



# Canadian Health Professionals Secretariat

**Meeting Report**

Ottawa

November, 2004

## **Participants**

### **AAHP**

Ken Bulger  
Sharon King

### **CPS/APTS**

Luce Leblanc  
Maria Piazza

### **APTMQ/APTS**

Isabelle Legault

### **HSAANUPGE**

Elisabeth Ballermann  
Carol Lawson  
Louise Yarrow

### **HSABC/NUPGE**

Cindy Stewart  
Kelly Finlayson  
Hans Brown

### **HSAS**

Chris Driol  
Mario Kijkowski

### **MAHCP**

Charlie Sitwell  
Wendy Despins  
Michael Kleiman

### **MGEU/NUPGE**

Lois Wales  
Linda Butler

### **NBUPPE/NUPGE**

Debbie Labelle

### **NSGEU/NUPGE**

Mike Pronk  
Lynette Johnson

### **NUPGE**

Carol Meyer  
Mike Luff  
Shelley Wilson

### **OPSEU/NUPGE**

Patty Rout  
Sue McSheffrey  
Marty McFarlane

### **PEIUPSE/NUPGE**

Carol McInnis

### ***Guest Speakers:***

*James Clancy, National President, National Union of Public and General Employees*  
*Michael Decter, Chair, Health Council of Canada*

## **WELCOME AND INTRODUCTIONS**

Meeting Date: November 8-9, 2004  
Meeting Location: Ottawa, Ontario

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

It was announced that the CPS and APTMQ had recently merged to form a new independent labour organization for professionals and technicians in the health and social services sector. The new organization is called the Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS). Co-Chairs Meyer and Stewart welcomed the representatives from the new organization.

Co-Chair Meyer introduced Shelley Wilson, newly hired National Representative for the National Union of Public and General Employees (NUPGE). It was reported that Wilson will replace Meyer as Co-Chair of CHPS effective November 15<sup>th</sup>. Meyer said that NUPGE is pleased to provide Shelley as a professional resource person to the CHPS and she encouraged participants to call Wilson directly with any comments, concerns or questions related to the work of the Secretariat.

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

## **PARTICIPANT REPORTS**

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

Participants provided provincial reports canvassing the political climate, collective bargaining, labour relations developments, advocacy campaigns and staff changes.

#### **Association of Allied Health Professionals Newfoundland & Labrador (AAHP)**

There is currently a Conservative provincial government that is intent on stripping its workers' contracts and cutting public services to the bone.

The AAHP Collective Agreement expired at the end of June 2004, but it has been extended for a year. The union expects to be back in negotiations in the spring of 2005.

On September 10, 2004, the provincial government announced plans to merge the administration of five hospital boards, five health and community services boards, three nursing home boards, and the Newfoundland Cancer Treatment and Research Centre into four large Regional Integrated Health Authorities (RIHAs).

It is not clear how many job losses might result from the health care restructuring and many people are concerned about the disproportionate impact of the restructuring on rural and remote communities.

The union is planning a public relations campaign to raise the public profile of its members and alert citizens to the growing shortage of allied health professionals across the province.

The AAHP is holding its convention mid-November. Approximately 60 members, including board members from across the province, will be voting delegates. In addition to setting policy and direction for the union for the next two years, convention delegates will debate resolutions, and committee reports will be presented.

### **Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS)**

Bill 30 was passed by the National Assembly in December 2003. This legislation forced the grouping of the bargaining units present in the establishments of Quebec's health and social services network. The legislation also stipulates that only four categories of health care employees may form a bargaining unit within an establishment. Thus, there will be a maximum of four unions per establishment or group of establishments (local authority). The health and social services professionals and technicians constitute the fourth category provided under the law. The legislation also transfers the negotiation of 26 items concerning mainly work organization to the local level.

As a result of the impact of Bill 30, the APTMQ and CPS have merged to form a new union: the APTS will represent workers in the professionals and technicians category. The APTS is currently involved with intensive campaigning around representation votes at establishments across the province.

The union recently won the union certification vote at McGill University Health Centre (MUHC). Over 1500 health professionals and technicians were eligible to vote and the APTS won with a comfortable majority.

Combined with an earlier APTS victory at the Centre hospitalier de l'université de Montréal (CHUM), it is clear there is a real commitment on the part of university and college graduates to be represented by a union that is familiar with the realities of their work, as well as their particular interests. The APTS has scored other important victories in the first wave of voting. The voting will continue in the months to come.

In addition to the union representation votes, the APTS continues to deal with the impact of two other important pieces of legislation. Bill 25 forces a restructuring of the way health and social services are delivered while Bill 31 provides for contracting-out and privatization of services.

Despite the growing body of evidence emerging across Canada, the Quebec government has announced that it will create a new agency to promote Public-Private Partnerships (P3s) and to open P3 hospitals across the province. The APTS has been working to raise awareness about why P3 hospitals are nothing more than unnecessary and expensive privatization.

The APTS continues to urge the provincial government to move into the 21st century of labour relations and negotiate on pay equity adjustments. Unfortunately, the government continues to stall, claiming that pay equity will be expensive and cause economic hardship for the government.

### **Health Sciences Association of Alberta (HSAA/NUPGE)**

Municipal elections were held in October, resulting in the upset of the incumbent mayor in Edmonton. The new mayor, Stephen Mandel, has advocated for social housing and the continuation of the smoking bylaw. It will be interesting to see how civic politics evolve. One significant issue that has arisen is the apparent retrenchment of the provincial government's promise for infrastructure funding. A total of \$3 billion was promised, and understood to be split three ways, with one billion going to Edmonton, Calgary and the rest of the province respectively. Recently, the premier announced that \$1 billion would be allocated to the Capital region, with three smaller cities considered part of the region. The allocation appears unequal to the amount allotted to Calgary.

