

Jensen, Jodi HLTH:EX

From: Eric Peraro [EricP@heabc.bc.ca]
Sent: Wednesday, November 4, 2009 12:38 PM
To: Patterson, Ted PSEC:EX
Cc: Gentil Mateus
Subject: RE: Question
Attachments: Pharmacist Labour Market Analysis 30 Jan 2009 .pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Ted,

I understand that PSEC and HHR Strategy Council approved to continue the labour market adjustment for 2009/10. Attached is the paper we prepared on the Pharmacist Labour Market Adjustment.

I hope this helps.

Eric

From: Ted HLTH:EX Patterson [<mailto:Ted.Patterson@gov.bc.ca>]
Sent: Wednesday, November 04, 2009 11:46 AM
To: Eric Peraro
Subject: RE: Question

Thanks Eric - So if it is reviewed annually, do we know whether they will get the LMA again for 2009/10?

T

From: Eric Peraro [<mailto:EricP@heabc.bc.ca>]
Sent: Wednesday, November 4, 2009 11:44 AM
To: Patterson, Ted HLTH:EX
Cc: Gentil Mateus
Subject: RE: Question

Hi Ted,

I would also like to note that Pharmacists have additional temporary labour market adjustment outside of the collective agreement. This was implemented in 2006/07 and reviewed annually whether to continue. This is funded by the health authorities and approved by PSEC.

Grade	Adjustment Amount
Grade I, II and III	13.95%
Grade IV, V, VI and above	8.75%

Let me know if you need more details on this.

Best regards

Eric

Pharmacists Labour Market Analysis

Background

During the 2006 collective bargaining with the HSPBA, the parties negotiated a memorandum to address on-going competitive labour market pressures that are impacting the employers' ability to attract and retain qualified professionals and deliver health services (Appendix 15). As a result, temporary market adjustments were approved by the government and were implemented for all pharmacy classifications from 2006/07 to 2008/09.

The purpose of this paper is to examine the current labour market situation for Pharmacists to facilitate discussions regarding the implementation of temporary market adjustments for Pharmacists in 2009/10. This report includes a profile of Hospital Pharmacists in BC, national wage comparisons as well as an overview of the current supply of Pharmacists in the province.

Key Highlights

A. BC College of Pharmacists statistics

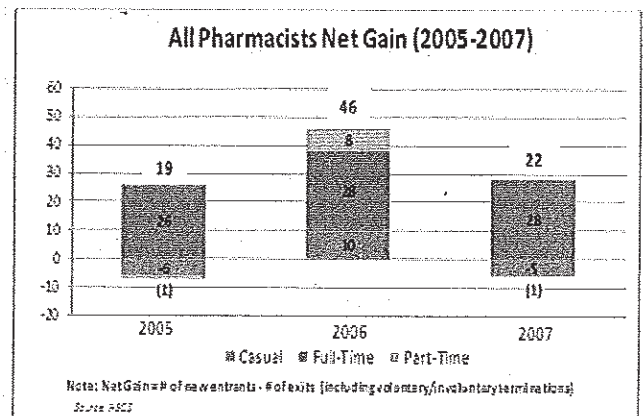
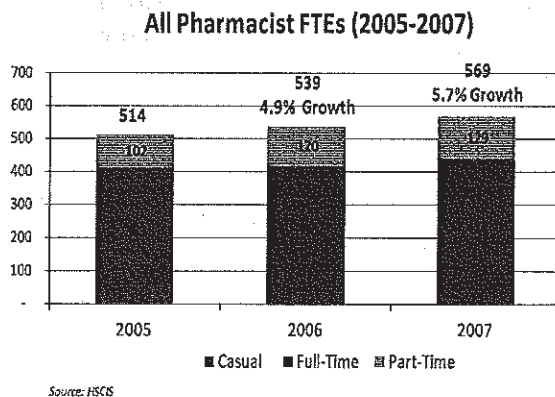
- The number of Pharmacists in British Columbia is growing faster than population growth or an average of 3.7% per year over the last 5 years compared to 1.1% average population growth for the same period.
- The number of Pharmacists increased by 293 and 300, respectively in 2005/06 and 2006/07.
- More than 50% of new Registrants in 2005/06 and 2006/07 come from other jurisdictions and outside of Canada.
- **The vast majority of BC Pharmacists (82%) work in community pharmacies whereas only 18% of Pharmacists work in the public system or hospital setting.**
- From the period 2001/02 to September 2008, the number of operating community pharmacies increased substantially by 27% while hospital pharmacies declined by 14%.

B. Canadian Institute for Health Information (CIHI)

Pharmacist to population ratios can be found in the Health Indicators report issued by the Canadian Institute for Health Information (CIHI). The 2008 report states that BC has 73 pharmacists per 100,000 population and that BC and Ontario share the same ratio and ranked 10th and 11th in terms of supply. The ratio of pharmacists by population has dropped in the past few years even though the College of Pharmacists of BC (CPBC) reports the number of pharmacists registered in BC has increased every year for the past 6 years. BC ranked 8th in 2006 and 2007 with 92 and 89 pharmacists per 100,000 respectively. In a 2005 report, BC was 7th with 88 pharmacists per 100,000.

C. Profile of BC Hospital Pharmacists

The number of Hospital Pharmacist full-time equivalents increased by 4.9% and 5.7% respectively in 2006 and 2007. Pharmacists comprise approximately 5% of the total FTEs in the Health Science Professionals sector. The number of new hires has exceeded the number of Pharmacists leaving the system, resulting in a total net gain of 46 in 2006 and 22 in 2007.



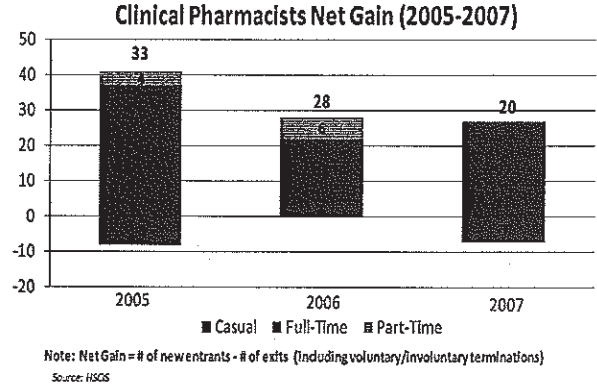
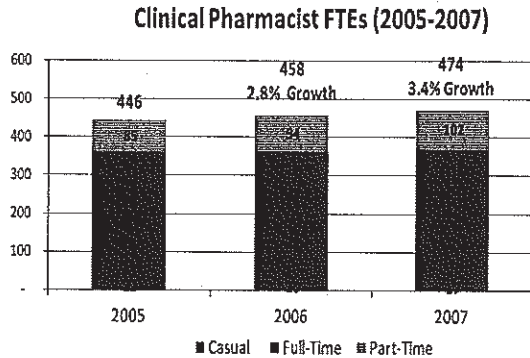
Source: Health Sector Compensation Information System, HEABC

D. Profile of BC Clinical Pharmacists

There are three types of Pharmacists in the BC health sector – Staff, Clinical, and Clinical Specialist. **Clinical Pharmacists and Clinical Pharmacist Supervisors represent the majority of Hospital Pharmacists in BC, comprising 49% and 35% respectively. Clinical Pharmacists require the completion of a one-year residency program in addition to a bachelor's degree in pharmaceutical sciences.** In comparison, Staff Pharmacists require only a bachelor's degree in pharmacy to practice. In 2007/08, 27 pharmacists successfully completed their hospital residency and the usual number of seats is limited to 25 per year.

The only other jurisdiction that currently has Clinical Pharmacists requiring the completion of a one-year residency program in addition to a bachelor's degree in pharmaceutical sciences is Saskatchewan. Jurisdictions such as Alberta, Manitoba, and Ontario have the one-year residency program as a preference.

The number of Clinical Pharmacist FTEs increased steadily by 2.8% in 2006 and 3.4% in 2007. The number of new Clinical Pharmacists entering the system has also surpassed the number leaving the system, resulting in a net gain of 28 in 2006 and 20 in 2007. The number of new hires has exceeded the number of Pharmacists leaving the system, resulting in a total net gain of 28 in 2006 and 20 in 2007.



Source: Health Sector Compensation Information System, HEABC

E. Provincial HHR Forecast

All Hospital Pharmacists

A projection scenario based on a 2.05% growth per year in demand equates to 17 additional Pharmacist positions in 2008, rising to 20 additional positions in 2015. These projections show that with the assumption of a 2.05% growth in demand for health care services, and with the increased number of Pharmacist graduates, supply will not meet demand.

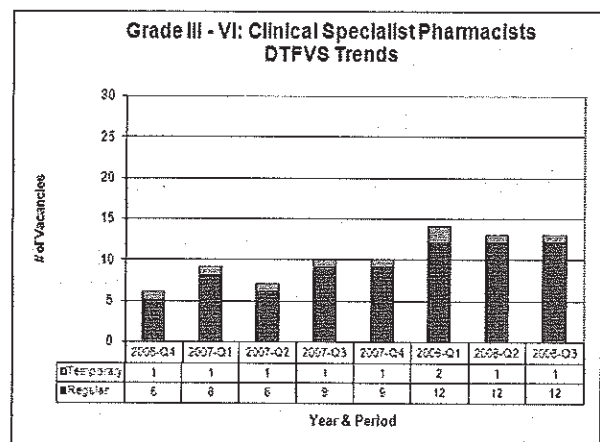
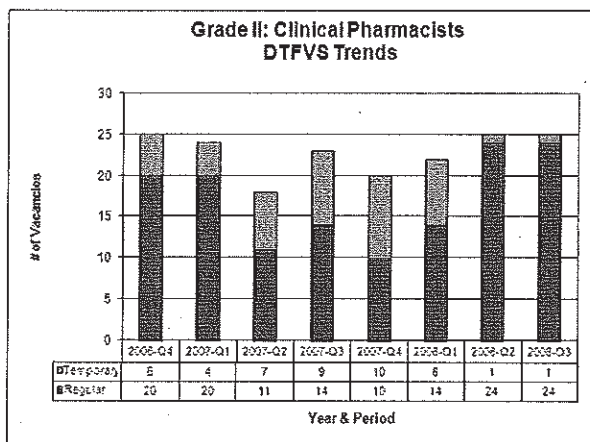
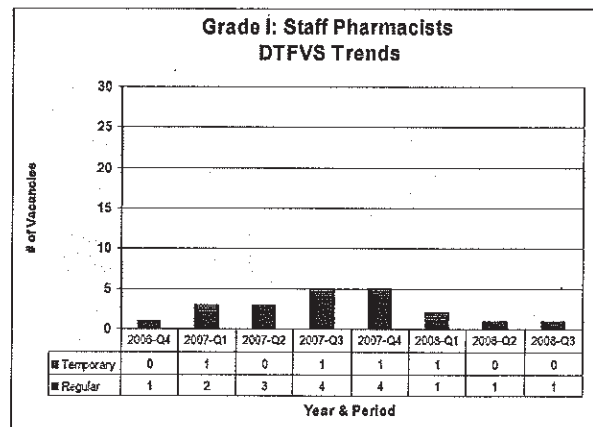
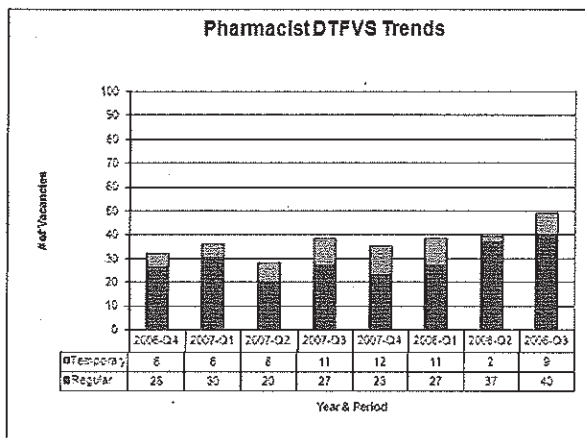
Clinical Pharmacists

The Projection scenario based on a 2.05% growth per year in demand equates to 15 additional Clinical Pharmacist positions in 2008 and rising to 18 additional positions in 2015. These projections show that with the assumption of a 2.05% growth in demand for health care services, supply will not meet demand.

F. Difficult To Fill Pharmacist Vacancies

The 2008 Q3 Difficult to Fill Vacancy Survey Report shows that Pharmacists had the highest number of reported vacancies in the Health Science Professionals sector. There were a total of 49 Pharmacist vacancies in 2008 Q3. A further breakdown shows that the majority of the vacancies are for Clinical Pharmacists with 28 vacancies and Clinical Specialists with 16 vacancies. These two classifications account for 44 of the total 49 vacancies reported for Pharmacist jobs.

