MARKET SUPPLEMENT PROGRAM

Report of the Market Supplement Review Committee

Pharmacist (Degree)

FINAL

Report Due Date: January 20, 2024
(Annual Review)
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OBJECTIVE

The objective of the Saskatchewan Market Supplement Program is to ensure that the Saskatchewan healthcare 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 market supplement to attract and/or retain qualified employees. The program is designed to ensure that market supplements respond to valid labour market criteria, to address recruitment and/or retention pressures.

OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed documentation submitted in the review process regarding the market supplement for the Pharmacist 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 first annual review was conducted by the MSRC in October 2003. The most recent increased market supplement rate was implemented effective March 1, 2022 and an amended annual review date was established to be January 19, 2023.

HSAS and SAHO are parties to a collective bargaining agreement (CBA) with a term of April 1, 2018 – March 31, 2024. The Provincial Market Supplement Program language can be found in Letter of Understanding #12 – Provincial Market Supplement Program and Letter of Understanding #13 – Determination of Market Supplement Rates, on pages 168 and 170 of the SAHO/HSAS CBA.

Role of a Pharmacist:

> *Pharmacists are employed in hospitals and related health institutions. Their role is critical to ensuring that patients in hospitals, frequently on complicated and potentially toxic medications, receive safe and effective therapy. This practice area offers opportunities to interact with other health professionals; the potential for significant intervention in patient care; and the chance to be involved in research and education. Pharmacists who work in hospitals are effective members of the health care team, and are actively involved in upgrading their education and knowledge base. Many of them specialize in fields such as oncology, infectious disease, psychiatry, etc.*

Qualifications:

> *In order to be licensed as a Pharmacist in Canada, candidates must obtain a Bachelor's Degree in Pharmacy from a Canadian university, and complete a national board examination through the Pharmacy Examining Board of Canada. One year pre-pharmacy is required prior to the Degree program. Pharmacy students must also have obtained practical experience through an apprenticeship/internship program.*
>
> *According to the Canadian Pharmacists Association, there are ten universities in Canada that offer a Bachelor's Degree in Pharmacy, including the University of Saskatchewan.*

ANALYSIS

The MSRC discussed the Labour Market Criteria as required by the Market Supplement Program framework.

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

Table 1 – Pharmacists (Degree) – Budgeted and Vacant Positions

Number of Budgeted Positions (January 2024)		**Number of Vacant Positions (January 2024)**		**% Vacancy**	
Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part- Time
174	**50**	**15**	**6**	**8.62%**	**12.00%**

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.)*

A total of 9 areas responded to the market supplement survey. Four areas noted that their vacancies did not cause any issues to recruit to. One area indicated their issues were minor in that vacancies were filled within a reasonable amount of time. One area indicated moderate issues which suggests that there may be some difficulty filling the vacancies and there is a great amount of time to recruit such as 3-6 months. The last 3 areas, all in Rural Saskatchewan, indicated vacancy levels as critical in that they are unlikely to be filled or may be vacant for extended periods of time.

Significant concerns were identified with the lack of relief staff to support short term leaves, vacation etc. In addition, recruiting to temporary positions to cover maternity leaves and even permanent part time positions has been difficult.

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.)*

Two of the nine areas responding indicated their service delivery impacts due to vacancies to be minor in that there is some impact to service, there may be inconveniences to patients but they are temporary. Four areas indicated a moderate service impact meaning that the department provides a level of service but some routine duties are not being performed or that they are needing to be prioritized. Three areas identified which were two rural areas and Saskatoon indicated a significant impact existed where there were vacancies where only a basic level of service is provided and there may be gaps and persistent problems.

Other strategies used to augment service delivery are increased overtime, using supervisors to support frontline care and as a last resort contracted out services. A trend noticed is that there are very few pharmacists with hospital experience or a hospital residency. Without this experience orientation can take up to a year which also has service delivery impacts as the capacity of the new employee is reduced for the period of the orientation.

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 locations that track and report turnover, the following is reported:

- Last 12 months = 17 (2 change of occupation; 2 other employment-wage related; 5 other employment-not wage related; 2 family/domestic; 6 retirement)
- Previous 12 months = (3 other employment; 2 other employment-wage related; 1 family/domestic; 2 retirement)

A trend noticed from the previous report is that employees leaving for wage related issues has gone down.

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.)*

There was relatively consistent experience across the province related to recruitment. Six areas that reported indicate their efforts were significant in that qualified professionals and new graduates were in great demand by employers who are willing to pay significant recruiting bonuses or to attract candidates. Two of the areas report recruitment issues as being critical in that Employers have attempted exhaustive recruiting measures/initiatives and that in some cases professionals do not exist. The last area indicated that their issues were minor and in most cases qualified professionals were readily able to be found.

Many of the initiatives undertaken included the following which have not changed year over year.

- advertising online and in trade journals and publications;
- reaching out by word of mouth; keeping in contact with recent grads who had worked practicums in the department;
- providing recruitment incentives associated with return for service agreements;
- proving relocation assistance with return for service agreements;
- attending career fairs; and
- providing training allowances.

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 Pharmacists (Degree):

Table 2 - Pharmacists (Degree) – Salary Market Conditions

Province	Job Title	Effective Date	Maximum Rate of Pay (April 1, 2023)
British Columbia	Pharmacist - Grade I	April 1, 2023	$61.39
Alberta	Pharmacist I	April 1, 2023	$62.88
Saskatchewan	Pharmacist - Pharm D/Degree	April 1, 2023	$59.751
Manitoba	Pharmacist - Staff	April 1, 2023	$59.473
Western Canadian Average (2023)			**$60.874**

Saskatchewan Rate	$	59.751
Western Canadian Average	$	60.874
Sask from Average ($)	$	(1.12)
Sask from Average (%)		98.16%

Notes: Saskatchewan rates are below the Western Canadian Average.

CONCLUSIONS AND RECOMMENDATIONS:

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

- Wage rates for Saskatchewan are slightly below the western Canadian average.
- Recruitment issues for Pharmacists continue to be significant or critical.
- Turnover has gone down for wage related losses compared to the prior year's report.
- Service delivery impacts are varied across the province but there is impact felt in areas that are having more difficulties with recruitment.
- Competitors are primarily privately run pharmacies.

Having reviewed the information as provided by respondents, and considering the labour market criteria, the Market Supplement Review Committee determine that the current market supplement for the Pharmacist classification should be **maintained**.