The New Profile-Based Classification System for Health Science Professionals

Why We Needed It, How It Was Developed, and the Resulting Benefits

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1. Introduction

The Health Science Professionals Bargaining Association (HSPBA) collective agreement with the Health Employers Association of BC (HEABC) is the document that contains the terms of employment relating to wages, hours of work, benefits and general working conditions for over 23,000 health science professionals working in 70 professions employed by publicly funded health facilities and programs throughout BC. Health science professionals doing work under this collective agreement are paid wage rates that are based on how their jobs are "classified".

On December 6, 2024 a new classification system and corresponding wage structure – that has taken over 25 years to be jointly developed – was finally implemented. The new system replaces a long-outdated system that dated back to 1971 – the year when the first collective agreement for health science professionals was negotiated.

This document will review the history of the evolution of the classification system under collective agreements for health science professionals in BC, the deficiencies and inequities that emerged along with it, attempts to negotiate a modernization or replacement of the system, and the resulting terms under which a new system was developed. It will also cover the main elements and benefits of the new system along with the challenges that the new system presents.

Due to the duration, large scale and complexity of this classification system redesign undertaking, and the numerous meetings, procedural agreements, arbitration decisions and documents entered into, this review will only touch on when and how the main elements of the new system were arrived at.

2. What is a position/job classification system?

Before getting into the details of the pre-existing classification system and its replacement by a new system for health science professionals covered by the HSPBA collective agreement, we need to first review the general concept and principles of job classification separate from the details of a specific classification system.

Job classification is a system in which jobs are grouped together based on similarities in the work they involve and the skills and knowledge needed to be able to do the work. For health care occupations the two major attributes used as classification criteria are *skill type* and *skill level.* Skill type is the type of work performed, the primary factor being the educational field of study required for entry into an occupation. Skill level relates primarily to the amount of education and training required to perform the duties, and the degree of complexity and scope of responsibilities of an occupation.

The term "classification" can therefore be defined as a group of jobs whose assigned duties and responsibilities are sufficiently alike and require the same qualifications to warrant assigning the same classification title.

A job classification can cover from one to thousands of jobs.

Classifying jobs is important because it allows organizations to identify the specific skills and knowledge required for a particular position, as well as the level of responsibility and authority associated with the job. It also helps to ensure that workers are compensated fairly for the work they perform. Additionally, job classification can be used to identify training and development needs, as

well as to create a career path for employees.
The steps in classifying a job are:

1) Determining the job's purpose and the essential functions of the position
2) Determining the qualifications required for the position
3) Developing a job description for the position
4) Determining the classification, skill and responsibility level for the position within the established hierarchal classification structure

3. The relationship between job classification and rate of pay

The establishment of a job classification system does not automatically determine the wage rates for each distinct classification.

In a unionized environment where wage rates for a classification system are determined through collective bargaining, the wage structure is generally based on the principle of equal pay for equal work. However, the wage structure is influenced by a number of factors such as the type of employer (public or private), the bargaining power of the union, the type of work and working conditions, the wage rate history, the rates of pay for comparable work in other jurisdictions, the ability to recruit and retain staff, the need for significant and consistent wage differentials between skill and responsibility levels within an occupation, the need for consistent wage rates across occupations with similar qualification requirements, whether classification wage rates are single or multiple step rates, etc. *[Note: Over time some of these factors at different times have influenced the rates of pay for classifications that existed under the HSPBA collective agreement until the pre-existing classification system and wage schedule was replaced on December 6, 2024.]*

4. What kind of a classification system has been in place for health science professionals since 1971?

The classification system for health science professionals in British Columbia that has been in place since 1971 began with a listing of profession names and simple grade level descriptions for a hierarchy of jobs for each paramedical profession. Some professions had two grade levels, such as dietitian (staff and senior or sole charge), some professions had three grade levels such as physiotherapists and occupational therapists (staff, senior or sole charge and clinical supervisor), and some had five grade levels, such as radiological technicians and medical technologists. "Classification" was defined in the collective agreement to mean "… one of the grades within a group of Employees listed in the Wage Schedules of this Agreement."

In 1972 the HSA collective agreement covered 7 health science professions, the 1973-74 collective agreement covered 9 professions, and in the 1975 collective agreement 11 professions were covered and provided with a classification grade structure of 6 levels. The 1975 collective agreement also included registered psychiatric nurses with one classification grade, a number of Miscellaneous Rates and Categories, and introduced for the first time at the Grade II level "special procedures/techniques" but only for radiological technicians (as the profession was called at the time).

The 1975 classification system also defined – for all 11 professions listed in the collective agreement with 6 grades – that Grade I applied to positions "under general supervision" of another employee in the same profession, and that Grade II applied to positions that were "Sole Charge" (i.e. without general supervision), or to positions that had "section responsibility".

Subject to union agreement, employers were required to prepare job descriptions for each position in their employment and to establish the salary structure for each position based on the collective agreement classification grade level that the job fit into.

Over subsequent collective agreements this job classification system structure expanded to include more professions, types of work beyond acute care, and the recognition of advanced practices above the Grade I level.

By 2019-2022 the Health Science Professionals collective agreement contained two separate classification plans comprised of:

a) The 16 "core disciplines" or "foundation job families" with a 6 **grade level** structure (except that speech-language pathologists and audiologists had a 5 **grade level** structure, diagnostic medical sonographers and magnetic resonance imaging technologists had a 4 **grade level** structure, and psychologists that had a 3 **grade level** structure). This classification structure was restricted to those professions that required licensure, professional association registration, or other authorization to practice.

