



Canadian Health Professionals Secretariat

Meeting Report

Ottawa

February, 2004

Participants

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APTMQ

Francine Genest
Eli Felzenstein

CPS

Maria Piazza
Marielle Tardif
Rémi Lussier

HSAA/NUPGE

Elisabeth Ballermann
Louise Yarrow
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HSABC/NUPGE

Cindy Stewart
Kelly Finlayson
Hans Brown

HSAS

Chris Driol
Kevin Glass

MAHCP

Tom Walus
Ron Wally

MGEU/NUPGE

Bill Comstock

NAPE/NUPGE

Sheila Beaton
Gilbert Butt

NBPEA/NUPGE

Debbie Lacelle

NSGEU/NUPGE

Lynette Johnson
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NUPGE

Carol Meyer
Mike Luff

OPSEU/NUPGE

Patty Rout
Chris Madill
Sue McSheffrey

PEIUPSE/NUPGE

Carol McInnis

Welcome and Introductions

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

The Co-Chairs formally recognized three independent unions as new members of the Secretariat: the Association of Allied Health Professionals Newfoundland and Labrador (AAHP), the Health Sciences Association of Saskatchewan (HSAS) and the Manitoba Association of Health Care Professionals (MAHCP).

They noted as well that the Health Sciences Association of Alberta (HSA/NUPGE) was now an official member of the Secretariat given their recent affiliation to the National Union of Public and General Employees (NUPGE) and the broader house of labour.

Following a round of introductions, the agenda was reviewed and approved.

Follow-ups from the last meeting

Participants were briefed by Co-Chair Meyer on the work of the Secretariat since the last meeting. She noted that all of the follow-ups were completed, including:

- A new leaflet to promote the CHPS.
- Letters of introduction and meetings with professional associations and Human Resources Development Canada (HRDC).
- A market adjustment survey and report.
- A conference call to provide CHPS participants with a cross-Canada bargaining update.
- RN salary data was collected and circulated.
- Research requests related to the new health care reform legislation introduced by the Quebec government.

Meyer also briefed participants on a recent job posting advertised by NUPGE in several newspapers and websites. She noted it will be a staff position with NUPGE, with a main responsibility of supporting the CHPS, and that it was advertised as bilingual imperative.

Participant Reports

Major activities, bargaining, strikes

Co-Chair Meyer explained that a new template had been created for the purpose of improving the efficiency and accuracy of participant reports. The National Union circulated the template in both hard copy and disc format. Participants were encouraged to fill it out in advance of future meetings. Meyer advised the participants that the National Union would photocopy participant reports for circulation at CHPS meetings provided that the report was received in the NUPGE office at least 2 weeks prior to the meeting date.

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

The union has been gearing up for one of the biggest fights in its history. The new conservative government has requested a long list of concessions, which it expects all public employees to accept. The list of concessions includes, among other things, a minimum two-year wage freeze, massive layoffs, the elimination of indexing from retirees' pensions, freezing severance pay, reducing statutory holiday time-off, cutting sick days and union leave, and the elimination of the funding of benefit inflation costs.

The contract expires March 31, 2004. The union has said it will do everything it can to reach an agreement before the contract(s) expires. However, this will only be possible if the government backs away from its most extreme demands. The union announced what has been described as the highest strike mandate in their history, with votes ranging across the province between 81% and 98% in favour. A walkout has been scheduled for April 1 if no agreement is reached. If it happens, it will be the largest public sector strike in the province's history.

The RN/RT wage gap is about 10% at this time. A classification review was completed in the last round of bargaining. The heavy workload for social workers is a major issue. It is having a negative impact on staffing levels and this is in turn, to a crucial degree, affecting the level of service across the province. A recent study recommended an increase of 25% in social worker staffing levels, but the government has refused to take any action to address the problem.

Association of Allied Health Professionals Newfoundland and Labrador AAHP

The current contract expires on June 30, 2004 and the union expects negotiations to begin in May. They have recently initiated the internal pre-bargaining process.

The previous round of bargaining included a unilaterally employer-imposed classification review for all job titles. Many appeals went forward after the conclusion and some were successful. Overall, most jobs went up a minimum of three and a maximum of seven grid levels.

The union has partnered with the Center for Collaborative Health Professional Education at Memorial University. The Center is developing a new graduate program in Health Professional Education, which is designed for health professionals who are required to deliver educational programs to others at work or in the community. The program will consist of both a Graduate Diploma and Masters Degree in health professional education.

The staff of the union reported an increase in workload related to mental health issues and suggested this could be a result of the increased workload and stress that members are experiencing.

Nova Scotia Government and General Employees Union NSGEU/NUPGE

The current contract expired October 31, 2003. The membership voted 82% in favour of binding arbitration over a strike to settle outstanding issues in this round of bargaining.

The top priority for the union in current negotiations is RN/RT parity. The two classifications were at parity in 1989 but a large and growing disparity exists today. The last round of bargaining widened the gap significantly due to vastly different wage increases awarded by the Final Offer Selection Arbitrator to nurses vs. health professionals (18.5% vs. 7.5%). Other bargaining priorities include, among other things, increases in shift premiums, overtime rates and stand-by rates.

