HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

Frequently Asked Questions about the Proposed 2012-2014 Health Science Professionals collective agreement

Q. Why did we not wait to negotiate with a new government in May of 2013?

We all hope that in the near future we'll have a friendlier government to deal with. However there are no guarantees that this happen nor that, if there is a change in government, the new one will have the financial ability, or be inclined, to improve compensation for health science professionals significantly.

There were also strong signals that the current government would not have accommodated the desire to wait and instead would have unilaterally imposed a settlement—one which, as demonstrated in the 'last offer' tabled in December, would have been damaging and would not have addressed any of the issues important to health science professionals.

Q. The December 'last offer' suggested that the new agreement would wipe out all outstanding grievances. Is this the case in the proposed contract?

No. Existing grievances are still active and the union will continue to work to resolve them.

WAGES

Q. Why are the wage increases not retroactive? We have been without a contract since April of 2012.

While wage increases are a feature of the tentative collective agreement, the agreement is a complete package with many different elements. In this round of health care bargaining, no bargaining association has achieved retroactivity.

The collective agreement is an agreement reached by both parties, and that ultimately means there is give and take by both parties.

The balance of negotiating wages, benefits and other contract features is a very delicate one. Implementation dates for various elements of the agreement are staggered in order to maximize the benefits achieved in the long-term.

Q. Why do we have to wait until January 01, 2014 -- almost a full year from now to get shift premiums?

The increases to the shift premium were the very last benefit improvement we managed to achieve in bargaining. This was a priority for members that the employer was adamantly opposed to. The union refused to drop this demand, and finally achieved it in the closing hours of round-the-clock bargaining. While it does not begin immediately, it is now a permanent feature of the collective agreement, and will continue into the future.

37.5-HOUR WORKWEEK

Q. Doesn't changing back to a 37.5 hour work week mean we actually get a pay decrease?

No. The increase in hours in the work week is paid. You will be paid for the hours you work, and your hourly wages will increase by 3%. The increase to hourly rates together with the extra 1.5 hours worked per week will result in an increase of 7.2% for full-time employees.

Q. This increase in hours of 1.5 hours/week works out to 78 hours per year (1.5 hours/week X 52 weeks) for those working 11 paid hour shifts this means more than 7 whole shifts/year.

Yes, 78.3 to be exact. It also means (based on an HSPBA average wage of $35 per hour) regular full time employees will earn an extra $2,740.50 per year. The bargaining committee knew that members' top priority was more money. The increase in the work week – bringing health science professionals in line with other health care workers – was what was needed to achieve that. This increase of 1.5 hours per week is equivalent to an extra 4.2% in your pockets.

It is also the case that many health science professionals work unpaid and unreported overtime every week. You have told your union for years that you want to be paid for the work you do, but that your professional and ethical commitment to your patients makes it difficult to leave at the end of your shift. Many of you also say your departmental budgets don't have the flexibility to compensate for that extra time, so you don't claim for the overtime you work. The increase in the work day from 7.2 hours to 7.5 hours should help mitigate the losses you have experienced for years staying that extra 15 or 20 minutes every day to deliver the care your patients need.

Q. Will vacation hours, sick time and other benefits increase to reflect the increase in hours?

Yes, they will. Wherever "7.2 hours" currently appears in the collective agreement, it will be changed to "7.5 hours." You may note that agreed-upon language posted on the HSA website does not always reflect this. As the 37.5 hour work-week was one of the last signed-off items in bargaining, language reached earlier in the bargaining doesn't reflect the change, but will be amended before being finalized in the collective agreement.

Q. How will this affect the schedules of those working rotating shifts -- e.g. 4 on, 5 off?

All extended day schedules will be revised to reflect the increased hours in the work week. There will either be more shifts per year, slightly longer shifts or a combination of the two. Every shift schedule for shifts longer than 7.5 hours a day (i.e. extended work days) will need to be revised in consultation with the employer. The 36-hour work week schedules have been around since 1993. Before that, the work week was 37.5 hours. Extended hours rotation schedules of varying durations (8, 9, 10 and 12 being the most common) existed both before and after 1993 by mutual agreement. This will continue to be the case.

This spring, HSA stewards will receive specific training on to help members transition to the 37.5 hour work week, including negotiating local extended day schedules.

Q. Many folks have elder care and child care to schedule around. Increasing their hours of work and number of shifts imposes an undue hardship.

For the purpose of transitioning to the 37.5 hr. workweek, your bargaining committee successfully negotiated an increase from 30 to 90 days' notice for changes to the current schedule. This should help you prepare and make the necessary arrangements.

Q. Who decides what the change in schedule will be? Is it an arbitrary decision made by management?

It will be done in consultation with you, worksite by worksite and department by department. There are a few months before the changes. This will be a good time to start talking amongst yourselves and with your supervisors to see what schedule works for you. Your union stewards will be able to assist you and will consult with the union's labour relations staff as necessary.

Q. What will happen to the incomes of part-time employees with the increase in full-time hours?

That depends on the department, the shift schedules and rotations. Some will stay the same and some will increase to accommodate the new shift lengths.