   This classification plan and structure was based on the simple classification of jobs in the professions covered by the 1970s HSA collective agreements as described above. All occupational classifications at the grade I staff/entry level were simply defined by the words 'working under the general supervision of another in the same discipline'. The staff/entry level educational qualification requirements and the scopes of professional practice were not defined but taken to be those required for professional certification or licensure. All grade II to grade VI classifications for each profession were also simply defined and distinguished on the basis of the number of FTE supervised and/or whether the position is a "Chief", "Assistant Chief" or "Section Head". At the Grade V and Grade VI levels the only classification criteria was supervision and the number of FTE supervised. Other Grade II to Grade IV classification criteria for some, but not all professions, related to one of the following 9 key duties or responsibilities:

   - Working Without General Supervision
   - Sole Charge (the only employee within the discipline at the facility)
   - Additional Procedure/Technique/Job Function
   - Regional Service
   - Clinical Specialist
   - Special Procedure/Function
   - Teaching the majority of time
   - Research and Development
   - Computer Program responsibility

   The last 7 of the above classification criteria were added through collective bargaining in 1988 to begin to provide recognition to the changes occurring in the responsibilities and requirements of health science professionals in the public heath sector at that time.

b) The **Industry-Wide Miscellaneous Rates (General)** professions listed by title included approximately 235 classifications in 45 occupational groups that had been allocated to a numbered **Grid Level** in the Wage Schedule. Some of these occupational groups also had professional association registration requirements (e.g. cardiology technologist).

Within each profession the classification hierarchy and grade structure was determined first by the educational requirements for entry to practice (e.g. Diploma, Bachelor's degree, Master's Degree), and then as to whether there was "Sole Charge/Senior" responsibility or supervisory responsibility.

With the exception of 11 professions (medical technologists, occupational therapists, pysiotherapists, pharmacists, diagnostic medical sonographers, magnetic resonance imaging technologists, nuclear medicine technologists, radiological technologists, paediatric perfusionists, perfusionists, and radiation therapists) all classifications in the above two classification groups were slotted into one of the 25 salary **Grid Levels** (ranging from 85% of Grid 2 to Grid 21) in the General Wage Schedule of the collective agreement.

Medical technologists (and their 8 allied professions), occupational therapists, physiotherapists, pharmacists, diagnostic medical sonographers, magnetic resonanceilmaging technologists, nuclear medicine technologists, radiological technologists, paediatric perfusionists, perfusionists, and radiation therapists were slotted into one of 7 separate *Market Supplement Adjusted* or memorandum of agreement wage schedules without reference to the standard salary **Grid Levels**.

5. Changes in health care delivery and the bargaining structure for health science professionals, and the creation of the Health Science Professionals Bargaining Association (HSPBA)

Since HSA's first collective agreement in 1971, covering 7 paramedical professional disciplines in two Lower Mainland hospitals, the disciplines and job classifications covered by the HSPBA collective agreement have grown to many times the original number. This growth has been the result of several major factors and developments, including:

- expanded geographic, facility, program and discipline scope of HSA's and then HSPBA's bargaining authority;
- transfer of discipline groups from other unions;
- introduction of new technologies;
- radical restructuring of health care service delivery and administration in the 1990's that involved the transfer of traditional acute-care services to community clinics;
- subsequent restructuring of health care labour relations through legislation in 1995 and the mandated consolidation of union representation for paramedical professionals through formation of the Paramedical Professionals Bargaining Association (later renamed the Health Science Professionals Bargaining Association) so that health science professionals previously under separate collective agreements negotiated by 5 different unions (HSA, BCGEU, PEA, CUPE and HEU) were to be covered by one collective agreement based on the HSA agreement;
- centralization and consolidation of services and operations; and
- organization and representation of new types of professional health service providers.

Ultimately, the occupational scope of the HSPBA collective agreement has expanded way beyond its large acute care hospital origins to include health science professionals employed in blood services clinics, addiction services centres, mental health services, home support services, outpatient services, child development centres, health care centres, long term care facilities, arthritis clinics, psychiatric services, hospice palliative care programs, cancer treatment centres, cancer research centres, rehabilitation centres, the centre for disease control, and public health licensing and inspection services.

6. The deficiencies and inequities in the old system

As outlined above, the number of professions and job classifications covered by the HSPBA collective agreement under the old classification system had grown to many times the number covered under the first few HSA collective agreements.

However, there had been no significant changes to the classification system since the 1970s.

Up until March 31, 2019 the collective agreement contained or covered the following distinct classification groupings:

i) 24 core disciplines in 16 job families (dietitians to speech language pathologists)

ii) 93 classifications in 22 industry-wide miscellaneous rated professions

iii) 223+ Memoranda of Agreement jobs/positions

Only the first two groups listed above were directly referenced in the collective agreement. However, only the first group of 24 core disciplines had the standard Grade I to Grade VI defined classification structure.

In addition, although the collective agreement "General Wage Schedule" contained 25 "Grid Levels", in fact there were a total of 43 different wage levels covering all of the above classification groupings, many of which were only specified in separate memoranda.

Inconsistency and inequity was apparent in the criteria for classification within the 5 grade levels and 7 supervisory pay levels based on the number of FTE staff supervised, and in the wage rate (Grid Level) differentials between classification Grade levels across professions.

It had been apparent for some time that the classification system and structures contained in the HSPBA collective agreement lacked transparency, coherence, common standards and criteria for the evaluation and classification of jobs. The classification system was increasingly cumbersome and complex to administer and enforce.

The HSPBA collective agreement's lack of common classification standards and criteria had created systemic inequities in compensation as between the 24 "core" disciplines in the 16 job families and the 93 classifications in 22 occupational groups under the Industry-Wide Miscellaneous Rates schedule.

Furthermore, the use of separate "Memoranda of Agreement" to determine wage rates for job classes that could not be accommodated within the collective agreement's classification structure had grown to an unmanageable number.

This meant that far too many employees working under this collective agreement, and their direct employers, had great difficulty determining what their appropriate classifications and rates of pay should be on the basis of what was, or was not, in the collective agreement. It was clear that there needed to be more transparency concerning compensation rights and obligations, and a more equitable system of classification and compensation.

