

FEBRUARY 2013

Report to members on the proposed terms of settlement

HEALTH SCIENCE PROFESSIONALS
BARGAINING ASSOCIATION



HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

The HSA Board of Directors and your bargaining team believe the proposed terms of settlement represent the best deal that can be achieved.

We, therefore, recommend that you vote **YES** in favour of the proposed agreement.

For voting information, please check hsabc.org or contact your steward.

If you have any questions, call 604-439-0994, toll-free 1-800-663-6119 or email contract@hsabc.org.



Reid Johnson, President of HSA

Message from the President

ON BEHALF OF THE BOARD OF DIRECTORS OF the Health Sciences Association of BC, I am pleased to present this report on the tentative agreement reached between the Health Science Professionals Bargaining Association and Health Employers' Association of BC.

This proposed contract addresses a number of issues that will make a tangible difference to the health science professionals who are members of the modern health care team delivering quality public health care and services to British Columbians.

Every single element in this proposed contract was hard fought for – by your bargaining committee members who have been at it for almost a year; and by you, the members.

The government did not come to the table prepared to concede on anything and make improvements to a contract that has been under attack for a decade – that assault made possible by government's public sector bargaining philosophy to restrict the ability to negotiate freely. Instead, they sent employers to the table with a mandate to dig into the collective agreement and to strip away elements that have been earned by hard-working health science professionals.

Some highlights of the agreement include a 3 per cent general wage increase for all members, except pharmacists. While pharmacists do not receive the general wage increase, the union bargaining association successfully negotiated enshrining into the wage structure a previously temporary market adjustment

Every single element in this proposed contract was hard fought for – by your bargaining committee members who have been at it for almost a year; and by you, the members. The government did not come to the table prepared to concede on anything.

that government had planned to strip away even before bargaining got underway.

Important for so many members who work evening, night and weekend shifts is the increase in the shift premium, bringing the rates in line with other health care professionals. This improvement recognizes the sacrifices shift workers make to keep the health care system working when patients need it – even if it is the middle of the night. Similarly, union representatives have worked for several years to develop solutions to the challenges experienced by shift workers who are often called out in the middle of the night to answer call, and then forced to report for work without sufficient time off between their call-back and the start of their regular shift.

After two years of work on this issue, your bargaining committee successfully negotiated a change that will see members working on-call and on call-backs guaranteed sufficient rest time between call and shifts.

One area in which government was completely intransigent was the issue of Pharmacare tie-in, which restricts the formulary of prescription drugs covered by our carrier, Pacific Blue Cross, to drugs allowed under Pharmacare. This tie-in exists in the broader public sector, and was agreed to by the Facilities and Nurses' Bargaining Associations in the current bargaining round. It is also found in the CBA collective agreement. We bargained protections beyond those found in the other bargaining units. Your bargaining team managed to negotiate a three-month grace period for members to be able to work with their medical practitioners to transition to new drug regimens, or obtain special authority for coverage outside the Pharmacare formulary. Exceptions to the Pharmacare formulary were also negotiated for high-use prescriptions. And we have preserved the option for members to purchase brand-name drugs less the cost of the generic.

On the issue of including the Pharmacare tie-in, government was unmoveable, and it was on this issue that a legislated contract was threatened. But by negotiating the return of the BlueNet Card, a direct-pay card that allows members to pay direct at the pharmacy for prescriptions, instead of having to pay up front and submit receipts for reimbursement from Pacific Blue Cross, the committee secured an offsetting benefit that will help protect members income.

These are only a few of the highlights of the proposed collective agreement, and you can find more detailed information in this package, as well as the complete package of agreed-to language on the HSA website at hsabc.org.

In the coming days, ratification meetings will be held throughout the province. At smaller sites, members will receive a mail-in ballot along with this package. For information on meetings at your site, consult your HSA steward or the HSA website.

The Board of Directors unanimously supports the terms and conditions of the tentative agreement and urges HSA members to vote YES.

Reid Johnson
President



YOUR BARGAINING COMMITTEE (top, left to right): Julio Trujillo, Candis Johnson, Dawn Adamson, Jeanne Meyers, Reid Johnson, Cheryl Greenhalgh, Denise Sylvest. **(lower, left to right):** Brendan Shields, Kimball Finigan, Val Avery, Edith McHattie, Rick Lascelle.

