MARKET SUPPLEMENT PROGRAM

Report of the Market Supplement Review Committee

Infection Control Practitioner

FINAL

Report Due Date: December 22, 2025
(Annual Review)
Report Distribution Date: February 26, 2026

OBJECTIVE

The objective of the Market Supplement Program is to ensure that the Saskatchewan Healthcare Employers can attract and retain the employees required to provide appropriate health care services to the people of Saskatchewan.

This Program is designed to address specific skill shortages by use of a temporary market supplement, to attract and/or retain qualified employees. The Program is also designed to ensure that temporary market supplements respond to valid labour market criteria, to address recruitment/retention pressures.

A market supplement will be an acceptable option only if:

- workplace initiatives have not addressed the skill shortage;
- labour market data supports a supplement; and,
- recruitment/retention is a problem, is affecting service delivery, and is well documented.

OVERVIEW

The Market Supplement Review Committee (MSRC) reviewed updated documentation submitted in the annual review process regarding the market supplement for the Infection Control Practitioner classification. Infection Control Practitioners are members of the Health Sciences Association of Saskatchewan (HSAS). The first market supplement report was released by the Market Supplement Review Committee on December 19, 2002.

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

Role of an Infection Control Practitioner:

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

Qualifications:

> *An Infection Control Practitioner must either be a Registered Nurse possessing a Bachelor of Science in Nursing or have possession of a bachelor's degree in a health-related field (related to infection prevention and control) that is acceptable to the Employer. In addition, current certification in Infection Control and Epidemiology (CIC).*

ANALYSIS

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

VACANCY RATE ANALYSIS: *(Respondents were requested to provide information about the frequency and timing of vacancy occurrences {i.e., seasonal vacancies; do the vacancies always follow an event; etc.}, and to identify trends that may affect recruitment/retention efforts.)*

Table 1 - Infection Control Practitioner including Senior – Vacant Permanent Positions (October 2025)

Number of Permanent Positions		Number of Vacant Permanent Positions		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
37	7	1	1	2.7%	14.29%

Full-time vacancies are minor meaning that vacancies represent less than 10% of existing staff (or hours of work). Vacancies are filled usually within a reasonable time i.e. less than 3 months, and there has been success in the last 12 months at filling vacancies.

Part-time vacancies are moderate meaning that vacancies represent less than 20% of existing staff and signals that part-time vacancies may be difficult to fill and may require a greater than a standard amount of time to recruit i.e. 3 to 6 months.

SERVICE DELIVERY IMPACTS: *(Respondents were asked to provide information that addresses current service delivery impacts resulting from staff shortages; potential staff short-term service delivery impacts; potential long-term service delivery impacts; and options for alternative service delivery models.)*

Service delivery impacts are noted as being minor meaning there is some impact to timing or quality or quantity of service and there may be inconveniences to patients, but service problems are only temporary or only for a short period.

Strategies noted to address service delivery issues are as follows:

- Maximizing part time staff to full time to cover additional vacant hours.
- Scheduling casual staff to cover day-to-day responsibilities.
- Deferral of project work to support frontline patient care.
- Use of different classifications where appropriate.
- Use of field hours to better meet program needs.

TURNOVER RATES: *(Respondents were asked to provide local analysis of reasons for leaving and trends that may be emerging. They were also asked to provide annual turnover {loss of employees to other competitor employers} ratio to the existing staff complement {budgeted positions} in the given occupation.)*

Where it was known over the past 12 months, the following turnover to a was reported.

- Number of employees who retired from this classification - 1
- Number of employees who failed their probation/trial period – 0
- Number of employees who left due to family/domestic reasons – 1
- Number of employees who left the organization for reasons not wage related – 0
- Number of employees who left the organization for increased salary – 0

There were no turnover trends noted.

RECRUITMENT ISSUE ANALYSIS: *(Respondents were asked to provide information such as length of recruitment times; training investments; licensing issues; supply and demand issues, etc.; as well as information that would identify trends that may affect recruitment and/or retention efforts).*

Certain areas, including Saskatoon and rural regions of the province, reported only minor recruitment challenges, noting that qualified professionals are generally available when vacancies arise. A significant proportion of hires within this classification are internal candidates transitioning from other classifications.

Regina and the northern areas of the province indicated moderate recruitment concerns in that new graduates and qualified professionals are difficult to recruit. While overall turnover is low and departures are typically related to career advancement rather than movement to competing employers, when career advancements do occur, the corresponding vacancy may be difficult to fill. In particular, internal applicants may be hesitant to move into the role if it means giving up the seniority they have earned in another bargaining unit, which can reduce the number of candidates willing to apply.

Other strategies to address recruitment include the following:

- Attending career events.
- Targeted external advertising, promoting opportunities through social media outlets including career spotlights.
- Participate in career fairs.
- Posting on the Health Careers website.
- Offering northern allowance based on collective agreement eligibility.
- Offering of relocation reimbursements.
- Word of mouth advertising.
- Connecting with students completing the Infection Prevention and Control training.
- Offering of practicum placements for students.
- Offering of mentorship and clinical placements on occasion.

SALARY MARKET CONDITIONS: *(Respondents were asked to identify situations where their salary levels are lower than other employers that they would expect to recruit employees from, or other employers that recruit their employees. This may be local, provincial, regional, national or international, depending on the occupation group and traditional recruitment relationships. Cost of living considerations may or may not be appropriate to factor into market salary comparisons.)*

Table 2: Infection Control Practitioner – Salary Market Conditions

Province	Job Title	Effective Date	Maximum Rate of Pay (April 1, 2023)
British Columbia	Infection Control Practitioner	April 1, 2023	$57.13
Alberta	Infection Control Practitioner	April 1, 2023	$57.63
Saskatchewan	Infection Control Practitioner	April 1, 2023	$53.200
Manitoba	Infection Control Nurse (MNU Nurse IV)	April 1, 2023	$55.007
Western Canadian Average (2023)			**$55.742**

Saskatchewan Rate	$ 53.200
Western Canadian Average	$ 55.742
Sask compared to Average ($)	$ (2.54)
Sask compared to Average (%)	95.44%

Note: Saskatchewan rates are below the Western Canadian Average.

ADDITIONAL INFORMATION:

- SAHO and the Health Sciences Association of Saskatchewan are currently negotiating a new collective agreement as their previous agreement expired on March 31, 2024.

CONCLUSIONS AND RECOMMENDATIONS

Considering the labour market criteria under the framework, the MSRC makes the following conclusions:

- Overall vacancy rates remain low. Of 44 total budgeted permanent positions, only 2 are vacant, representing a 4.5% vacancy rate.
- Recruitment efforts have been successful, with no requirement for additional financial recruitment incentives.
- Service disruptions have been minimal.
- The primary recruitment pool consists of internal candidates. Any hesitancy to transition into this classification appears to be related to seniority considerations rather than compensation.
- Saskatchewan's salary for this classification is below the western Canadian average.

Having reviewed the information as provided by respondents, and considering the labour market criteria, the MSRC recommends that the current market supplement for the Infection Control Practitioner should be **maintained.**