As negotiations proceeded, the union became increasingly frustrated with the employer's refusal to respond to their wage proposal and recently filed for arbitration. The employer then informed the union of its position on the outstanding issues going to arbitration, including wages. For all classifications other than Licensed Practical Nurse, the employer's wage proposal amounts to 2% per year for a 3-year deal. Other details of the employer's offer include: a refusal to top up overtime to the level paid to RNs; a refusal to top up the retirement allowance to the level paid to RNs; an insistence to drastically reduce sick leave benefits.

The union plans to allow workers to vote on the employer's proposals over the next few weeks. The Local's bargaining team, and the union, will strongly recommend that all healthcare members reject the offer. In the meantime, the parties have agreed to the selection of William Kaplan as the Chair of the Arbitration Board. It's expected the arbitration hearing will take place in early May.

The parties are also engaged in a reclassification of all professionals, support workers and clerical members, but not nurses. A joint job evaluation review was done. All members filled out fact sheets, and they were rated for skill, effort, and responsibility. They were put into bands and then salaries were negotiated. The process took nearly three years to complete. The result was that most of the classifications receiving increases were in the lower paid non-professional classifications. Many members are dissatisfied and a large number of reclassification appeals are now in the works.

In other related matters, the government has introduced self-governing legislation for Medical Laboratory Technologists (MLTs). The union supports the concept but has some specific concerns with the legislation around issues of grandfathering, liability insurance, and re-entry to practice rules.

The union has also launched a campaign to pressure the government to address the recurring access crisis at the province's largest emergency room, located at the QEII hospital.

New Brunswick Public Employees Association NBPEA/NUPGE

The recently re-elected Conservative provincial government has confirmed that impending spending cuts will impact public employees. As many as 700 potential job losses will be announced in the budget which is expected to be released in late March. The Finance Minister has undertaken public consultations seeking suggestions on how to improve its fiscal situation. The union has presented the government with a long list of ways to save money and avoid cutting the public service.

The collective agreements for both the Specialized Health Care Professionals bargaining unit and the Paramed bargaining unit expire on December 31, 2004. The union is about to start its pre-bargaining process. At some point it will have to negotiate an essential services agreement with the employer. The union made up some ground on the RN/RT wage parity issue in the last round of bargaining and closing the current gap of about 8.5% will be the top priority in the upcoming set of negotiations.

The government is pushing for a new classification system based on pay for performance, financial responsibility and level of supervisory responsibility. The union opposes it because they believe these are inappropriate measures for the kind of work performed by its members.

In February 2004, the NBPEA/NUPGE joined with other public and private sector unions to announce the founding of the New Brunswick Coalition of Unions. The Coalition is comprised of nineteen unions that collectively speak on behalf of 65,000 workers – 80% of New Brunswick's unionized workforce. These unions have joined together to protect workers' democratic rights (more specifically, the right to free collective bargaining), to share important information on collective bargaining matters, and to plan strategies to address common problems they face in dealing with government and employers.

The union reported that the government has finally released two reports into health human resources planning in the province. One of the reports concluded there are severe shortages for nine categories of non-physician and non-nurse health professionals. The government responded – independent of the collective bargaining process – by providing a lump sum payment for several of these categories, including medical dosimetrists and radiation therapists among others.

Finally, the cost of automobile insurance continues to plague New Brunswickers. This was a major issue discussed at the union's convention/AGM last fall. They have developed a 10-step program to implement a public auto insurance system in the province. They have encouraged their members to appear before the public hearings of the Select Committee on Public Automobile Insurance. The union is also an active supporter and participant in the NB Public Automobile Insurance Coalition.

Prince Edward Island Union of Public Sector Employees PEIUPSE/NUPGE

The newly re-elected conservative government of Prince Edward Island, like many other provincial governments, is reassessing its fiscal situation. The government has indicated there has been a substantial increase in the deficit over what was projected a year ago. The union has been working to ensure the province's financial management plan is based on an assessment of the real financial situation and that it addresses fiscal concerns while meeting the province's obligations to invest in public services and infrastructure. To promote their message, the union has launched a campaign featuring a series of newspaper, radio and television ads.

With respect to health care negotiations, the previous agreement expired March 31, 2003. The parties recently concluded negotiations and achieved a new three-year agreement which provides general pay increases of:

- 3.25% on April 1, 2003;
- 3.0% on April 1, 2004;
- 2.75% on April 1, 2005.