A decision by the HSAA board of directors to support municipal candidates who had been vetted by their respective District Labour Councils has raised debate about partisan vs. non-partisan activities of the union. This is an ongoing discussion, however there is no expectation the union will entertain direct partisan support in the near future.

The provincial election campaign is underway, but there is no realistic expectation of a change in government. There is a reasonable probability the opposition will gain seats but the government is not likely to lose its majority in the legislature.

As of April 1, 2005, Regional Health Authorities (RHAs) are supposed to assume responsibility for the operation of land ambulance services, which is currently a municipal responsibility. However, five months from the transition date there is still very little information about the plans: RHAs could simply contract with existing providers or they could assume direct delivery of the services. Due to the vast differences in scope and size of services, a variety of results are expected. The provincial government has said it will fund the services, allowing municipalities to allocate their resources to other priorities. However, the RHAs are far from certain the funding will be sufficient and at this point nobody is certain what the total current costs are.

Two collective agreements from 2002 remain outstanding – Edmonton Community and Public Health (CCPH) and the Workers' Compensation Board. Both are headed to

compulsory interest arbitration. CCPH hearings will not commence until March and the WCB is scheduled for November.

Two items from the arbitrated provincial facilities agreement are creating a great deal of work due to differing interpretations around the province. These are the Long Service Increment that was awarded to some classifications and the Professional Development Allowance of 30 x hourly pay. On the former, eligibility and transferability of time served are the main issues. On the latter, employers are all over the map on how the allowance is to be applied, and they are using it as a replacement for the prior education allowances which is not what was understood by the HSAA bargaining committee.

As reported in February, the arbitrated wage settlement for pharmacists was actually less than the employer has offered. Subsequently, agreements for additional pay have been reached with three RHAs and one long term care employer, creating four different pay structures within HSAA bargaining units.

Provincially, the fallout from 2003's Bill 27 (restructuring of RHAs) continues as HSAA attempts to merge facility, community and mental health agreements into region wide contracts. Mobility and seniority rights are major issues, as well as the task of achieving coherent wage scales for some classifications that have been brought into HSAA's bargaining units.

This transition bargaining is split into three tables: one comprising seven rural regions, and Calgary and Edmonton regions. Reasonable progress has been made at the multi-region table, though the most difficult issues have yet to be dealt with. Calgary has been more recalcitrant and it's expected that table will be moved to the Labour Relations Board, which has been mandated to act as an arbitrator if transition can't be freely negotiated. Proposal development for renewal of the provincial agreement is commencing. However, at this point, it's difficult to know exactly when the HSAA might actually get to the table, given the ongoing transition bargaining. The HSAA board will be deliberating various strategic options at its December meeting.

Negotiations for a number of ambulance units will commence shortly. HSAA's intention is to close one year renewals to enable them to reopen when the new governance arrangements are in place. It's hoped that some of the privately operated services will be taken over by the regions which should help get wages to a more acceptable level.

HSAA is working with the Friends of Medicare (FOM) and Public Interest Alberta (PIA) in providing information to its members about a number of public policy issues. PIA is a new advocacy group spearheaded by the Alberta Federation of Labour and the Alberta Teachers' Association. The PIA will support public issues and eventually provide a left-of-centre response to the Fraser Institute.

HSAA has filed an unfair labour practice complaint with the Alberta Labour Relations Board and request for injunctive relief with the Court of Queen's Bench against the Wainwright and District Ambulance Society. This is a newly organized bargaining unit

comprising 32 members who won a first collective agreement in June of 2004, narrowly avoiding strike action. The agreement, while satisfactory to the members, only brought wages to the lower end of ambulance personnel wages across the province. On October 5, 2004 the employer served notice of its intention to dissolve the Society, citing budgetary concerns. The Chair of the Society was quoted in a local newspaper stating that if it were not for the expensive union contract the Society would not be facing financial problems. The Labour Relations Board hearing is scheduled for later this month.

HSAA has created new staff positions for Occupational Health, Safety and Wellness Officer and Classifications Officer. As well, a new Labour Relations Servicing Assistant was recently added to the Lethbridge office.

### **Health Sciences Association of British Columbia (HSABC/NUPGE)**

The next provincial election will be May 17, 2005. The Liberal government's re-election strategy is already in high gear. In recent weeks the focus has been on a provincial by-election in Surrey-Panorama, which is being described as a dry-run for the upcoming provincial election. Despite a series of "good news" announcements and an expensive advertising campaign by the government, the opposition NDP won the by-election.

The by-election also provided the Liberals with an opportunity to publicly denounce the NDP's close relationship with unions in the province. One of their examples was the HSABC political action fund which provides wage reimbursement to members who want to work on an election. Ironically, no HSABC members applied for the funding although several volunteered on the by-election campaign.

The Liberal government continues to push an anti-union, pro-privatization agenda. Their pre-election message is focused on their economic record, but they are also working hard to overcome their weaknesses in health care and education by spending their surplus in these areas. The BC Federation of Labour has embarked on an ambitious political action strategy aimed at mobilizing union members and defeating the Liberal government. The participation of the HSABC in the BCFL's campaign is limited by their policy of non-partisanship; however, many individual HSABC members have expressed interest in participating as individuals.

