

**MARKET SUPPLEMENT PROGRAM**

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**Report of the Market Supplement Review  
Committee**

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

**January 29, 2017**

## **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 on December 19, 2002. The first annual review was conducted by the MSRC in December 2003, and the second in December 2004. The MSRC recommended maintaining the existing market supplement in those reviews. The annual review in 2005 for this classification resulted in an increase to the market supplement that was implemented in January 2007. This report is to be considered as part of the ongoing 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 11 health regions that reported to this analysis on Public Health Inspectors. Public Health Inspectors are members of the Health Sciences Association of Saskatchewan (HSAS).

Role of a Public Health Inspector:

*The Public Health Inspector (PHI) 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 12 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 and Senior Levels (Budgeted and Vacant Positions)**

Health Region	Number of Budgeted Positions (As of January, 2017)		Number of Vacant Positions (As of January, 2017)		% Vacancy	
	Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part- Time
Cypress	5	0	0	0	0	0
Five Hills	3	0	0	0	0	0
Heartland	5	0	0	0	0	0
Kelsey Trail	4	0	0	0	0	0
Mamawetan Churchill River	6	0	1	0	16.6%	0
Prairie North	5	0	0	0	0	0
Prince Albert Parkland	4	0	0	0	0	0
Regina Qu'Appelle	14	1	0	0	0	0
Saskatoon	18	1	1	0	5.5%	0
Sun Country	4	1	0	0	0	0
Sunrise	6	0	0	0	0	0
<b>TOTAL:</b>	<b>74</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>2.7%</b>	<b>0%</b>

**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, ten which reported no service delivery issues related to recruitment and retention. One region reported moderate service issues related to a vacancy and difficulty recruiting to a temporary posting.

**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 two permanent full-time vacancies reported in this review.

The following table provides comparative information from 2002 to the current information for 2017.

**Table 2 – Public Health Inspector – Budgeted and Vacant Position Comparisons (2002 to 2017)**

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
<b>TOTALS: 2002</b>	56	5	5	1	8.9%	20%
<b>TOTALS: 2003</b>	69	4	8	1	11.5%	25%
<b>TOTALS: 2004</b>	67	4	7	0	10.4%	0%
<b>TOTALS: 2005</b>	67	2	11	1	16.4%	50%
<b>TOTALS: 2008</b>	65	4	1	1	1.5%	25%
<b>TOTALS: 2009</b>	67	3	6	2	8.9%	66%
<b>TOTALS: 2010</b>	68	3	4	1	5.8%	33.3%
<b>TOTALS: 2011</b>	67	3	4	2	5.9%	66.6%
<b>TOTALS: 2012</b>	69	3	4	1	5.7%	33.3%
<b>TOTALS: 2013</b>	71	3	4	2	5.6%	66%
<b>TOTALS: 2014</b>	72	4	3	1	4.1%	25%
<b>TOTALS: 2015</b>	72	3	4	1	5.6%	33%
<b>TOTALS: 2016</b>	73	3	2	0	2.7%	0%
<b>TOTALS: 2017</b>	74	3	2	0	2.7%	0%

\* Data reported in Table 1 and above may include 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:

- Last 12 months – 9 (3 other employment; 3 change of occupation; 3 family/domestic reasons).
- Previous 12 months – 5 (3 other employment; 2 family/domestic reasons).

**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, most employers experienced minimal recruitment and retention efforts for Public Health Inspectors, and replacing vacancies has not been onerous. Most regions offer recruitment and relocation incentives, with return for service agreements. Some regions reported that tuition and educational allowances are available to all employees through continuing education programs.

Several health regions utilize students working on practicums and/or summer students, who express interest in full-time employment after becoming fully qualified as 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 (Degree):

- Saskatchewan health regions – minimum \$34.184/hour, maximum \$41.720, effective April 1, 2016.
- Alberta health regions –minimum \$39.42/hour, maximum \$52.36/hour, effective April 1, 2016.
- British Columbia health regions – minimum \$28.54, maximum \$35.59/hour, effective April 1, 2016.
- Manitoba health regions – no current data.

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

## **CONCLUSIONS AND RECOMMENDATIONS:**

Considering the labour market criteria within the Market Supplement Program Letters of Understanding, the Market Supplement Review Committee makes the following conclusions:

- The majority of health regions are experiencing no service delivery issues.
- Health regions reported two full-time Public Health Inspector vacancies.
- Most health regions reported minimal recruitment and retention efforts for the Public Health Inspector classification, given the lack of vacancies and turnover.

Having reviewed the information as provided by employers, and considering the labour market criteria, the Market Supplement Review Committee recommends maintaining the current provincial market supplement for this 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. Mamawetan 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