

Bargaining backgrounder:

Why central arbitration matters

Feb. 10, 2003



OPSEU and the Ontario Hospital Association have engaged in central bargaining since the 1970s.

The parties negotiate the ground rules for central bargaining at the start of each round. When the current round began in early 2002, the parties could not agree on how arbitration would work if central bargaining failed to produce a settlement. The OHA said it would agree to a central arbitration process only if OPSEU agreed not to refer to OPSEU non-participating bargaining units (those outside the central process) at arbitration.

OPSEU did not agree. The Hospital Labour Disputes Arbitration Act (HLDA) gives both parties the right to present any and all evidence they think is necessary to support their respective cases. HLDA requires arbitrators to consider such comparisons when they are presented.

The ability to compare wages and working conditions at the 40 OPSEU units in central bargaining to all those outside of it is key to the success of this round.

At present, many hospitals, including OPSEU units outside of central, have superior terms and conditions. This is causing serious staff shortages at hospitals involved in central bargaining. Hospital professionals are migrating to hospitals and organizations where wages and working conditions are better. Some are leaving Ontario altogether. The OHA has repeatedly acknowledged that Ontario hospitals face staff shortages.

Equal pay for equal work, and equal treatment for all, is the only sure solution to a staffing crisis that is hurting patients.

Central bargaining can and should be a way to set provincial standards and thereby

prevent poaching of staff among hospitals. It can help keep and attract qualified professionals to all hospitals and communities.

Since bargaining broke down in June 2002, OPSEU has consistently pushed to maintain central bargaining. The union requested a central conciliation process. The OHA refused. When talks broke off, OPSEU requested a central arbitration process that would allow full comparisons among bargaining units. **The OHA refused — even though it agrees to this approach in negotiations with the Ontario Nurses Association.**

At present, only six of 40 hospitals are going forward to arbitration:

- University Health Network;
- Timmins and District Hospital;
- Humber River Regional Hospital;
- Niagara Health System;
- Kingston General Hospital; and
- Grey Bruce Health Services.

There is a great deal of uncertainty about the OHA's approach to these arbitrations. There is no guarantee that the awards will adequately address the problems of shortages and workload. The remaining 34 hospitals have no idea when or how their contracts will be resolved.

Hospital administrators are not happy with the current uncertainty. They need a speedy resolution so that they can attract and retain staff. Information received by OPSEU is that, in a Feb. 6 conference call with participating hospitals, the OHA assured the hospitals that the result for the six hospitals would apply to the rest. The OHA has never communicated this to OPSEU.