The year 2004 has been a busy one for bargaining, with negotiations taking place on behalf of nearly 100% of the HSABC membership. At both the paramedical professional and nurses' tables, negotiations took place in the context of a framework agreement whereby both the unions and the employer agreed to no wage increases and no roll-backs. The framework agreement also limited negotiations to a narrow list of issues. Although HSABC was unable to make progress on a number of key issues, including workload and shortages, many members were simply relieved that health science professionals and psychiatric nurses avoided the rollbacks and contract-stripping faced by other public sector workers – including HSABC members in the

community social services sector. Both the health science professional and nurses' contracts were ratified at the end of September.

On the labour relations front, BC's six Regional Health Authorities (RHAs) continue to face a great deal of fiscal pressure and are looking to reduce costs. As a result, most RHAs have privatized support services, including food services, housekeeping and laundry. The government's enthusiasm for privatization has not extended to the majority of health science professions. However, HSABC members continue to be affected by cuts and restructuring, including:

- Elimination of programs that improve quality of life (e.g. music, art and recreation therapy).
- Restructuring lab services to amalgamate testing in larger centres while reducing the kinds of tests available in smaller communities.
- Reduction of ambulatory programs (outpatient rehabilitation in particular).
- Reduced number of highly-skilled positions in favour of lesser-skilled positions (e.g. pharmacists – pharmacy aides, lab technologists – lab aides, social workers – social work assistants, x-ray technologists – x-ray assistants).
- Increased workload for health science professionals and safety infractions resulting from the privatization of support services.
- Contracting out MRI services to reduce wait times.

Over the past year, HSABC has taken steps to increase the profile of its membership and increase its influence over government decision-making. This involves a public relations campaign to create greater awareness of HSABC professions and giving members the education and tools they need to be engaged in the political process.

In 1997, HSABC became an official sponsor of the Canadian Breast Cancer Foundation's annual Run for the Cure. Since then, HSABC members have donated more than \$650,000 to the fight against breast cancer. For the past three years, HSABC has run print ads highlighting its participation in the Run for the Cure. The ads provide extra exposure for the Foundation, but also educate the public about the services HSABC members provide.

This year, HSABC also signed on as a sponsor of the Tour for the Cure, an educational exhibit that will tour 26 cities across the province educating the public about the importance of mammography. As part of our sponsorship, HSABC's logo is included on both the mammography and sponsorship panels. In addition, an HSABC member will be present at each of the opening ceremonies as the Tour makes its way across BC.

For the past 14 years, HSABC has provided wage reimbursement to members interested in working on provincial and federal election campaigns. Last year, delegates to the HSABC convention passed a resolution calling on the union to expand the use of its Political Action Fund. This includes making the fund available during municipal elections and providing reimbursement to members seeking political office.

Convention delegates also passed resolutions calling on HSABC to expand the role of the Political Action Committee. In previous years, the PAC's role was limited to dispersing the Political Action Fund and providing members with information about the various political parties and their platforms. The PAC is now active in the union's overall political action strategy including outreach to MLAs and increasing member participation in elections.

As part of the HSABC political action strategy, HSABC is working hard to educate MLAs about the services members provide. The union has appointed 20 "constituency liaisons" who are holding regular meetings with their MLAs to discuss issues such as the shortage of health science professionals. This project started in 2003 on a trial basis and has proved to be very successful, both in terms of creating better awareness about HSABC and its members, but also building the skills of local activists.

This fall, HSABC held a series of workshops entitled "Election 2005: Getting HSABC's Issues on the Agenda." The workshops provided members with the skills needed to communicate their issues and concerns effectively during the upcoming provincial election. The workshops were well attended and well received by both seasoned activists and those who are new to politics.

On November 15-16, HSABC will hold its first ever campaign school designed to educate members about the elements of an election campaign and the different ways they can participate. Due to popular demand, a second campaign school has been scheduled for January.

Earlier this year, the BC Federation of Labour embarked on an Occupational Health & Safety fight-back campaign to educate the public about the impact of cuts to OH&S regulations. In preparation for the campaign, a number of HSABC members participated in a Federation-sponsored workshop as well as a workshop organized by HSABC. Since then, HSABC activists have been busy lobbying their local MLAs, writing letters to local newspapers, and organizing community forums.

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

The HSAS Collective Agreement expired March 31, 2004. Bargaining commenced in May and the two sides have met a total of fifteen days. To this point, the focus has mainly been on non-monetary items and improved language regarding members' rights. Some progress has been achieved but things have been moving at a frustratingly slow pace.

The government has set a mandate of 0% - 1% - 1% for public sector bargaining. Other bargaining units have signed and made progress outside the mandate, especially in pay equity money, health and dental plan money, allowances, and premium pay. In particular, the SGEU/NUPGE recent agreement appears to have broken the government's 0% mandate.

Improvements in the HSAS classification system is a top priority, as well as improvements in rights and benefits for part-time and casual workers.

Market supplements continue for 40% of the HSAS membership. There was a recent review of 12 groups receiving market supplements. No increases in supplements were allotted but at the same time none of the groups were removed from the list of those receiving market supplements.

Maintenance of benefit levels of the Extended Health and Dental Plan will likely be a challenging priority. The HSAS goal is to not accept an increase in premiums, as is being suggested by the employer.

The jointly trusted Pension Plan for healthcare workers has assets of 2.1 billion.

Development of Regional Councils (Locals) has continued with 6 out of 12 Health Regions having Councils in place and expressions of interest from 3 other regions.

