

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

Pharmacist

May 15, 2006

OBJECTIVE

The objective of the Saskatchewan Market Supplement Program is to ensure that Saskatchewan health care employers can attract and retain the employees required to provide appropriate health care services to the people of Saskatchewan.

This program is designed to address specific skill shortages by use of a market supplement to attract and/or retain qualified employees. The program is designed to ensure that market supplements respond to valid labour market criteria to address recruitment and/or retention pressures.

OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed documentation submitted in the review process regarding the market supplement for the Pharmacist classification. The initial market supplement report was released by the Market Supplement Review Committee August 6, 2002 and implemented on October 16, 2002. The first annual review was conducted by the MSRC in October 2003. In October 2004, the MSRC recommended to maintain the existing market supplement as part of its annual review. The MSRC reviewed the Pharmacist classification in October 2005 and recommended to maintain the existing market supplement. The Regina Qu'Appelle Health Region requested this review prior to the annual review process.

There were ten health regions that reported to this review on the Pharmacist classification. Pharmacists are members of the Health Sciences Association of Saskatchewan (HSAS). HSAS was invited to submit any relevant information to this review.

Role of a Pharmacist:

Pharmacists are employed in hospitals and related health institutions. Their role is critical to ensuring that patients in hospitals, frequently on complicated and potentially toxic medications, receive safe and effective therapy. This practice area offers opportunities to interact with other health professionals, the potential for significant intervention in patient care and the chance to be involved in research and education. Pharmacists who work in hospitals are effective members of the health care team and are actively involved in upgrading their education and knowledge base. Many of them specialise in fields such as oncology, infectious disease, psychiatry, etc.

Qualifications:

In order to be licensed as a Pharmacist in Canada, candidates must obtain a Bachelor's Degree in Pharmacy from a Canadian University and to complete a national board examination through the Pharmacy Examining Board of Canada. One year pre-pharmacy is required prior to the Degree program. Pharmacy students must also have obtained practical experience through an apprenticeship/internship program.

According to the Canadian Pharmacists Association there are nine universities in Canada that offer a Bachelor's Degree in Pharmacy including the University of Saskatchewan.

The Pharmacy College at the University of Saskatchewan accepts eighty first year students to the program each year. The average number of graduates per year is between seventy and seventy-seven.

Information regarding budgeted positions and vacancies is provided in the following table:

Table 1 – Pharmacists – Budgeted and vacant positions (March, 2006)

Health Regions	Number of Budgeted Positions (As of March, 2006)		Number of Vacant Positions (As of March, 2006)		% Vacancy	
	Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part-Time
Cypress	1	0	0	0	0	0
Five Hills	2	2	0	0	0	0
Heartland	0	3	0	0	0	0
*Kelsey Trail	2	1	1	0	50%	0
*Prairie North	3	3	0	1	0	33%
Prince Albert Parkland	4	2	0	0	0	0
Regina Qu'Appelle	30	5	5	1	16.6%	20%
Saskatoon	39	19	2	0	5.1%	0
Sun Country	1	1	0	0	0	0
Sunrise	3	2	1	0	0	0
TOTAL:	85	38	9	2	10.5%	5.2%

*Kelsey Trail and Prairie North also have temporary vacancies.

ANALYSIS

The MSRC discussed the Labour Market Criteria as required by the Market Supplement Program framework.

SERVICE DELIVERY IMPACTS: *(Employers were asked to provide information that addresses current service delivery impacts resulting from staff shortages, potential staff short term service delivery impacts, potential long term service delivery impacts and options for alternative service delivery models).*

Five of the reporting health regions have stated no service delivery issues while four regions reported minor service delivery issues. Regina Qu'Appelle Health Region reported significant issues because of recent resignations. Recruiting efforts are currently underway to fill those vacancies.

VACANCY RATE ANALYSIS: *(Employers were requested to provide information about the frequency and timing of vacancy occurrences {i.e., seasonal vacancies; do the vacancies always follow an event; etc.} and to identify trends that may affect recruitment/retention efforts).*

The number of vacant positions provincially has steadily declined from 2002 to 2005. There have been vacancies incurred in the past three months although mainly at the Regina Qu'Appelle Health Region.

Health regions have reported that recruiting to vacant positions can take several months. Vacant temporary positions typically are not filled.

Table 2 – Pharmacists - Budgeted and vacant position comparisons (2002 – 2006)

Pharmacist Classification (all levels)	Number of Budgeted Positions		Number of Vacant Budgeted Positions		% Vacancy	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
2002 Totals	84	39	12	2	14%	5%
2003 Totals	82	35	8	3	9.7%	8.5%
2004 Totals	78	31	4	1	5.1%	3.2%
2005 Totals	80	20	1	1	1.2%	5%
2006 Totals	85	38	9	2	10.5%	5.2%

*Disclaimer: Data reported in Table 1 and/or Table 2 may be as a result of different employers reporting year to year.

