

JANUARY 2011

# 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](https://hsabc.org) or contact your steward.

If you have any questions, call 604-439-0994, toll-free 1-800-663-2017 or email [contract@hsabc.org](mailto:contract@hsabc.org).



**YOUR BOARD OF DIRECTORS (left to right):** Marg Beddis, Janice Morrison, Reid Johnson, Bruce MacDonald, Anita Bardal, Joan Magee, Suzanne Bennett, Brendan Shields, Heather Sapergia, Val Avery, Kimball Finigan.

## Message from the Board of Directors

**ON BEHALF OF HSA'S BOARD OF DIRECTORS,** I present to you the details of the tentative agreement reached for health science professionals covered by the Health Science Professionals Bargaining Association collective agreement.

Your Board of Directors is recommending that you support your bargaining committee and vote yes to accept the tentative agreement.

After almost two years of bargaining, we are pleased to have a tentative agreement that reflects the changing face and an increased acknowledgement of the importance of health science professionals as

members of the modern health care team. And we are pleased to be able to present a proposal that stretches the limits of the strict government guidelines mandating 'net zero' compensation in public sector collective agreements.

In a very difficult bargaining climate, your bargaining committee has achieved practical and pragmatic contract enhancements that look to the future.

At a bargaining proposal conference in November 2009 attended by representatives elected at local meetings, delegates identified a number of priorities. The key element in all these priorities was the pro-

In a very difficult bargaining climate, your bargaining committee has achieved practical and pragmatic contract enhancements that look to the future. The agreement:

- protects wages and jobs in a changing health care system
- provides significant enhancements to extended health care benefits
- establishes a professional development fund

tection of and improvement to the delivery of public health care in BC.

In addition to the delegated conference, the union heard from members by conducting two independent professional surveys. The first was done in the fall of 2009, and the second in the fall of 2010. Consistently, members told us that professional development, recognition of your unique skills and services, and the importance of your perspective in developing a more efficient and sustainable health care system are important to you.

Working within strict government-imposed public sector compensation guidelines, your bargaining team has achieved important milestones in this collective agreement that will serve HSA members well into the future.

The agreement protects wages and jobs in a changing health care system, while providing significant enhancements to extended health care benefits,

including increases in vision care and the removal of restrictions to dental care. A professional development fund is also established. To allow these improvements, the tentative agreement freezes accrual of vacation allotment for one year, delaying the addition of a vacation day by one year. Details of the benefits enhancements are provided in this booklet.

An important element of this agreement is the establishment of focused working committees tasked with developing solutions to long-standing issues affecting health science professionals – from an outdated classification system to the negative effects of insufficient off-duty hours for members who deliver services on an on-call and call-back basis. In addition to working groups with timelines to develop workable solutions to these issues in time for bargaining the next agreement in 2012, the agreement includes a commitment to the establishment of a Joint Strategic Partnership Committee that brings together key representatives from the HSPBA, Ministry of Health and health authorities to give a voice to health science profession-

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als in the development of system-wide improvements and sustainability in the health care system.

The past two years of bargaining have been a challenge. Before the last provincial election, in 2009, HSA negotiators went to the table to see if they could negotiate a renewal to the collective agreement that was to expire in March 2010. Time was of the essence, the renewal was aimed at specific elements of the collective agreement, and it was being negotiated in a highly political environment. The parties were close to a deal that would have served the needs of employers, the HE-ABC, and the unions, but the agreement was nixed by the Liberal government.

It became clear that in order to make gains at the bargaining table, HSA had to assess its bargaining power in a politically-charged environment in order to demand interest among the political decision makers.

In 2010, HSA launched the most ambitious advertising campaign in its history, focusing on the need to demonstrate the importance of each and every highly skilled health science professional responsible for the diagnosis, treatment and rehabilitation of patients. Our radio and television campaigns were the beginning

of a commitment to a long-term program to enhance HSA members' profiles to the level equal to your importance in the modern health care team.