Other highlights of the new agreement are:

- Renewed Letter of Agreement allowing classifications to apply for market adjustments based on recruitment and retention. A Joint Committee is set up to hear these applications. If the parties reach an impasse, it is resolved by arbitration. Recent arbitration results under this Letter of Agreement have resulted in market increases for Community Mental Health Nurses, Nurse Educators, Nurse Supervisors, Dental Hygienists, and Pharmacists.
- Lump sum payments for April 1 of each year for red-circled employees.
- Increase in the short-trip allowance from \$5.00 to \$6.00.
- Increase in the monthly travel allowance from \$200 to \$250.
- Increase for out-of-province meal allowances.
- Shift premium increases from \$1.00/hr to \$1.75/hr as of the date the agreement was signed, and further increases to \$2.00/hr, April 1, 2004, and to \$2.25/hr April 1, 2005 were negotiated.
- Weekend premium increases from 50¢/hr to \$1.00/hr.
- Standby pay increases from \$1.50/hr to \$2.25/hr.
- A new Development and Training Fund was negotiated.

Centrale des professionnelles et professionnels de la santé CPS

In 2002, the union agreed to a one-year extension of its contract with a 2% wage increase. That contract expired in June 2003. The union consulted with its members last year and tabled more than 100 demands (excluding wages) in September 2003. The union will develop its position on wages once the pay equity negotiations are settled. Their main bargaining priorities are: salary relativity and pay equity; strategies to recruit and retain professionals; strategies to deal with work overload and work/life balance issues; and better protection for workers on disability.

The legislative agenda of the new Quebec government, however, has seriously affected the context of negotiations. The three main legislative initiatives are:

- Bill 25 – the creation of development agencies. These agencies will replace the regional health boards while exercising the same powers, functions and duties, on the same territory. The likely result of the legislation will be a new wave of institutional mergers and de-mergers, with all the consequences this implies. Moreover, it is not evident that such structural change can improve the quality of services without the addition of new human and financial resources.
- Bill 30 – the modification of bargaining units and local bargaining. This legislation attacks the very structure of various health care unions and the type of representation preferred by certain professionals. It stipulates a ceiling of four bargaining units per employer: (a) nursing and cardio-respiratory care personnel; (b) para-technical personnel and auxiliary services and trades personnel; (c) office personnel and administrative technicians; (d) health and social services technicians and professionals. Category (d) contains a total of 118 job classifications, including the entire CPS membership. The legislation also stipulates that a single union may be certified to represent the employees in each of the four new bargaining units in an establishment. Existing unions will have a limited period to file a petition to continue to represent their members. If more than one union files a petition, the employees will have to vote and the union receiving the most votes will represent all of the employees in the new unit. The legislation also introduces a rigid, mandatory local bargaining process involving 26 items, for each of the four bargaining units per employer. The union is concerned that this form of local bargaining could lead to disparities in the working conditions of employees within the network. Moreover, the legislation does not provide a right to strike and contains no other effective mechanism for fostering the negotiated conclusion of a local agreement.
- Bill 31 – subcontracting. This legislation amends the Labour Code to allow the awarding of subcontracts. The transferred employees will, in most instances, lose their union accreditation, as well as the working conditions negotiated in their collective agreement.

The union has taken several different actions to express opposition to the government's proposed health restructuring initiatives. The CPS has been working with other unions and they are studying the possibility of creating a new union alliance within the Health and Social Services Sector.

As well, the CPS and other unions have intervened with government officials to inform them of the impact that such laws will have on the working conditions of the professionals they represent. They have also organized meetings with local union representatives and information sessions for all members, explaining the potential impact of the three government bills. Finally, the CPS has joined with other unions in publicly protesting the government's anti-union and anti-public sector agenda.

In 2004, the creation of a new labour alliance in the Health and Social Services Sector, and the redefinition of bargaining units will make up the core of the union's action plan. The plan will include a comprehensive communications strategy aimed at members, the government, the media, and the general public.

Association professionnelle des technologistes médicaux du Québec APTMQ

While most other public sector unions in Quebec had accepted a one-year extension after their contracts expired in June 2002, the APTMQ did not. The wage increase for January 2003 for the unions that accepted the contract extension was 2%. The APTMQ has been seeking a larger increase.

A top bargaining priority is RN/RT wage parity – based on 2002 rates, the gap is almost 5%. Other priorities include implementing new language to deal with workload problems resulting from minimum staffing levels and the shortage of technologists. Negotiations have been very slow as the employer(s) claims it has no real mandate to bargain any improvements. The union is in a legal strike position.

As well, pay equity negotiations are now at a standstill and the government's legislative agenda will stall these negotiations further.

Like the CPS and other unions, the APTMQ continues to respond in various ways to the government's legislative attack on the public sector in general and health care in particular. The actions include, among other things, protests and demonstrations, interventions with government officials, internal education, judicial appeals, and pursuing the possibility of creating a new union alliance within the Health and Social Services Sector.

Ontario Public Service Employees Union OPSEU/NUPGE

Despite its campaign assertions to the contrary, the recently-elected Liberal government has been pushing forward with the health care privatization agenda of the previous conservative government.

Hospital Professionals Division

The last round of bargaining was very difficult. However, in the end, the results significantly raised the standards on central provisions. There were many important improvements with wage increases – ranging from 7% to 17% – vastly exceeding the standard wage increases. The union came close to meeting its goal of wage parity between RTs and RNs – they exceeded it for the bottom 5 steps and cut the gap in half at the top to about 8%. They also made gains in the areas of job security, vacation, premiums, health and safety, and seniority. The employer provided market adjustments (independent of the collective bargaining process) for some professions e.g. perfusionists, pharmacists, and pathology assistants.