The Health Authority with the highest number of Pharmacist vacancies was the Fraser Health Authority with 13 vacancies, followed by the Vancouver Coastal Health Authority with 9 reported Pharmacist vacancies.



G. Community Pharmacies in Canada

The Trends & Insights 2007 Survey of Pharmacists, Pharmacy Owners & Managers revealed the following statistics regarding Community Pharmacists:

- Both staff pharmacists and owners/managers reported shortages of pharmacists in their own pharmacy:
 - 49% of pharmacists, consistent over three years
 - 50% of owners/managers, climbing over three years (42% in 2006 and 36% in 2005)
 - Pharmacists' perceptions of a shortage are strongest in Western Canada (54%), followed by Eastern Canada and Ontario at 47% and Quebec at 41%
 - In 2007, 55% of chain pharmacists reported a shortage, compared to 44% among independent pharmacists.
 - Among owners/managers, the perception of a shortage is strongest in Eastern Canada and Quebec (58%), followed by Western Canada at 50%, and Ontario at 38%
 - In 2007, 52% of independent owners reported a shortage, compared to 43% among banner pharmacy owners.

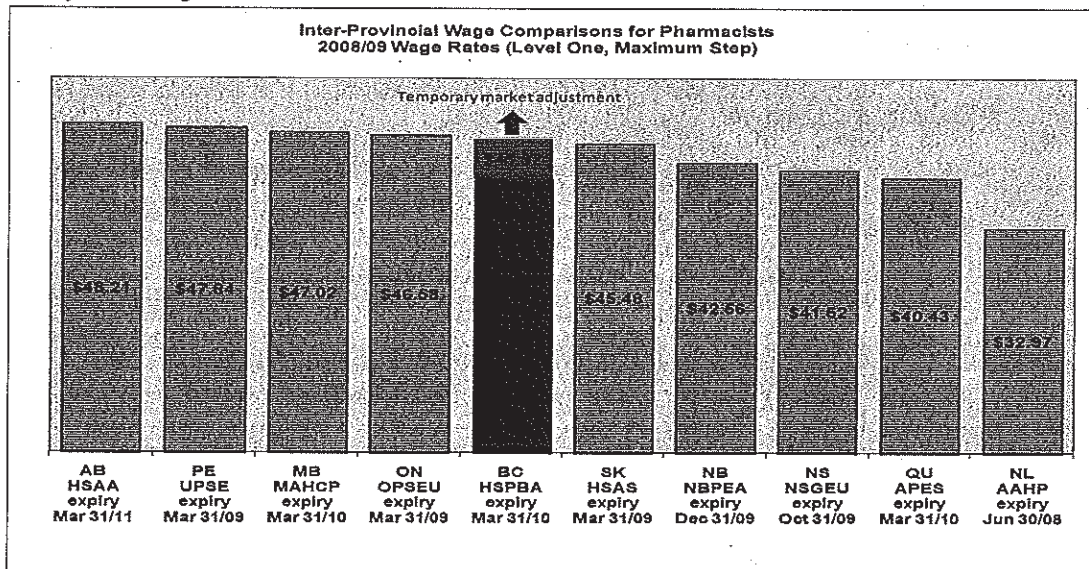
H. British Columbia Community Pharmacies Vacancies

In July 2008, the HEABC research department conducted a survey to see how many chain pharmacies have vacancies for pharmacists. Vacancy information were obtained from the company websites or pharmacist recruiters of 13 out of the 15 chains operating in BC. In 738 pharmacies run by 13 chains, there were 144 openings for pharmacists. This represents approximately 1 in 5 stores looking for pharmacists. Most of the vacancies were for full or part time position. Most short term vacancies are filled by full time relief pharmacists or pharmacy relief agencies. Some recruiters noted that some pharmacists prefer relief work due to higher pay. Some earn up to \$150k/year or \$60+/hr rates and living expenses for relief work. Pharmacy recruiters from Pharmasave, uniPHARM, Rexall, Peoples Drug Mart and London Drugs reported hiring difficulty and asked for an increase the number of pharmacy seats at UBC.

I. National Wage Comparisons

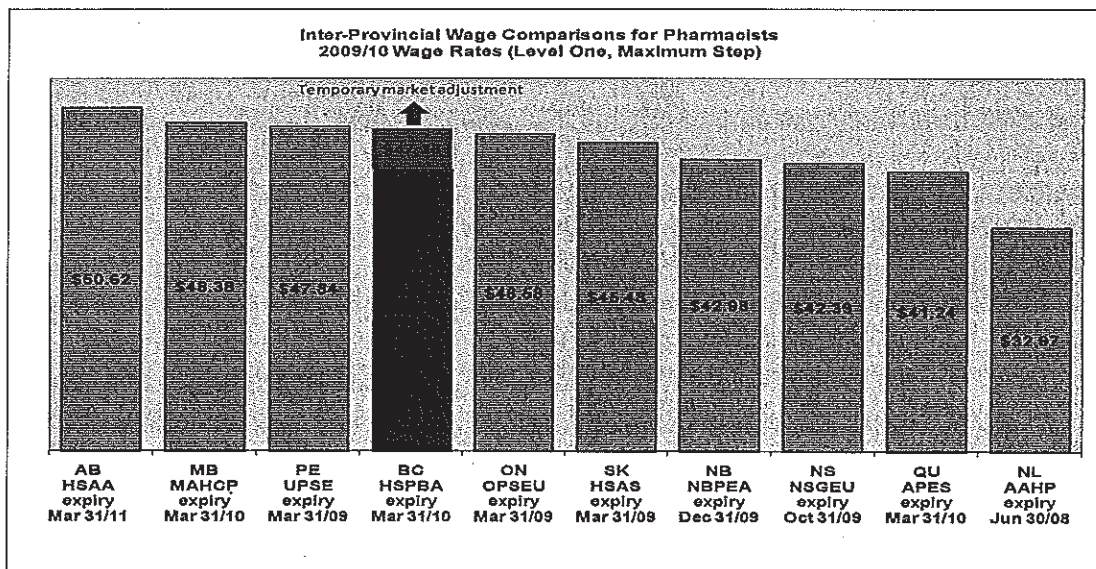
Hospital Pharmacists

With the temporary market adjustments, BC Pharmacists are currently ranked fifth nationally, behind Alberta, PEI, Manitoba and Ontario. In the past two years, Alberta has been the leader in the maximum wage rate category for pharmacists. Alberta's level one pharmacist rate is currently 4.9% higher than the 2008/09 BC Pharmacist rate.



Source: HEABC Inter-Provincial Wage Comparison

In 2009/10, if BC Pharmacists receive a 13.95% temporary market adjustment, BC's ranking will advance from fifth place to fourth place.



Community Pharmacists in Canada

The Pharmacy Group published the result from their latest annual survey of community pharmacy owners and managers. Wages for community pharmacists vary depending on the type of pharmacy chain and the rates paid to pharmacists in Western Canada are lower compared to Ontario and Quebec.

Canadian Wages for Community Pharmacists by Pharmacy Type

	2007	2006	2005	Indepen- dent	Banner	Franchise	Chain	Super- market	Mass Merchan- diser
Pharmacist	\$43.80	\$42.75	\$40.50	\$45.80	\$42.10	\$44.10	\$44.50	\$42.90	\$44.30
Contract/freelance/ relief pharmacist	\$54.00	n/a	n/a	\$51.40	\$54.00	\$59.60	\$54.65	\$50.00	\$54.55
Technician with formal schooling	\$15.00	\$13.60	\$13.40	\$14.90	\$13.10	\$14.10	\$14.10	\$15.00	\$15.60

Source: Trends & Insights 2007 – Community Pharmacy in Canada, Analysis & Statistical Charts February 2008, Published by The Pharmacy Group. Trends & Insights 2007 survey of Pharmacy Owners & Managers, n=310, moe +/- 4.4, 18/20. Page 24

Wages Across Canada

	Eastern Canada	Quebec	Ontario	Western Canada
Pharmacist	\$42.15	\$43.05	\$47.40	\$42.75
Contract/freelance/relief pharmacist	\$61.10	\$70.70	\$54.30	\$47.50
Technician with formal schooling	\$12.70	\$12.90	\$15.10	\$16.75

Trends & Insights 2007, page 24

J. Ratio of Pharmacists to Technicians

The trend from 2005 to 2007 indicates an overall increase in the number Pharmacist Technicians per Pharmacist across the health authorities. In 2005 the average Pharmacist-to-Technician ratio was 1:1.07, increasing to a higher ratio of 1:1.17 in 2006 and 1:1.22 in 2007. Two health authorities, Provincial Health Services Authority and Vancouver Coastal reported more Pharmacists than Technicians employed in their hospitals from 2005 to 2007.

Ratio of Pharmacists to Technicians (2005-2007)

Employer	2005			2006			2007		
	Pharmacists	Technicians	Ratio	Pharmacists	Technicians	Ratio	Pharmacists	Technicians	Ratio
Fraser Health	171	205	1 to 1.20	199	254	1 to 1.28	200	270	1 to 1.35
Interior	81	120	1 to 1.48	80	124	1 to 1.55	85	137	1 to 1.61
Northern	35	72	1 to 2.06	35	82	1 to 2.34	33	90	1 to 2.73
Providence	87	84	1 to 0.97	82	92	1 to 1.12	86	105	1 to 1.22
Provincial Health Services	109	77	1 to 0.71	118	89	1 to 0.75	120	96	1 to 0.80
Vancouver Coastal	182	141	1 to 0.77	174	152	1 to 0.87	195	171	1 to 0.88
Vancouver Island	92	111	1 to 1.21	96	121	1 to 1.26	97	130	1 to 1.34
Average			1 to 1.07			1 to 1.17			1 to 1.22

Source: HSCIS 2005-Q4, 2006-Q4, 2007-Q4 Payroll Extract and Web Entry

Notes:

1. Includes only employees with greater than zero regular paid hours reported in HSCIS.
2. Pharmacists and Pharmacy Technicians who worked at more than one Health Authority are counted more than once.
3. Employees who worked as a Pharmacist and a Pharmacy Technician in the same year are counted more than once.

The average ratio of Pharmacist-to-Technician FTEs was slightly lower over the three year period compared to the employee count ratio of Pharmacists-to-Technicians; however, the trend is similar showing an overall rise in the ratio from 2005 to 2007. Only Provincial Health Services recorded a slightly lower ratio in 2007 compared with 2006.

Ratio of Pharmacist FTEs to Technician FTEs (2005-2007)

Employer	2005			2006			2007		
	Pharmacists	Technicians	Ratio	Pharmacists	Technicians	Ratio	Pharmacists	Technicians	Ratio
Fraser Health	119.99	132.73	1 to 1.11	130.45	155.16	1 to 1.19	136.55	167.19	1 to 1.22
Interior	53.33	84.34	1 to 1.58	55.17	89.86	1 to 1.63	58.01	95.90	1 to 1.65
Northern	23.14	44.19	1 to 1.91	23.70	50.58	1 to 2.13	24.10	58.81	1 to 2.44
Providence	57.92	31.50	1 to 0.54	59.35	53.51	1 to 0.90	63.07	60.32	1 to 0.96
Provincial Health Services	70.41	50.40	1 to 0.72	76.95	58.82	1 to 0.76	82.38	60.80	1 to 0.74
Vancouver Coastal	115.99	92.35	1 to 0.80	120.14	97.88	1 to 0.81	128.66	104.50	1 to 0.81
Vancouver Island	66.77	72.98	1 to 1.09	66.06	82.28	1 to 1.25	68.45	87.26	1 to 1.27
Average			1 to 1			1 to 1.11			1 to 1.13

Source: HSCIS 2005-Q4, 2006-Q4, 2007-Q4 Payroll Extract and Web Entry

Notes:

1. Includes only employees with greater than zero regular paid hours reported in HSCIS.

K. Cost Estimates of Temporary Market Adjustments in 2009/10

The total estimated cost of implementing the temporary market adjustments in 2009/10 for all pharmacist classifications (after applying the 2009/10 collective agreement wage increases) is approximately \$7.69 million.

Employer	Incremental Cost
Fraser Health	1,865,683
Interior	792,106
Northern	304,756
Providence	863,130
Provincial Health Services	1,149,314
Vancouver Coastal	1,778,042
Vancouver Island	933,084
Total:	\$7,686,115

Notes:

1. FTE estimates based on HSCIS 2007 Q4 data.
2. Cost estimate of incremental cost based on assumption that all Pharmacists are at the top step.
3. Assumed market adjustments of 13.95% for Grade I to III and 8.75% for Grade IV+.
4. Applied wage sensitive benefit cost of 25%.

