

BULLETIN

Frequently Asked Questions about the government's last offer in health sciences professionals bargaining

December 14, 2012

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The strike was working. Why did it get called off?

Two days of rotating job action, and the prospect of more, got the governments attention. Veteran mediator Vince Ready was brought in by mutual agreement of the parties. We were seeing some real movement on some long-standing issues, and were optimistic we could clear the table of those issues and get down to the nitty gritty of the big-ticket monetary items.

Instead, the government ... after refusing to pay attention for the past nine months ... came to the table at the 11th hour with a proposal so far outside the box of where negotiations with HEABC have been going, and so inconsistent with the mandate HSA members have given negotiators to bargain, that we felt we had no option but to take a break and consult with our members.

There was no prospect any continued or escalating job action would help result in a deal.

The strike notice we issued has been exercised and is active for 90 days. We are still in a position to strike.

Members gave the union a 90 per cent strike mandate. Thats all the mandate you need.

The government also knows that we have a 90 per cent strike mandate. Its clear they wanted the union to exercise that mandate, throw the system into chaos, get the public on their side to support a legislated end to negotiations and, ultimately, impose a contract.

Since talks have broken down, couldnt the government just legislate anyway?

We havent reached an impasse. Bargaining is not suspended. We are consulting with our members, and are prepared to return to productive bargaining.

Government cant just impose a contract. Were in a union and theres an obligation to bargain in good faith for a contract.

Governments can and will impose terms and conditions of collective agreements. HSAs health science professionals were the victims of an imposed contract in 2001. Government legislated an end to a strike, and brought in the terms and conditions of a contract. That agreement wasnt negotiated. It was imposed through legislation.

More recently, in 2009, BCs ambulance workers were legislated back to work with an imposed contract even as members were voting on the terms of a tentative collective agreement.

When are membership consultation meetings going to happen?

Planning is underway. We anticipate holding membership meetings around the province in the new year, likely through January.

Many meetings will be in your communities, but we may also hold some telephone town hall meetings in order to maximize opportunities for members to participate.

I hear the facilities health workers and nurses have accepted settlements that are about the same as what government tabled for health science professionals. Why wouldn't we want the same?

The issues facing health workers in the facilities and nurses bargaining associations aren't the same. For facilities workers, the elimination of contracting out was a key issue, and they were able to negotiate a contract that protects jobs from being contracted out to private providers. For nurses, the priority was the addition of some nurses, and they were granted those improvements. For health science professionals, the key issues are recruitment and retention. We simply cannot keep specialized members of the modern health care team here in BC as long as they have opportunities to work elsewhere for as much as \$13 an hour more than in BC.

What jobs are being targeted for wage roll backs?

The introduction of a new classification system is where wage roll backs would happen. The government's system would be implemented within three months, and corresponding wages assigned back to April 2012. If the new system results in a lower wage rate for your job, then it would be adjusted back to April 2012, and you would have to pay back the difference.

Because we don't know how the wage rates would be imposed, we don't know which professions would be singled out for rollbacks.

Pharmacists were targeted for a wage roll-back before negotiations started. Is that back on the table?

The government's last offer did not address wage rates for different professions.

The government proposal says the wage offer is 1 per cent in January 2013, and 2 per cent in April 2013. But the union said the wage increase is 1.4%. Which is it?

Under the government's last proposal, some people have the potential to see a wage increase close to 3%. If you are not a Grade 1 on the wage grid, though, the wage increase over three years is somewhere between 0% and 1.4%. This is as a result of the combination of the stated wage increase, the new classification system, and the proposed reduction in benefits coverage.

[See a more detailed explanation of the arithmetic that explains how 3% equals 0•](#)

BENEFITS REVIEW

What are the benefit cuts government proposed?

The cuts are not specific. The proposal calls for a 12-person committee (six representatives each from HSPBA and HEABC chaired by a mutually agreed to third party) to make recommendations on how to reduce benefit expenditures by 1.2% of total compensation by January 2014. For clarity's sake, 1.2% of total compensation is the same as 1.6% of wages, which means that while wages might go up 3%, you have to give 1.6% of them up to pay for benefits.

Under the government's last offer, the amount of the cut isn't negotiable. Union representatives are assigned to a committee that is forced to decide how to make the cuts with a menu to choose from: from Pharmacare tie-in that restricts the list of pharmaceuticals available for coverage, to offloading a portion of the cost of benefit premiums to members.

37.5 HOUR WORK WEEK

Is it true that the government's offer included a 37.5 hour work week?

Yes. The last framework offer includes a 37.5 hour work week with implementation entirely at the employer's sole discretion. The application of the 37.5 hour work week could include any department, program, work group, or work unit as the employer sees fit, but may not be implemented for all HSPBA members. If any dispute arose regarding the shift schedule, the Employer's proposal of a 37.5 hour work week also includes language to eventually force the implementation of whatever schedule had been proposed by the employer.