The agreement expires March 31, 2004. The goal in the upcoming round of bargaining is to continue the gains and improve the central language so that it incorporates superior provisions from non-participating Local units. The union would also like to deal with the key issues of 'education creep' and scope of practice. They circulated a bargaining survey at the end of last year and held a pre-bargaining conference in early February '04. Local units are in the process of deciding to opt-in or out of the central bargaining process. A central demand setting meeting has been scheduled for early May and the union expects to be ready to bargain in June.

Community Health Care Professionals

The executive of this sector has set four overall priorities: (a) Settle the CCAC Pension law suit; (b) end the competitive bidding process in CCACs; (c) restore local democracy to CCAC Boards; and (d) restore confidence in public health units.

It was explained that across Ontario, 43 Community Care Access Centres (CCACs) deliver nursing, homecare and therapy to post-operative patients, frail and elderly people, children who need speech therapy and others. The previous government created a crisis when they ordered the CCACs to get rid of their direct care staff and focus on administration.

As a result, the CCACs were forced to tender nursing and therapy work to the lowest bidder, which resulted in many bids from private sector providers. Nurses and therapists watched their pay and benefit levels drop while service to their clients suffered. Many left for other jobs, making a shortage of skilled professionals more acute. From April '01 to April '03, 115,000 fewer patients were helped.

The Ottawa CCAC tendered its therapy work to the lowest bidder and this forced the layoff of 70 community-based occupational therapists, physiotherapists and social workers from their employer, Kaymar Rehabilitation Inc. The union has launched a campaign to stop the fragmentation and divestment of therapy units by CCACs. They are pressuring the new liberal government to eliminate the competitive bidding process for therapy work, to maintain existing staff to provide the care, and to follow through quickly on its election promise to improve community-based health care. In response, the government recently announced an operational review of the contracting out process for the CCAC in Ottawa. The union is urging the government to expand this review, and to do a full and comprehensive province-wide review of the managed care model.

With respect to negotiations for community health professionals, the union currently negotiates thirty-eight individual contracts with employers. At one time, thirty-six of these agencies were directly funded by the government. Today, most of these agencies have been divested and therefore negotiations take place with private employers. Recent bargaining efforts have resulted in modest gains in wages, benefits, vacations, and job sharing.

In other matters, the entire OPSEU health care divisional council has been fighting for changes to the government's new Bill 8 legislation, which seeks to provide for accountability in the health services sector.

Manitoba Association of Health Care Professionals MAHCP

The Association reported that the tone of discussions with the current NDP government is better than it was with the previous Conservative government. The current government consults the Association on most decisions and this is a welcome change.

The previous Central Table contract expired on March 31, 2003. Negotiations started in January 2003 and in June the parties went to mediation and then arbitration. The Central Table arbitration award was received in August 2003. It included increases of 3% in each of the 3 years.

The arbitration award also provided other improvements, such as:

- increase in shift differentials;
- increase in call-back rates;
- maternity leave top-up extended to part-time employees; and
- two-hours' pay for each eight hour period for everyone put on standby.

The arbitration ruling also allocated funds toward the provincial wage standardization of all classification rates. The decisions about how classifications should be established were the basis of negotiation between the parties. They reached an impasse in respect to seven classifications and returned to the arbitrator. More money was awarded to all of the classifications but it was uneven – some got increases of 25% while others got small increases. There might be money left in the market supplement fund to make adjustments to some of the classifications that both parties can agree to.

The Association reported that the government is in the midst of another restructuring of provincial lab services. All diagnostic and imaging services will be operated by one special operating agency called DSM. The agency will be expected to make a profit and reduce costs and this will undoubtedly have an impact on some of the Association's members. The Association was invited to participate on the DSM board and they have created an Ad Hoc Committee to advise their representative.

As well, the microbiology labs in community facilities are closing and the work is being transferred to hospitals. So far, however, only some staff was transferred from the community facilities to the hospitals. As a result, hospital staff is feeling overworked.

Over the past few years, members have requested that the Association become more active in promoting its membership. As a result, the Association has recently advertised in various publications. They have produced radio ads, and they have provided some financial support to societies such as MSMLT, MAMRT, and MACT. In addition, the Association was approached by the MSMLT to co-sponsor a series of T.V. ads.

It was also reported that, after 22 years as Executive Director of MAHCP, Mr. Ron Wally has decided to retire.

Manitoba Government and General Employees Union MGEU/NUPGE

The union has a positive relationship with the NDP government. There is a lot of dialogue and consultation between the union and the government on a variety of issues. However, much to the dismay of many people, the government continues to support the balanced budget legislation. This makes it difficult for the government to find money for public sector contract negotiations and recent unexpected challenges (e.g. mad cow, drought, etc.) have exacerbated the challenge.

