



Market Adjustments and Incentive Payments

Survey Results

Ottawa

December 2003



Introduction

BEHIND EVERY successful medical treatment is a team of highly trained health professionals who are intimately involved in every step of a patient's care. These members of the health care team are essential to accessible and quality care and they have been influential in shaping a quality health care system in Canada.

In recent years, however, health professionals and their unions, employers, governments and other stakeholders have expressed concerns about critical shortages for certain professions. These shortages are occurring at a time when attrition problems, market pressures, skill requirements and service demands, among other factors, continue to grow.

Without adequate staffing levels and the appropriate distribution of health professionals, the health care system cannot provide the high quality care which Canadians have come to expect. Not only will insufficient staffing levels have a negative impact on patient care, but burnout will devastate employee morale, thus amplifying the already difficult challenge of recruiting and retaining health professionals.

In response to their need for the appropriate supply and distribution of health professionals, employers and unions are taking steps to bolster recruitment and retention efforts. An increasing number of health professionals across Canada are being offered market adjustments and incentive payments, financial and otherwise, as a retention and recruitment tool.

There is a strong possibility that the trend of market adjustments and sign-on incentives will gain more momentum and expand in the years ahead. In an effort to improve our base of information about these instruments to recruit and retain health professionals, the Canadian Health Professionals Secretariat (CHPS) recently circulated a survey to its members.

The unions that belong to the CHPS represent the vast majority of health professionals working in the public sector in Canada and a small percentage of professionals working in the private sector. What follows is a summary of the survey responses which, taken together, provide a snapshot of the current situation.



Who's negotiating

Are unions negotiating market adjustment provisions for health professional occupations that are difficult to recruit and retain?

SOME UNIONS have negotiated market adjustments for designated health professions deemed to face recruitment and retention issues.

For instance, the Ontario Public Service Employees Union (OPSEU / NUPGE) has negotiated adjustments at the local level. In Saskatchewan, the Health Sciences Association of Saskatchewan (HSAS) has negotiated market adjustment provisions in their provincial contract. In addition, the Health Sciences Association of Alberta (HSAA / NUPGE) "provincial" collective agreement (April 1, 2000 – March 31, 2002) had market adjustment provisions included in the mediator's recommendations.

Historically, the Health Sciences Association of BC (HSABC / NUPGE) has negotiated adjustments within the classification system when a profession has increasing credential to practice or there was a clear 'difficulty' to fill positions. However, none of these negotiations have occurred recently. In the current collective agreement, an imposed market adjustment scheme was unilaterally imposed by the government.

In other cases a union has not negotiated but has "signed-off" market adjustments. In one instance, the employer initiated a \$10,000 retention bonus for medical dosimetrists and radiation therapists which the union agreed to outside the regular collective bargaining process. In this example, which comes from New Brunswick, the employer independently decided on the amount of compensation and to whom it would be given.

It should also be noted that many unions have not negotiated market adjustments at all because the topic has never been raised at the bargaining table by either the union or the employer.



Which occupations

Which occupations have received market adjustments and/or incentive payments?

MUCH OF the recruitment and retention focus has centred on professions with obvious shortages requiring an immediate response. The health professions that unions have negotiated market adjustments / incentive payments for include:

- Audiologist
- Dental Therapist
- Diagnostic Neurophysiology Technician
- Diagnostic Medical Sonographer
- Dietician
- Emergency Medical Dispatcher
- Infection Control Practitioner
- Magnetic Resonance Imaging Technologist
- Medical Technologist
- Medical Laboratory Technologist
- Medical Radiation Technologist
- Nuclear Medicine Technologist
- Occupational Therapist
- Orthotist
- Paramedic
- Perfusionist
- Pharmacist
- Physiotherapist
- Prosthetist
- Psychologist
- Public Health Inspector
- Respiratory Patient Educator
- Respiratory Therapist
- Social Worker
- Speech Language Pathologist
- Ultrasound / Sonographer

Although current shortages in these professions are severe, there is no sign of relief as independent labour market analysts have predicted these shortages will continue to increase over the next decade. Of course, there are looming shortages in other health professions as well.



Key indicators

How do you know if a market adjustment is necessary?

DO UNIONS have criteria that are used as a guide to determine whether entering into market adjustment discussions is necessary? For example, vacancy rates in a particular profession or length of time a posting remains unfilled.

