

**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.

If 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!

EMAIL UPDATES



If you would you like to receive **updates by email**, contact joan@mahcp.ca.

If you think you are supposed to be receiving email updates, but aren't, your email provider may be directing MAHCP email to your “junk” or “bulk” file folders. You may have to edit your settings.

SAVE THE TREES!! If you would like to receive this newsletter and other information by email only, please contact joan@mahcp.ca.

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.*



WORD SEARCH

O N O I T A I D E M R G Q
M O E X U N S A E S Q J Q
D I P S O T O Q T N V T E
R T R G Z U L U T S M C K
F A O N B D I F I D U R D
Q C P I F H D A M R C V H
R U O N R X A Z M A L B Y
V D S I I X R R O Z T I T
L E A A G M I G C A R B E
K K L R H P T K C H B L F
E D K T T O Y T M B H B A
R P I H S R A L O H C S S
F J A T C K D D Y A B E K

Committee
Training
Proposal
Solidarity

Education
Mediation
Scholarship

Hazards
Rights
Safety

**Gamma-Dynacare Medical Labs
General Membership Meeting**
Thursday, March 26 at 1930 hrs
MAHCP Office - 101-1500 Notre Dame Ave

Mark Your Calendar
**MAHCP 2009
ANNUAL GENERAL
MEETING**

Thursday, October 15, 2009
Clarion Hotel, Manitoba Room
1445 Portage Avenue

101-1500 Notre Dame Avenue, Winnipeg, MB R3E 0P9
Phone: 1-204-772-0425; 1-800-315-3331; Fax: 1-204-775-6829
Email: info@mahcp.ca; Website: www.mahcp.ca

NEWS

Manitoba Association of **HEALTHCARE** Professionals

March 2009

Solidarity in ACTION!!

A Staff Representative's Perspective

What is the definition of solidarity?

The dictionary defines it as unity, a community of interest, a group with common objectives or standards, and it was definitely present in our bargaining unit recently regarding a hot issue. Our bargaining unit is part of Central Table Negotiations and with bargaining underway the employer gave us notice that an article in our Collective Agreement was going to no longer be followed. We stood up together to raise awareness with management that this action would not remain unchallenged.

Prior to the last round of bargaining the union was informed that our employer was no longer prepared to administer a clause of the current collective agreement. However this article was NEVER presented during bargaining as a take away or as a proposal at either the central table or under local issues.

Through union-management meetings with the other unions involved (UFCW and MNU) we offered our employer a solution that would allow the article to remain intact and not put the RHA into a comprising situation.

Grievance Resolves Long Standing Pay and Benefits Inequity

by Gary Nelson, LRO

A Community Mental Health Worker recently filed a grievance that led to significant increases in her rate of pay, vacation entitlement and sick time bank.

The member had been employed as an Occupational Therapist (OT) with the WRHA, working first at one hospital and then accepted a position at another. In 2007, she accepted a full-time position as a Community Mental Health Worker (CMHW) with a Regional Health Authority. One of the various healthcare disciplines that were acceptable as qualification to be employed as a CMHW was that of an OT.

She resigned from the WRHA hospital where she had been employed at the 4th year step of the OT salary grid. Although the Manitoba Association of Health Care Professionals has a collective agreement at this WRHA hospital, the

Occupational Therapist classification is not one that is included within that collective agreement.

Upon receiving her first pay cheque as a CMHW she found that her pay was approximately \$2.00 per hour less than what she had been earning as an OT at the WRHA site. As a CMHW she had expected to earn more than what she had previously earned as an OT. The RHA informed her that her experience as an Occupational Therapist was not considered experience relevant to the position she had been hired into, even though it was one of the numerous health disciplines that qualified a person to be employed into the position. The Employer advised that she would be paid the 1st year step of the CMHW classification, which was the salary provided for under the collective agreement; and that there could be no negotiation on that salary. Although

continued on page 4

In the meantime the Collective Agreement was ratified and signed off by both parties (the union and our respective employers) and the article remained in the agreement. Since this article remained in the Collective Agreement our bargaining unit thought this was a dead issue and the discussion regarding the article would not happen until 2010 bargaining. WRONG!!

To our surprise this past October, our CEO sent out a global email to the entire organization and to the unions' representatives informing everyone that the practice arising from this article (UFCW and MNU had similar language) was going to be stopped as of November 28, 2008.