The HSAS recently undertook an overhaul of its By-laws with meetings across the province. Amendments will be voted on at the next Annual Convention. The HSAS expressed thanks to Larry Brown, Secretary-Treasurer, National Union of Public and General Employees (NUPGE), for his assistance with this major project.

The Saskatchewan government is the first province to make it mandatory for health care facilities to use retractable needles and other safety-engineered medical devices, a move designed to reduce the number of needle stick injuries.

### **Manitoba Association of Health Care Professionals (MAHCP)**

The 2004-05 MAHCP Executive Council was announced at the Annual General Meeting held on Thursday, October 14th in Winnipeg. Wendy Despins is the new President, with Alan Saydak as Vice-President and Michael Kleiman remaining as Treasurer.

The MAHCP plans to press the provincial government to ensure its members get a fair share of the new federal health funding, and ensure that it does not go exclusively to doctors and nurses.

The Manitoba Council of Health Care Unions (MCHCU) is an umbrella organization consisting of several representatives of unionized health care workers in the province, including members of the MAHCP and MGEU/NUPGE. Members of the MCHCU are losing patience with government stalling on resolving a pension plan (Health Employees Pension Plan – HEPP) shortfall. If a solution is not applied soon, pension benefits for approximately 40,000 active and retired health care workers could be reduced.

Representatives of the Employers, Government and MCHCU members met on October 27th on the pension contribution issue, i.e. to resolve how the employers can increase their contributions to the HEPP to maintain retirement benefit levels. The government provided a list of questions about the proposal to increase contributions that dealt with the solvency of the plan, benefits, and potential surpluses in the plan.

While MCHCU members agreed the questions were important, they noted that most questions had already been answered, that the government could get answers from their own sources, and that only one issue was of current interest to MCHCU. This issue concerned solvency of the plan and how the government could deal with it.

MCHCU felt the presentation of the questions only delayed negotiations. Member unions agreed that it was up to the Government to fix the solvency issue, which could be done within the next two weeks, as a demonstration of its good will in the matter. The Government agreed to get the information it needed and to respond to the MCHCU proposal.

Diagnostic Services Manitoba (DSM), affecting laboratory services for the province and radiology outside of Winnipeg and Brandon, is a major and ongoing concern. More specifically, it is unclear who will be the employer of record. Both MAHCP and MGEU have a seat on the DSM board.

The current contract(s) expire March 31, 2006 and the MAHCP has made better communication with its membership a top priority in the lead up to the next round of bargaining. They have improved their newsletter, website and 1-800 phone service and have also increased the number of meetings with its membership.

The union is also working on developing a more visible profile for the 160 different health care professionals it represents. The MAHCP has developed a short power point presentation celebrating and identifying its members. The theme of the presentation is: "Who We Are and What We Do". It was well received at their recent AGM.

The union is working toward providing more training for its staff reps and a board and staff retreat is planned for mid January 2005. A new Executive Director and Labour Relations Officer were recently hired.

### **Manitoba Government and General Employees' Union (MGEU/NUPGE)**

The union has a good overall working relationship with the provincial government and Premier Gary Doer.

As mentioned above, the MGEU is a member of the MCHCU and is very frustrated with the provincial government stalling on resolving the HEPP pension plan shortfall. The

MGEU is also working with the MAHCP on issues surrounding Diagnostic Services Manitoba and provincial lab services.

Settlements in the health care sector across the province have generally followed the government's mandate of 3%-3%-3% with special adjustments for some occupations.

The Union is currently working to resolve the issue of outstanding retro pay back to April 2004 for those classifications that are tied to the outcome of the Winnipeg Regional Health Authority Arbitration Award, which is still pending. In light of the number and complexity of the issues before the Arbitrator, the union does not expect a decision on behalf of its WRHA community services members until late fall or early winter.

Negotiations are underway with the WRHA for a first contract at the Pan Am Clinic. The last bargaining session was held November 3-4/04.

The employees of the WRHA Mobile Crisis Unit recently ratified a transition agreement by a unanimous vote. These workers were formerly employed by the Salvation Army and were members of CUPE. The transition agreement with the WRHA was endorsed by CUPE and the MGEU. There is 16 staff members in three different classifications covered in the transition agreement.

Bargaining for MGEU facility support workers is ongoing. The next scheduled dates are December 2 & 3/04. Issues in this round of bargaining include wages and the pension plan. In an effort to bring to the fore the important work being performed by facility support workers, the MGEU recently launched a media and public relations campaign, including bus shelter ads and 10-second closed captioning sponsorships on various television stations.

In February, the provincial government announced public consultations to determine if the Workers Compensation Act should be updated and amended. In 1992, the WCB had an unfunded liability of \$250 million. The WCB took aggressive action and the unfunded liability was eliminated in two and a half years. At the same time, the employers' assessment costs were reduced to the lowest of any province in Canada. Unfortunately, the impact of the WCB actions has been that benefits to injured workers have been reduced both in amount and duration. The union has been engaged in a campaign to urge the government to acknowledge that the scales are currently tipped in favour of employers and that the pendulum needs to swing back to the middle.

Increased workload is increasingly an issue for MGEU members. In many instances the government has not been filling job vacancies or not providing adequate funding to do so and this is a huge concern for the union, which is committed to monitoring and addressing the situation at every possible opportunity.

More than 300 delegates from across the province attended the MGEU biennial convention held recently in Winnipeg. This year's convention theme was "Strength in Diversity". Peter Olfert was re-elected president of the MGEU, a post he has held

without interruption since 1986. Four other executive members were also re-elected at the convention.

