

CANADIAN
HEALTH
PROFESSIONALS
SECRETARIAT



Canadian Health
Professionals Secretariat

Meeting Report

Ottawa
November 14 -16, 2002



Canadian Health Professionals Secretariat

REPORT OF OTTAWA MEETING • NOVEMBER 14 -16, 2002

Participants

NUPGE

James Clancy
Mike Luff
Louis Trepanier

MAHCP

Ron Wally
Tom Walus

NBPEA/NUPGE

Debbie Lacelle

HSABC/NUPGE

Cindy Stewart
Kelly Finlayson
Ron Ohmart

OPSEU/NUPGE

Sue McSheffrey
Mary Sue Smith
Chris Madill

NSGEU/NUPGE

Mike Pronk
Lynette Johnson

HSAA

Elisabeth Ballerman
John Vanderkaay
Gary Butler

CPS

Dominique Verreault
Maria Piazza

NAPE/NUPGE

Sheila Beaton

HSAS

Stanislau Dimnik
Alan Shalansky

APTMO

Josette Joseph
Nicole Legault

AAHP

Sharon King
Ken Bulger
Brenda White

Guest Speaker: Dr. Quentin Young

- National Coordinator, Physicians for a National Health Program (PNHP)
- Internist in private practice
- Clinical Professor of Preventative Medicine, University of Illinois Medical Centre
- Chair, Department of Medicine, Cook County Hospital, 1972-81

Introduction

James Clancy, President of the National Union, welcomed participants to Ottawa and the historic first gathering of health professionals under the umbrella of a Secretariat.

He introduced Co-Chair, Cindy Stewart, President of the Health Sciences Association of BC/NUPGE and the staff from the National Union. He passed on regrets on behalf of Carol Meyer, a Director with the National Union, who was unable to attend the meeting. Clancy explained that Carol Meyer had played an integral role in bringing the meeting together and would continue to be the principal contact with the National Union for participants.

Participants introduced themselves to each other.

Clancy opened the meeting by describing how it was the culmination of a body of work that had been going on in earnest for two years with the intention of bringing a community of interest together from across the country.

On behalf of the National Union Executive Board, he expressed their excitement over the potential and opportunity to deal with the challenges and opportunities facing health professionals across the country. He reminded participants that success in meeting these challenges and opportunities would depend on the commitment of all those involved with the Secretariat.

Clancy set out two main objectives for the meeting:

- [1] Determine how to proceed with the Secretariat.
- [2] Identify some of the substantive issues affecting health professionals across the country.

Agenda Overview

Co-Chairs Clancy and Stewart provided an overview of the agenda.

CANADIAN HEALTH PROFESSIONALS SECRETARIAT *AIMS AND OBJECTIVES*

James Clancy explained that the Secretariat would consist of three distinct groupings of health professionals:

[1] the National Union Components representing a broad membership, including health science professionals;

[2] the National Union Component (HSABC) representing a primary membership of health science professionals; and

[3] the Independent Unions representing a primary membership of health science professionals.

The challenge, observed Clancy, is to marry the interests of all professionals in the community, notwithstanding the fact that each grouping has their own lines of accountability within their own structures. He expressed that it was important for such a community of interest to find a way to come together to promote their common interests as representatives of health professionals.

Co-Chair Stewart stressed the need for health professionals to have a voice in the health care debate; to establish an identity and to carry it through. She emphasized that health professionals are a distinct group in the health care structure and fierce in wanting their interests recognized. Stewart reminded participants that a community of interest brought everyone together to build on each other's strengths. The independent unions representing health professionals, she continued,

have a history together; but to identify common issues and promote common actions, it requires a move to a more formal structure supported with adequate resources.

MAIN AIMS

Stewart presented three main aims for the creation of a Canadian Health Professionals Secretariat:

- Raising the profile of health professionals across the country;
- Dealing with issues of public policy that impact on health professionals; and
- Enhancing gains in collective bargaining by sharing information identifying collective strengths and developing common strategies and tactics.

CANADIAN HEALTH PROFESSIONALS SECRETARIAT STRUCTURE, ACCOUNTABILITY, AND GOVERNANCE ISSUES

Co-Chairs Clancy and Stewart facilitated a discussion on questions surrounding the key issues of structure, accountability, and governance related to the formation of the Secretariat.