Message from your Bargaining Committee

AFTER ALMOST A YEAR at the bargaining table, your HSA representatives on the HSPBA Bargaining Committee are pleased to report to you on the elements of the tentative collective agreement reached with the Health Employers Association of BC. The bargaining committee, made up of representatives from different health science professions around BC, unanimously recommended acceptance of the tentative agreement, and encourages you to vote YES.

Your committee entered this round of negotiations with direction from members that wages and protection of benefits were priorities.

Health science professionals have felt undervalued in the workplace, and your direction to us was to go to the table and demand the respect you deserve.

While we knew going into bargaining that government was not in a generous mood, we also had the strength of our members behind us to ensure government got the message loud and clear that health science professionals are critical members of the modern health care team British Columbians count on for their good health.

At the November 2011 Bargaining Proposal Conference, where members set the direction for their HSA bargaining committee,

We were finally able to achieve a number of improvements that address core issues for health science professionals – from ensuring quality care by addressing insufficient off-duty hours for members working on-call, and achieving fair shift premiums for those who work evening, night, and weekend shifts, to preventing the dismantling of the classification system, and ensuring members have a say in the design of your extended health benefit plan.

four general themes emerged:

- regain and maintain a competitive edge
- a modern system needs modern approaches
- quality care depends on quality delivery by quality people
- enhanced knowledge means enhanced health care

The underlying theme was one of respect. Respect for the work of health science professionals; and respect for the bargaining and labour relations process.

Your bargaining committee took your direction seriously.

In December, after months of collective bargaining discussions and progress on issues important to health science professionals, government challenged that respect and tabled a “last offer” that was clearly designed to provoke an escalation of pressure members had been exerting through limited job action (for more information please see December 14 bulletin detailing government’s offer at hsabc.org). We maintained our respect for the process and stepped away from active bargaining to consult members about next steps. We launched an online survey, which members quickly responded to. While the survey was underway, mediator Vince Ready continued to facilitate discussions between the two parties, and it became clear that your resolve and the measured response at the bargaining table to the December provocation combined to change the government’s confrontational approach to bargaining with health science professionals, and constructive discussions resumed in the new year.

Over the course of two weeks, we were finally able to achieve a number of improvements that address core issues for health science professionals – from ensuring quality care by addressing insufficient off-duty hours for members working on-call, and achieving fair shift premiums for those who work evening, night, and weekend shifts, to preventing the dismantling of the classification system, and ensuring members have a say in the design of your extended health benefit plan.

This report explains the highlights of the tentative agreement and details all the changes proposed for the collective agreement.

In addition, the detailed language is available on the HSA website at hsabc.org. For your information, the individual contract changes are subject to amendments based on items agreed to in the latter stages of bargaining. (For example, references to statutory vacation hours of 7.2 for one day will be amended to reflect the agreement to move to a 7.5 hour day.)

As chair of the bargaining committee, I want to extend my thanks to your HSA representatives on the committee: Kimball Finigan and Brendan Shields (HSA Board of Directors) Cheryl Greenhalgh, (Royal Columbian Hospital); Edith McHattie (Fraser Valley Child Development Centre) Denise Sylvest (Castlegar and District Hospital) for their commitment to the members, their thoughtfulness, professionalism, and creativity to finding solutions to long-standing issues for members who work every day to ensure British Columbians receive the best services and care. Thanks, also, to our alternates Candis Johnson (Child Development Centre of Prince George) and Rick Lascelle (Ridge Meadows Hospital) , who were ready to step in at any time.

Thanks too, to the representatives from the other unions in the bargaining association – BCGEU, CUPE, PEA and HEU – for being strong and positive advocates for their members.

And on behalf of the entire committee, I extend thanks and appreciation to the staff team headed by our chief negotiator Jeanne Meyers. Their commitment to the members; their understanding of the collective agreement and how it affects members; and their ability to work through difficult impasses with a government bargaining mandate that from the outset seemed insurmountable is exceptional.

*Val Avery
HSA Vice President,
and chair of the HSPBA Bargaining Committee.*

Highlights of the proposed 2012-2014 HSPBA agreement

WAGES

Members' priority in this round of bargaining was to achieve a fair and reasonable wage increase. While the restrictive bargaining mandate imposed by government limited the ability to negotiate wage increases for health care workers, the tentative agreement includes a general wage increase for all health science professionals totaling 3% by April 1, 2013.

The first increase of 2% is effective the first pay period after ratification of the agreement, and the second increase of 1% is effective on the first pay period after April 1, 2013.

