

Moving? Name Change? Retiring? New MAHCP Member? Please let us know!!

In order to keep our database current, please keep us informed of any information changes including addresses and names. Do not assume that your Employer will automatically pass this information on to MAHCP.



Is one of your co-workers **retiring** in the near future? Let us know so MAHCP can acknowledge them.

If you have not been receiving regular mail-outs or have a change of information, contact Joan at the MAHCP office by calling 772-0425, extension 201 or 1-800-315-3331 (press "0" to talk with someone during office hours of 8:30 am to 5:00 pm) or email joan@mahcp.ca. Thank you!

NEW!

MAHCP Professional Development Fund

an Executive Council Initiative

MAHCP has a fund available for our members for Professional Development. This fund will be available to qualifying members who wish to take professional development courses or courses related to union education.

Maximum award will be \$250.00. The funds will be available until December 2007 or until it is depleted.

The rules of eligibility and how to apply will be available either on the MAHCP website or through the MAHCP office.

MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at 772-0425. *Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.*

Heather's Word Search

T O R P R E V E N T I O N
V O I H I R M E O I O R N
E C N A R U S N I M E I O
R I O E I W R I T E E N V
Z E R O A W N O A D M T I
E H V T W S A M Z I E I H
A E R G O N O M I C S V V
E N C E R M T I T A A P S
I E S D K L M Z A R L O A
O R N T L A N Y V E G T A
E I O N O I O P I R U D T
U H T L A E H Z R I O S A
V A A C D O E R P T D U M

MEDICARE WORKLOAD PRIVATIZATION
HEALTH INSURANCE ERGONOMICS
TOMMY DOUGLAS PREVENTION

Email heather@mahcp.ca for the solution.

Mark Your Calendar MAHCP 2007 ANNUAL GENERAL MEETING

Thursday, October 11, 2007
Clarion Hotel, Manitoba Room
1445 Portage Avenue

Teleconferencing will be arranged for Brandon, Burntwood and Nor-Man RHA's. To make a teleconferencing site request or for more information, please contact Wendy Despins, President at the MAHCP Office, 772-0425 or 1-800-315-3331, ext 215; or wendy@mahcp.ca. Sites will be announced once arrangements are confirmed.

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NEWS

Manitoba Association of
HEALTHCARE
Professionals

June 2007

Central Table Bargaining 2006/2007

For the past year MAHCP, MGEU and UFCW have been working collaboratively on the bargaining process. Prior to commencing Central Table Bargaining the three unions formed a committee for the purpose of exchanging information and strategically planning and coordinating bargaining from a shared perspective. We continued to meet on a regular basis through the course of Bargaining.

Additionally the MAHCP Bargaining Committee was provided with training which included, review and discussion of the proposals, mock scenarios, assignment of collective agreements that each person would be responsible for and with a component regarding global thinking to allow the committee to act as a team on behalf of all of the represented groups at the Central Table.

Both the Bargaining Committee and the MAHCP proposal package were considerably smaller than in previous years and we began Central Table Bargaining in April of 2006.

At the onset of Central Table Bargaining the Employer tabled a great number of erosionary proposals.

We met with the Employer seventy four times over a one year period, concentrating the last seven of those days into a concerted effort involving a government representative from the treasury board.

Following the Employer tabling their final offer we reached a tentative agree-

ment on April 14 at 02:00 2007.

It was agreed by the entire committee that there was no more to be achieved and we presented the offer as such to the membership over the following two weeks from April 16 to April 26, 2007.

During this period we were in close communication with the other union's tables. MGEU rural and MGEU community informed us that the Employer had been hinting that there may be more money for special interest groups that had a larger population in their unions. **We contacted the Employer representatives and agreement was reached that any other monies achieved at another table would be extended to MAHCP as well.**

All of the sites at central Table ratified the new agreement with the exception of Seven Oaks General Hospital, the WRHA Critical Care Transport Team and Diagnostic Services Misericordia Health Centre.

A strike date for the three groups was set for May 5, 2007.

Following our extensive discussions with the members at the three sites, the Employer approached us to resume talks in an effort to avoid a strike.

It was agreed that we would put the strike date of May 5, 2007 in abeyance pending the outcome of a meeting with our bargaining committee and the Employers on May 8, 2007.

On May 8, 2007 another tentative agreement was reached that included a letter of understanding stating that any gains made at any other tables within the life of the new collective agreement for professional technical groups would be extended to the MAHCP.

On May 9, 2007 the Employer agreed to provide the Westman Laboratory Technologists with an increase greater than offered to us.

On May 10, 2007 we met with the Employer representative and the treasury board representative to discuss the details of the deal struck with the Westman group. They told us that the Westman deal would be extended to our group.

On May 14, 2007 MAHCP received an amended proposal to put before its striking members that included an additional 1% increase in 2009 for Respiratory therapists, the Westman increase and an additional 5% for Resource Coordinators.

