MARKET SUPPLEMENT ADJUDICATIONS FOR

PRIMARY CARE PARAMEDICS/INTERMEDIATE CARE PARAMEDICS
OCCUPATIONAL THERAPISTS
PHYSICAL THERAPISTS
ADVANCE CARE PARAMEDICS
PHARMASISTS
RESPIRATORY THERAPISTS
PERFUSIONISTS

BETWEEN:

HEALTH SCIENCES ASSOCIATION OF SASKATCHEWAN

APPLICANT / UNION

AND:

SASKATCHEWAN ASSOCIATION OF HEALTH ORGNAIZATIONS

RESPONDENT / SAHO

Rodger Linka — **Adjudicator**

Heard in Regina on May 20, 21, June 17, 2026

For the Union: **Kim Canning**
Karen Schmid

For the Employer: **Matthew Klinger**
Jolene Harejda
Mitch Kredenster

Decision: July 3, 2026

INTRODUCTION AND BACKGROUND

[1] Saskatchewan Health Sciences Association of Health Organizations Inc. (the "Union" or "HSAS") represents more than 4,400 specialized health care professionals who work within in excess of thirty professions within the Saskatchewan Health Authority ("SHA"). HSAS also represents the employees of certain privately owned ambulance services and the employees of the Canadian Blood Services in Regina.

[2] Saskatchewan Association of Health Organizations ("SAHO") is the bargaining agent for SHA and manages classifications and compensation including negotiating market supplements.

[3] HSAS and SAHO entered into a Collective Agreement effective April 1, 2018 to March 31, 2024. The parties have begun the process to renegotiate the Collective Agreement, and both agree that this agreement remains in force while negotiations continue.

[4] The SAHO Provincial Market Supplement Program provides a means to adjust wages for classifications during the term of the Collective Agreement. The classification of employees is initially based on the education level of the position. For example, a classification that called for a master's degree would receive the same level of pay for an entirely different position that also required a master's degree. Other factors would come into play to cause the rate of pay for a classification to change. One of those factors is the SAHO Provincial Market Supplement Program. The Purpose is described on page 1 of the submissions made by HSAS:

> The SAHO Provincial Market Supplement Program is designed to address specific pay related skill shortages by use of a market supplement to attract and/or retain qualified Employees where workplace initiatives have been unsuccessful in addressing recruitment and retention challenges. A market supplement will be implemented only when it is necessary to enhance the ability of Employers to retain and/or recruit Employees with the required skills to deliver appropriate health services.

LETTERS OF UNDERSTANDING 12

[5] Part of the Collective Agreement are two Letters of Understanding that create the Provincial Market Supplement Program. Letter of Understanding 12 ("LOU12") provides that:

> The SAHO Provincial Market Supplement Program is designed to address specific pay related skill shortages by use of a market supplement to attract and/or retain qualified Employees where workplace initiatives have been unsuccessful in addressing recruitment and retention challenges

[6] LOU12 provides that the Program works in concert with the Collective Agreement. All review requests are submitted to the SAHO Provincial Market Supplement Review Committee, (the "Committee"), which is an internal review committee of SAHO and not a committee comprised of union and management representatives. The process that follows is:

- The Committee will consider service delivery impacts, vacancy rate analysis, recruitment issue analysis, and salary and market conditions.
- If established, the market supplemented wage rate is reviewed annually;
- If the Committee determines that a change is needed the Union and Employer will negotiate a new rate. If the supplanted wage rate is no longer necessary, the rate is frozen until such time as the wage schedule that is negotiated under the Collective Bargaining Agreement matches or exceeds the supplemented wage rate.

LETTER OF UNDERSTANDING 13 ("LOU13")

[7] Either SAHO or HSAS may identify areas or classifications where skill shortages have or will impede service delivery and may make a recommendation to the Committee for consideration and following such a request, the Committee will produce a market supplement review that includes the following information:

- Budgeted permanent full-time positions;
- Budgeted permanent part-time positions;
- Vacancies for permanent full-time and permanent part time positions (resulting from an employee's termination from a position or the creation of a new position;

- Upon request of HSAS, labour market information submitted by SAHO or the employers to the Committee for the purpose of determining the application of a market supplement…

[8] The Committee will within a limited time produce a recommendation to provide a market supplement or not. The parties will negotiate to achieve agreement. If the Committee fails to produce a recommendation or if the parties fail to reach agreement, the matter will be referred to a Market Supplement Adjudicator (the "Adjudicator").

[9] LOU 13 (8) sets out the process that is to be followed by the Adjudicator. In making a decision, the Adjudicator is restricted to consideration of the following:

- Service delivery impacts: service delivery impacts are analyzed, including options for alternative service delivery models.

- Turnover rates: an annual turnover (loss of Employees to other competitor Employers) ratio to the existing staff complement in any given occupation. Local analysis of reasons for leaving will be necessary to determine any trends that may be emerging.

- Vacancy rate analysis: whereby the frequency and timing of vacancy occurrences (i.e., seasonal; always following an event; etc.) are analyzed for trends that may affect recruitment/retention efforts.

- Recruitment issue analysis: whereby issues such as length of recruitment times, training investments, licensing issues, supply and demand issues, etc. are analyzed for trends which may affect recruitment/retention efforts.

- Salary market conditions: affected Employer's salary levels are lower than other Employers that affected Employers would expect to recruit Employees from, or other Employers that affected Employees are recruited to. This may be local, provincial, regional or national depending on the occupational group and traditional recruitment relationships. Cost of living considerations may not be appropriate to factor into market salary comparisons.

[10] The process is that HSAS and SAHO will put forward its position whether the Market Supplement is to be approved or not and the Adjudicator decides. If the decision is to approve the Market Supplement, HSAS and SAHO submit their proposed level of the supplement. The Adjudication is restricted to approval of either SAHO's position or that of HSAS.

[11] This decision follows and is part of a series of adjudications. This is the second set of adjudications. In the first set, I was asked to approve one or the other of the union or employer's proposed increases to the market supplement for five employment classifications. In each of these, the Committee had recommended an increase, and my task was to adjudicate which of the union's or employer's proposed supplement rate increase would be approved.

[12] In the current cases the Committee has not recommended an increase. My decision in these cases is to agree or disagree with the Committee's recommendation. If I agree, the recommendations will stand. If I disagree, the case is returned to the parties to negotiate a rate increase and if agreement is not reached, I may be asked to adjudicate which of the union's or employer's proposed rates is to be approved.

[13] In my first decision in this series, which is dated February 23, 2026, I set out the principles to follow regarding standard of proof and the decision-making standards for interest arbitrations. Those principles continue to have application here. I will now turn to my assessment and decision regarding the classifications presented to me.

Primary Care Paramedics, Intermediate Care Paramedics.

[14] The Market Supplement Review Committee ("the Committee") submitted a report, due December 1, 2022 but distributed in May, 2023 regarding Emergency Medical Technicians, which includes Advanced Level EMT's. The latter classification has since been discontinued.

[15] The Report indicates that the role of this classification is to provide pre-hospital services in emergency medical situations in emergency centres, industrial and community settings. The Report says there have been changes to this profession that will affect all current members of this classification and that members were required to meet an increased scope by June of 2019. Members needed to choose to upgrade to a "PCP" status (Primary Care

Responder) or re-license at the "EMR" level (Emergency Medical Responder). To become a PCP, additional training is required at Saskatchewan Polytechnic.

[16] The Report is based on six areas in the province and notes that several locations in the province use private ambulance services.

[17] I summarize the Report analysis according to the five criteria that are to be considered.

Service Delivery Impacts. Of the six reporting areas, two reported minor service delivery issues related to recruitment and retention, two reported moderate service delivery issues and two reported significant service delivery issues. Initiatives were undertaken including partnering with other agencies and financing accommodation for casual staff. It was noted that new graduates held restricted licenses.

Vacancy Rates. Vacancy rates among the 63 full-time positions was at 4.76% and 37.50% for part time positions.

Turnover Rates. In the last 12 months, there was a turnover of 24 positions and the previous 12 months the rate was 27. The reasons for the turnover varied but none were indicative of moving for better compensation.

Recruitment. Rural locations experienced more difficulty recruiting and retaining due to lower call volumes, fewer hours of work or other employment commitments.

Salary Market Conditions. A scan of other provinces indicates that Saskatchewan rates were on par with B.C., higher than Alberta and lower than Manitoba.

[18] Based on this analysis the Committee supported maintaining the current market supplement.

[19] A subsequent report of the Committee, due December 1, 2023 and delivered September, 2024. In this report, eight regions reported and consistent with the previous report, this did not include regions that used private ambulance services.

Vacancy Rate. For EMTA/ICP positions there were 10 full time and 5 part time positions. There were no vacancies for full time and 2 for part time. For PCP positions, there were 93 full time and 124 part time positions. The vacancy rate for full time was 6.45% and for part time, 44.35%

Service Delivery Impacts. Of the eight regions, one northern region reported minor service delivery issues, Saskatoon reported no service delivery concerns and Regina reported moderate concerns. All other regions reported significant problems with delivery of service, limited to only basic services.

Turnover Rates. Over the last 12 months, 28 employees left, of which 10 were for wage related concerns.

Recruitment. There was a province wide shortage of primary care paramedics. The trend was towards part time positions and that employees are experiencing fatigue as a result of the significant amount of on call work in the sector. Some of the regions also reported that there are fewer students entering the training even though the number of seats has increased.

Salary Market Conditions. Saskatchewan rates had fallen behind all other provinces except Alberta. The rate in Saskatchewan was 93.68% of the Western Canadian average.

[20] The Committee recommended that the market supplement be maintained. In its recommendation the Committee confirmed a province wide shortage of primary paramedics and that the turnover rate indicated that employees were leaving for "other career choices that may pay higher and more desirable work hours."

[21] A third report was prepared by the Committee due December 1, 2024 and distributed December of 2024.

[22] In this report, nine regions reported.

Vacancy Rate. For the EMTA/ICP positions, there were 10 full time positions and no vacancies. There were 4 part time positions and one vacancy.

For EMT/PCP, there were 86 full time and 142 part time positions. The vacancy rate for full time was 23.26% and for part time, 48.59%

Service Delivery. Of the nine reporting regions, two reported minor difficulties, five noted moderate problems and two reported significant problems.

