

Message from the President

## Too high a price: HSA urges registered psychiatric nurses to vote “NO” to nurses’ tentative agreement

Registered psychiatric nurses have serious workload issues. But provisions to address these issues in the recently negotiated tentative agreement for 2012-2014 come at the expense of BC’s future nurses, and that’s too high a price to pay.

For the rest of their working lives, newly-hired RPNs will have inferior benefits to those enjoyed by nurses already in the workforce. That’s clearly not fair. And this will quickly and irrevocably erode benefits for the entire profession. This is why HSA’s board of directors is recommending the union’s members – registered psychiatric nurses covered by the Nurses’ Bargaining Association (NBA) collective agreement – vote “NO” to the tentative collective agreement reached last week between the NBA and Health Employers’ Association of BC (HEABC).

While the tentative agreement achieves many objectives set by nurses, HSA is fundamentally opposed to the clause that allows a foothold into two-tiered benefits for nurses. Under the terms of the tentative agreement, effective January 1, 2013, new employees will not be entitled to cash in their sick leave credits upon retirement. A 40% pay-out of accumulated sick banks will continue for all current employees.

The BC Nurses’ Union is the lead union in the NBA. BCNU president Debra McPherson has said that to get to an agreement, there was a price to pay – and that price was the extension of the work week to 37.5 hours from 36 hours. HSA believes that price is high enough, without also taking away benefits from any new nurse hired after January 1, 2013.

Recruitment is a huge challenge in the health care sector, and singling out new hires for reduced benefits is not a pattern that HSA believes can be helpful in attracting new health care professionals to work in BC. While BCNU justifies this step into two-tiered benefits by saying they will work in future rounds of bargaining to improve severance provisions for all members, HSA’s board of directors could not support the double standard that results in new nurses getting reduced benefits.

HSA is proud to represent almost 1400 registered psychiatric nurses across the province. Psychiatric nurses were among the handful of founding professions when health professionals came together to form HSA in 1971.

As you know, you are the caregivers of choice in mental health, and HSA has a proud history of representing RPNs; we recognize your specialized training and expertise. We have always worked to ensure that your interests get the attention that they deserve – and not submerged in other general nursing issues.

As all health workers know, this is a tough time for contract talks. HSA appreciates the hard work done by BCNU as the lead union in the bargaining association. And in particular, HSA’s board of directors thanks HSA’s representatives at the Nurses’ Bargaining Association table: Val Barker – who works as an RPN at Lions Gate Hospital, and HSA Senior Labour Relations Officer Pat Blomme.

We know RPNs have a strong sense of justice and fairness. I hope you will consider the information in this package, and vote “NO” to this tentative contract.

A handwritten signature in black ink, appearing to read 'Reid Johnson', with a long horizontal flourish extending to the right.

Reid Johnson, President  
Health Sciences Association of BC

## Highlights: Nurses' Bargaining Association tentative agreement

### Wages

- 0% increase effective April 1, 2012
- 3% increase effective April 1, 2013

### Other compensation increases

- CH1 level nurses in the community will receive responsibility pay when relieving a higher rated position or designated in charge on evenings and weekends.
- Mileage allowance increases from 50 cents to 52 cents per kilometer, effective November 1, 2012 for nurses using their own vehicle to provide services.
- New Family Day statutory holiday has been added to list of stats in Article 39.

### Elimination of sick bank cash-out for new nurses

- Effective January 1, 2013, new nurses will not be entitled to cash in their sick leave credits at the end of their careers.
- All current nurses will continue to be able to receive 40% pay-out of sick banks upon retirement.

### Early retirement incentive for long term disability

- To encourage employees on long term disability to apply for Early Retirement Incentive Benefit, they may choose to maintain their extended health benefits coverage to age 65 (excluding MSP and dental), with the premiums cost-shared 50:50 between employer and employee.

### Extending the work week

- Increase the work week from 36 to 37.5 hours.
- What does this mean for you?
  - » For nurses working regular 7.2 hour shifts, this means working an extra 18 minutes per day.
  - » For nurses working regular 7.5 hour shifts, this means working 10 more shifts a year.
  - » Nurses working part time will not necessarily see an increase in hours.

### Workload

- Health employers will be required to replace nurses who are off on leave from a scheduled shift – unless there are extenuating circumstances determined by the front-line nurse in charge and the manager. The criteria will be the needs of patients, not budget concerns.
- A base level for the number of straight time paid RPN/RN hours worked by Registered Psychiatric Nurses and Registered Nurses, never to fall below the figure for December 31, 2012.
- More nurses hired: An increase above that base level of at least 4,159,687.5 straight time paid RPN/RN hours, equal to approximately 2,125 more full time positions by March 31, 2016.
- Hallway / overcapacity: When patient demand exceeds normal capacity, the employer must call in additional nurses to meet patient care needs, as determined by the manager and the nurse in charge.
- Regularization of hours: Overtime hours, hours worked by casuals, hours worked by part-timers beyond their normal shifts, and hours worked by agency nurses will be reviewed jointly every six months. Where hours are consistent and recurring, these will be converted into or added to regular positions.