The Co-Chairs made two points before beginning the discussion:

- Some issues and questions would not be resolved at this meeting and will only be resolved through further discussions involving the participants over time;
- More time was reserved on the Agenda to come back to this discussion on Saturday.

Group Discussion Topics

1. Decision making process
 - Constitution?
 - Protocol Agreement?
2. Spokesperson for the Secretariat?
3. Inter-relationship between Secretariat and the National Union?
4. Who participates? Are the numbers of representatives determined by the number of health science professionals or the total number of members represented by the union?
5. What are the lines of accountability? Back to the constituent unions? Back to the National Union?
6. What is the autonomy/decision making authority of the Secretariat?
7. What resources are available? Who are the staff accountable to?
8. Who determines agenda items?
9. Fee schedule?
10. What does the name Secretariat mean? Would Coalition be more appropriate?
11. Next meeting date, location and agenda.

Group Discussion

Part 1

The group reached a general consensus on the following points:

PROTOCOL AGREEMENT

The best way to proceed would be to draft a Protocol Agreement rather than a Constitution. The Protocol would capture the roles and responsibilities of all the groups participating in the Secretariat. (It was agreed later in the meeting that the National Union would draft the Protocol Agreement and circulate it in time for the participants to review prior to the next meeting).

SPOKESPERSONS

At this time, the spokespersons for the Secretariat would be Secretariat Co-Chairs Carol Meyer and Cindy Stewart, and further, as issues arose a provincial spokesperson would be identified based on the nature of the issue and the part of the country most impacted by the issue.

RESPONSIBILITY

The Secretariat will be formed of representatives of independent bodies, each with a direct responsibility to their respective organization.

RESOURCES

Resources may be drawn from the National Union or any of the composite organizations depending upon availability and interests.

STAFF

Staff of the National Union is accountable to the National Union.

AGENDAS

Agenda items would be determined by participants through discussion at previous meetings and consultations by the hosting organization responsible for drafting the agenda.

DEFINITION

A definition of 'health professionals' will be developed by participants of the Secretariat.

PARTICIPANTS

The number of participants per organization is still to be agreed upon. At the next meeting some specific criteria and a mechanism will be established. In the meantime, it was agreed that the two overriding objectives would be: (a) practicality (which means limiting the number of participants from each union to three); (b) inclusiveness (it would be best for the Health Professionals Secretariat to be as inclusive as possible).

CONSENSUS

The process for decision making would be to arrive at a consensus amongst the participants of the Secretariat and then these representatives would be charged with going back to their individual constituencies to obtain endorsement.

INITIAL RESOURCES

Clancy advised participants that the National Union Executive Board has committed to providing resources in order to initiate the Secretariat. Financial and in-kind resources including staff resources, administrative support, research, layout, translation and meeting room space, were some of the resources mentioned. Clancy said the National Union would provide these resources for a second meeting to be scheduled before September 2003 at which time he is committed to report back to his National Executive Board about whether or not the Secretariat would continue with independent unions participating and contributing.

FINANCES

Clancy explained that Components of the National Union pay 2% of revenues to the National Union. To help defray the cost of Secretariat expenditures, the National Union would ask the Secretariat independent organizations to contribute 1% of their revenues.

NAME

It was agreed that the name 'Secretariat' was the right one for a number of reasons. The term connotes an entity that is brought together by a community of interest, where coalition infers an entity that is made up of more disparate parts; it is a name which the broader constituency of health professionals could embrace, and it translates well in both French and English.

MEETINGS

It was proposed that meetings would be held twice a year.

TRAVEL COSTS

Each organization would be responsible for the cost of attending the meetings.

LOCATION

The location of each meeting would be determined by the participants taking costs, among other things, into consideration.

Campaign

National Union Medicare Campaign

Mike Luff, National Medicare Campaign Coordinator for the National Union, presented an overview of the National Union's Medicare Campaign.

He explained that the National Union Executive Board had identified the period of January-February 2002 to January-February 2003 as a critical period for the future of Medicare in Canada.

He described the various health care commissions reporting across the country, including: the Claire Commission in Québec, the Fyke Commission in Saskatchewan, the Mazankowski Commission in Alberta, the Senate Committee headed by Senator Kirby and the Royal Commission headed by former Saskatchewan Premier Roy Romanow.

