

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

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

Final

January 29, 2019

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 ten (10) 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 2019)		Number of Vacant Positions (As of January 2019)		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
72	3	1	1	4.17%	33.33%

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 ten locations reporting to this review. Of those, six experienced no service delivery issues related to recruitment and retention; three experienced minor issues; and one reported moderate issues.

Leaves of absence, combined with a full and part-time vacancy, have impacted service delivery in the areas of health promotion; surveillance/monitoring; demand inspections; and travel costs related to coverage needs.

One area reported seasonal surges and increased pressure on service delivery, related to inspections at outfitter camps.

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 two vacancies reported in this review – one full-time and one part-time.

The following table provides comparative information from 2002 to the current information for 2019.

Table 2 – Public Health Inspector – Budgeted and Vacant Position Comparisons (2002 to 2019)

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%
TOTALS: 2019	67	3	1	1	4.17%	33.3%

* 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 – 3 (2 other reasons; 1 family/domestic reasons).
- Previous 12 months – 7 (2 other reasons; 1 family/domestic reasons; 4 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.)*

Several locations reported recruiting times of one month; while two others reported recruiting times of three and six months respectively.

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

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.

One area noted it has partnered with the University of Regina and First Nations University of Canada in an advisory role, to increase graduation and enrollment rates. There are currently more students in the four-year program than at any other time in the past 17 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 – maximum \$42,466, five steps, effective April 1, 2017.*
- Alberta Health Services –maximum \$52,360/hour, nine steps, effective April 1, 2018.
- British Columbia Regional Health Authorities – maximum \$36,930/hour, six steps, effective April 1, 2018.
- Manitoba Regional Health Authorities – maximum \$36,150/hour; seven steps, effective April 1, 2018.

**The current SAHO/HSAS collective agreement expired 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 eleven respondent former Regional Health Authorities are experiencing no service delivery issues.
- There were four vacancies reported – one full-time and one part-time – for vacancy rates of 4.17% and 33.33% respectively.
- Most locations reported minimal recruitment and retention efforts for the Public Health Inspector classification, given their lack of vacancies and low 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.