

PROVINCIAL MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

Occupational 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 Occupational Therapists.

OVERVIEW

The Market Supplement Review Committee reviewed documentation included in the request for consideration of a market supplement for Occupational Therapists. Nineteen (19) employers (see Appendix A) were identified as employing Occupational Therapists, all of which contributed information to the analysis. In addition, Health Sciences Association of Saskatchewan has provided information.

Role of an Occupational Therapist:

Occupational Therapists work collaboratively to enhance clients/patients abilities with in environments and communities in which they live and work. Using a holistic and client centered approach, they facilitate improved functional outcomes in areas of self care, productivity and leisure for persons with physical, mental, social or developmental impairments. They may also participate in research, education, evaluation and consultation.

Staff therapists in all areas are expected to participate as part of a multi-disciplinary team. The participation in the team is more extensive in the areas of Rehabilitation, Geriatrics, and Long Term Care, FIT and KINETIC (tertiary and primary outpatient programs). Staff are also expected to provide teaching in services to their colleagues, both therapists and other disciplines. Many OT's supervise students who may be at different stages of their training programs. Mentoring less experienced staff is also an important component of the job experienced staff therapists.

A national shortage of Occupational Therapists and the increasing demand for Occupational Therapists in both the private and public sectors has created a very competitive market situation for this profession. Occupational Therapists (OT's) are increasingly recognized as having critical skills for facilitating the appropriate discharge of patients and clients into the community. The involvement of occupational therapists in ergonomics, injury prevention, as well as secondary and

tertiary assessment and treatment of clients with muscular-skeletal injury has made this professional group one that is much in demand. Many employers are competing for the same limited number of people across the country.

Employers indicated that there has been a high vacancy rate within this classification for several years. OT positions that have been vacant for a prolonged period often were converted to other professional designations such as Physical Therapists or Kinesiologists in order to maintain general efficiencies.

In Saskatchewan, those who wish to be trained as Occupational Therapists must take their training in another province. This is an added obstacle to recruitment and retention efforts. Occupational Therapy programs are located at the University of British Columbia, the University of Alberta, the University of Manitoba, the University of Toronto, McMaster University, McGill and Dalhousie.

Saskatchewan Health has included Occupational Therapy students as eligible for its bursary program.

For the purpose of this report, 19 health care districts employ OT's. Employers reported having 111 full-time and 32 part-time positions for a total of 143 positions. 78% are full-time and 22% are part-time positions.

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

Occupational Therapist – Table 1

Districts	Number of Budgeted Positions (As of March 1, 2002)		Number of Vacant Positions (As of March 1, 2002)		% Vacancy	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Battlefords Health District	3	1	*2	0		
Keewatin Yatthe Health District	1	0	1	0	100%	
Moose Jaw Thunder Creek	3	0	0	0		
Lloydminster Health District	1	1	0	0		
South East Health District	1	1	0	**1		
East Central Health District	5	1				
Saskatoon District Health	Senior - 16 Staff - 28 Total = 44	Senior - 1 Staff - 15 Total = 16	Senior - 1 Staff - 6 Total = 7	Staff - 2 ***2	16%	13%
North Central Health District	2	0	0	0		
Prince Albert Health District	9	0	3	0	33%	
South Central Health District	1	0	1	0	100%	
Gabriel Springs Health District	0	2		**2		
North West Health District	1	0	0	0		
Greenhead Health District	1	0	1	0	100%	
Swift Current Health District	1	1	0	0		
Central Plains Health District	1	0	1	0	100%	
Regina Health District	Senior - 16 Staff - 17 Total = 33	9	Senior - 1 Staff - 4 Total = 5		15.1%	
Living Sky Health District	1	0	0	0		
South West Health District	1	0	0	0		
Prairie West Health District	2	0	0	0		
TOTALS	111	32	20 + 1 temp	2 + 5 temp	18% (or 18.9% incl temp)	6% (or 21.9% incl temp)

* Represents 1 permanent and 1 temporary vacancy

** Identifies temporary part-time vacancies because of maternity leaves

*** Identifies 2 temporary and 2 permanent vacancies

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).*

Seven employers did not respond to this section. Three employers indicate that they contract their OT service with a private OT and two reported that they have no service delivery issues. The other employer, who contracts service, is only able to meet priority needs.

Typically, other employers are experiencing long waiting lists. Seven employers reported that waiting lists were an issue. One employer noted that the impact of delayed service in therapies implies chronic pain followed by increased utilization of the health care system and ultimately increased cost.