Luff explained that a critical element to the National Union's Medicare Campaign was the appointment and hiring of Medicare Coordinators across the country by Components of the National Union.

He pointed out that the National Union had produced and distributed over a million pieces of campaign literature in the form of postcards, leaflets, fact sheets and campaign kits to date.

Luff presented more details about the process and issues related to the Kirby Report and the Romanow Commission. He noted that the Romanow Report is scheduled for release on November 28. He said the National Union would have an analysis out to people within hours of the release of the Report (participants were referred to www.nupge.ca for the analysis on November 28).

Co-Chair Clancy stressed that it is an incredible political moment for the future of Medicare in Canada. He said that once the Romanow Report is released, the National Union would lobby politicians to implement the best recommendations.

He also said that the National Union is prepared to mobilize forces and take escalating action if governments do not have the political courage to act.

Clancy encouraged participants to be ready to do whatever it takes to protect and build Canada's Medicare.

Presentation

Guest Speaker, Dr. Quentin Young

Dr. Young is an internist in private practice, a Clinical Professor of Preventative Medicine at the University of Illinois Medical Centre, and was Chair of the Department of Medicine at Cook County Hospital from 1972-81. Clancy noted that Dr. Young has a long history of involvement in medical and social justice issues and is currently the National Coordinator of the organization, Physicians for a National Health Program.

Clancy mentioned that the National Union has worked closely with Dr. Young and his organization throughout its Medicare Campaign over the last 18 months and the two organizations have forged a very close relationship.

Dr. Young greeted the participants and acknowledged the work and effort of the National Union to protect and build Canada's Medicare. He encouraged all the participants to continue the work.

Dr. Young made several observations, including:

- Faced with pressures of increasing globalization, it is important that progressive forces form international coalitions to work on common objectives.
- What's wrong with the US health care system? Over 43 million people do not have any insurance. More than 100,000 people lose their health insurance every month. The United States is the only industrialized country that doesn't have a health insurance program for everyone. Over 25 cents of every health care dollar is wasted on paperwork, advertising and multimillion-dollar CEO salaries and other things patients neither need nor want. People with health

problems (even those with health insurance) cannot get the care they need. Managers for health insurance companies are making decisions about health care that should only be made by people who know and care about patients—their physicians and other health professionals and family members. Doctors are given financial incentives to give less care, pitting health professionals against sick patients—the very people they were trained to help! Skilled nurses and health professionals are disappearing from the bedside and multiplying by the telephone, haggling with insurance companies over patient care.

- The US now spends \$5,000 per person on health care and consequently, it now has the most expensive health care system in the world.
- In the United States, there are 11 million health care workers, but ironically, 11% of those workers have no health insurance.
- The heavy burden of health care costs is the number one reason for personal bankruptcy in the US. This burden is becoming heavier every day by the rapidly growing cost of prescription drugs in the US. The large brand-name pharmaceutical companies have an effective monopoly on prescription drugs due to patent protection, and court appeals are driving drug costs sky high.
- The US health care system is giving way to a system run by corporate oligopolies. A few giant firms own or control a growing share of medical practices. The winners in the US medical marketplace are determined by financial clout, not medical quality. Three or four hospital chains and managed care plans will soon corner the market, leaving physicians, health professionals and patients with few options. Doctors and health professionals who don't fit in with corporate needs will be shut out, regardless of patient needs.

- A single payer system in the US would save on bureaucracy and investor profits, making more funds available for care.

Private insurers take, on average, 13% of premium dollars for overhead and profit. Overhead/profits are even higher, about 30%, in big managed care plans like US Healthcare.

In contrast, overhead consumes less than 2% of funds in the fee-for-service Medicare program, and less than 1% in Canada's program.

Blue Cross in Massachusetts, employs more people to administer coverage for about 2.5 million New Englanders than are employed in all of Canada to administer single payer coverage for 30 million Canadians.

In Massachusetts, hospitals spend 25.5% of their revenues on billing and administration. The average Canadian hospital spends less than half as much, because the single payer system obviates the need to determine patient eligibility for services, obtain prior approval, and attribute costs and charges to individual patients, and battle with insurers over care and payment.

