MARKET SUPPLEMENT PROGRAM

Report of the Market Supplement Review Committee

Pharmacist

March 1, 2018

OBJECTIVE

The objective of the Saskatchewan Market Supplement Program is to ensure that the Saskatchewan Health Authority (SHA) 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 market supplement to attract and/or retain qualified employees. The program is designed to ensure that market supplements respond to valid labour market criteria, to address recruitment and/or retention pressures.

OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed documentation submitted in the review process regarding the market supplement for the Pharmacist classification. The initial market supplement report was released by the Market Supplement Review Committee on August 6, 2002, and implemented on October 16, 2002. The first annual review was conducted by the MSRC in October 2003. An additional market supplement amount was implemented in April 2007.

Pharmacists are members of the Health Sciences Association of Saskatchewan (HSAS).

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 specialize in fields such as oncology, infectious disease, psychiatry, etc.

Qualifications:

In order to be licensed as a Pharmacist in Canada, candidates must obtain a Bachelor's Degree in Pharmacy from a Canadian university, and 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.

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

Number of Budgeted Positions (As of February 2018)		Number o Posit (As of Febr	ions	% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part- Time
137	40	10	7	10%	17%

 Table 1 – Pharmacists – Budgeted and Vacant Positions (February 2018)

ANALYSIS

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

SERVICE DELIVERY IMPACTS: (Respondents 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.)

A total of eight respondents provided data to this annual market supplement review. Most reported either no service delivery issues or minor issues due to recruitment and retention challenges.

One respondent reported experiencing significant service delivery issues and subsequent use of overtime, because of a number of leaves of absences.

VACANCY RATE ANALYSIS: (*Respondents 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.)*

Respondents reported ten full-time vacancies and seven part-time vacancies.

One former large health region reported that although they had eight vacancies (full-time and parttime), they had several offers of employment out to candidates and do not expect to encounter any issues filling those positions.

Pharmacist 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	84	39	12	2	14%	5%
2003 Totals	82	35	8	3	9.7%	8.5%
2004 Totals	78	31	4	1	5.1%	3.2%
2005 Totals	80	20	1	1	1.2%	5%
2006 Totals	85	38	9	2	10.5%	5.2%
2008 Totals	109	40	4	2	3.6%	5.0%
2009 Totals	100	41	8	2	8.0%	4.8%
2010 Totals	94	37	8	1	8.5%	2.7%
2011 Totals	102	47	4	3	3.9%	6.3%
2012 Totals	107	45	3	2	2.8%	4.4%
2013 Totals	117	42	0	1	0%	2.3%
2014 Totals	120	46	6	1	5%	2.1%
2015 Totals	121	48	3	2	2.5%	4%
2016 Totals	122	53	7	4	6%	7.5%
2017 Totals	136	37	7	7	5%	19%
2018 Totals	137	40	10	7	10%	17%

 Table 2 – Pharmacists (all levels) - Budgeted and vacant position comparisons (2002 – 2018)

TURNOVER RATES: (*Respondents 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 locations that track and report turnover, the following is reported:

- Last 12 months = 7 (5 other employment; 1 family/domestic reason; 1 dismissal).
- Previous 12 months = 9 (3 other employment; 3 family/domestic reasons; 3 retirements).

RECRUITMENT ISSUE ANALYSIS: (Respondents 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.)

The following recruitment and retention initiatives were reported;

- using other classifications to assist with service delivery where possible;
- offer higher rates of pay for new hires than the first step of pay range;
- advertising;
- offering residencies and practicums;
- recruitment and retention allowances;
- attending career fairs; and
- providing training allowances.

Recruiting times ranged from two months up to a year. Recruiting to part-time positions typically takes significantly longer than full-time positions.

SALARY MARKET CONDITIONS: (*Respondents 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 (Degree):

- Saskatchewan Health Authority minimum \$45.985, maximum \$53.352/hour; five steps. Effective April 1, 2017.
- Alberta Health Services minimum \$52.44, maximum \$60.29; nine steps. Effective April 1, 2016.
- British Columbia Regional Health Authorities minimum \$39.24, maximum \$48.94/hour; six steps. Effective April 1, 2017.
- Manitoba Regional Health Authorities minimum \$44.138, maximum \$54.745/hour; eight steps. Effective
 April 1, 2017

April 1, 2017.

The SAHO/HSAS collective agreement expires on March 31, 2018.

CONCLUSIONS AND RECOMMENDATIONS:

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

- Most respondents reported little to no service delivery issues related to recruitment and retention.
- This year's annual review reported ten full-time and seven part-time vacancies.
- Due to the historical competitiveness of this occupation, some locations have maintained ongoing recruitment efforts for the Pharmacist classification.

Having reviewed the information as provided by respondents, and considering the labour market criteria, the Market Supplement Review Committee recommends maintaining the current market supplement for the Pharmacist classification.