As the scope of health science profession coverage under the HSPBA collective agreement increased to include diverse community health services and programs, a significant number of classification disputes arose from situations where working level professionals were working without practical access to a supervisor in the same profession, or were the only professional in a discipline employed by the program, centre or clinic. In these cases classification at the Grade I level was not in accordance with the collective agreement's classification criteria for Grade II.

Similarly, advancements in technologies and clinical procedures led to a significant number of disputes as to whether these changes in the knowledge and skill requirements brought Grade I positions within the scope of criteria for Grade II (additional procedures/techniques), Grade III (special procedures/techniques or clinical specialty), or Grade IV (research and development or computer program responsibility), each of which lacked clear definition.

By 2007, HSA alone had a backlog of 240 classification grievances relating to the application of non-supervisory classification criteria.

7. Classification system redesign bargaining history

Attempts to review and overhaul or modernize the HSPBA classification system are reflected in the last 7 master collective agreements: 1998-2001, 2006-2010, 2010-2012, 2012-2014, 2014-2019, 2019-2022, and 2022-2025.

During bargaining for the 1998-2001 agreement, the parties were far apart on how the system should be changed, with the union viewing HEABC's proposals as concessions intended to gut the system. A mediated settlement resulted in a Memorandum of Understanding to establish a joint job classification committee to review and overhaul the system.

However, that joint committee process, and similar subsequent joint committee agreements over the period from 2009 to 2014, failed to produce a new or revised system for a variety of reasons. It became clear that the parties had significantly different views of what a new system should look like, and there was no commitment to fund the implementation of a new system.

Over the 2008 to 2012 period HSA conducted extensive research to inform the development of a proposal to modernize the classification system for health science professionals. This included a survey of the job classification systems for health science professionals in other provinces and some other countries, and conducting focus groups of most of the major disciplines under the HSPBA collective agreement to learn about the scope of work, training requirements, and trends in the delivery of services for each profession. Participants in these focus groups included members with considerable experience in their profession, supervisors, specialists, professional association or college representatives, and discipline educators.

Under the 2014-2019 collective agreement a new joint Classification Redesign Committee was established. Its mandate was to assist the parties to reach agreement on a redesigned classification system in subsequent negotiations, which would include recommendations for a new profile-based classification system.

Until the 2014 agreement, the employer's position had been that the existing classification system should be replaced by a job profile classification plan similar to that under the Nurses' Bargaining Association collective agreement with just 4 classification levels. This would involve, among other things, deletion of the requirement for a Chief, deletion of the Grade II Sole Charge and Working Without General Supervision criteria, and that supervisory classification levels be based on the level of supervisory responsibility and not on the number of FTE staff supervised.

The unions of the HSPBA had proposed a set of principles that would establish a benchmarking type of classification plan similar to those existing under other health care sector collective agreements. This would have involved retention and/or modification of most of the classification grade criteria

applicable to the 16 core job families extended to all other professions under the collective agreement.

New Memorandums of Agreement to continue work on development and implementation of a new profile-based classification system were signed for the 2019-2022 and 2022-2025 collective agreements.

8. How the new system was negotiated

Prior to the beginning of negotiations for the 2019-2022 collective agreement, the joint Classification Redesign Committee was able to report that since 2017 progress in the design of a new profile-based classification system had resulted in an agreement with respect to:

a) principles of classification;
b) professional groupings; and
c) a sample/prototype full-scope working level classification profile.

They recommended that the Classification Redesign Committee complete the design of the new system no later than one year before the end of the next collective agreement, recognizing that full implementation of the new system and corresponding salary structures was not achievable within the projected cost mandate (from the provincial government) for the next collective agreement.

They also recommended that, until the new classification system could be implemented, any available compensation and classification funds available be distributed with the aim to:

- Address inequities within the current compensation and classification system;
- Address skill shortages, difficult-to-fill positions, and recruitment and retention;
- Facilitate the development of community interdisciplinary teams; and
- Facilitate the modernization and implementation of the new classification system.

Under the 2019-2022 classification redesign agreement (referred to as a Classification Redesign Interim Agreement) it was acknowledged that significant progress had been made toward the development of a new profile-based classification system.

The prototype classification profile that had been developed for the full-scope working professional level classifications had many of the characteristics of a benchmark class specification in that it contained a description of the nature of the work for each professional group and a listing of the illustrative responsibilities for each profession within the professional group taken from the duties and responsibilities commonly found in industry job descriptions for each profession.

Under the 2019-2022 Classification Redesign Interim Agreement tentative agreement was reached on the following components of the new system:

- Descriptive job classification profiles to be developed for each professional grouping at the full- scope working professional levels I and II.
- Descriptive job classification profiles to be developed for each of four levels of supervisor/ leadership.
- A sample/prototype classification profile containing the format and level of detail required in each of the full-scope working level professional groups to be established.
- Principles for the use of job classification profiles.
- A definition of special procedures and a process for identification of additional or the removal

of special procedures from full-scope working level II profiles.
- Standardization of the impact of the number FTE staff supervised by supervisors with supervisory profile gradations/levels based on the number of FTE supervised.
- Subdivision of all health science professions into 18 “professional groups”, each to have a full-scope working professional level I profile. The grouping together based on closely related functional duties, fields of work, or occupations.
- A Classification Manual and compensation framework.
- A Classification Plan Maintenance Agreement.