The government's message to the union in current negotiations has been not to expect too much. Three-year agreements of 3, 3, and 3 have been the recent pattern of settlements in the health care sector. There has been some additional money made available to address recruitment and retention issues.

In January 2004, more than 500 community health employees of the Winnipeg Regional Health Authority were ready to take job action if outstanding issues in their contract dispute remained unresolved. These MGEU members voted 89% to authorize strike action to begin on January 19th. They were negotiating with the aid of a conciliator, but

made little progress on the key issue of wage inequities between regional health authorities. Although these workers are the backbone of Winnipeg's home care, community mental health, and immunization services, many of them earn less than workers with equivalent training and duties who are employed in areas such as Brandon. Therefore, wage parity and appropriate compensation for growing job responsibilities are the key outstanding issues.

The union delayed their plans for the February 19th strike action following a tentative agreement to resume negotiations with the help of a mediator. The parties agreed to try five days of mediation with the possibility of either side asking for arbitration if no agreement was reached. There was no settlement through mediation and the dispute was referred to binding arbitration. They are waiting for the arbitrator's report.

The union is working to raise the profile of their members who work as emergency services personnel in rural areas. These members would like to see two main issues resolved. First, there are large wage disparities between these workers and their counterparts in the cities. Secondly, they would like a coherent plan for training and upgrading. The union has initiated a public relations campaign on behalf of these members, including radio and print advertising and meetings with elected officials.

Further, the union has also recently approved a significant campaign budget to underpin the collective bargaining efforts of their facility support service workers. This unit will likely be entering into negotiations in April 2004.

Health Sciences Association of Saskatchewan HSAS

With a lot of help from unions in the province, the Saskatchewan NDP government was recently re-elected with a slim majority. Since being returned to power, however, the government has discovered that it is "broke" and has been warning public sector unions that they need to lower their expectations in upcoming negotiations.

Highlights from the last year and a half include:

- The employer required HSAS to participate in Joint Job Evaluation (JJE) if it wanted the minimum 8% increase being offered. The union opposed the whole concept, favouring a market supplement approach instead. The union broke off bargaining JJE and regular bargaining and went on a one-month strike in September 2002. The strike was over the failure of the employers to agree to give HSAS members holding Bachelor degrees wage parity with B.Sc. Nurses. The JJE system was partially to blame. The strike ended with a memorandum of settlement that succeeded in closing the wage gap amongst Baccalaureate professionals somewhat (still a gap of about 8%) and also eliminating the union's participation in JJE.

- Market supplements are now in place for about 50% of the membership and the parties believe they are helping with recruitment and retention issues. The most generous market supplements have gone to Pharmacists, RRCPs and Psychologists (PhDs). The value of supplements range from 6.6% to 30% of wages. A third party is responsible for determining if a supplement is warranted and to determine its quantum. Applicants must meet clear criteria based on vacancy rates, turnover, and impact on patient care among other things.
- The union entered into an agreement regarding Third Party Adjudication of Disability Income Appeals.
- The pension plan affecting the majority of the membership is now under joint trusteeship.
- Definition of “Senior Classification” has been negotiated in response to concerns about “job creep”.

Looking ahead to future negotiations:

- The current contract expires March 31, 2004. The union has assembled a team and sent out a bargaining survey to help prepare their proposals. A series of membership meetings will be held and notice to bargain will be served soon.
- The union will be seeking an 8% increase as of October 2004 to bring Baccalaureate professionals wage parity with nurses. However, rumours are that the employer’s mandate at the bargaining table will be 0%, 0% and 2%.
- Other bargaining priorities for the union include: classification issues; stopping contracting-out and privatization; mitigating premium increases for the health benefit plan; workload issues; effective infectious control practices; stopping absent management programs; additional dollars for professional development and preceptorship; and less employer discretion on filling vacancies.
- The union is considering negotiating a one-year contract in order to align itself with the expiry of the Nurses union contract.
- The union is considering a strong advertising campaign to support their upcoming bargaining efforts.

Health Sciences Association of Alberta HSA/NUPGE

The union is not expecting Premier Ralph Klein to call a provincial election this year, but it cannot be entirely ruled out given that the opposition is weak at the moment.

The restructuring of health care bargaining units, brought on by Bill 27, continues. The union is currently in the process of creating transition agreements.

Provincial Facility Bargaining

The union went to Interest Arbitration in March 2003 to renew the provincial facilities central contract that had expired March 31, 2002. The arbitration board, Chaired by Mr. Andrew Sims, released its award on February 4th, 2004. Many important principles that

the union advanced were recognized by the arbitrator and in this regard they feel that the decision will have a positive impact for future rounds of bargaining. However, the union was disappointed that this did not translate into the full financial package they believe their members should have received.

For example, the union argued at arbitration that the wage gap compared with nurses needed to be significantly narrowed, and that similar increases awarded to the nurses in their last round should be applied to HSAA members. The arbitrator accepted, as a general proposition, the nurses unit as the most directly comparable to the large majority of the HSAA bargaining unit. However, despite accepting most of the principles argued by HSAA, the arbitrator did not award a general wage increase that fully maintains the parity with nurses prior to their 2001 wage increase.