Combined with the foundations laid in this tentative agreement, HSA is well poised to take a strong position on behalf of you, our members, into the coming years of challenges in health care.

On behalf of the Board of Directors, I thank the bargaining committee for their commitment to the priorities of members who called for the protection of jobs and recognition of their role in a modern health care system, and urge you to vote yes at the upcoming ratification vote meetings.

*Reid Johnson,  
on behalf of the Board of Directors.*

*Suzanne Bennett  
Val Avery  
Bruce MacDonald  
Brendan Shields  
Kimball Finigan  
Anita Bardal  
Marg Beddis  
Joan Magee  
Janice Morrison  
Heather Sapergia*





**YOUR BARGAINING COMMITTEE (left to right): Reid Johnson, Darwin Wren, Miriam Martin (former), Aaron Wilson, Kimball Finigan, Cheryl Greenhalgh, Val Avery, John Christopherson, Maureen Headley, Joan Magee, Dawn Adamson.**

## Message from the Bargaining Committee

**IN NOVEMBER 2009**, the HSA health science professionals bargaining proposal conference set a number of objectives for bargaining a new collective agreement. Working with that mandate, your bargaining committee entered into negotiations with the Health Employers Association of BC.

Delegates sent the bargaining committee to the table with the following priorities: wage increase; improved benefits; protection of quality health care; strengthening of job security; modernization of the classification system

Under guidelines imposed by the provincial government, forbidding any cost increases as a result of collective bargaining, your bargaining committee understood it would be a difficult set of negotiations which would call for creative solutions to meet objectives set by the membership. The mandate demanded that any improvements to the collective agreement would have to be cost neutral, or “net zero” in each year of the collective agreement period. All public sector contracts negotiated in 2010 for 2010 – 2012 have been restricted to the same guidelines. No union has been successful in negotiating

In this difficult climate, the committee is confident in presenting you the details of a tentative agreement that addresses important priorities and lays a solid foundation for the future in a changing health care system.

new money for wage increases under this mandate.

The committee, with consultation with the membership that included the Bargaining Proposal Conference, professional surveys, regional meetings and chapter meetings attended by President Reid Johnson throughout 2009 and 2010, considered the priorities for HSA health science professionals and the changing face of health care delivery in the future. While wage increases are always a priority, HSA members told us that job security, benefits, opportunities for professional development, and recognition of the specialized skills and contributions of health science professionals to the health care team should not be sacrificed for wage increases.

In this difficult climate, the committee is confident that it is presenting you a tentative agreement that addresses important priorities and lays a solid foundation for the future in a changing health care system. This tentative agreement is set to expire in March 2012, and includes a number of projects that will require immediate work to lay the groundwork

to continue to make the improvements needed to modernize and protect the delivery of quality public health care services in British Columbia.

The agreement recognizes that it's time to modernize the delivery of health care, and that health science professionals, as the "modern" in modern medicine, have an increasingly critical role to play in our changing health care system.

*Jeanne Meyers and Maureen Headley, Chief Negotiators, on behalf of the bargaining committee.*

*Val Avery  
John Christopherson  
Kimball Finigan  
Cheryl Greenhalgh  
Joan Magee  
Aaron Wilson  
Darwin Wren  
Dawn Adamson, staff  
Jessica Bowering, staff*

# Details of changes to the collective agreement

## **TERM OF THE AGREEMENT**

- Two-year agreement: April 1, 2010 to March 31, 2012.
- All provisions of this agreement, except as otherwise specified, shall come into full force and effect 30 days following ratification.

## **JOINT STRATEGIC PARTNERSHIP COMMITTEE**

This committee will bring together key representatives from the HSPBA, Ministry of Health, Health Authorities, and HEABC to discuss system-wide improvements and sustainability across the health care system.

This high level committee will use a collaborative approach and will focus on initiatives and opportunities that support health sector strategies, to maximize health human resources, improve system quality, productivity, safety, and service delivery.

