

**MARKET SUPPLEMENT PROGRAM**

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**Report of the Market Supplement Review  
Committee**

**Pharmacist**

**May 27, 2010**

## 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. Annual reviews were conducted October 2004 and October 2005 when the MSRC recommended to maintain the existing market supplement. An additional market supplement amount was implemented in April 2007. This latest annual review is considered part of the on-going market supplement review for the Pharmacist classification.

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).

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.*

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

**Table 1 – Pharmacists – Budgeted and vacant positions (May 2010)**

Health Regions	Number of Budgeted Positions (As of May, 2010)		Number of Vacant Positions (As of May, 2010)		% Vacancy	
	Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part-Time
Cypress	3	0	0	0	0	0
Five Hills	2	2	0	0	0	0
Heartland	1	2	0	0	0	0
*Kelsey Trail	3	1	0	0	0	0
*Prairie North	5	5	0	0	0	0
*Prince Albert Parkland	6	2	0	0	0	0
*Regina Qu'Appelle	31	2	3	0	9.6%	0
Saskatoon	37	21	4	1	10.8%	4.7%
Sun Country	2	0	0	0	0	0
Sunrise	4	2	1	0	25%	0
<b>TOTAL:</b>	<b>94</b>	<b>37</b>	<b>8</b>	<b>1</b>	<b>8.5%</b>	<b>2.7%</b>

\*Note: Regions that report 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).*

A total of ten health regions reported data to the annual market supplement review. Five health regions reported moderate delivery issues due to temporary vacancies due to leaves of absence. One region reported a lack of casual staff that would assist with service delivery issues. The other regions reported either no service delivery issues or minor issues.

**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).*

Health regions reported a total of eight full time vacancies.

**Table 2 – Pharmacists - Budgeted and vacant position comparisons (2002 – 2010)**

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
<b>2002 Totals</b>	84	39	12	2	14%	5%
<b>2003 Totals</b>	82	35	8	3	9.7%	8.5%
<b>2004 Totals</b>	78	31	4	1	5.1%	3.2%
<b>2005 Totals</b>	80	20	1	1	1.2%	5%
<b>2006 Totals</b>	85	38	9	2	10.5%	5.2%
<b>2008 Totals</b>	109	40	4	2	3.6%	5.0%
<b>2009 Totals</b>	100	41	8	2	8.0%	4.8%
<b>2010 Totals</b>	94	37	8	1	8.5%	2.7%

\*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:

- 2010 (year to date) – 4
- 2009 – 7
- 2008 – 5
- 2007 – 10

Employers have identified several reasons for turnover including: retirements, work in the retail sector, transfer to other Saskatchewan health regions, moved to other provinces, resigned for family reasons, and unknown. 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).*

As reported in previous reviews some regions reported that they attempt to recruit Pharmacists beyond their budgeted capacity even though they may not be experiencing vacancies or turnover.

The following recruitment and retention initiatives were reported by health regions;

- Offering higher initial pay rates,
- Changing job responsibilities,
- Using other classifications,
- Advertising,
- Offering residencies,
- Offering recruitment allowances,
- Relocation assistance,
- Attending career fairs,

- Training allowances,
- Offering practicums

**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 \$39.457/hour, maximum \$45.481/hour (current market supplement rate), 5 steps, effective April 1, 2008.
- Alberta health regions – Minimum \$38.13/hour, maximum \$50.62/hour, 9 steps, effective April 1, 2009
- British Columbia health regions – Minimum \$37.98/hour, maximum \$47.36/hour, 6 steps, effective April 1, 2009.
- Manitoba health regions – Minimum \$39.004/hour, maximum \$48.378/hour, 8 steps, effective April 1, 2009.

The SAHO/HSAS collective agreement expired March 31, 2009.

## **CONCLUSIONS & RECOMMENDATIONS:**

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

- Some health regions reported service delivery issues due to a high number of temporary vacancies.
- Health regions report eight full time vacancies.
- Most health regions have maintained on-going recruitment efforts for the Pharmacist classification as they recognize the competitiveness of this occupation.
- The SAHO/HSAS collective agreement expired March 31, 2009.

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.

## **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