The general wage increase does not apply to pharmacists. Instead, the bargaining association successfully protected and enshrined a market adjustment that has seen pharmacists paid between 9 and 14% above the base wage rate. The market adjustment rate is now a permanent feature of the pharmacist wage rate and cannot be taken away. This is an important protection for pharmacists who were, at the beginning of 2012, threatened with wage roll back of 9-14% when government unilaterally decided the market adjustment would be eliminated.

WAGES – SHIFT PREMIUM

For many members who work evening, night and weekend shifts, an important feature of the tentative collective agreement is an improvement to the shift premium, bringing health science professionals in line with the other health care professionals. The new shift premium rates will be \$3.50 per hour for nights, and \$2.00 per hour for weekends. The changes to the shift premium rates come into effect January 1, 2014.

WAGES – 37.5- HOUR WORK WEEK.

Bringing health science professionals' work week in line with the rest of the health care team, the tentative agreement proposes a change in the work week from 36 hours to 37.5 hours, with the normal daily shift increasing from 7.2 hours to 7.5 hours. The increase in hours is paid, which translates into a 4.2% annual increase in take-home pay, on top of to the 3% general wage increase.

BENEFITS – PHARMACARE TIE-IN

The government's priority in this round of bargaining was a change in the drug formulary, tying

prescription drug coverage to the Pharmacare-allowed formulary of prescription drugs. The Pharmacare tie-in is a feature of many public sector collective agreements, including the Nurses and Facilities Bargaining Association – both being introduced this year.

As part of the tentative agreement, the union insisted that a direct-pay card, or the “BlueNet Card” be introduced for all members of the HSPBA. The BlueNet Card allows direct-pay at the pharmacy for eligible prescriptions, instead of the current system of paying for prescriptions up front, and submitting receipts for reimbursement.

The change to the Pharmacare-approved formulary may mean some changes for some HSA members’ drug regimens, as the approved Pharmacare formulary is not identical to the current list of drugs covered. The tentative agreement includes provisions for a 90-day grace period after the May 1, 2013 change in order that members may consult with their physicians and pharmacists to make arrangements either for Special Authorization to allow coverage, or to make suitable changes. The committee negotiated some exceptions, even though the Pharmacare formulary does not cover those drugs: specifically, Prometrium and oral and injectable contraceptives will continue to be covered.

Members should alert their physicians to the change in extended benefits coverage as it relates to prescription drug coverage as soon as possible in order that they are able to make as smooth a transition as possible.

BENEFITS – JOINT BENEFITS REVIEW COMMITTEE

The government began negotiations with a clear agenda to dramatically reduce extended health benefits or increase benefit premiums to be paid by members. The tentative agreement includes a proposal to establish a joint benefits review committee, which includes representation from the union and from the employer. The committee will consider wellness programs that reduce the burden on costly benefits, as well as plans that offer maximum choice to members, with the long-term sustainability of the plan being the driving objective. Deadline for the committee to make recommendations for implementation by December 31, 2013.

PROFESSIONAL DEVELOPMENT

The proposed agreement includes a \$225,000 fund administered by the Health Science Professionals bargaining association to support professional development of members. The fund has been well-subscribed in the past, and renews a commitment to providing opportunities for career development among members.

In addition to the fund, the definition of education under the contract language has been expanded to allow members to access employer-funded education for development that is not restricted to the member’s current job, but to overall career development.

ENHANCED DISABILITY MANAGEMENT PROGRAM

A growing area of concern for health science professionals, and a growing area of activity for stew-

ards and labour relations advocates is in disability management and providing accommodations for members who are restricted by injury or illness in the way they can pursue their professions.

The proposed agreement provides for \$408,000 for the HSPBA to provide disability management representatives to support the Enhanced Disability Management Program, which is designed to improve the experience of members who have been injured or ill, and are able to return to work in different capacities.

A feature of a union proposal tabled in bargaining was a comprehensive wellness strategy, and it is anticipated that elements of that strategy will be incorporated going forward.

QUALITY OF CARE FOR PATIENTS AND HEALTH SCIENCE PROFESSIONALS – CALL-BACKS AND ON-CALL

A long-standing concern for health science professionals has been the effect of insufficient hours off between shifts as a result of on-call or call-back duties.

After months of consultation arising from the previous collective agreement, the union bargaining association is pleased the tentative agreement addresses the issue with a proposal that health science professionals get sufficient time off to ensure they are well rested and able to perform their jobs optimally. The proposal includes an increase from a total of six to eight consecutive hours off between 10 pm and the start of the employee's next shift.

