

**In the Matter of an Adjudication Concerning Market Supplement Wage Rates  
for the following classifications:**

- **Dental Therapist**
- **Occupational Therapist**
- **Respiratory Therapist**
- **Ph.D. Psychologist**

**Between:**

**Health Sciences Association of Saskatchewan**

**- and -**

**Saskatchewan Association of Health Organizations**

**Before: Beth Bilson, Q.C., Adjudicator**

**Present: For HSAS: Kevin Glass  
Valerie Stopanski (Dental Therapist)  
Mary Spurr (Occupational Therapist)  
Debbie Morden (Respiratory Therapist)  
Warren Chykowski (Respiratory Therapist)  
Rupal Bonli (Ph. D. Psychologist)**

**For SAHO: Kevin Zimmerman  
Ian Billett**

**Hearing Date: May 24, 2007**

## **Decision of Adjudicator**

This decision concerns the question of whether a market supplement should be awarded for the following classifications of employees represented for the purposes of collective bargaining by the Health Sciences Association of Saskatchewan (HSAS): Dental Therapist, Occupational Therapist, Respiratory Therapist and Ph.D. Psychologist. The employers of these employees are represented for collective bargaining purposes by the Saskatchewan Association of Health Organizations (SAHO).

The collective agreement between SAHO and HSAS covering the period from April 1, 2004 to March 31, 2007, which was concluded in October of 2005, contains two Letters of Understanding outlining the features of the Provincial Market Supplement Program. The agreement between the parties reflected in these Letters of Understanding provides my authority for undertaking this adjudication.

The Market Supplement Program was originally instituted as part of the resolution of the round of collective bargaining in 2002. All four of these classifications were awarded a market supplement in 2002. These market supplements have been reviewed by a Market Supplement Review Committee (MSRC) on an annual basis, most recently in October of 2006, and January of 2007 in the case of the Ph.D. Psychologists. At that time, the MSRC recommended that, for the classifications of Dental Therapist, Occupational Therapist and Respiratory Therapist, market supplements should be retained at their existing level. In the case of Ph.D. Psychologists, the base rate of pay had overtaken the market supplemented wage rate; the recommendation of the MSRC was that no market supplement be given at this time.

As permitted in the Letters of Understanding, HSAS has challenged the findings of the MSRC, and has invoked this adjudication procedure. The issue for this adjudication is whether an additional market supplement would be warranted for the Dental Therapist, Occupational Therapist and Respiratory Therapist, and whether a market supplement should be given for the Ph.D. Psychologist classification.

It is worth making several general observations before looking in turn at each of these classifications. It should be noted, to begin with, that the current collective agreement, the basis for the analysis done by the MSRC in preparing their reports, has expired, and negotiations towards a new collective agreement are proceeding. The possible impact of any new collective agreement on the wage rates for these classifications is, of course, not known at this time, but I mention it as an example of the mutable character of the factors which the parties have agreed to take into account in the process of deciding whether market supplements should be awarded, and what level they should be set at. Like other factors – the comings and goings of employees from positions, the changes in wage rates in comparator jurisdictions and organizations, or the accessibility of institutions providing the required training for employees – the actual wage rates agreed on for these employees change over time, and the assessment in an adjudication such as this one can only be done on the basis of a snapshot which will already have altered.

Another point which should be kept in mind is that the use of market supplements is only one strategy that may be used by employers to address issues of recruitment and retention of specialized and scarce employees. It is often difficult to disentangle strategies such as signing bonuses, training assistance or aggressive recruiting programs from market supplements in looking at whether a market supplement is warranted, but this adjudication process only concerns the Market Supplement Program, and not other ways of addressing problems of recruitment and retention.

Finally, as I have said in earlier decisions, employers make many decisions about workload, budget allocations, the size of employee complements, and the assignment of duties within and between classifications of employees, which are not directly relevant to the determination of whether a market supplement would be a useful means of addressing genuine recruitment and retention issues. Though some of these decisions no doubt have an impact on morale or job satisfaction – and may therefore provide incentives for employees to leave their jobs or declines to accept positions, it is incumbent on me to make an effort not to confuse these issues.

