57,921 | \$79,110 | \$100,300 | |
| EMS Captain (Gr 16) | \$63,856 | \$87,217 | \$110,578 | Receives additional 10% transition pay |
| *Salary including transitional pay | \$70,241 | \$95,938 | \$121,635 | |

In FY 2017, all Medic positions will receive a final increase as a part of the 1% VRS Offset.

Market Analysis

The existing medic positions (Medic II, Medic IV and EMS Supervisor) were initially compared to Alexandria's five comparator jurisdictions as identified in the City's compensation philosophy. A recent analysis was conducted based on a new set of jurisdictions (Arlington, Fairfax, Prince William and Loudoun) and includes all positions in the Medic career ladder. Transitional pay is included in the analysis for dual role medic positions.

Medic II

| Jurisdiction | Jurisdiction Match | Minimum | Midpoint | Maximum | Hours/wk |
|-------------------------|-------------------------|-----------------|-----------------|-----------------|----------|
| Alexandria | Medic II | \$50,041 | \$68,347 | \$86,653 | 42 hrs |
| Arlington | Firefighter/EMT II | \$50,897 | \$67,683 | \$84,469 | 56 hrs |
| Fairfax | Firefighter/Medic | \$59,239 | \$73,382 | \$87,525 | 56 hrs |
| Prince William | Fire and Rescue Tech II | \$51,688 | \$69,711 | \$87,734 | 48 hrs |
| Loudoun | Firefighter/EMT | \$41,539 | \$57,715 | \$73,891 | 42 hrs |
| Market Average | | \$50,841 | \$67,123 | \$83,405 | |
| Market Deviation | | -1.60% | 1.79% | 3.78% | |

Medic III

| Jurisdiction | Jurisdiction Match | Minimum | Midpoint | Maximum | Hours/wk |
|-------------------------|-------------------------|--------------------|--------------------|--------------------|----------|
| Alexandria | Medic III | \$52,540 | \$71,760 | \$90,981 | 42 hrs |
| Arlington | Firefighter/EMT III | \$57,033 | \$75,899 | \$94,764 | 56 hrs |
| Fairfax | Firefighter/Medic | \$59,239 | \$73,382 | \$87,525 | 56 hrs |
| Prince William | Fire and Rescue Tech II | \$51,688 | \$69,711 | \$87,734 | 48 hrs |
| Loudoun | Firefighter/EMT | \$41,539 | \$57,715 | \$73,891 | 42 hrs |
| Market Average | | \$52,374.75 | \$69,176.75 | \$85,978.50 | |
| Market Deviation | | 0.32% | 3.73% | 5.82% | |

Medic IV

| Jurisdiction | Jurisdiction Match | Minimum | Midpoint | Maximum | Hours/wk |
|--------------------------|---|-----------------|-----------------|-----------------|----------|
| Alexandria | Medic IV | \$55,167 | \$75,349 | \$95,530 | 56 hrs |
| | *Salary including transitional pay | \$60,683 | \$82,883 | \$105,083 | |
| Arlington | Firefighter/EMT III | \$57,033 | \$75,899 | \$94,764 | 56 hrs |
| Fairfax | Firefighter/Medic | \$59,239 | \$73,382 | \$87,525 | 56 hrs |
| Prince William | Fire and Rescue Tech II | \$51,688 | \$69,711 | \$87,734 | 48 hrs |
| Loudoun | Firefighter/EMT | \$41,539 | \$57,715 | \$73,891 | 42 hrs |
| Market Average | | \$52,374 | \$69,176 | \$85,978 | |
| Market Deviation* | | 15.86% | 19.81% | 22.22% | |