The Employer maintained its position that there were no more monies for Social Workers and Pharmacy Technicians.

The amended proposals for settlement were presented to the three groups for acceptance or rejection on May 15, 2007; all of the groups accepted the amended proposals and ratified the "new" agreement.

It is important to note that there were no other changes to the originally

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Editor: Wendy Despins, President
wendy@mahcp.ca

Enclosed with this Newsletter:

- Scholarship Fund Applications
- AGM Pre-registration form

Meeting Calendar

Visit the MAHCP Website Calendar for more meeting information
-- /www.mahcp.ca/forum/calendar.asp

- June 13, 2007**

 - Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- June 13, 2007**

 - General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours
- June 14, 2007**

 - SBGH Staff Rep Meeting
L1304, Pathology Conf Rm
1200 hrs to 1300 hrs
- June 20, 2007**

 - HSC Staff Rep Meeting
GH404, HSC
1130 hrs to 1300 hrs
- June 27, 2007**

 - The Pas Staff Rep Meeting
The Pas Hosp, Conf Rm 233
1200 hrs to 1300 hrs
- June 29, 2007**

 - Deadline for Executive Council Nominations at 1600 hrs
- June 29, 2007**

 - Deadline for Resolutions at 1600 hrs
- July 11, 2007**

 - Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- July 11, 2007**

 - General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours
- July 20, 2007**

 - Deadline for submission of Scholarship Fund applications at 1600 hrs
- July 31, 2007**

 - Deadline for Honour Roll Nominations at 1600 hrs
- August 8, 2007**

 - Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- August 8, 2007**

 - General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours
- August 29, 2007**

 - The Pas Staff Rep Meeting
The Pas Hosp, Conf Rm 233
1200 hrs to 1300 hrs
- September 12, 2007**

 - Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- September 12, 2007**

 - General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours
- September 26, 2007**

 - The Pas Staff Rep Meeting
The Pas Hosp, Conf Rm 233
1200 hrs to 1300 hrs
- October 10, 2007**

 - Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- October 10, 2007**

 - General Staff Rep Meeting
CANCELLED
Please attend the AGM on October 11th
- October 11, 2007**

 - 2007 Annual General Mtg
Clarion Hotel, MB Room
Time TBA

Bring your Collective Agreement to all member meetings

Welcome to New Members
Seven Oaks General Hospital
• Pharmacists

Executive Council

- Officers**

President

Vice President

Treasurer

Secretary
- Directors**

Community Therapy Services Dietitian

Laboratory Mental Health

Nuclear Medicine Occupational Therapy Pharmacist Pharmacy Technician Physiotherapy Radiology Radiation Therapy Recreation Burntwood RHA

Nor-Man RHA

Winnipeg RHA
- Wendy Despins,**
SBGH Laboratory

Allan Harlow
Concordia Hospital Lab

Chad Harris, CCMB
Machinist

Randy Buschau, HSC
Orthopedic Technology

Margrét Thomas,
Physiotherapist

Susin Cadman,
Brandon RHA

Tom Walus, HSC

Kathy Yonda, Brandon RHA

Shelagh Parken, HSC

Adele Spence, DLC

Bob Bulloch, HSC

Cindy Dziadek, Concordia

Shelley Kowalchuk, HSC

Janice Smith, Condordia

Jenn Moyer, CCMB

Zana Anderson, DLC

Tanya Burnside,
Pharmacy Technician

Bernie Krawchuk,
Resource Coordinator

Jason Linklater, HSC,
Orthopedic Technology

Part 4 of
Collective Agreement: Understanding Income Protection

Income Protection Articles 1212 A

I'VE HAD AN ACCIDENT ON THE JOB!!

EMPLOYER

Claim for WCB benefits

Supplement 10% of WCB Payment

May apply for Supplement from Employer

WCB Benefits Paid directly to Employee

Supplement charged to Income Protection Credits

If WCB deems Supplement offsets WCB Benefits (Supplement not payable)

Income Protection Articles 1212 B

I'VE HAD A CAR ACCIDENT !!

Benefits cannot be received from both MPI and Income Protection

Claim for MPI benefits

Employer must be reimbursed

If MPI Claim is disallowed: Employee paid through IP and advance paid by Payroll Deduction

EMPLOYER

Advance during MPI decision waiting period

* Not to exceed basic salary less Income tax, CPP, & EI

* Covers date of injury to Date of MPI Decision

Cannot exceed lesser of:
- 119 day elimination period
- 70% of Income Protection Credits

Employee can request a statement of amount of advance payments and repayments

Income Protection Articles 1212 C

I'VE HAD A CAR ACCIDENT !!