### **Dental Therapist**

Aside from one part-time position in Saskatoon, the employees in this classification work in the two northern health regions, Keewatin Yatthe and Mamawetin Churchill River. Ms. Stopanski described the arduous working conditions for these employees, who provide dental services to children throughout northern Saskatchewan, reaching small and isolated communities by air, often in adverse weather conditions. HSAS argued that the salary levels for these employees is a factor leading to difficulty in recruitment, with federal government and Aboriginal employers, along with private practice, providing more remunerative positions. This is despite the fact that the National School of Dental Therapy, which provides training for those in this classification, is located in Prince Albert.

Counsel for SAHO acknowledged that there have been difficulties in recruiting employees for positions in the north from time to time, and that the vacancy in Keewatin Yatthe alluded to in the MSRC Report of October 2006 had been unfilled for some time. On the other hand, he was able to indicate that that position had been filled subsequent to the Report.

Given the small number of positions in this classification, it is somewhat difficult to identify a trend in vacancies, as a change in a single position represents a significant percentage change for the classification overall. The MSRC noted in its report that the vacancies which had occurred had not been linked to service delivery problems by the employers, although the Keewatin Yatthe Health Region had indicated that they wished it were possible to create additional positions to perform the services required.

Though it is clear that the work done by Dental Therapists is demanding, and it appears there are higher-paid positions in other organizations, it is difficult to tie these to any specific challenges for the health regions in filling positions or retaining employees.

I have concluded that no reason has been established to differ with the conclusion of the MSRC, and I therefore find that no additional market supplement is warranted for the Dental Therapist classification at this time.

### **Occupational Therapist**

The figures on which the MSRC based its report on October 2006 indicate that there were 98 budgeted full-time positions and 46 budgeted part-time positions in this classification. The vacancy rate at that time for full-time positions was 6.1%, which is considerably less than the rate in 2002 of 18%.

Mr. Glass pointed out that one factor affecting this picture is the reduction in the number of full-time positions from 111 to 98, arguing that the elimination of positions is suggestive of difficulty in filling the positions over the long term, as there is no evidence that service demands are decreasing. He also pointed out that the turnover rate in this classification rose to 11 in 2006 from a previous high of 8 in 2004, although the MSRC Report noted that there was a variation in the employers reporting on this data.

Despite the decrease in the number of full-time positions, the MSRC Report stated that employers did not report serious service delivery concerns.

There is some evidence of challenges related to recruitment and retention in this classification. Though the MSRC Report does not give very specific reasons for the turnover of employees in 2006, at least some of those reasons hint at competition from employers paying higher wages, notably in the private sector. It is clear, too, that some employers availed themselves of alternative strategies, such as hiring employees past the first step of the wage grid, to attract these employees.

On the other hand, the vacancy rate indicated in the MSRC Report is not high, certainly compared to the period when the Market Supplement Program came into effect. Neither is it clear that the reduction in the number of positions is directly linked to recruitment and retention issues, though this is an interesting speculation.

Though it is a matter of some difficulty, I have come to the conclusion that there is not a sufficiently compelling case for awarding an additional market supplement at this time.

### **Respiratory Therapist**

The MSRC Report of October 2006 concerning the Respiratory therapist classification indicated that there were 76 full-time and 4 part-time budgeted positions. The overall vacancy rate for the classification was 11.8%, and all of the vacancies were in full-time positions. The rate in Saskatoon was particularly high, at 20%, and this could be expected to be an additional strain because of the discrepancy between the number of budgeted positions in Saskatoon – 25 – and those in Regina – 42 – a difference for which there is no clear explanation.

