

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

**Public Health Inspector
(Degree, Senior and Supervisor Levels)**

December 19, 2005

OBJECTIVE

The objective of the 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 also designed to ensure that temporary market supplements respond to valid labour market criteria to address recruitment/retention pressures.

OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed updated documentation submitted in the annual review process regarding the market supplement for the Public Health Inspector classification. The first market supplement report was released by the Market Supplement Review Committee December 19, 2002. The first annual review was conducted by the MSRC in December 2003 and the second in December 2004. The MSRC recommended to maintain the existing market supplement in those reviews. 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 Program. This is the third annual review for the Public Health Inspector classification.

There were eleven health regions that reported to this analysis on Public Health Inspectors. Public Health Inspectors are members of the Health Sciences Association of Saskatchewan (HSAS). HSAS was invited to submit any relevant information to this review.

Role of a Public Health Inspector level:

The Public Health Inspector is a vital member of the public health team and delivery system. The role of the PHI includes preventing disease, promoting health and improving the environment through the use of education, consultation, inspection and monitoring techniques and, if necessary, by the enforcement of health legislation. The scope of interest covers food hygiene, insect and rodent control, communicable disease investigation, public accommodation, community care facilities, public recreational facilities, water supply and waste disposal systems, tobacco control, occupational health and safety and environmental pollution - air, water, soil and noise.

Qualifications:

To work as a Public Health Inspector, certification must be obtained with the Canadian Institute of Public Health Inspectors (CIPHI).

Public Health Inspectors must obtain educational qualifications from one of the following five Environmental Health programs in Canada; Ryerson University, British Columbia Institute of Technology, Concordia University College of Alberta, University of Cape Breton, and the First Nations University of Canada. In addition, Public Health Inspectors must successfully complete a certification process consisting of an examination process with both written and oral components. To be eligible for certification Public Health Inspectors must complete twelve weeks of practicum under the supervision of a certified Public Health Inspector.

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

Table 1- Public Health Inspector - Degree, Senior and Supervisor levels (Budgeted and Vacant Positions)

Health Regions	Number of Budgeted Positions (As of Nov, 2005)		Number of Vacant Positions (As of Nov, 2005)		% Vacancy	
	Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part-Time
Cypress	5	0	2	0	40%	0
Five Hills	4	0	0	0	0	0
*Heartland	5	0	2	0	40%	0
Kelsey Trail	3	0	1	0	33%	0
Mamawetin Churchill River	5	0	1	0	20%	0
Prairie North	5	0	0	0	0	0
Prince Albert Parkland	4	0	1	0	25%	0
Regina Qu'Appelle	11	2	0	1	0	50%
Saskatoon	16	0	3	0	18.7%	0
Sun Country	4	0	0	0	0	0
Sunrise	5	0	1	0	20%	0
TOTAL:	67	2	11	1	16.4%	50%

*Heartland also has 1 temporary vacancy.

ANALYSIS

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

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).*

Eleven regions participated in this review. There were three regions that reported no service delivery issues, four regions report minor service issues (such as heavy workload), three

regions report moderate issues (such as some service reduction and backlog) and one region reported critical service delivery issues (such as the quantity and quality of service due to vacancies).

Some regions have again reported that there has been an increase in workload during the past year. Some examples of increased workload include the Tobacco Control Act, Public Water Standards and the West Nile Virus. Regions have stated that they have reprioritized workload in order to maintain proper service levels. Workload issues are greater in those regions with vacancies due to taking on additional workload. Some regions have reported an increase to the total amount of FTE's available to help alleviate the heavy workloads.

Mamawetin Churchill River Health Region has reported critical service delivery issues that are particular to the north (i.e. extensive northern travel).

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 provincial vacancy rate for Public Health Inspectors (all levels) is 16.4% for full time positions.

The following table provides comparative information from 2002 to the current information of 2005.

Public Health Inspector Classification	Number of Budgeted Positions		Number of Vacant Budgeted Positions		% Vacancy	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
TOTALS: 2002	56	5	5	1	8.9%	20%
TOTALS: 2003	69	4	8	1	11.5%	25%
TOTALS: 2004	67	4	7	0	10.4%	0%
TOTALS: 2005	67	2	11	1	16.4%	50%

*Disclaimer: Data reported in Table 1 and above 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 (YTD) – 6 (1 returned home to another province, 1 failed probation, 1 resignation (no reason given), 2 moved to other provinces (wage related), 1 unknown).
- 2004 – 7 (from 2004 MSRC report)
- 2003 – 8 (from 2004 MSRC report)

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).*

Regions have utilized the following recruitment and retention initiatives: offering higher than the first step of the wage grid to new hires (two regions), advertising (seven regions), career fairs (five regions), relocation expenses (six regions), practicums (two regions), provincial bursary program (three regions), training allowances (five regions) and using other classifications (three regions).

The First Nations University of Regina has a Public Health Inspector program. This program has graduated students in recent years and is projected to graduate more in 2007.

Mamawetin Churchill River Health Region historically has had difficulty in attracting and retaining Public Health Inspectors to northern locations. As a result, the region has initiated a retention bonus for their Public Health Inspectors.

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 Public Health Inspectors:

- Saskatchewan health regions – Minimum \$24.880/hour, maximum \$30.271/hour
Effective April 1, 2005, 6 steps.
- Alberta health regions – Minimum \$26.710/hour, maximum \$35.540/hour, 9 steps.
Effective April 1, 2005.
- British Columbia health regions – Minimum \$24.440/hour, maximum \$30.470/hour, 6 steps. Effective April 1, 2005.
- Manitoba health regions – Minimum \$20.750/hour, maximum \$27.710/hour, 9 steps.
Effective April 1, 2005.

SAHO and HSAS have agreed to a new collective agreement that stipulates an economic increase on top of the current market supplement pay rate. Economic increases of 2% as of April 1, 2004 as well as April 1, 2005 have just been implemented onto the existing market supplement rate of pay with the recent ratification of the collective agreement. Because these increases have just been implemented it is uncertain of the effect to recruitment and retention efforts for this classification.

CONCLUSIONS & RECOMMENDATIONS:

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

- Some health regions are experiencing service delivery issues.
- Health regions reported 11 full time Public Health Inspector vacancies.
- Recruiting times for PHI's for Saskatchewan health regions can be long.
- The single reporting northern health region has historically had difficulties recruiting and retaining Public Health Inspectors therefore developed specific northern recruitment initiatives.

- The impact of the recent SAHO/HSAS collective agreement on recruitment and retention efforts is not known at this time since the new rates of pay were implemented at the end of October 2004.

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

- That health regions and Saskatchewan Health work together to initiate additional bursaries for PHI students training within Saskatchewan.
- That health regions review the utilization of PHI's and utilize other classifications that may help alleviate heavy workloads.
- If necessary review this classification for the purpose of market supplement within the normal one year time frame.
- To maintain the current market supplement for the Public Health Inspector classification.

APPENDIX A

Market Supplement Consideration Request – Public Health Inspector

Respondents

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