Can submit application to Employer for supplement to MPI payments

Supplement 10% of Employees Regular Net Salary not earned

Supplement charged to Income Protection Credits

If MPI deems Supplement offsets MPI Benefits (Supplement not payable)

Seniority, Income Protection, & Vacation continue to accrue

* If IP credits have been accrued

or

* 119 days

Whichever is less

Staff Assignments

- Lee Manning**
Executive Director
lee@mahcp.ca

Heather Pappin
Secretary/Receptionist/Clerk
heather@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca
- Barb Johnson, LRO:**
barb@mahcp.ca

St. Boniface General Hospital, Central Medical Labs, Jocelyn House, Misericordia Health Centre, DSM-St. Amant Centre
- Ken Swan, LRO:**
ken@mahcp.ca

Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG, Sleep Lab), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic
- Michele Eger, LRO:**
michele@mahcp.ca

Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team
- Karen Noga, LRO:**
karen@mahcp.ca

Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba
- Armand Roy, LRO:**
armand@mahcp.ca

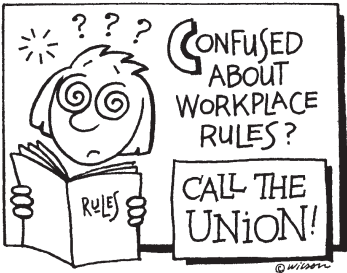
Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman RHA

How Well Do You Know Your Collective Agreement?

Question: For Central Table Agreements - What do you get paid for your lunch period if you are called to return to work 20 minutes into your lunch period?

Answer: You should be paid at overtime rates for that entire meal period.

“The information contained in this question is meant to be a general rule and should not be considered exhaustive in terms of contemplating every contingency in every work environment. Any questions that members may have regarding their particular situation should be directed to their Labour Relations Officer for clarification.”



From the Desk of the Labour Relations Officers

The Value of a Staff Rep

By Armand Roy
Labour Relations Officer

I was recently approached by a member who was very enthusiastic to tell me of what she had done to contribute to her workplace by sitting on the Health & Safety Committee. When her story came out I was both proud of her contribution and thrilled by her commitment. She was representing all of you in a way that most of you would rarely be privy to. Most of us would not know of her work unless we were told about it through the eternal grapevine. She had changed her workplace forever. Yet, she, as proud of her accomplishments as she was, felt she was just beginning. She had shown to me what unions are all about. Not strikes, conflict and confrontation but, changing the work environment to something much better for her and everyone around her.

She is not a Staff Representative, by the constitutional description of a Staff Representative, but, **she is representing the values, principles and character of the union**, and hence all of you, by fighting to make your workplace a better place to work. Her reward is knowing that she has made a difference.

As an LRO, I take great pride with the accomplishments of our Staff Representatives. I have worked and associated with a great number of unions over the years. The Shop Stewards and Staff Representatives of these unions are the backbone of their success. I could not do my job without them.

Forgive me if I only speak of some of the areas I represent. If they at all mirror the rest of the union we cannot do anything else but succeed in our mission to make Health Care in Manitoba both a better place to work for, but a better place for patients.

In South Eastman the staff representatives have been instrumental in changing their entire work environment. In fact, the EMS Staff Representatives are so ener-

gized and creative that I feel I am on the tail end of a thrill ride. My role is only to make sure it doesn't break the basic structure. It is truly a thrill. My only comment . . . watch out management, we've only just begun. One of my most outstanding moments so far occurred at a recent meeting with management when **a Resource Coordinator (Staff Rep) was debating with management over an EMS issue. THAT IS SOLIDARITY! She focused on representing the membership at large, not only the values of her discipline and stood for the betterment of the union as a whole.**

The same applies to the Staff Reps in Nor-Man. I have had calls from a Staff Rep in Radiology asking questions for members in EMS, or Lab, or Pharmacy. This is what builds a union. We work together. We attempt to find common, real solutions to difficult issues. It isn't where we come from. It's where we are going.

Burntwood has a very strong history with the Labour Movement. Mine workers, Forestry workers, and yes, even Health Care workers. More militant than many of us understand or appreciate. **Our Staff Reps are among the best there are. Knowledgeable, keen, strategically oriented, and fully supported by the membership they represent. For a union you can't ask for anything more.** They may be isolated from the mainstream, but, they can show the mainstream the true meaning of union.

The Staff Representative is the eyes, ears, and heart of the union. They are the first contact the member has. They are also the key to success of the union.

As a teenager I played chess a lot. In chess there is a hierarchy of players. It is based on the old European Monarchy system. The queen is considered the most powerful player on the board. The reality is she isn't. Her power is her weakness. She has to avoid everyone. She may be able to move everywhere but her dominance makes her the prime target. The King is even weaker. A wimp, yet he is the prize.

The real strength is the pawn. The

pawn sets the strategy of the game. It is the pawn that can win or lose a game by how they are played.

The Staff Representative is the powerful pawn. They read what is happening in the workplace and report back so the union can define a strategy. They ensure the growth and vibrancy of the union. They keep the members and the union informed. They build solidarity!

