HEALTH SCIENCES ASSOCIATION
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HSA
BULLETIN

Modernizing the classification system

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HSPBAS CLASSIFICATION SYSTEM WAS FIRST DESIGNED SOME 40 YEARS AGO.

TODAY, MANY EMPLOYEES AND EMPLOYERS HAVE DIFFICULTY WITH A SYSTEM DESIGNED FOR A SMALLER AND LESS COMPLEX BARGAINING UNIT.

DELEGATES TO THE NOVEMBER BARGAINING PROPOSAL CONFERENCE DIRECTED HSA TO MODERNIZE THE CLASSIFICATION SYSTEM IN CURRENT CONTRACT NEGOTIATIONS.

THAT WORK HAS NOW BEGUN.

THIS IS THE FIRST OF A SERIES OF ARTICLES MEANT TO KEEP YOU UPDATED ON MATTERS RELATED TO THIS KEY BARGAINING GOAL.

HSAS FIRST COLLECTIVE AGREEMENT IN 1971 covered just nine paramedical professional disciplines in two Lower Mainland hospitals. Since that time, the disciplines and job classifications covered by the HSPBA collective agreement have grown to many times the original number.

This has resulted in a complex and confusing classification system which leaves members at risk of being improperly compensated at the wrong rate of pay. The HSPBA has placed a high priority in the current contract negotiations on modernizing the system to ensure all members understand their rights under the collective agreement, including the rate of pay to which they are entitled.

There are many reasons for the increase in size and complexity: the expanded geographic scope of HSAs bargaining authority; the transfer of discipline groups from other unions; the development of new technologies; the restructuring of healthcare service delivery and administration in the 1990s; subsequent restructuring of health care labour relations and consolidation of union representation; and the organization and representation of new disciplines among health science professionls.

Since the 1970s there have been some collective agreement changes to incorporate the expanded classification criteria for the 16 job families, the Operating Instructions Miscellaneous Provisions, the Baccalaureate Note, the Wage Schedule grid level table, the pay equity grid level adjustments, and market adjusted wage rates for some disciplines.

But, throughout these many years and many changes, the fundamental features of the classification system itself have remained unchanged. Currently the collective agreement covers the following distinct classification groupings:

- 24 Core Disciplines in 16 Job Families (Dietitians to Speech Language Pathologists)
- 93 Classifications in 22 Industry-Wide Miscellaneous Rated Disciplines

- 223+ Memoranda of Agreement
- Early Childhood Educators/Supported Childcare Consultants
- Radiation Therapists
- BCCA Cancer Research/Genomics/Bioinformatics Technologists
- Perfusionists

Only the first two groups of classifications listed above are directly referenced in the collective agreement. Members who hold positions in the other disciplines will not find their specific classification in the body of the collective agreement, and that leaves them feeling invisible.

There are other areas for improvement. While most job families have six classification grade levels, some have three or five grade levels. Some disciplines listed in the Industry-Wide Miscellaneous Rates have one grid level and others have up to seven levels. In the absence of appropriate classifications in either of these two categories, memoranda are negotiated. For example, memoranda exist for positions created outside of a facility-based department model.

In addition, although the collective agreements Wage Schedule contains 20 Grid Levels (Grid Levels 2 to 21), there are actually a total of 43 different wage levels covering all of the above classification groupings.

Its no wonder many members, and their employers, have great difficulty determining the appropriate classification and rate of pay on the basis of what is, or is not, in the collective agreement. This is a serious problem; compensation rights and obligations must be clear.

Its been apparent for some time that the classification system and structures contained in the collective agreement no longer identify common standards and criteria for the evaluation and classification of bargaining unit work. The system was designed some 40 years ago, modified from time to time, and now requires modernization.

PRINCIPLE OF EQUITY

Disciplines covered by job family language typically have provisions for student instruction, additional procedures, working without general supervision, shift responsibility, clinical specialty/special procedures, teaching, computer program responsibility, research and development, regional responsibility, section responsibility, supervisory responsibility and a Chief Health Science Professional.

In contrast, disciplines covered by the Industry- Wide Miscellaneous Rates or separate memoranda may have some of these provisions, but none have all of these provisions. The reason for every inequity is rooted in negotiations or bargaining history. HEABC has long resisted creating new job families with comprehensive classification provisions.

For example, the Respiratory Therapist job family lists 34 classification criteria; the Industry-Wide Miscellaneous Rates listing for Child Life Specialist has two grid levels. This comparison is illustrative of the systemic inequity found in the current system.

There needs to be a more equitable system of classification and compensation, built upon applying common classification standards and criteria to all disciplines. Our objective is to have all jobs classified according to one set of rules.

ADEQUACY OF CLASSIFICATION CRITERIA

There is a need to improve certain classification criteria. For example, to qualify for a Grade III -regional service" classification, a member must demonstrate that she/ he provides an off-site service to other agencies/facilities under a service contract. Since this criterion was originally negotiated, the restructuring of health care administration and employment relations has rendered it virtually inapplicable and therefore possibly redundant.

We need to better define, update and broaden the application of classification criteria so that they are more relevant and applicable to all disciplines.

A MODERNIZED APPROACH TO CLASSIFICATIONS

A modernized classification system should contemplate a range of health care delivery models, whether that be department-based, program managed, multi-site, Health Authority-wide, geographic consolidation, or any other model.

The parties should be able to classify and place all jobs on the wage schedule using a modernized classification system.

Standard descriptions could be created to define the scope of work, standard duties and responsibilities, and qualification requirements for every discipline at the entry level and above. In so doing, the parties could compare changes in the workplace to the agreed-upon profiles and determine whether a corresponding change in compensation is warranted.

THE NEXT STEPS

The HSPBA has been at the bargaining table since March 17, where proposals on principles and procedures to modernize the Classification System have been exchanged and are under on-going discussion. The HSPBA is seeking improvements to the system, but will also propose wage protection, should any position warrant it becauseof changes agreed during bargaining. In due course, any changes to the classification system agreed at the bargaining table will be subject to voting as part of the ratification process for the 2010 Provincial Agreement.

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