- Dr. Young pointed out that in every country that has a single-payer, universal health care system, the labour movement was in the vanguard of health care reform.
- Dr. Young noted that in the recent referendum for a single-payer system in Oregon, the single-payer forces were outspent \$2 million to \$50,000.
- He also pointed out that in conjunction with health care reform, there needed to be a cultural reform in terms of how health care was provided – he noted that power structures within the existing system favour doctors and nurses and that this power needed

to be distributed more equally to empower other professional care providers.

Dr. Young said there are reasons to be optimistic about health care reform in the US, citing that former Vice-President Al Gore had just announced publicly his support for a single-payer national health insurance scheme.

Following Dr. Young's presentation there were several interesting questions from participants which provoked a thoughtful and insightful discussion about the nature of US health care and the pressures on Canada's Medicare.

Collective Bargaining I

Overview of Recent Settlements

On Friday morning, participants reported on collective bargaining for health professionals across the country and engaged in a discussion on recent settlements. A summary of that discussion follows.

HEALTH SCIENCES ASSOCIATION OF BC (HSABC/NUPGE)

- Strike in summer of 2001 – main issue was wages.
- HSABC/NUPGE members had faced a situation of compensation packages of 0%, 0%, and 2% over three years.

- Other issues such as recruitment/retention incentives, education benefits and on-call premiums were also important to members.
- Bargaining was very slow because of a change in government.
- The employer made a “market-adjustment” wage offer that split the bargaining unit down the middle and it was also an offer that did not maintain parity with nurses.
- HSABC/NUPGE members began rotating strikes that escalated to a province wide walkout when the government passed back-to-work legislation.
- The back-to-work legislation required the parties to return to the bargaining table, but the employer refused to bargain.
- Members defied the legislation and staged a two-day illegal strike resulting in contempt charges being levied against the union by the employer.
- Finally, in August, 2001, the government introduced legislation which imposed a contract that was the employer’s original contract offer: 5.5% over three years for half the membership and 14.5% over three years for the other half of the membership.
- In January, 2002 the government passed further legislation, which removed contract provisions related to: employment security, consultation with unions during any health care restructuring, contracting out and privatization, bumping rights (not removed entirely, but severely limited).
- At this point 217 members/workers have received displacement notices, with ambulatory services, especially rehab services, being disproportionately affected.

- Grievances, arbitration, Charter challenges and tort claims have been filed.
- Contract re-opens in April 2004, but government has stated there will be no public sector wage increases for the next three years and the legislation does not allow for negotiations of the provisions stripped until 2005.
- Next provincial election has been set for May 16, 2005.
- Key issues on the horizon: wages, shortages/recruitment/retention and employment security.
- There is very good solidarity amongst the membership, despite the government's attempt to divide and conquer by offering different compensation packages.
- Main issue in the background is health care restructuring – reorganization of health authorities is underway for the third time in ten years as the number of health authorities has been reduced to six.

HEALTH SCIENCES ASSOCIATION OF ALBERTA
(HSA)

- HSA Alberta has one major collective agreement affecting 7,500 out of 12,000 members.
- This agreement expired in recent months and the union is currently in negotiations through mediation.
- There are also lab and community services agreements and these will not be settled until the main agreement is settled.
- Health care restructuring continues – province moving from sixteen regional health authorities to eight.

- Alberta government continues to claim poverty in terms of ability to pay wage increases – union still hasn't seen a financial offer at the table.
- Compulsory Interest Arbitration (CIA) has been set – HSA Alberta members have no right to strike because services are deemed essential so CIA is the legal mechanism for settling disputes.
- HSAA is happy with the composition of the CIA board, the problem is that the mandate of the board is set by the provincial government and this mandate includes looking at things like economic interests of the province and other settlements. Union is looking for a reward from the CIA board in early 2003.
- Wages a key issue for HSAA members.
- Nurses in Alberta were recently awarded 22% over two years. Nurses had good timing with negotiations being two weeks before a provincial election.
- HSAA members want wage parity with nurses – over the last several years there has been a divergence in wages between nurses and health professionals in Alberta. HSAA members would like to close this wage gap but this will be a huge challenge given the recent settlement reached by the nurses.
- HSAA believes that the employer is trying to phase-out certain occupations, e.g. dietary technician.
- Internal equity is an ongoing issue within the membership – where members sit in relation to one another is important.
- Cost and time of Continuing Education is also an important issue for members – during the time of funding cuts and practitioner shortages, professional development has taken a back seat – it's difficult for members to

get financial assistance or time off for continuing education and this is not good because professional standards have been rising in recent years.