The vast majority of health professionals unions track information on vacancies and postings. However, a published, updated and consistently applied policy / criteria outlining the basis for determining if market adjustment discussions are necessary is not the norm.

Moreover, while vacancy rates and length of postings are tracked by many unions, there is often no clear formula to determine the number of vacancies necessary to have a significant impact on a profession / classification. Without such a formula, it is more difficult to determine whether or not there's a recruitment / retention problem and thus whether or not a market adjustment / incentive payment is necessary e.g., a loss of one individual out of a group of 20 would be less serious than a loss of one out of 2.

The Health Sciences Association of Saskatchewan (HSAS) is an obvious exception. There is a protocol in their provincial contract describing a process to determine if market adjustment discussions are necessary. The relevant provisions from the HSAS provincial contract are attached as *APPENDIX ONE*. Either the union or the employer can initiate a discussion on market adjustments. If a profession approaches the union, they send a questionnaire to each member in the profession to assist in determining if there is a recruitment / retention problem. This questionnaire is attached as *APPENDIX TWO*.

Another approach to determine whether market adjustment discussions are necessary was described by the HSAA / NUPGE. Union research on shortages begins with the collection of anecdotal evidence through membership meetings and is followed with general surveys. Any available government information is also incorporated into HSAA / NUPGE research.

HSAA / NUPGE endeavours to obtain the same general wage increases for all workers under its contracts. Through bargaining, the parties identify which professions are experiencing shortages, but the



union does not initiate proposals on special market adjustments for some classifications only. Instead, as part of the normal bargaining process, HSAA / NUPGE forms member subcommittees to research and act as expert witnesses when pay grade adjustments are argued at the bargaining table. Pay grade adjustments are considered a separate matter from general wage increases or special market supplements and they are, of course, permanent rather than supplementary and temporary.

Certain professions, such as pharmacists, have well documented shortages and in rare cases wage rates may be adjusted midterm. In any event, HSAA / NUPGE has insisted that any special increases apply to all steps in a classification, not only new hires – which is what employers try to do from time to time. In one instance, HSAA / NUPGE agreed to a special hourly supplement paid to all pharmacists in the Fort McMurray hospital. This exception had to do with unique labour market conditions in that city.

When to negotiate

Have negotiations for market adjustments occurred during collective bargaining or independent of the bargaining table?

MARKET ADJUSTMENTS have been negotiated both during collective bargaining and independent of the bargaining table. For instance, OPSEU / NUPGE has negotiated market adjustments locally through collective bargaining when their members have demanded such provisions. And the HSAS has negotiated market adjustments both at a provincial bargaining table and independent of the collective bargaining process.

In Alberta, with minor exceptions, market adjustments are negotiated during collective bargaining – and obtaining a renewal agreement can also involve compulsory arbitration if mediation fails.

The HSABC / NUPGE reported that historically inter-classification adjustments occurred at the bargaining table; sometimes resulting in an agreed to 'percentage of payroll' that was set aside to enhance some classifications. With respect to the current situation (imposed contract) the emerging trend is that market adjustments take place independent



of the bargaining table – individual health authorities will offer recruitment and retention incentives and ask the union to sign on / endorse.

Salary grid

When market adjustments have been negotiated during collective bargaining, were the incentive payments separate from the salary grid or rolled into the grid?

DIFFERENT APPROACHES have been used in applying the market adjustments / incentive payments.

In some cases, the market adjustments / incentive payments were folded into the salary grid with the effect of increasing base salary levels and thus setting salaries more aggressively against a competitive market.

In the case of HSAS members, the incentives were rolled into the salary grid regardless if they were negotiated during or independent of collective bargaining.

OPSEU / NUPGE reported that adjustments have been rolled into the salary grid but they expired when the contract expired and renewal through negotiations was necessary. One OPSEU / NUPGE Local negotiated an open-ended contract to allow the re-opening of adjustments if central bargaining received a higher wage increase. Also in the central process the difference between the central bargaining increase and what the employer had given already would be the raise. If the central bargaining increase was not high enough, the employees would keep the original increase.