Turnover Rates. Over the past 12 months there was a turnover of 24 positions, of which 6 left for wage related issues. It was also reported that some employees left for a better work/life balance, opting for better paying other jobs that was less stressful.

Recruitment. Most regions reported difficulty recruiting. There were fewer graduates and there is high demand for new recruits.

Salary Market Conditions. Saskatchewan rates remained below the Western Canadian average at 93.48% Saskatchewan rates were ahead of Alberta but trailed BC and Manitoba.

[23] The Committee recommended that the parties negotiate an increase. The Committee based its conclusions on the fact that vacancies are 23.26% for full time and 48.59% for part time. There was a significant amount of recruitment strategies employed in the PCP classification. It was noted that the PCP pay was $2.55 below the Western Canadian average and the ICP was $0.35.

[24] A further report was published with a due date of December 1, 2025 that was distributed January 29, 2026.

Vacancy Rate. The vacancy rate for EMT/PCP based on 87 full time positions and 130 part time positions was 19.54% for full time and 44.59% for part time.

Service Delivery. The report says, "Due to permanent vacancies, service delivery impacts in the province are noted as being significant meaning that the department can only provide basic level of service, there may be significant gaps in service; service problems persist; waiting lists are prevalent and growing; quality and quantity of service has declined; may impact other services; impacts direct patient care."

Turnover Rates. Over the past 12 months there was a turnover of 20 employees, of which 3 were related to pay rates.

Recruitment. The Report stated that the problem was moderate, meaning that all areas were having difficulty recruiting. Limited training seats are available. Many graduates choose careers that are in fire services and fewer trained paramedics are entering the health system. It was noted that fire services have a higher pay scale and a very different risk profile.

Salary Market Conditions. Saskatchewan continued to pay slightly more than Alberta, but less than BC and Manitoba. Saskatchewan was 93.49% of the provincial average.

[25] Based on these factors, the Committee reaffirmed its support for an increase to the market supplement. The basis for this support was that there was a significant vacancy rate for full time and part time employees, particularly in the latter category. The Committee noted a trend of employees leaving for better opportunities. It was noted that the EMT/PCP training have received an increase in training bursaries. It also noted that Saskatchewan remains under the average pay scale across Western Canada.

[26] In a separate report of the same date the Committee addressed the Immediate Care Paramedic situation. In this classification the Committee recommended the supplement be maintained. It noted that there were no vacancies in full or part time positions, turnover trends were only due to retirement. Of significance, this classification was discontinued and included in the PCP classification.

HSAS Submissions

[27] In addition to providing the Committee Reports, HSAS provided a number of additional documents which I will report here:

- Appendix G – This is a CTV article published in May of 2026, reporting a province wide vacancy of 200 paramedic positions, which are leaving services stretched thin. The article also reports the government has introduced bursaries up to $10,000.00 who commit to work in emergency medical services. According to the article, police,

nursing and fire pay a bit more and have a better work/life balance. There has been a 100% increase in call volumes.

- Appendix H compared fire fighters to paramedics. As of 2023 a five year fire fighter earned 40% more than a PCP.

[28] HSAS submitted that the report of the Committee that was due December, 2022 was considerably delayed and recommended that the current market supplement be maintained. In 2023 there was an overall vacancy rate of 25%. Many of the hires that occurred were internal, such as employees moving from rural locations to the city. They were not new hires. In the 2022-2023 period, there were 381 postings and 82 new hires and of those hires 65% remained longer than one year.

[29] In the first six weeks of 2023, there were 216 occasions where someone called 911 and an ambulance was not available.

[30] 14% of members reported working over 24 hours in a single shift; 32% reported working more than seven days in a row and some were delayed at hospitals as long as twelve hours, which made them unavailable for other calls.

[31] The primary competitors are other industries such as fire which pay better.

[32] There has been no improvement in subsequent years. The same problems of vacancies and recruitment problems persist.

SAHO Submissions

[33] Both classifications have received a market supplement since 2014 and are subject to annual reviews by the Committee. The subject of this adjudication are the recommendations of the Committee to maintain the supplement for the reviews of 2022 and 2023.

[34] While there were certainly market pressures during this period, there was also a substantial influx of new funding that led to an increase in the number of positions available to this classification and also other incentives to help to recruit and retain new employees. The Committee's decision to maintain the existing supplement was reasonable under these circumstances.

Given the substantial investment in this classification, and the fact that the supplement is annually reviewed, the Committee's cautious approach was entirely reasonable. This approach is supported by the fact that the review in 2024 resulted in a recommendation to increase the existing market supplement for PCP's but maintain for ICP's.

[35] The submission of SAHO reminds the adjudicator that I have no jurisdiction to decide what the appropriate market supplement should be in 2024. This is a matter of further negotiation between the parties and if those negotiations are not successful, a further adjudication.

[36] The data collected regarding vacancy rates is foundational to the market supplement program, as this program is designed to address recruitment and retention problems. Persistent recruitment and retention problems will be revealed over time. Even if there are fluctuations in vacancy rates between annual reviews, care must be given to not draw a conclusion regarding recruitment and retention problems as a result of other factors such as re-organization.

[37] The data discloses a dramatic increase in the number of full time and part time positions in 2023, which coincides with the significant funding that affected these classifications. In November of 2021, the Government announced enhanced funding to the ambulance system north of Saskatoon. In April of 2022 the Government announced a budget increase of 11 million dollars for emergency services, which included funding for 70.7 FTE positions across the province. These positions included coverage for SHA/HSAS areas as well as private and non-profit ambulance services. Then, in 2023 the Government announced a further increase of $8.8 million in annual funding to support EMS activity for 31 communities in the province which included funding for 33 FTE positions in rural areas Further in 2023 there was a further investment by the Government of $700,000 in 2023 – 2024 and $2.8M annually to provide additional support in Saskatoon.

[38] It is not surprising that this significant influx of funding for more ambulances and employees would have an impact on the number of part time vacancies in 2022-2023. Significantly there was an increase in full time positions of 34 new positions yet the total number of vacant full time positions only increased by 4. Between 2021 to 2023 the number of full time positions rose by 4, with an increase from 2 to 3 in 2022 and from 3 to 6 in 2023.

[39] In 2024 however, the vacancy rate for full time positions increased to approximately 15% and a smaller increase for part time positions. It was at this point, the Committee acted to recommend an increase to the supplement.

[40] Regarding the Turnover Rate, counsel submitted that in 2022 only 8 positions became vacant for possible employment related reasons out of a total of 13. It is unclear if any left for salary related issues. In 2023 there were 10 departures for wage related reasons. These statistics are not substantially different from 2021, 2024 and 2025 statistics.

[41] Regarding Service Delivery, counsel submitted that in 2022 the reports varied across the province. In some areas there were minor difficulties with service while in other areas it was moderate. Some initiatives were employed to help address the problem areas.. While there were some problems which also occurred in subsequent years, a market supplement would likely not address the issue.

[42] In 2021 – 2022, there were issues in attracting and retaining casual employees, however a lack of guaranteed hours had an impact but this is not a consideration for a market supplement.

[43] Regarding the Recruitment Analysis, the Committee reports affirm difficulties with recruitment in 2021 and 2022 of casual employees. In 2023 the report confirmed a province wide shortage of PCP's and a lack of accommodations in rural areas that caused a barrier to recruitment and retention. In a 2023 news release it was reported that the government and SHA were working on the problem by opening new training accesss, including the addition of 100 seats at Sask Polytechnic. In August of 2023, bursaries were offered.

[44] In the 2024 Report the recruiting difficulties was further reported, saying there were insufficient numbers of new graduates and that it is challenging to recruit new employees. Financial incentives were offered in addition to bursaries. Bursaries of $5,000.00 were offered to students intending to work in Reginia or Saskatoon or $10,000.00 for all other locations.

[45] Counsel submitted the Reports indicate the primary problem is the inability to recruit. There is a shortage of new graduates.

[46] Salary Market Conditions is a comparison of competing markets in Western Canada. Counsel submitted that the disparity of wages between province to province does not alone justify a market supplement. There is a lack of reliable information because of the varying times when collective agreements are resolved, thus changing the wage rates. Here, the different salary market conditions is not an important factor. The data indicates that in 2022 to 2023, the comparable rates among provinces was competitive. While the SK rate was below the Western average the vacancy and turnover infuriation does not establish that this difference was material.

[47] Counsel made general submissions regarding the Labour Maret Review criteria. Counsel submitted that considering the four criteria, I must assess whether a market supplement would have an impact on recruitment and retention. This becomes more challenging because the Committee recommended an increase in the supplement in 2024. My decision only affects the two preceding years.

[48] Counsel submitted there must be clear evidence to support that recruitment and retention issues would be meaningfully avoided by an increase. Market supplements should only be implemented when it is necessary to retain or attract new employees.

[49] The evidence establishes that the increase in part-time vacancies was caused by the influx of government funding that resulted in the addition of new positions within the classification. Accordingly, an increase in the supplement is not supported by evidence.

Decision

[50] For the reasons that follow, I agree with the Committee's recommendation that there should be no increase to the market supplement for 2022-2023.

[51] The information contained in the Committee Report for 2022 that there were 63 full-time positions and 104 part-time positions for the PCP classification. There was a vacancy rate of 4.76% for full-time and 37.5% for part-time. There was no report regarding the ICP classification.

[52] From the 2023 Report, the number of full time positions for PCP's jumped to 93 and part time to 124. The vacancies for full-time work were 6.45% and 44.35% for part time. For ICP positions, there were 10 full-time and no vacancies and 5 part-time, of which two were vacant.

[53] The significant jump in positions was because of the additional unding by the Government to enhance the emergency services in Saskatchewan. Of interest, between 2022 and 2023, the vacancy rate did not significantly change for full time PCP positions, changing from 4.76% to 6.45%. Part time vacancy jumped from 37.5% to 44.35%.

[54] The other factors that I must consider remained fairly consistent between 2022 and 2023. The Service Delivery considerations varied across the province with rural locations experiencing the most difficulty. The Turnover Rates consistently disclosed a turnover of less than 30 employees a year and of those employees, those leaving work for better pay elsewhere was not a significant factor. In the category of Recruitment, there is a clear indication of problems recruiting new employees. The Salary Market Conditions demonstrated consistently that Saskatchewan lagged other provinces except Alberta and this situation continues to the present.