* Deviation based on inclusion of transitional pay

EMS Supervisor

| Jurisdiction | Jurisdiction Match | Minimum | Midpoint | Maximum | Hours/wk |
|-------------------------|--------------------------|--------------------|--------------------|---------------------|----------|
| Alexandria | EMS Supervisor | \$57,921 | \$79,110 | \$100,300 | 42 hrs |
| Arlington | Fire/EMS Lieutenant | \$62,129 | \$82,638 | \$103,147 | 56 hrs |
| Fairfax | Fire Captain I | \$74,777 | \$98,290 | \$121,804 | 56 hrs |
| Prince William | Fire & Rescue Lieutenant | \$62,566 | \$84,406 | \$106,246 | 48 hrs |
| Loudoun | EMS Supervisor | \$52,621 | \$76,784 | \$100,947 | 42 hrs |
| Market Average | | \$63,023.25 | \$85,529.50 | \$108,036.00 | |
| Market Deviation | | -8.10% | -7.51% | -7.16% | |

While the analysis for the EMS Supervisor position shows that the salary is behind the market, this is a position that is being eliminated through attrition as the Fire Department shifts to a dual role system. Currently, four of eight EMS Supervisors are in training and three EMS Supervisors have completed training for dual role supervisory positions. This leaves only one EMS Supervisor not planning to transition to a dual role. Upon completing the necessary requirements of the dual role position, they will become EMS Captains and will be working a 56 hour work week, receiving the 10% transition pay increase. The EMS Captain position is being finalized.

EMS Captain

| Jurisdiction | Jurisdiction Match | Minimum | Midpoint | Maximum | Hours/wk |
|--------------------------|------------------------------------|--------------------|-----------------|------------------|----------|
| Alexandria | EMS Captain | \$63,856 | \$87,217 | \$110,578 | 56 hrs |
| | *Salary including transitional pay | \$70,241 | \$95,938 | \$121,635 | |
| Arlington | Fire/EMS Captain II | \$76,544 | \$101,806 | \$127,067 | 56 hrs |
| Fairfax | Fire Captain II | \$82,059 | \$107,861 | \$133,662 | 56 hrs |
| Prince William | Fire and Rescue Captain | \$69,326 | \$93,527 | \$117,728 | 48 hrs |
| Loudoun | Captain | \$58,882 | \$82,444 | \$106,005 | 42 hrs |
| Market Average | | \$71,702.75 | \$96,409 | \$121,115 | |
| Market Deviation* | | -2.04% | -0.49% | 0.43% | |

* Deviation based on inclusion of transitional pay

Jen Jenkins

From: Mark Jinks
Sent: Monday, April 25, 2016 7:24 PM
To: Steve Mason; Jen Jenkins; Debra Collins
Subject: Fwd: Medic pay issue for budget FY2017
Attachments: Sup pay FY2017 budget summary version.xlsx; ATT00001.htm; Medic II pay FY2017 budget summary version.xlsx; ATT00002.htm

FYI

Sent from my iPhone

Begin forwarded message:

From: Alexandria Medics <alexandriaprofessionalmedics@gmail.com>
Date: April 25, 2016 at 7:10:21 PM EDT
To: Allison Silberberg <allison.silberberg@alexandriava.gov>, Justin Wilson <justin.wilson@alexandriava.gov>, Paul Smedberg <paul.smedberg@alexandriava.gov>, Timothy Lovain <timothy.lovain@alexandriava.gov>, Del Pepper <del.pepper@alexandriava.gov>, John Chapman <john.taylor.chapman@alexandriava.gov>, Willie Bailey <willie.bailey@alexandriava.gov>
Cc: Mark Jinks <Mark.Jinks@alexandriava.gov>
Subject: Fwd: Medic pay issue for budget FY2017

Good evening Madam Mayor, Mister Vice-Mayor, council members and Mister Manager,

I am forwarding to you a letter received by me and written by the former president and current board member, Lonnie Phillips.

Please find attached documents that he prepared from his research.

Thank you all for your attention to our concerns.

Respectfully,

Michael Kohrt, President
APMA
571-330-9806

----- Forwarded message -----

From: Lonnie phillips <llpir78@gmail.com>
Date: Monday, April 25, 2016
Subject: Medic pay issue for budget FY2017
To: Alexandria Medics <alexandriaprofessionalmedics@gmail.com>

Mike,

Since you are President of APMA, I wanted to share with you my thoughts regarding the pay issue surrounding Medics and EMS Supervisors this budget cycle. Please share with L2141, Council, City Manager or whomever you wish. As with all my data and analysis, I am willing to show where the data originated and defend the logic behind the analysis.