In some cases the adjustments / incentive payments have been applied separately from the negotiated salary grid levels. For example, in the case of HSAA / NUPGE members, the Special Market Supplement, which applied to five classifications, was published in a separate letter of understanding (separate from the salary grid).

The New Brunswick Public Employees Association (NBPEA / NUPGE) noted that incentive payments have been provided separate from the salary grid as a one-time lump sum payment. In many cases,



these payments are considered a sign-on bonus, often referred to as a “golden hello” payment.

The situation in BC is that the second imposed wage schedule created an additional salary grid i.e., Schedule A no market adjustment; Schedule B market adjustment.

Review

Where market adjustments have been negotiated, were there provisions for a periodic review to determine whether they were still warranted? What type of criteria was used?

WE RECEIVED no reports of multiple market compensation adjustments in one year for the same position / classification.

Some unions and employers have agreed that an annual review is the most appropriate way of determining if market adjustments are still warranted. This is the situation with HSAS members.

The NBPEA / NUPGE explained that incentive payments – which have been provided separate from the salary grid as a lump sum – have been renewed annually at the discretion of the employer.

In Ontario, OPSEU / NUPGE is not aware of any provisions to review negotiated market adjustments.

And in Alberta, rather than a periodic review, the retention of the Special Market Supplements for certain occupations became part of bargaining for the next collective agreement.

Impact

Do market adjustments have a negative impact on other negotiated items in the collective agreement such as pay equity or job evaluation plans?

ACCORDING TO OPSEU / NUPGE, only one hospital in Ontario reasoned the market adjustment to a pay equity increase.

The HSAS commented that one of their goals during bargaining was to terminate their involvement with job evaluation but use the money



targeted for pay equity increases in a manner they chose i.e., standardized rates based on education: diploma (23.39/hr), degree (27.75/hr), masters (32.37/hr), phd (40.77/hr).

Pay equity has not been a bargaining subject for HSAA / NUPGE. Bargaining on classifications remains a separate table for HSAA / NUPGE. The existence of special market supplements has not had a discernible effect upon bargaining classifications or pay grade adjustments.

In BC, job evaluation / emerging classifications have continued, although they have been historically very slow and tedious. The resistance to classification issues was not changed with an imposed market wage schedule – the resistance has always been very high. Pay equity is not in the agreement.

Response

Do unionized health professionals respond positively or negatively to their union agreeing to market adjustments for specific occupations?

ACROSS THE country, the response of unionized health professionals to their union agreeing to market adjustments for specific occupations has been mixed.

In Saskatchewan, for example, members of the HSAS have responded positively to market adjustments for specific occupations.

Contrastingly, NBPEA/ NUPGE members have had a negative reaction. There are shortages in most health care disciplines in New Brunswick but the employer arbitrarily selects which groups will receive an incentive payment and this has caused divisions between NBPEA / NUPGE members.

The HSAA / NUPGE has 96 classifications in the salaries appendix of the current provincial agreement and more classifications exist within the local conditions sections. Classifications are divided between paramedical technical and paramedical professional. Classifications in each division are clustered into ten pay grades.

So long as the relative positions among the pay grades are maintained, HSAA / NUPGE members have not objected to the special market supplements for specific occupations.



Interestingly, in Ontario, market adjustments have created a divide between not only OPSEU / NUPGE members but a large division has also been created between hospitals. That is because larger hospitals, especially those in a strong financial position, can use market adjustments and incentive payments as a way to “poach” staff from smaller hospitals with fewer financial resources.

In this case, market adjustments and incentive payments might help one institution lure professionals away from another, but this recruitment and retention tool is ineffectual in terms of enlarging the overall health professional pool and it can actually exacerbate the problems that already exist.

Members of the HSABC / NUPGE that are unhappy with the imposed ‘split’ wage schedule fall into three categories: (a) unhappy because they understand the divisive effect on the union; (b) unhappy because they did not receive a market adjustment; (c) unhappy because they did not receive enough of a market adjustment. The union has not had enough experience to assess the effect of recent regional initiatives – independent of the collective agreement – to provide incentives to targeted professions.

Finally, some health professionals’ unions have not negotiated market adjustments for any group precisely because they believe this would cause great discontent within their membership.

Outside offers

Have employers offered recruitment incentives that were not part of a collective agreement?