[55] Of all the factors, it is the vacancy rate that is most relevant to my consideration. The impact on the new government funding and the jump in new positions had a significant impact. While vacancies increased somewhat there was not a significant increase during a time when I would have expected a larger vacancy rate. The foretelling of what was to come, however, was established when the recruitment statistics are considered. The government responded by implementing scholarships with a greater financial incentive to those employees destined for rural areas where the need was the greatest.

[56] When I consider the five criteria, I must also consider whether a market supplement is the right remedy. During the same period of time, the government initiated a plan to increase the emergency services in certain areas of the province. It was a significant injection of funding along with other funding to encourage more students to enter into this field. This caused 2022 – 2023 to become a time of transition. It was only in 2024 that a trend could be identified that a market supplement was necessary. As the increase in positions occurred, the first warning signs in 2023 was that recruitment was not keeping pace and this began to show more significantly

in 2024. At that point, The Committee's recommendation for a supplement was made and correctly so. Prior to that in 2022-2023, other efforts were made and were partially successful and partially less so. During 2022 – 2023, the Committee was correct to refrain from increasing the supplement in order to determine if the funding and bursary incentives would work. For these reasons, the Committee was correct to maintain the supplement during those years. It was during 2024 that it became evident that a market supplement was necessary.

Occupational Therapists

[57] In its report due January 29, 2024, and distributed April 2024. The report says the role of Occupational Therapists is to "work collaboratively to enhance clients'/patients' abilities within the environment 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." Occupational Therapists ("OT") qualify with a Master's degree from one of fourteen universities in Canada. There was no course of education in Saskatchewan for this work until the 2026-2027 school year. The University of Saskatchewan now teaches this course with graduate students expected in 2028.

[58] I summarize the Report according to the five criteria that are to be considered pursuant to LOU 13. There were ten reporting areas.

Vacancy Rates. The report indicates there were 140 full-time positions and 40 part-time positions. There were 28 vacancies for full-time positions and 8 for part-time positions, resulting in a 20% vacancy rate.

Service Delivery Impacts. Of the ten areas reporting the service delivery impacts ranged from severe in one rural area, to significant in five areas and four reporting moderate. As I understand, the lower category of "moderate" nevertheless indicates serious impacts on service delivery. The Report also indicates significant waitlists for both inpatient and outpatient services in certain areas of the province.

Turnover Rates. In the last 12 months, there were 10 employees who left employment but only 1 appeared to be wage related.

Recruitment Analysis. All areas of the province indicated significant efforts to recruit. New employees are in great demand and the private sector competes actively for these positions. The areas in question are trying to entice employees with signing bonuses, relocation assistance, educational allowances, support for practicum students and advertising.

Salary Market Conditions. The comparison of salaries in other Western provinces Saskatchewan rates lagged behind BC and Alberta by about $5.00/hr and were ahead of Manitoba by about $2.25/hr. Overall Saskatchewan was 97.12% behind the Western Canadian average.

[59] Based on this data, the Committee recommended to maintain the existing supplement. The Committee acknowledged the challenges to this profession.

Submissions of HSAS

[60] The submissions affirmed that a supplement of 5% was provided in 2023 and that the Committee agreed there should be a supplement in 2025. The submissions noted a 20% vacancy and that all areas of the province were experiencing moderate to critical service impacts and significant wait times.

[61] A letter of concern was included from the Occupational Health Department at the Royal University Hospital in Saskatoon, which expressed concern over the level of vacancies and the lack of needed funding for this area of work. There are a series of emails and memos from the SHA in 2024 reported increasing pressure from shortages of employees, thus causing a reduction and discontinuance of OT services. Also included was a letter of concern to government elected officials over the state of OT's in Saskatchewan.

SAHO's Submissions.

[62] SAHO submitted that OT's have received market supplements since 2002, with the most recent supplement agreed to in 2023. Further, while the 2024 Report recommended that the supplement be maintained, in 2024, subsequent reports for 2025 and 2026 recommend a supplement. These market supplements must be negotiated or failing agreement, adjudicated, once this adjudication is complete.

[63] Counsel submitted vacancy rates are foundational to the market supplement program. The program is designed to address recruitment and retention problems and the vacancy rate is the best criterion to consider. While the report sets out a 20% vacancy, these were not evenly distributed across the province. Rural areas such as Mamewetan Churchill River, Prairie North, Prince Albert Parkland and Sun Country had vacancy levels over 30%, while the Saskatoon Health Region, the largest user of OT's, recorded a 5.81% vacancy rate. This is an indicator that the use of a market supplement is not the right tool to address the vacancy problem.

[64] More current vacancy rates disclose an overall rate of 11.97% which are unevenly distributed across the province, with the large urban areas of Regina and Saskatoon at 5% and 3.57% respectively.

[65] Also noted was that the overall number of OT positions has increased from 144 to 159 in 2026.

[66] The Report notes problems with service delivery attributed to vacancies. To manage this, SHA sought to have the employees focus on their core duties.

[67] The Report indicates 13 departures in the last year with only four related to wage issues and in the year before there were four departures with only one related to wage issues.

[68] Regarding recruitment issues, it has been consistently reported that recruitment has been a problem and there is no educational facility in Saskatchewan. This will be rectified by the commitment of the Government to support a new Masters program in OT at the University of Saskatchewan. This program started in 2026 with 40 seats, 8 of which are reserved for Indigenous applicants. Further there has been and will be targeted financial incentives for rural and northern candidates of up to $20,000.00

[69] Regarding Salary Market Conditions, counsel recognized that on average, Saskatchewan OT's are paid somewhat lower than the average, but also receive more generous employment related benefits than other jurisdictions.

[70] Counsel submits there must be a link between recruitment and retention problems and the five labour market criteria. Care is need to assess whether an increase in the market supplement would be likely to address the problems regarding recruitment and retention.

[71] It was reasonable for the Committee to conclude no increase was warranted. The 5% increase in the year before would require some time to see if it had an effect. It was not expected to have an instant impact. There is also hope the new course at the University will have a positive effect.

[72] `Counsel submits there is an adjudicative pattern to not approve a supplement if the problems associated with employment are uneven between rural and northern areas versus urban areas as is the case here. In such cases, the supplement has no impact in urban areas where the increase is not necessary to achieve a higher level of employment.

Decision

[73] For the reasons that follow, I disagree with the Committee's recommendation that the current market supplement should be maintained. A market supplement should be negotiated for the January 2024 review. The last market supplement was approved in January of 2023 at a 5% increase.

[74] I must be careful not to be overly influenced by the market information that follows the 2024 report. The information of vacancy rates and market conditions in subsequent reports are of value to demonstrate a trend and to give a broader picture of this classification. While the Committee recommendations in 2025 and 2026 affirm that a further supplement was needed, my focus must remain on whether the need for a market supplement was evident in 2024. I am satisfied that a supplement was necessary and therefore disagree with the Committee's recommendation to maintain the supplement.

[75] I accept that in certain cases, it is important to consider whether the problems associated with vacancy, service delivery and the other criteria, reflect the difference between northern and rural areas versus urban employment. It is inevitable that employment generally will favour the urban locations. Rigidly applied, this variance might lead to use of the market supplement only rarely because it benefits urban employees where it

is not necessary to do so. I generally agree with the submission of SAHO that other incentives might be a better solution where northern and rural settings are suffering employment issues more than the cities: that is of course if the incentives are actually made.

[76] In this case however, it is the combination of vacancy rates, service delivery and recruitment problems that satisfy me that a market supplement is needed. While the vacancy rates vary between city and country, the overall rate of 20% is not an acceptable standard. The problems in the ten areas with service delivery disclose a very serious problem in most areas of the province, with the rural areas worsening. Recruitment may improve with the new University of Saskatchewan program and targeted incentives, but this new program will not have an impact for a few years and more importantly, did not exist in 2024.

[77] The combination of these three criteria underscore that in 2024 there was a need for a supplement. Further, the Committee report does not set out a persuasive reason to maintain the supplement. While the Report, in its conclusions and recommendations, repeats salient factors to be considered, the Committee does not provide an explanation on how it arrived at its conclusion to maintain. It is possible, as counsel for SAHO suggests that the Committee was taking a "wait and see" approach given that a supplement was recommended in 2023. The evidence however, indicates to me that in 2024, the overall conditions required a supplement.

Physical Therapists

[78] The last market supplement was approved for Physical Therapists in December of 2023. The Provincial Market Supplement Review by the Committee due December 15, 2024 and dated February, 2025 recommended that the supplement be maintained.

[79] The Committee Report describes the role of Physical Therapists to 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."

[80] Vacancy Rate Analysis. The Report indicates there are 266 full time and 87 part-time employees in this classification. The vacancy rate for full-time was 14.66% and for part-time employees, 14.94%. In four of the reporting regions there were no vacancy issues, in one region there were minor issues, in one region there were moderate vacancy problems and in five regions the problem was regarded as critical, meaning that the positions would not likely be filled or remain vacant for an extended period of time.

[81] Service Delivery. Of the eleven reporting regions, one indicated no problems, one had minor issues, three had moderate problems and six regions reported severe impacts that significantly impaired their ability to provide the service needed.

[82] Turnover Rates. In this year there were 21 departures but none were reported leaving employment for increased salary. The Report however, identified trends of staff movement to larger urban areas as well as employees moving into private practice and retirement.

[83] Recruitment. One region reported no difficulty with recruitment and in all others the recruitment was moderate to critical. Efforts were made regularly to attract recruits.

[84] Salary Market Conditions. The analysis of other Western Canadian provinces indicated that Saskatchewan rates were slightly above the average, but below the pay offered in BC and Alberta.

[85] Based on this information the Committee recommended that the supplement be maintained.