### **New Brunswick Union of Public and Private Employees (NBUPPE/NUPGE)**

The Bernard Lord Conservative government holds a minority position in the New Brunswick Legislative Assembly and the premier has taken a tough stand with the labour movement.

The government formula for the next round of bargaining has been set at 3% over 4 years with a mandatory 0% in the first year.

The New Brunswick labour movement has established a coalition to protect free collective bargaining in the province.

Both the New Brunswick Nurses Union (NBNU) and CUPE Hospital Workers (about 6,500 members in total) were recently forced into strike positions to obtain their respective deals.

The NBNU, with a 98% strike vote, realized a 24% increase over a four year period (9.5% up front) without taking strike action.

CUPE Hospital Workers voted 95.8% in favour of strike action and were into the fourth week of a centralized strike (two hospitals in Moncton area) when a tentative deal of 13.8% over 4 years was struck.

Contracts for the NBUPPE/NUPGE Paramedical and Specialized Health Care Professionals expire December 31, 2004. The NBUPPE is currently in the process of conducting membership surveys and establishing the levels of essential service provision should strike action be required. Negotiation dates have not been set but will probably commence in December. The NBUPPE membership will be seeking a settlement similar to that of the nurses (24% over 4 years).

A government sponsored report called *The Fujitsu Report on Health Human Resources Supply and Demand* was released earlier this year. It confirmed a significant existing and future shortage of certain allied health professionals and registered nurses. The report identified that immediate and sustained action on several fronts is warranted, including an increase in the number of students entering health professional programs and retention of professionals already in the workforce by improving working conditions.

The NBUPPE "*Proud Public Sector Campaign*" was launched to the public on Labour Day 2004, and it was officially launched to the membership at the Convention held

September 24 – 26, 2004. The NBUPPE is asking its members to wear pins, display window stickers on their cars, and lawn signs on their front lawn. The union will continue focusing on this campaign through the commencement of negotiations. The goal of the campaign is to solidify membership around the enormous contribution made by each and every public sector worker in the province.

The Union has developed a brief for presentation to a provincial legislative committee studying the Pay Equity Act (Bill 77). The brief is entitled *Worth More Than We Earn: Arguments for Pay Equity*. The brief urges the committee to recommend passage of the bill, without amendment, before the end of the year.

There has been some realignment of Labour Relations Services within the NBUPPE. The membership was formerly serviced on a geographical basis with each Labour Relations Officer (LRO) being responsible for a specific geographical area. In the future, members will be serviced through LROs assigned to specific bargaining groups.

### **Nova Scotia Government and General Employees (NSGEU/NUPGE)**

There is currently a minority conservative government in Nova Scotia. The NSGEU has been keeping a close eye on details arising out of the new federal health care funding for the province. The union has also been engaged in an advocacy campaign on the issue of high gas prices on behalf of their members who rely on their vehicles to deliver public services but are reimbursed a flat rate for gas.

The union is also concerned with the province's new whistle-blowing regulations, which do more to protect the government from dealing with allegations of wrong-doing, than it does to protect the public interest and whistle blowers. The union is preparing to challenge the regulations – pressuring the government and opposition to push for legislated protection for all workers.

The NSGEU staff and bargaining teams representing many locals are in negotiations for well over half of the members the union represents across Nova Scotia. The union is working hard to build on the strong results it had in key negotiations over the summer.

In particular, the Local 42 Interest Arbitration Kaplan Award was a major victory for the NSGEU and its health care members at the Capital District Health Authority. Classifications found to be the lowest paid in Atlantic Canada will receive close to a 16% wage increase, a far superior offer than that tabled by the employer – 2% for each year of a three year contract.

The arbitration board found that NSGEU Local 42 members work at the leading institution in Atlantic Canada and should be paid the highest in Atlantic Canada and in the middle of the range of salaries paid across Canada. The board therefore awarded economic increases of 2.9% in each year of a three-year contract. The board also provided catch-up awards of 2.1% in each year for those classifications that do not rank

first in wages in Atlantic Canada.

Total compounded wage increases will be no more than 15.96% and no less than 8.96% over the life of the collective agreement. The award provides the largest wage increase that many members of that bargaining unit have seen since 1990. However, the union has said it is only a first step toward fair wages for many Local 42 members and it is disappointed the award didn't simply provide catch-up across-the-board for every classification.

Toronto arbitrator William Kaplan, the board chairman, ordered that the catch-up portion of the award must apply to all job classifications except those where rates were already at highest levels as of Oct. 31, 2003, the last day of the previous contract, or for those classifications that will rank first in Atlantic Canada as a result of any catch-up award.

Where disputes arise, the government has the onus of demonstrating that members are the highest paid in Atlantic Canada. The union believes the government has provided about 50% of the catch-up portion thus far. They have filed grievances to contest those instances where the government refuses to provide catch-up adjustments.

The NSGEU Board of Directors has unanimously endorsed a motion to make a major donation to the Metro Food Bank Society of Nova Scotia, which operates a network of community food banks throughout the province. In 2005, the NSGEU will be donating \$40,000 to the Society.

The NSGEU Convention is scheduled for May 4 – 7, 2005 and the union is busy working on a theme and assembling a strong business agenda.

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

The new Liberal government in Ontario has not kept any of their health care related election promises. Public-Private Partnerships (P3s) to build hospitals in Brampton and Ottawa appear to be going ahead with minor changes to the wording.

