

**MARKET SUPPLEMENT PROGRAM**

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**Report of the Market Supplement Review  
Committee**

**Pharmacist**

**October 16, 2005**

## 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 temporary market supplement to attract and/or retain qualified employees. The program is designed to ensure that temporary market supplements respond to valid labour market criteria to address recruitment and/or retention pressures.

## OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed updated documentation submitted in the annual 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. This latest report is to be considered as part of the on-going review of the market supplement process for this classification as described in the SAHO/HSAS Letters of Understanding pertaining to the Market Supplement Process. This is the third annual 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). 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 be 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 (August 2005)**

Health Regions	Number of Budgeted Positions (As of August, 2005)		Number of Vacant Positions (As of August, 2005)		% 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	1	50%	100%
Prairie North	3	3	0	0	0	0
Prince Albert Parkland	4	2	0	0	0	0
Regina Qu'Appelle	30	5	0	0	0	0
Saskatoon	34	1	0	0	0	0
Sun Country	1	1	0	0	0	0
*Sunrise	3	2	0	0	0	0
<b>TOTAL:</b>	<b>80</b>	<b>20</b>	<b>1</b>	<b>1</b>	<b>1.2%</b>	<b>5%</b>

\*Five Hills, Heartland and Sunrise also have one temporary vacancy.

## 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. One region reported significant issues because the only Pharmacist position at one facility is currently vacant.

Service delivery issues are very closely associated to the number of vacancies. As vacancies were filled over the past two years, service delivery issues have become lessened for most health regions.

**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).*

Since the last annual review of October 2004, the overall vacancy rate has declined to 1.2% for full time positions. The vacancy rate for full time positions has dropped by 12.8% since 2002.



Health regions have reported an increase in the number of casual employees and a drop in the number of part time employees since the last Market Supplement review in 2004.

**Table 2 – Pharmacists - Budgeted and vacant position comparisons (2002 – 2005)**

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%

\*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:

- 2005 (year to date) – 1
- 2004 – 5
- 2003 – 4

Employers have identified several reasons for turnover that typically include: retirements, spousal transfer, wage rates, and others. 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).*

Five regions have reported minor recruitment efforts while five regions reported significant recruitment 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 (four regions),
- Changing job responsibilities (eight region),
- Using other classifications (five regions),
- Advertising (four regions),
- Offering residencies (two regions),
- Offering recruitment allowances (two region),
- Relocation assistance (four regions),
- Attending career fairs (two regions), and
- Training allowances (four 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 \$31.819/hour, maximum \$36.00/hour (current market supplement rate), 6 steps.
- 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 tentatively 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 pay rate at \$32.74/hour (minimum) and \$37.121/hour (maximum) effective April, 2005.

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 continues to be improvement to service delivery issues as vacancy rates decline.
- Health regions report one full time vacancy out of 80 positions.
- Regions have maintained on-going recruitment efforts for the Pharmacist classification as they recognize the competitiveness of this occupation.
- 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).

Having reviewed the information as provided by employers and considering the labour market criteria, the Market Supplement Review Committee recommends:

- To maintain the current temporary market supplement for the Pharmacist classification. SAHO and HSAS have tentatively agreed to a new collective agreement that stipulates an economic increase to the current market supplement pay rates.

## **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