- Even with the possibility of obtaining local service, one employer commented that clients travel to other Districts to obtain appropriate treatment. This puts additional strain on the receiving employer. In some cases, clients who live close to Alberta, travel there for service.

Five employers have indicated that they have reduced OT service. Employers are meeting only priority and urgent needs and that contract obligations to outside agencies (schools) have been eliminated.

- In particular, one urban employer has indicated that with ongoing vacancies some program reductions will occur in the outpatient areas leading to longer waiting lists for acute care rehab services in neurology and orthopedics. Also, occupational therapy support to the Mental Health program is now minimal and will be terminated and service to long term care patients in acute care would be reduced putting additional pressure upon nursing services.
- Another employer indicated that they are considering reducing services for their home-based clients and children with special needs.

As positions become more difficult to recruit, some employers have initiated the practice of contracting services. In order to learn more about contracting out practices, SAHO conducted an additional survey of employers. 3 of 19 employers, who responded to this related survey, indicated they contract OT services.

- One District who has had a long-standing vacancy, has recently decided to permanently fill the service need with a contracted service.
- Another District has 1 FTE budgeted for OT services. However, the position has been vacant since July of 2001 and they have used contract services 1 day/week (0.2 FTE) since March 1, 2002. The same District has another arrangement with a neighboring District for 0.2 FTE.
- One District utilizes OT contract services to assist with mounting workloads for one .5FTE part-time position. The cost is \$350/day for 5-day period.

One employer reported that it has created new position of Rehab Assistant to provide administrative and clinical support.

One employer commented about paying increased overtime to OT staff.

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).*

Eight of the 19 employers who reported indicated that they have no vacancies.

Of the 10 employers who reported having vacancies, 8 employers reported that they have vacancies in permanent positions.

While 4 employers have temporary vacancies, 2 employers reported having vacancies in both permanent and temporary positions.

Including both permanent and temporary positions, the current vacancy rate for full-time positions is 18.9% and is 21.9% for part-time positions.

Three employers reported that the historical length of vacancies is between 8 months to 1 year. Two employers report that they have permanent vacancies that have never been filled.

Two employers indicated that while they have no Occupational Therapists, they contract out the service to local private OT practitioners. Other employers refer clients out to other districts.

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.).*

Currently, 10 of 19 employers reported having vacancies. Employers did not indicate their historical turnover rates.

Employers cited the reasons for resignations, other than for maternity leaves, and include:

- moving into private practice (2 employers);
- relocation to Alberta or another province (2 employers);
- spousal relocation (2 employers);
- move to a larger center where educational opportunities and a broader scope of practice is available (1 employer); and,
- the high level of responsibility when working alone (1 employer).

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.).*

A common means to cope with the heavy workload is to hire Occupational/Physical Therapy Assistants (also called Therapy Assistants). Six (6) employers reported that OT/PT Assistants have been hired to provide functional/clinical assistance, thereby enabling the OT to focus on utilizing their higher-level skills. One employer reported that although it would like to hire such staff, they have no OT staff to provide supervision as per legislative requirements.

Employers have been very conscientious about accommodating the needs of their OT staff. At least 4 employers offer flex time to their staff, others encourage staff participation in program development, department goal setting and other forms of participative management style such as job redesign to satisfy individual professional preferences. One employer allows OT's to work in

areas of preference and to control their own caseloads. Two employers mentioned OT participation on a District recruitment and retention committee.

Four employers reported that they support educational opportunities for staff. In particular, one employer allows 5 education days per year and another employer offers \$1,500 per year towards education.

Two employers indicated that they pay Community Occupational Therapists at the Senior Therapist wage rate.

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).*

Employers reported that they attempt various recruitment initiatives. Eight employers have implemented recruitment initiatives such as utilizing provincial postings, attending recruiting fairs, and placing job advertisement on the Internet, in OT newsletters and ads in local, provincial and national newspapers. One employer indicated that they have hired "headhunters" with limited success.

Typically, new hires are new grads. The main recruiting sources have been the University of Manitoba and the University of Alberta. One employer estimates that the conservative estimate for orientation costs for a new inexperienced OT is \$4,000-5,000. Also, one other employer reports that their recruiting efforts have had some success in the Maritimes.

In order to attract Occupational Therapists, employers have utilized a combination of financial benefits to aid in recruitment. These include bursaries, relocation expenses, signing bonuses and education allowances.