The competitive bidding system (managed competition) in the home care sector, administered by Community Care Access Centres (CCACs), is in total disarray. The competitive bidding process is a drive to the bottom in terms of quality of care, wage levels and working conditions.

Health Minister George Smitherman is starting a major fight with health care workers, including home care workers, hospital support staff and management, and doctors. Layoffs are threatened in London, Grey-Bruce, Huron-Perth, Scarborough, and elsewhere as health care chaos erupts across the province. This is all because of Minister Smitherman's attitude forcing the hospitals to deal with their current deficits by cuts, when the problem is insufficient funding. The province does not want the embarrassment of a budget deficit of its own so it is passing on the deficit to the

hospitals. In turn, the hospitals are cutting up to 1,000 jobs in both protected and unprotected services.

In addition to implementing a new health care premium, the government has de-listed most physiotherapy, chiropractic and optometry services from public coverage.

New long-term care legislation is expected soon. Unfortunately, unions and their members have not been consulted.

Local Health Integrated Networks (a.k.a. Regional Health Authorities) are being considered by the provincial government. Ontario does not at present have a regionalized health care system. OPSEU is concerned about the disruption that regionalization could cause to patients, workers and their unions.

Mental health services are being divested to Hospitals and then the community. Government mental health workers' contracts expire in December 2004 and they are preparing for bargaining. A recent report shows the former Tory government closed almost 20 per cent of psychiatric hospital beds. In Ontario, 12,000 children alone are on the waiting list for mental health. OPSEU has been urging the new Liberal government to put a moratorium on bed closures until a comprehensive review can be done. OPSEU recently sponsored a conference for mental health caregivers, clients and family members to discuss issues and come up with solutions to the cuts in services in this sector of healthcare.

OPSEU represents about 2,000 community health care professionals across the province, including occupational therapists, physiotherapists, speech language pathologists, and other community professionals. Shortages of such therapeutic professionals are critical. That's because the managed care model forced on the Community Care Access Centres (CCACs) by the previous Conservative government is creating such chaos that scarce professionals are turning to look for work in other sectors.

The managed competition model devalues professionals by awarding contracts to companies that do not have the human resources to provide the services, on the assumption that therapists will have no choice but to go to the winning company. But therapists are choosing to go where they have greater job security and stability, where their skills are valued and where they aren't asked to subsidize the service through sub-standard wages. In professions where there are already critical shortages, there has to be some incentive to work in the community - right now there are none.

In Ottawa, the CCAC contracting out process forced the layoff of 70 professionals. The professionals who chose to work with the new employer took a 30 per cent wage cut and the loss of benefits. Similar chaos has ensued from downloading in Kingston, Grey-Bruce and Huron-Perth. The managed competition model has also been responsible for a number of bankruptcies of non-profit providers. The bankruptcy of VON in Waterloo, Wellington and Dufferin left 200 staff short \$2.3 million in unpaid

termination and severance payments, and a pension plan, which is partially wound-up, some \$600,000 in deficit.

The government has appointed Elinor Caplan to review the home care competitive bidding process. However, OPSEU is concerned that her inquiry does not have the authority to make meaningful recommendations and thus will not contribute much to solving the core problem of continuity of care to patients.

The Hospital Professionals Division central bargaining has been continuing with the assistance of a conciliation officer, but there is still no deal. Both parties have worked hard, and achieved agreement on a number of issues, but at the end they are still too far apart. Although the union's bargaining team remains committed to a negotiated settlement, it has started preparing for interest arbitration.

At this point in time, there are many important outstanding issues, including wages and reclassifications, job security, HOODIP (specifically sick leave and LTD provisions), and benefit issues related to early retirement and premium payments. The biggest obstacle is the invisible ghost at the table: the McGuinty government and its wage control rule.

Throughout negotiations the bargaining team has emphasized the need to address staff shortages, workload and morale. However, these issues seem to be less important to hospital management than their financial situation and their desire for greater flexibility. The hospital professionals division of OPSEU has also been working hard to mobilize their members and raise the public profile.

OPSEU is also currently engaged in a campaign to get the government to mandate safe needles.

### **Prince Edward Island Union of Public Sector Employees (PEIUPSE/NUPGE)**

The provincial conservative government of Pat Binns is currently in the process of closing emergency services at one of the smaller hospitals (in a rural community), which is an outcome of the accreditation recommendations. There is concern this decision could be the beginning of a strategic plan to restructure health care service delivery.

PEI is divided into four regions with one provincial acute care region. The government's emphasis has been that health regions must maintain balanced budgets. This political directive effectively results in cuts and the erosion of services. For example, there have been cuts to the Children's Dental Program and cuts to the "Best Start" program (support for young families deemed in need of support). Families were originally offered services until children were 3 years old, but these services are now cut off when children are 18 months. It continues to be difficult for families to access daycare services as a result of changing eligibility criteria.

The current 3-year Health Care Collective Agreement expires in April 2006. The agreement contained provisions for increases of 3.25%, 3%, and 2.75%. As part of the agreement, a new training and development fund was established for members of the health bargaining unit. This fund will provide access to learning opportunities for employees, encourage continuous learning, enhance employees' capacity to deliver quality service and prepare employees for changing roles within the health sector. A Joint Committee on administering the fund has been set up. Among other things, it is the role of the committee to adjudicate applications. To date approximately \$86,000 has been allotted and approximately 260 applications have been approved.

