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** <llpjr78@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 disappointed 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

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