CLASSIFICATION SYSTEM PACKAGE

Is it true that the BC Liberal government proposed to delete the current classification system?

Incredibly, it is true. The government introduced a package as part of their Last Framework Offer that gutted classification provisions affecting salaries.

What happens to the code-up provisions under the governments proposal?

They are gone.

I receive the monthly \$125 Qualification Differential for my PharmD qualification. What happens to it under the governments proposal?

Its gone. Payments for all Qualification Differentials, regardless of profession, are gone.

I have a classification grievance thats been proceeding through the system for months. What happens to my grievance?

The government proposal is to wipe out all outstanding grievances when it introduces a brand new structure. This includes the current policy grievance.

I understand the government proposal includes a new 10-step wage grid structure. Isnt that better than the six-step structure we have now?

Quite the contrary. The governments proposal serves to make you wait until youve worked 9 years to get the same top rate. It currently takes 5 years of working to get to the top rate.

I am a perfusionist with a 2-step wage grid structure. Will it take me 9 years to get the same top rate that under the current system I got to after only one year?

Yes. The governments proposal did not differentiate between any professions.

When would the new 10-step wage grid structure be implemented?

The government proposed it be implemented the first pay period following April 1, 2013.

How does the governments proposed classification system work?

Their system is one-size-fits-all, where every job is matched to a generic job profile. Their system does not provide any guarantees that there would be anything other than a flat structure at any given site. It does not recognize specialized duties members may do in their jobs, which they are currently compensated for.

What generic job profiles has the government proposed?

Professional 1; Professional 2; Supervisor 1; Supervisor 2; Supervisor 3; Programs & Operations; Practice Lead 1; Practice Lead 2. -Each Profile is a description of the core function of the accountabilities and responsibilities of jobs best matched to an individual profile."

What qualifies as Advanced Procedure?

The proposal says Advanced Procedures must be negotiated with each collective agreement, that there shall be no retroactive application where work is agreed to be Advanced Procedure, and that the list of agreed Advanced Procedure work shall expire at the end of each collective agreement. No job would be continuously classified as Professional 2 for Advanced Procedure.

Whats the difference between the three Supervisor profiles?

The governments proposal is for Supervisor 1 to be a working supervisor (hands-on, with a case load); Supervisor 2 does not carry a case load; Supervisor 3 supervises Supervisor 2.

I supervise 17 FTEs, my colleague supervises 2. How are our supervisory responsibilities differentiated under the governments proposed system?

The numbers of FTEs supervised dont matter under the governments proposal. If the Employer decides to have a Supervisor position, there is no limit to the number of people they can be expected to supervise.

What jobs are matched under the Programs & Operations profile?

The governments proposal describes the core function of jobs is to lead programs, systems or services that support the delivery of other programs, with the scope of responsibility including information management systems, quality improvement and safety programs and formal research initiatives. It would appear that only the lead position gets valued at this level.

What happens to Chief Health Science Professional provisions under the governments proposal?

There would no longer be a requirement for each job family department of the employer to have a Chief health science professional. This is a constant source of concern for health science professionals who benefit from consultation with colleagues who understand the complex nature of the work of specialized health science professionals.

Article 11 ... New and Reclassified Positions ... is a key provision of the collective agreement. It allows the Union and me to challenge salary structures established by Employers. If a grievance gets referred to arbitration, the Arbitrator has full power to establish the salary structure. Will the Union and I still be able to exercise our rights under Article 11?

No. The governments proposal deleted Article 11 altogether. It replaced longstanding, valuable language with processes never discussed by HSPBA and HEABC during bargaining.
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What happened to the non-monetary proposals such as an increase in rest time and wellness programs?

A plan for an Enhanced Disability Management Program that would support union stewards working with members off work to help them more quickly was left unresolved.

A union proposal for a wellness program that would result in less time missed at work due to illness ... generating savings to the system ... was similarly not addressed in the governments -last framework proposal."

An agreement reached after months of consultation with members, and discussion between HSPBA and HEABC on appropriate use of call-backs for members working on-call, which is a very important patient care issue, as well as a health and safety issues for members around the province, was also left unaddressed in the governments proposal.

What is the governments -last framework offer?"

[Link to HEABC -last framework proposal"](#)

What was the HSPBAs framework offer?

[Link to December 7 HSPBA framework](#)

What can I do about the governments proposal? To whom may I direct my questions or comments?

Please submit your message to www.modernhealthcare.org More than 500 letters have already been sent by concerned members to Ministry of Health and other government decision-makers, MLAs, Health Authority representatives and HEABC representatives. Those letters have an impact. It is important to continue to keep the pressure up. The decision makers need to keep hearing from the people who deliver the services.

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