Conclusions

BC health employers are experiencing difficulties recruiting and retaining pharmacists in the hospital setting. Community pharmacies are attracting most of the graduates from the pharmacy program, offering higher wages and more flexible working conditions. The limited number of residency spaces has a significant impact on BC's supply of Hospital Pharmacists. Clinical Pharmacists, representing the majority of Hospital Pharmacists employed in BC, must complete a one year residency program in addition to a bachelor's degree in pharmacy. However, there are only 20 to 25 residency positions available annually in BC. Maintaining a competitive market rate is critical to attracting and retaining Hospital Pharmacists.

Recommendation

Maintain and continue to implement in 2009/10 the Temporary Market Adjustments for Pharmacists.

March 6, 2012

To: All health authority CEOs

Copy: Health authority VPs of HR and communications leads

Re: Pharmacist Temporary Market Adjustment

This is further to our letter dated January 6, 2012 in which we advised the Health Sciences Professional Bargaining Association (HSPBA) of our intention to eliminate the temporary market adjustment for pharmacists effective March 31, 2012.

We recognize that this is an important issue for pharmacists and the Health Sciences Association (HSA). As such, this is to inform you that HEABC has formally advised the Health Sciences Professional Bargaining Association (HSPBA) of its commitment, on a without prejudice basis, to maintain the temporary market adjustment for pharmacists until a new collective agreement is in place. This will ensure the parties are afforded enough time to give this matter appropriate consideration at the bargaining table.

As you know, the HSPBA (which represents hospital pharmacists) and employers are currently at the table negotiating a new contract. It is our expectation that contractual issues such as the temporary market adjustment and that any possible impacts related to the removal of the adjustment are raised and negotiated as part of the bargaining process.

This does not guarantee that temporary market adjustments will be maintained but rather provides the HSPBA with further opportunity to bargain this into the collective agreement. This decision also provides pharmacists with assurances that their wages will not be impacted until a new collective agreement is in place.

Please contact me if you have any further questions or concerns regarding the above.

Sincerely,



Michael Marchbank
President & CEO

March 6, 2012

Ms. Jeanine Meyers
Executive Director, Legal Services and Labour Relations
HEALTH SCIENCES ASSOCIATION OF BC
Suite 300, 5118 Joyce Street
Vancouver, BC
V5R 4H1

via email

Re: Pharmacist Temporary Market Adjustment

This is further to our letter dated January 6, 2012 in which we advised the Health Sciences Professional Bargaining Association (HSPBA) of our intention to eliminate the temporary market adjustment for pharmacists effective April 1, 2011.

Since this communication HEABC and the HSPBA have had a number of discussions regarding this issue. The importance of this was also evident in your comments during the opening day of bargaining. As such, to ensure this matter is given appropriate consideration, I am writing you today to confirm that HEABC is prepared, on a without prejudice basis, to maintain the Temporary Market Adjustment for pharmacists until a new collective agreement is in place. At that time we will apply the agreed upon changes applicable to the pharmacists.

I trust this will provide some reasonable level of certainty for the pharmacists you represent. This commitment is being communicated to the industry as we speak.

Yours truly,

Adrienne Hook
Executive Director, Health Authority Services

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE

Ministry: Health

Date: March 7, 2012

Minister Responsible: Michael de Jong

HSA - Extension of Pharmacist Temporary Market Adjustment

ADVICE AND RECOMMENDED RESPONSE:

- It is important to remember that hospital pharmacists and their union are currently at the table negotiating a new contract.
- It is the ministry's expectation that contractual issues such as the temporary market adjustment and possible impacts related to the removal of the adjustment are raised and negotiated at the table.
- However, I understand that is an important issue for pharmacists and the union.
- In the interest of allowing bargaining on this matter to occur to the fullest extent HEABC has made the decision to keep the temporary market adjustment in place until this matter can be settled at the bargaining table.
- This does not guarantee that temporary market adjustments will be maintained but rather provides the union with further opportunity to bargaining this into the collective agreement.
- This also provides pharmacists with assurances that their wages will not be impacted until the parties reach a collective agreement.

If asked about the decision to end the pharmacist temporary market adjustment

- The temporary labour market adjustment was a negotiated wage adjustment above the agreed collective agreement rate of pay and was put in place to help health authorities recruit and retain pharmacists who work in B.C. hospitals.
- The temporary market adjustment was always intended to be temporary until pharmacist recruitment and retention stabilized.
- With the temporary market adjustment included pharmacists employed by B.C.'s six health authorities received wage increases totalling 28.9 per cent since 2006.
- Given improvements in pharmacist staffing Health Authorities decided to end the pharmacist temporary market adjustment based on current market data.
 - According to a recent CIHI report the supply of pharmacists in B.C. grew by 28.4 percent from 2006 to 2010.
 - The difficult to fill vacancy rate for pharmacists has decreased to just 2.4 percent from 4.9 with improvements being made in all health authorities.
 - In 2006 there were approximately 630 pharmacists employed by health authorities; this has increased by 24 percent with approximately 780 pharmacists employed by health authorities today.

- Without the temporary market adjustment the average compensation for pharmacists working in hospital will still be approximately \$104,000
- The Health Employers Association of BC has informed the Health Sciences Association, who represents pharmacists employed by B.C's six health authorities, that it will maintain the temporary market adjustment for pharmacists until a new collective agreement in place. At that time the agreed upon changes applicable to the pharmacists will be applied.

BACKGROUND REGARDING THE ISSUE:

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- S13
-
- To date hospital pharmacists and their union – Health Sciences Association (HSA) have been highly vocal about the removal of the temporary adjustment, and have launched letter writing and other advocacy campaigns including a recent youtube video https://www.youtube.com/watch?v=82dZqC1vgdo&feature=youtube_gdata_player seeking to pressure government and/or health authorities into reversing the decision.
- The most common themes include the potential impact on recruitment and retention of hospital pharmacists (i.e., pharmacists will resign and leave for the private sector or other provinces), challenging HEABC and health authority vacancy data, and the role of hospital pharmacists play with respect to prevention of medication related adverse events.
-

S13

TMA History

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-
- The proposal was approved by government, resulting in annual temporary market adjustments for hospital pharmacists between 2006 and 2010. No additional adjustments were provided in 2010/11 or 2011/12 as per Government's net-zero mandate.
- The TMA is 13.95% above the negotiated rate in the collective agreement for grades I-III and 8.75% above the collective agreement rate for grades IV-VI.

ADVICE TO MINISTER

DISCUSSION/ADVICE:

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S13

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Communications Kristy Anderson
Contact:
Program Area Contact: John Bethel/Jodi Jensen/Peter Burton
File Created: March 6, 2012
File Updated:
File Location: G:\PABGroups\Medstrat 2012\Operations\Issues Notes\Labour

Minister's Office	Program Area	Deputy	Media Manager
	John Bethel Peter Burton		Ryan Jabs

Hospital Pharmacy Practice in BC Vacancies, Recruitment, Retention, Wages and Pharmacists Activities 2012 Report

Compiled by

Dr. Stephen Shalansky, BSc(Pharm), PharmD, FCSHP

Dr. Doson Chua, BSc(Pharm), PharmD, BCPS(AQ)

Peer Reviewed by

Dr. Glen Brown, BSc(Pharm), PharmD, BCPS(AQ), FCSHP

Luciana Frighetto, BSc(Pharm), MBA, FCSHP

FEBRUARY 14 2012

Pharmacy Services



BC Hospital Pharmacists Wages 2012

“The temporary market adjustment for pharmacists will be *eliminated* effective March 31, 2012. As you know, this was negotiated in 2006 due to the large number of **vacancies** for pharmacists within the Health Authorities. Vacancy rates for pharmacists in the Health Authorities have been on a steady decline, thereby reducing the need for the temporary market adjustment.”

Geoffrey Crampton

Vice President, People & Organization Development

Pharmacy Services



BC Hospital Pharmacists Wages 2012

“the temporary market adjustment for health authority pharmacists was put in place at the request of health authorities to address difficulties in recruitment and retention. However, with a significant increase in the supply of pharmacists, recruitment and retention issues have improved and this temporary adjustment is no longer required”

Objectives

- To assess the vacancy rates for BC hospital pharmacies
- To assess the retention issues facing BC hospital pharmacies
- To assess recruitment issues facing BC hospital pharmacies
- To assess the qualifications required to be a hospital pharmacist

Objectives

- To illustrate the impact of hospital pharmacists on direct patient care
- To illustrate the impact of hospitals pharmacists on cost savings
- To illustrate how patient care provided by

hospital pharmacists directly aligns with the BC
Ministry of Health Patient and Safety
Quality Council Clinical Care Management
Priorities

Objectives

- To identify the role of hospital pharmacists in regards to Required Organizational Practices and hospital accreditation

Resources

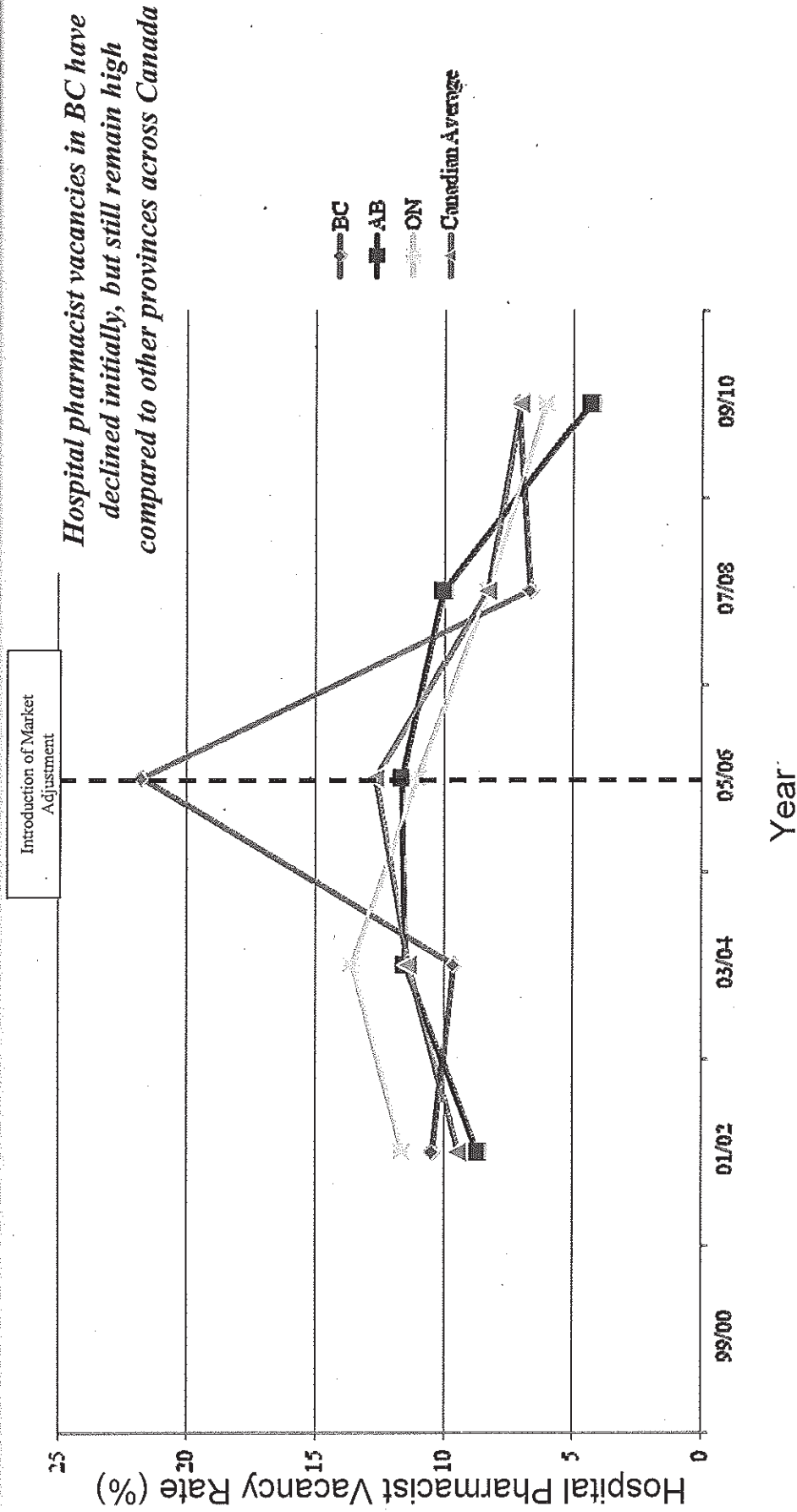
- Lilly Hospital Survey
www.lillyhospitalsurvey.ca
- HSA/HEABC Collective Agreements
1999-2012 www.hsabc.org
- BC Pharmacy Association Wage Survey
www.bcpharmacists.org

