



# Canadian Health Professionals Secretariat

**Meeting Report**

**Ottawa**

**April 25 & 26, 2003**

# Canadian Health Professionals Secretariat

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REPORT OF OTTAWA MEETING ■ APRIL 25 - 26, 2003

## Participants

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### **NUPGE**

James Clancy  
Carol Meyer  
Mike Luff  
Louise Trepanier

### **HSA**

Elisabeth Ballermann  
Gary Butler  
John Vanderkaay

### **NAPE/NUPGE**

Sheila Beaton  
Austin Deir

### **APTMQ**

Josette Joseph  
Nicole Legault

### **CPS**

Dominique Verreault  
Maria Piazza

### **AAHP**

Regrets:  
Absent due to an  
on-going strike at the  
St. John's and Gander  
airports and their refusal  
to cross the picket lines.

### **HSABC/NUPGE**

Cindy Stewart  
Kelly Finlayson  
Miriam Sobrino

### **OPSEU/NUPGE**

Patty Rout  
Chris Madill  
Sue McSheffrey

### **NSGEU/NUPGE**

Lynette Johnson  
Mike Pronk

### **NBPEA/NUPGE**

Debbie Lacelle

### **HSAS**

Monica Lawrence  
Tim Slattery

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Guest Speakers: Melissa Graham and Chuck Rachlis

■ Alliance for Sharps Safety and Needlestick Prevention



# Welcome and Introductions

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Cindy Stewart

## Welcome and Introductions

Cindy Stewart and Carol Meyer, Co-chairs of the Canadian Health Professionals Secretariat, welcomed participants to Ottawa and the second meeting of the Secretariat.

Following a round of introductions, Stewart briefed participants on the recent history of the Secretariat and provided a short description of what occurred at the first meeting.

Co-Chair Meyer explained that participants' feedback on the first meeting has been very positive and that the National Union had completed all of the follow-ups to that meeting.

The agenda for the current meeting was reviewed and approved.



Carol Meyer

# Participant Reports

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## **Participant Reports**

### **Major activities, bargaining & strikes**

#### **Newfoundland and Labrador Association of Public and Private Employees NAPE/NUPGE**

Health professionals represented by NAPE/NUPGE have formed their own Local. They have been trying to negotiate a new contract for over a year. About ninety-five items remain on the bargaining table at this point. Major items not settled yet include: the employer is insisting on designating positions for flex hours and no right to recall if casual employees are laid-off; seniority issues; improvements in standby pay and travel allowances, which have not changed in about 20 years. The union will be conducting a strike vote in the very near future.

#### **Nova Scotia Government and General Employees Union NSGEU/NUPGE**

The Health Professionals bargaining unit is defined by provincial legislation and contains approximately 28 locals. Four Collective Agreements are up for negotiation as of November 1, 2003. These four agreements cover workers in clerical, support, health professions, and nursing.

The health professionals bargaining unit has introduced a new participatory process for electing members to the bargaining team. A ballot is mailed to every member, giving them the opportunity to choose who they believe would best represent their interests. Following the deadline to vote, ballots are counted and the results are circulated to every member. This participatory process has increased the morale of the membership and assisted in building goodwill and unity within a diverse bargaining unit. At the same time, the NSGEU/NUPGE has designed and implemented a public relations campaign intended to build solidarity within the bargaining unit.

It was also noted that members of the Local governing home health care workers in the Capital District Authority are currently on strike.

#### **New Brunswick Public Employees Association NBPEA/NUPGE**

Collective bargaining for NBPEA members working in health care has been completed until the end of 2004. Health professionals have faced wage

restraints for the last 12 years and many feel exhausted from an increasing workload. The big issues during contract negotiations were improved wages and early retirement packages. NBPEA/NUPGE was able to negotiate both improved wages and a phased-in early retirement package. Members have indicated a high level of satisfaction with the new agreement.

The government of New Brunswick has been talking about its desire to establish Regional Health Authorities, rural community clinics staffed by nurse practitioners, and public-private partnerships.

### **Association professionnelle des technologistes médicaux du Québec APTMQ**

In 2002, the APTMQ refused the government's offer to extend their current contract to June 30, 2003. Consequently, negotiations on a new agreement began in October 2002. However, the employer had no intentions of bargaining in good faith. A mediator was appointed but neither party could agree to his report. The union conducted a strike vote and received a strong mandate. The strike vote had a seventy-five per cent participation rate and received ninety per cent approval. A two-day strike was held, during the recent Quebec election, on March 17 & 18. Following the two-day strike, the government asked to return to the negotiating table. Meetings and discussions are ongoing with respect to the collective agreement; however, there is little discussion taking place around pay equity issues.