[86] A further Report was made by the Committee due December 15, 2025 and published on December 18, 2025. In this report, the vacancy rate analysis was based on 299 full time employees and 95 part time employees. The vacancy rate was 9.7% and 14.74% respectively. The service delivery impacts were consistent with the previous Report. It reported 15 departures with 3 departures for reasons of better salary. The report noted that typically there was a trend towards moving to private practice for better pay and work/life balance. Recruitment issues were consistent with previous years. Educational institutions are not graduating enough new candidates to meet the demand. Regina reported significant recruitment challenges. Employers are using techniques such as "always on" job postings. In general there are

insufficient numbers of candidates for the positions available. Salary market conditions were similar to the previous year.

[87] Based on these factors, the Committee recommended to maintain the supplement.

Submissions of HSAS

[88] The submissions of HSAS disagreed with the current vacancy rate. The union's central focus was on issues surrounding service delivery. The submissions were:

- Of the former regions, all but one indicated there were service delivery impacts with 90% indicating moderate to critical impacts.
- Six former regions noted significant service delivery problems which meant that only a basic level of service could be provided and there may be significant gaps in service.
- In order to address the problems, employers are contracting in physical therapists, meaning privately paid physical therapists are being hired at higher wages to work in the same facility where existing employees are working at a lower rate provided under the Collective Agreement.
- Staffing levels cannot support the demands for post-operative treatment. Service is not being provided to patients in chronic or acute conditions. In some areas this service is complete suspended or farmed out to private services.
- There are long waitlists. Preventative care is not provided, that would reduce the likelihood of surgical intervention.
- Community physical therapy is an essential service in long term care homes. In some cases short staffing has led to delay in recovery and stabilization of patients, restraining of patients due to insufficient staff to client ratios, patients remaining bed ridden longer than needed and compelling families to bring in private care.

[89] HSAS noted the significant discrepancy between the data set out in the 2024 Report and its own records. The Report says there is a 14.66% vacancy among permanent residents and 14.94% for part-time. The Union records however, disclose a vacancy of 323 permanent employees with 92 vacant positions or 28% and 118 part-time employees with 44 vacant

positions for 37% as of April 30, 2026. There are 98 temporary positions of which 78 are vacant (79.59%).

[90] In 2024, 90% of the regions that reported said there were moderate to significant problems with recruitment. Education institutions are not graduating enough candidates. The University of Saskatchewan in 2023 graduated 57 students of which 29 were hired.

[91] According to the Saskatchewan College of Physical Therapists, as of June, 2025, there were 832 registered therapists, of which 412 were employed by SHA. As of June 2024, there were 800 registered therapists of which 403 were employed with SHA. Currently there are 439 physical therapists who are HSAS members.

[92] There are likely enough emerging graduates to fill existing vacancies assuming 50% would accept employment through SHA, yet SHA seems unable to recruit them. There have been continuous job postings. There were 374 postings with 94 hires. The Cypress region has had continuous postings that have never been filled. The same region has had permanent full time postings since 2022 that have never been filled. From January 2024 to the present, 373 postings were made 1,146 times. Only 241 postings were filled.

[93] in 2023, 66% of postings were filled but only 18% were external hires. In 2024, the statistics were similar.

[94] Regarding Salary Market Conditions, the private sector is a major competitor for physical therapists.

[95] HSAS submits that the market supplement in 2023 was not successful in improving recruitment and retention and that a supplement is necessary.

SAHO Submissions

[96] On behalf of SAHO, counsel made submissions regarding the five categories of factors I am to consider and more generally about the difference in the evidence between HSAS and SAHO. Counsel reported that the Report due November 12, 2024 supported that the supplement be maintained. This was followed by a further report issued December 18, 2025 which also recommended the supplement be maintained.

[97] Counsel submitted the physical therapists have been receiving a market supplement since October of 2002 and that through negotiations, the last supplement was approved in 2023.

[98] The vacancy rates are the foundation to the market supplement program, which is designed to address the issues of recruitment and retention. The two issues are tied as any issues with recruitment and retention will be reflected in vacancy rates. In 2024, there were 353 positions in this classification with 52 permanent position vacancies for a vacancy rate of 14.73%. These vacancies were unevenly distributed across the province, ranging from four regions reporting no issues to Saskatoon reporting minor issues and Regina Qu'Appelle reporting moderate issues. For five rural areas, the vacancy was at a critical stage.

[99] The vacancy rates for 2025 fell to 11.68 at a time when there was no increase in the supplement and in 2026, the vacancy rates have fallen to 5.38%. This evidence shows a trend of lower vacancy rates and does not support the need for a further supplement.

[100] Vacancies appear to be a rural or remote location difficulty. While an important problem to address, a supplement increase is not a suitable solution as it will only create an increase in urban centres where an increase is not necessary. There is no reasonable prospect that a supplement would address the problem of vacancies in rural or remove locations.

[101] Regarding service delivery issues, the problems associated with this area also depend on the type of region: urban, rural or remote, with the latter having difficulties with service delivery more than urban. The SHA has taken steps to address this problem outside the market supplement process, including prioritizing inpatients, overtime and over-hiring when the opportunity arises. Where there is a lack of vacancies and where there is still service delivery problems, this is a problem not connected to recruitment and retention.

[102] In 2024, there were no departures for wage related issues and so the turnover rate did not show evidence that employees were leaving for better pay. In 2025 there were 15 departures of which 3 left for better pay. There was evidence of employees moving into the urban areas or to private

practice but neither indicated a pay related issue, but rather for the purpose of more specialized work and a better work/life balance.

[103] Recruitment issues varied as to location as it has in the other categories to be considered. The 2024 report noted that physical therapists were in great demand and there was difficulty with recruitment. Since the courses are offered at the University of Saskatchewan, there is less of a problem with recruitment in Saskatoon. In other areas, it is more of a problem. The Employer has implemented a strategy of "always on" job posting. The Report says that the current pool of recruits is adequate. The SHA is also providing targeted incentives to support recruitment of $10,000 to $20,000 for rural and northern regions. The 2025 Report says there has been a significant increase in these incentives.

[104] As for salary market conditions, the central focus was on the difference in pay between private practice and working for SHA. Recent job postings in the private sector, when compared to the SHA indicate the rates are competitive. It is not the case that private practice pays better than the SHA.

[105] Regarding the comparison with the pay provided in other provinces, the data shows that the existing wage rates are slightly above the Western Canadian average and the rates in Saskatchewan are more competitive because the cost of living is better in this province and the employee benefits are superior here.

[106] Considering the labour market criteria, there must be a real link between the four market criteria to a problem associated with recruitment and retention before a supplement should be given. Here the labour market criteria does not demonstrate there are sufficient challenges to justify a supplement, particularly since the vacancy rate is low and getting lower. LOU 12 sets out that a market supplement "will be implemented only when it is necessary" and "where workforce initiates have been unsuccessful in addressing recruitment and retention challenges."

[107] Increasing wages now, to address a problem that is a problem in rural and remote areas provides a financial benefit to 70% of urban employees where there is no problem. There is no evidence to link wage differences to a recruitment and retention problem.

Challenge to the Evidence of HSAS

[108] During the course of the hearing, submissions were made by counsel for SAHO, addressing the fact that the written material filed by HSAS was markedly different. Indeed, while the material filed by SAHO is similar, if not identical to the data utilized by the Committee, the information in the submissions of HSAS was different. For example, while the Committee reported a vacancy rate of 14.% for 2024, the material filed by HSAS reports a vacancy rate of 39.77%. Ms. Canning, on behalf of HSAS, stated that their data was sourced from information provided by the employer. In fact the submission as I understood it was that all information originates from the employer. To provide supporting evidence, HSAS provided three documents which are described as follows:

- A spreadsheet entitled "Active Members" as of 26.05.08. This lengthy document appears to be a listing of all physical therapists who have at one time been employed by SHA. It includes the name and address of 704 people. It records a "membership id", the type of member, whether active or inactive along with personal information.
- A spreadsheet setting out locations of physical therapist positions, their status, whether "contracted out", or "active". It includes a "position #", job classification, "posting", dates of posting and expiry. It also includes a brief description of the employment and whether it is possibly entitled to incentives.
- A two-page spreadsheet that appears to be a summary of the first two documents.

Decision

[109] For the reasons that follow, I agree with the recommendation of the Committee from the 2023 and 2024 Reports that the supplement be maintained.

[110] I begin by referring to LOU 13 (8) (b) which provides:

> In the case of review on the matter of whether a market supplement is appropriate, both HSAS and SAHO **shall be limited to presenting only that labour market review criteria identified in Article 8 (c).** In the case where a market supplemented wage rate is disputed, both

HSAS and SAHO shall present a proposed market supplemented wage rate, and shall be entitled to present supporting written documentation. Witnesses shall not be utilized in the hearing (emphasis added).

[111] LOU 13 (8) (c) limits the facts that I may consider:

The jurisdiction of the Market Supplement Adjudicator in determining a market supplemented wage rate, or determining whether or not a market supplement is appropriate, shall be limited to consideration of the following labour market review criteria:

This is followed by a list of five criteria that I am to consider, and includes a vacancy rate analysis.

[112] I understand that SAHO PMSRC, (which has been referred to throughout this decision as the "Committee") is a committee of SAHO. It is not a committee that has joint representation of SAHO and HSAS.

[113] I understand that the information presented to the Committee is compiled by SAHO and is provided to the Committee and to HSAS. It is this information that forms the basis of the work done by the parties to negotiate or failing this to refer to adjudication.

[114] In subparagraph LOU13 (8) (b), the wording is unclear. HSAS and SAHO, in the case of a review of whether a market supplement is appropriate are limited to "presenting" only on those criteria set out in subparagraph (c). Does the word "presenting" include the submission of documentation? Certainly, when the Committee has recommended a rate increase, but HSAS and SAHO are unable to agree to a rate increase, the parties may present at the adjudication, supporting documentation, but in cases where the dispute is whether a supplement should be made or maintained, the Collective Agreement does not explicitly permit additional documentation.

[115] The critical wording of subclause (b) is that in cases where the issue is whether a supplement should be maintained or approved for increase, the meaning of "present" does not easily include the concept of submitting more documentation. The Oxford Dictionary of English dictionary defines "present" to mean, "to show or offer", "formally deliver" or to "bring

formally to the notice of the court." "Presentation" has several meanings but the closest is, "the manner or style in which something is given, offered or displayed." The online Dictionary.com defines "present" includes "to introduce to another in a formal way", or "to bring before or introduce to the public".