Mr. Chykowski and Ms. Morden gave an account of the stresses and frustrations they have experienced in their jobs. Much of this has to do with their inability to perform many of the services they were trained for, because they do not have time. In itself, as I have commented in other decisions, this is not in itself indicative of the need for a market supplement. These are clearly conscientious employees who would prefer to be able to offer service as thoroughly as possible, and to deal with the widest range of patients who would benefit from their skills. Instead, their experience has been that they are confined to the performance of very basic services, those which are deemed most essential, and they put this down to the need for additional positions.

It is not within the purview of this process for me to determine whether this is a well-founded argument; the number of positions and the use made of the skills of this group of employees is something that lies within the jurisdiction of the employer. It is worth noting that the MSRC reported that a number of additional positions had been created since 2002, suggesting that some employers at least share the opinion expressed by Mr. Chykowski and Ms. Morden.

Though I have stated above that workload and morale issues are not directly related to the push and pull that may be exerted by wage rates, the market supplement adjudication process is premised on the idea that higher wage rates may be one way of making work in Saskatchewan's health regions more attractive, and may help to counteract workload or morale concerns.

The high vacancy rate in this classification, along with higher turnover rates for the past two years, suggest that there are unresolved recruitment and retention issues for these employees. The MSRC Report itself states that "large health regions are continually in a recruiting mode" for Respiratory Therapists. I have concluded that an additional market supplement should be awarded for the Respiratory Therapist classification.

#### **Ph. D. Psychologist**

When the collective agreement pertinent to this proceeding was concluded, the new wage rates for Ph. D. Psychologists outstripped their market supplemented rate, and there is therefore no market supplement currently in place for this classification.

In May 2006, I examined the MSRC Report of December 2005 related to this classification, and concluded that, notwithstanding ongoing challenges, the changes in the wage level up to that point had had a positive effect in creating a downward trend for vacancies, and that therefore no market supplement was justified.

Dr. Bonli said that the training for Ph.D. Psychologists is in many ways more rigorous than medical school, and noted that the competitiveness for entry into graduate programs places strict limits on the number of qualified psychologists available. She described the situation for psychologists in the public health care sector as one where they are encountering patients with increasingly complex and urgent psychological problems. She stated the higher levels of remuneration in private practice and its less stressful working

conditions make it alluring. Many of her colleagues carry on some private practice in order to augment their public sector salaries.

Counsel for SAHO said that his information was that the acknowledged difficulties in recruitment were tied to particular specialties. Ms. Bonli said that, though psychologists may choose to concentrate on particular types of patients or conditions, and many positions are defined in specific terms, employees in this classification receive broad training, and could function in a variety of positions. Mr. Glass added that all of the positions in the classification have specific characteristics, but the problem is a general one for all of the Ph. D. Psychologists.

In the report of January 2007, the MSRC noted that several employers had reported service delivery issues, in particular waiting times. The MSRC stated:

Vacancies to this classification will result in service delivery disruptions. Depending on the specialty area, health regions have attempted to use other classification to help alleviate wait lists....Although using these other classifications do help [sic] lessen waiting lists, they do not possess the qualifications of a Ph. D. Psychologist and are not qualified to do the same work as Ph. D. Psychologists.

In the 2006 adjudication on this question, I noted that, though still somewhat high, the vacancy rate for Ph. D. Psychologists had been trending down, suggesting that previous market supplements and economic increases had gradually been having an effect. This trend was reversed in the figures included in the MSRC Report, indicating an overall vacancy rate of 22%, up from 17% the previous year.

Given the information in the MSRC report and the information provided at the hearing, I have concluded that it would be timely to award a market supplement to the employees in this classification. Though, as always, it is as difficult to be sure that renewed recruitment and retention pressures result from dissatisfaction with wages as it is to predict with certainty that a wage increase will have a moderating effect, this program is founded on the assumption that a market supplement can have a modest effect in attracting and retaining health care employees, and there are clear signs that this strategy may be useful for this classification.

DATED at the City of Saskatoon, the 11<sup>th</sup> day of June, 2007.

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Beth Bilson, Q.C.  
Adjudicator