- However, the most important issue for members is: Work/Life Balance – issues such as family leave, extra vacation days, time off for family illnesses, etc. are at the top of the priority list for members, to be resolved.
- HSAA insisted on equal say in ongoing classification review.
- Union has been cooperating with professional associations that have mutual members in order to get relevant demographic and statistical information on the membership and forging this relationship has been very helpful.
- Union also dealing with the integration of mental health into regional health authorities – either the community sector or the facilities sector – and this will mean members moving from another union to the HSAA.
- Third review in three years of rehab services at the Calgary Health Authority – people are sick and tired of the “reviewing”.
- Next provincial election is not expected until 2005 or 2006.

***HEALTH SCIENCES ASSOCIATION OF SASKATCHEWAN
(HSAS)***

- Brief report given because there was more time allotted on the agenda for the HSAS to offer greater details on its recent strike and settlement.
- Union finding that health professionals are coming to Saskatchewan from British Columbia.

- Contract talks were ongoing for last six months.
- Union went on strike this fall and a new agreement was reached and ratification is now underway.
- The principle of pay equity was applied to new classification review as well as recruitment and retention strategies.
- Union trying to achieve wage parity with the nurses.
- New agreement has significant achievements in areas such as: wages, northern allowances, sick leave, and reimbursement of professional fees.
- March 30, 2004, the new agreement will expire.

***MANITOBA ASSOCIATION OF HEALTH CARE PROFESSIONALS
(MAHCP)***

- Collective agreement is provincially based but bargained with each employer at a central table.
- Agreement expires soon – it was a four year agreement – and bargaining will begin in December 2002.
- Most attention in recent years has been focused on issues related to regionalization and health care restructuring.
- Regional Health Authorities have been reduced from 12 to 10 – great disparity in size of Health Authorities, e.g. Winnipeg Health Authority represents 675,000 people while the Churchill Health Authority represents 1,000 people.
- Number one priority of membership for upcoming negotiations is: money. Members feel they are too far behind other provinces and looking for parity with nurses.

- Regionalization and bargaining unit restructuring still continues across the province.
- Health Authority has hired an outside consultant to review delivery mechanisms with special attention paid to rehab services and practitioners.
- Recruitment and retention issues also prominent in Manitoba – recruitment wage bonuses offered to pharmacists as high as \$20,000 – there has been some success on the retention side of things due to higher wage offers.
- Passive privatization underway in physiotherapy and rehab, diagnostic and lab sectors. Lots of concerns amongst membership about privatization.
- Manitoba has also noticed health professionals arriving from BC.
- Recent classification review went from 24 occupations to over 100, mainly related to health care restructuring. Major restructuring in lab services – 16 lab reviews in last 14 years – workers feeling demoralized. Health Authority creating a body known as DSM to oversee delivery of lab services across the province – DSM is a public body but it's believed it's to be designed to produce a profit.
- Membership of MAHCP has been growing.

ONTARIO PUBLIC SERVICE EMPLOYEES UNION
OPSEU/NUPGE

- A provincial election is imminent within the next 18 months. Premier Eves and his government have badly mishandled the Hydro privatization issue and there are glimpses of hope for changing the government.

- OPSEU/NUPGE represents 18,000 health professionals – over 140 contracts, with about 100-120 of those contracts currently in negotiations.
- Biggest contract issues include: wage parity with nurses and quality of life issues (due to practitioner shortages).
- Litigation increasingly being used to solve problems.
- Professional relationship between employees and employers has diminished in recent years.
- Recruitment and retention an issue in just about every profession, but especially pharmacy.
- The central bargaining process has broken down. Membership is highly mobilized and the union is in the third week of conducting strike votes across the province – it would be an illegal strike but the membership feels that enough is enough and they've essentially reached the breaking point and it's time to do something about it. The result of the strike votes will be known on November 20th and the results will be released during the annual meeting of the Ontario Hospital Association (OHA) in Toronto.
- The OHA is trying to split the membership with different compensation packages, but thus far, the membership has been rock solid and there's a lot of solidarity.
- OHA has abandoned its employer's mandate and is bargaining in bad faith – this is causing the union and its members to take unprecedented actions – such as organizing for an illegal strike.