Without the Staff Representatives, my understanding of the jobs, concerns, values and riches of our members and union would have no reality.

The Staff Representative is not an unappreciated commitment of time and energy. For those who have had the courage to step up and become staff reps it can be one of the most rewarding trips you can take. Especially for people in Health Care who are so committed to performing their tasks well, to provide quality care to patients and the community, and are frustrated by the inadequacies of the system. They can truly make a difference by having an influence on how Health Care is delivered.

We all care about Health Care. We want patients and people in the community to receive the best care we can provide. How many times have you thought: "If only the bureaucracy could see and understand what is really going on and do something to make it better."

By being a Staff Representative you may actually have a chance to do exactly that. Make it better. What makes a good Staff Representative? Someone with vision, purpose, and someone who cares.

What is the value of a Staff Representative? Just ask yourself what would the union be without them?

If your area doesn't have a staff representative then you are losing out on doing real positive work towards changing your workplace and Health Care. Step up to the plate. Take a chance. You might find it's not nearly as overwhelming as you might think it is. In fact when you realize you have made a difference you can go home and feel proud that you not only cared for patients, but you have changed your workplace and helped your fellow workers..

Medicare

"Dream no little dreams" . . .

"Freedom, like peace, is indivisible. I must protect my neighbour's rights in order to safeguard my own."

T.C. Douglas

It was both a privilege and an honour to attend as a representative on your behalf "The Tommy Douglas Vision of Medicare S.O.S. Medicare 2: Looking Forward Conference" held this spring in Regina. The first conference was held in 1979. I have attended a number of conferences and lectures on Medicare and Wait Times in the last 2 ½ years and this 2007 conference was a historical event from the line up of speakers to the 600 plus delegates. The conference was opened by Shirley Douglas and over the course of the two packed days there were 38 speakers. Some of the speakers included the Honourable Allan Blakeney former Premier and Minister of Health, Monique Bégin former Canadian Minister of Health and Welfare, also the author of the Canada Health Act, Uwe Reinhardt PhD Professor of Political Economy, Robert G. Evans, PhD, Professor of Economics, Honourable Roy Romanow, former Premier of Saskatchewan and Chair Commission on the Future of Health Care in Canada, and Stephen Lewis former U.N. Secretary-General's Special Envoy for HIV/AIDS in Africa.

The audience was equally diverse, and the topic of Medicare was approached from many different angles and viewpoints. The session titles included:

1. Tommy Douglas' Vision and the Future of Medicare
2. International Perspective
3. Financing to Achieve Greater Equity
4. Health Care Reforms: Pharmacare, Home Care & Primary Care
5. Social Determinants of Health
6. Getting There from Here



Wendy Despina
President

Monique Bégin provided some sobering statistics:

- **45 million people in the United States are uninsured**
- **1 million people in the United States are underinsured**
- **The total population of Canada is 33 million**

The conference was structured so all delegates were able to attend all panel presentations. Each of the sessions began with a keynote address followed by presentations of four to six different speakers. At the end of the panel presentations the moderator invited the audience to raise questions or comments at one of several floor microphones. They generally took eight questions with approximately 90 seconds per speaker. There were several members of the Canadian Health Professionals Secretariat (CHPS) there including MAHCP, and **we each took advantage of this opportunity to raise the profile of our memberships and our concerns as health care providers.** Of the 600 delegates MAHCP was able to speak twice from the perspective of the allied health professional. I identified who we the members of MAHCP are and some of the issues facing us as health care providers. **I spoke of our critical shortages, our recruitment and retention issues, the increased injury rates in professions such as ultrasound and the ever increasing workloads coupled with extensive overtime.** I also questioned

the wisdom of purchasing equipment without the human resources required to operate it. These comments were well received. **A topic such as Medicare must be viewed in all of its complexities and include input from all health care providers.** It was heartening to hear that some of the panelists included all health care workers in their presentations. However, there was only one panelist from the demographic of Allied Health. Elisabeth Ballermann, President of Health Sciences Association of Alberta/NUPGE titled her presentation "It's all about People". Here are some of her key points:

1. The Canada Health Act needs to be expanded to include phase 2
2. Allied Health Professionals need to be acknowledged and included in the discussion
3. There are significant shortages - 85% shortage in laboratory technology by 2015
4. **There needs to be a comprehensive national human resource strategy for health care**
5. Retention is as important as recruitment

Findings in United States by Dr. P.J. Devereaux:

- **8% higher death rate in for profit dialysis clinics versus not for profit dialysis clinics. There are approximately 2,000 premature deaths annually at for profit clinics.**
- **Nursing homes have serious differences in quality of care – for profit nursing homes have a 40% higher incidence of bed sores**
- **Private health care costs approximately 20% more**

When referring to our Canadian Health Expenditures as a % of the Gross Domestic Product (GDP) Robert G. Evans, PhD, Professor of Economics University of British Columbia told us that Canada is in the best fiscal shape of

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Medicare cont'd

any of the G7 countries. He went on to say that **health care spending as a % of GDP had been very stable from 1975 through to and including 2006.** He talked about the Architecture of Conflicting Interests:

1. Who Pays?
2. Who Gets?
3. Who Gets Paid?

Privatization isn't about containing costs but of transferring costs.