The recent provincial election has resulted in a new Liberal government in Quebec. Based on the Quebec Liberal Party platform, there could be a rough road ahead for health professionals in the province. The Liberal platform included policy proposals such as public-private partnerships, fusion of services, and sub-contracting radiation and laboratory services to the private sector.

### **Centrale des professionnelles et professionnels de la santé CPS**

In October 2002, the CPS accepted the government's offer to extend their contract until June 30, 2003. The CPS has consulted their members on their demands and expectations for the upcoming negotiations. It is clear that improved wages and workload will be two priority issues. The union expects negotiations with the new Liberal government to be tough.

With respect to pay equity negotiations, the government wanted to use the same assessment tool for all 600 disciplines in the public sector. The CPS did not agree with this and proposed various assessment tools. Unfortunately, the Treasury Board feels the pay equity discussions have reached a dead-end and negotiations have stalled. It was noted that the

Quebec budget, presented just prior to the recent election, did not include a provision for pay equity settlements.

Based on the Quebec Liberal Party platform, the union expects legislation in the fall that will privatize some of their member's jobs and diminish bargaining units. The union does not have a mandate to support one particular political party. During the recent election they denounced specific policy proposals such as privatization and circulated educational materials to their members.

### **Ontario Public Service Employees Union OPSEU/NUPGE**

The quest for a new Collective Agreement covering the forty hospitals and 5,000 health care professionals in central bargaining is still not over. In OPSEU/NUPGE, there is a central agreement for all monetary issues and a local table for all other issues. The central agreement expired on March 3, 2002. The Ontario Hospital Association (OHA) represents hospitals at the bargaining table.

OPSEU/NUPGE held a central demand setting meeting in December 2001. At the same time, the union began a campaign to mobilize their health professionals to take actions to raise their profile, including: rallies, information pickets, posters, buttons, stickers, paid advertising, wear red on Wednesday etc.

By June 2002, contract talks had broken off and the union applied for conciliation for all forty hospitals. The OHA refused and the union was forced to set individual conciliation dates for all forty hospitals. A strike vote was held and the union received a strong mandate with ninety-one per cent support for such action. The ongoing membership mobilization campaign refined its focus to preserving the central bargaining process.

The Chair of the Labour Relations Board was unable to mediate a settlement. The union and its members decided on a province-wide "Day of Action" to be held on February 13, 2003. Key issues highlighted during the day of action included: staff shortages and their impact on patient care, increased workloads and greater stress. Action was taken at every hospital in the province.

On February 14, 2003 the OHA conceded and an unrestricted central arbitration process was declared to cover all 40 hospitals. A few hospitals took the unfortunate initiative to discipline members however, most hospitals did not.

The parties are currently at arbitration and have had two days of hearings so far. The Union has completed its presentation, but the OHA presentation was delayed due to the ongoing SARS situation.

The recent SARS crisis in Toronto presented several challenges for health professionals and their unions, such as: proper protective equipment and training was lacking; employees, pregnant employees in particular, needed support to insist on their right to refuse unsafe work; proper processing of worker's compensation claims; redeployment of employees; multi-site employees directed to limit their work to two sites; transportation issues for paramedics; additional shifts – some people working too many and others not working any; contracting-out of bargaining unit work and employees asked to do the work of other bargaining units; unreasonable Employment Insurance eligibility requirements; OH & S committees not utilized properly; and the absence of a return to work protocol.

As a result of all this, the SARS crisis has had a serious financial, health and social impact on many health professionals and their families in Toronto.

In addition, there has been a lack of understanding of the challenges presented by the SARS situation as it relates to community health professionals.

With respect to health professionals working in a community sector, OPSEU/NUPGE currently negotiates thirty-eight individual contracts with employers. In the past, thirty-six of these contracts were with agencies directly funded by the provincial government. Today, most of these agencies have been divested and negotiations take place with private employers.

A year and a half ago, the provincial executive set three priorities for negotiating new contracts covering community health professionals: improved wages; improved transportation reimbursement; and leave for union business. Recent bargaining efforts have gone well. They have reached their goal of improved wages by essentially gaining parity with nurses working in the community sector. In addition, in some contracts they have gained an impressive deal on travel reimbursement at a rate of 50 cents/Km.