*ASSOCIATION PROFESSIONNELLE DES TECHNOLOGISTES
MÉDICAUX DU QUÉBEC (APTMO)*

- The Québec government recently offered to extend all public sector contracts in the province by one year. All unions accepted except for three – the APTMQ was one of the three that did not accept the offer.

- The union started negotiations with the employer – they only met once because the employer showed no good will. They are currently pursuing mediation and to enter into an agreement with respect to essential services. The provincial elections will play a key role. They have 4,000 members and their primary concern is the wage gap with nurses. Other primary issues are absenteeism; retirement and hospital mergers. They are waiting for the provincial pay equity results. They are concerned with the impending election results because the Québec population does not seem to realize the political gambits, although the union movement is working hard to destroy the party ploys.

- The provincial pay equity evaluation is being done in concert with unions. APTMQ is ensuring that members complete the forms. The government is meeting with Treasury Board on December 12.

*CENTRALE DES PROFESSIONNELLES ET PROFESSIONNELS
DE LA SANTÉ (CPS)*

- CPS represents 10,000 health professionals. They have accepted the government's proposal to extend the collective agreement by one year and members will get a 2% increase as of January 1, 2003.

- CPS is in the process of preparing their demands for negotiations, which they will put forward after the provincial election.

- 400,000 workers are involved in the provincial pay equity process, which also includes social services and education. Because unions distribute the questionnaires, they have a chance to equally evaluate them before sending them on. CPS also offered a one-day training session on the questionnaire. They have been working on this issue since June of 2000, and hope it will be settled before the next provincial election.
- In Québec as elsewhere, there doesn't seem to be a political consensus on health care. There are not enough defenders of the public system, a greater coalition must be formed.

NEW BRUNSWICK PUBLIC EMPLOYEES ASSOCIATION
NBPEA/NUPGE

- Union recently completed bargaining for health care workers.
- Union has two main groups: the paramed group (includes lab techs, radiation therapists, etc.) and special health care professionals (includes physiotherapists, pharmacists, rehab therapists, etc.).
- Wage restraint has been imposed in health sector over the last 12 years.
- Wages is the number one priority for the membership.
- Also struggling with recruitment and retention issues.
- Government has tried the classic divide and conquer tactic by offering different groups different compensation packages.
- In last round of bargaining, the NBPEA/NUPGE insisted on across-the-board wage increases and also looking not to lose further ground to nurses.

- Government has used a mandated formula of: 1.5% and .5% or 2% a year for four years. However, if a union was prepared to go to the wall, they could get more.
- NBPEA/NUPGE showed the government that they were prepared to go to the wall and reached the following deal: 12.5% over four years in both groups and it was an across-the-board adjustment.
- However, the nurses reached a settlement of 13% over 42 months; therefore, the NBPEA/NUPGE goal of not losing ground to nurses was not reached.
- Government is talking about establishing Regional Health Authorities and rural community clinics with nurse practitioners.
- Members are looking for early retirement packages and looking for ways to work part-time because they feel overworked and are focusing on quality of life issues.
- NBPEA/NUPGE has negotiated a phased-in retirement package – defined benefit plan; in the last five years they can go part-time but have to pay an extra 0.1% in contributions and this will be matched by the employer and workers will continue to accumulate years of service/ seniority.

***NOVA SCOTIA GOVERNMENT AND GENERAL EMPLOYEES UNION
NSGEU/NUPGE***

- Nova Scotia is facing the same challenges as other provinces.
- In an attempt to use classic divide and conquer tactics, the Nova Scotia labour board decided to break up four traditional classifications/units in the Capital District Health Authority. Historically, all four units bargained at the same time, but in the latest round of negotiations

the government wanted to bargain separately with the four units.

- This move created a lot of disruption and tension as each unit was prepared to accept different settlements.
- There was a major strike in the summer of 2001. The government passed back-to-work legislation.
- In the end, the nurses received more in compensation than the other classifications/units, including the health professionals. The nurses received 18.2% and the health professionals received 7.5%. The issue of wage parity has been a huge issue and it has effectively poisoned the work environment at many workplaces.
- Next round of bargaining is scheduled for November 2003. NS Health Professionals are lowest paid in the country and so clearly wages will be a huge issue in the next round of bargaining, along with wage parity, recruitment and retention.
- The union reports that it has negotiated very strong contract language on job security and contracting out.