BC Hospital Pharmacy Vacancy Rate

Pharmacy Services



Hospital Pharmacist Vacancy Rate



Hospital Pharmacy Practice in Canada Report 1999-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

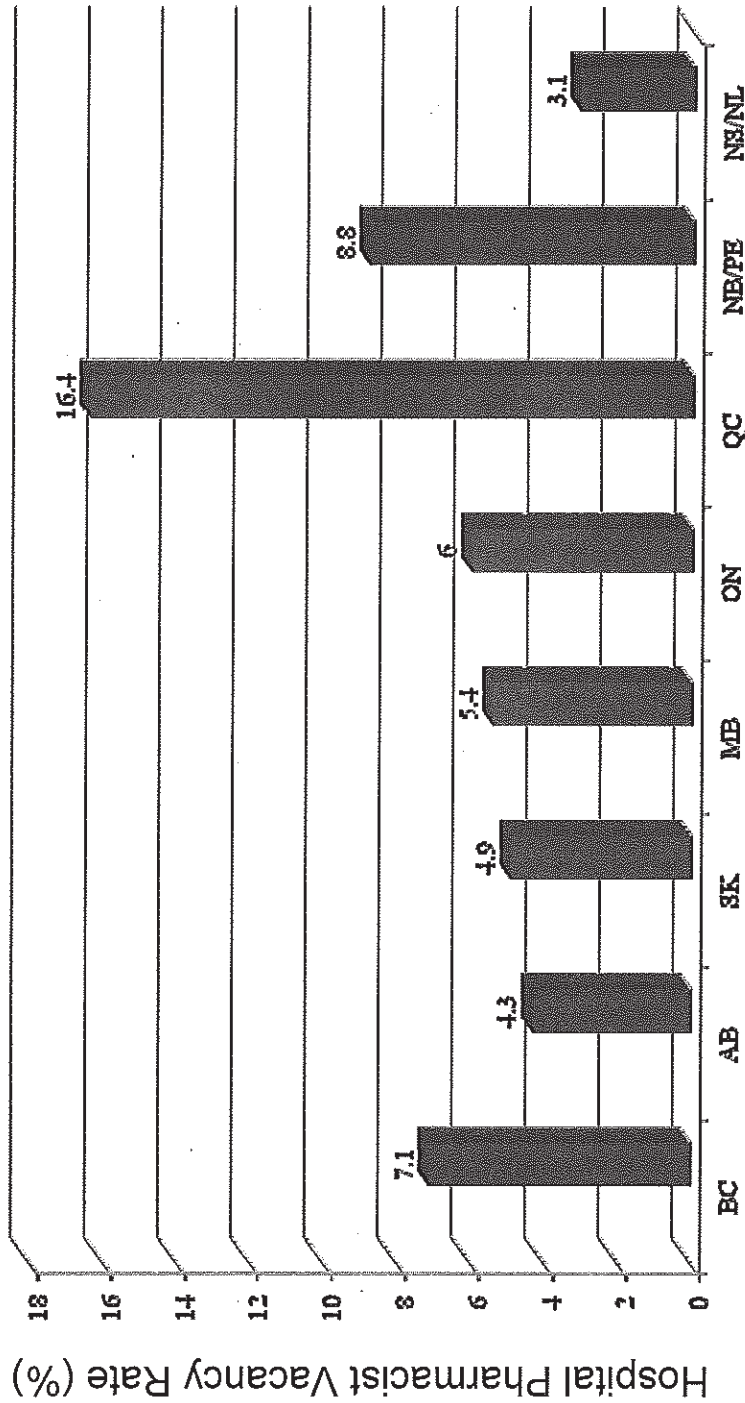
Pharmacy Services

Vancouver Coastal Health
 Promoting wellness. Restoring care.

Providence
 HEALTH CARE

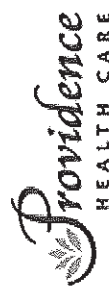
Hospital Pharmacist Vacancy Rate 2009-2010

BC has the 3rd highest hospital vacancy rates across Canada



Hospital Pharmacy Practice in Canada Report 2009-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

Pharmacy Services



Hospital Pharmacist Staffing Ratios

*BC hospitals have the lowest pharmacist
budgeted hours/acute patient day ratio in Canada*

Staffing ratios - budgeted hours/acute patient day

	All	BC	AB	SK	MB	ON	QC	NB/PE	NS/NL
2005/06	0.81	0.65	0.78	0.75	0.74	0.96	0.75	0.73	0.91
2009/10	0.87	0.69	0.78	0.80	0.85	0.97	0.88	0.91	0.97

Source: 2005/06 and 2009/10 Hospital Pharmacy in Canada Report

BC Hospital Pharmacist Vacancy Rates 2012

Health authority vacancies

	External	Internal	Total	HSA Members (Regular)	Vacancy Rate
Lower Mainland (includes FHA, VCHA, PHSA, PHC)	43	10	53	543	9.8%
VIHA	9	1	10	103	9.7%
IHA	15	1	16	78	20.5%
NHA	1	0	1	34	2.9%
Total	68	12	80	758	10.6%

Note: Does not include casuals

Sources: Health authority website postings, HSA database January 18, 2012

Pharmacy Services



BC Hospital Pharmacist Current External Job Postings

LMPS

- 35 postings

[http://careers.fraserhealth.ca/job_search/vacancies/?action=postings&title=\(LMPS\)](http://careers.fraserhealth.ca/job_search/vacancies/?action=postings&title=(LMPS))

Northern Health

- 2 postings

<http://expectmore.northernhealth.ca/>

Interior Health

- 13 postings

<http://careers.roomtogrowbc.com/postingsearch.aspx>

VIHA

- 12 postings

https://viha.hua.hrsmart.com/ats/job_search.php

As of February 8 2012

All temporary/permanent - part time or full time pharmacist postings (any Pharmacist Grade)

Pharmacy Services



BC Hospital Pharmacist Vacancy

- BC has one of the highest hospital pharmacy vacancy rates across Canada
- Vacancies within each BC health authority remains high

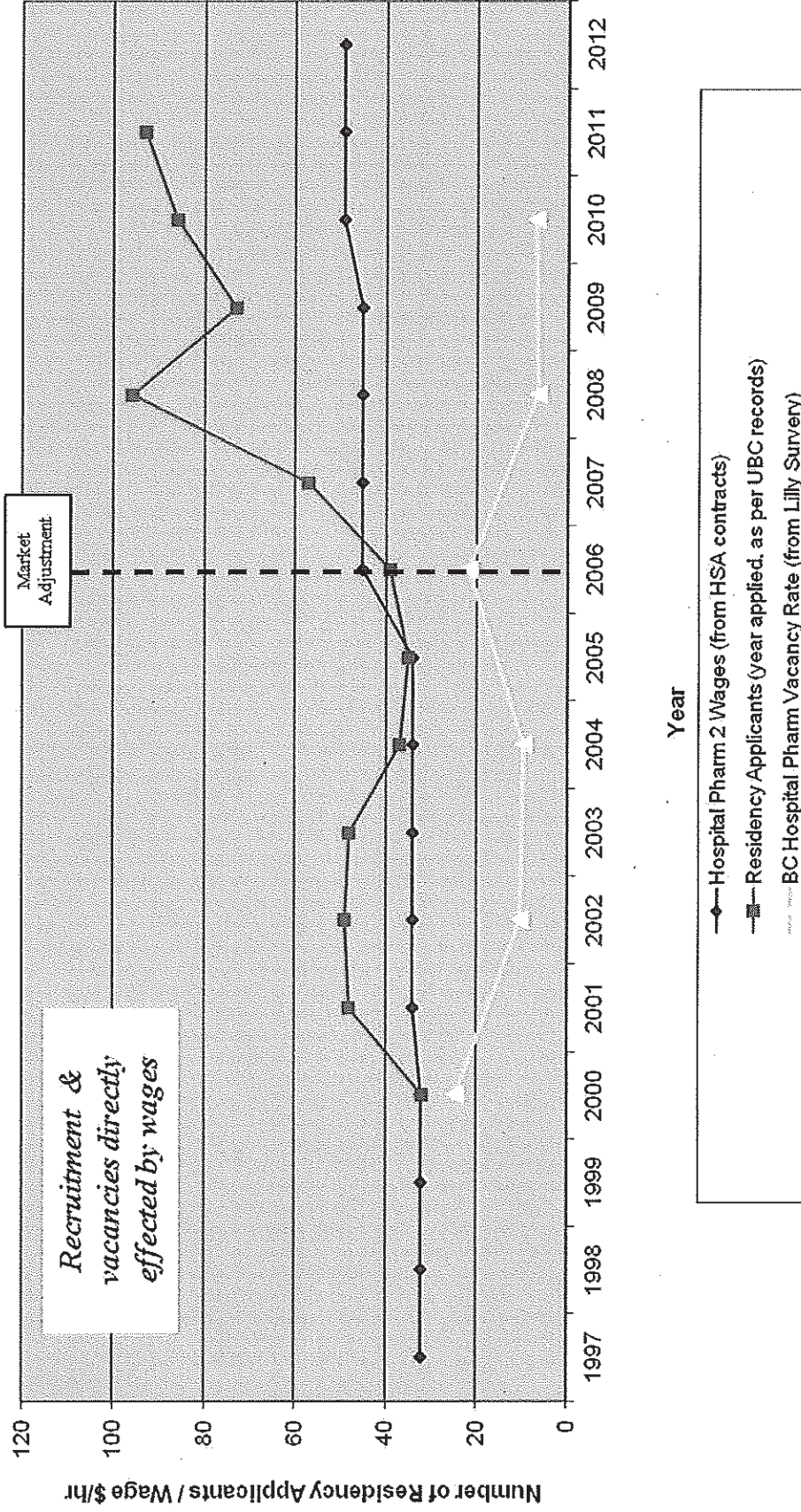
BC Hospital Pharmacy Recruitment

Pharmacy Services



Hospital Pharmacist Wages vs Residency Applicants vs PHC Vacancies

Higher wages increases pharmacy residency applicants.
 Increase in pharmacy residents leads to decreased vacancies.
 Recruitment of residents critical to address vacancies.



Hospital Pharmacy Practice in Canada Report 1999-2010

HEABC/HAS Collective Agreement 1999-2012

Pharmacy Services



BC Hospital Pharmacists Wages 2012 – Reality Check

“The average salary now for our hospital
pharmacists is over \$100,000...”

