

Q & A's regarding the HSAS/SAHO Tentative Agreement July 18, 2011

When are the changes to the Collective Agreement effective?

Wages are retroactive to April 1, 2009 excluding the Market Adjustments. Market Adjustments and all other changes take effect the day the collective agreement is signed (we are hopeful that this will happen in early-mid August).

Is the Maternity Leave Top-Up (SEB) retroactive?

No, it is not. However, if you are on maternity leave at the time of ratification (beginning to mid-August; Actual date to be determined), and you meet the eligibility requirements, you will still receive the SEB to a maximum of 15 weeks. If you have less than 15 weeks of Maternity EI benefits left, you will receive top-up for the remainder of those weeks.

If you are on Parental leave at the time of ratification (beginning to mid-August; Actual date to be determined), and you meet the eligibility requirements, you will still receive the SEB to a maximum of 10 weeks. If you have less than 10 weeks of Parental EI benefits left, you will receive top-up for the remainder of those weeks.

I retired prior to this agreement being reached. Will I receive retro-pay?

No, you must be on staff with any employer at the time of signing of the Collective Agreement to receive retro-pay.

Why did some occupations get more of an increase than others?

The wage rates and the Market Adjustments were proposed by SAHO, not Health Sciences. SAHO was not interested in discussing the wage scales or the various increases or in providing their rationale for their quantification of the market adjustments. They did however, justify the differences by saying that they were not interested in using an education-based system anymore but rather a market-based system. Therefore, the increases would vary among the occupations in order to get each occupation up to a rate equal to or higher than the western Canadian average.

We have always had an education-based system where everyone with the same level of education received the same increase. Why can't we stick with that?

SAHO stated that they had no intention of giving the same increases in the market adjustments to everyone as some of our occupations were already above the western Canadian average and did not require the same degree of market adjustment. In actual fact, our Collective Agreements have not been based purely on education since the introduction of the Market Supplement Program in 2002. Several of our occupations have received significant increases subsequent to the yearly reviews because they have been able to prove that they are a hard to

recruit group with a high vacancy rate and have demonstrated significant service delivery issues.

Why would SAHO give different increases to people with the same educational backgrounds? Doesn't the Union think this is unfair and will cause problems?

Our Negotiating Committee repeatedly raised the issue of the glaring differences to SAHO but they maintained their positions with respect to the magnitude of the market adjustments. This is a situation which SAHO has created and was not been willing to negotiate on. They will have to deal with the consequences of it.

How can my profession get on the Market supplement Program too?

Among other things, the Market Supplement Program investigates reports of vacancies that have caused service delivery issues and awards wage increases based on the information received. Several times during the last year the Negotiation Committee has asked members to report areas of understaffing and to share stories of how this understaffing has impacted service delivery. We posted these stories on the website and we used them in the press conferences and press releases. Many of the stories we used were from occupations that receive the Market Supplement. Some of the stories we reported included:

- A patient almost died because an untrained nurse tried to do the job of an understaffed Respiratory Therapist
- Newborns were given the wrong medication because of understaffing of pharmacists in one hospital
- Many times every day In the cities there are no ambulances available for more than half an hour at a time due to understaffing of EMTs and Paramedics
- Vacant Diabetes Educator position left open for over a year in a region with sky high rates of diabetes
- There are no SLPs assigned to work in the long-term care facilities in RQHR so that residents who have a stroke will not be assessed for swallowing at all or certainly not in a timely manner
- One of the regions had all four psychologists position vacant and therefore assessments for disorders like autism were not available
- While the province has been able to increase the number of surgeries they have not bothered to adequately increase the number of Physical Therapists. Therefore patients with conditions which were not related to orthopedic surgery have had to wait months for treatment, further complicating their conditions.

Why did the Negotiating Committee and the Executive Council recommend acceptance of this offer?

- The Negotiating Committee held out as long as possible and used every possible strategy available to secure the best deal possible for the membership as a whole. We do not think the deal is perfect, however, we believe we reached the best we were

going to get without having to make huge concessions. As well we were able to get the Mat/Pat/Adoption Leave top up which we see as a significant gain for the membership.

- Recently HSA BC settled for 0% for two years because they were told that there would be claw backs to benefits if the wages increased at all and in Manitoba, our sister health care union has been offered 0% for the term of their next contract.

If this tentative agreement is accepted what is the union going to do to make sure we are prepared for the next round of talks in 2013?

- We have learned many things during this round of talks with SAHO. One thing is clear. For now at least, the days of pure education-based contracts are gone. We have to work a lot harder as a union to get more of our occupations in the Market Supplement Program. This will only work if the members actually share accurate, supported and defensible information about their workplace with us. This would include vacancies, unfilled and unposted, program cuts, service delivery issues and wait lists to name a few. The employers will certainly not make this information readily accessible to us and will likely do their best to avoid acknowledging issues they are facing.
- We will also be continuing with our branding campaign to educate the public about who Health Sciences is and what we do for them. We have made great gains in this area and we know we have to keep up the pace between contract negotiations in order to gain even more exposure.
- We will also be participating in the law suit against the Sask Party government's Essential Services legislation in November of this year. The result will certainly impact future negotiations.

What happens if the tentative agreement is rejected?

- If the membership rejects this offer then the current Negotiation Committee is dissolved and a new Chair is elected by the Executive Council. The Chair will then select their committee. This new committee will then restart the negotiation process with SAHO and this tentative agreement and all of its provisions are essentially off the table.

What happens if the tentative agreement is accepted?

- The Negotiating Committee will meet with SAHO to sign the new Collective Agreement. Most changes to the Collective Agreement will take effect that day. HSAS will then work with SAHO to get new agreements printed and sent to all members.

What if we are still not happy?

- This government introduced the Essential Services legislation and changes to the Trade Union Act. There is no provision for a dispute resolution mechanism, like binding arbitration to get a fair deal. The current government also supports and encourages the very divisive market-based system for determining wages. SAHO also refused to consider a proposed article that would have upheld professional standards to ensure proper staffing levels, among other things. They also refused to acknowledge that the Market Supplement Program was not as responsive as it should be and should be fixed.

Your tax dollars were repeatedly used to buy advertising in the media that called you greedy and overpaid.

Make your voice heard when it matters.