UPSE has committed itself to a new and more aggressive brand of trade unionism, highlighted by intensified public campaigning to extend the benefits of unionization to a greater number of Island workers. The union is currently in the process of organizing Early Childhood Educators province wide and is now certified to represent these workers in 50 centres across the province.

A process is unfolding to implement the Emergency Duty Project for Child Protection. Classification for Supervisors in this project is set at 2 steps lower than day time supervisors (day time positions are excluded). Some responsibilities are governed under the Child Protection Act.

A Group Arbitration is underway regarding the interpretation of the articles in the Collective Agreement regarding 'storm days' leave. The union wants to ensure that policies on storm closings apply equally to all members of the Civil Service and Health and Community Services bargaining units. For example, a recent storm created a situation deemed by the Province as "state of emergency." Some employees were told to stay home while others were required to use personal time. A formal hearing on this matter is scheduled for December 2004.

Another initiative focuses on the Willis Job Evaluation System. The Willis Classification System has been in effect across health regions from 1996-2004. However, no appraisals of the functioning or the quality of the system have ever been done. The union is interested in attempting to obtain the employers' co-operation in creating a joint union-employers committee to evaluate the effectiveness of the Willis System in the health care sector.

Negotiations on behalf of the members of the union's largest bargaining group are proceeding slowly. The team representing the 2,400 members of the Civil Service, Island Regulatory and Appeals Commission and Worker's Compensation Board bargaining units is becoming frustrated with the slow pace of talks. Bargaining started in May and a total of 12 sessions were held before the end of June. Another six sessions were held between August 24 and September 10, making a total of 18 sessions. Of the 80 or so topics on the table, the two sides have agreed on about half of them. They have also reached agreement on certain sections within the unresolved items. A number of items pose special problems, however, and that's adding to the challenge.

For example, the team is trying to improve the administration and operations of pension and group insurance plans. The goal is to make the plans more efficient, to ensure members have better access to information and to allow members to have more influence on decisions related to these important benefits. Unfortunately, there are legislative restrictions and other hurdles that add an extra layer of difficulty to the achievement of such goals. Resolution of these issues is long overdue, however, and the Negotiating Team remains determined to meet its commitment to the members by addressing these matters. Team members hope that the employer is willing to demonstrate a similar commitment to its employees.

UPSE is currently involved in an internal re-organization process. The catalyst was the retirement of three Employee Relations Officers. A review of operations and working relationships is underway. We are reviewing the jurisdiction and roles of various elected representatives, including Directors. The Executive is taking this opportunity to consult with the Board of Directors to develop a vision and to identify how the union can best serve its members during the next era.

## **GUEST SPEAKER**

### **James Clancy, National President, NUPGE**

James Clancy presented an overview of NUPGE efforts to raise the issues that are important to allied health professionals at the September First Ministers' meeting on the future of health care.

He expressed the view that the First Ministers' deal contains significant steps in the right direction on the issues of increased federal funding and reduced wait times for critical services. And he pointed out that the deal commits governments to taking critical first steps in terms of addressing a growing shortage of health professionals, expanding home care, renewing primary care, and developing a national pharmaceutical strategy to curb soaring drug costs.

However, Mr. Clancy added that the deal cannot be declared a sweeping victory for three reasons. First, there's no commitment to stem the for-profit delivery of health services. Second, the deal contains weak and undeveloped accountability measures. Third, the deal ignored the critical issue of long-term facility-based care, which is fast becoming the orphan child of our health care system. He concluded that much still remains to be done to protect and expand Canada's public health care system and he committed that NUPGE will remain vigilant in that struggle.

Mr. Clancy also reported on recent meetings between Canadian labour leaders and the Prime Minister, Cabinet Ministers, and Members of Parliament. The labour leaders raised the following five priority issues in their meetings: pensions and retirement income security; child care; Employment Insurance and training; health care; and job creation. Mr. Clancy explained that this was the launch of a coordinated national effort to take advantage of the current minority government situation and advance a working people's agenda during the upcoming legislative session in Ottawa.

Mr. Clancy also spoke with participants about issues related to privatization of health care services, including public-private partnerships (P3s), and union-led efforts to address issues related to HIV/AIDS in Canada and around the world.

## **UPDATE ON CHPS ACTIVITIES**

Participants were briefed by Co-Chairs Meyer and Stewart on the work of the Secretariat since the last meeting.

Meyer reported that the majority of the follow-ups from the previous meeting had been completed and that staff would continue to work on the outstanding items.

More specifically, she reported that:

- A newsletter and website story providing a report of the last meeting, and a more detailed formal report, were both circulated.
- The CHPS promotional leaflet was updated to reflect the affiliation of three independent unions representing allied health professionals.
- A dedicated CHPS website was created ([www.nupge.ca/chps.htm](http://www.nupge.ca/chps.htm)) and it contains news items, CHPS documents and links of particular interest to health professionals.
- Outreach efforts with like-minded organizations continue, including participation on a database development project with the Canadian Association of Occupational Therapists (CAOT).
- Several documents on unions and political activism were distributed.
- A national database of CHPS-specific collective agreements is being built.

Meyer reiterated the need for participants to review the follow-up list at the back of each meeting report and send requested information to Secretariat staff as soon as possible.

Co-Chair Stewart highlighted several CHPS communications and advocacy initiatives during the September First Ministers' meeting on health care. She reported that CHPS helped set the table for a discussion on health human resources shortages by issuing a news release and holding a news conference at the start of the health summit. Stewart, on behalf of the CHPS, urged the First Ministers to recognize that in order to reduce wait times for critical services they must develop a comprehensive and national plan to tackle the growing shortage of allied health professionals. A video of the news conference was played for meeting participants.