[116] Following submissions on this issue, I interpret the meaning of "presenting" to include the filing of supporting documentation. This includes the documentation filed by HSAS that points towards the matter of vacancy rates. In cases where the decision is whether a market supplement should be granted or not, the wording of LOU (8) (b) restricts the presentation of material to those criteria set out in subparagraph (c). This is more restrictive than when the adjudication is about the rate of the supplement where the parties are "entitled to present supporting written documentation."

[117] On June 17, 2026, I received further submissions to more fully understand the practice and procedures followed by the parties and particularly of the Committee. The PMSRC or the Committee as herein described is a committee of the employer. HSAS has no representation on this committee. When reviews of classifications occur on a yearly or periodic basis, the information is collected by the employer. The source of the information is primarily from SAHO's constituent employers. According to responses from counsel for SAHO, there is nothing prohibiting HSAS from submitting its own documentation to the Committee, but HSAS has no standing before the Committee and would not be entitled to make submissions. The documentation provided by HSAS in this application was not previously submitted to the Committee. It would appear the current practice is not quite consistent with LOU 13 (1) which provides:

> Where the SAHO PMSRC receives a request to conduct a market supplement review, the Committee must request market information from Employers and HSAS within ...

It follows that the material filed by HSAS, ought to have been presented to the Committee in the first instance.

[118] Physical Therapists have received supplements since the early years of the program with a supplement beginning in 2002 and later in 2006. Most recently, SAHO and HSAS negotiated a supplement increase in 2023.

[119] The material that was before the Committee in my judgment demonstrated that vacancy rates were relatively low at 14.73% in 2024 based on 353 positions and 52 permanent position vacancies. In 2025 the vacancy rate fell to 11.68% and further, in 2026, to 5.38%. Based in the vacancy rate's alone, the Committee's decision to maintain the supplement for 2024 and 2025 is justified. In this case the vacancy rate is the most important factor of the five criteria. While there are service delivery problems, mostly in rural areas, this has more to do with the willingness of physical therapists to work in rural and northern locations, thus causing service delivery problems. Recruitment issues remain a problem except in Saskatoon where the University is located. Physical Therapists remain in high demand. Targeted incentives have been utilized and would likely have more of an impact than a market supplement.

[120] The material filed by HSAS however puts forward a much different picture. According to the HSAS material, the vacancy rate in 2024 was not 14.66% for permanent positions and 14.94% for part time, but rather 28% for permanent positions and 37% for part time (as of 2026). The HSAS material presents a much more serious vacancy problem.

[121] Counsel for SAHO claims the HSAS data is untruthful and a misrepresentation of the facts. Counsel submitted in particular that HSAS's assertion that the material it filed was sourced from information provided by the Employer was false. The representative of HSAS took offense to these assertions.

[122] I found the material filed by HSAS was neither untruthful nor false. Much of the conflict centred on the source of the information. This was resolved to my satisfaction through supplementary documentation filed by HSAS and through submissions. The supplementary information filed by HSAS is set out in paragraph 109 above. It consists of three documents. The first document appears to be a massive spreadsheet style database of all physical therapists who are members of HSAS. The second document is a similarly massive spreadsheet database of positions within SHA for physical therapist positions. This database sets out the location of the position and whether it is currently filled or vacant. HSAS submitted that all of the information originated from SHA. Counsel for SAHO denies this and claimed this to be untrue and a misrepresentation.

[123] Based on the submissions of HSAS, it was reported to me that HSAS has no independent access to information about employees. SHA provides all employee records of physical therapists in its employ. Particularly, this would include the reporting and payment of union dues. These two spreadsheets were not, however, documents originating from SHA, but rather were internal documents of HSAS. I considered these documents to be HSAS generated spreadsheets, but the information contained therein to be sourced from SHA. Ms. Canning confirmed my understanding was correct.

[124] It is entirely acceptable for either party to provide additional information that may verify or challenge the existing evidence. Both parties do so in their submissions and the filing of additional documents. The issue here was the reliability of the database information provided by HSAS in support of their submission that the vacancy rate is considerably higher than the data considered by the Committee.

[125] Recently, Adjudicator Michaela Keet rendered a decision dated June 16, 2026 regarding a number of market supplement adjudications. In it at page 13, it provides a definition of "vacancy" that was offered by the Executive Director of SAHO:

> When gathering data for the market supplement program, a vacancy is defined based on open posted and unfilled permanent full time or permanent part time job postings as of approximately six (6) weeks in advance of the date of the report is due to allow operational leaders to verify the numbers. The vacancy rate measures the number of vacancies counted, divided by the number of employees in full-time or part-time positions multiplied by 100. Casual employees are not counted as they have no guaranteed hours, and temporary positions are not counted as in most such cases there is a permanent position which has an incumbent so there is no long-term vacancy available to be filled.

According to the Keet decision, the union responded by saying that this "approach to defining vacancies can obscure what is really happening in recruitment and retention.

[126] The method of determining vacancy rate is central to this decision. While the method of determining vacancy rates was not argued before me, I note that in the 3rd spreadsheet provided in support of its position on

vacancy, HSAS produced a spreadsheet, which appears to be a summary of the first two larger spreadsheets that excludes casual employees and temps. According to the third spreadsheet, the vacancy rate is 28% for full-time employees and 37% for part-time employees, for an averaged total of 31%. According to this third spreadsheet, it appears that both SAHO and HSAS are approaching the calculation of vacancy rate the same: temporary vacancies and casual positions are not calculated into the rate.

[127] Yet, in SAHO's second submissions it reports on several positions that are postings of temporary vacancies, namely positions #129603, #175689, #180973. I examined these database entries, and it does appear that there are temporary vacancies that ought not to be calculated into the vacancy rate. Position #178147 records an employee that is not on leave. These entries alone cause me to conclude that the results that come from the HSAS material are not based on the same information relied on by the Committee.

[128] The information contained in the first two spreadsheet databases do not appear to correspond to the conclusions set out in the third spreadsheet that reports the overall vacancy rate at 31%. When assessing the weight of evidence, I am required to decide the credibility and reliability of the evidence presented. There is nothing in the database information nor in the submissions of HSAS that lead me to question the credibility of the documentation. It was plainly obvious to me that the documents were generated from HSAS as business records produced in the normal course of its operations. There was nothing in those records that caused me to question the credible nature of those documents, and it follows that the credibility of the submissions was not an issue for me. The information supporting the position of HSAS however, on a balance of probabilities, does not meet the standard required as to reliability. For these reasons, I support the recommendation of the Committee to maintain the market supplement.

EMTP/Advanced Care Paramedics

[129] The employees of this classification are paramedics who are mostly employed outside of the hospital. They are trained and experienced Primary Care Paramedics who have taken additional training to provide more aggressive life saving procedures in emergency situations. An employee

entering this classification will create a vacancy in the primary care EMT classification.

[130] Advanced Care Paramedics received an adjudicated supplement in 2006 and another by negotiation in 2023. The Committee conducted its yearly review due January 29, 2024 and distributed April, 2024. In it, the Committee recommended the supplement be maintained.

[131] The Committee reported there were 89 full-time and 28 part-time employees. There were 28 and 6 vacancies respectively resulting in a vacancy rate of 31.46% and 26.09% respectively.

[132] The Committee reported that service delivery impacts were varied across the province. One rural area had no issues, while three other areas had moderate problems, meaning only a basic level of service could be achieved. There were gaps in service and delayed response times. Overtime is used to augment service as well as using PCP's. Management of short notice call outs and vacation request are difficult to manage.

[133] The turnover rates reported that in the previous 12 months 15 departures, of which 2 were related to wages. In the year previously there were 5 departures with none related to wages. Regarding recruitment issues, all but one reporting area said there are significant problems as graduates are in great demand and it is common that significant hiring bonuses are paid. Additional efforts have been made to attract employees, such as relocation assistance and recruitment incentives in return for service agreements, constant advertising and participation in career fairs. The Government is offering large bursaries to support future hiring.

[134] Regarding Salary Market Conditions, indicated the rate of pay in Saskatchewan was slightly below the Western Canadian average. The rate of pay was similar to Manitoba, higher than Alberta and significantly lower than BC.

[135] In summary, the Committee reported that Regina was experiencing the largest number of vacancies. The salaries were competitive. The Committee recommended the supplement be maintained.

[136] In the Committee review due January 29, 2025, distributed March 20, 2025, the Committee recommended the supplement be maintained.

[137] The vacancy rates based on 72 full-time and 18 part-time, showed a vacancy rate of 25% and 61% respectively. A further sub-classification of EMT/ACP Coordinator was reported with a 15.79% full-time vacancy rate. Service delivery impacts were reported to be similar to the previous year, reporting again that Regina was experiencing significant problems.

[138] Turnover rates 19 departures with 5 leaving for better wages. The recruitment issue analysis reported facts that were similar to the previous report with significant to moderate problems associated with hiring. The wage comparison with other provinces were similar to the previous report.

[139] The Committee recommended that the supplement be maintained.

[140] The Committee published a further report due January 29, 2026 and distributed it on March 19, 2026. This report also recommended that the supplement be maintained. The vacancy rate for full time and part time employees was reported to be 23.86% and 33.33% respectively. There were no service delivery impacts in Saskatoon, but all other areas reported significant problems with service delivery. Of the 9 employees who departed, 2 left for better pay. Recruitment issues were significant for all areas of the province except for Saskatoon. Like past years there were active efforts made to recruit. The Salary Market Conditions remained constant with Saskatchewan rates slightly lower than the Western Canadian average.

Submissions of HSAS

[141] HSAS has challenged the recommendations arising from the 2024 and 2025 reports. The last market supplement of 9% was negotiated in 2023. HSAS raised concerns that the number of employees is decreasing at the same time that the demand for the services of paramedics generally has increased dramatically.

[142] It was also submitted that in certain areas the Report relied on misleading circumstances. For example, Saskatoon EMS is a contracted service and that 50% of EMS services are privately owned. SHA positions would be from "in-facility" services such as an addiction's treatment facility. The calls for service have risen by 100%. There is a heavy reliance on casual

staff and mandatory over-time, all causing long term burnout that affects retention.