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Editor: Wendy Despins, President
wendy@mahcp.ca

Enclosed with this Newsletter:

- Executive Council Nomination Form
- Staff Rep Nomination Form
- Call for Resolutions Form
- Scholarship Application Forms

Meeting Calendar

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



April 8, 2009 <ul style="list-style-type: none">Executive Council Meeting 101-1500 Notre Dame Ave 0845 hrs to 1700 hrs	May 18, 2009 <ul style="list-style-type: none">AHWC Staff Rep Meeting Golden Terrace Restaurant 1200 hours	June 22 & 23, 2009 <ul style="list-style-type: none">Staff Rep Training Level 2 101-1500 Notre Dame Ave. 0830 hrs to 1630 hrs
April 8, 2009 <ul style="list-style-type: none">General Staff Rep Meeting 101-1500 Notre Dame Ave. 1830 hours	May 20, 2009 <ul style="list-style-type: none">HSC Staff Rep Mtg RR125, Rehab Bldg 1130 hours	June 25, 2009 <ul style="list-style-type: none">SERHA Staff Rep Meeting Smitty’s Steinbach 1200 hours
April 14, 2009 <ul style="list-style-type: none">Seven Oaks Staff Rep Mtg Hospital Cafeteria 1200 hours	May 28, 2009 <ul style="list-style-type: none">SERHA Staff Rep Meeting Smitty’s Steinbach 1200 hours	July 8, 2009 <ul style="list-style-type: none">Executive Council Meeting 101-1500 Notre Dame Ave 0845 hrs to 1700 hrs
April 16, 2009 <ul style="list-style-type: none">HSC Staff Rep Mtg FE019 Chown Room, CSB 1130 hours	June 9, 2009 <ul style="list-style-type: none">Seven Oaks Staff Rep Mtg Hospital Cafeteria 1200 hours	July 8, 2009 <ul style="list-style-type: none">General Staff Rep Meeting 101-1500 Notre Dame Ave. 1830 hours
April 20, 2009 <ul style="list-style-type: none">AHWC Staff Rep Meeting Golden Terrace Restaurant 1200 hours	June 10, 2009 <ul style="list-style-type: none">Executive Council Meeting 101-1500 Notre Dame Ave 0845 hrs to 1700 hrs	July 14, 2009 <ul style="list-style-type: none">Seven Oaks Staff Rep Mtg Hospital Cafeteria 1200 hours
April 23, 2009 <ul style="list-style-type: none">SERHA Staff Rep Meeting Smitty’s Steinbach 1200 hours	June 10, 2009 <ul style="list-style-type: none">General Staff Rep Meeting 101-1500 Notre Dame Ave. 1830 hours	July 20, 2009 <ul style="list-style-type: none">AHWC Staff Rep Meeting Golden Terrace Restaurant 1200 hours
May 12, 2009 <ul style="list-style-type: none">Seven Oaks Staff Rep Mtg Hospital Cafeteria 1200 hours	June 15, 2009 <ul style="list-style-type: none">AHWC Staff Rep Meeting Golden Terrace Restaurant 1200 hours	July 23, 2009 <ul style="list-style-type: none">SERHA Staff Rep Meeting Smitty’s Steinbach 1200 hours
May 13, 2009 <ul style="list-style-type: none">Executive Council Meeting 101-1500 Notre Dame Ave 0845 hrs to 1700 hrs	June 18, 2009 <ul style="list-style-type: none">HSC Staff Rep Mtg FE019 Chown Room, CSB 1130 hours	October 15, 2009 <ul style="list-style-type: none">Annual General Meeting Clarion Hotel Registration at 1730 hrs Meeting at 1800 hrs Reception at 2000 hrs Meeting Room TBA
May 13, 2009 <ul style="list-style-type: none">General Staff Rep Meeting 101-1500 Notre Dame Ave. 1830 hours	June 18 & 19, 2009 <ul style="list-style-type: none">Staff Rep Training Level 1 101-1500 Notre Dame Ave. 0830 hrs to 1630 hrs	

Staff Assignments

Lee Manning Executive Director lee@mahcp.ca	Janet Beaudry Executive Assistant janet@mahcp.ca	Lauren Shier Secretary/Receptionist/Clerk lauren@mahcp.ca	Joan Ewonchuk Administrative Assistant joan@mahcp.ca
Walter McDowell, LRO: St. Boniface General Hospital, Gamma-Dynacare Medical Labs, Jocelyn House, Misericordia Health Centre walter@mahcp.ca			
Ken Swan, LRO: Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic ken@mahcp.ca			
Michele Eger, LRO: Health Sciences Centre (all other HSC Members not included under Ken’s listing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team michele@mahcp.ca			
Gary Nelson, LRO: Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba gary@mahcp.ca			
Armand Roy, LRO: Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman RHA armand@mahcp.ca			