OPSEU/NUPGE is pursuing legal action against the Ontario government for changes to its pension plan. When health care was restructured, the Ontario government promised in writing that nobody would be disadvantaged by any changes in pension plans. Recent efforts to merge the two major pension plans have failed – one plan has a shortfall and the other plan does not want to absorb this shortfall.

### **Health Sciences Association of Saskatchewan HSAS**

The current contract, agreed to after a strike in the fall of 2002, will expire in March 2004. There is one provincial bargaining unit and one contract for all 2,500 members. The union has been negotiating several market

adjustments for various disciplines. Several adjustments have already been settled and negotiations are currently underway for the following three professions: psychologists, public health inspectors, and infection control officers. All of these market adjustments are permanent.

In addition, the HSAS, along with five other health care unions, recently achieved joint-trusteeship of their pension plan.

## **Health Sciences Association of Alberta HSAA**

The HSAA will be holding its AGM on May 23 & 24, 2003. At this convention they will be seeking approval to affiliate with the National Union of Public and General Employees. If approved at the AGM, a mail-in vote will be held so that all HSAA members will take part in the decision to accept the resolution.

On April 1, 2003 the government took action to reduce seventeen health regions to nine. Then, on March 25, the government passed Bill 27, the Labour Relations (Regional Health Authorities Restructuring) Amendment Act. The key features of Bill 27 are:

- Strips the right to strike from all remaining direct Regional Health Authority employees i.e. community health workers;
- Strips the right to belong to a union from nurse practitioners;
- Enables the promulgation of regulations to: create region-wide functional bargaining units; determine the process for selecting a bargaining agent and 'receiving' collective agreement; determine which unions will be eligible to be on selection ballots.

At this point, four functional bargaining units have been established and the parameters for inclusion in a vote have also been established. All units will require amalgamation of numerous collective agreements. The Labour Relations Board is currently working on clarifying the process for selecting a bargaining agent.

A NAFTA challenge is expected to be launched shortly, alleging that the legislation breaches the Agreement on Labour Cooperation by denying due process. Other possible legal challenges against Bill 27 are being considered.

Provincial bargaining for the technical/professional facility agreement began in January 2002. Most of the first stage of negotiations was taken up by the negotiations of a classification agreement which gave HSAA, in return for shared costs, co-management rights in the establishment of a rational classification system for the multitude of disciplines. Following the completion of

this agreement, negotiations ground to a halt. After a few days of fruitless mediation, the union applied to take the dispute to interest arbitration. HSAA has put a tremendous amount of work into preparing their arbitration brief. The arbitration tribunal has not yet ruled; the union remains hopeful that a fair award is forthcoming.

In addition, to the provincial table for facilities, there is also a provincial table for the community sector, which began its bargaining in April 2002. This table was making substantial progress, however, the reorganization of health authorities and the introduction of Bill 27 have changed the rules and created uncertainty (e.g. the bargaining units for the facility and community professional/technical sectors are to be amalgamated). The union will continue negotiations for the community sector but will wait until the regulations of Bill 27 are published to determine the scope and terms of these negotiations.

### **Health Sciences Association of BC HSABC/NUPGE**

Prior to the last election, Premier Campbell promised to respect collective agreements in the health care sector. However, during a late-night sitting, the Liberal government passed Bill 29, eliminating many long-standing contract provisions. Soon after the legislation was passed, several B.C. health care unions initiated a court challenge against Bill 29 and arguments are currently underway in the B.C. Supreme Court. The unions involved in the case have argued that Bill 29 violates workers rights to freedom of association, equality and to liberty and security of the person and that any legislation undermining collective bargaining rights is unconstitutional.

The International Labour Organization (ILO) recently slammed the B.C. government for trampling the rights of workers guaranteed by the United Nations convention of freedom of association. At issue is a series of draconian bills the government rammed through the B.C. legislature to end strikes and enforce contract terms after it came to power in 2001 (i.e. Bill 2, 15, 27, 28, 29). The fallout led to four separate complaints being filed with the ILO, including two by the National Union on behalf of its B.C. components - the Health Sciences Association of British Columbia (HSABC/NUPGE) and the B.C. Government and Services Employees Union (BCGEU/NUPGE).