Michael De Jong

Minister of Health

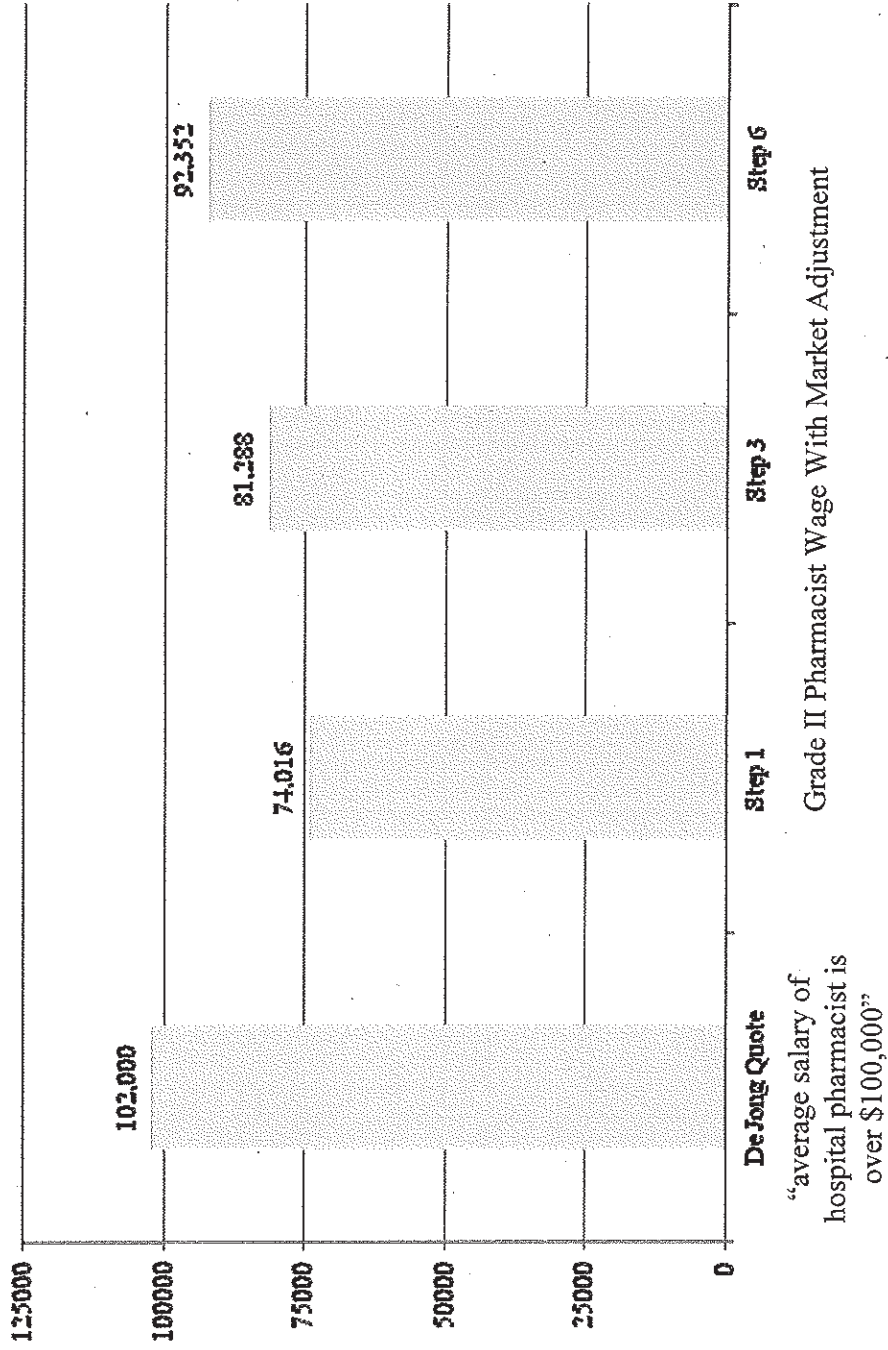
February 9 2012

Global TV News

Pharmacy Services



BC Hospital Pharmacists Wages 2012 – Reality Check

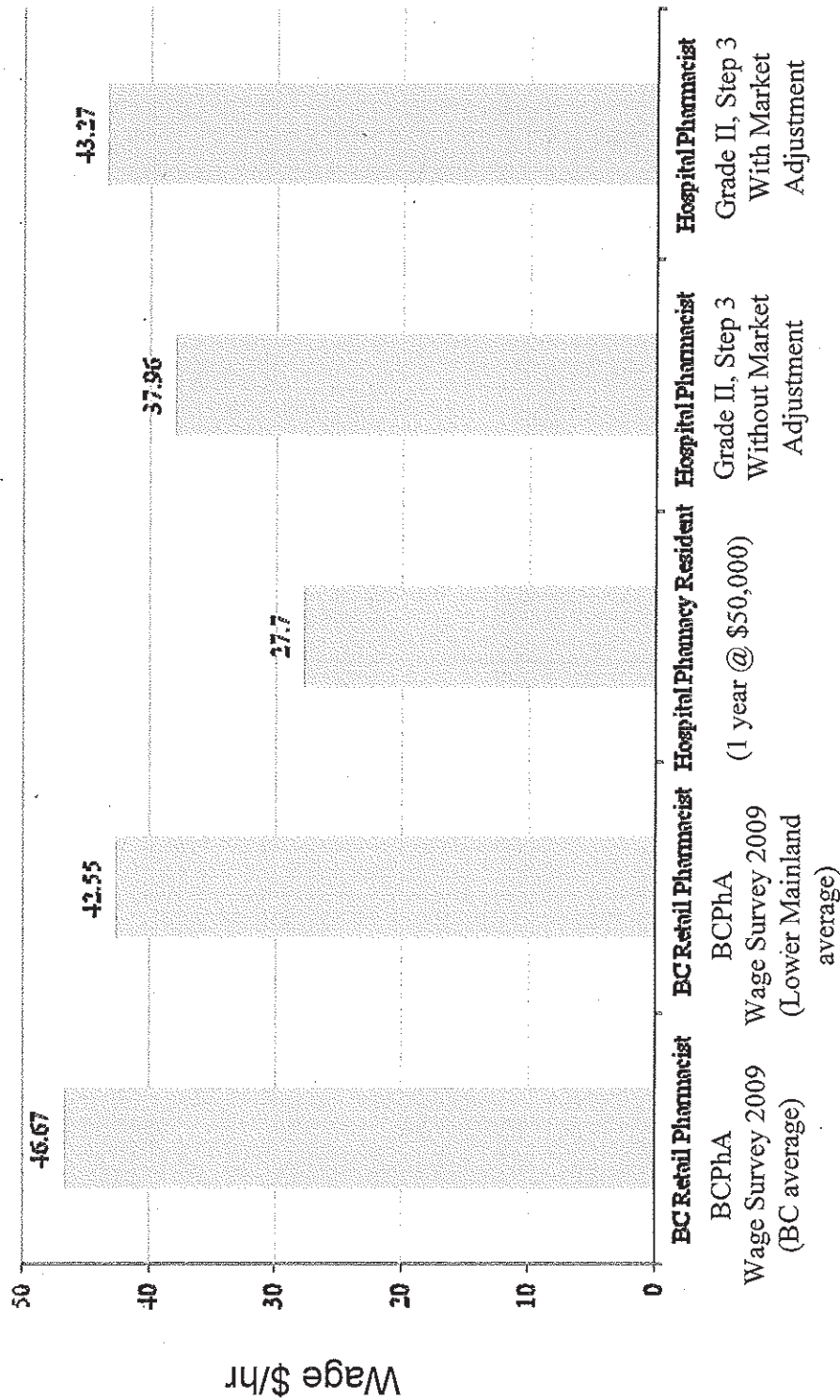


HSA Collective Agreement 2010-2012 www.hsabc.org

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BC Retail Vs Hospital Pharmacist Average Wages 2012



HSA Collective Agreement 2010-2012 www.hsabc.org

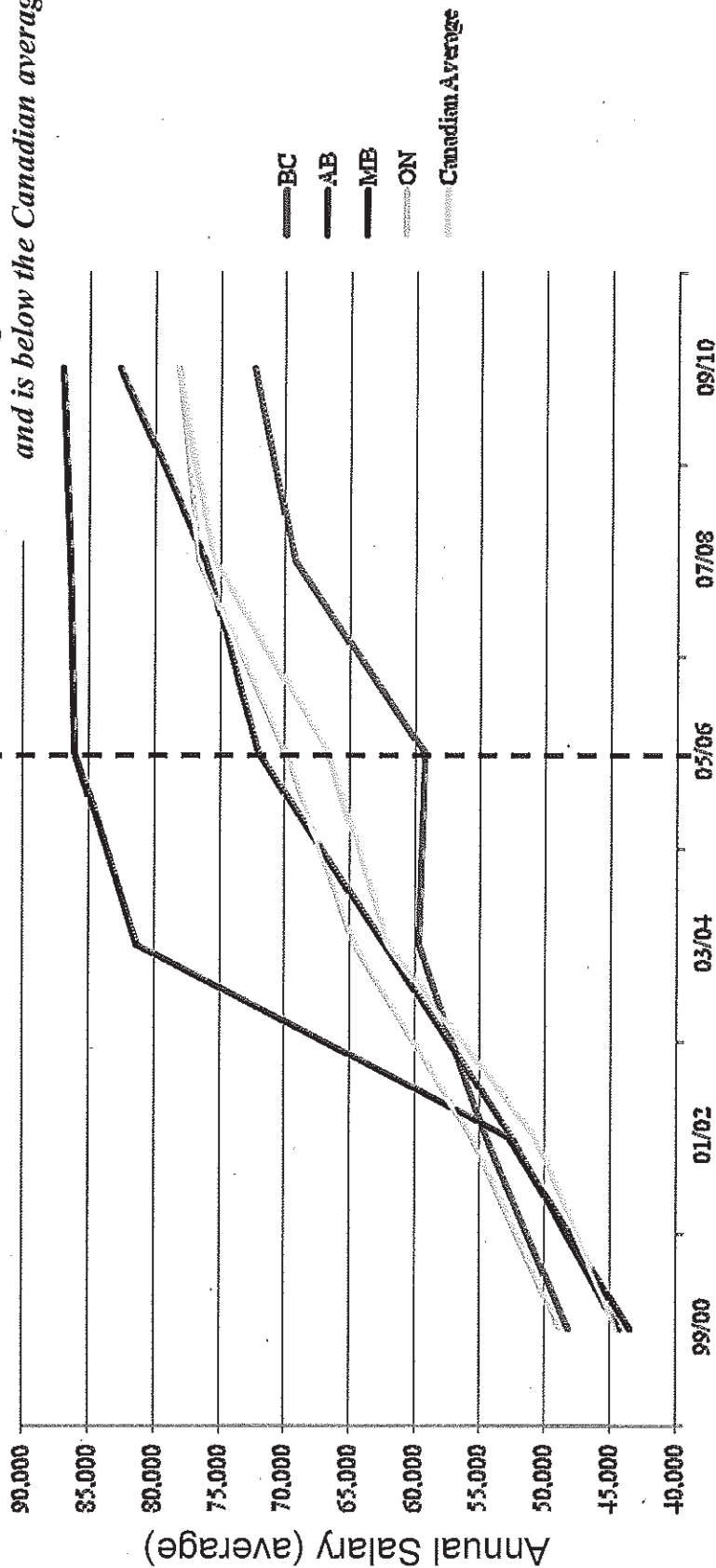
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Hospital Pharmacist Starting Wage

Hospital pharmacist starting wages in BC are among the lowest across Canada and is below the Canadian average

Introduction of Market Adjustment



Year

Hospital Pharmacy Practice in Canada Report 1999-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

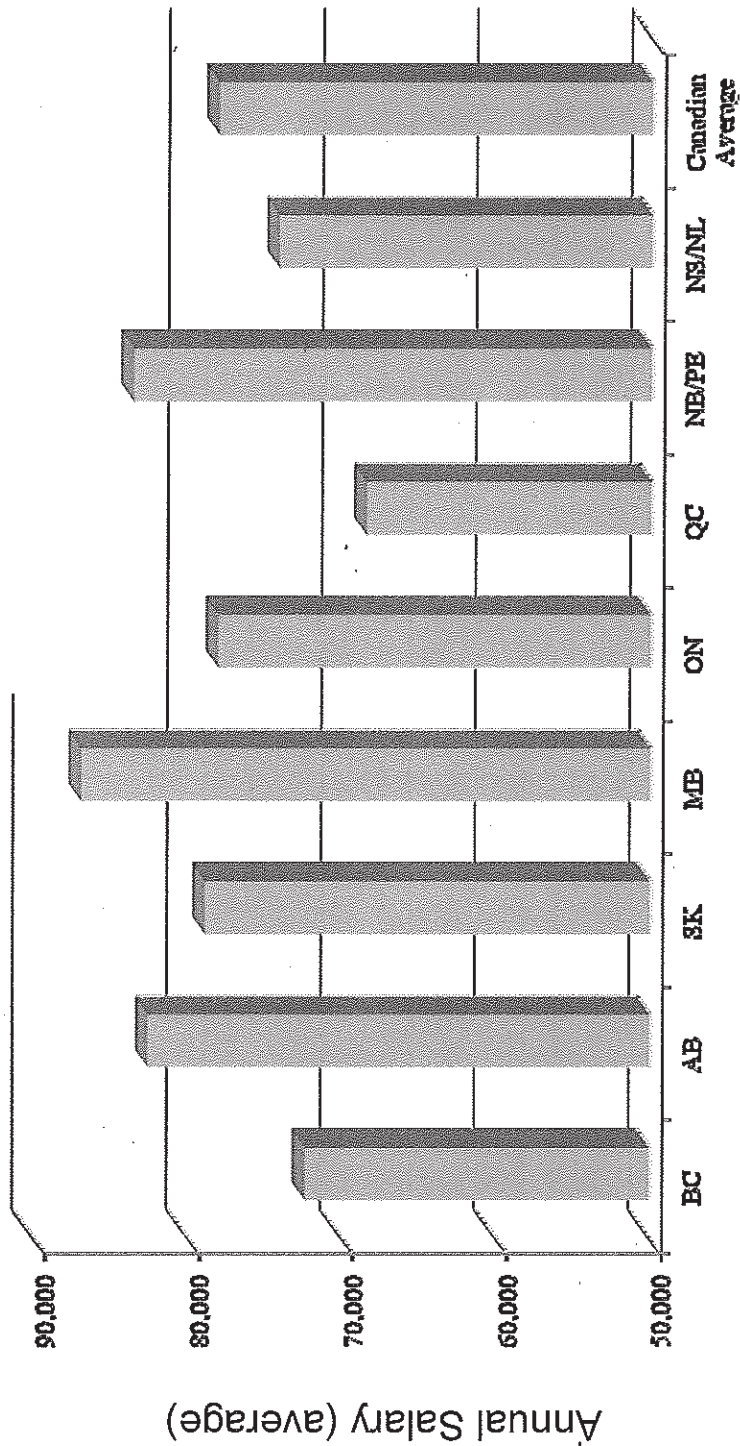
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Vancouver Coastal Health
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Hospital Pharmacist Starting Wage 2009-2010