- **50% of personal bankruptcies in the USA are due to health care bills**
- **USA Citizens have been arrested for their inability to pay their medical bills**

Michael Mendelson, Caledon Institute of Social Policy spoke on "The Federal Role in Financing Medicare". He stressed the point as did many other speakers that we need a national strategy. The role of equalization is a critical role of maintaining Medicare across the country. **He noted Manitoba and Nova Scotia as "have not" provinces** for an example of why we need to return to a federal strategy, not individual provinces and territories. As a further argument to support a national strategy he talked about First Nation health care and how it is the fiduciary responsibility of the government. There are terrible problems in health care on reserves that need to be addressed at a national level.

Titled "Forward First for Children"; Tom Kent, Principle Secretary to Prime Minister Pearson stressed the importance of addressing the needs of Canada's children when looking at a national health care plan. He also discussed political obstacles to Medicare. **The reduction and loss of federal transfer payments to the provinces has required replacing federal tax dollars with provincial taxes which has undermined Medicare as a national program. We need a national, federally funded strategy** that promotes

health and development of children and includes comprehensive nutritional care, dentistry, vision care, prenatal care and comprehensive health care programs.

Colleen Flood SJD, LL.M., Faculty of Law, University of Toronto discussed the Supreme Court of Canada's Chaoulli decision (right to private health care in Quebec). The Supreme Court had concluded that monopolies cause "wait lists" so therefore end the monopoly and the system problems are solved. Cuba and Canada are the only countries that have a health care monopoly yet there are many countries without a monopoly that have wait times and access problems. Some have historically much longer wait times than Canada. In New Zealand wait times are reported as reduced at 6 months, however your name is not added to a wait list now unless the system can meet your needs within 6 months. We need to look at the broader picture.

"Medicare is not a business venture, but a moral enterprise."
Honourable Roy Romanow
Royal Commission Report

I have only touched ever so briefly on some of the speakers and their various thoughts on Medicare. I plan to include more in future articles on Medicare and wait times.

This conference reinforced my pride at being a Canadian, my pride that we have one of the best health care systems in the world and that part of our Canadian identity is our Medicare system. **It also reinforced that it is sustainable, that it is affordable and that it is defensible. We need to defend our Medicare system. We need to be advocates for Medicare.** As Shirley Douglas said "we need to raise our voices to protect and defend health care, 33 million people in this country are counting on us."

"Courage my friends, it's not too late to build a better world."
Tommy Douglas

Respectfully submitted by:
Wendy Despins
President

Central Table Bargaining cont'd

proposed collective agreement other than stated above with the exception of a letter of understanding regarding the date of the final increment to the Westman deal and the inclusion of related groups in the Westman deal.

We stated to the ratifying groups that these two items were in dispute.

These areas of concern remain in dispute and the MAHCP has filed a complaint with the Manitoba Labour Board on May 25, 2007 on the matter as a first step.

On a personal note I would like to thank those who participated on the Bargaining Committee for their hard work, their time, their knowledge and support during this lengthy round of bargaining.

Members will continue to be updated on the Website and the 1 800# as more information regarding the disputed items becomes available.

A Post Bargaining Tour is planned for the fall of 2007 to discuss lessons learned at the 2006 table and to discuss strategies for 2010 bargaining.

Respectfully submitted by:
Lee Manning
Executive Director

Non-Central Table Bargaining Update

Society for Manitobans with Disabilities - The collective agreement is ready for signing.

Brandon Clinic - Bargaining has been scheduled June 6 and 11, 2007.

Community Therapy Services - The Employer has been served notice to commence bargaining.

Winnipeg Clinic - Notice has been served to the Employer to commence bargaining.

Legal Information - Discipline cont'd

On the issue of "Unsuitability", Brown and Beatty state:

In instances of repeated unsatisfactory performance, arbitrators have often been inclined to sustain the discharge or such a person.

... what is required to be shown is a pattern of persistent behaviour or performance which on balance indicates that the employee is unsuitable or unsatisfactory. Further, if the employer is unable to satisfy the board of arbitration that the grievor had been fully apprised of the duties she was alleged to have carried out improperly, that she had received adequate training on the job, that the determination that the grievor was unsuitable was drawn against relevant and defined standards which had been communicated to her, or that it was the grievor rather than some other person who was responsible for the defective performance, any discipline imposed will not likely be sustained.