MANY EMPLOYERS are offering recruitment incentives in addition to any salary or compensation outlined in the collective agreement and some employers have used less than transparent means to do so.

The majority of recruitment incentives come in the form of monetary payments such as hiring bonuses, moving expenses, and housing subsidies. Increasingly, though, employers are offering non-monetary incentives to attract health professionals to their institution.

Common examples of non-monetary recruitment incentives include: extra vacation, scheduling preferences/flexibility, and additional training and professional development opportunities.



For example, in Ontario, OPSEU / NUPGE reported that employers have offered a range of recruitment incentives that were not part of the collective agreement, including: moving expenses; finding the recruit a place to live; offering the recruit's spouse a job; payment of college fees; educational expenses; and, free trips to conferences.

Other unions have noted that some employers offered \$3000 as a hiring bonus to pharmacists a few years ago without consulting the union - see *APPENDIX THREE* to read about an example of this in Ontario.

In Saskatchewan, recruitment incentives have been offered that were not part of the collective agreement but they were offered prior to commencement of employment.

And in New Brunswick, incentives are routinely offered independently of the existing collective agreement.

Although it is normally beyond their contractual reach, the HSAA / NUPGE has opposed the employer(s) offering large recruitment bonuses to new hires. Recruitment incentives are largely confined to Regional Health Authority employers in northern Alberta. However, HSAA / NUPGE has had experience dealing with an acute market shortage among diagnostic sonographers in a metropolitan setting; private sector firms were enticing HSAA / NUPGE members away and this became a mutual concern with the Calgary Health Authority. A letter of understanding was developed which offered recruitment and retention bonuses to diagnostic sonographers.

Employee moving expenses are sometimes negotiated pre-employment, and HSAA / NUPGE does not have a say in this activity. However, the disruptions caused by Bill 27 – the Labour Relations Amendment Act (restructuring health authorities) – may require HSAA / NUPGE negotiators to bargain for payment of moving expenses within the realigned Regional Health Authorities. This provision already existed in some of HSAA / NUPGE community collective agreements.

Other insights

- THE HEALTH SCIENCES Association of Saskatchewan suggested that job evaluation programs do not make sense when you have a group of workers in hard to recruit professions. Market adjustments naturally upset your wage hierarchy, and when you have one half of your profes-



sions getting market adjustments the wage hierarchy is constantly changing.

- ANOTHER UNION pointed out they've had problems with employers hiring at top of scale in efforts to recruit. This information comes to the union by chance because the employer does not notify them of this action.

- THE HSABC / NUPGE commented that this is one of the most difficult issues for a union that represents a multiplicity of professions. While they have tried to approach the issue constructively (e.g., a review committee, report to convention, engaging individual employers who are offering incentives), it seems to be one of the issues that galvanizes otherwise inactive members, and not necessarily in a positive way.

These members often express a frustration with the union as they perceive it as ineffective on the one issue they have asked to be addressed. The union is currently looking at alternate structures to identify bargaining priorities – one for the traditional issues (e.g., contract language, benefits etc.) and one that gives voice to the individual needs of specific professions.

The experience of the union has been that a structure which combines the two does not work well.

Questions

Do you have questions?

Want more information?

Please contact Carol Meyer by phone at **(613) 228-9800** or by email at: **cmeyer@nupge.ca**



Appendix I

HSAS Collective Agreement Language:
Provincial Market Supplement Program

LETTER OF UNDERSTANDING #15

Re: Provincial Market Supplement Program

The Market Supplement Program is designed to address specific pay related skill shortages by use of a market supplement to attract and/or retain qualified employees where workplace initiatives have been unsuccessful in addressing recruitment and retention challenges. A market supplement will be implemented only when it is necessary to enhance the ability of employers to retain and/or recruit employees with the required skills to deliver appropriate health services.

It is agreed by HSAS, SAHO and Employers that this Letter of Understanding shall work in concert with the Collective Agreement and The Provincial Market Supplement Program and will supercede all previous Letters of Understanding or special local provisions regarding market supplements with respect to the named classification. All market supplement review requests shall be analyzed by the SAHO Provincial Market Supplement Review Committee taking into consideration the following labour market review criteria: service delivery impacts, turnover rates, vacancy rate analysis, recruitment issue analysis, salary and market conditions.

