MARKET SUPPLEMENT PROGRAM

# Report of the Market Supplement Review Committee

# Physical Therapist (Degree and Senior Levels)

# FINAL

November 12, 2018

### OBJECTIVE

The objective of the Saskatchewan Market Supplement Program is to ensure that the Saskatchewan Health Authority 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 and/or retention pressures.

### **OVERVIEW**

The Market Supplement Review Committee (MSRC) reviewed updated documentation submitted in the annual review process regarding the market supplement for the Physical Therapist 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 market supplement rate of pay for Physical Therapists was increased in February 2006, September 2010 and November 2013. This latest report is to be considered as part of the ongoing review of the market supplement process for this classification.

There were ten areas that reported to this analysis of Physical Therapists. Physical Therapists are members of the Health Sciences Association of Saskatchewan (HSAS).

Role of a Physical Therapist:

Physical Therapists (PTs) work collaboratively to enhance clients'/patients' abilities within environments and communities in which they live and work. They provide preventative, diagnostic and therapeutic services aimed at maximizing function and helping people achieve their highest quality of life through physical movement. They also provide individualized treatment of an injury or disability based on scientific knowledge; a thorough assessment of the condition; environmental factors; and lifestyle.

The major areas of client/patient programs that are supported by Physical Therapists may include neurological, musculoskeletal and cardio-respiratory. Physical Therapists assess and treat patients in a number of inpatient and outpatient settings. There are both generalist skills required, as well as highly specialized skills, dependent upon the setting and the patient group.

#### Qualifications:

The Physical Therapist Program at the University of Saskatchewan is a Master's level program. The University of Saskatchewan graduates approximately 40 Physical Therapists per year. Other Physical Therapy programs in western Canada are located at the University of Manitoba, the University of Alberta and the University of British Columbia. Information regarding budgeted positions and vacancies is provided in the following table:

Number of Budgeted Positions (As of November 2018)		Number of Vacant Positions (As of November 2018)		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
242	96	17	7	6.8%	7.2%

#### Table 1- Physical Therapist – Budgeted and Vacant Positions

#### 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.)

Eleven areas participated in this review. One respondent reported no service delivery issues related to recruitment and retention. Most of the remaining regions reported minor to moderate issues which are impacting wait lists and the timeliness of service delivery, particularly in acute care and rural communities although three reported significant service delivery impacts. Several areas reported using Therapy Assistants and/or Exercise Therapists to assist with service delivery, where appropriate. On occasion, clients with private insurance and non-priority patients are encouraged to seek service in the private sector.

**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.)

Participating areas reported a total of 234 permanent full-time and 95 part-time positions, with vacancy rates of 6.8% and 7.2% respectively.

One respondent indicated that retention is challenging, with employees typically staying for six months to three years. Others reported experiencing difficulties managing the internal impacts of turnover related to temporary vacancies, particularly in rural areas.

**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 respondents that track and report turnover, the following data was reported for this review:

Last 12 months – 20 (7 other employment; 3 change of occupation; 2 retirements; 1 family/domestic reasons; 4 other reasons; 2 not specified; and 1 failed probation/dismissed).

• Previous 12 months = 23 (4 other employment; 1 change of occupation; 6 retirements; 5 family/domestic reason; 3 failed probation/dismissed; 4 other reasons; 1 not specified).

**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.)

Typical recruiting and retention efforts were reported, include advertising; attending career fairs/networking; providing recruitment and relocation allowances; offering practicums/internships and mentoring to students; as well as a variety of growth opportunities for all employees involving workplace initiative committees, leadership development, and opportunities to form study groups or attend in-service training.

Some respondents noted it is difficult to compete with larger, urban areas when recruiting.

**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 relationship. Cost of living considerations may or may not be appropriate to factor into market salary comparisons.)

The MSRC reports the following market conditions for Physical Therapists:

- Saskatchewan Health Authority minimum \$35.622/hour, maximum \$43.665; effective April 1, 2017.
- British Columbia Regional Health Authorities minimum \$32.60/hour, maximum \$40.66/hour; effective April 1, 2018.
- Alberta Health Services minimum \$37.30/hour, maximum \$49.65/hour; effective April 1, 2018.
- Manitoba Regional Health Authorities minimum \$34.448/hour, maximum \$39.931/hour; effective April 1, 2017.

### **CONCLUSIONS AND RECOMMENDATIONS**

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

- The majority of respondents reported experiencing minor to moderate service delivery issues.
- A total of 17 full-time and 7 part-time vacancies were reported vacancy rates of 6.8% and 7.2% respectively.
- Several areas indicated reported difficulties recruiting to temporary vacancies.

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