The highlights of the arbitration award are:

- A 3 year contract expiring on March 31, 2005.
- General across the board wage increases of:
 - April 1, 2002: 5.5%
 - April 1, 2003: 5.5%
 - April 1, 2004: 3.0% (or the cost of living, whichever is greater).
- A new step on the pay grid – a ninth step on the pay scale (at 3.5%) was awarded for all “professional” classifications and for “technical” classifications at pay grade 6 or higher. These employees will receive the long service 9th step increment after they have been at the previous step for six years.
 - The union, however, believes the arbitrator missed the mark here because it makes no sense not to extend additional steps to employees in the lower pay grades and it introduces an element of unequal treatment that is not advocated by the union.
- Additional pay grade adjustments, resulting in increases ranging from 18% - 27%, were applied to several disciplines, including: clinical equipment specialists, clinical genetics technologists, sleep and polysomnographic technologists, physical and occupational therapists.
- Salary increases are retroactive and former employees are eligible for this pay.
- Other monetary items previously negotiated include:
 - shift differential increased to \$1.75.
 - weekend premiums increased to \$1.75.
 - on-call rates increased to \$3.00 and \$4.25.
 - 3 hour minimum at overtime rate for call backs.
 - mileage rate increased to 35 cents per kilometer.
- In addition to the monetary items:
 - up to 4 special leave days per year.
 - a professional development allocation of 30 times the hourly rate of pay available each year.

The union also requested that the arbitrator recognize the unique and intense market pressures facing pharmacists – which has largely been driven by large wage disparities with pharmacists working in the private sector. However, while the union initially believed the arbitrator had awarded a substantial pay grade adjustment for pharmacists, the result of a subsequent ruling has been deeply disappointing and troubling for the union and its pharmacy members.

In the subsequent ruling, the arbitrator rejected the union's position on pharmacists, effectively resulting in a wage award which is less than the employer tabled going into arbitration for most pharmacists. The result of this ruling is that only those employees eligible for the long-service increment will have actually benefited by the arbitration. All other pharmacists, who waited patiently for two years for a renewal agreement, are going to get a lower wage than what had been offered by the employers at arbitration.

The union finds it extremely difficult to comprehend how the arbitrator arrived at this decision, especially in light of the overwhelming evidence that was put before the board. Their pharmacy members have said they are insulted by the ruling and feel undervalued and unappreciated.

Provincial Community Bargaining

The union reached a tentative agreement on Feb 27, and they are recommending ratification. Some of the details of the settlement are:

- The employer agreed to a full "flow-through" of the facility arbitration award. Salary increases are: 5.5% April 1, 2002, 5.5% April 1, 2003, 3% April 1, 2004, with the addition of a long service increment of 3.5% April 1, 2004, for those classifications that reflect the same pay grades in the facility agreement.
- In some cases, for those in agreements within the 7 bargaining units being combined, the salary increases are higher, since they were below the norm in their previous agreement. The union has tried to put in a common salary scale for all of the bargaining units being combined, with only a few requiring local conditions for positions unique to particular bargaining units.
- In the few cases where the initial increase does not provide at least 5.5%, a lump sum to represent the difference will be paid.
- Retained the additional Named Holiday for those groups who still have this in their current agreement.
- Special Leave language as in the facility agreement, as well as the Professional Development fund of 30 times the basic rate of pay for employees working 0.38 FTE or greater.
- Current shift schedules - Earned Days Off, etc. will continue unless the employer gives the union and employee 8 weeks' notice of a proposed change, at which time they will meet to discuss.
- Payment for kilometers driven on employer business was agreed at \$0.35 per km, with a letter of understanding protecting those who are now receiving higher rates within their region.

- Meal allowance rates were increased.
- A shift and weekend premiums increase to \$1.75/hr, and an on-call rates increase to \$3.00 and \$4.25/hr. Call backs will be paid a minimum of 3 hours at double time.

Other campaign initiatives the union is involved with are:

- Working with the Alberta Federation of Labour to create a new advocacy group called: *Public Interest Alberta*. The idea is to create a group that can be a rapid response counter to the right-wing agenda of privatization in Alberta.
- The union recently joined in a sponsorship agreement with MADD Canada for their “signs of summer” campaign. The union’s logo will appear on various publications and they will receive additional recognition as a sponsor when various events are launched.

Health Sciences Association of BC HSABC/NUPGE

The BC government continues to travel down a road marked by reduced program spending, sweeping cuts in jobs and wages and benefits, privatization, deregulation, the sell-off of public assets, contracting out, and huge tax cuts for corporations and wealthy individuals. The collective bargaining environment remains toxic as contracts have been imposed on workers and long-fought for rights have been removed.

Paramedical Professional Bargaining

Bargaining takes place on a multi-union level. That is, all unions representing health professionals/paramedical workers bargain together in a group called the Paramedical Professional Bargaining Association (PPBA) which is largely comprised of members represented by HSABC/NUPGE. Similarly, the employers bargain through a multi-employer association called the Health Employers Association of BC (HEABC).