*Hospital pharmacist starting wages in BC
is the second lowest across Canada*



Hospital Pharmacy Practice in Canada Report 2009-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

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BC Hospital Pharmacist Recruitment

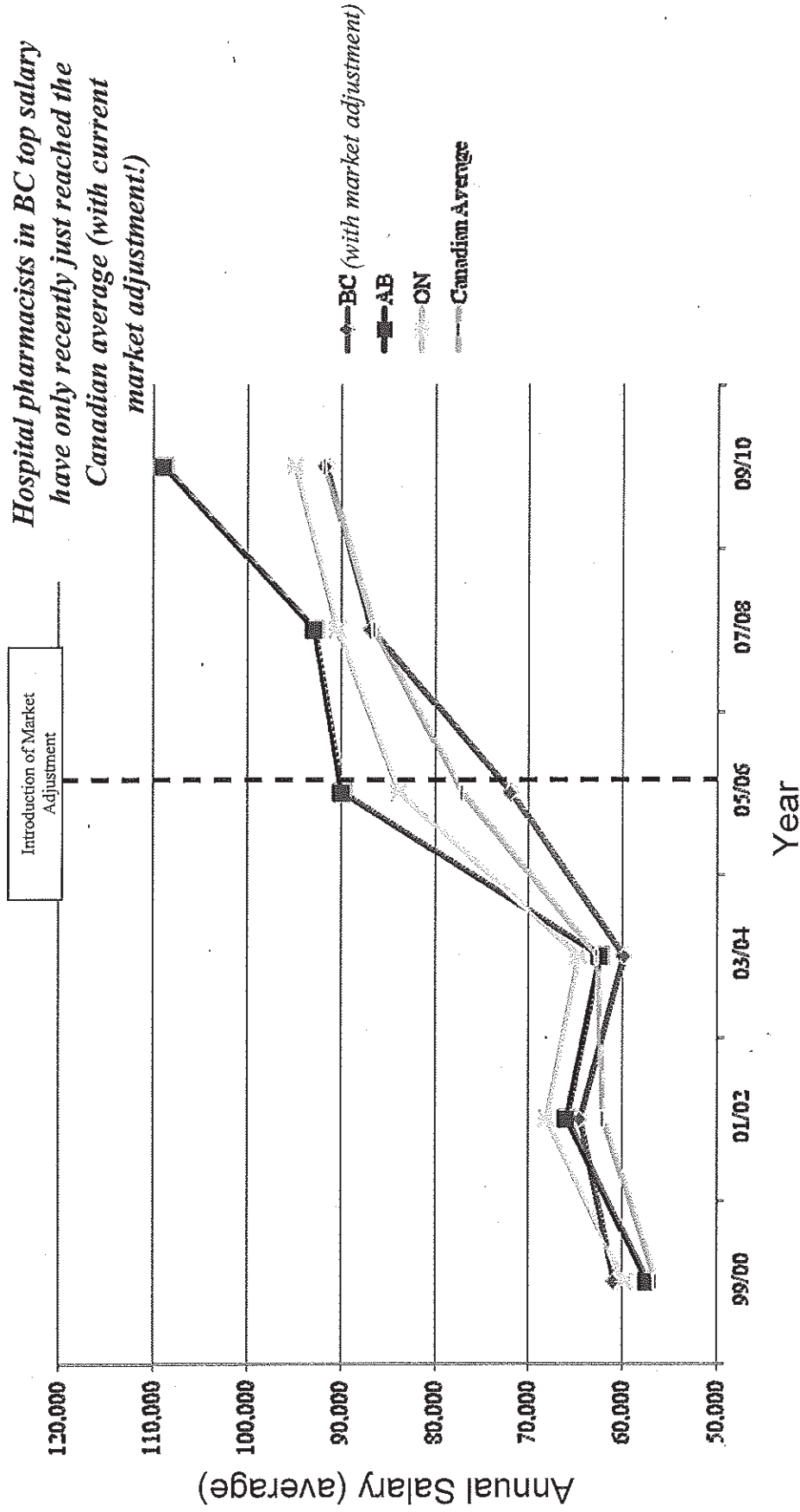
- BC hospital pharmacy recruitment is critical to address vacancies and shortages
- BC hospital pharmacist starting wage is among the lowest in Canada, making recruitment difficult
- BC cannot compete with Alberta (even with the current market adjustment) which offers a \$6,000 signing bonus for new hospital pharmacists

BC Hospital Pharmacy Retention

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Hospital Pharmacist Top Salary

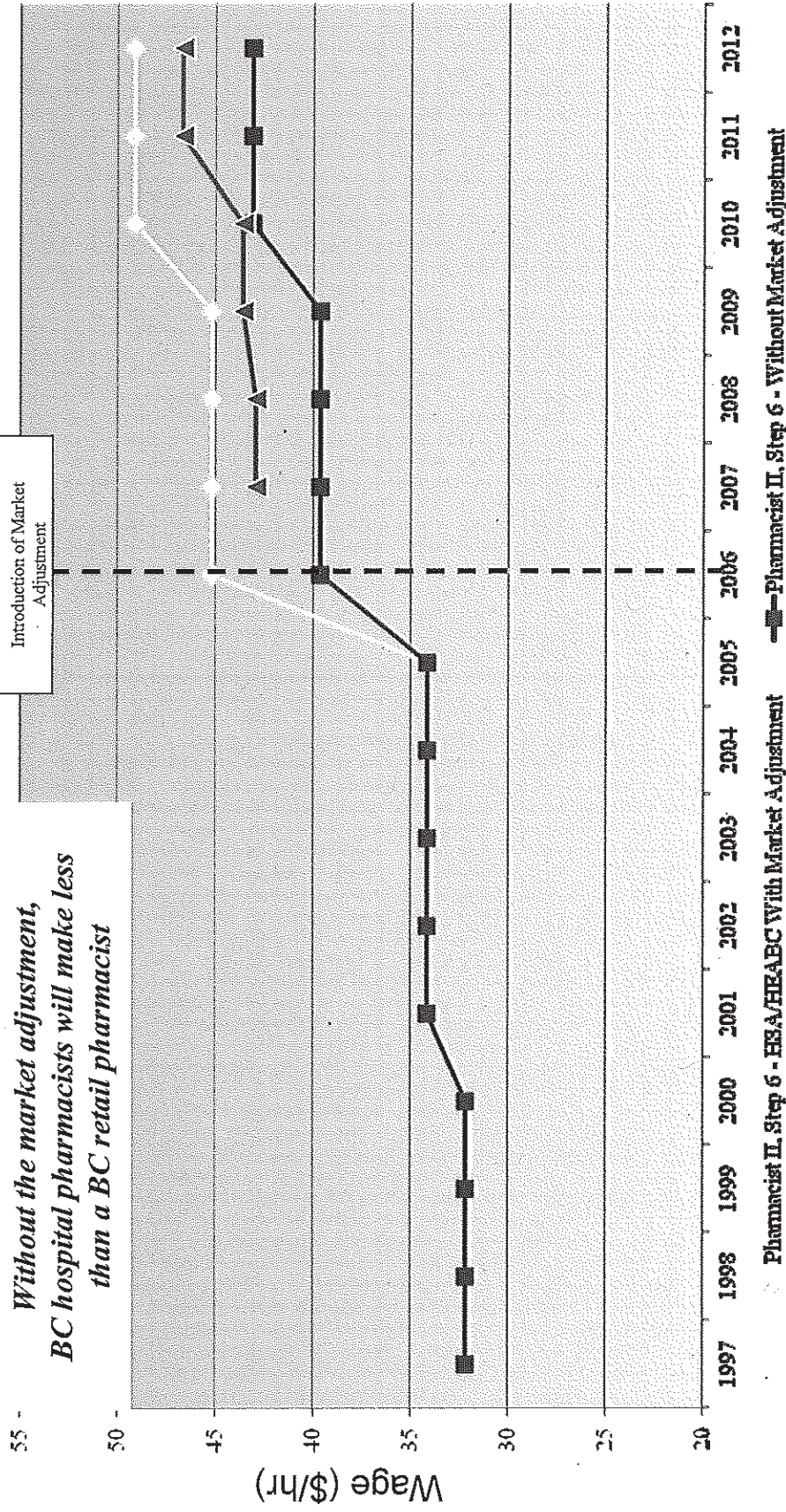


Hospital Pharmacy Practice in Canada Report 1999-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

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BC Hospital Vs Retail Pharmacist Wage



HSA Collective Agreement 1999-2012 www.hsabc.org

BC Pharmacists Association Wage Survey 2007, 2009 www.bcpharmacists.org

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BC Hospital Pharmacy Retention

- Hospital pharmacists in BC are among the lowest paid compared to other hospital pharmacists across Canada
- Without a market adjustment, hospital pharmacists in BC are paid less than their retail pharmacist counterparts in BC
- Low wages makes retention of qualified staff difficult

BC Hospital Pharmacists Qualifications

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BC Hospital Vs Retail Pharmacist Qualifications and Job Requirements

	BC Hospital Pharmacists	BC Retail Pharmacists
Bachelor of Science (Pharmacy) (5 years)	✓	✓
Accredited Canadian/US Pharmacy Practice Residency (1 year)	✓	✗
Doctorate in Clinical Pharmacy (2 years) – PharmD	✓	✗
Board Certified Pharmacotherapeutic Specialists	✓	✗

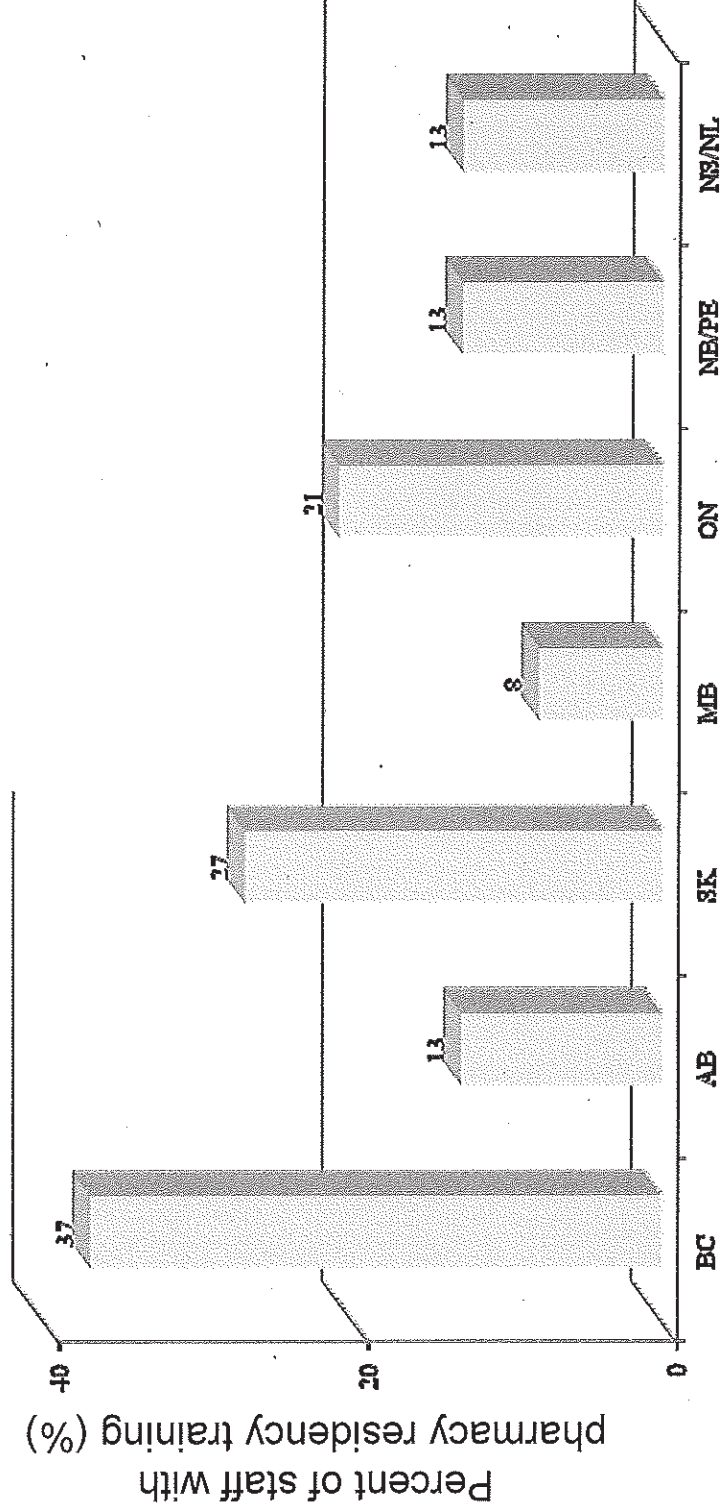
HSA Collective Agreement 2010-2012 www.hsabc.org
Pharmacist I-III job description