Submissions of SAHO

[143] SAHO submits that the Committee has taken a cautious approach, which is reasonable given the annual nature of the review process, especially since substantial investments and initiatives have been implemented.

[144] SAHO submits the vacancy rates are foundational to the market supplement program. The program is intended to address recruitment and retention issues. The vacancy rates are the primary criteria for assessing whether a supplement is needed. Care must be taken however, not to draw incorrect conclusions based on the fluctuation of vacancy. An increase in vacancy does not necessarily mean that there is new or long-term issues with recruitment or retention.

[145] A scan of the vacancy rates from 2024 to 2026 show a relatively stable rate. As is set out in the book of documents for ICP and PCP briefs, there has been a substantial and ongoing funding increase through 2022 – 2023. A further increase of $7.5 million was announced for 2024. In total, 54 communities received $10.85 million to enhance the EMS services.

[146] The vacancy rates remain an issue but they have remained relatively stable. This indicates that the issue is not one that can be addressed by an increase in the market supplement. As indicated in the briefs for PCP and ICP's, multiple measures have been taken to boost seats and incentivize training. It is also significant that Saskatchewan has increased the per capita number of paramedics by 19.5% since 2019, leading all western provinces and more than double the national average.

[147] The turnover rate does not indicate that departures were driven by better wages but rather for other reasons. An increase would not likely affect this statistic. Service delivery impacts varied across the province, with some areas having no issues, while some are moderate and some severe. While there are ongoing service delivery issues but given the variability across the province, it is more likely an increase in the supplement would not have any impact.

[148] New graduates are in high demand and difficult to recruit. Educational institutions are not graduating enough to meet the demand. Significant efforts have been made to attract new recruits. A supplement is not the right remedy for this.

[149] The question to be asked is "Would it be reasonably expected that increasing the wages through a market supplement would address problems with recruitment and retention?" If there is no significant problem, there is no basis for awarding a market supplement. When considering the lower cost of living in Saskatchewan and the superior employment benefits, Saskatchewan provides a competitive advantage to the rates of other provinces. The current negotiated rates are highly competitive to other provinces.

[150] While there is no specific threshold for awarding a market supplement, there must be a link between recruitment and retention problems demonstrated between the four labour market criteria and wage issues reflected in the final criteria. The decision of the adjudicator is whether a market supplement would likely address the existing problems. SAHO's submission is that a supplement will not have an impact on the current vacancy issues and the problems with recruitment and retention.

Decision

[151] For the reasons that follow, I disagree with the Committee recommendation that the market supplement should be maintained. I conclude a market supplement rate increase is necessary.

[152] I am alive to the fact that I did not recommend a supplement for PCP and ICP positions yet here, I recommend a supplement for ACP's who are closely connected to the PCP and ICP classifications. The difference in the occupations is one of additional education and more significant treatment that is provided by an ACP. In the case of PCP and ICP classifications, my review was centred on the recommendations for 2023. In the following year, 2024, the Committee recommended a supplement increase was in order that the parties negotiate an increase. Here, I am reviewing the Committee's report in 2024 and 2025 to maintain the supplement. At first impression, it would have been logical to recommend a supplement increase in 2024, given the similarity in the work. But there is more to this than a similarity of work and workplace.

[153] The difference is in the vacancy rates. In the case of PCP's, ICP's, despite the substantial injection of money into ambulance services in parts of Saskatchewan and a significant increase in positions, the vacancy rates initially and in the case of full-time positions were at 4.76% and was 6.45% in the following year. Both rates are, in my view, are not an indicator of a need for a supplement.

[154] In contrast, the 2024 Report for EMTP/Advanced Care Paramedics reported a 31.46% vacancy for full-time and 26.09% for part-time. The vacancy was significantly worse for this classification. Moreso, the rates did not materially improve in 2025 where the vacancy rates were 25% and 61% respectively. In 2026 the rates were 23.86% and 33.33%. While the rates have fluctuated both down and up, there is an obvious trend of vacancies that are too high.

[155] Counsel for SAHO correctly pointed to the other incentives that have been provided by Government, all valuable tools to increase the number of employees. These efforts however, have not been effective. The vacancies remain too high. In my view this is a case where a supplement is necessary. The efforts of additional funding and personal incentives are not changing the statistics.

[156] According to the submissions of HSAS, there has been a 100% increase in the calls for service. I am mindful that the increase in demand is broadly relevant information but must be directly impactful on one of the five criteria. Here, it helps me to understand the reasons for the criteria of service delivery. It points more, however, to the need for government to address the demand, which is what the government has been doing with the increase in funding and positions. For the purposes of my decision, the higher level of demand means service delivery suffers and this places greater pressure on the need to address the vacancies.

[157] My conclusion is that the financial incentives to increase the number of students (bursaries), and the financial incentives to secure new employment is an effective tool, but these alone are not having a material impact on the rate of vacancy. This is a situation where it is in order to increase the market supplement rate.

Pharmacists

[158] Pharmacists are medical professionals who work with patients and their families on prescription medication plans, advice to patients and family as well as other health care professionals regarding prescription medication. Pharmacists work primarily in hospitals. Pharmacists require one year of education before entering the College of Pharmacy, which will lead to a Doctor of Pharmacy, which is followed by one year of practical training. A national board exam is also required.

[159] In 2023 the Committee recommended a market supplement. A 6.5% supplement was implemented. For its annual review due January of 2024 and distributed in March of 2024 the Committee recommended that the supplement be maintained. In 2025 a further report was due in January and was distributed in February. It too recommended that the supplement be maintained. A third report was delivered in 2026 with the same result. The 2024 and 2025 Reports are being challenged by HSAS.

[160] The 2024 report indicates 174 full-time and 50 part-time positions, with 15 and 6 vacancies respectively, for a vacancy rate of 8.62% and 12%. The report says that a total of 9 regions responded with 4 areas reporting that vacancies had no impact on recruitment. One area indicated minor problems and, one area with moderate problems and three in rural areas where the vacancy was critical. The Report said that there were problems with relief positions.

[161] The Report indicates that two of the areas had minor problems with service delivery, four areas had moderate problems while rural areas had significant problems. A trend was noticed that there are few pharmacists with hospital experience or hospital residency. Without this experience, it would add two years for the employee to be fulling oriented. These areas are augmenting the work with overtime and using supervisory staff to support frontline care.

[162] The Report indicates that as for turnover rates, the trend is going down and a small number of employees are leaving for wage related reasons. As for recruitment, pharmacists are in high demand and aggressive efforts are used to try to attract candidates to SHA employment, including financial incentives, advertising and word of mouth. As for Salary Market Conditions, the rate of pay in Saskatchewan is slightly below the Western

Canadian average. Saskatchewan pharmacists are paid more than in Manitoba but less than in Alberta and BC.

[163] The Report recommended that the supplement be maintained based on the facts set out in the report.

[164] An annual report was due January 20, 2025 and was distributed February 2025. This report stated a vacancy rate for full-time employees to be 10.88% and 27.84% for part-time employees. Otherwise, the reporting of turnover rates, recruitment issues and provincial wage comparisons was similar to the previous year. On this basis the Committee recommended to maintain the supplement.

[165] A further report due January 29, 2026 was distributed on March 12, 2026. The vacancy rate for full-time was 5.83% and 10% for part-time. All other criteria were similar to preceding years.

HSAS Submissions

[166] HSAS submits the vacancy information in the collective reports is inaccurate and inconsistent. While the reports from 2022 to 2026 show a vacancy rate ranging as low as 6.8% to a high of 15.1%, there are a total of 21 vacancies reported in 2026, while currently at the two hospitals in Regina, there are 15 vacancies, with the Pasqua Hospital having a 50% vacancy rate. One hospital in Prince Albert is almost devoid of pharmacists. The lowest vacancy rate over the past five years for the PA Victoria Hospital has been 60% and the hospital is currently expanding.

[167] The reports fail to capture temporary vacancies and casual vacancies. A permanent vacancy may be filled by a temporary vacancy. Temporary vacancies positions are chronically difficult to fill. Pharmacists are on the employer's "hard to recruit" list.

[168] Regarding service delivery HSAS submits there are service delivery problems across the province and the reports back this up despite the inconsistent vacancy data. 78% of reporters indicated moderate to significant service delivery impacts in 2024, and this increased to 91% in 2025 and 90% in 2026. The reported problems included:

- In Prince Albert services were reduced from 24 hours a day to day hours only;
- In Regina, multiple critical units were reduced to one pharmacist compared to the norm of three;
- Vacations are being denied to maintain staffing levels;
- There is a reduction in pharmacist-patient care. There are fewer pharmacists, less counselling, less opportunity for med review and greater chance of negative patient outcome.
- Pharmacists in Saskatoon are been pulled to work in rural areas at overtime rates.
- Units are being collapsed. Only basic services are provided;
- There are so many overtime shifts and unfilled shifts available that they cannot all be filled.
- Senior pharmacists are being pulled in to do front line work.

[169] Regarding salary market comparisons, in addition to competition among provinces, there is the private sector competing both in terms of salary and incentives. For example, a Nipawin pharmacist, managing an independent operation can make up to $500,000/year.

[170] Appendix D shows the differing wages, including private wages. Currently, Saskatchewan pharmacists earn 17% less than the Western Canadian average.

SAHO Submissions

[171] SAHO relied on the vacancy statistics provided by the Committee and submitted that given the low vacancy rates, the information weights strongly against ordering a market supplement. The vacancies are unevenly distributed. 74% of all positions are located in Regina and Saskatoon and the combined vacancies for these areas is 4.52% while northern and rural regions are at 9.09% There would be little point requiring a supplement where there is not indication of a problem.

[172] The service delivery impacts varied from minor to significant and some vacancies were impacting negatively. Significant negative impacts were recorded for 2024 in rural areas and Saskatoon. Similar impacts were recorded in 2025. There is not indication this is connected to vacancy rates. Service delivery is of concern but not connected to the vacancy rate.

[173] The turnover rates are moderate and a small number of those departures are for better wages. The statistics indicated departure from rural areas to urban but still within employment with SHA. This is not a true departure but underscores the problem of employees preferring urban settings. The report also indicates departures to private employment.

