

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

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

January 29, 2018

OBJECTIVE

The objective of the 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 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 locations included in 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 (Budgeted and Vacant Positions):

Number of Budgeted Positions (As of January 2018)		Number of Vacant Positions (As of January 2018)		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
73	3	7	0	9%	0

ANALYSIS

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

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.)*

There were 11 locations reporting to this review. Of those, eight experienced no service delivery issues related to recruitment and retention; one experienced minor issues; and the remaining two reported significant or critical issues.

Those locations with vacancies reported recruiting times between six and eight months. They experienced increased wait lists; overtime situations; reduced service levels; and difficulties recruiting and retaining qualified staff.

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.)*

There were seven permanent full-time vacancies reported in this review.

The following table provides comparative information from 2002 to the current information for 2018.

Table 2 – Public Health Inspector – Budgeted and Vacant Position Comparisons (2002 to 2018)

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%
TOTALS: 2008	65	4	1	1	1.5%	25%
TOTALS: 2009	67	3	6	2	8.9%	66%
TOTALS: 2010	68	3	4	1	5.8%	33.3%
TOTALS: 2011	67	3	4	2	5.9%	66.6%
TOTALS: 2012	69	3	4	1	5.7%	33.3%
TOTALS: 2013	71	3	4	2	5.6%	66%
TOTALS: 2014	72	4	3	1	4.1%	25%
TOTALS: 2015	72	3	4	1	5.6%	33%
TOTALS: 2016	73	3	2	0	2.7%	0%
TOTALS: 2017	74	3	2	0	2.7%	0%
TOTALS: 2018	73	3	7	0	9%	0%

* Data reported in Table 1 and above may include different locations reporting year to year.

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.)*

The following turnover is reported:

- Last 12 months – 12 (5 other employment; 3 other reasons; 1 change of occupation; 1 failed probation/dismissal; 2 retirements).
- Previous 12 months – 4 (1 other employment; 1 change of occupation; 2 other reasons).

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 majority of respondents experienced minimal recruitment and retention efforts for Public Health Inspectors. They generally use typical recruiting/retention measures, including advertising online; attending career fairs; and other networking activities. They also provide relocation and recruitment incentives, with return for service agreements; funding for scope of practice continuing education; practicum placements and mentoring. Some respondents also hire summer students who express interest in full-time employment after becoming fully qualified as Public Health Inspectors.

One respondent experienced significant difficulties both recruiting and retaining staff, indicating that employees typically stay for a short duration (six months to two years).

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 Public Health Inspectors (Degree):

- Saskatchewan Health Authority – minimum \$34.794/hour, maximum \$42.466, effective April 1, 2017.
- Alberta Health Services –minimum \$39.42/hour, maximum \$52.36/hour, effective April 1, 2016.
- British Columbia Regional Health Authorities – minimum \$29.08/hour, maximum \$36.24/hour, effective April 1, 2017.
- Manitoba Regional Health Authorities – minimum \$26.30/hour, maximum \$35.79/hour; effective April 1, 2017.

The current SAHO/HSAS collective agreement expires 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 respondents are experiencing no service delivery issues.
- There were seven full-time Public Health Inspector vacancies.
- Most locations reported minimal recruitment and retention efforts for the Public Health Inspector classification, given their lack of vacancies and turnover.

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