Agreed to in 2018 and ultimately incorporated into thea new classification system Manual and Maintenance Agreement were the “Principles of Classification” and the definition of “Profiles”, as follows:

- The HSPBA Collective Agreement classification system is an assessment tool for determining where jobs fit in the pay hierarchy. The classification system examines the level of work required by a job.
- The classification system has qualitative criteria (profiles) used for determining where jobs fit in a hierarchy.
- Throughout the process of classifying jobs, it is the job that is evaluated and not the employee(s) in the job.
- Profiles describe the nature of work performed and include illustrative responsibilities found within the HSPBA professions. The illustrative responsibilities are a representative sampling of duties performed that result in a job being classified to the profile and are not intended to be exhaustive or all-encompassing.
- Profiles are general enough to encompass all areas and levels of each health science profession within the bargaining unit, but specific enough to differentiate between them.
- Profiles are used by the parties in establishing and classifying jobs.
- Profiles represent the nature of work and illustrative responsibilities and describe Health Science Professionals’ career progression.

Significantly, under the 2010-2012 collective agreement there had been agreement in principle that under the new system the full-scope working professional level classification would include the work and responsibilities then classified at both the Grade I and Grade II levels, and therefore would be paid at the Grade II rate when funding became available for implementation. This agreement represented a compromise between the employers’ desire to expand the scope of duties, responsibilities and independence of all professions at the entry level, and the unions’ desire to equalize and increase compensation for all professions at the entry level in recognition of an expanded scope of work and responsibility.

However, in 2019 the fiscal mandate that the provincial government imposed on the parties was insufficient to provide the funding needed for implementation of the new profile-based classification system being developed. Therefore, priority was given to addressing the many inequities in the old classification and compensation system, and to address skill shortages, difficult-to-fill positions, and recruitment and retention through the disbursement of a special $10 million fund, starting in April 2019.

Application of the $10 million fund was to be spread over 3 years, as follows:

Year 1, effective April 1, 2019.

- Creation of a new and distinct diagnostic medical sonographer four grade levels job family with the addition of Grade II classification criteria for Sole Charge and Working Without General

Supervision.

- Creation of a new and distinct magnetic resonance imaging technologist four grade levels job family with the addition of Grade II classification criteria for Sole Charge and Working Without General Supervision.
- The classifications and wage grid levels of all professions classified under separate memoranda of agreement added to the Industry Wide Miscellaneous Rates section of the collective agreement.
- Staff level jobs in 34 professions classified under the Industry Wide Miscellaneous Rates section to be compensated at one wage grid higher when assigned to work Sole Charge, or when responsible for Student Supervision.
- For classifications above staff level in professions that have two entry qualifications (e.g. Diploma and Bachelor's) a move to only one salary structure – the highest of the previously existing two.
- The social program officer classifications deleted and redefined to be the disciplines allied to the social work discipline and classified/paid in accordance with the social worker definitions and grid levels.
- The combined laboratory/x-ray technologist classification deleted from the Industry Wide Miscellaneous Rates section and added to the list of disciplines allied to the medical technology discipline.
- The first of three salary grid structure adjustments for supported child development consultants to bring them into line with the salary structure for infant development donsultants by April 1, 2021.
- A new salary grid structure for the perfusionist profession.
- The testing technician – psychometrist classification replaced by the psychometrist classification and the salary structure increased by one pay grid level.
- The health records administrator classification replaced by the health information management professionals classification.
- The salary structure for infection control practitioner established at Grid 15.
- Amendments to the Qualification Differential language.

Year 2, effective April 1, 2020.

- The second of three salary grid structure adjustments for supported child development consultants to bring them into line with the salary structure for infant development consultants by April 1, 2021.
- The Qualification Differential provision relating to pccupational therapists and physiotherapists deleted and the salary structures for occupational therapists and physiotherapists increased by $125 per month.

Year 3, effective April 1, 2021.

- The third of three salary grid structure adjustments for supported child development consultants to bring them into line with the salary structure for infant development donsultants by April 1, 2021. This resulted in salary level adjustments over the three years of between 5 and 6 pay grids.
- Any monies remaining in the special $10 million fund after implementation of all of the above to be allocated to address anomalies flowing from the transition of separate memoranda of agreement classifications to the Industry Wide Miscellaneous Rates section of the collective agreement, such as inconsistency in the wage grid level compared to other classifications in that section requiring the same level of qualification. The remaining monies were used to compensate 34 Industry Wide Miscellaneous Rate and Separate Memorandum professions that had new classification/compensation provisions for Working Without General Supervision,

and to provide pay rate improvements for several early childhood educator classifications.

In addition, there was agreement to complete a preliminary matching of all existing jobs (i.e. job descriptions) to new classification profiles, and resolution of any disputes arising therefrom by December 31, 2020.

Under this interim agreement if the Classification Redesign Committee could not reach agreement on the implementation of any of the above provisions the dispute was to be referred to Arbitrator John Kinzie to provide binding recommendations for resolution. Ultimately six groups of significant issues arising out of this agreement were referred to the arbitrator which resulted in some decisions unfavourable to the Unions' position on them. Of particular significance was the arbitrator's decision/recommendation on a salary structure corresponding to the new classification structure (classification levels identified as P1, P2A, P2B, S1, S2, S3 and S4).

By November 2021 the following classification system with a seven-level classification profile structure for all professions had been agreed to or awarded by arbitrator John Kinzie:

- **P1 – Working Professional Level:** Profiles agreed and salary structures agreed at the pre-existing Grade II level.
- **P2A – Special Procedures/Techniques:** Profile and salary structure awarded at the pre-existing Grade III level.
- **P2B – Advanced Working Professional Level:**
    - o Clinical/Technical Specialist P2B(S): Profile and salary structure awarded at the pre-existing Grade III level.
    - o Education P2B(E): Profile and salary structure awarded at the pre-existing Grade IV level.
    - o Health Information Systems and Applications P2B(I): Profile and salary structure awarded at the pre-existing Grade IV level.
    - o Research & Development P2B(R): Profile and salary structure awarded at the pre-existing Grade IV level.
    - o Quality Control Program P2B(Q): Profile and salary structure awarded at the pre-existing Grade IV level.
- **S1 – Supervisory/Leadership (supervisors of non-HSPs):** Profile and salary structures awarded at four new pay levels based on percentage differentials above P1 rates and increments of 8 FTE supervised.
- **S2 – Supervisory/Leadership (supervisors of HSPs):** Profile and salary structures awarded at four new pay levels based on percentage differentials above P1 rates and increments of 8 FTE supervised.
- **S3 – Supervisory/Leadership (supervisors of HSPs, including an S2):** Profile agreed to but without a salary structure agreed to or awarded.
- **S4 – Supervisory/Leadership (supervisors of HSPs, including an S3):** Profile agreed to but without a salary structure agreed to or awarded.