[174] The Report for 2024 says that there are consistent problems with recruitment across the province. Overall, pharmacists remain in high demand and this means it requires more effort by the Employers to recruit. Targeted incentives have been used and appear to be working as there is improvement over the relevant years on the vacancy rate.

[175] The data reported by the Committee include comparative rates in private practice and the private rates are reasonably comparative. Comparisons with other provinces indicate that pharmacists in Saskatchewan are slightly below the Western Canadian average but competitive with the other provinces given the lower cost of living and the superior employee benefits.

[176] A review of all criteria indicate an increase in the supplement is not necessary.

Decision

[177] For the reasons that follow I agree with the recommendation of the Committee, with reservations and with recommendations regarding the next annual review.

[178] Based on the information collected and provided to the Committee, the vacancies from 2022 to 2026 are low compared to other classifications where a supplement was justified. The other criteria, with the exception of service delivery, are consistent with the vacancy rates and would lead me to conclude that the supplement ought to be maintained.

[179] I am, however, concerned regarding the information provided by HSAS on vacancies. It is different from what was presented to the Committee. HSAS made submissions that the information presented to the Committee in inaccurate and inconsistent. HSAS submitted that there are significant vacancies at the two hospitals in Regina and also in Prince Albert.

There are 15 vacancies in Regina and 50% vacancies at the Pasqua Hospital. HSAS claims the PA Victoria Hospital is at 60% vacancy.

[180] While submissions play an important part in adjudications, submissions are not evidence on which I can decide. The submissions regarding these vacancies are not supported by evidence or documentary records that would show the vacancy situation put forward by HSAS. To properly consider the information I would recommend that the submissions be supported by documentation. Not only must I be satisfied with the credibility of the facts stated, I must also be satisfied as to the reliability of the documents themselves. This is particularly so when there is a significant difference in the facts as is the case here. I therefore recommend the following:

- Ideally, the information produced by HSAS would be presented to the Committee for consideration. I appreciate that the Committee is a creature of the employer, but this would give the Committee the opportunity to consider the material before it made its recommendation.
- The HSAS material should be supported by reliable information as to its source. For example:
    - Are the documents and statistics in question documents normally part of the union's business operations?
    - Information is needed as to how the statistics were compiled. Is the information based on reliable, third-party statistics or information? If so, the supporting information should be provided.
    - If the information is compiled from a large body of information, there should be a report as to how the information was compiled.
    - Is there independent third party data that supports the assertions?

[181] For example, the information provided by HSAS says that the hospital in Prince Albert is operating on a 60% vacancy. The submissions say that the Pasqua Hospital in Regina is operating on a 50% vacancy and that the two hospitals in Regina have 15 vacancies. What is the source of this information? Have the hospitals in question provided a report to this effect or is there some other third party providing this information?

[182] It is important to understand that especially in cases where the statistical information is divergent from the opposing information, my task becomes one of determining which evidence is accurate and reliable. I need to determine if the information put forward by both parties is founded on the same requirements. For example, SAHO has produced an explanation of how vacancies are determined. Have SAHO and HSAS jointly agreed on the methodology for determining the vacancy rate?

[183] The statistics regarding vacancy presented by HSAS do appear to be more consistent with the problems associated with service delivery. The service delivery difficulties reported by the Committee are significantly worse in many rural and urban areas of the province than the vacancy rates reported in the Committee report would indicate.

[184] Despite the multitude of educational institutions in Canada that graduate pharmacists, including the University of Saskatchewan, pharmacists are in high demand. Certainly, the private sector is a significant draw on graduates. Comparisons between the public and private employees must be an "apples to apples" comparison. The example of the pharmacist who can earn $500,000 in one year is likely not a direct comparison to a pharmacist employed by SHA. Likely the Nipawin example is of a pharmacist who is an owner of a pharmacy that sells prescriptions along with chocolate bars and shampoo. The gross income or net income of a pharmacy business bears no relationship to the salary of an employed pharmacist. The other examples of employed pharmacists at Loblaws, Shoppers Drug Mart etc. are more direct comparisons.

[185] I am also concerned regarding the difference set out regarding the differing wage rates among Western Canadian provinces. The material considered by the Committee over three successive reports showed a rate of pay in Saskatchewan that is slightly lower than the Western Canadian average, yet the material from HSAS says the Saskatchewan rate is 17% below the average of the other provinces.

[186] This matter will come up for further review by the Committee in January of 2027. I hope in this review, the differences in the statistical information, particularly regarding vacancy rates, will be resolved and if not that more cogent evidence can be produced to explain the differences. If differences arise as to the method to calculate the vacancy rates, it will be

necessary to negotiate a agreed upon formulae or seek adjudication for a third party to establish the way in which vacancy rates are calculated.

Respiratory Therapists

[187] Respiratory Therapists are key employees specializing in chronic respiratory disease management, including sleep disorders, hyperbaric oxygen therapy, critical care treatment including ventricular management and non-invasive respirator therapies. Respiratory Therapists play an very important role regarding the care and treatment of persons suffering from lung and breathing problems.

[188] An employee in this classification will have taken a two and one half year course for an advanced diploma. Currently there is no course in Saskatchewan. The government reserves seats at SAIT in Alberta. In 2020 – 21 28 seats were reserved. In 2021-2022, 32 seats, in 2022-2023, 36 seats, in 2023 – 2024, 36 seats and in 2024-2025, 36 seats. Typically, the educational process through SAIT results in approximately 10 new hires each year. A new educational program will begin at Saskatchewan Polytechnic in 2026 and will graduate students beginning in 2029.

[189] In 2023, the Committee recommended the current supplement be maintained. HSAS challenged this and through negotiations, a 6% increase was approved. At the time, the vacancy rate was 20.62% for full-time and 40% for part-time employees.

[190] The yearly review of the Committee was due November 17, 2024, and was distributed in December of 2024. The report showed 198 full-time and 19 part-time employees, with a vacancy of 48 and 8 respectively, resulting in a vacancy rate of 26.34% and 42.11% respectively. Service delivery impacts were reported and the results were serious. Of 7 reporting areas, 2 reported moderate problems, meaning that only basic services could be provided. In all other regions, the reports were at significantly worse levels. Several strategies were used to cope with the problems, such as use of overtime, on-call support, use of contract employees, working short and prioritizing workload duties, reliance on other provinces for support and use of other classifications.

[191] The turnover rates reported 13 departures with 2 leaving for better work. Regarding recruitment and retention issues most regions experienced aggressive competition. Recruiting bonuses are paid of up to $30,000 for rural areas and $10,000 for urban. There is constant advertising use of career fairs, offering practicums and relocation incentives. Several areas reported there are not enough graduates to meet the demand.

[192] The Western Canadian salary market comparisons showed that pay in Saskatchewan was slightly higher than the Western Canadian average. On the basis of the consideration of the five criteria, the Committee recommended the supplement be maintained. HSAS challenged this recommendation.

[193] A further report was due November 17, 2025 and was distributed on December 2, 2025. In this report, the vacancy rates were 15.26% for full-time employees and 18.18% for part-time. Across the province, except for the north-east of the province, where the problem is regarded as critical, the vacancy rate was a moderate problem. Service delivery issues were that the south-west part of the province experienced moderate problems, the south-east reported minor problems. The remainder of the regions reported significant problems with service delivery.

[194] The Report indicated consistent and similar turnover rates and recruitment issues were similar to the previous report. The salary market conditions remained similar to the previous year. On this basis the Committee recommended to retain the supplement.

HSAS Submissions

[195] HSAS submitted that in May of 2026, the president of the Saskatchewan College of Respiratory Therapists wrote to the Minister of Health expressing concern over the critical shortage of respiratory therapists, reporting the stagnant workforce of between 270 – 280 registrants in the province and this is despite strong recruitment efforts.

[196] HSAS submitted that the service delivery information is in dire circumstances. In July of 2025 and in June of 2026, respiratory therapists were removed from the Rpaid Response/RACE/Outreach team at Royal

University Hospital and St. Paul's Hospital in Saskatoon. Five of seven regions in 2024 – 2025 reported significant service delivery impacts and reported a number of ways in which these regions are trying to cope.

[197] The vacancy rate from the 2023 – 2025 reports indicate an improvement, this is because of a change in the method of calculating the vacancies. In Saskatoon alone the vacancy rate in 2025 was 23%. HSAS reported that it does not consider a vacancy filled by contract staff to eliminate the vacancy.

[198] The Committee reports demonstrate an overall vacancy of 33.68% in 2024 and 16.72% in 2025. In a life-saving profession, these are not insignificant.

SAHO Submissions

[199] Respiratory Therapists have been receiving market supplements since 2002, with the most recent being in 2023. The Committee conducts annual reviews and has recommended to maintain the supplement for the following two years. The vacancy rate is foundational to the assessment of a market supplement. The Employer assesses vacancies based on the open and posted positions within the classification. Where vacancy rates are improving, the employer is not struggling to recruit and retain employees. In 2024, the Report stated a 25.81% vacancy rate for full time employees and 24.24% rate for part time employees. Two areas reported moderate problems as a result of the vacancy. The other regions reported more serious issues, especially the northern and rural areas. In 2024 the vacancy rate was concerning. HSAS is asking for a retroactive supplement to 2024, but subsequent reports indicates an improvement. In 2025 the vacancy rate has improved to 15.57% for full-time employees and 18.18% for part-time employees. The vacancy rate improved again in 2026 to 14.89% for full time employees and 13.77% for part-time. These statistics are a strong indicator that a market supplement should not be made.

[200] Regarding service delivery, given the uneven vacancies, the information varies. Two regions noted moderate problems and the others stated the quality of service was being maintained at a basic level. The information in the report for 2026 also indicate an improvement. The SHA has undertaken a number of steps to address the problems, including offering

overtime and on call support, movement of resources, creation of casual positions and using other classifications to fill the gaps.

[201] The Turnover Rate does not indicate a supplement is needed as the facts show only a small percentage of employees leaving for better wages. As for recruitment and retention the Reports indicate this is a classification in high demand. In 2024 the government too steps to address this by purchase more seats at SAIT and offering incentive payments to graduates returning to Saskatchewan, with a higher incentive for employment in rural areas. In September of 2024 the government announced an $11.4 Million investment to create a Saskatchewan based training program for respiratory therapy at Saskatchewan Polytechnic, beginning in 2025 and graduating in 2026.