The current three-year agreement expires March 31, 2004. This agreement was imposed on the unions and their members by the provincial government. The imposed wage grid represented a fundamental break from past practice in two respects. First, nine classifications considered to be in short supply received larger increases than the majority of members. The gap created by this differential is about 9%. Secondly, the approximate parity with RNs was lost when the government imposed significantly smaller increases for technologists in comparison with RNs. This created a gap of about 7% between MLTs and RNs and a gap of about 16% for Respiratory Therapists.

The union has been working with its members throughout the province to address grievances resulting from the changes to the contract as well as changes to the system. The union has also been working with senior level management in all the Health Authorities to address concerns about local issues, and to develop pro-active solutions to staffing and other contract issues.

The government also rolled back many of the collective agreement provisions concerning job security, bumping, and contracting-out. The three main health care unions launched a constitutional challenge to the legislation in the BC Supreme Court. The court dismissed the charges in late 2003 and the unions are considering an appeal.

Negotiations are currently underway for a new contract. The parties have exchanged opening proposals and are currently dealing with non-monetary issues, including job postings, bumping, and the rights of displaced employees to access employment. One of the top priorities for the union is regaining RN/RT wage parity.

Other bargaining priorities include: a fair bumping process; job security; the protection of job duties (i.e. protection against deskilling); ensuring there are more opportunities for workers who are displaced as a result of never-ending restructuring; protecting and enhancing elements in the collective agreement that address members' concerns about their ability to provide quality health care in a climate of staff shortages.

The employers' opening position has sent a strong signal that this is going to be a difficult set of negotiations. As has been the experience in negotiations throughout the public sector in BC, the employer has come to the table looking for substantial concessions. The health authorities are under enormous pressure from the government to manufacture savings out of already squeezed budgets.

Community Health Bargaining

More than 13,000 community health workers recently voted 78% to accept a new collective agreement. The two-year contract includes improved employment security provisions, discourages massive contracting-out, and provides improved employment opportunities for displaced workers in exchange for a wage rollback of 4.06 per cent and other modest concessions.

Community Social Services Bargaining

After six months of negotiating, a tentative agreement was reached in mid-February for 15,000 community social services workers. Key to the tentative agreement is an arrangement on continuity of service that will help to maintain services for clients and protect jobs. The unions also preserved a number of other key issues, such as: current wage rates for incumbent employees; some improvements in extended health provisions; and standardized occupational health and safety language to provide improvements across most of the sector.

However, the agreement also contains approximately \$40 million in cost containment and concessions – but that is less than half of what the government set out to claw back from these workers. These savings will be achieved mostly through a lower wage grid for new hires and amendments to some benefits.

Information meetings and ratification votes were being planned for March. All outstanding non-monetary items were referred to a mediator for binding arbitration and decisions were expected to be released in late-March. Local issue bargaining continues across the province.

In other matters, the union continues to work with the Provincial Lab Coordinating Office established to oversee changes to lab services in the province.

The union has launched a print advertising and web-based campaign to support collective bargaining objectives as well as to encourage the public to speak up for health care. (See the last section of this paper on political activism for more details).

Guest Speaker

James Clancy

National President, NUPGE

James Clancy, national president of the National Union of Public and General Employees, presented an overview of the public sector labour relations and political environment across Canada and internationally.

He emphasized the relationship between declining worker rights, expanding corporate rights and a growing "democratic deficit" in Canada and around the world.

"Increasingly, unions must take these broad domestic and global trends into account when they bargain local contracts", he said.

Clancy also congratulated the group on its success and extended an invitation to all participants to attend the convention of the National Union in June 2004.

He thanked everyone involved for the strong leadership displayed in bringing the group together and noted that cooperation, respect and a broad perspective have been hallmarks of CHPS meetings from the beginning.

The work that the Secretariat has begun will definitely create a stronger and more dynamic movement of health professionals in Canada, he added.

Presentation

Human Resources and Skills Development Canada (HRSDC)

Participants had the opportunity to meet with senior officials from HRSDC. An overview of the federal government's involvement in health human resources planning, particularly in coordinating health care labour market sector studies for doctors, nurses, and pharmacists was presented.

Following the presentation, a discussion on health human resources priorities took place. One of the main concerns expressed by CHPS representatives was the need for a nationally-coordinated labour market plan to address shortages of health professionals, other than nurses and doctors, in Canada.

Co-Chair Stewart told the officials that too often health human resources planning is intermittent and limited to isolated provincial and territorial initiatives, with an emphasis on short-term fixes. She pointed out that this approach will not ensure the appropriate supply, mix and distribution of health care professionals that Canada needs now and in the future. Several CHPS participants also noted that inter-provincial mobility has created an obvious national labour market for most health professions and this is why the federal government must play a leadership role.