1. It is agreed that a market supplement shall be implemented for the following classifications effective date of signing of Collective Agreement:
 1. Pharmacist
 2. Dental Therapist
 3. Emergency Medical Dispatcher
 4. Occupational Therapist
 5. Physical Therapist
 6. Orthotist
 7. Paramedic
 8. Perfusionist
 9. Respiratory Therapist
 10. Prosthetist

It is understood that these classifications will not be subject to adjudication as outlined in the Letter of Understanding re: Determination of Market Supplement until July 1,2003, unless mutually agreed to by SAHO and HSAS.

2. Market supplemented wage rates shall be payable to all eligible employees in wage schedules classifications, subject to paragraphs 4 and 5 below.
3. Employees shall be eligible for the above market supplemented wage rate if they are employed on the date the market supplement is agreed to by the parties, or if they are hired after the date the market supplement is implemented.
4. The market supplemented wage rate shall be reviewed annually from the date of the agreement reached by HSAS and SAHO, or the Market Supplement

Adjudicator's decision. If the Market Supplement Review Committee determines that a further market supplement is warranted, then HSAS and SAHO shall meet to negotiate a new market supplemented wage rate. If it is determined that a market supplement is no longer needed, then the market supplemented wage rate shall be frozen, and existing and newly hired employees shall be entitled to receive the market supplemented wage rate until such time as the Collective Agreement Wage Schedule rate matches or exceeds it.

5. In the event a market supplement wage increase is applied to a classification, the existing wage differential of eight percent (8%) between the said classification receiving the market supplement increase and any level above, in the same classification series, the application of an eight percent (8%) differential shall be considered and maintained where appropriate.
6. If, as a result of economic increases or classification adjustment, the Collective agreement Wage Schedule rate is increased to an amount that is higher than the market supplemented wage rate, then the Collective Agreement Wage Schedule rate governs and the market supplemented wage rate would no longer be in effect.
7. It is understood that the market supplemented wage rate is separate to the Collective Agreement Wage Schedule and is not subject to economic increases or classification adjustment during the term of the Collective Agreement (April 1, 2001 to March 31, 2004). However, this will not preclude an annual market supplement review and, if applicable, a market supplemented wage increase may be provided that could include an economic increase.
8. This market supplement shall be considered pensionable earnings, shall be subject to statutory deductions and shall be subject to union dues deductions as per the formula determined by the union.
9. Should HSAS or SAHO wish to modify or discontinue the terms or conditions of this Letter of Understanding, the party wishing to do so will provide the other party with ninety (90) days notice of the change or discontinuation, and the parties shall meet within fourteen (14) calendar days from notification to discuss the matter.

LETTER OF UNDERSTANDING #16

Re: Determination of Market Supplement Rates

It is agreed, employers and/or HSAS will identify areas/classifications where skill shortages have or will impede service delivery. Either party or employee(s) may submit a recommendation to the SAHO Provincial Market Supplement Committee. For the implementation of a market supplemented wage rate, the following provisions shall apply:

1. The Provincial Market Supplement Committee shall render its decision within forty-five (45) days of the date the Committee requests labour market information from SAHO's employer membership. The Committee must request market information from employers within fifteen (15) days of the date the request is submitted to the Committee. If the Provincial Market Supplement Committee fails to render its decision within the timeframe identified above, the issue of consideration of market supplement shall be referred directly to adjudication in accordance with the below provisions.
2. The determination of market supplemented wage rates shall be subject to negotiation by HSAS and SAHO.
3. Where agreement on a market supplemented wage rate cannot be reached by HSAS and SAHO, or where the SAHO Provincial Market Supplement Committee does not recommend that a classification receive a market supplement, the matter may be referred to the Market Supplement Adjudicator, Beth Bilson, for final determination. In the event Beth Bilson is not available to conduct the adjudication and render a decision within the timeframes identified below, the matter shall be referred to an alternate adjudicator who is mutually acceptable to both HSAS and SAHO.
4. When the matter is referred to the Market Supplement Adjudicator, the following process shall be adhered to:
 - a) The Market Supplement Adjudicator shall hear the matter within twenty eight (28) calendar days of it being referred to her.
 - b) In the case of review on the matter of whether a market supplement is appropriate, both HSAS and SAHO shall be limited to presenting only that labour market review criteria identified in Article 4 (c). In the case where a market supplemented wage rate is disputed, both HSAS and SAHO shall present a proposed market supplemented wage rate, and shall be entitled to present supporting written documentation. Witnesses shall not be utilized in the hearing.