TURNOVER RATES: *(Employers were asked to provide local analysis of reasons for leaving and trends that may be emerging. They were also asked to provide annual turnover {loss of employees to other competitor employers} ratio to the existing staff complement {budgeted positions} in the given occupation.)*

Of the regions that track and report turnover, the following is reported:

- 2006 (year to date) – 3
- 2005 – 7
- 2004 – 6
- 2003 – 4

Employers have identified several reasons for turnover in the past two years including: retirements (4), spousal transfer out of country (1), back to school (1), transfer to another Saskatchewan health region (1), moved to Calgary (1), resigned for family reasons (1), and unknown (1). Discrepancies in turnover data from previous reports may be as a result of different employers reporting year to year.

RECRUITMENT ISSUE ANALYSIS: *(Employers were asked to provide information such as length of recruitment times, training investments, licensing issues, supply and demand issues, etc., as well as information that would identify trends that may affect recruitment and/or retention efforts).*

Two regions reported no recruitment initiatives. Two regions have reported minor recruitment efforts while five regions reported moderate recruitment initiatives and one reported significant initiatives. Regions reported that they attempt to recruit Pharmacists beyond their budgeted capacity even though they may not be experiencing vacancies or turnover.

Of the regions that reported vacancies in the past, the following recruitment and retention initiatives were utilized:

- Offering higher initial pay rates (six regions),
- Changing job responsibilities (eight region),
- Using other classifications (six regions),
- Advertising (seven regions),
- Offering residencies (two regions),
- Offering recruitment allowances (four region),
- Relocation assistance (four regions),
- Attending career fairs (four regions),
- Training allowances (four regions),
- Offering practicums (three regions), and

- Attending career fairs (five regions).

SALARY MARKET CONDITIONS: *(Employers were asked to identify situations where their salary levels are lower than other employers that they would expect to recruit employees from or other employers that recruit their employees. This may be local, provincial, regional, national or international depending on the occupation group and traditional recruitment relationships. Cost of living considerations may or may not be appropriate to factor into market salary comparisons).*

The MSRC reports the following market conditions for Pharmacists:

- Saskatchewan health regions – Minimum \$32.740/hour, maximum \$37.121/hour (current market supplement rate), 6 steps. Effective April 1, 2005.
- Alberta health regions – Minimum \$32.51/hour, maximum \$43.17/hour, 9 steps. Effective April 1, 2005.
- British Columbia health regions – Minimum \$29.46/hour, maximum \$36.74/hour, 6 steps. Effective 1, 2004 – March 31, 2006 (no wage increase during the course of this agreement).
- Manitoba health regions – Minimum \$32.838/hour, maximum \$41.298/hour, 8 steps. Effective April 1, 2005.
- Retail – SAHO research indicates that Pharmacist pay rates vary from \$25.06/hour (minimum) to \$43.26/hour (maximum). Some retail businesses offer the same minimum and maximum pay rates that are dependent on skill, experience and difficulty in recruiting.

SAHO and HSAS have agreed to a new collective agreement that stipulates an economic increase on top of the current market supplement pay rate. This economic increase would place the Pharmacist (Degree) pay rate at \$32.74/hour (minimum) and \$37.121/hour (maximum) effective April 1, 2005. Effective April 1, 2006 the pay rates are \$33.215/hour (minimum) and \$38.452/hour (maximum). Given the relative short period of time since economic increases were added to the wage rates, it is difficult to assess if the new higher rates have had an effect to recruitment and retention efforts.

The retail sector remains as the main competitor to health regions for Pharmacists.

CONCLUSIONS & RECOMMENDATIONS:

Considering the labour market criteria under the provincial framework, the Market Supplement Review Committee makes the following conclusions:

- There has been an increase in reported service delivery issues as vacancy rates have recently increased.
- Health regions report nine full time vacancies out of 85 positions.
- Regions have maintained on-going recruitment efforts for the Pharmacist classification as they recognize the competitiveness of this occupation.
- In October 2005 SAHO and HSAS have reached a tentative agreement for a new collective agreement that would increase the Pharmacists rate of pay to \$37.121/hour (maximum rate).
- There has not been sufficient time to assess if the new rates of pay have effected recruitment and retention initiatives.

Having reviewed the information as provided by employers and considering the labour market criteria, the Market Supplement Review Committee recommends maintaining the current market supplement for the Pharmacist classification. Further, the Market Supplement Review Committee recommends to monitor the program criteria and if necessary review this classification prior to the next scheduled annual review.

APPENDIX A

Market Supplement Consideration Request – Pharmacist

Respondents

1. Cypress Health Region
2. Five Hills Health Region
3. Heartland Health Region
4. Kelsey Trail Health Region
5. Prairie North Health Region
6. Prince Albert Parkland Health Region
7. Regina Qu'Appelle Health Region
8. Saskatoon Health Region
9. Sun Country Health Region
10. Sunrise Health Region