In uncharacteristically blunt language, the ILO ruled that the B.C. government repeatedly violated the rights of thousands of provincial employees (including HSABC members) by refusing to negotiate contracts with their unions, and by using the legislature to arbitrarily enforce its will. As a remedy, the ILO has taken the unusual step of asking the B.C. government to repeal one bill entirely and make major amendments to other statutes. The ILO has also

called on the government to refrain from such heavy-handed action in future and to restore 'appropriate and meaningful' bargaining with provincial employees.

Unions representing 46,000 front-line health care workers (including the NUPGE Component BCGEU) recently achieved a tentative framework agreement with the provincial government that mitigates the impact of contracting out on union members and the public. Workers affected provide a wide range of direct patient care and support services in hospitals and long-term care facilities across the province. In exchange for forgone wage and pay equity increases, longer hours of work and wage reductions, government has agreed to cap the number of positions that can be contracted out. At the same time, the unions have also gained access to better severance provisions and more bumping options for laid off workers. The framework extends the current agreement by two years to March 31, 2006. The cap on contracting out – set at 3,500 full time equivalents, or 5,000 jobs – is less than the government's original target of 20,000 jobs. The process to conduct membership votes on the settlement is underway and will be completed by mid-May.

Cindy Stewart, HSABC president, has met with the CEOs of each of the new health authorities to ensure employers understand the issues HSABC members are facing in times of funding constraints and shortages.

HSABC members have been more proactive than ever before in a non-bargaining year. The union recently joined the BC Health Coalition and members have been active in organizing community events opposing the privatization of health care. At its recent convention, the HSABC was mandated to expand its political advocacy activities in order to ensure that the key decision-makers know who HASBC is, what it stands for and what support its members need to do their jobs. Accordingly, a team of 'constituency liaisons' is in place and several people have already met with MLAs.

# Guests Presentation

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## **Presentation on Sharps Safety and Needlestick Prevention**



Representatives of the Alliance for Sharps Safety and Needlestick Prevention gave a presentation on how the mandatory implementation of safety-engineered sharps devices and exposure control plans could improve Canadian health care worker safety.

Data from the United States was presented to support the argument that needlestick injuries are preventable through the use of safety-engineered sharps devices which reduce the risk at the source.

The presenters noted that injury prevention through engineering controls, like the use of safety-engineered medical devices, is not an element of current health and safety regulations and, therefore, needlestick injuries will continue to occur.

Representatives of the Alliance encouraged CHPS members to lobby their provincial governments and employers to mandate the use of safety-engineered sharps, to require exposure control plans and to improve health care worker education on this issue.

# Public Profile

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## **Public Relations / Profile Discussion**

Co-Chair Stewart reminded participants that a main objective of the CHPS is to raise the profile of health professionals and establish a collective identity across the country.

The participants reported on key activities of their organizations with respect to public relations and communications. Materials were distributed, presentations were delivered, videos were presented, and strategies were discussed.

Improving public relations is clearly a priority for all of the participating organizations. There is a wide variety of activity and tactics being designed and implemented to raise the profile of health professionals within the labour movement, the health care system, the general public, and government circles.

Many participants stressed the urgency and importance of effective public relations to improve both their collective bargaining efforts and the overall morale of their membership.

It was noted that this discussion and the accompanying presentations is an example of how the Secretariat can facilitate the effective sharing of information thereby enhancing the ability of participating organizations to build on their respective successes.

# Protocol Agreement

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## **Secretariat Protocol Agreement**

Co-Chair Meyer facilitated a discussion on the key items contained in the draft Secretariat Protocol Agreement.

Co-Chair Meyer emphasized the need to develop a document that allows participating organizations to effectively and efficiently work through relevant and timely issues without getting bogged down in administrative processes. The Protocol, explained Meyer, should incorporate areas of broad consensus and be viewed with a sense of flexibility whereby amendments can be made as the Secretariat evolves and challenges are resolved through future discussions.

After discussing specific items (e.g. membership, selection of Co-Chairs, the number of people attending each meeting, staff resources, accountability, and fee schedule) participants agreed to take the Protocol back to their respective executive boards for a final decision about signing the document and affiliating to the Secretariat.

It was agreed that Co-Chairs Meyer and Stewart would canvass participating organizations over the next several months about their final decision. Meyer encouraged participants to contact the Co-Chairs if they or anybody else in their organization require further assistance or explanation with respect to the Protocol.