ASSOCIATION OF ALLIED HEALTH PROFESSIONALS OF NEWFOUNDLAND AND LABRADOR (AAHP)

- Concluded bargaining in December 2001. Received salary increases of 15% over three years. The agreement expires in 2004.
- Occupational reviews were recently negotiated and participating groups received at least a three level pay adjustment.
- Negotiated joint trusteeship on pension plan.
- Pay equity negotiations have taken place whereby those receiving pay equity adjustments will have these adjustments rolled over onto the salary scales, as per the 1988 pay equity agreement.

- A Steering Committee has been established with unions and government to bring in a new classification review system.
- Doctors just concluded a three week strike – longest in province’s history – a binding arbitration process has been set out.
- Government recently announced a strategic health plan with two Advisory Councils: (a) Wellness advisory council; (b) Primary care advisory council.
- Gap between nurses and health professionals has been narrowed in recent years.
- Provincial election is expected within the next year, prior to the expiration of the public sector collective agreement; therefore, the next round of bargaining will be conducted with a new government.
- Union has negotiated some strong contract language on flex-time and this has helped stabilize the workforce and the new provisions have pleased many members, especially young mothers.
- AAHP traditionally had problems with recruitment and retention issues but this has stabilized in recent years.

***NEWFOUNDLAND AND LABRADOR ASSOCIATION OF PUBLIC AND
PRIVATE EMPLOYEES / NAPE/NUPGE***

- Health Professionals represented by NAPE/NUPGE have formed their own local and are currently bargaining a brand new collective agreement.
- New local of health professionals has great diversity of occupations.

- Their last strike was a success, significantly raising the profile of the health professionals in the province – they received wage increases and pension indexation in their last round of negotiations.
- Major contract issues are: stand-by night shifts (members are looking for three hours of pay for each stand-by night shift, which is usually a seven hour shift); work/quality of life balance (members looking for better family leave provisions, extra vacation days); professional development/continuing education.

Collective Bargaining II

Identifying Trends / Themes

Co-Chair Stewart, in consultation with participants, identified a number of emerging trends and themes that have impacted on collective bargaining for health professionals across the country. These trends and themes were classified into three categories:

[1] BACKDROP TRENDS/THEMES

- Bargaining unit restructuring
- Governance restructuring
- Decreasing morale among workers
- Increased contracting out and privatization
- A shift or change in relationship between employees and employers
- Increased litigation to solve problems

- Public/Private Partnerships
- Increased use of external consulting services by management
- Political climate
- Increased practitioner shortages
- De-skilling of professions
- Huge shifts in demographics

[2] BARGAINING TRENDS/THEMES

- Multi-tier structures
- Health professionals losing parity with nurses or gap is widening with nurses
- Bargaining is taking place directly with employees
- Classification review initiatives continue
- Work/life balance issues
- Continuing education/professional development

[3] STRATEGY TRENDS/THEMES

- Interest arbitration
- Public relations as a tool to raise profile of health professionals
- Unions allying with professional associations
- Political outreach
- Increased militancy of membership
- Develop recruitment and retention research and arguments
- Climate and timing of pre-bargaining to bargaining period crucial for negotiations

Presentation

Case Study by the Health Sciences Association of Saskatchewan

HSAS President, Stan Dimnik, assisted by HSAS staff member Alan Shalansky, gave an overview of a recent strike by HSAS members. What follows is a brief summary of their presentation.

The HSAS collective agreement expired on March 31, 2001. The union delayed bargaining until they heard what the nurses would agree to and they also wanted a better recruitment and retention package.

By April 2002, the employer would not deal with the recruitment and retention problem and by then everyone knew the nurses had reached a 20% wage increase settlement.

HSAS committed themselves to a permanent market supplement and parity with nurses.

With a mandate of 80% they went on strike.

They used strong media strategies: 30 years without striking, ranks depleted because of recruitment and retention, the parity with nurses issue and above all, cultivated a relationship with the press and were available day and night. They also used a communications campaign for members and their families to contact MLAs and News Editors.

There were several important outcomes of the strike:

- three year contract – 92%-95% parity with the nurses in most classifications – political climate in the province prevented hold-out for complete parity.