[Note: One of the problems with the pay levels awarded by Arbitrator Kinzie for the P2A and P2B classifications being based on the pre-existing Grade III and Grade IV grid rates for all professions was that there was no consistency in the pay rate differentials (Grid Levels) above the Grade II rates across all professions. For example, the pay grid differential above Grade II for a Grade III speech language

pathologist was 1 pay grid, and for a Grade IV speech language pathologist 2 pay grids, whereas for a Grade III pharmacist the differential above Grade II was 3 pay grids and for the Grade IV pharmacist 5 pay grids. Because Arbitrator Kinzie did not provide guidance on what these new classification profile pay levels should be, the issue had subsequently to be addressed in an award issued by arbitrator Julie Nichols in which consistent differentials of 3.8% and 11.9% above P1 rates were established for all P2A, P2B(S) and P2B(E), (I), (R) and (Q) classifications respectively.]

In its report to the HSPBA Bargaining Committee in November 2021, the HSPBA Classification Redesign Committee reported that while the foundations of a new profile-based classification system had been established covering 18 professional groups each with 7 standardized classification and compensation levels, it could not recommend that HSPBA seek to further the development or implementation of the proposed new profile-based classification system during the term of the next collective agreement because of the negative outcomes of issues referred to arbitration, in particular the arbitrator's decisions/recommendations with respect to new salary structures for all but the P1 Working Level.

In addition, the Classification Redesign Committee reported that even if the system redesign and implantation were to be completed under the terms of the next collective agreement without a change in the salary structure awarded by Arbitrator Kinzie, HEABC had estimated the cost of implementation would be in the range of $50-71 million.

During negotiations for renewal of the HSPBA collective agreement for the 3-year term 2022-2025 it was evident that the employer's bargaining committee wanted to continue with the development and implementation of the new profile-based classification system, and it indicated that significant funding (approximately $63.5 million) would be available to continue with the process, over and above any general wage increases agreed to. Ultimately the parties agreed to continue with the new system development and implementation under the following terms:

- The Classification Redesign Committee was reconstituted as the Classification Redesign Completion and Implementation Committee (CRCIC).
- The CRCIC to complete development and implementation of the new system by June 30, 2023.
- Provisions of the new system previously agreed to or decided by arbitrator John Kinzie were not to be revised unless agreed to by the CRCIC.
- Finalization of salary structures for the advanced practice and supervisory profiles by the CRCIC.
- Any disputes arising from the system development and salary structure determination process referred to mediation/arbitration (Arbitrator Julie Nichols was chosen for this).
- Match of all existing jobs to the new classification profiles to be completed by September 30, 2023 with any disputed matches referred to an expedited dispute resolution process and to be resolved by February 29, 2024.
- A three-year phase-in of the P1 salary structure rates of pay for all full-scope working level professions, moving from the "base salary structure" at the Staff or Grade I level under the old system to the ultimate "target salary structure" of the Grade II or Sole Charge, Student Supervision or Working Without General Supervision pay rate levels under the old system, as follows:
    - In the first year of the new collective agreement, effective April 1, 2022, after including the general wage increases and/or cost of living adjustments (COLA) the Staff level or Grade I salary structures move to a salary structure composed of the Grade I or Staff level rates plus an amount equal to 33.6% of the difference between the Base Salary Structure and the Target Salary Structure.

- In the second year of the collective agreement, effective April 1, 2023, after including the general wage increases and/or COLA the Staff level or Grade I salary structures move to a salary structure composed of the Grade I or Staff level rates plus an amount equal to 65.52% of the difference between the Base Salary Structure and the Target Salary Structure.
- In the third year of the collective agreement, effective April 1, 2024, all P1 job classification profiles and corresponding salary structures, after the application of general wage increases and/or COLA have been applied move to their Target Salary Structure, i.e. the Staff level plus one grid level for Industry Wide Miscellaneous Rates classifications and Grade II for the old job family classifications.

- Full implementation of all remaining new classification profiles (advanced full-scope working levels P2A and P2B, and 4 supervisory levels S1, S2, S3 & S4) and their corresponding salary structures, and the new Classification Manual and Maintenance Agreement, by no later than February 28, 2025.
- In the second-year, salary grid level adjustments for anesthesia assistant trainees (2 grids), public health inspectors/environmental health officers (1 grid), radiation therapists (1 grid), and respiratory therapists (1 grid). Subsequently it was agreed that the salary grid level adjustments for radiation therapists, radiation therapy service technologists and radiology service technologists would be 4 grids for both in the second year of the agreement.
- Wage rate protection for incumbents where the new salary structure for the classification profile their job has been matched to is less than their current salary structure. This ensured that they continue to receive their current rate of pay plus all future general wage increases as long as they remain in the same job. Also referred to as being “green circled”.