Finally, CHPS representatives relayed to the federal officials their serious concerns about existing critical shortages for certain professions and the need for immediate action by all levels of government. It was emphasized that these critical shortages are occurring at a time when attrition problems, market pressures, skill requirements and service demands, among other factors, continue to grow. And furthermore, the current insufficient staffing levels are having not only a negative impact on patient care, but burnout is devastating employee morale, thus amplifying the already difficult challenge of recruiting and retaining health professionals.

Both parties committed to pressing other stakeholders to join together in working toward coordinated short-term and long-term strategies to ensure Canada has an adequate, highly-skilled and effective health professional workforce.

HR Planning Project

Canadian Association of Occupational Therapists (CAOT)

Co-Chair Meyer explained that in March 2003, the CAOT released a comprehensive background paper on occupational therapy human resources data which formed the basis for the current OT health human resources planning project.

Meyer explained that CHPS was contacted by the CAOT about participating in this project and that an OT member of OPSEU/NUPGE, Ms. Chris Luscombe-Mills, had been appointed as the CHPS representative on the working group.

Participants reviewed a report submitted by Ms. Luscombe-Mills and agreed that the Secretariat should take action on the recommendations in her report.

Discussion

Public Private Partnerships

National Representative Mike Luff led a discussion about how, increasingly in Canada, public private partnerships (P3s) are being touted as an innovative method for governments to provide public infrastructure, especially new hospitals.

It was explained that rather than merely contracting with the private sector to build public infrastructure, P3 arrangements include a combination of for-profit corporations financing, building, owning or leasing back, operating, and delivering public services associated with the infrastructure. Essentially, governments cease to be the owners and operators of public assets and services and thus P3s are privatization by stealth.

Participants noted that the main idea behind P3s is to get the capital costs of infrastructure projects off a government's books so they can fool people into believing the budget is balanced. In essence, P3s are debt-refinancing schemes masquerading as new sources of capital investment. They clearly do not help government avoid debt; rather, they only help it defer debt, and the government's strategy is to hope people do not notice how much the total adds up to.

Participants pointed to experiences in Canada and other countries where P3s have resulted in a decline in quality of and access to services, cost increases, the loss of unionized jobs, fair wages and decent working conditions, and a reduction in accountability and transparency. One of the most offensive aspects of P3 schemes underway in Canada is the inexcusable secrecy surrounding the deals; it is next to impossible for taxpayers to know how their money is being spent and to judge whether it has been invested wisely.

It was agreed that the Secretariat should facilitate the sharing of resources and information on the issue of public private partnerships.

Discussion

Political Activism

Co-Chair Stewart led a discussion about the value of protecting and advancing members' rights and interests through effective political action. She explained that the leadership of the HSABC/NUPGE has learned over the years that while labour relations is the core of the union's business, government relations and political action are critical elements to doing the best to represent their members' interests. In fact, the union's members are doing more now than ever before to influence the decision-makers in government who set the scene for the work they do in health care and social services.

As examples, Stewart pointed to the creation of a team of HSABC 'political constituency liaisons' and the union's recent launch of a print advertising and web-based campaign to encourage British Columbians to speak up for health care. The ads, to run in newspapers throughout the province, call on Premier Gordon Campbell and the Liberal government to keep their promises on health care. From the web site at www.speakoutforhealth.bc.ca visitors can send an e-mail to their MLA, Premier Gordon Campbell and Health Minister Colin Hansen calling on them to keep their promise to deliver health care where and when British Columbians need it.

Many participants agreed that it is important that unions inspire and mobilize their members to embrace political activism. Several representatives reported that their union communicates regularly with its members about the importance of political activity and the need to ensure that health professionals have a voice in politics and to pressure elected officials to address the issues that matter to them. They agreed to share information and innovative strategies that would help strengthen a union's political program and increase political participation among its members.

Follow-ups

Issue	National Union Responsibility	Participating Union Responsibility	Task Completed
Web story / Newsletter Column	Create and circulate		√
Contact sheet	Circulate updated version		√
Report of meeting	Create and circulate draft and final versions		
Promotional leaflet	Add independent unions affiliated to the Secretariat		
CHPS web page	Create as part of NUPGE web site		
Collective agreement database	Create and circulate a CHPS specific collective agreement database	Send copy of agreement(s) in pdf format to NUPGE	
Contract language about professional development allocation	Circulate language from new HSAA contract and current HSABC contracts	Send language to NUPGE	
Workload management for social workers	Circulate documents from NUPGE, MGEU, OPSEU, NSGEU, CPS	Send documents to NUPGE	
Shift differential rates for lab and x-ray technologists	Collect and circulate	Respond to information request	
Health human resources planning	Circulate membership list of the Advisory Committee on Health Delivery and Human Resources		
Arbitration briefs	Collect and circulate the HSAA and OPSEU briefs	Send copy of brief to NUPGE	
Attendance management programs	Collect and circulate recent Alberta court decision	HSAA to send copy to NUPGE	

Issue	National Union Responsibility	Participating Union Responsibility	Task Completed
CAOT study	Follow-up on recommendations in report		
Political activism	Collect and circulate HSABC documents	HSABC to send documents to NUPGE	