# Discussion Paper

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## **Discussion Paper**

### **The relationship between health professional unions and licensing bodies**

Co-Chair Meyer introduced the subject and presented a brief overview of the second draft of the discussion prepared by the National Union.

Following a discussion on some specific issues raised by the paper, Meyer encouraged participants to once again read through the paper carefully and send suggestions and comments to the National Union for revision before June 16<sup>th</sup>, 2003. The final draft of the paper will be completed and circulated by the middle of July.

Participants agreed that the discussion paper is an example of how the Secretariat could fill the need to synthesize and analyze information from across the country and prepare and distribute a document that has worth in every province.

# Group of Seven

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## **The Group of Seven Health Professions**

Co-Chair Stewart briefed participants on an exploratory meeting she recently had with an organization called the Group of Seven Health Professions. The seven national professional associations that make up this group are: Canadian Psychological Association, Canadian Physiotherapist Association, Canadian Association of Occupational Therapists, Canadian Association of Social Workers, Canadian Pharmacists Association, Dieticians of Canada, and Canadian Association of Speech Language Pathologists and Audiologists. The Executive Directors of these seven national associations meet on a regular basis to discuss issues of mutual concern.

Co-Chair Stewart explained that the meeting provided a valuable opportunity to introduce the Secretariat and provide an overview of its objectives to the largest professional associations in the country. Stewart reported that, while mainly exploratory, the meeting was a positive first step in working with professional associations to develop a coordinated advocacy effort on behalf of health professionals.

Based on the discussion that occurred, three common areas of advocacy emerged: first, raising the profile of health professionals; second, developing strategies to address various health human resource issues (e.g. growing labour shortages); and third, various public policy issues which impact on health professionals (e.g. protecting and building Canada's public health care system).

# Pharmacy Sector Study

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## **HRDC Pharmacy Sector Study**

Sister Elisabeth Ballermann, president HSA, reported on an occupational study of pharmacists and pharmacy technicians headed by HRDC.

The sector study was launched in March, 2002 and has been slow getting off the ground.

Comprised of several stakeholders, the purpose of the study is to prepare a comprehensive analysis of the short and long term human resource issues and challenges facing the pharmacy sector and to serve as the basis for a coordinated effort by the sector.

# Health Human Resources Workshop

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## **National Rehabilitation Health Human Resources Workshop**

Co-Chairs Stewart and Meyer described an upcoming national rehabilitation health human resources workshop funded by the Canadian Institutes of Health Research.

The objective of the workshop is to define some research priorities in the area of human resources for the following four professions: speech language pathology, audiology, physiotherapy, occupational therapy.

In addition to ensuring that the concerns of unions representing health professionals are reflected in assessing research priorities, this workshop represents another opportunity to highlight the existence and work of the CHPS.

# Follow Ups

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| ISSUE  | NATIONAL UNION RESPONSIBILITY   | PARTICIPATING UNION RESPONSIBILITY  | TASK DONE |
|--|---|---|-----------|
| Draft a final report of the meeting                          | Prepare and circulate draft report as soon as possible  | Send comments and suggestions on the draft report back to the National Union        | ✓         |
| Salary data for OPSEU community health professionals         | Collect and circulate relevant information when it is available   |   | ✓         |
| Market adjustment compensation                               | Collect and circulate relevant information (e.g. rates, disciplines, permanent vs temporary, successes vs pitfalls) | Respond to information request  |           |
| Model protocols and exposure plans for needlestick incidents | Collect and circulate relevant information  |   |           |
| Final draft of discussion paper on licensing bodies          | Prepare and circulate final draft of discussion paper   | Send comments about the second draft back to the National Union as soon as possible | ✓         |

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# Follow Ups

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| ISSUE  | NATIONAL UNION RESPONSIBILITY  | PARTICIPATING UNION RESPONSIBILITY | TASK DONE |
|--|--|------------------------------------|-----------|
| Introductory letter from CHPS to licensing bodies          | National Union will draft and distribute a letter to licensing bodies          |                                    | ✓         |
| Introductory letter from CHPS to professional associations | National Union will draft and distribute a letter to professional associations |                                    | ✓         |
| Introductory letter from CHPS to HRDC                      | National Union will draft and distribute a letter to HRDC Minister             |                                    | ✓         |
| Wage parity with nurses                                    | National Union will collect and circulate salary data on nurses salaries       | Respond to information request     |           |
| Quebec Bill 90   | National Union will obtain and circulate copies of Bill 90                     |                                    | ✓         |



# NOTES