

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

- **Perfusionists**
- **Physical Therapists**

**Between:**

**Health Sciences Association of Saskatchewan**

**-and-**

**Saskatchewan Association of Health Organizations**

**Before:**

**Beth Bilson, Adjudicator**

**Appearances:**

**For HSAS: Kevin Glass  
Patty Peterson (Physical Therapists)  
Mark Rosin (Perfusionists)**

**For SAHO: Michael Phillips  
Ian Billett**

**Date of Hearing:**

**October 23, 2009**

## **Decision of Adjudicator**

The Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Association of Health Organizations (SAHO) are parties to the collective agreement which governs the terms and conditions of employees of a number of classifications of health care employees. Appended to the collective agreement whose term began on April 1, 2007, are two Letters of Understanding outlining a process for considering and establishing market supplements for these classifications. My authority and function as an adjudicator is set out in those Letters of Understanding.

The question being addressed in this decision is whether an addition is warranted to the market supplement currently in place for the Perfusionist and Physical Therapist classifications. A report of the Market Supplement Review Committee (MSRC) dated October 15, 2008, found that an additional market supplement was not warranted for the Perfusionist classification. A report of the MSRC dated March 26, 2009, made a similar finding with respect to Physical Therapists. HSAS challenges these findings, which has led to the adjudication before me.

In considering whether a further market supplement should be awarded, the Letters of Understanding require me to take into account five criteria: service delivery impacts, turnover rates, vacancy rate analysis, recruitment issue analysis and salary market conditions.

### **Perfusionists**

The last adjudication with respect to market supplement rates for the Perfusionist classification was in 2006. In a decision dated May 3, 2006, I found that there were no grounds for overturning the recommendation of the MSRC that no further market supplement be awarded at that time.

Both Mr. Glass and Mr. Phillips indicated that the data reported in the most recent MSRC report did not show much change in the body of information I was dealing with in 2006. Mr. Glass argued that, this apparent stability notwithstanding, there are serious pressures on the employment picture for this classification that should be addressed through a market supplement increase.

The information provided by HSAS indicates that there is both national and international competition for the limited number of perfusionists who are qualified to perform this critical function in the health care system. There are two programs in Canada which lead to the required qualifications, and one of these is a French-language program whose graduates nearly all remain in Quebec.

Mark Rosin, who is the Senior Clinical Perfusionist at the Royal University Hospital in Saskatoon, provided very detailed information concerning the present employment conditions in which the perfusionists work. This information indicates that the four perfusionists currently employed by the Saskatoon Health Region regularly work

extensive overtime and on-call hours, and that their skills are required more and more often. The consequences of not having a perfusionist available to support scheduled or emergency procedures are drastic, and this has led to the significant amount of work each perfusionist performs outside regular scheduled shifts. The letters provided by physicians spoke to this point.

There is no reason to suppose that the data provided by Mr. Rosin does not give an accurate picture of the working conditions for the perfusionists. As I have commented before, however, the choices made by the health regions with respect to staffing levels, along with whatever implications these choices have for the working conditions and workloads of employees, are not matters the parties elected to have scrutinized through this adjudication process. I am not authorized to examine whether employers have set the numbers of budgeted positions in these classifications at appropriate levels, or whether the work assignments of employees are too heavy because health regions are not creating sufficient positions. Mr. Glass expressed some skepticism that these issues could be dealt with effectively at the bargaining table, but his reservations on this point do not clothe me with additional jurisdiction to address this aspect of the environment.

It is true that low staffing levels and deteriorating working conditions can make the positions themselves undesirable, and can consequently result in difficulties in recruitment and retention; in such an instance, those issues would be within the scope of this adjudication process. In this case, however, there is no indication that in either of the two health regions where perfusionists are employed (Regina-Qu'Appelle and Saskatoon) the staffing and workload pressures described have led to recruitment and retention issues. No budgeted full-time positions are vacant; nor has there been any turnover in these positions since the last report. Though Mr. Rosin suggested there might be difficulties in filling a newly-created part-time position in Saskatoon because of the nature of the work, and though he indicated that one of his colleagues may be planning to move to an academic career, I do not think it is appropriate in this process to try to anticipate recruitment and retention issues that may arise in the future. A market supplement must be seen as an effort to meet existing difficulties of recruitment and retention by addressing a single component – wage rates – from among the features of the position that may make it unattractive. Other kinds of perceived unfairness or inequity cannot be dealt with through this process.

In making my assessment, I must consider the information related to each of the criteria listed in the Letters of Understanding, as well as the overall picture created by this information. In the case of the perfusionists, data concerning “salary market conditions” indicates that the salaries in Saskatchewan are somewhat lower than in other western provinces. This piece of information cannot, however, be interpreted in isolation from the other criteria, and those seem to indicate that salary levels as such have not had an effect on recruitment and retention issues.

My conclusion is that there are no grounds on which to overturn the recommendation of the MSRC that no further market supplement be awarded at this time.

## **Physical Therapists**

The picture for the Physical Therapist classification has been complicated somewhat by the fact that the number of budgeted positions has fallen and then risen again over the years since 2002; this is the case for both full-time and part-time positions. Mr. Phillips argued that any concerns with vacancy rates must be seen in the context of the increase from 152 to 159 full-time positions from 2008 to 2009; it is understandable in his view that it might take some time to recruit physical therapists to fill these newly-created positions.

Mr. Glass argued that, even taking into account the new positions, the vacancy rate, after declining for several years, has begun to rise again. He pointed as well to the fairly significant turnover rates – 18 in 2006, 15 in 2007 and 13 in 2008 (since the MSRC used data as of February for 2009, the figure of 0 for 2009 is not meaningful). In addition, he provided a copy of a notice from the Regina-Qu'appelle Health Region, dated after the MSRC report, stating that a number of physical therapy clinics would have to be closed for a period, owing, among other things, to “continued recruitment difficulties.”

Mr. Glass also suggested that there is a natural comparison between the Physical Therapist and Occupational Therapist classifications, and that the decision of the MSRC to recommend an added market supplement for the latter supports the award of a further market supplement to the physical therapists. Though there are obvious points of similarity between the training and role of employees in these classifications, I am not persuaded that this is in itself a reason to award a further market supplement in the Physical Therapist classification. Despite their similarities, they do operate in slightly different labour markets, and if parity between the two classifications is an issue of importance to HSAS and its members, my view is that the market supplement mechanism is not an appropriate vehicle for pursuing this objective.

In their report of March, 2009, the MSRC enumerated the number of temporary vacancies in this classification and noted that these vacancies can be “difficult to fill, especially for rural employers.” Mr. Glass noted that most of these vacancies would be created by employee maternity leaves. It is hard to know how these would helpfully be factored into the assessment of vacancy rates for market supplement purposes, since the difficulties of hiring into these positions may have little to do with wage rates and more to do with their transient nature. In any case, they do not seem to have been listed among the vacancies in the tables used by the MSRC.

Though the vacancy rates in this classification have not returned to the alarming levels they had attained at the time the market supplement process was first put in place in 2002, they have escalated steadily over the past couple of years – and this despite what the MSRC referred to as “significant recruiting efforts.” Though the MSRC stated that four out of ten reporting health regions reported “moderate” impacts on service delivery, and two reported “significant service impacts,” the recruitment issues clearly played a role in the abridgements of services offered in the Regina-Qu'appelle Health Region, one of the largest employers of physical therapists.

I have concluded that the information indicates that there are recruitment and retention issues associated with the Physical Therapist classification, and I therefore find that a further market supplement should be awarded.

DATED at Saskatoon, the 4<sup>th</sup> day of December, 2009.

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Beth Bilson