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Percentage of Hospital Pharmacists With Hospital Residency Credentials 2009-2010

Hospital pharmacists in BC have the highest level of training across Canada



**Hospital pharmacy practice requirements different in Quebec*

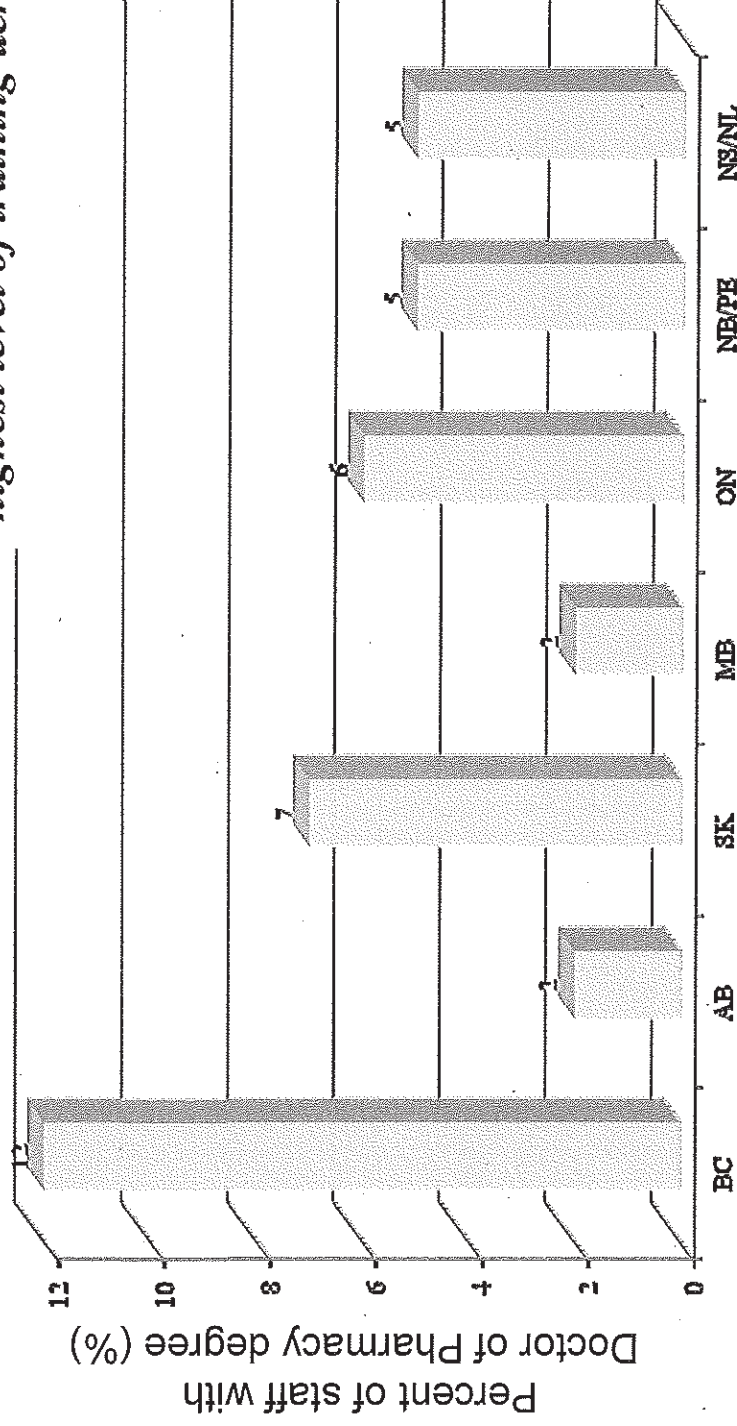
Hospital Pharmacy Practice in Canada Report 2009-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

Pharmacy Services



Percentage of Hospital Pharmacists With Doctorate in Pharmacy 2009-2010

*Hospital pharmacists in BC have the
highest level of training across Canada*



**Hospital pharmacy practice
requirements different in Quebec*

Hospital Pharmacy Practice in Canada Report 2009-2010
<http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>

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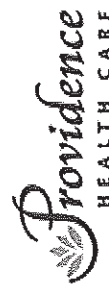


BC Hospital Pharmacists Qualifications

- Hospital pharmacists in BC are the most qualified and educated across Canada
- Hospital pharmacy practice requires advanced training and more formal education compared to retail pharmacy practice

Hospital Pharmacists Impact on Patient Care

Pharmacy Services



Evidence Supporting Clinical Pharmacy Services

- Systematic review
 - 1985 – 2005
 - 342 citations evaluated, 36 met inclusion criteria
 - Improved patient outcomes demonstrated for:
 - Interacting with the health care team on patient rounds
 - Interviewing patients
 - Reconciling medications
 - Providing patient discharge counseling
- resulting in decreased length of hospitalization,
decreased medication errors and decreased adverse drug events

*Kaboli PJ et al. Clinical pharmacists and inpatient medical care.
Arch Int Med 2006;166:955-64.*

Pharmacy Services



Evidence Supporting Clinical Pharmacy Services

- Seven clinical pharmacy services were associated with **reduced mortality rates**:
 - Drug-protocol management
 - Adverse drug reaction management
 - Participation in cardiopulmonary resuscitation team
 - Participation in medical rounds
 - In-service education
 - Drug-use evaluation
 - Admission drug histories

Bond CA, Raehl CL. Clinical pharmacy service, pharmacy staffing, and hospital mortality rates. *Pharmacotherapy* 2007;27 (4):481-93.

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Hospital Pharmacists Impact on Patient Care

Clinical Pharmacist Staffing and Mortality Rates

Bond CA, Raehl CL. *Clinical pharmacy service, pharmacy staffing, and hospital mortality rates. Pharmacotherapy* 2007;27 (4):481-93.

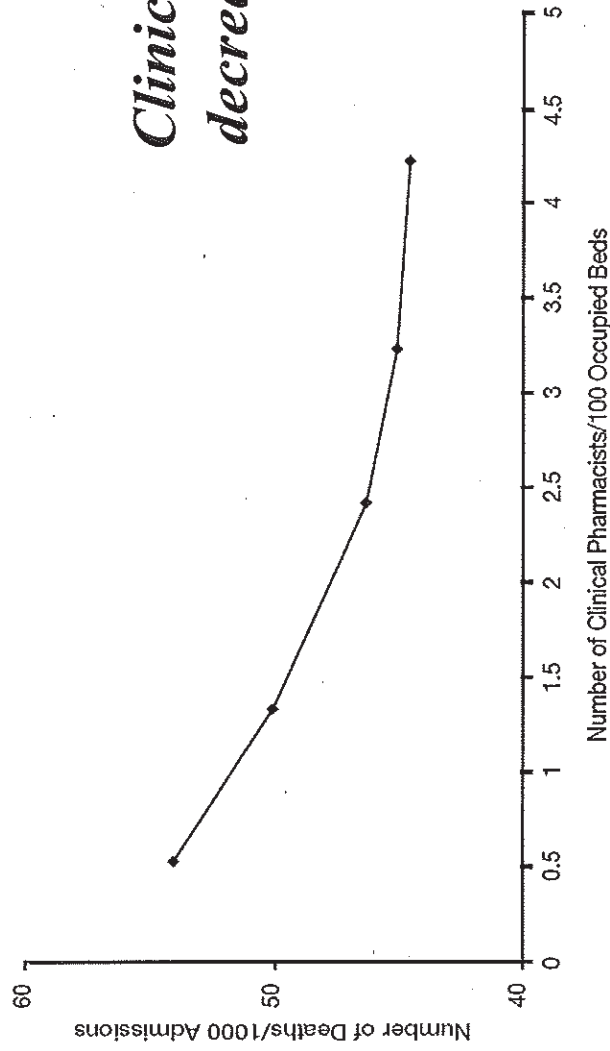


Figure 2. Relationship between clinical pharmacist staffing levels and deaths/1000 admissions.

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Hospital Pharmacists and Required Operational Practices and Accreditation

Pharmacy Services





ACCREDITATION CANADA
AGREMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

www.accreditation-canada.ca

REQUIRED ORGANIZATIONAL PRACTICES

The Required Organizational Practices listed below guide our clients in the provision of safe, high quality health care. ROPs that will come into effect in 2009 are indicated by a ★.

CULTURE <ul style="list-style-type: none">• Patient safety strategic priority/goal• Quarterly reports• Reporting system for adverse events• Policy and process for disclosures of adverse events• Prospective analysis	COMMUNICATION <ul style="list-style-type: none">• Patient/client education• Information transfer• Verification processes for high-risk care/service activities• Medication reconciliation at admission• Medication reconciliation at referral/transfer• Patient/Client identification• Dangerous abbreviations ★	MEDICATION USE <ul style="list-style-type: none">• Removal of concentrated electrolytes• Standardize and limit drug concentrations• Training on infusion pumps• Heparin safety ★• Narcotic safety ★	WORKLIFE/WORKFORCE <ul style="list-style-type: none">• Training on patient/client safety• Patient safety plan• Roles and responsibilities for patient/client care and safety• Preventive maintenance program	INFECTION CONTROL <ul style="list-style-type: none">• Infection control guidelines• Education/training on hand-hygiene• Infection rates• Sterilization of equipment and facilities• Influenza vaccine• Pneumococcal vaccine (long term care) ★• Hand-hygiene audit	FALLS PREVENTION <ul style="list-style-type: none">• Falls prevention strategy	RISK ASSESSMENT <ul style="list-style-type: none">• Pressure ulcer prevention (long term care) ★• Suicide prevention (mental health) ★
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2010 CCHSA Accreditation



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services

Force motrice de la qualité des services de santé

- 1.1 Pharmacists are part of the interdisciplinary team
- 1.4 The organization provides staff with access to approved medication information tools
 - » References, PPOs, drug education material, clinical support protocols
- 1.6 The organization has access to a pharmacist 24 hours per day to answer questions about medications
- 1.8 Educates staff about adverse drug events

Pharmacy Services



2010 CCHSA Accreditation Standards



ACCREDITATION CANADA
AGRÈMENT CANADA

*Driving Quality Health Services
Forcer motrice de la qualité des services de santé*

- 9.1 Obtains medication history upon admission
- 10.6 Maintains accurate medication allergy information
- 10.7 ...policy to document adverse drug reactions...
- 16.0 ...educates clients about the medications prescribed for them,
the delivery devices, and ways to prevent errors
- 20.0 The organization monitors clients following medication
administration
 - 20.1 ...monitors and documents the effects of medication on
progress towards the clients treatment goals
 - 20.2 ...monitors clients for possible and actual adverse drug
events

Pharmacy Services



Hospital Pharmacists Impact on Cost Savings

Pharmacy Services



Hospital Pharmacists Impact on Cost Savings

Economic Impact of Clinical Pharmacy Services

- Summary of studies published 2001-2005
- 93 articles in 43 journals
 - 73% published in pharmacy journals
- Most common types of clinical services were:
 - General pharmacotherapeutic monitoring
 - » Typically to an assigned group of patients
 - Target drug programs
 - Disease state management services
- **For every \$1 invested, \$4.81 cost savings achieved**

Perez et al. Pharmacotherapy 2008;28(11):285e – 232e

Pharmacy Services



Hospital Pharmacists Impact on Cost Savings

Economic Impact of Clinical Pharmacy Services

- 314 studies reviewed; 21 met inclusion criteria
- Most common interventions were:
 - Attending rounds
 - Optimized antibiotic regimens
 - Therapeutic drug monitoring
- “...general clinical pharmacy interventions are associated with cost savings.”