9. The struggle to preserve the critical elements and benefits of the old system

Throughout negotiations and the many dispute resolution proceedings in the development of the new system, the HSPBA Classification Redesign Committee had to contend with and struggle against HEABC’s many efforts to radically change the classification system for health science professionals in a way that would eliminate or diminish many of the positive elements of the old system. Examples are:

- Whether an employee can dispute/grieve the salary structure for a job. HEABC opposed employees having the right to grieve the assignment of their job or position to an appropriate salary structure. Ultimately HSPBA was successful in getting this right into the new classification Maintenance Agreement.
- Whether the number of FTE staff supervised should be one of the main criteria for classification in the supervisory profiles. Initially HEABC opposed the number of FTE staff supervised being a factor in the supervisory classification criteria. HSPBA was successful in getting the number of FTE staff supervised to be one of the key criteria for classification within the supervisory profile structure.
- Explicit recognition in the supervisory profiles of the inclusion of assistant supervisors without designated subordinates, such as assistants to chiefs/leads. HSPBA was unsuccessful in achieving this.
- Requirement for the designation of a chief/lead health science professional in each paramedical department. HSPBA was unsuccessful in achieving this.
- Where under the old system there was provision for six levels of supervisor pay, HEABC proposed that there be only two pay levels in the salary structures of the new system for each

of the four supervisory classification profiles – one pay level for the supervision of up to 25 FTE staff, and a higher pay level for the supervision of more than 25 FTE staff. HSPBA proposed that there be five pay levels based on increments of 6 FTE staff supervised. Arbitrator Kinzie awarded four pay levels based on increments of 8 FTE staff supervised.

- Multiple pay levels for positions classified as teaching supervisors, responsible for research and development, responsible for the computer program, responsible for research and development, and responsible for quality control based on departmental FTE staff that were to be reclassified under the P2B (E), (I), (R) and (Q) profiles. HSPBA was unsuccessful in achieving this.

10. Critical decisions and how disputes were resolved

Over the period from October 2019 to July 2023 a total of seven arbitration awards were issued by Arbitrators John Kinzie (6 awards) and Julie Nichols (1 award) covering numerous disputes with respect to preliminary matters, interim current system adjustment measures, new system design and documentation, and new system salary structures.

In his October 9, 2019 award relating to disputes about the implementation of interim classification and salary structure adjustments under the terms of the 2019-2022 collective agreement, Arbitrator Kinzie supported the union's position that all separate Memorandum of Understanding classifications should be added to the Industry Wide Miscellaneous Rates schedule in the collective agreement, and that Industry Wide Miscellaneous Rates professions with two salary structures for entry/staff level classifications based on different qualification requirements should have only one salary structure above the staff level – the highest of the two salary structures that previously existed. However, the arbitrator decided against the union position that a number of professions should be recognized as having "staff level" positions (and therefore having higher level classifications for "Sole Charge", etc.). This included biostatistical analyst, bioinformatics technologist, cancer research technologist, genomics technologist, clinical perfusionist, psychometrist, and radiation therapist.

In his March 26, 2020 award, also relating to disputes arising from the terms of the 2019-2022 Classification Redesign Interim Agreement, but with respect to the design of the new classification system and its associated documents (classification profiles, Maintenance Agreement and Classification Manual), Arbitrator Kinzie decided five issues. He decided that the new classification system's Maintenance Agreement should contain a provision relating to placement on the salary increment step for employees in positions that have been reclassified upward that provides a minimum increase of 3.8%, as proposed by HEABC (the union had proposed a minimum increase of 4%). He also agreed with HEABC that the dual qualification wage premium provision in the new Classification Manual should be 3.8% (the union had proposed a premium of 4%). He decided that a provision in the new Classification Manual relating to the salary structures for supervisors should be "layered over" the wage rates of the employees supervised in the same profession to provide a differential of at least 3.8% above the salary structure of the subordinate positions supervised (again, the union had proposed a differential of 4%). He rejected the union proposal that the new Classification Manual should contain a provision for a 4% wage premium to supervisors with subordinates at two or more work sites.

In this award the arbitrator also decided in favour of the union that the definition of "Special Procedures/Techniques" in the then-existing collective agreement be expanded in the new Classification Manual to include clinical professions as well as the technological professions. However, he decided against the union proposal that the advanced working level P2A profile

classification description relating to “Special Procedures/Techniques” contain wording so that the classification could apply to all professional groupings and not just those listed in the P2A profile, and declined to make a recommendation on the Union’s proposal for a Classification Manual definition for an “assistant supervisor” and references to the work of assistant supervisors in the first three supervisory profiles (S1, S2 and S3).

In his April 1, 2021 award relating to disputes concerning the salary structures for the P2A, P2B, S1 and S2 classification profiles Arbitrator Kinzie decided that in the case of the P2B(S) Clinical/ Technical Specialist classification the salary structure should be the equivalent to Grade III and that there be only one salary structure for the rest of the P2B classifications equivalent to Grade IV as proposed by HEABC (the union had proposed the equivalent of Grade IV for the P2B(S) classification and three salary levels based on the departmental FTE for the rest of the P2B classifications). However, the arbitrator agreed with the union that both the P2A and P2B classification profiles and salary structures should also apply to jobs previously classified in the Industry Wide Miscellaneous Rates classifications.

The arbitrator also recommended that the compensation framework for the P2A level should be the equivalent of one salary grid level above the P1 profile classifications.

The arbitrator decided on structures for the first two levels of supervisory/leadership classifications defined by the S1 and S2 profiles that were radically different from what was proposed by both the unions and HEABC. The unions proposed that both S1 and S2 classified supervisors have five pay levels corresponding to the number of FTE supervised based on increments of 6 FTE, with salary differentials of 5% above the Grade II rates for S1, and for S2 supervisors a differential of 12% above Grade III at the first FTE level followed by differentials of 5% above that level. These proposals were advanced so as to minimize the number and amount of pay rate reductions caused by the transition to the new compressed four profile levels of supervisor.

HEABC proposed a radically different supervisory salary structure of just two levels for both S1 and S2 supervisors corresponding to up to 24 FTE supervised at the first level and more than 24 FTE supervised at the second level. Under this proposal there would have been significant and widespread pay rate reductions across many professions compared to their current rates for medium to high level supervisors.

The arbitrator decided that there should be four salary gradations or levels for both the S1 and S2 profile classifications corresponding to increments of 8 FTE supervised, and that the pay rate differentials within this structure should be a mixture of 4% and 8% above the new P1 profile base rate.

