MARKET SUPPLEMENT PROGRAM

Report of the Market Supplement Review Committee

Pharmacist

FINAL

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(Annual Review)
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OBJECTIVE

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

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

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 documentation submitted in the review process regarding the market supplement for the Pharmacist classification. The initial market supplement report was released by the Market Supplement Review Committee on August 6, 2002, and implemented on October 16, 2002. The first annual review was conducted by the MSRC in October 2003. The most recent increase to the market supplement rate was effective March 1, 2022.

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

Role of a Pharmacist:

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

Qualifications:

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

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.)*

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

Table 1: Pharmacists including Senior – Vacant Permanent Positions (December 2025)

Number of Permanent Positions		Number of Vacant Permanent Positions		% Vacancy	
Full-Time	Part-Time	Full-Time	Part-Time	Full- Time	Part- Time
240	70	14	7	5.83%	10%

Overall, the combined provincial vacancy rate was identified as minor, indicating that vacancies represent less than 10% of existing staff and are generally filled within a reasonable timeframe (i.e., less than three months) with most vacancies being in northern and rural communities.

This represents a significant improvement compared to 2025, when the vacancy rate was 10.88% for full-time positions and 27.84% for part-time positions.

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 vary across the province. Saskatoon identified its service delivery impacts as minor, indicating that while there may be some impact on service and occasional inconvenience to patients, these issues are temporary.

Regina reported moderate service delivery impacts, meaning the department continues to provide services; however, some routine duties are not being performed or must be reprioritized.

In rural and northern Saskatchewan, service delivery impacts were identified as significant, indicating that departments are only able to provide a basic level of service. This may result in substantial service gaps, ongoing service challenges, growing wait lists, and declines in both the quality and quantity of services, which may also affect other areas of care.

Other strategies used to augment service delivery include the following:

- Prioritizing services, i.e. a focus on acute care over primary care roles.
- Reducing clinical pharmacy services.
- Denying vacation requests to maintain appropriate staffing levels.
- Providing services through remote pharmacists.
- Utilizing other classifications where appropriate.
- Engaging contracted services.
- Offering overtime.
- Reducing hours of operation.

- Implementing flexible work schedules.
- Reassigning in-scope leaders to provide frontline coverage.
- Hiring summer students.

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 was reported:
- Number of employees who retired from this classification – 3
- Number of employees who failed their probation period – 1
- Number of employees who left due to family/domestic reasons – 8
- Number of employees who left the organization for reasons not wage related – 4
- Number of employees who left the organization for increased salary – 4

Turnover trends indicate that pharmacists are moving from rural to urban settings. While this does not necessarily reflect employees leaving the organization for a competitor employer, it does create gaps in staffing complements in rural and northern locations.

Another trend observed is that a number of in-scope senior pharmacists are leaving leadership roles to return to frontline staffing positions.

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.)*

Recruitment experiences vary somewhat across the province. Saskatoon reported minor recruitment challenges, indicating that qualified professionals can generally be found without significant difficulty. Where vacancies have occurred in the past 12 months, there have been no issues filling positions. It is believed this is largely due to the educational program being located in Saskatoon, which serves as the primary recruitment source for that area.

Regina reported moderate recruitment challenges, meaning that both new graduates and qualified professionals can be difficult to recruit, and educational institutions are not graduating enough candidates to meet demand. Retention was noted to be less of a challenge in this setting.

In rural and northern areas of the province, recruitment challenges were identified as significant, with qualified professionals and new graduates in high demand among employers, some of whom offer substantial recruitment incentives. Retention is also more challenging in these areas, as employees often prefer to work in the province's two larger urban centres.

To help address these recruitment challenges, targeted recruitment incentives are in place. These include incentives of up to $20,000 in rural and northern areas and $10,000 in Regina.

Many initiatives have been undertaken to support recruitment and retention, including the following:
- Establishing a recruitment and retention working group.
- Attending job fairs and University of Saskatchewan information nights.
- Participating in recruitment events across Canada.
- Advertising consistently online, with a focus on the Canadian Society of Hospital Pharmacists (CSHP) and the American Society of Health-System Pharmacists (ASHP) websites.

- Posting opportunities in trade journals, professional publications, and on the Health Careers website.
- Hosting an annual Webex event for fourth-year pharmacy students.
- Increasing the use of student placements.
- Providing financial recruitment incentives.
- Offering relocation assistance.
- Offering learning rotations prior to graduation and expanding capacity for post-graduate hospital pharmacy residency rotations.
- Providing training allowances.
- Offering northern incentives in accordance with the collective bargaining agreement.
- Offering variable hours where operationally feasible.

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: Pharmacists – Salary Market Conditions

Province	Job Title	Effective Date	Maximum Rate of Pay (April 1, 2023)
British Columbia	Pharmacist - Grade I	April 1, 2023	$61.39
Alberta	Pharmacist I	April 1, 2023	$62.88
Saskatchewan	Pharmacist - Pharm D/Degree	April 1, 2023	$59.751
Manitoba	Pharmacist	April 1, 2023	$60.056
Western Canadian Average (2023)			**$61.019**

Saskatchewan Rate	$ 59.751
Western Canadian Average	$ 61.019
Sask from Average ($)	$ (1.27)
Sask from Average (%)	97.92%

Notes: Saskatchewan rates are below the Western Canadian Average.

ADDITIONAL INFORMATION:

- SAHO and HSAS 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 provincial framework, the MSRC makes the following recommendation:

- The overall vacancy rate for pharmacists is identified as minor, representing an improvement from the 2025 vacancy rate.
- Service delivery impacts vary across the province, with rural and northern areas experiencing greater impacts.
- Turnover trends include movement from rural areas to urban centres, as well as employees transferring from in-scope leadership positions back to frontline roles.

- Recruitment efforts vary across the province; to address these challenges, targeted recruitment incentives are in place.
- Saskatchewan wages are below the Western Canadian average.

Having reviewed the information provided by the respondents and considering the labour market criteria defined by the market supplement framework, the Market Supplement Review Committee recommends **to maintain** the current market supplement for the Pharmacist classification.