## **RECRUITMENT AND RETENTION**

These initiatives help to attract people to health science professional disciplines, and encourage professional development to develop more opportunities for health science professionals to take on leadership positions within BC's public health sector.

- **Letter of Agreement Re: Professional Development Fund. New language**
  - A \$450,000 Professional Development Fund will be established for use by HSPBA members.

*Administration of the fund will be determined by the two parties (HSPBA and HEABC.) The parties will meet within 60 days following ratification to develop priorities and terms of reference.*

- **Article 6.05. New language**
  - The parties agree to permit employees who are seconded to temporary non-con-

tract positions or positions in another bargaining unit to accumulate seniority and service. Employees who are on an approved leave of absence to pursue advanced education/instructor positions are able to accumulate seniority.

*This provision supports health science professionals who take temporary positions outside the bargaining unit to develop leadership and management skills.*

#### **IMPROVED BENEFIT PACKAGE/ENHANCED QUALITY OF WORK LIFE**

Initiatives aimed at maximizing the value of the benefit package to meet the differing needs of the membership, and to address workload, scheduling, leaves of absence and other healthy workplace improvements.

- **Wages**
  - No change in wage schedule.
  
- **Article 34 - Health and Wellness Coverage. Revised language**
  - Vision care coverage will be increased to \$350 from \$225. Removes the deductible, effectively increasing coverage from \$180 to \$350 every two years.
  - Removal of dual dental restriction.
  - Addition of psychologist services, including registered clinical counselors and registered psychologists, to maximum of \$900 per year.
  - Addition of contraceptive coverage including standard oral contraceptives and injectables.
  - Increase in podiatrist services from \$200 to \$400 a year .
  - Orthotics improvements: changes in conditions will be covered once every five years.
  - The benefit plan changes come into effect January 1, 2012.
  
- **Memorandum of Agreement Re: Benefits Joint Working Group**
  - The parties agree to establish a Benefits Joint Working Group within 60 days of ratification to review the terms of the extended health and dental benefit plans with a focus on identifying benefit plan changes that will maximize the value of benefits while reducing benefit costs. The Working Group will explore a wide range of alternatives such as plan redesign, gain sharing opportunities, methods for reducing use and carrier alternatives.
  - The working group will submit a final report outlining recommendations by September 30, 2011.
  
- **Memorandum of Agreement Re: Enhanced Disability Management Program. New language**
  - The parties recognize that the personal and financial costs associated with absenc-

es from work as a result of illness or injury has an adverse impact on the lives of individuals and the delivery of health care services. The parties are committed to implementing a comprehensive, seamless, cost-effective system for providing early intervention, long-term disability and return to work programs.

- **Article 20 - Special Leave. Revised language**

- Employees will be able to receive special leave to provide care to an immediate family member who has a serious illness. Leave will no longer be restricted to caring for a spouse or child residing with the employee when no one else in the home is available to provide alternative care.
- Reduces the maximum special leave credits to 144 hours from 180, but expands the eligibility to actually use those credits.

*This significant improvement to special leave language reduces the need to use vacation days for the purposes of providing care to family members that, under the current restrictive definition of family member under special leave provisions, is difficult to access.*

- **Memorandum of Understanding – Insufficient off-duty Hours Working Group**

- The parties agree to establish an Insufficient Off-Duty Hours Working Group to review practices and provide recommendations to reduce the need for overtime and call back. The working group will report back by September 30, 2011.
- The working group will consider solutions including but not limited to:
  - » Additional shifts to reduce the need for call-backs
  - » Protocols and guidelines for the use of call
  - » Appropriate and flexible scheduling options, and
  - » Pilot projects to trial possible solutions

*This working group is a concerted effort by both parties to finally find creative and effective solutions to the quality of life issues, including health and safety concerns, related to call. The union will be drawing on the experiences of members to develop proposals to address the issue.*