On the issue of warning the employee of discharge, the authorities take the position that the employer make the employee aware of the shortfalls it sees in the employee's job performance. Where the shortfall arises as a result of a factor outside of the control of the employee, the employer should not be warning the employee about disciplinary consequences if the job performance does not improve. Arbitrators have taken the position that "only if the employer advises him of its concern, will an employee have the knowledge necessary to induce him to seek whatever assistance is available to enable him to improve his performance." (Brown and Beatty)

None of the forgoing is to say that one, culminating incident can not give rise to dismissal or other severe discipline. If the incident is so drastic (an assault for instance) as to cause a breakdown in the employment relationship, the employer

may have just cause to discharge on the basis of that one incident. This may be especially true in the medical field where an employee is directly responsible for the physical care of the public. Arbitrators have taken the position that where the employee actions directly affects the public and there are issues of public safety, where a lapse in judgment can have potentially grave consequences, there may be the ability on the part of the employer to summarily dismiss the employee. Arbitrators have however stated that: **"In the absence of such aggravating circumstances, arbitrators have uniformly rejected the claim that deficient work performance, by itself, merits dismissal."**

To sum up, if an employer determines that it will impose discipline of any kind the employer has an obligation to provide notice that discipline will be imposed. **The employer must have an accurate record of a course of conduct that warrants discipline and then must have outlined that the course of conduct, if it continues, will result in discipline.** Where discipline is imposed, it must be imposed on a timely basis and the union must be made aware of and given the opportunity to attend at the disciplinary meeting.

An employee can insure that they don't become the subject of unwarranted discipline by being alert to the rules that the employer has to follow in this regard. **If an employee receives an unwarranted reprimand that remains on their file, it may become the substance on which discipline is imposed in the future if another incident occurs.** When an employee is not sure of what their rights are they should talk to their union rep about the issue.

This paper is intended as an introduction to the topic and not as legal advice. If you require specific advice with respect to your situation, you should contact a lawyer.

This is one of a series of articles that will be appearing in future editions of the MAHCP News.

MAHCP Member Retirees

MAHCP would like to congratulate all members who have recently retired. We wish each and every one of you all the best on your retirement.

If you are retiring or know of someone who is retiring, we would like to hear from you. Neither the Employers nor HEPP provide us with that information so we are counting on you to let us know. You may contact us through email, phone, fax, through your staff representative, board member, on the web site or the 1-800 number.

MAHCP LEGAL ASSISTANCE PLAN

Membership does have its privileges

MAHCP members receive reduced legal fees on house purchases, sales and mortgages as well as Wills, Powers of Attorney and Health Care Directives under the MAHCP Legal Assistance Plan.

Discounts also apply to family law matters and members benefit from a 20% reduction in other legal fees.

**For more information, please contact
SHARON TOD at Inkster Christie
Hughes LLP at
947-6801**

Helpful Legal Information for MAHCP Members

Employer's Must Have Just Cause to Discipline an Employee

by Jacob Giesbrecht
of Inkster, Christie, Hughes LLP

One of the most traumatic events in a person's life is being disciplined by their employer. Being represented by a union means that if it does happen Association members don't have to deal with it alone. Every collective agreement that the MAHCP has entered into contains a provision prohibiting an employer from disciplining or discharging an employee without cause. That means the employer retains the right to discipline or dismiss an employee but only where that discipline is as a result of the employee's own actions. **Where an employee is disciplined, the employee has the right to have a union representative attend the disciplinary hearing.** This article will discuss some of the issues at play when an employer attempts to discipline an employee for cause.

An employer is not usually allowed to dismiss an employee without first providing a warning or a series of warnings before taking drastic action. For example, one incidence of tardiness will not constitute cause for dismissal. A pattern of tardiness may constitute grounds for discipline and if that pattern persists, may ultimately, after first attempting to rectify the problem using lesser discipline, be grounds for dismissal. An employer should notify an employee that a certain course of conduct will result in discipline if the employer is to impose discipline.

The law is clear that an employee facing discipline should be provided with notice of that event. As stated by Brown and Beatty in Canadian Labour Arbitration:

Of all of the conditions that collective agreements require

employers to satisfy in exercising their disciplinary powers, none is more basic than giving the employee and/or some union official notice of what action it proposes to take.

...Where the giving of notice is regarded as mandatory and fundamental, communications late and/or not sufficiently precise may render the discipline void.

The arbitral jurisprudence is also clear that the discipline should be reasonable in the circumstances. Terminating a long-term employee in the peremptory manner for a failure to follow an established rule may not be reasonable. Arbitrators treat years of good service somewhat like deposits in a bank account; it takes a large withdrawal to justify the closure of the account. Just so with a long-term employee who has spent many years earning the loyalty of her employer, it would require very serious misconduct to wipe all of that loyalty away in one stroke.