It is a significant understatement to say that I am very disappointed with the budget memo dated 4/20/2016 titled "Should the Medics receive a pay adjustment for market reasons?" My disappointment stems from the incomplete and inaccurate analysis done by the City which disregards analysis provided by one of our EMS Supervisors and defies logic. My summary reasons for this conclusion are as below:

1) City HR purposely excluded **SPECIALTY PAY** stating it was too cumbersome to add even though this work was already done for the specialty of ALS. Since our medics have to be ALS certified and all comparator medics have to be ALS certified, it makes sense to include that pay. Just including this one certification adds over \$11,000 per year to Loudoun County. Full analysis of all comparators is done and available upon request.

2) City HR purposely excluded **HOURLY RIDING PAY** stating it was cumbersome to add and that it varies based if the medic is riding on a medic unit or an engine. Since our sole service medics must ride on the medic unit, it would be logical to add that riding pay to our comparator for a FAIR and LOGICAL comparison of what a medic actually will get paid in our surrounding jurisdictions for providing the service of EMS transport. This amounts to at least \$8736 per year for a medic riding a medic unit. Even for an ALS provider only riding an engine – never a medic unit – this special riding pay amounts to \$5824.

3) City HR purposely excluded a **QUALITY BENCHMARK COMPARATOR** for illogical reasons. Medics have been told that we are hard to compare and we have been asked recently to find a fair comparator. For the EMS Supervisors we found that DC has **SOLE SERVICE, FORTY-TWO HOUR PER WEEK EMS Supervisors**. This data was provided to HR but we were told it was not going to be used "not because it throws the average off" but because we never used DC as a comparator and the scope of practice was different. It was brought to HR that:

a. Although DC was not a previous comparator, we were asked to find a comparable benchmark – which we did.

b. We have previously included PG and Montgomery as comparators, which HR dropped for this analysis.

c. We have never used Loudoun as a comparator, which HR did for this analysis.

d. As a three decade provider of EMS, I read the scope of practice and can firmly and accurately tell you that the job scope of a DC Supervisor almost mirrors that of an Alexandria Supervisor – approximately 92% similarity. Where we differ, Alexandria actually has higher managerial responsibilities for 6% of the difference. DC is a fair comparator and to not include because it throws off the average is like not including specialty pay and hourly riding pay – it gives the appearance of exclusion to artificially lower the average and taint objective analysis.

4) **FAIRFAX WAS INCORRECTLY COMPARED** to EMS Supervisors at the Captain 1 level. HR disregarded objective analysis that the Fairfax equivalent of our Supervisors is a Captain 2.

5) **THE CITY CONTINUES TO DISREGARD THEIR OWN QES** which rates our EMS Supervisors' responsibilities and job position ABOVE THE LEVEL OF CAPTAIN.

6) If the City is going to include the Medic IV **TRANSITION PAY** on the same level as comparators' base pay, the City should move to make the transition pay part of the base pay. This would be a more consistent and accurate comparison.

7) The date of the **"UPDATED ANALYSIS OF EMS CLASSIFICATION AND COMPENSATION"** WAS 4/14/16 yet it wasn't made available to Labor Groups until placed on the City's budget website on 4/20/16. The City HR's data for the Medic IV **"Market Average"** **dropped** 5.2% to 5.6% (beginning pay to maximum pay) from the data they gave Labor groups during the 3/16/16 meeting. Additionally, the City HR's data shows Fairfax, Prince William and Loudoun comparator numbers the same for Medic II as they are for Medic IV.