*Taken together, these improvements bring the HSPBA benefit package to the level of the Nurses Bargaining Association benefits package, and address members' calls for improved and expanded benefits. In order to address the costs associated with these expanded benefits, the tentative agreement includes an agreement to suspend additional vacation accrual entitlement for one year. That is between July 1, 2010 and June 30, 2011 the accrual of an extra vacation day will be frozen, delaying by one year the accrual of maximum vacation entitlement.*

- **Article 23 – Leave – Vacation. Revised language**

- Regular employees will be entitled to a paid vacation away from work, when the

qualifying year(s) of service are attained before July 1 as follows:

- » Years 1 –5: 144 work hours (four weeks)
- » 151.2 work hours after 6 years of continuous service
- » 158.4 work hours after 7 years of continuous service
- » Etc. (one additional day) for every year of continuous service to a maximum of 324 work hours (nine weeks) after 30 years of continuous service

## **JOB SECURITY AND SENIORITY**

These improvements serve to protect and enhance members' entitlements, particularly in response to consolidation/integration and other restructurings of service delivery.

- **Memorandum of Understanding re: Seniority Consolidation and Merger of Certifications. New language**
  - Each Health Authority/Providence Health Care will create and maintain one merged dovetailed seniority list covering all members of the HSPBA employed within the Health Authority/Providence Health Care.
  - The consolidation of seniority lists will be completed no later than December 24, 2011 and will be implemented the following pay period.
  - Key elements of the memorandum: (the full memorandum is available on the HSA website at [hsabc.org](http://hsabc.org))

### Status:

- » Each employee restricted to one status: regular full-time, regular part-time, or casual.
- » Regular and casual employees may register to work in more than one site.
- » Regular employees may hold multiple positions provided the positions do not exceed a total of 1.0 FTE (full time equivalent) (Note: for three (3) years following the date of ratification, an employee may have multiple regular positions that total more than 1.0 FTE a year. Paid hours for employees working at multiple sites will not be combined for overtime calculation purposes during this time).
- » Employees with more than one status must inform employer of which status they chose to give up.
- » Employers may create casual lists that cover two or more work sites.

### Seniority and Benefits:

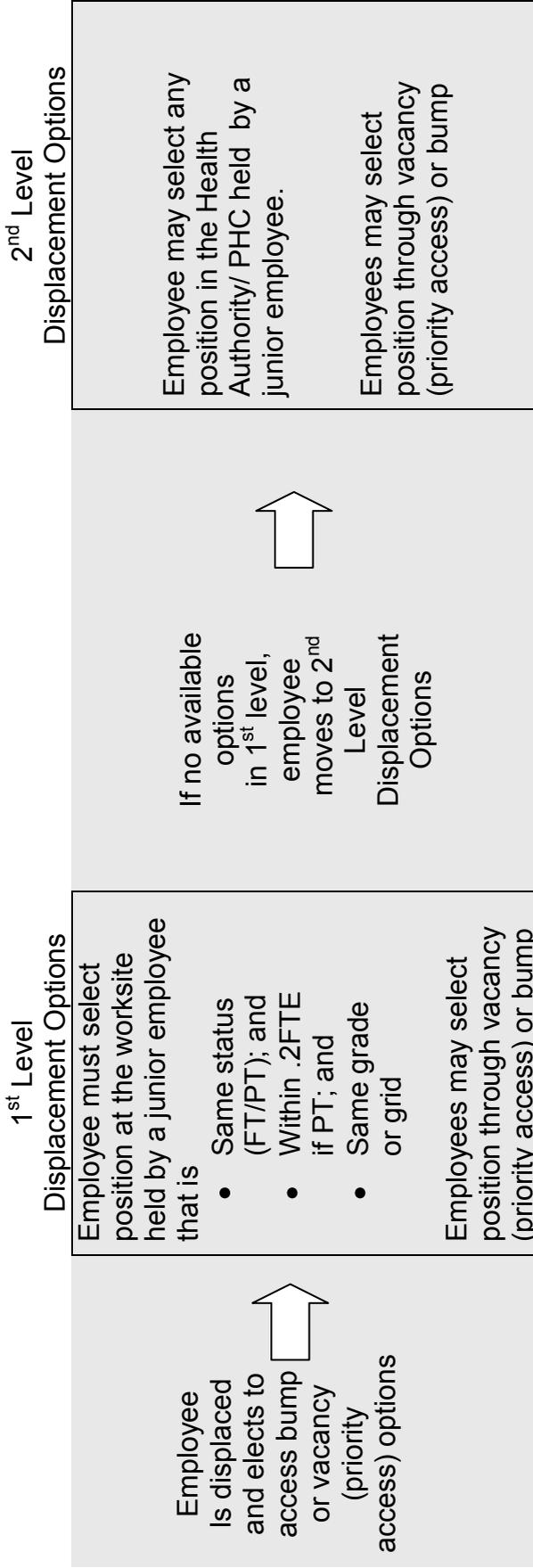
- » All individual seniority lists for each Health Authority/Providence Health Care will be merged into one new HSPBA single seniority list covering all employees under the HSPBA Provincial Collective Agreement for that Health Authority/Providence Health Care.
- » Employees registered in multiple seniority lists will receive total seniority