Some arbitral authorities state that when imposing discipline, employers are not to rely on incidents, even if they showed culpability on the part of the employee, where no disciplinary action was imposed when it occurred. This position is sometimes taken even where there was an oral warning at the time. The authorities state that where there is no progressive system of discipline, the employer is not entitled to rely on earlier acts of misconduct where the employer did not impose any form of discipline at the time.

On the issue of timeliness of imposing discipline, the arbitral authorities are again clear that the penalty imposed for misconduct must follow in quick succession to the misconduct. Delay in imposing discipline can cause the employee to forget the facts surrounding the misconduct and so prejudice her when defending her actions. Delay can also cause the employee to feel that she "got away with it" and that the misconduct was condoned by the employer. Where the employer cannot provide an explanation as to why they



did not impose discipline at the time of the misconduct, some arbitrators have overturned the discipline.

Where the employer wishes to impose discipline because an employee is not able to properly perform her duties, the employer has to follow certain steps in order to impose discipline. Brown & Beatty state on the issue of "Incompetence" that:

In the words of one arbitrator, to substantiate any disciplinary sanction the employer must establish "not only a failure to meet reasonable standards, but also some degree of culpable behaviour on the part of the employee which gives rise to this failure".

...Generally, it has been said that to substantiate a non-disciplinary termination in such circumstances, the employer must establish the level of job performance it required, that such a standard was communicated to the employee, that it gave suitable instruction and supervision to enable the employee to meet the standard, that the employee was incapable of meeting the standard of that job or other positions presumably within her competence, and that it warned the employee that failure to meet the standard would result in her dismissal.

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MAHCP Career Profile

Occupational Therapist

Submitted by
Adele Spence
B of Med Rehab (OT)



Adele Spence, OT

The most common question an Occupational Therapist (OT) hears is...What in the world is an OT? At various medical institutions you may have seen us running around with dressing equipment; working with wheelchairs; watching while clients prepare meals in our kitchen; making hand splints; or participating in various physical activities in the OT department. But what does it all mean, and are we really having as much fun as we appear?

Occupational therapists like to think of themselves as being very practical people who deal with the job of living. We divide this into the three main areas of life in which people participate – self-care, productivity, and leisure. **Our therapy assists clients in managing tasks to care for themselves such as washing and dressing or shopping and cooking, to name a few. We also adapt environment and activities that allow people to work safely, as well as enjoy their leisure time.** In addition,



OT's recognize our clients are more than just a mass of muscles and bones. We are trained to address the psychological and emotional parts of a

person in order to be successful with interventions. The final result is that our clients lead more independent, productive, safe, and satisfying lives.

Our job is as varied as the clients we see, but some basic daily living skills we address are:

- Learning new ways of doing things. i.e. dress or cook using one arm or to use equipment in order to maintain independence.
- Do activities to help maintain and improve strength, endurance, range of motion, and balance. We often do this by playing various games so

that clients don't even realize they're working hard.

- Adapt material or recommend equipment clients use such as properly fitted wheelchairs; bath and toilet equipment to maintain safety at home; recommend specialized eating utensils so that clients can feed themselves.
- Assess and train clients for safe use of manual and power wheelchairs and scooters
- Provide education on energy conservation, joint protection, and safety
- Home visits to provide commendations to maximize safety and prevent re-hospitalization before the client is discharged.



OT's work in a wide variety of settings including: hospitals and rehabilitation centres; group homes and hospices; the community and home health programs; business and industry; schools and private practice. You will also find us working in many different specialties such as ergonomics and injury prevention; return to work programs; psychiatry; geriatrics; paediatrics; and as advocates for disabled persons, to name a few.

So back to the original question: **As OT's, we don't cure the person who's had the stroke, chronic illness or life threatening disease, but we assist people to adapt to their circumstances which allows them to get on with the job of living.** And yes, we do have fun doing our jobs because it often means our clients begin to enjoy their lives again.

Final Call for Nominations MAHCP Executive Council 2007-08

Nominations for the 2007-08 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before 1600 hours June 29th, 2007. Please send to the attention of the Nominating Committee.

In order to be valid, a nomination must be signed by two eligible members of the Association (i.e. same occupational group, same geographical health region), and must include signature of acceptance of the eligible nominee.

The Executive Council of MAHCP monitors the business affairs of the Association, plans policy, and sets direction for the Executive Director to follow. The Constitution permits representation from each geographical health region, each occupational group with ten or more members, and each special interest group.