- Investigation of burden of paperwork by joint committee of union, employer, and government representatives who will recommend changes by 2014.
- Casual employment: Employers may require casuals to work a minimum of 225 hours annually. Employers can delete a casual employee from a register (one-time basis within six months of ratification) where the employee hasn't worked any hours the previous 12 months, unless the employee has a bona fide reason. Employers may develop new internet-based technologies for calling in.
- New Professional Responsibility Form language: A streamlined PRF process will be established. A senior union-management review committee will be set up whose recommendations are binding when unanimous.

### **Job security**

- Health authority-wide seniority: Establishes health authorities – not worksite – as the employer. Employer to implement a single, dovetailed seniority list. This enhances job security for nurses with broader access to vacancies and new positions.
- To facilitate a single seniority list, each nurse will be restricted to one status (regular full-time, regular part-time, or casual). Nurses who have regular status at one worksite and casual status at another worksite must tell the employer which status they wish to keep and which they want to relinquish. Following the implementation date, regular part time employees may hold positions at up to two worksites provided the positions don't exceed a total of 1.0 full time equivalent (FTE).
- Nurses may continue working in multiple positions totaling more than 1.0 FTE until no later than nine months after the contract implementation date. They must identify the position they choose to relinquish no later than six months after the implementation date. Members will retain the best seniority date and wage rate once consolidation occurs.
- First consideration will be given to displaced employees at the originating worksite for vacancies (whether posted or not) and unfilled vacancies (previously posted and gone unfilled). Second consideration will be given to displaced employees from other worksites within the health authority or Providence Health Care. Third consideration will be given to all other employees.
- Employers will utilize displaced nurses in a nursing position while awaiting training, and they will receive the same FTE and hourly wage as they held at time of displacement.

### **Three funds for training/education**

- Training/Education Partnership Fund: \$900,000 per year to minimize job loss or disruption caused by displacements, help nurses transition into new roles or positions – in particular difficult to fill positions or for other needs as mutually agreed.
- Prevention and Assistance Fund: \$1,000,000 per year to prevent employees from being off work or to help them return to work earlier.
- New Nurses Assistance Fund: \$500,000 per year to help nurses – including internationally-educated nurses – to become qualified to practice in BC and support them to be successful in the workplace.

### **Other provisions**

- Mandatory orientation on safety and prevention of violence.
- Stronger union representation of Joint Occupational Health and Safety Committees. Accident investigations will include the union OH&S representative if their inclusion doesn't delay the investigation.
- Streamlining of job descriptions: The number of job descriptions will be consolidated. A qualifications review committee will examine qualifications required for various jobs. Employers will reduce job descriptions to a total of 60 per health authority by March 31, 2014.

- Waiting period for Long Term Disability will be shortened to four months (currently five months). Members waiting for LTD will have medical, dental, and extended health group life and accidental death and disability benefits paid, once the member has used up all sick leave credits and any other paid leaves to which they are entitled.
- Establishment of streamlined grievance/arbitration process to expedite handling of grievances by referring certain types of grievances to an alternative dispute resolution process.
- The threshold for triggering displacement of regular part-time employee FTE has been increased from 0.03 FTE to 0.08 FTE.
- When nurses are applying for a vacancy in the same job and same classification in their home unit or program, they will be deemed qualified and competent and will not have to be interviewed.

## WE WANT TO HEAR FROM YOU

### **HSA registered psychiatric nurses are invited to participate in telephone town hall meetings October 10.**

- There will be two sessions: noon and 7pm.
- Please ensure HSA has your personal/home phone number by emailing your full name and contact info to [memberlist@hsabc.org](mailto:memberlist@hsabc.org) – or you can sign in at [www.hsabc.org](http://www.hsabc.org) and update your information by logging in.
- Participants will have opportunities to ask questions live “on air” during the event. If you would like to send questions in advance, email them to [contract@hsabc.org](mailto:contract@hsabc.org)
- If you have trouble joining the town hall meetings, email [contract@hsabc.org](mailto:contract@hsabc.org) with your full name and workplace.
- Live updates during the events will be posted at [facebook.com/hsabc](https://facebook.com/hsabc) – you don’t need a facebook account to view.

### **How to participate in the ratification vote for HSA registered psychiatric nurses:**

- RPNs at larger health facilities will vote in person. For voting times and locations:
  - » Check your HSA bulletin board
  - » Talk to your stewards
  - » See updated information online at [www.hsabc.org](http://www.hsabc.org)
- RPNs at smaller sites will receive a mail ballot and information kit.

### **Contact HSA if you have any questions**

Call 604-439-0994 or toll-free 1-800-663-2017. You can email us at [contract@hsabc.org](mailto:contract@hsabc.org). You can find us on Facebook at [facebook.com/HSABC](https://facebook.com/HSABC), and follow us on Twitter [@hsabc](https://twitter.com/hsabc).