c) The jurisdiction of the Market Supplement Adjudicator in determining a market supplemented wage rate, or determining whether or not a market supplement is appropriate, shall be limited to consideration of the following labour market review criteria:

- Service delivery impacts: service delivery impacts are analyzed, including options for alternative service delivery models.
- Turnover rates: an annual turnover (loss of employees to other competitor employers) ratio to the existing staff complement in any given occupation. Local analysis of reasons for leaving will be necessary to determine any trends that may be emerging.
- Vacancy rate analysis: whereby the frequency and timing of vacancy occurrences (ie. seasonal; always following an event; etc.) are analyzed for trends that may affect recruitment/retention efforts.
- Recruitment issue analysis: whereby issues such as length of recruitment times, training investments, licensing issues, supply and demand issues, etc. are analyzed for trends which may affect recruitment/retention efforts.
- Salary market conditions: affected employer's salary levels are lower than other employers that affected employers would expect to recruit employees from, or other employers that affected employees are recruited to. This may be local, provincial, regional or national depending on the occupation group and traditional recruitment relationships. Cost of living considerations may or may not be appropriate to factor into market salary comparisons.

d) The Market Supplement Adjudicator's jurisdiction shall be limited to choosing either HSAS's or SAHO's final position in the event a market supplemented wage rate is disputed.

e) The Market Supplement Adjudicator's decision shall be published within seven (7) calendar days of the hearing. Sufficient detail to explain the rationale for the decision shall be included in the written decision. The decision shall be final and binding on the parties and will not be subject to appeal.

5. HSAS and SAHO will equally share the costs of fees and expenses of the Market Supplement Adjudicator.

LETTER OF UNDERSTANDING #17

Re: Market Supplement Requests

The parties agree that the following classifications will be jointly submitted to the SAHO Provincial Market Supplement Committee by SAHO and HSAS for consideration for market supplement upon execution of the Memorandum of Settlement:

Psychologist Ph.D.
Assessor Coordinator
Infection Control Practitioner
Public Health Inspector

It is agreed that the Provincial Market Supplement Committee shall render its decision within 30 days of ratification of the Collective Agreement. If the Provincial Market Supplement Committee fails to render its' decision within the timeframe identified above, the issue of consideration for market supplement for the above classifications shall be referred directly to adjudication in accordance with Letter of Understanding #16.



Appendix 2

HSAS Recruitment / Retention Questionnaire

1. Where do you work? _____
(Outside of Regina and Saskatoon, please give the name of the town or city where you are headquartered; with Regina and Saskatoon, please give a specific program.)

2. How many positions are budgeted for _____ in you work location? _____ How many of these positions are now vacant? _____

3. How many _____ have left in the last five years? _____

4. In the last period of about five years, what has been the usual length of time it has taken to recruit _____? _____

Tell us about any special recruitment measures you may be aware of.

5. Have services been impacted by shortages of _____? Comment on how.

6. How have shortages in your profession affected your own working life (e.g. overtime, compromising professional standards)?



Appendix 3

OPSEU / NUPGE News Release, November 6, 2003

OPSEU Press Release

Nov. 6, 2003: Union charges Ottawa Hospitals with Unfair Labour Practices

FOR IMMEDIATE RELEASE November 6, 2003

Union charges Ottawa Hospitals with Unfair Labour Practices

OTTAWA: The union representing health science professionals at the Ottawa Hospitals has charged the hospital administration with bad faith bargaining and unfair labour practices.

The union laid these charges because the hospital is advertising pharmacist positions at 10 per cent more than the current rates.

"One week before the first scheduled date of bargaining, the hospital has attempted to go around the union," said Tami MacDonald, Local 464 President.

"New hires should not be given special treatment. All professions have workloads issues and serious shortages," she added.

"These band-aid solutions won't solve the serious shortages in each profession in our hospital. They should be bargaining these issues in good faith at the table; not with individual members."

Bargaining for professionals is scheduled to start Nov. 14. OPSEU represents about 1,800 staff at the hospital.

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For further information:

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