2008-09 Executive Council

Officers

President	Wendy Despins, DSM - SBGH, Laboratory
Vice President	Al Harlow DSM - Concordia Hospital Laboratory
Treasurer	Chad Harris, CCMB Medical Devices
Secretary	Bob Bulloch, HSC Pharmacist

Directors

Audiology	Leanne Gardiner, Brandon RHA
Community Therapy Services	Margrét Thomas, Physiotherapist
Laboratory	Janet Fairbairn, CCMB
Mental Health	Kathy Yonda, Brandon RHA
Nuclear Medicine	Shelagh Parken, HSC
Occupational Therapy	Adele Spence, DLC
Orthopedic Technology	John Reith, HSC
Physiotherapy	Shelley Kowalchuk, HSC
Radiology	Michael Kleiman, HSC
Recreation	Zana Anderson, DLC
Respiratory	Michael Bachynsky, SBGH
Burntwood RHA	Tanya Burnside, Pharmacy Technician
Winnipeg RHA	Jason Linklater, HSC, Orthopedic Technology

Bring your collective agreement to all member meetings.

Members Express their Frustration

Re: In response to the article “Hospital night staff upset”

As a Registered Cardiology Technologist I am writing this article to express my frustration regarding the direction being taken at some medical facilities with respect to the performance of diagnostic heart testing by untrained personnel other than trained cardiology technologists.



As quality assurance becomes a major thrust throughout health care facilities, I am taking this opportunity to introduce the Canadian Society of Cardiology Technologists (CSCT), and the role of cardiology technologists.

The CSCT is accredited with Canadian Medical Association (CMA) and has an affiliation with the Canadian Cardiovascular Congress which is a joint initiative of Canadian Cardiovascular Society (CCS) and Heart and Stroke foundation,

Incorporated in 1970, the CSCT invests considerable time, energy and funding to produce registered cardiology technologists with proven skills, techniques test analysis and theoretical knowledge. CSCT is a nonprofit organization established to raise and maintain standards of practice, level of competencies and the quality of patient care in Canada. All members must maintain and upgrade professional standards by participating in continuing education programs.

With technology expanding so rapidly the CSCT is working to preserve and improve National Professional Standards and practical competencies in the field of cardiac testing. Today we have over 1200 registered members, students and associates in Canada. Members may be employed in the field of cardiology by assisting and performing duties in electrocardiography (EKGs), Exercise Tolerance Testing (stress testing), Ambulatory Monitoring (Holter Monitoring),

Pacemaker Technology analysis and programming, Nuclear and Echo cardiac testing, as well as invasive, advanced and research diagnostic procedures.

Over the last few years CSCT has embarked on extensive projects and successfully reached many goals with the help

Best People for the Job

In response to the January 26 article, *Hospital night staff upset*, there are more people upset than just the night staff.

I am a registered cardiology technologist at a health facility who has been an instructor in the cardiology technician program at Red River College (2006-2008) and can say with all honesty that doing an EKG is not simple. Hooking the patient to electrodes and pressing a button is not all that is required. Knowing what is coming out of the machine is what is important. No, we do not interpret the results, but we do know if the results are interpretable.

Doing an EKG without knowing what you are looking at would be like having someone ask you to proofread a paper that is written in a different language. Would you know if there are spelling errors? Would you know if the handwriting is legible? Of course not.

Is patient safety an issue here? Yes it is. It would be sad to wait until something unfortunate happens before anyone takes action on this issue.

Cardiology technologists are the best people for this job --- no question.

By Colleen Bemister
Winnipeg Free Press,
Letter of the Day
February 5, 2009

of funding from Human Resource Development Council (HRDC). Its primary focus was twofold: to obtain CMA accreditation and to develop a computerized examination process.

The voluntary Board of Directors and Education Coordinators of CSCT have spent considerable time, dedication commitment and HRDC funding to prepare a living document, the National Occupational Profile (NOCP). The function of the NOCP is to review the existing educational training programs at an entry level and for planning courses in specialty areas. It also provides a frame of reference for revising the curriculum and instructional delivery methods that may be required to adequately prepare graduates to meet employment expectations as well as to successfully complete the National examination, set by CSCT. The NOCP is continuously changing as new responsibilities and procedures are added to the Scope of Practice.