PHARMACARE TIE-IN

Q. With Pharmacare, the ability to pay for prescriptions is based on income, so does this mean that we may end up paying more for our allowed prescription drugs?

Under Pharmacare Tie-In, medication coverage under your extended health care plan is based on a provincial formulary, and is not related to an individual's or family's income level. As long as the medication prescribed by your physician is listed on the formulary, the cost of the medication and the dispensing fee will be covered by the plan up to the dollar value allowed by Pharmacare.

Fair Pharmacare is not related to the Pharmacare Tie-In. Fair Pharmacare is an income-based program implemented by the Government of BC. It is, in effect, a safety net for individuals who may have to deal with ongoing substantial medication costs, or perhaps a catastrophic injury or illness which requires

short term but expensive treatment. Once a pre-determined family deductible has been met, the government will pay for 70% of eligible medication costs. If those eligible costs exceed the family maximum for a year, the government will pay 100% of eligible drug costs for the balance of the year. If you have not yet registered for Fair Pharmacare, you should.

Q. I am taking a drug that is not on the approved Pharmacare list. Who pays for my medication?

If the medication you are prescribed is not on the Pharmacare formulary, then your pharmacist will likely suggest a generic alternative which is covered for reimbursement, or you may consult your doctor and ask to be prescribed an equivalent medication that is covered. Alternatively, brand name medications may be eligible for partial coverage which means that you would pay the difference between the cost of the generic equivalent listed on the formulary and the price of the brand name medication. This is known as Low Cost Alternative pricing and is the same language set out in the current collective agreement.

As part of the agreement, the union insisted that a direct-pay card, or the BlueNet Card be introduced for all members of the HSPBA. The BlueNet Card allows direct-pay at the pharmacy for eligible prescriptions, instead of the current system of paying up front, and later submitting receipts for reimbursement.

Q. What happens if there isn't an equivalent and we need the drug?

In this event, there is a process called Special Authorization where you and your physician can apply to Pharmacare to request an exception be made, and have the cost of the medication covered. Your committee negotiated a 90 day grace period, after the May 1, 2013 change in order that you may work with your physician and pharmacist to make arrangements for Special Authorization. Members are encouraged to contact their care providers as soon as possible to alert them to the change in coverage to help make as smooth as transition as possible.

CLASSIFICATION REDESIGN COMMITTEE

Q. Could this result in some classifications being changed, and certain positions seeing a drop in pay rate?

The current classification system remains intact.

The HSPBA successfully argued against the government's December proposal which had included deletion of the current classification system and substitution with a system of its own design. The proposal would have created inferior pay rates for many positions. Given our members' outrage at their proposal, the government withdrew its classification system proposals. The parties also concluded the (2010) Joint Classification Committee process by agreeing to provisions that include ending the interim classification modifications and a means by which to resolve all grievances related to same. Those few members who had their position downgraded, and had their wage rate "red-circled", based on their employer's application of the interim classification modifications, are now entitled to the general wage

increases achieved in this tentative agreement. Further, coding up that had been discontinued pursuant to the interim classification modifications will be restored upon ratification.

Ultimately, the parties agreed to a constructive approach aimed at reaching agreement on a redesigned system in *subsequent* bargaining. Any changes to a classification system must be carefully considered and weighed as to the effect on the membership. The joint union-employer committee will try to make recommendations for a new system and report back to their own bargaining committees. The committee's recommendations will only be implemented if both parties agree, so a redesigned system would be subject to ratification as part of a future tentative agreement.

JOINT BENEFITS REVIEW COMMITTEE

Q. Will this committee's recommendations ultimately result in reductions to our extended health benefits?

The HSPBA has agreed to work with the employer to identify potential savings in the benefit plans. The savings could be derived from a number of initiatives including plan redesign, changing carriers, modifying coverage options, or reducing the need for benefits through improved health as a result of education and wellness programs. The joint committee needs to find savings and develop sustainable benefit programs. While it would be simplest to do so by direct reductions to the extended health plan, we have many other alternatives, such as those set out above. With union representation on the joint committee, the benefit to members for a plan that meets their needs will be a top priority.

Q. Will the review result in losses to dental, physiotherapy, counselling, massage and other benefits?

Preservation of core benefits is our key mandate in this process. However, we will be taking all benefits into account with a view to how we can both reduce costs, and ensure benefits remain accessible to our members.

Q. Is this committee overseen by a mediator with the capability to make binding recommendations?

Yes. Vince Ready has full powers to order changes to the benefit plans if the parties cannot reach agreement on their own. We will work to find ways to realize savings with the least amount of impact on members. Mr. Ready has a strong and proven reputation for considering arguments very carefully and rendering fair and reasonable decisions that are respectful of labour relations standards

Other

Q. What is the multi-employer steward committee?

This committee is dealing only with the issue of steward representation in consolidated services in the Lower Mainland. It is not a standing committee with jurisdiction to address steward representation generally. If the parties are unable to reach agreement, Mediator Ready will have binding decision-making ability.