With respect to the compensation framework that the unions proposed for trainee and intern positions, Arbitrator Kinzie decided that this issue should be referred back to the parties for further consideration.

In his February 7, 2022 award Arbitrator Kinzie addressed disputes that arose from application of the Classification Redesign Interim Agreement, Appendix A(r) provision directing the identification of “anomalous” positions that are classified at a salary grid level that is inconsistent with other positions in the new consolidated Industry Wide Miscellaneous Rates schedule, and therefore required adjustment. On this issue the unions argued that pathologists’ assistants across the province and quality assurance technologists at the Genome Science Centre were anomalous. The arbitrator decided that the genomics technologist quality assurance/quality control classification and quality

assurance technologist position were not anomalous. With respect to the pathologists assistant position, he decided that it was anomalous, that it is a new profession separate from the medical

technologist profession, that it should be treated as its own profession, and that the calculation of the adjustment monies the position is entitled to under Appendix A(r) be referred back to the parties.

By early 2023 there were a significant number of outstanding disputes referred to mediator/arbitrator Julie Nichols for resolution. By April of that year almost all of the last outstanding issues were resolved through intense negotiation and mediation. During this period the salary structures for the four levels of supervisory classification, profiles S1, S2, S3 and S4, were agreed to and included an upward adjustment argued for by the unions to the S2 salary structure that Arbitrator Kinzie had recommended in his April 2021 award.

By April 2023 four outstanding issues had to be decided by Arbitrator Nichols:

a) whether the P2B(S) classification profile description for Clinical/Technical Specialist should be combined with the P2A classification profile for Special Procedures/Techniques – both with an agreed salary structure equivalent to Grade III (or the P1 rate + 3.8%);
b) whether there should be a single pay level or multiple pay levels for P2B(E), (I), (R) and (Q) classification profiles – HSPBA arguing for multiple pay levels based on departmental FTE to minimize the negative impact that a new salary structure will have on those professions with significant pay level differences for work at this level;
c) if a single salary structure is to apply to these P2B profiles, what should the differential be above the P1 salary structure – HSPBA arguing for a differential of 15.2% and HEABC arguing for a differential of 7.6%; and
d) whether there should be language in the new Classification Manual similar to that in the current collective agreement requiring each health science professional department to have one person designated as the "Lead Health Science Professional" (where the term "Chief" has been changed to "Lead").

With respect to the above issues:

a) the arbitrator awarded in favour of the unions' position that the P2B(S) classification should not be combined with the P2A classification;
b) with respect to whether there should be a single or multiple pay levels for different professions classified as P2B (other than P2B(S)) the arbitrator awarded in favour of the employers' position that there should be only one pay level;
c) with respect to what the salary structure differential above P1 should be for the single-rated P2B profiles, the arbitrator set the differential at 11.9%; and
d) the arbitrator awarded in favour of the HEABC position that there be no "Lead Health Science Professional" language in the Classification Manual.

In a supplementary award of July 10, 2023 (supplementary to his October 9, 2019 award summarized above relating to Industry Wide Miscellaneous Rates and memorandum professions that he found did not have a "Sole Charge" wage grid level above "staff level") Arbitrator Kinzie decided that by virtue of the Appendix 21.2 adjustment provisions of the 2022-25 collective agreement the cancer research positions of genomics technologist, bioinformatics technologist and cancer research technologist, along with radiation therapist were entitled to transition to their new full-scope working level professional classifications and their P1 rates at a "sole charge" level, thereby overriding his October 9, 2019 decision on this issue.

Under the 2022-2025 classification redesign completion and implementation agreement the matching of job descriptions to the new classification profiles by HEABC and its employers was to be completed by September 30, 2023, with any disputes arising from that process resolved through an expedited dispute resolution arbitration process by February 29, 2024. However, due to the large number of disputes that arose from the classification profile matching process, the February 2024 deadline for conclusion of the expedited dispute resolution process could not be achieved and the deadline for resolution of disputes was extended to May 10, 2024.

These preliminary steps prior to full and complete implementation of the new system and corresponding salary structures were completed by the prescribed 2023 and amended 2024 target dates. *[Note: While this is true for the vast majority of job description classification profile matches, there remained unresolved (as of January 2025) a number of union objections to the employer's matches for supervisory positions.]*

Finally, on August 9, 2024, HSPBA and HEABC entered into a Framework Agreement containing the details of how transition from the pre-existing classification provisions of the existing collective agreement to the new classification system would take place so that the new system would be in full force and effect by December 6, 2024. Included in this classification system transition agreement was a provision that the previously agreed to elements of the new system – the 18 Professional Groupings, Profiles, Maintenance Agreement and Classification Manual – would come into effect as of December 6, 2024, and that the new wage schedules for the new classification system would be retroactive to April 1, 2024. *[Note: Some employers undertook to fully implement the new system and its wage schedules prior to the December 6, 2024 deadline date. This was the case for Northern Health and Island Health that implemented on November 8, 2024, and Fraser Health and Interior Health that implemented on November 22, 2024.]*

11. The main elements and benefits of the new system

The main elements and benefits of the new profile-based classification system are:

- Inclusion of all Memorandum of Agreement classified positions for interim placement in the Industry Wide Miscellaneous Rates schedule, which means that the new system applies to every profession covered by the collective agreement.
- Provisions relating to the operation and maintenance of the classification system that have been scattered throughout previous collective agreements have been separated out, consolidated and expanded into a new Maintenance Agreement and Classification Manual that is part of the collective agreement.
- Job descriptions prepared by the employer for every job must be drafted in a standard format with prescribed content.
- Every health science profession is referenced in one of the new P1 classification profiles with a corresponding salary structure in the collective agreement wage schedules.
- Standardized P1 Working Professional profiles for all 18 professional groups of professions, with illustrative responsibilities taken from the duties and responsibilities commonly found in industry job descriptions.
- A provision in the classification Maintenance Agreement for a process to add new professions and/or new profiles to the system.
- Separate classification profiles for Advanced Working Professional level positions that are available to all professions.
- A provision in the classification Maintenance Agreement for adding new procedures/techniques to the list of established P2A profile Special Procedures/Techniques.