In Canada there are currently five training institutes, one with distant education program, and one in Manitoba. Red River College graduated 13 students in 2007 and 16 students in 2008.

Thousands of heart patients are receiving timely and appropriate treatment today because of prompt assessment and treatment of cardiac arrhythmias by trained personnel through alert observation of an abnormal EKG.

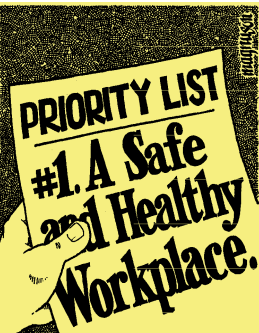
Members of the Manitoba Association of Cardiology Technologists Inc. (MACT) are concerned with the apparent differences in the education and practical skills of personnel performing these tests in various health care facilities.

We have set high standards for our profession and it is important it receives the recognition it deserves within the medical community and with the patients.

J. Polly Pachu RCT
Director CSCT
(past president CSCT, MACT)

How Safe is your Workplace?
You can make a Difference!

MAHCP Members



There are many MAHCP workplaces with vacancies for worker representation on Workplace Health and Safety Committees. The information that follows is specific to HSC and SBGH, however please consider letting your name stand for the Workplace Health and Safety Committee in your workplace.

We are looking for members who would be interested in sitting on the HSC and the SBGH Joint Workplace Health and Safety Committees. The committees consist of equal representation of union and management. Each union member is paired with a management member to act as a liaison to departmental safety committees as assigned.

The HSC committee meets the second Wednesday of each month from 1:30 pm to 3:00 pm. The SBGH committee meets the first Tuesday of each month from 1:30 pm to 3:00 pm.

The purpose of the committee is to audit the safety and health program at the centre and to ensure all areas are addressing safety issues in an appropriate and timely manner. The union/management pairs annually perform inspections in their assigned areas.

The Occupational Environmental Safety and Health departments are a great resource for the committees and have training initiatives for all members as to their roles and responsibilities as health and safety members.

Participation on one of these committees may provide you with credits towards your license. In addition there are two days of training required which also may count towards your license. Please check with your college for confirmation.

This is a great opportunity for members to become involved on a joint union/management committee. If you have a strong interest in Workplace Health and Safety this is the committee for you. Simply submit your name, occupation and where you work via fax, email, Contact Us form at www.mahcp.ca or Canada Post to MAHCP care of Allan Harlow, Vice-President, Chair - Governance Committee.



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The focus of the employer is on ensuring the people, equipment and the means to operate that equipment provide the best possible patient care not on how individual employees may be detrimentally impacted by the new technologies.

There is a human rights issue at stake in the recognition of the fact that not all employees have equal ability to perform physical tasks.

The Human Rights Code and the individual collective agreements impose a duty on the employer to accommodate employees who are adversely impacted by the work environment so as to work a discrimination on the employee based on their physical inability to perform a certain function. Asserting the rights to accommodation can be a long and drawn out process that might be avoided where due consideration is given to the physical impact new methods and technologies have on employees.

It is at the initial stage, when the new technology is first introduced that the most can usually be done to dull its detrimental impact on the health of the employees implementing the technology. This is where a committee member on the OHS committee can be the most effective. Many times the technology available to the employer providing the medical services is also available to alleviate the impact of physical strain inherent in the application of the technology. Devices such as ergonomically accommodating keyboards, voice recognition software and oral script readers are readily and economically available to alleviate some of the strenuous impact of the environment that may present a hardship to a minority, or in some cases a majority, of the individuals performing the new

function.

Providing the means to make an employee's job safer and healthier is at the heart of the duty to accommodate. The theory of accommodation is that the employee should not necessarily have to confirm to an unyielding, inhospitable work environment, rather consideration should be given to making the environment more hospitable so as to accommodate the individual abilities of the employee.

The duty to accommodate does not rest solely with the employer. The union, employer and each individual member of the association must be vigilant to and advocate on behalf of themselves and their fellow employees so as to address workplace health concerns before they cause serious problems.

New technologies are taking healthcare to amazing and new places. It is only when all of consequences of the new technologies are considered and accommodated that a true feeling of worth and progress can be achieved through the use and expansion of new technologies.

As you know, Inkster Christie Hughes LLP offers a legal assistance program to the members of MAHCP. Under this plan you receive reduced rates on a number of specific legal matters such as the purchase or sale of a home, Wills, Powers of Attorney, Health Care Directives, separation agreements, divorces as well as a reduction on general legal rates.

