



BULLETIN

## Issue of levelling holding up talks at paramedical table

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A major hurdle at the *paramedical professional* bargaining table is the issue of levelling. For months, members of the bargaining committee have been trying to get the employer to address levelling issues left over from the 1996 negotiations.

"It's critical that the employer address the issue of levelling in a meaningful way so we can move on to other key issues at the bargaining table," HSA negotiator, Rick Lampshire said. "A fair wage increase, the issue of on-call, LTD, hours of work, classifications and provincial seniority are all areas where HSA members expect to see progress."

Levelling is significant for all paramedical professionals because those who work in community-based facilities have historically received lower wages and benefits. Many of these workers are represented by other unions. HSA and the joint union bargaining committee want to ensure the employer doesn't use this discrepancy as an opportunity to drag down wages and benefits for all paramedical professionals.

Another significant problem in the levelling process is the employer's attempts to alter the HSA classification system. On July 17, HSA will take the first of the disputed positions before Arbitrator Munroe and request a decision consistent with the parties' collective agreement.

Because there are limited funds available in this round of negotiations, HSA is pushing the employer to conclude levelling fairly and early and move on to the other important issues that affect the 9,000 HSA members represented at this table.

One of the most critical issues in this round of bargaining is our Long Term Disability Plan. HSA negotiators met recently with representatives from both the HSA Trust and the Health Benefits Trust to discuss the transfer of the plan back to the HBT. "After ten years of administering our own plan, we feel it's time to return to the plan that covers other workers in the health care system," explains Lampshire. "HSA simply doesn't have the economies of scale to keep the plan affordable and sustainable for the future."

Under the HBT, the employer contributes to the plan and benefits are negotiated through collective bargaining. Members currently covered by the HSA Trust would continue to receive their benefits from the HSA Trust while new claimants would be covered by the HBT.

During the last two weeks of July both the HSA caucus and the paramedical professional bargaining association

as a whole will meet to review our bargaining proposals and the impact of the recent agreements reached in other sectors. Negotiations with HEABC will resume at the end of August or in early September.

In the **health service and support community subsector**, significant progress has been made on non-monetary items such as OH&S improvements. However, the bargaining association is continuing to push the government to make good on its promise of wage and benefit parity with the facilities sector. "I'm confident we are getting close to an agreement," said HSA negotiator, Dawn Adamson. "But to overcome the final hurdle, the employer and government must send a strong signal that low-paid workers in this sector deserve better."

In early June, employees in the subsector voted 81 per cent in favour of strike action if necessary to back their demands for wage and benefit parity. However, Adamson says that meaningful negotiations have taken place and to date, the bargaining association has not been forced to issue strike notice.

At the **nursing** table, HSA and BCNU have recently completed two days with Umpire John Baigent to adjudicate on issues related to fair access to work. In March, HSA tabled with the BCNU, our priority proposals concerning the dual posting of nursing jobs tied to the merging of RN/RPN seniority lists, both of which will give RPNs better access to jobs. HSA negotiator Maureen Whelan says the two unions are continuing discussions to settle any outstanding issues and hope to have a quick resolution.

Casualization was the main issue at the nursing bargaining table during the week of July 6. For nurses, the number of casual hours has climbed five per cent during the last five years while the number of hours worked by full-time employees has plummeted by eight per cent. This is particularly significant for Registered Psychiatric Nurses in HSA, 45 per cent of whom are casual employees.

To address this concern, HEABC is agreeing to establish float pools of regular employees to provide vacation and sick leave relief where this is cost-effective. However, employers have rejected a union proposal for the conversion of casual positions to regular positions wherever the work can be proved to be of an on-going nature.

As an additional solution to this growing level of casualization, the unions in the Nursing Bargaining Association are arguing that casuals who post into project work, vacation relief, or relief for maternity, WCB or LTD leave receive the status and benefits of regular employees for the duration of the temporary posting. This was one of the priorities put forward by HSA, as this is a provision already enjoyed by RPNs covered by the HSA contract. HEABC is prepared to agree to give regular status to casuals filling temporary vacation relief and the project positions, but not for those filling maternity, LTD or WCB relief positions.

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