- Classification of jobs/positions through matching their job descriptions to a profile that provides the best fit in terms of comparability.
- Every health science profession now has the potential to be classified at all profile levels above the P1 Working Professional entry level (i.e. at the P2A, P2B, S1, S2, S3 and S4 levels) on the same basis, inclusive of the previously separately classified Industry Wide Miscellaneous Rates professions.
- A dual qualified employee in a position requiring qualification in more than one profession will receive the rate of pay applicable to the highest paid profession in which they are qualified and use in their work, plus a premium of 3.8%.
- Sixteen wage schedules for jobs within the P1 Working Professional profiled professions based on their pre-existing Grade II/Sole Charge/Working Without General Supervision/Student Supervision rates of pay, and constituting the reference base rates for consistent differential pay for all professions classified above P1.
- Within the 16 wage schedules, wage rates at each profile level for the 72 professions covered by the collective agreement.
- The elimination of inequalities in the old system with respect to classification pay levels and between professions.
- System documentation transparency.
- The Working Professional level wage structures for all professions reclassified to the P1 profiles increased by a minimum of 3.8% on top of the general wage increases contained in the 2022 – 2025 collective agreement. *[Note: Approximately 57% of bargaining unit FTE positions benefited from this.]*
- Wage structure increases for some higher-level jobs in some professions reclassified to the P2A, P2B, or S1 – S4 supervisory profiles. *[Note: Approximately 11% of bargaining unit FTE positions benefited from this.]*
- Wage rate protection (“green circling”) for incumbents in positions where the new salary structure for their new classification is less than their wage rate under the old system. This means that they continue to receive their current rate of pay plus all future general wage increases for as long as they remain in the same job.

[Note: Based on 2023 data, implementation of the new classification system and salary structures resulted in no change in the rates of pay for 24.4% of bargaining unit FTE positions and “green circling” of the rates of pay for 7.6% of bargaining unit FTE positions.]

12. The relationship between job classifications and pay rates in the new system

The salary levels and structure under the new system are based on the following:

The P1 Working Professional level rates of pay for every profession are based on their pre-existing Grade II/Sole Charge rates of pay as of April 1, 2024.

The salary levels and structures for all classifications above the P1 level are based on consistent differentials above their P1 salary structures, as provided below:

Working Professional Wage Rates

Classification Profile	Wage Rate
P1 Working Professional	P1 (previously Grade II/sole charge)
P2A Special Procedures/Techniques	P1 + 3.8%
P2B(S) Clinical/Technical Specialist	P1 + 3.8%
P2B(E), P2B(I), P2B(R) and P2B(Q)	P1 + 11.9%

Supervisory Wage Rates

Number of FTEs Supervised

Classification Profile	Up to 8	8+ to 16	16+ to 24	24+
S1	P1 + 4%	P1 + 12%	P1 +18%	P1 + 20%
S2	P1 + 8%	P1 + 16.5%	P1 + 21%	P1 + 26%
S3	P1 + 16.2%	P1 + 21%	P1 + 26%	P1 + 31%
S4	P1 +21%	P1 + 26%	P1 + 31%	P1 + 36%

13. Challenges that the new system presents as HSPBA prepares to negotiate new collective agreements in 2025 and beyond

Despite the tremendous overall system improvements made in how jobs are classified and paid under the new profile-based classification system, there remain a number of challenges, gaps and negative features that will need to be addressed during future rounds of collective bargaining, or through the application of provisions in the Classification Manual and Maintenance Agreement that will permit revisions to the system. Examples are:

- The differences in the salary structures for the advanced working level P2B classifications, especially the lack of a wage differential for P2B(S) classified jobs above P2A classified jobs.
- The need for more than one rate of pay for P2B jobs in recognition of there having been four pay levels in the old classification system for this type of job.
- The need for the pay level for the P2B(S) sub-profile classification to be the same as for the all other P2B sub-profile classifications.
- The need for separate classification profiles and different rates of pay for dispensing and clinical pharmacists, or the inclusion of clinical pharmacy in the P2A classification profile.
- The lack of reference to Supervisory/Leadership roles and responsibilities in the Supervisory profiles where there are no explicitly assigned FTE subordinate staff.
- The inadequate salary differentials for jobs classified under the S3 and S4 supervisory profiles.
- The need for additional levels of compensation for the supervision of very large FTE staff groups above 24 FTE.
- The salary structure and pay rate differentials for some Advanced Working Professional level positions.
- Additions to the scope of the P2A profile to include other professions required to perform currently recognized special procedures/techniques. This is provided for in the Maintenance Agreement where there is provision to jointly review the current list of special procedures/techniques with the purpose to determine if there should be additions to or deletions from the list, and that any dispute arising out of this process the matter will be referred to arbitration. *[Note: As of January 2025, HSPBA has identified 33 new Special Procedures/Techniques in 10*

professions that should be added to the P2A classification profile.]

- How to classify and compensate multi-profession jobs (jobs that can be performed by one of several professions).
- How to classify and compensate the supervision of multi-professional teams.
- Additions to the list of Qualification Differentials in the Classification Manual to give recognition to health science professionals who hold higher level educational credentials not currently listed, and to give recognition to health science professionals holding multiple P1 profile entry level credentials.

Published by Health Sciences Association of British Columbia
September 2025

The Health Sciences Association of BC (HSA) is a democratic union that represents more than 23,000 health science and social service professionals in over 250 acute and community settings across BC including hospitals, long-term care homes, child development centres, mental health programs, and community social service agencies.

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