De Ridjt T et al. Am J Health-Syst Pharm 2008;65:1161-72

Pharmacy Services



BC Ministry of Health Patient and Safety Quality Council

Clinical Care Management Priorities

Pharmacy Services



BC Ministry of Health Patient and Safety Quality Council Clinical Care Management Priorities

- BC Ministry of Health Services established the British Columbia Patient Safety & Quality Council (BCPSQC)
- The purpose of the BCPSQC is to provide advice and make recommendations to the Minister of Health Services on matters related to patient safety and quality of care in all health care sectors
- One the key initiatives of the BCPSQC is Clinical Care Management (CCM)

<http://www.bcpsqc.ca/quality/clinical-care-management.html>

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BC Ministry of Health Patient and Safety Quality Council

Clinical Care Management Priorities

CCCM has nine priorities:

- care of critically ill patients
- hand hygiene
- heart failure
- medication reconciliation
- sepsis
- stroke and TIA
- surgical checklist
- surgical site infections
- venous thromboembolism

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BC Ministry of Health Patient and Safety Quality Council Clinical Care Management Priorities

- CCM priorities directly align with the day-to-day priorities and long term goals of BC hospital pharmacists (LMPS strategic goals and CSHP 2015 priorities) http://www.cshp.ca/programs/cshp2015/index_e.asp
- Hospital pharmacists' day-to-day activities are key to the success of 7 of 9 BCHPSQC CCM priorities
- Patient care provided by hospital pharmacists significantly contributes towards achieving the Ministry of Health BCHPSQC CCM goals

BC Ministry of Health Patient and Safety Quality Council Clinical Care Management Priorities

- Any impact on the vacancy rates and quality of recruits into hospital pharmacy directly impacts the care of British Columbia patients and the success BC Ministry of Health Services initiatives

Summary

- **Vacancy** rates for BC hospital pharmacies are still high compared across Canada
- **Recruitment** is challenging given the lower starting wages in BC
- **Retention** will be difficult without a market adjustment
- **Advanced qualifications** and training is required for hospital pharmacy practice and BC hospital pharmacists are the most qualified across Canada

Summary

- Hospital pharmacists provides significant benefits in **direct patient care**
- Hospital pharmacists provides significant **cost savings** to the hospital and health care system
- Hospital pharmacists are critical to meet **Required Operational Practices and accreditation**
- Hospitals pharmacists are key to the success of the **BC Ministry of Health initiatives**

Conclusion

Without the current market adjustment:

- There will be movement of hospital pharmacists to retail practice (where retail pay is equivalent or superior to hospital), requires less formal training and care for less acutely ill patients
- There will be a movement of hospital pharmacists to other provinces where the hospital wages are superior to BC
- There will be a significant decrease in applicants to the hospital residency program

**Response to Hospital Pharmacy Report
Presented to the Ministry of Health, February 14, 2012**

1. The Report includes numerous references to the impact of pharmacists on direct patient care, how pharmacists contribute to cost savings, and how patient care provided by pharmacists aligns with BC clinical care management priorities.

Health employers do not disagree with these general assertions regarding the services provided by pharmacists, however:

- *Pharmacists are only one part of a team of employees providing these services and outcomes such as Pharmacy Technicians, Nurses, and other health science professionals.*
- *The Report is misleading. The removal of the Temporary Market Adjustment (TMA) has nothing to do with the services provided by Pharmacists. It is simply that the Temporary Wage Adjustment is no longer necessary due to market conditions now being different from when the premium was introduced in 2006.*

2. Slide 9 of the Report states that the BC Hospital Pharmacist vacancy rate is high compared to other Provinces.

This statement is incorrect. Slide 9 shows BC's vacancy rate to be equal to the Canadian average. However, the data relied upon in the Report is from a Lilly Hospital survey dated 1999-2010 and is out of date compared to the information we are relying upon. Health employers vacancy data from December 2011 shows overall, employers are not having difficulty filling vacancies. Health employers report that difficult-to-fill Pharmacist vacancies (those not filled within 90 days) are only 2.4% compared to the 7.1% figure used in the Report.

Pharmacists Difficult to Fill Vacancies 2006 vs 2011

	As at Dec 31, 2006			As at Sept 30, 2011		
	DTF Vacancies	EE Count	DTF Vacancy Rate	DTF Vacancies	EE Count	DTF Vacancy Rate
Fraser Health Authority	5	155	3.1%	5	198	2.5%
Interior Health Authority	6	58	9.4%	5	79	6.0%
Northern Health Authority	4	25	13.8%	2	32	5.9%
Providence Health Care Society	1	72	1.4%	0	83	0.0%
Provincial Health Services Authority	4	100	3.8%	1	129	0.8%
Vancouver Coastal Health Authority	5	143	3.4%	3	163	1.8%
Vancouver Island Health Authority	7	82	7.9%	3	97	3.0%
Total	32	627	4.9%	19	778	2.4%

1) Source: HSCIS 2006Q4, 2011Q3, DTFVS 2006Q4, 2011Q3

2) Employee count: Including full time and part time employees with > 0 regular paid hours, excluding terminated employees at end of reporting period. Employees with multiple contracts across health authorities are double counted.

3) DTF Vacancies: Number of regular (Clinical Pharmacist, Staff Pharmacist or Specialist Pharmacist) and temporary (Clinical Pharmacist, Staff Pharmacist or Specialist Pharmacist) vacancies unfilled for more than 90 days

4) DTF Vacancy Rate: DTF Vacancies / (DTF Vacancies + Employee count)

5) Total Pharmacists includes employees working under HAs and PHC with single count excluding affiliates (This does not equate to the summation of employee counts across health authorities due to double counting)

3. Slide 11 of the Report references BC as having the lowest budgeted hours per acute patient day ratio in Canada.

This is misleading. The ratio is based on the needs of BC patients and has nothing to do with the Pharmacists' rate of pay. BC patient outcomes and medical costs are very favourable compared to the rest of Canada.

4. Slide 12 of the Report references a 10.6% vacancy rate based on a review of BC health authority website postings.

Vacancies in the health sector (and all industries) fluctuate from time to time. Clearly, BC employers have little difficulty filling the majority of vacancies since only 2.4% of vacancies last longer than 90 days.

5. Slide 16 of the Report asserts that the higher pharmacy wages has led to an increased number of residency applicants in BC since the 2006 market adjustment.

The increase in residency applicants peaks in 2008 which also coincides with 48 new pharmacy education seats introduced to the UBC Pharmacy School between 2005 and 2009. The additional seats are equally likely the reason for the increase in pharmacy resident applicants as the temporary market adjustment. The number of pharmacy education seats will continue to grow.

6. Slide 18 of the Report references Minister De Jong's quote that the average salary of hospital pharmacists is over \$100,000. The Report compares the \$100K to Step 6 of the Grade 2 pharmacist wage with a market adjustment of \$92,352.

This is misleading. Minister De Jong is referring to the total compensation cost (wages and benefits) of a Grade 2 pharmacist which is approximately \$104,000 not including the temporary market adjustment. The graph compares the total compensation cost to the wage-only cost.

7. Slide 19 of the Report compares the Pharmacist Grade II, Step 3 wage rate to the average BC retail pharmacist wage rate.

This is very misleading. Grade II is the most populated Pharmacist classification (48%) and most Grade II Pharmacists are at Step 6 of the wage scale. The Step 6 rate (\$43.13 per hour, without the TMA - \$49.14 with the TMA) is higher than the Lower Mainland average retail pharmacy wage rate referenced in the Report.

According to a BC Pharmacy Association Wage and Benefit Survey for 2011, which surveys mainly private sector Pharmacists, close to 60 per cent of respondents (59.3%) said they earned between \$40 and \$50 per hour. The wage rate for the typical BC Hospital Pharmacist (\$43.13 per hour without TMA) is well within this range.

Retail pharmacies often pay a higher hourly rate than hospital pharmacists since the retail pharmacy is a profit centre in retail operations and these employers will pay higher hourly rates to attract pharmacists and remain competitive in their retail business. Hospital and retail pharmacy jobs are very different. Pharmacists have always been aware – prior to graduation - that they can earn a higher salary in retail pharmacy. However, many of the retail positions are part-time and provide much less generous benefits (vacation time, pension and health and welfare benefits) than pharmacists receive in the BC

hospital sector. Hospital Pharmacists choose their occupation due to the total package of wages, generous benefits and the rewarding work the health sector offers.

8. Slide 22 of the Report references that BC cannot compete with a \$6,000 signing bonus offered to new pharmacists in Alberta.

This is inaccurate and misleading. The bonus referred to is not available to all Hospital Pharmacists working in Alberta. The bonus is only available to Pharmacists in rural areas of Alberta (not Edmonton or Calgary) and is tied to remaining in the location for at least one year. Similar to the TMA the Alberta bonus is temporary and may be discontinued by the hospital when it deems it is no longer required. In BC the Northern Health Authority believes market conditions in the North warrant continuing the TMA, which it has done.

9. Slides 28, 29, and 30 of the Report reference BC hospital Pharmacists as having the highest job qualifications and the highest percentage with pharmacy residency training in Canada together with the highest percentage of pharmacists with a Doctor of Pharmacy degree.

This is evidence that BC has traditionally been an attractive place to work for the most qualified pharmacists in BC, even before the TMA was introduced.

10. Slide 35 of the Report states that pharmacy staffing decreases patient mortality.

This statement is very misleading. Health Authorities have not stated that they intend to reduce Pharmacist staffing. In addition, Pharmacists cannot infer that they alone are responsible for the decline in mortality rates. Pharmacists are part of a large interdisciplinary team of health professionals that contribute to patient mortality outcomes.

11. Slide 50 of the Report asserts that the removal of the TMA will drive hospital pharmacists to work in retail practice or in other provinces.

There was no evidence of this occurring prior to the introduction of the TMA and there is no reason to believe it will occur if the union does not negotiate an extension to the market adjustment in the negotiations that are currently underway. Retail pharmacy is generally seen as less interesting, providing inferior benefits, and often part-time work. See response 7, above.



FOR THE RECORD

March 20, 2012

Ministry of Health

Temporary Market Adjustment for Pharmacists

The temporary market adjustment is a wage increase above the established pay rate for pharmacists employed by health authorities and working in B.C. hospitals. The Health Employers Association of BC (HEABC) has notified the union that the temporary adjustment is no longer needed due to overall improved pharmacist recruitment and retention with the exception of pharmacists in Northern Health where regional challenges continue to exist.

HEABC recognizes that this is an important issue for pharmacists and their union the Health Sciences Association (HSA). As such, HEABC has committed to maintaining the temporary market adjustment for pharmacists until a new collective agreement is in place. This will ensure the parties are afforded enough time to give this matter appropriate consideration at the bargaining table.

- The temporary market adjustment was always intended to be temporary until pharmacist recruitment and retention could be addressed.
- Pharmacist recruitment and retention has improved significantly. In fact:
 - According to a recent CIHI report the supply of pharmacists in B.C. grew by 28.4 percent from 2006 to 2010.
 - In 2006 the provincial the difficult to fill vacancy rate for pharmacists was 4.9 percent; in 2011 this has decreased to just 2.4 percent with improvements being made in all health authorities.
 - In 2006 there were approximately 630 pharmacists employed by health authorities; this has increased by 24 percent with approximately 780 pharmacists employed by health authorities today.
- Since 2006 pharmacists employed by health authorities, received wage increases totalling 12.5 percent while the rate of inflation (BC Consumer Price Index) during this period was 9.65 percent. With the temporary market adjustment included, the total wage increase for pharmacists from 2006 has been 28.9 percent.
- Without the temporary market adjustment, entry level (grade one) pharmacists working in hospitals can still currently earn up to \$41.56 an hour.
- Including benefits the average annual total compensation for a pharmacist working in hospital is still approximately \$104,000.
- In addition to wages, B.C. pharmacists receive one of the most generous and comprehensive total compensation packages in Canada:
 - B.C. is the only province in Canada where employers pay 100 per cent of the premiums for dental, extended health, and group life benefit costs. In most other provinces pharmacists pay a portion of the premium costs for these benefits.
 - In addition, part-time employees currently receive the same health and welfare benefits as full-time employees.

- The maximum regular paid vacation for health science professionals in B.C. totals seven weeks after 20 years of service. Most other provinces do not offer health science professionals more than six weeks of regular paid vacation.
- Government has continued to support new pharmacists in BC:
 - Between 2005/06 and 2008/09 a total of 48 new education spaces were added bringing the total number of spaces in the pharmacy program to 580.
 - The Province has invested \$86.4 million in a new state-of-the-art building at UBC that houses the Faculty of Pharmaceutical Sciences.
 - The new building will also allow the undergraduate pharmacy degree program to expand first year spaces by 72 to 224 in September 2011. Up to 224 new pharmacists will graduate annually by 2015.

Contact:
Ryan Jabs
Media Relations Manager
Ministry of Health
250 952-1887 (media line)