[202] The comparison with other provinces indicates that Saskatchewan wage scales are very competitive compared to other provinces especially since the cost of living in Saskatchewan is lower and the employee benefits superior.

[203] SAHO submits that an analysis of the labour market criteria does not demonstrate a need for a supplement in 2024 or 2025. The vacancy rate is falling. The government is addressing the issue of demand for more respiratory therapists outside of the market supplement process.

[204] LOU 12 requires that a market supplement be made "only when it is necessary, and "where workforce initiatives have been unsuccessful" in addressing recruitment and retention challenges.

Decision

[205] For the reasons that follow, I agree with the recommendation of the Committee that the supplement be maintained, however, I encourage the Committee to be watchful in its next review. There are aspects of the market criteria that point towards the need for a careful review in 2027.

[206] Regarding vacancy rates, I note that SAHO and HSAS interpret vacancy rates differently. SAHO performs its calculations based on the number of employees against the unfilled positions in order to arrive at a vacancy rate, while HSAS performs the same analysis but regards positions filled by contract employees to be vacant positions. The vacancy rate is one

of the more important criteria for me to consider and it is essential in this consideration that the facts stated by SAHO and HSAS be on the same basis, and if not, that I know in satisfactory detail what the differences are. It is unsurprising that that the Committee uses the same calculations as does SAHO, since it is an employer committee. I fully understand why HSAS does not regard positions filled by contract employees as being vacant. HSAS does not want a contract employee in a position, side by side with an SHA employee when the contract employee is not a member of the union and is paid at a higher rate. This concern, however, is well beyond my decision-making scope. My task is to consider the vacancy rate in relation to the need to recommend a supplement, and the ideal is that the method to determine the vacancy rate is common to both analyses.

[207] I regard the vacancy rate in 2023 to be serious and if it had not decreased, there would have been evidence that a market supplement would be needed. However, the vacancy rate has consistently declined through to 2026, and this is a strong indicator that a supplement is not yet needed.

[208] My concern, however, is that the delivery service is in my view in a serious state. The problems with service delivery, while worse in rural and northern regions, are also very serious across the province. In 2024, of the six regions reporting, three reported moderate difficulties, which meant that only basic services were available. In three locations routine duties were not provided and in one area, service was not provided at all. It is results of this criterion that cause me concern. Essentially the service of respiratory therapists was performed below acceptable standards or not at all in the province.

[209] I do not regard the recruitment and retention issue to have been solved. While I am encouraged that Saskatchewan Polytechnic will offer local training, I understand the paid for seats at SAIT will no longer be offered. The local teaching will make it easier for Saskatchewan students to be trained, but the removal of the seats at SAIT will mean the number of educational seats will remain much the same. Nevertheless, the locality of the school ought to make some difference.

[210] The turnover rates and the salary market conditions do not have a material impact on my analysis.

[211] With some caution the recommendation of the Committee should be upheld, however, if the vacancy rate increases or the service delivery does not improve, there will be a need for a further supplement in order to attract employees into the remaining positions.

Perfusionists

[212] Perfusionists play an essential role in the area of cardiovascular surgery. A perfusionist works under the direction of a cardiovascular surgeon setting up and maintaining the heart – lung machine during surgery. A perfusionist is certified by the Canadian Society of Cardiovascular Perfusionists. There are three educational institutions that graduate perfusionists, one in BC, one in Ontario and one in Quebec.

[213] The last supplement negotiated was in 2023 providing a 10% increase. The Report due December 2022 and distributed May 2023 reported there were 10 full time positions and 4 vacancies for a vacancy rate of 40%. Service delivery impacts reported that this classification operates in Regina and Saskatoon. Due to the vacancy rate, there is a significant problem, such that perfusionists are not available at times and this causes delays in heart surgery. The report says that patients may need to be transported to Saskatoon for care if there are no employees available to support ECMO or open-heart surgery.

[214] Regarding recruitment, the Report says there is a minimum supply of perfusionists in North America and as a consequence extensive efforts are made to attract employees. The comparison to other provinces indicates that Saskatchewan rates were behind some provinces and ahead of others. The initial report recommended to maintain the supplement but on learning of two more departures, the Committee recommended an increase.

[215] In the report of the Committee due May 17 and distributed in April of 2024, the vacancy rate analysis reported of 10 positions in Regina and Saskatoon, there was a 75% vacancy rate in Regina meaning of the 4 positions, three were vacant. There was a senior position in Regina that was filled and of the 5 positions in Saskatoon, all were filled. The service delivery impacts were regarded as significant for Regina. The service delivery in Regina was significantly hindered. Patients potentially would be transferred to Saskatoon. Both sites utilize overtime and the use of locums/contract workers. The turnover rate indicated two departures of

which one was for better pay. The recruitment issues continued to report the inability to attract graduates due to the limited supply of students. The salary market conditions indicated that Saskatchewan employees were paid above the Western Canadian average. The Committee recommended that the supplement be maintained.

[216] The annual report due May 17, 2025 and distributed June 10, 2025, reported a continued vacancy rate of 75% in Regina and 25% in Saskatoon. There were two senior positions, one in Regina and one in Saskatoon that were both filled. The service delivery impacts were similar to the previous year. The other criteria were also similar. Turnover rate was not a factor. Recruitment issues were the same and Saskatchewan continued to demonstrate that employees in this province were paid more than the average by 9.06%. Again, the Committee recommended maintenance of the supplement.

[217] The annual review due May 17, 2026 and distributed Juen 4, 2026 showed a change to the vacancy rate. With two new perfusionists ready to begin work, the rate dropped to 20%. This had an impact on service delivery however, the state of delivery was reported as moderate, meaning, while service was provided to patients, some routine duties are not being completed. The two locations are coping with the use of overtime, locum and the use of a casual position filled by a retiree.

[218] The Report recommended the supplement be maintained. The Report commented that Ontario is the major competitor which is the province where all Saskatchewan graduates originate. The Ontario rate of pay was lower than that in Saskatchewan which also continues to outpace other Western Canadian provinces.

HSAS Submissions

[219] HSAS began its submissions by reporting that in 2023, as a result of the Committee Report and advocacy by HSAS with the Minister of Health, there was a concerted effort to address the problem of vacancy in this small but critical classification. Through the efforts of the Employer, SAHO and the Minister of Health a $100,000.00 recruitment and retention incentive was implemented over five years. There was a 10% supplement, an hourly increase to the stand-by fee of $5.00/hour to $7.50/hour and an additional $30,000.00 standby bonus was agreed to. There were relocation incentives

paid along with a "finders fee". All of this resulted in the recruitment of only one additional perfusionist.

[220] In 2025 it was evident that the incentives had no impact as the vacancies became worse. It reported a vacancy rate of 33% based on 12 positions and 4 vacancies. Regina continued to have a 75% vacancy rate. The 2026 Report is inaccurate, stating a 17% vacancy rate because it relies on speculative information of two candidates who may graduate and may fulfill their promise of employment after they pass their licensing exam.

[221] Despite the high retention bonus Saskatchewan had departures. Currently, Saskatoon has 2 full time and 2 part-time employees, one of which is leaving on maternity leave. Regina has 2 of 5 positions filled.

[222] All of the reports demonstrate that with the high demand for perfusionists across Canada and beyond, Saskatchewan must remain competitive.

[223] Saskatchewan does not have enough perfusionists to provide basic coverage and must rely on retirees returning on a casual basis. Locums are paid $150.00/hour along with a standby fee and expenses such as travel. If they work overtime during a weekend they are guaranteed 8 hours of overtime.

[224] Reduction in services has been significant. The result has been cancelled cardiac surgery or delayed surgery. Over the past three years both Regina and Saskatoon units have one on "bypass" meaning there were no perfusionists available.

SAHO Submissions

[225] Perfusionists are one of the more difficult classifications to recruit. The 2024 vacancy rates reflect a particular difficulty with vacancy in Regina while the vacancy in Saskatoon would be filled with a new employee. The efforts in 2026 to recruit bore fruit with two new recruits, thus reducing the overall rate to 20%.

[226] Recruitment efforts remain a priority. Given the limited number of recruits there will be an impact on vacancy. There continue to be service delivery problems, but the problems are improving. There is extensive use

of overtime and locums. Most departures are not for wage related issues. As for recruitment, Saskatchewan is now purchasing seats at BCIT for Saskatchewan candidates to help to encourage new graduates. The salary market conditions continue to show that Saskatchewan employees are paid above the Western Canadian average.

[227] In summary, given this classification is in great demand the incentive efforts have shown an improvement in the vacancy rates and consequently there is no necessity to increase the market supplement rate.

Decision

[228] For the reasons that follow, I disagree with the recommendation of the Committee to maintain the market supplement rate. There are however, aspects of the facts that point towards maintaining the market supplement. Particularly is the fact that recently it would appear that two new graduates will begin to work and this will reduce the vacancy rate to 20%.

[229] This classification is an outlier. The classification is small with only 10 – 12 employees working in Regina and Saskatoon. It is a classification that is in very high demand across North America. There are training courses available in BC, Ontario and Quebec. I understand several seats are reserved in BCIT for Saskatchewan students and financial incentives are paid to students hired by SHA. Saskatchewan's rate of pay is above that of Ontario and Western Canada. It is obvious to me that this classification has received positive attention for the purpose of recruiting and retaining employees.

[230] Despite significant financial incentives, I see instability in the employment of perfusionists. Due to the small number of employees, any departure for any reason upsets and potentially causes disruption in the vital operation of heart surgery in the province. If a perfusionist is not available, a heart surgery is either cancelled, or the patient is transported to Saskatoon or possibly Regina. It is the unique and critical position a perfusionist holds in the cardiovascular team that requires that special attention be given to this classification.

[231] The government, SHA and the efforts of SAHO and HSAS have collectively made positive efforts to retain and maintain perfusionists. It will be necessary to maintain a high level of support for this position and the

market supplement rate is a part of this. Saskatchewan wage rates here are competitive. In a high demand area such as this, it is necessary to increase the market supplement rate to maintain stability in this key position.

DATED at Regina, Saskatchewan this 3rd day of July 2026

Rodger Linka, Adjudicator