



Hospital Professionals At the Table

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Hard work, but no deal: We are too far apart

Hospital Professionals Division central bargaining continued with the assistance of a conciliation officer Nov. 3-5, but with no deal at the end of it. Both parties worked hard, and achieved agreement on a number of issues, but at the end we were still too far apart. Although your team remains committed to a negotiated settlement, we will begin preparing for interest arbitration.

In the end, the gulf between the two parties was too great. There are many important outstanding issues, including wages and reclassifications, job security, HOODIP, and benefits, including benefits. These benefits include early retirement, and premium payments. The biggest obstacle is the ghost at the table: the McGuinty government and its invisible wage control rule. Although the hospitals described their mandate as "very moderate," we were surprised at their refusal to move on many issues. We believe our proposals on the remaining issues are reasonable and do-able. We are disappointed at the lack of movement from the hospitals.

Throughout negotiations, your team has emphasized the need to address staff shortages, workload and morale. We need real solutions to a problem that is growing year by year. But these issues seem to be of less importance to the

hospitals than their financial situation and their desire for greater flexibility.

Wages and reclassifications

On wages and reclassifications, your team's last proposal included a 5 per cent wage increase effective and retroactive to April 1, 2004 and another 5 per cent, effective April 1, 2005. We also proposed a special case adjustments on nine classifications. When we left off, the hospitals were offering less than 2 per cent a year with no movement on reclassifications. We had initially proposed a concept that combined general wage increases and a joint committee to conduct an evaluation of all jobs. Properly done, the committee concept could satisfy both the reclassification issue and pay equity maintenance. We proposed the committee conduct its work and implement the study results by the end of this term. The hospitals would not agree to this concept, even when we proposed that the committee's results be implemented in the next round.

Job Security

We are proposing improvements in our job security language, to protect our members and to raise our language to at least the standards elsewhere in our sector. In addition to improve-

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ments in our contracting-out and work-of-the-bargaining-unit language, we proposed improvements in our layoff and recall language. Specifically, we proposed improvements in the bumping language, improved early retirement allowances and a voluntary exit option (VEO), to minimize layoffs.

The hospitals are seeking to have reassignments made mandatory in a layoff situation. The option of reassignment to a vacant position already exists in our language. Employees have been able to choose between their different options that include early retirement, bumping, reassignment, or accepting the layoff. But the hospitals want it to be a mandatory first step that happens even before they offer early retirements. Even though the hospitals are agreeable to the concept of a VEO, their reassignment language would apply first, preventing an employee from being able to take advantage of early retirement offers or VEOs. It would mean that the hospital could reassign an employee to a vacant job and prevent her from exercising the rights currently in our contract language, those being early retirement, bumping resignation or layoff and recall. We believe that reassignment should happen the way it does now, as an option exercised by informed employees.

The hospitals' response on early retirement allowances is still far less than the industry standard of two weeks per year of service up to a maximum of 52 weeks. They are refusing to move on our other job security proposals.

HOODIP

We are seeking improvements to our sick leave and LTD provisions. Specifically we want modified work to no longer be counted as sick time, and to count towards the reinstatement period. We also want a SUB top-up on the

Employment Insurance sick benefits part of our sick plan.

The hospitals are refusing to move on these proposals. They are also seeking major changes to our sick leave provisions. They want to extend the period of time it takes for an employee to reinstate sick leave benefits beyond the current three weeks for a recurrence, and they want to eliminate vacation and certain paid leaves from counting towards this time. They also want to make the insurers' medical appeals process mandatory for LTD claims, while the employee retains the right to grieve.

Benefits and early retirement benefits

We are proposing improvements in our benefits and early retirement benefits, and seeking to have the OPSEU Joint Trusteed Benefits Fund (OJTBF) as our insurance provider. We believe that the OJTBF is a way of ensuring we get the best bang for our buck on benefits.

The hospitals' offer includes some benefits improvements but they are refusing to cost-share early retirement benefits. Although they are agreeable to a letter on the OJTBF, they do not want to commit individual hospitals to inviting the OJTBF in to tender. They also refuse to share the comparative results with the union. We are also seeking to have the "Liberty Plan" referenced in our contract either appended or spelled out in detail, to ensure carriers do not provide less coverage than our members are entitled to. The hospitals are refusing to move on the Liberty Plan issue.

Premium Payments

We are proposing improvements in standby, call-back and shift premiums, to raise our provisions to industry standards and to compensate our members more fairly. The hospitals are refusing to move on these proposals.

We Need Your Support

We need to raise the profile of our professions to remind the hospitals and the government who we are and the critical role we play on the health care team. Without improvements to our collective agreement our situation will only worsen. We will suffer, hospitals will suffer and patients will suffer.

This round is critical for another reason. We need to significantly raise the standard in the provisions in our contract to maintain central bargaining. Without these improvements, our locals may think they can do better outside of central.

Stay tuned for your invitation to participate in mobilizing activities to support your bargaining team and support your profession.

Your HPD Central Bargaining Team

Yves Shank, Chair
Sudbury Regional Hospital

Bob Reid, Vice Chair
London Health Sciences Centre

Bryan Mitchell,
Mt. Sinai Hospital

Boris Prus,
Huron Perth Healthcare Alliance

Margaret Rafter,
Sault Area Hospital

Leslie Sanders,
Lakeridge Health Corp

Marion Savory,
Algonquin Health Services

Negotiator: Moya Beall

Research: Michele Dawson Haber

Authorized by:
Leah Casselman, President