earned at all sites to maximum of 1.0 FTE per annum.

- » Employees with multiple benefit effective dates will retain their most favorable entitlement date.
  - » Employees with multiple regular positions receive the aggregate total of sick and special leave banks not to exceed the maximum entitlement.
  - » Employees must consolidate multiple benefit plans, with the exception of current LTD claimants who will continue to be covered by the applicable LTD plan in effect at the time of injury or illness.
- **Memorandum of Understanding Re: Article 9.01 – Vacancy Posting. Revised language**
    - Effective upon implementation of the consolidated seniority lists, members in a Health Authority will be eligible to apply for and be in the first group of considered applicants.
  - **Memorandum of Understanding Re: Article 10.05 – Displacement and Bumping Process. Revised language**
    - Effective upon implementation of the consolidated seniority lists the bumping process will be modified to provide for priority access to vacancies for displaced employees and enhanced opportunities to bump or fill vacancies outside of the worksite. There is a corresponding enhanced obligation on a displaced employee to maximize his or her options in order to maintain wage protection.
    - Key elements of the memorandum: (the full memorandum is available on the HSA website at [hsabc.org](http://hsabc.org))
      - » Please refer to Article 10.05 employee displacement illustration on opposite page.

*These changes recognize the reality of health authority wide employers and protect jobs by maximizing opportunities for HSPBA members facing changes in health care delivery. Members will be able to enhance their careers by bidding on vacancies anywhere in the health authority. In the event of restructurings that result in job losses, displaced members will have as many options as possible and will be able to decide how best to protect their own interests. Members who are able to protect their FTE and Grid level at their worksite will be required to do so; if not, they will have priority access to vacancies or the ability to bump any junior employee throughout the health authority. Members will even be able to move to a different FTE or different Grid level if that best suits their career and family objectives. However, members who have an option to maintain their FTE and Grid level within a defined geographic area will not be wage protected if they choose not to exercise that option.*

## Article 10.05 Displacement Options; Priority Access Vacancies & Bumping



Note: Bump and vacancy options are limited to those positions an employee is capable and qualified to perform.

In order to be wage protected, an employee is required to maximize his/her displacement options to fill a position which is as close as possible to the employee's eliminated position.

The following are exceptions:

- An employee is not required to take a position which is a different status (Fulltime, Part time).
- If part time, the employee is not required to take a position which differs by more than 0.2FTE.
- An employee is not required to take a position outside her/his geographic area

## MODERNIZING THE CLASSIFICATION SYSTEM

The goal is development of a unified, transparent, rationalized wage schedule that is responsive to the current industry structure while protecting integral features.