In addition to the increase in guaranteed time off between call duties and regular shifts, the tentative agreement provides for a commitment to developing and following consistent standards for appropriate use of on-call and call-backs – limiting the use of call-backs only for patients requiring emergent or urgent care.

Health science professionals who believe a pattern of recurring incidents of unwarranted call-back occur will have the opportunity to report incidents without reprisal. This important change recognizes the value health science professionals bring to the health care team, and is expected to result in significant savings as a result of a reduction in unnecessary tests.

MODERNIZING THE CLASSIFICATION SYSTEM

Intensive work done by the union bargaining association in keeping with commitments made under the 2010-2012 collective agreement was frustrated by the failure of HEABC to keep up its end of the agreement. This failure was recognized in an arbitration decision and interim order in September 2012, and employers were ordered to cease and desist applying interim measures that were a detriment to HSA members.

Under the terms of the proposed agreement, the interim order remains in place, protecting the integrity of the current classification system, and a Classification Redesign Committee is struck to continue to pursue a redesigned classification system that supports and promotes the role of health science professionals. A facilitator is agreed to in order to assist in developing joint recommendations, and the facilitator, John Kinzie, may provide written non-binding recommendations to resolve differences.

VIOLENCE PREVENTION AND RESPECTFUL WORKPLACES

Health science professionals should not go to work worried about being assaulted at work. The tentative agreement includes amendments to the collective agreement to ensure employers take violence prevention seriously, including providing violence prevention training and critical incident stress debriefing for staff who experience violence at work.

The No Harassment language in the collective agreement is also strengthened with the inclusion of an agreement that all employees have the right to work in an environment free from personal harassment, and employers must publish a clear policy for promoting and maintaining respectful workplaces.

MEMBER REPRESENTATION

The proposed contract includes new language for arbitration, expedited arbitration, and fast-track arbitration to ensure effective, fair and expeditious representation for members.

A feature of the tentative agreement addresses a relatively new issue affecting representation of members. For the past several months, HSA chapters in Lower Mainland consolidated certifications have been frustrated by a decision of employers to choose to recognize only certain union stewards in labour-management issues. With the consolidation of departments, health science professionals' direct employers changed, making labour-management relations difficult. For example, if a member who works in a certain department at Surrey Memorial Hospital, is technically an employee of Vancouver Coastal Health, the employer would not recognize a union steward as an advocate for that employee if she was not also an employee of Vancouver Coastal Health. This has resulted in challenges ensuring steward representation for members, as well as had an impact on costs and care services, as stewards would have to take time off work, and travel to ensure members received the representation they are entitled to.

This issue has resulted in challenges ensuring steward representation for members at meetings, and was a priority for bargaining.

Under the tentative agreement, a committee will be struck to address the issue, with the assistance of mediator Vince Ready. If agreement is not reached by March 31, 2013, Mediator Ready will render a binding decision consistent with the principals of achieving an efficient method of steward representation; respecting unions' rights and obligations of member representation, and consistent with legislative and labour relations principles.

In addition, the tentative agreement includes language that guarantees stewards must be made available by the employer to participate in new staff orientations.

A complete summary of the proposed changes

1) Term of the agreement

- April 1, 2012 to March 31, 2014

2) Monetary

- General wage increase for all employees (except pharmacists)
 - » Effective first pay period after ratification – 2%
 - » Effective first pay period after April 1, 2013 – 1%
- The temporary market adjustment rates for pharmacists will become permanent

3) Definition of employee status and Benefit Entitlement (Article 3)

- Agree to increase the percentage that casual employees receive in lieu of vacation and statutory holiday to reflect the additional statutory holiday, Family Day

4) Union stewards (Article 5.09)

- The parties agree to include language regarding providing new employees with steward information during group orientation.

5) Arbitration (Article 8)

- The parties agree to new language for arbitration, expedited arbitration, and fast-track arbitration

6) Education Leave (Article 17)

- Widens the ability for employees to take courses that will generally assist them in pursuing employment opportunities broader than those directly related to their current job (for example, courses in management)

7) Maternity and Parental leave (Article 18)

- Amendments make language gender neutral and extend its application to same sex parents, making it more inclusive of different types of familial structures.

8) Special Leave Application (Article 20.02)

- Amendment makes language gender neutral and extends its application to same sex parents, making it more inclusive of different types of familial structures.

9) Leave – Statutory Holidays (Article 21)

- Adds Family Day

10) Leave – Vacation (Article 23.11)

- Allows for carry-over of vacation leave.