The following represents the current Executive Council positions, which have **one year** remaining in the existing term of office:

Regional Directors:

Winnipeg RHA

Occupational Group Directors:

Dietitian
Mental Health
Pharmacist
Radiology
Occupational Therapy
Nuclear Medicine

Employee Interest Group Directors:

Community Therapy Services

Officers:

President

Nominations will be accepted for the following vacancies on the Executive Council for a full **two year** term of office:

Officers:

Vice-President

Regional Directors:

Brandon RHA
Burntwood RHA
Nor-Man RHA
South Eastman RHA

Employee Interest Group Directors:

Aboriginal Health & Wellness Centre Clinics
Jocelyn House

Society for MBs with Disabilities

Occupational Group Directors:

Audiology
Cardiology
Child Life Specialist
Dietitian
Electroencephalography
EEG
EMS
Food Service Supervisor
Home Care Coordinator
Laboratory
Medical Physics
Midwife
MRI
Orthopedic
Pastoral/Spiritual Care/Chaplain
Physiotherapy
Psychologist
Radiation Therapy
Recreation
Resource/Utilization Coordinator
Respiratory Therapy
Social Work
Sonographer
Speech Language Pathology

(N.B. Should any members believe that a particular occupational group constitutes ten or more members, but is not listed herein, please forward a duly completed nomination for consideration by the Executive Council).

Any inquiries regarding the nomination/election process can be directed to the MAHCP office via mail, phone 1-204-772-0425, e-mail info@mahcp.ca, Fax 1-204-775-6829, or by our toll free number 1-800-315-3331.

A nomination form has been included in this newsletter and can also be obtained by calling the MAHCP office or downloading from our website, www.mahcp.ca.

In Solidarity,
Al Harlow BSc MLT
Vice-President



Al Harlow, Vice-President

Final Call for Resolutions

The Manitoba Association of Health Care Professionals is accepting proposals for change(s) and/or additions to:

- Constitution and Bylaws
- Standing Rules
- Policy Papers

Resolutions must be specific and must be typed or in legible handwriting and must be moved and seconded by a Member of the Association. The mover of the proposal should attend the Annual General Meeting on October 11, 2007, to speak to the proposal as written. A telephone number should be included should clarification be required. A copy of the resolution form will be available in the newsletter, or may be obtained by calling the office (772-0425), or by downloading from the website (www.mahcp.ca).

Please forward all proposals to the MAHCP office, to the attention of Al Harlow, Vice-President. **Resolutions are due at the MAHCP office prior to 1600 hours June 29, 2007.**

In solidarity,
Al Harlow BSc MLT
Vice-President

MAHCP Scholarship Fund

MAHCP Executive will award up to five (5) - \$400, scholarships annually. Scholarships are open to children of MAHCP members entering their first years of full-time post-secondary education. E.g.: University or Community College, etc.



Eligibility:

Consideration will be given to candidates (students) who must submit the following information:

1. A copy of their final High School transcript of marks.
2. A letter of recommendation from one of the following (teacher, employer, counselor, or supervisor).
3. A brief letter or resume outlining activities such as volunteer work, community work, or extracurricular activities.
4. A 500 word essay on the benefits of being a union member.
5. Their intended course of study and their letter of acceptance to a Post Secondary program must also be included.
6. Candidates should include their parent(s)/guardian(s) full name and place of employment.
7. Applications must be complete in full, otherwise they will not be considered.

Process:

Deadline submission of application (available on-line or through MAHCP Office) no later than 1600 hours on July 20th to:

Chairperson
MAHCP Scholarship Fund
101-1500 Notre Dame Avenue
Winnipeg, MB R3E 0P9

MAHCP Executive will notify all candidates by mail by end of August.

MAHCP Monique Wally Memorial Scholarship Fund

The criteria for the Monique Wally Memorial Scholarship Fund is the same as the MAHCP Scholarship Fund, except for the following: one (1) - \$400 scholarship will be awarded annually to children of MAHCP members entering their first year of full-time post-secondary education in an Allied Health Profession; and the topic of the 500 word essay is "why enter into an allied health profession?".

Call for Honour Roll Nominations

Eligibility:

The intent to publicly acknowledge the contribution of a Manitoba Association of Health Care Professionals member who has enabled the Association to grow and prosper.

This includes individuals who have given a generous amount of time serving as an elected officer on the Executive or one of many committees such as EAP, HEPP, Workplace Health and Safety.

It also includes individuals who have helped organize or were instrumental in organizing groups to join the Association.

Normally, individuals who have retired or are close to retirement and who have the general support of their colleagues would be considered.

Process:

Deadline for submissions will be no later than the end of July.

To: Chairperson
MAHCP Honour Roll
101-1500 Notre Dame Avenue
Winnipeg, MB R3E 0P9

Criteria:

A member in good standing:

- Who has served in an elected position on the Executive for at least two terms; and/or
- Who has served as a representative of the Association on Committees such as collective bargaining, EAP, Workplace Health and Safety; and/or
- Who has in a major way assisted in organizing new units for the Association; and/or
- Who has actively promoted the Association to others; and/or
- A member who has retired or is close to retirement; and/or
- A member who is generally recognized as a positive influence on behalf of the Association by their peers.