- **Memorandum of Understanding – Joint Classification Committee**
  - The parties agree to establish a joint classification committee to develop a new classification system. The new system will create administrative and procedural efficiencies, define the full scope working level professional, develop appropriate criteria that recognize clinical and administrative/supervisory work, support flexibility in the design of jobs, and value professional practice leadership.
  - The committee will report out no later than October 31, 2011.
  
- **Memorandum of Understanding – Interim Classification Modifications. Revised language**
  - Pending the implementation of a new classification system, interim modifications will apply to the definition of ‘General Supervision’ and Paragraph 3 of the Operating Instructions.
    - » The requirement for each paramedical department to have a Chief Health Science Professional is suspended.
    - » The classification definition of ‘general supervision’ is suspended. Instead, all Grade I positions will have access to a supervisor in their own discipline for clinical guidance. The guidance may be provided in-person or by email, telephone or other means of communication.
    - » Supervisors who provide clinical guidance will not, by virtue of that responsibility alone, be classified or coded up to a higher classification.

*The changed definition of ‘general supervision’ maintains a level of supervision that is necessary for safe practice. It also recognizes the professionalism and independence of HSPBA members and may be a step toward addressing one of the key challenges in the classification system; development of a full scope working level professional. HSA is committed to addressing this issue and both parties agree that making Grade II the recognized wage rate of the full scope working level professional is an important priority*

- **Memorandum of Understanding – Classification System Implementation**
  - In considering the implementation of joint recommendations, the parties agree that the introduction of the full working level professional is an important priority and the parties will make every reasonable effort to fulfill this priority.
  - This priority is subject to the allocation of sufficient funding and will be deemed to be satisfied once the wage rate of the full scope working level professional is equal to the existing Grade II rate of pay.

## **IMPROVE ADMINISTRATION OF THE COLLECTIVE AGREEMENT**

Clarification of existing provisions to ensure collective agreement language reflects existing entitlements, improved grievance processing, housekeeping changes to streamline the collective agreement, and other initiatives that make the collective agreement more efficient or allow better harmonization/coordination of existing benefits.

- **Article 5.08. Revised language.**
  - The parties agree to include the posted FTE on the seniority list that is provided by the Employer to the Union.
  
- **Article 5.09(b). Revised language**
  - The parties agree to include the supervision of ballot boxes in the list of duties Stewards are permitted reasonable time to perform.
  
- **Article 5.09(c) New language**
  - The parties agree to add language that Employers will make a reasonable effort to find space for secure union storage.
  
- **Article 35.01 – Municipal Pension Plan. Revised Language**
  - Clarifies that all regular employees are covered by the Municipal Pension Plan and harmonized the language with that contained in other health sector collective agreements.
  
- **Article 40.04 Revised language**
  - The parties agree to the following modifications of Article 40.04 as follows:
    - » Reduce the length of time disciplinary documents remain on file from two (2) years to eighteen (18) months.
    - » The eighteen (18) month period will be extended by the length of time an employee is absent from work for accumulated periods of more than thirty (30) days, except of periods of vacation/maternity leave.
  
- **Housekeeping Changes**
  - Deletion of expired Appendices: 16, 18, 19, 20, 21, 22, 23
  - Appendix 14 – remove “April 1, 2006” and replace with “during the term of this Provincial Agreement”. This change keeps the Appendix current without requiring a date change in each round of bargaining.
  - Incorporate language agreed to in the 2008 Bill 29 Agreement
    - » Article 29.04 – Portability of LTD coverage
    - » Article 31.01 – resolves the “promotional glitch” for temporarily promoted employees
    - » Memorandum of Understanding Re; Contracting Out Revised Language







# 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) Marg Beddis, Janice Morrison, Reid Johnson, Bruce MacDonald, Anita Bardal, Joan Magee, Suzanne Bennett, Brendan Shields, Heather Sapergia, Val Avery, Kimball Finigan.



KIM STALLKNECHT PHOTO

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