8) **Finally, from the budget memo** – *"While the analysis for the EMS Supervisor position shows that the salary is behind the market, this is a position that is being eliminated through attrition as the Fire Department shifts to a dual role system. Currently, four of eight EMS Supervisors are in training and three EMS Supervisors have completed training for dual role supervisory positions. This leaves only one EMS Supervisor not planning to transition to a dual role. Upon completing the necessary requirements of the dual role position, they will become EMS Captains and will be working a 56 hour work week, receiving the 10% transition pay increase."* The fact that the City is electing to not pay at a fair market value because "four of the eight Supervisors are currently taking training" is incomprehensible. IF they complete this training then are placed on a 56 hour week, they are even more like Fairfax and Arlington. Plus we have been told for decades that we do comparisons for **WHAT EXISTS NOW – NOT WHAT MAY HAPPEN**. As one of the Supervisors going through the Fire training now, I can tell you that many, if not all, of the Supervisors are taking the training so that we can keep our options open should a formalized plan ever be developed and shared as to what will happen with EMS Supervisors. To now penalize us because of what the City has done with the SDM change and what may happen is causing me to seriously consider dropping out of the training.

In conclusion, this topic was incompletely and inaccurately analyzed. Comprehensive analytical data was excluded. IF specialty pay and riding pay were included, both Medics and EMS Supervisors should receive increases. Even when Specialty Pay and Riding Pay were excluded, City HR analysis of the EMS Supervisors showed a 7% below market average pay for the senior Supervisors. HR then choose to not include them because four of the eight Supervisors are 1/3 of the way through additional training that, **IF THEY COMPLETE**, and increase their work week by 33%, they will get 10% transition pay. I have been objective on the analysis of this topic, but honestly it looks like HR manipulated data to get to a conclusion they want.

I have included spreadsheets to support the above points. As always, I am available to discuss any or all of these topics.

Thank you.

Lonnie



Click here to Reply or Forward

Jen Jenkins

To: Mark Jinks
Subject: RE: Budget Memo referencing Medic Pay Scale

From: Megan Ellzy [<mailto:M.Ellzy@afdlocal2141.org>]
Sent: Thursday, April 21, 2016 12:33 PM
To: Steve Mason; Mark Jinks
Cc: Robert Dubé
Subject: Budget Memo referencing Medic Pay Scale

City Manager Jink and HR Director Mason,
I have already expressed my concerns about the budget memo that was sent to City Council but I wanted to forward my concerns to you.

Our membership is greatly concerned because the numbers are not accurate to what firefighter/medics (dual role providers) in other jurisdictions are being paid. The numbers do not include medic incentives nor does it include additional riding pay dual role providers in other jurisdictions receive. Additionally, it includes the 10% transition pay which I have discussed with you before it's inaccuracies for being used in base pay. For the single role medics they are compared to dual role medics in other jurisdictions and not true comparators.

They also reference the EMS Supervisor position being phased out. So we are going to punish our member who cannot transition to an EMS Captain due to the fact that they cannot go through fire school because their position may eventually be phased out even though they may still work here for another 10 to 15 years? There is an obvious disparity at this rank and it should be addressed.

Based on the numbers City HR has given you a Medic IV is making between \$60,683 and \$105,083 where as a Firefighter IV who does the same job and works the same work week but is just in a different retirement plan is making between \$53,014 and \$91,802. Our members were OK with this disparity before because we had been told that the difference in salary was due to the 5% VRS employees (Medics) received to offset VRS costs and because of the 10% transition pay to make up for the money lost from medics changing from a 42 hour work week to a 56 hour work week. Our medics who took fire school and became a dual role provider to help our department become a dual role provider system were actually losing money each pay check because they were moved to a 56 hour work week. In order to make them whole again the 10% transition pay was added to keep this from happening. Now City HR has stated that the 5% and 10% should be part of the numbers when comparing salary. So in affect Medic IV doing the same job as a Firefighter IV in the same department are making \$7,000 to \$14,000 more than the Firefighter IV's. How is this acceptable?

Furthermore, the Fire Chief is attempting to change our department from a single role provider system to a dual role provider. In this system we will need firefighter/medics to make the system work. Getting this system up and running is largely based on having the single role medics switch over to become dual role providers (Medic IV and EMS Captains). By not including them in this budget cycle you are going to further disincentivize them from switching over.

I would be happy to speak with you in person regarding this or on the phone.

Megan Ellzy
President
Alexandria Fire Fighters Inc.
Local 2141

4600 Duke Street
Suite 429
Alexandria, VA 22304
e: M.ellzy@afdlocal2141.org
c: [443-528-7775](tel:443-528-7775)