- Agreement on recruitment and retention issues – procedure established for identifying and compensating those classifications that are deemed difficult to fill. Government insisted that any recruitment and retention funds had to come from existing Regional Health Authority budgets and if dollars did not exist, then not all classifications would get recruitment and retention bonuses. Criteria have been set out to determine which classifications are hard to fill.
- New contract provisions which significantly enhance sick leave, holidays, transportation pay, family leave, continuing education and northern allowances.

Co-Chair Clancy, who visited the workers on the picket lines during the strike, offered observations on some of the elements contributing to the success of the strike:

- Central command centre to manage the strike effectively was very well organized and very responsive.
- Union very effectively managed essential services requests (actually provided more than needed most of the time) and this made it difficult for the government to legislate the workers back to work.
- Communications strategy very effective – shared as much information as possible with members so they could remain up to date – phone tree and website, were key tools.
- Public relations campaign – raised profile of members and public knowledge of what work members do and this helped maintain high levels of public support for the strike.

HSAS President, Stan Dimnik, concluded by offering thanks to those unions who made financial contributions to the HSAS, including: NUPGE, SGEU/NUPGE, OPSEU/NUPGE, HSABC/NUPGE, MGEU/NUPGE, HSAA. He said that this assistance in particular had helped to firm up the resolve of the HSAS members on strike.

Licensing

The Evolution of Licensing Bodies in Canada and their Relationship with Health Professional Unions

Co-Chair Stewart introduced the subject and presented a brief overview of a discussion paper that had been prepared by the National Union research staff.

Stewart requested participants to look at the discussion paper closely, take it back to their members for input, and send comments to the National Union for revision.

Many participants noted the urgency and importance of this issue with their members. They noted that this is an example of the kind of timely and effective research they envision the Secretariat carrying out on their behalf.

Participants pointed to this discussion paper as an example of the need for a Secretariat that could synthesize and analyze information from across the country and then prepare a document that has worth in every province.

Participants pointed out the need for the paper to more clearly contrast the mandates and jurisdictions of unions, professional licensing bodies and professional associations.

Group Discussion

Part II

Participants returned to the earlier discussion about the key questions and issues related to the structure, accountability and governance of the Health Professionals Secretariat.

It was agreed that in preparation for the next meeting, the National Union would undertake to write and circulate a draft Protocol Agreement, capturing the consensus that had emerged on the key issues.

It was further agreed by all participants that it would be desirable to hold the next meeting as soon as possible. It was pointed out that given the number of organizations involved, the timing of the next meeting would depend on the availability of participants. To this end, James Clancy committed the National Union to canvass participants about their availability. Participants expressed their desire to ensure the meeting date incorporated a Saturday night stay-over in order to reduce costs.

Follow-ups

<i>Issue</i>	<i>National Union Responsibility</i>	<i>Participating Union Responsibility</i>	<i>Task Completed</i>
Circulate a draft and final report of the meeting	Have a draft report out to participants as soon as possible. Send comments and suggestions on the draft report back to the National Union before January 31, 2003		
Draft a Protocol Agreement for the next meeting	National Union will draft a Protocol Agreement	Send comments and suggestions to National Union before February 28, 2003	
Collect and circulate pay equity survey from APTMQ and CPS	National Union will gather information and circulate to participants	APTMQ and CPS to send relevant documents to the National Union	
Collect and circulate NBPEA/NUPGE early retirement plan for health professionals	National Union will collect and circulate relevant documents	NBPEA/NUPGE to send relevant documents to the National Union as soon as possible	
Circulate a survey with questions on health professional licensing bodies and relationship with unions in each province	National Union will write and circulate survey	Participating organizations to complete survey and return as soon as possible	

<i>Issue</i>	<i>National Union Responsibility</i>	<i>Participating Union Responsibility</i>	<i>Task Completed</i>
Re-write research document on the evolution of health professional licensing bodies in Canada	National Union will re-write research paper on health professional licensing bodies in Canada based on feedback provided at meeting and information gathered through the survey	Participating organizations to send any other comments and suggestions to National Union as soon as possible	
Identify key dates that participants are unavailable for the next meeting	National Union will canvass participants about their availability for the next meeting	Participants urged to look at schedules and notify National Union of dates they are not available for a next meeting	