

MARKET SUPPLEMENT PROGRAM

**Report of the Market Supplement Review
Committee**

Infection Control Practitioner

FINAL

December 22, 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 Infection Control Practitioner classification. The first market supplement report was released by the Market Supplement Review Committee on December 19, 2002. The MSRC has recommended in each annual review to maintain the existing market supplement, and continues to follow the SUN level B rates of pay until the next review. This latest report is to be considered as part of the on-going 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 six locations included in this analysis of the Infection Control Practitioner classification. Infection Control Practitioners are members of the Health Sciences Association of Saskatchewan (HSAS).

Role of an Infection Control Practitioner:

Infection Control Practitioners are responsible for effective co-ordination of the Infection Control program to ensure a high quality of patient care. Specifics of the job include: developing and maintaining a system of identifying and reporting infections; investigating outbreaks of infections; and developing and maintaining infection control policies and procedures, by consulting with various disciplines and departments on infection control matters.

Qualifications:

An Infection Control Practitioner must either be a Registered Nurse possessing a BScN degree, or have possession of another Bachelor's Degree in a related health discipline. Employees must have training and certification in hospital infection control.

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

Table I: Infection Control Practitioner (all levels) – Budgeted and Vacant Positions:

Number of Budgeted Positions (As of December 2018)		Number of Vacant Positions (As of December 2018)		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
28	5	2	2	7.14%	40%

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 six locations that contributed to this review. Three of the six reported no service delivery issues related to recruitment and retention.

However, several also indicated that difficulty recruiting to temporary vacancies is problematic, and has the potential to impact service delivery. Incumbents may require additional training that can take up to a year to complete.

Three respondents reported that vacancies are causing minor service delivery delays, affecting day-to-day educational activities and site visits. Some priorities are being completed by the OOS Manager, and travel has increased somewhat.

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 two full-time vacancies and two part-time vacancies reported in this review, for vacancy rates of 7.14% and 40% respectively.

One respondent's vacancies were characterized as critical. It has historically been challenging to recruit to this classification in that particular area.

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 – 2 (other employment).
- Previous 12 months – 2 (1 change of occupation; 1 retirement).

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).*

As reported previously, Infection Control Practitioners are in demand across Canada due to the increase in focus on this service nationally.

From this annual review, there were reports of relocation incentives, with return for service agreements. One respondent covers the costs of required training, as well as travel and accommodation expenses for two courses and one examination. Generally, typical recruiting measures were undertaken (i.e. advertising online; attending career fairs; and other networking activities).

One respondent reported an average recruiting time of two weeks; while another indicated recruitment can range anywhere from six weeks to five months.

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.)*

Nurses belonging to the Saskatchewan Union of Nurses have historically been the main source of competition. Therefore, ensuring equity with other nursing positions is important in retaining these professionals.

The MSRC reports the following market conditions for Infection Control Practitioners:

- Saskatchewan Health Authority – minimum \$42.066/hour, maximum \$50.398/hour, 5 steps. Effective April 1, 2018 (in negotiations).*
- Alberta Health Services – minimum \$41.58/hour, maximum \$55.25/hour, 9 steps. Effective April 1, 2018 (wage reopener in 2019).
- British Columbia Regional Health Authorities – minimum \$32.99/hour, maximum \$41.15/hour, 6 steps. Effective April 1, 2019.
- Manitoba Regional Health Authorities – minimum \$41.243/hour, maximum \$51.669/hour, 7 steps. Effective April 1, 2019.

**The SAHO/HSAS collective agreement expired on March 1, 2018.*

CONCLUSIONS AND RECOMMENDATIONS:

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

- Three of the six respondents experienced no service delivery issues related to recruitment and retention, while the remainder reported that vacancies are causing what they categorize as minor issues.
- There were two full-time vacancies and two part-time vacancies reported. This included one full-time vacancy and one part-time vacancy in a location that has historically found it challenging to recruit to this classification.
- No significant recruitment and retention activities were reported from this annual review.

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