MARKET SUPPLEMENT PROGRAM

Report of the Market Supplement Review Committee

Infection Control Practitioner

December 22, 2016

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 Infection Control Practitioner classification. The first market supplement report was released by the Market Supplement Review Committee on December 19, 2002. The MSRC has recommended in each annual review to maintain the existing market supplement, and continues to follow the SUN level B rates of pay until the next 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 Program.

There were six health regions that reported to this analysis on Infection Control Practitioners. Infection Control Practitioners are members of the Health Sciences Association of Saskatchewan (HSAS).

Role of an Infection Control Practitioner:

Infection Control Practitioners are responsible for effective co-ordination of the Infection Control program to ensure a high quality of patient care. Specifics of the job include: developing and maintaining a system of identifying and reporting infections; investigating outbreaks of infections; and developing and maintaining infection control policies and procedures, by consulting with various disciplines and departments on infection control matters.

Qualifications:

An Infection Control Practitioner must either be a Registered Nurse possessing a BScN degree, or have possession of another Bachelor's Degree in a related health discipline Employees must have training and certification in hospital infection control.

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

Table 1- Infection Control Practitioner (all levels) - Budgeted and Vacant Positions

Health Regions	Number of Budgeted Positions (As of November 2016)		Number of Vacant Positions (As of November 2016)		% Vacancy	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Cypress	1	0	0	0	0	0
Mamawetan Churchill River	2	0	0	0	0	0
Prairie North	1	2	0	0	0	0
Prince Albert Parkland	1	1	0	0	0	0
Regina Qu'Appelle	9	1	0	0	0	0
Saskatoon	10	0	0	0	0	0
TOTAL:	24	4	0	0	0	0

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.)

Six health regions reported to this review. Five regions experienced no service delivery issues, although one identified that recruiting into temporary vacancies is problematic. One reported minor issues related to recruitment and retention – particularly due to movement of staff from one internal posting to another.

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.)

There were no full-time or part-time vacancies reported by health regions for this classification.

The following table provides comparative information from 2002 to the current information of 2016.

Infection Control Practitioner Classification	Number of Budgeted Positions		Number of Vacant Budgeted Positions		% Vacancy	
	Full-	Part-	Full-	Part-	Full-	Part-
	Time	Time	Time	Time	Time	Time
TOTALS: 2002	6	5	0	1	0%	20%
TOTALS: 2003	8	4	1	0	12.5%	0%
TOTALS: 2004	7	4	0	0	0%	0 %
TOTALS: 2005	11	3	1	0	9%	0%
TOTALS: 2006	11	4	1	1	9%	25%
TOTALS: 2007	13	4	1	0	7.6%	0%
TOTALS: 2008	16	4	3	0	18.7%	0%
TOTALS: 2009	17	5	1	0	5.8%	0%
TOTALS: 2010	19	5	0	0	0%	0%
TOTALS: 2011	23	4	0	0	0%	0%
TOTALS: 2012	21	4	0	0	0%	0%
TOTALS: 2013	20	5	1	0	5.0%	0%
TOTALS: 2014	23	4	1	1	4.35%	25%
TOTALS: 2015	26	4	0	0	0	0
TOTALS: 2016	24	4	0	0	0	0

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

- Last 12 months 4 (other employment).
- Previous 12 months = 6 (5 change of occupation and other reasons; 1 other employment).

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 previously, Infection Control Practitioners are in demand across Canada due to the increase in focus this service nationally. There is one school in Canada (Centennial College in Toronto) that provides the required training and certification examination. Candidates must work in the field for at least six months to one year before attending the two-week course. At the end of the two-week course, the candidate must write and pass the exam. After successful completion of the course and two years on the job, the Infection Control Practitioner must write and pass a certification exam in order to be certified. They must also write and pass this exam every five years to remain certified.

From this annual review, two regions reported providing relocation incentives, with return for service agreement. One region indicated it covers the costs of required training, as well as travel and accommodation expenses for two courses and one examination. Another reported it provides a tuition/educational allowance for the Infection Control Course, to prepare candidates for certification.

Regions have reported no difficulty recruiting to this classification over the past year, and generally use typical recruiting/retention measures (i.e. advertising online; attending career fairs; and other networking activities). One region indicated that current workload has not been conducive for student placements/mentorships.

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.)

Health regions reported that nurses belonging to the Saskatchewan Union of Nurses have historically been the main source of competition. Therefore, ensuring equity with other nursing positions within each region is important in retaining these professionals.

The MSRC reports the following market conditions for Infection Control Practitioners:

- Saskatchewan health regions minimum \$41.456/hour, maximum \$49.652/hour. Effective April 1, 2016.
- Alberta health regions minimum \$41.58/hour, maximum \$55.25/hour. Effective April 1, 2016.
- British Columbia health regions minimum \$30.63/hour, maximum \$38.20/hour. Effective April 1, 2016.
- Manitoba health regions minimum \$37.916/hour, maximum \$47.577/hour. Effective April 1, 2016.

The current SAHO/HSAS collective agreement will expire on March 31, 2018.

CONCLUSIONS AND RECOMMENDATIONS:

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

- Either no service delivery issues or minimal service issues due to recruitment and retention pressures were reported by Saskatchewan health regions for this classification.
- There were no full-time or part-time vacancies reported for this classification.
- No unusual recruitment and retention activities were reported by health regions.

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 Infection Control Practitioner classification.

APPENDIX A

Market Supplement Consideration Request – Infection Control Practitioner

Respondents

- 1. Cypress Health Region
- 2. Mamawetan Churchill River Health Region
- 3. Prairie North Health Region
- 4. Prince Albert Parkland Health Region
- 5. Regina Qu'Appelle Health Region
- 6. Saskatoon Health Region