

PROVINCIAL MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

Dental Therapist

Final Report

August 6, 2002

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/retention pressures.

A temporary market supplement will be an acceptable option only if:

- a) workplace initiatives have not addressed the skill shortage;
- b) labour market data supports a supplement; and,
- c) recruitment/retention is a problem, is affecting service delivery and is well documented.

This report deals with the Market Supplement Review Committee's analysis of the recruitment/retention pressures facing employers with respect to Dental Therapists.

OVERVIEW

The Market Supplement Review Committee reviewed documentation included in the request for consideration of a market supplement for Dental Therapists.

Currently, there are three Saskatchewan Health Districts that utilize Dental Therapists. They are, Mamawetan Churchill River Health District (MCRHD), Keewatin Yatthe Health District (KYHD), and Saskatoon District Health (SDH). This report has been compiled on information submitted by these employers and the Health Sciences Association of Saskatchewan.

Roles of a Dental Therapist:

- *Accessibility to dental care in northern Saskatchewan is very limited. In one northern health district there is only one full-time dentist whose clients are predominately adults. Dental Therapists serve children in Saskatchewan as part of the Children's Dental Program, which mandates routine dental care for children up to 16 years of age. Population demographics in northern Saskatchewan are different than the south. There is a young population in the north as compared to the aging population in the south. Birth rates in the north are highest in the province. As a result, there is an increasing amount of pressure on the Dental Therapists in northern Saskatchewan. The two northern health districts comprise a very large geographic area of the province making service delivery difficult. These conditions have a great impact on recruitment and retention because many Dental Therapists prefer to work in an area where extreme travel conditions are not so adverse.*
- *At one employer, a Public Health Services Dental Clinic was established in 1993 as a pilot project funded by Saskatchewan Health. A single Dental Therapist (DT) was hired at that time and she remains with the program to this date. At her request, the position was made into a job share position in 1997 and a second Dental Therapist was recruited and she also has remained with the program. These two staff members provide school-based services similar to the old Saskatchewan Health Children's Dental Plan. They have a personal and*

professional commitment to providing services to the target population. There may be retirements in the next few years and replacing these incumbents will present recruiting issues as attempts to recruit new employees without the same history and orientation toward independent practice (due to changes in the Dental Disciplines Act).

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

Dental Therapist – Table 1

| Districts | Number of Budgeted Positions (As of March 1, 2002) | | Number of Vacant Budgeted Positions (As of March 1, 2002) | | % Vacancy | |
|---|---|-----------|--|-----------|------------|------------|
| | Full-time | Part-time | Full-time | Part-time | Full-time | Part-time |
| Keewatin Yatthe Health District | 2 | 1 | 1 | 1 | 50% | 100% |
| Mamawetan Churchill River Health District | 4 | 0 | 1 | 0 | 25% | |
| Saskatoon | 0 | *1 | 0 | 0 | | |
| | | | | | | |
| TOTAL | 6 | 2 | 2 | 1 | 33% | 50% |

*Note –Two employees job share one part-time position

ANALYSIS

The MSRC discussed the Labour Market Criteria as required by the Provincial 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).*

One northern employer reports that the Children's Dental Program has been severely compromised for the past two years as a result of vacancies and the District has been unable to adequately meet provincially mandated routine dental care for children 0 – 16 years of age.

One northern District comprises one quarter of the geographic area of the province making service delivery difficult. These conditions have a great impact on recruitment and retention as many Dental Therapists prefer to work in an area that does not involve such significant and potentially dangerous travel conditions at the current salary levels.

There have been no routine dental program services provided in one northern community to the 750 children registered for the Children's Dental Program, since April, 2001, due to vacant positions. Another community has a Dental Therapist position which has been vacant for 12 months and was filled approximately 12 months ago.

One employer has had to prioritize and deliver only a basic program. Routine dental care is not being done at all. The Dental Program is focussing on delivering prevention activities such as fissure sealants on new permanent teeth, fluoride mouth rinse and preschool fluoride varnish programs and emergency dental care only.

Access to dental care in the north is severely limited. In one District there is only 1 full-time dentist who sees mainly adults and a part-time dentist who attends to emergencies.

There is an extremely high decay rate in northern Saskatchewan. Cavity screening is done on 5, 6 and 12 year olds across the province. def/DMF scores are the universal indicators to measure dental disease. The def score is done on 5 year olds and measures the number of decayed primary teeth while the DMF score is done on 6 and 12 year olds and measures the number of decayed permanent teeth on average per child. The latest survey of Saskatchewan children in southern Health Districts reveal an average def/DMF score of 2.1 (5yrs), 2.61 (6yrs) and 1.71 (12yrs). The latest def/DMF scores for one northern Health District is 6.34 (5yrs), 4.5 (6yrs) 2X higher and 6.96 (12yrs) 3.5 higher.