11) 37.5 Hour Work Week (Article 24.01 and Transition Memorandum of Understanding)

- Implementation of a 37.5 hour work week, and details about transition. Northern Health Authority will implement no later than November 1, 2013, while the remaining Health Authorities will implement later than September 1, 2013.

12) Meal Period (Article 24.05)

- Amend the language to provide for thirty (30) minutes straight time pay when designated to be available to work during a meal period.

13) Transportation Allowance and Travel Expenses (Article 26)

- Increase mileage rate to .52 per kilometer, effect first pay period following April 1, 2013.

14) Shift premiums (Article 27.01)

- Night shift premium rises to \$3.50 per hour from \$1.75 hour effective January 1, 2014.
- Weekend shift premium rises to \$2 per hour from \$1 per hour effective January 1, 2014
- Shift premiums are payable on overtime shifts.

15) Call-back definition (Article 28.03 and Article 28.06)

- Amends definition of call-back and on-call, and should be read jointly with Letter of Understanding improving quality and safety through the appropriate use of on-call and call-backs.
- Expands number of guaranteed consecutive hours off between 10 p.m. and the start of an employee's next shift from six to eight hours.

16) Portability of Benefits (Article 29)

- Improvement in language on portability of benefits

17) Extended Health Care Coverage (Article 34.02)

- Include Pharmacare tie-in with BlueNet Card and with the addition of coverage for Pro-metrium and standard oral contraceptives and injectables, and a ninety-day grace period for maintenance pharmaceuticals. Employees will continue to have the option to pay the difference between generic covered drugs and the brand name equivalent.
- Change effective May 1, 2013

18) Safety and Occupational Health (Article 38)

- New language requiring employers to provide employees with violence prevention training and to amend the language to provide all employees with access to critical incident stress debriefing.

19) No Harassment (Article 39)

- New language promoting work environments free from personal harassment and requiring employers to develop policies to maintain harassment-free environments

20) Letter of Understanding Re: Early Retirement Incentive Benefit (ERIB)

- Agreement to enhance and support efforts to increase the uptake of ERIB by eligible employees, includes continued access to group benefits and dental coverage.

21) Letter of Understanding Improving Quality and Safety through the Appropriate Use of On-call and Call-Backs

- New language on appropriate use of on-call and call-backs

22) Memorandum of Understanding Extension Re: Requirement to Join and Maintain Membership in Professional Bodies as a Condition of Employment

- Memorandum is renewed

23) Memorandum of Understanding Re: Early Accommodation Measures for Employees

- Agreement on a memorandum changing how “own occupation” is applied to encourage development of appropriate accommodations earlier in the process than is currently the practice.

24) Memorandum of Understanding RE: Classification Redesign Committee

- Establishes a committee to assist with the redesign of the classification system, and upholds the interim order of September 2012.

25) Memorandum of Understanding Re: Multi-Employer Steward Committee

- Establishes a committee to address the issue of multi-employer stewards.

26) Memorandum of Understanding Re: Join Benefits Review Committee

- Establishes a committee to review current benefit plans and provide recommendations for redesigned benefits in order to achieve savings

27) EDMP Stewards

- Agreement that employers will contribute \$408,000 annually for the creation of disability management representatives to support the Enhanced Disability Management Program (EDMP). This will extinguish the obligation to allocate 25 per cent of cost savings from the EDMP to improved disability management pursuant to the EDMP Memorandum of Agreement.
- Funding effective April 1, 2013

28) Letter of Agreement Re: Professional Development Fund

- Agreement for a \$225,000 Professional Development Fund to be established payable for the period April 1, 2013 to March 31, 2014, with the fund to be administered by the union bargaining association.

29) Housekeeping Changes

- Agreement to housekeeping changes in:
 - » Retention of Seniority and Benefits on Lay-Off (Article 10.06)
 - » Lay-Off (Article 10.07)
 - » Leave – Compassionate (Article 15)
 - » Leave – Sick – Accumulation (Article 19.01)
 - » Leave – Sick – Specialist Appointments
 - » Industry Wide Miscellaneous Rates – SPO 15+5 per cent



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

HSA's Board of Directors is elected by members to run HSA between Annual Conventions. Members should feel free to contact them with any concerns.

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(from left) Reid Johnson, Janice Morrison, Marg Beddis, Brendan Shields, Anita Bardal, Kimball Finigan, Anne Davis, Val Avery, Heather Sapergia, Allen Peters, Bruce MacDonald

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