

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

Respiratory Therapist

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 Respiratory Therapist 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 Respiratory Therapist classification.

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

Role of a Respiratory Therapist:

Respiratory Therapists are an essential part of the health care team providing such services as cardiopulmonary resuscitation ventilator management, oxygen and aerosol therapy, patient assessment and evaluation, and diagnostic services including pulmonary function testing and blood analysis.

Qualifications:

Respiratory Therapists must be a graduate of a Respiratory Therapy training program approved by the Canadian Society of Respiratory Therapists (C.S.R.T.) and, successful completion of an exam approved by the Canadian Society of Respiratory Therapists. Membership in the C.S.R.T. and the Saskatchewan Association of Respiratory Therapists (S.A.R.T.) is mandatory.

In Canada there are 18 accredited respiratory therapist schools that train respiratory therapists. In western Canada, there are four schools as follows: Northern Alberta Institute of Technology, Southern Alberta Institute of Technology, Thomson Rivers University (formerly University College of the Cariboo), and the University of Manitoba – School of Medical Rehabilitation. Respiratory Therapists may require up to six months of orientation and training.

Saskatchewan Health provides bursary assistance to Saskatchewan respiratory therapist students.

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

Table 1 – Respiratory Therapist – 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
Five Hills	2	0	0	0	0	0
*Prairie North	2	0	1	0	50%	0
Prince Albert Parkland	3	0	0	0	0	0
Regina Qu'Appelle	42	1	3	1	7.1%	100%
Saskatoon	23	3	0	0	0	0
Sunrise	3	0	0	0	0	0
TOTAL:	74	4	4	1	5.4%	25%

*Prairie North has one vacancy that is a new position that was posted internally. At the time of this report the position has been filled.

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).*

There were six health regions that reported to the market supplement survey.

Health regions continue to report that service delivery issues have improved again over the past year. Of the six regions, five report no service delivery issues and one reports minor issues such as limited overtime and increase to workload.

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 have reported that vacancies are filled in a reasonable time frame. Vacancy rates have remained consistently low since 2003.

Table 2 – Respiratory Therapist - Budgeted and vacant position comparisons (2002 - 2005)

Respiratory Therapist Classification	Number of Budgeted Positions		Number of Vacant Budgeted Positions		% Vacancy	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
2002 Totals	60	7	16	3	27%	43%
2003 Totals	73	6	4	-	5.4%	0%
2004 Totals	72	6	3	1	4.1%	16.6%
2005 Totals	74	4	4	1	5.4%	25%

*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 report and track turnover, the following data is reported:

- 2005 (year to date) – 9
- 2004 – 5
- 2003 – 8

Employers have identified several reasons for turnover including: retirements, spousal transfer, wage rates, lack of full time employment hours, 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).*

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

- Offering higher initial pay rates (two regions),
- Increasing the number of FTE's (two regions),
- Attending career fairs (three regions),
- Relocation (three regions),
- Recruitment allowance (two regions),
- Training allowances (one region),
- Implementing student practicum's (two regions),
- Changing job responsibilities (four regions) and,
- Advertising (five regions).

Although the recruitment and retention efforts of the health regions have improved significantly for Respiratory Therapists, large health regions are continually in a recruiting mode for Respiratory Therapists.

Regina Qu'Appelle and Saskatoon Health Region continue to work with Saskatchewan Health and Alberta Learning in the delivery of a Respiratory Therapist training program. The program

purchases seats at the Southern Applied Institute of Technology in Calgary for Saskatchewan residents and allows them to perform their clinical training in Saskatchewan. The program sponsors eight Respiratory Therapists per year for the province. This program has successfully recruited students to Saskatchewan health 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 Respiratory Therapists (Diploma):

- Saskatchewan health regions – Minimum \$22.192/hour, maximum \$27.00/hour (current market supplement rate), 6 steps.
- Alberta health regions – Minimum \$26.35/hour, maximum \$33.87/hour, 9 steps. Effective April 1, 2005.
- British Columbia health regions – Minimum \$23.54/hour, maximum \$29.37/hour, 6 steps. Effective April 1, 2004 – March 31, 2006 (no wage increase during the course of this agreement).
- Manitoba health regions – Minimum \$23.667/hour, maximum \$28.258/hour, 7 steps. Effective April 1, 2005.

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 Respiratory Therapist pay rate at \$22.982/hour (minimum) and \$27.961/hour (maximum) effective April, 2005.

CONCLUSIONS & RECOMMENDATIONS:

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

- Health regions report that service delivery related to Respiratory Therapists continues to improve.
- Health regions report four vacancies out of 74 full time positions.
- Regions continue to report that the implementation of a market supplement has had a positive impact on recruitment and retention.

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

- To maintain the current market supplement for the Respiratory Therapist 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 – Respiratory Therapists

Respondents

1. Five Hills Health Region
2. Prairie North Health Region
3. Prince Albert Parkland Health Region
4. Regina Qu'Appelle Health Region
5. Saskatoon Health Region
6. Sunrise Health Region