- Six employers reported offering bursaries to students in their final year of studies in return for a service commitment. The bursary varies from \$2,500 to \$5,000 per student. The most common return for service agreement is 2 years.
- Four employers reported offering a relocation allowance as part of their recruiting efforts. The amount varies from \$2,000 to \$3,000 per candidate.
- Two employers reported offering signing bonuses. The amount is typically \$2,000 with a 2-year return of service agreement.
- One employer reported that it offers an educational allotment valued at \$1,500 per full-time OT (pro rated for other than full-time employees) for each year.
- One employer reported that it offers subsidized rent.

Five employers indicated that they offer a practicum to OT students as a means to initially attract, with the intent to retain students as employees after they have completed their programs. This approach has largely been successful as a recruiting tool; however, it does represent a significant time commitment to those who have to provide supervision.

Both Employers and HSAS indicated that there are issues facing them in their efforts to recruit OT. These issues include:

- There is difficulty in attracting new recruits to rural locations.
- There is no educational facility in Saskatchewan for OT's.
- Until recently, Saskatchewan Health Bursary recipients were not allowed to take positions in either Regina or Saskatoon.

In recent years, there has been significant growth in private practice. This expansion has come about as a result of both “no fault insurance” and an OT preference to work in private practice.

- The advent of “no fault insurance” in the province has provided financial support for clients who have been injured and who require OT services as a result of their injury.
- Some OT’s move out of the public facilities to contract their services to clinics who want OT expertise, or work as consultants with their own home based businesses. This is very lucrative work for those who develop specific expertise and a reputation in the community.
- One District reports having lost 6 staff to this type of full-time work over the past 3 years, but many staff want to work part-time at the District and “dabble” in private work. As they become more experienced and specialized, there is greater possibility of losing these employees.

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 market for Occupational Therapists is very competitive. Because of the national shortage and the growing private market, employers across Canada have been very creative in offering various incentives and “OT-friendly” workplaces to attract candidates.

Salaries in other provinces are significantly higher than in Saskatchewan. Comparative market data shows that top rates in Alberta are approximately 14% higher, and British Columbia is approximately 21% higher for *staff* positions requiring a degree. Starting wage rates are lower in Saskatchewan too.

Private practice in Saskatchewan also pays higher than the Health Districts. Rates vary however, as new grads can earn 5% more while experienced Occupational Therapist can earn up to 26% more, dependent on the workload of a particular Therapist and the rate at which they charge

Employers have used various means to attract and retain employees (as described earlier in this report) in the absence of being able to offer competitive wages as compared to other provinces and private practice. Employers do attempt to be competitive as evidenced by paying wage rate equivalent to the rate of a higher classification, relocation allowances, bursaries, and signing bonuses. There are not consistent province wide practices as many district health care employers attempt to be competitive with each other.

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).*

Saskatchewan employers are having great difficulty in filling current vacancies. There is an even greater concern about losing additional staff in the future; this concern leads to workload issues. Given the competitive market, it is getting increasingly difficult to recruit and retain.

CONCLUSIONS & RECOMMENDATIONS:

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

1. The majority of employers indicated that they have service delivery issues. These issues include long waiting lists (and getting longer) to the reduction and cancellation of existing programs and services.
2. The vacancy rate for permanent and temporary full-time positions is 18.9%, and 21.9% for permanent and temporary part-time OT. Cumulatively, the vacancy rate is calculated at 19.5%. Of special note is the duration of vacancies, often lasting for many months, and sometimes years, to successfully recruit incumbents.
3. Employers have used a variety of initiatives to ensure services are provided. Initiatives include initiating OT-friendly workplaces (i.e. flex hours, working in areas of choice, control caseloads), contracting out, and providing various forms of financial incentives. Despite this, waiting lists are long with the threat of becoming longer, current levels services are being reduced, and new programs are not being initiated.
4. Contracting-out of OT services has become an option for some employers. It is recognized as a costly option and limiting in service.

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

- 1) A temporary market supplement be implemented for the Occupational Therapists classification(s) at this time.
- 2) SAHO Labour Relations assess the current practices with respect to financial incentives and wage rates, and work to correct and/or standardize those practices.

Market Supplement Consideration Request – Occupational Therapist

Employer Respondents

1. Moose Jaw Thunder Creek Health District
2. Lloydminster Health District
3. South East Health District
4. East Central Health District
5. Saskatoon District Health
6. North Central Health District
7. Prince Albert Health District
8. South Central Health District
9. Gabriel Springs
10. Keewatin Yatthe Health District
11. North West Health District
12. Greenhead Health District
13. Swift Current Health District
14. Central Plains Health District
15. Regina Health District
16. Living Sky Health District
17. South West Health District
18. Battlefords Health District
19. Prairie West Health District