Any vacancies in Dental Therapist positions have immediate impact on service delivery to clients. The program is designed to provide services to children who do not access existing dental services in the private sector. Any vacancy would mean that some or all of these children would be left without services to meet their dental needs (e.g., decayed teeth, infections, abscessed teeth, and/or pain). With a single vacancy, the waiting list (number of children waiting) and wait time (delay in receiving services) for services would grow. If severe dental needs are left untreated, some of these children may eventually require extensive work done under general anesthesia, resulting in significant hospital costs.

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.).*

Employees have left the employment of health districts for various reasons. Reasons for turnover at one health district include: medical/personal reasons; maternity leave; and, obtaining other employment earning higher wages.

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).*

At one northern district, a temporary full-time position was vacant for one year i.e. November, 1999 to November 2000. Another temporary full-time position in one community has been vacant since July, 2001. A permanent full-time position in another community was vacant for 1½ years.

During the past 12 months for one employer, there have been 2 vacancies (out of 4 positions). One vacancy was filled 3 months ago.

WORKPLACE INITIATIVES: *(Employers were asked to identify workplace initiatives undertaken to address staff shortages, i.e., workload, job redesign, local joint union/management processes, health & safety, etc.).*

The following workplace initiatives have been undertaken:

- Workloads have been reprioritized.
- Only emergency dental care is being provided.
- Increased referrals are made to private practice dentists.
- One District has provided paid education leave to a Certified Dental Assistant to attend the National School of Dental Therapy.
- Another District pays relocation expenses i.e. \$3,000/return for service agreement over 24 months.

- Subsidized housing is available in some northern communities.
- CVA's are allocated to Dental Therapists for out of town travel to satellite dental clinics to assist with travel.
- A large urban employer reported that at the request of the first Dental Therapist hired, the position was divided into a job share position. Subsequently, both partners in the job share have accessed other part-time work at higher rates of pay.

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).*

The SAHO/HSAS provincial posting process has been used without success. Other advertising efforts have included the Saskatoon Star Phoenix, Regina Leader Post, and postings at the National School of Dental Therapy and Saskatchewan Dental Therapy Association. Very little, or no response has been received to date.

Northern employers reported that First Nations Dental Therapists receive significantly higher salaries, subsidized housing along with cost of living allowance and that health care employers have been unable to compete. The workload and travel requirements in the northern part of the province are greater than First Nations positions in adjacent communities.

Geographic isolation in northern communities impedes recruitment.

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).*

There is a great disparity between the rate of pay that health care employers offer as compared to similar positions with First Nations communities.

First Nations Dental Therapists also receive subsidized housing along with cost of living allowance.

The average pay for Dental Therapists in private practice in Saskatchewan is much greater than our Dental Therapists. i.e. the rate can vary from \$23.95 to \$32.00 per hour which is higher than the wage rates within health care (Districts).

AVAILABILITY OF RESOURCES: *(The magnitude and timing of any market adjustment will be subject to the availability of existing resources. Please make any comments as to the impact of addressing this staff shortage if resources are not available in the short term).*

The National School of Dental Therapy graduates approximately 8 – 17 students each year. This year (2002) it is expected that there will be eight graduates. Given the current rates of pay, it will be difficult to recruit to public sector given factors such as wage rates, scope of practice and geography.

Temporary (maternity leave) positions are almost impossible to fill because of the many permanent employment opportunities available for Dental Therapists.

CONCLUSIONS & RECOMMENDATIONS:

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

1. The vacancy rate for Dental Therapists is 33% for full-time and, 50% for part-time positions. There have also been high turnover rates, plus vacancies have existed for long periods of time reflecting recruiting difficulties.
2. Service delivery is an issue due to the overall lack of dental health particularly with the northern employers. Northern communities need service and only partial service can be delivered.
3. Despite significant effort, recruiting into these positions has proved difficult due to non-competitive wage rates, scope of practice and geographic isolation of the work.

Having reviewed the employer and union information and considering all the labour market criteria defined by the market supplement framework, the Market Supplement Review Committee recommends:

1. A temporary market supplement for the Dental Therapist classification be implemented.
2. SAHO Labour Relations assist the current practices with respect to this classification and work to standardize those practices.

Market Supplement Consideration Request – Dental Therapist

Employer Respondents

Mamawetan Churchill River Health District

Keewatin Yatthe Health District

Saskatoon Health District