Stewart mentioned other recent advocacy initiatives undertaken by CHPS, including a letter to Dr. Robert Evans, an economist at the University of British Columbia, and a letter to a magazine called *Canadian Health Care Manager*. Both letters centered on the issue of shortages of health professionals across the country.

## **CHPS CAMPAIGN PROPOSAL**

Mike Luff, NUPGE National Representative, provided background information on federal/provincial government collaboration on health care policy and programming issues. He highlighted the relevance of a new federal/provincial advisory committee on issues related to health delivery and human resources.

Following the presentation, Co-Chair Meyer proposed a new, more aggressive advocacy campaign, which CHPS members endorsed unanimously. The advocacy campaign will involve CHPS members meeting with the senior federal and provincial officials that sit on the new federal/provincial Advisory Committee on Health Delivery and Human Resources (ACHDHR).

Shelley Wilson, who is replacing Meyer as a CHPS Co-Chair, will develop the research and communications materials needed to support the advocacy campaign.

## **REVIEW OF CHPS PROTOCOL**

Co-Chair Meyer led a brief discussion about participant numbers per union attending CHPS meetings.

The participants reaffirmed their support for the following clause in the CHPS Protocol Agreement:

### **Meetings**

4. The number of meeting participants per organization will be based on two overriding principles:

(a) practicality (which means limiting the number of participants from each union to three);

(b) inclusiveness (it would be best for the Canadian Health Professionals Secretariat to be as inclusive as possible).

Participants agreed that only in extraordinary circumstances should a participating union be entitled to send more than 3 representatives to a meeting.

## **GUEST PRESENTATION**

### **Michael Decter, Chair, Health Council of Canada**

Co-Chair Stewart welcomed and introduced Michael Decter, Chair of the Health Council of Canada. Mr. Decter explained that the Health Council of Canada was created in December 2003, as a result of the 2003 First Ministers' Health Accord, and following the recommendations of the Romanow and Kirby reports.

The Health Council of Canada is mandated to monitor and report on the progress of health care renewal in Canada, with a specific focus on the following themes: health human resources; primary health care; pharmaceuticals; wait times; home care; and healthy Canadians.

In addition to providing an update on the structure and activities of the Council, Mr. Decter acknowledged that the Canadian health care system faces significant shortages of allied health professionals. He stressed the view that unless there is an adequate and stable supply of allied health professionals, governments will not be able to resolve issues related to access and quality patient care. He suggested it was essential to have accurate and comprehensive data documenting the extent and nature of the health human resources problems in various allied health professions.

Following Mr. Decter's presentation, there was a question and answer session during which CHPS participants focused on four themes:

- Shortages of allied health professionals.
- Unacceptable wait times for certain health services as a result of shortages of allied health professionals.
- The privatization and contracting out of certain health services and the connection to unacceptable wait times and shortages of health professionals.
- The need for a coordinated and comprehensive federal/provincial approach to resolving issues related to health human resources.

Both the CHPS and Mr. Decter expressed a desire to continue working together in a constructive and meaningful way in order to promote a national long-term strategy that would ensure there is a stable and adequate supply of allied health professionals in Canada.

## **OTHER OUTREACH INITIATIVES**

### **New Health Professionals Secretariat**

Co-Chair Meyer reported that efforts had been made to arrange a meeting with an organization called the New Health Professionals Network (NHPN).

The NHPN is a coalition of organizations representing doctors, nurses, pharmacists, social workers, physiotherapists, and occupational therapists in training.

The Co-Chairs of CHPS will continue their outreach efforts to the NHPN in order to find ways to reinforce each other's advocacy campaigns.

## Canadian Association of Occupational Therapists (CAOT) Database Development Project

Co-Chair Stewart reported that a CHPS representative continues to participate in this project and expectations are that Health Canada will provide additional funding for the project in the near future.

## Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative

Co-Chair Meyer reported on efforts by CHPS to monitor a new primary health care health initiative referred to as EICP.

The EICP initiative, funded by Health Canada's Primary Health Care Transition Fund, will engage primary health care providers, governments and Canadians in a national effort to create a framework for change and innovation in primary health care.

The CHPS Co-Chairs will continue to monitor the work of this Health Canada initiative.

### 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 of meeting report	Provide feedback on draft	✓
Thank you letter to Mr. Decker	Write and send letter		✓
<u>Making the Connections:</u> Advocacy campaign with senior officials on the federal/provincial advisory committee called ADHDHR	Create and circulate research and communications materials to support campaign efforts.	Arrange meetings with officials and use materials for lobby purposes	✓

New Health Professionals Network	Continue outreach efforts to this organization		✓
Primary care reform initiative	Continue to monitor this Health Canada initiative		✓
Classification studies done through bargaining	Collect and circulate relevant material	Send relevant materials to NUPGE	
Collective agreement database	Create and circulate a CHPS specific collective agreement database	Send a copy of Collective Agreement(s) in pdf format to NUPGE	
Contract language about professional development allocation	Circulate language from HSAA and HSABC	Send language to NUPGE	✓
Workload management for social workers and other professions	Circulate documents from MGEU, NSGEU, CPS	Send documents to NUPGE	
Shift differential rates for lab and x-ray technologists	Collect and circulate	Respond to information request	
Attendance management programs	Collect and circulate recent Alberta court decision	HSAA to send copy to NUPGE	✓
CAOT database development project	Continue participation in this project		✓