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 series of articles will continue in future editions of the MAHCP News. If there is a topic that you would be interested in, please contact Wendy at 772-0425.

President's Report

by Wendy Despins, President

Bargaining, What do you Want?

A vitally important part of collective bargaining is the discussions with you, the membership.

Executive Director Lee Manning and I are once again about to embark on a province-wide tour of meetings. We want to touch base with you on many of the plans underway as well as discussing central table bargaining. Meetings will be held in Burntwood, NorMan, South

Collective Bargaining form (page 9) are a result of just some of the work that was completed by the committee. Terms of Reference for MAHCP Collective Bargaining Committees were developed. Revisions made to the bargaining committee member position description and policies and motions supporting the complete process were written. With some minor tweaking, the entire body of work was presented and adopted at council in mid-January. This undertaking has provided us with a formalized framework for collective bargaining, and being mindful of succession planning leaves a legacy for those following behind.



Wendy Despins
President

EKG - A Dangerous Precedent

You may have seen my interview with Nelly Gonzalez from CityTV on February 20. Her request for the interview followed on the heels of an article in the Winnipeg Free Press on January 26 and two subsequent letters to the editor (please see page 15). Nelly wanted our discussion to cover some key points:

1. What is an EKG
2. What is the importance of an EKG
3. What risks would there be if EKG's were not performed properly
4. What concerns are being raised by health care professionals required to perform these tests in the absence of a Cardiology Technologist
5. Is there any impact on wait times?

In order to perform EKG's it is a condition of employment that qualified



Eastman, Brandon and Winnipeg. Meeting dates have been selected and meeting rooms are in the process of being booked. We will begin the tour in early April and conclude by mid-June. It is my hope that you will find a convenient time and a location to enable you to attend. Your feedback and participation are very important. Notices with the agenda will be out once all the meeting rooms are confirmed. I look forward to seeing you and encourage all of you to attend.

One of the Executive Council initiatives this past fall was to strike an ad hoc committee to review our collective bargaining process from A – Z. The committee was comprised of the President, Executive Director, Labour Relations Officers (LRO's) and board members who had participated both at local and central table bargaining. The flow chart that is included on pages 8 and 9 and the MAHCP Proposals for

I want to also reinforce the information from the article on pages 8 and 9 about the collective bargaining survey that will be in the June Newsletter.



A strong response from membership is crucial towards achieving our collective goals at the bargaining table. Please make some time to complete the survey, fill out proposal forms, and attend a meeting with Lee and me.

Cardiology Technologists, upon completion of their training, pass a national exam. It is important to note that there have been several people let go for their inability to pass the national exams.

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April 28, 2009 The International Day of Mourning

April 2009

S	M	T	W	Th	F	Sa
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

a day to reflect and remind us of the steps that we can take to make our workplaces safe. Hazardous working conditions may be overt and obvious or subtle and insidious. We all have a part to play in identifying the hazards and take the steps to ensure that our workplaces

Please take time on Tuesday, April 28 to honour those workers throughout Canada and the world for whom this day has been proclaimed. This day, in addition to paying respect for the lives lost or the workers injured in workplace accidents, is

are safe. It is through action that we can have healthier, safer work environments. In our workplaces an added concern is the risk of acquiring an occupational disease. To say nothing of the individual pain and suffering resulting from work related illnesses and injuries, the health care costs are staggering. Often the steps required for a safer work place are significantly less costly, without the pain and suffering. Focus on your day to day actions and practices, notice where and what situations may be putting yourself or others in jeopardy and initiate changes for a healthier, safer work environment.

Take the next step and find out about your local work-place health and safety committee, discover who your representative is, or become one, and together we can all strive for a healthier and safer work environment.

Grievance Resolves . . . Inequity cont'd from page 1

unhappy, the member trusted that the Employer knew what the collective agreement provided for, and accepted what she was told. She made no inquiries with the Union about whether the Employer was correct in its assertion.

The Employer's actions continued to bother our member and she had many further discussions with her supervisors, seeking an improvement in her rate of pay. As a result of those discussions, the Employer did agree to make some adjustments to her rate of compensation. However that adjustment fell short of where she felt she should have been compensated. Finally, in September of 2008, frustrated with how things were progressing, she contacted the MAHCP.

The Union Representative's assessment of what her compensation package should have been, upon her hiring, was vastly different than what the Employer had determined.

In examining the member's employment history and the language of the RHA's collective agreement, MAHCP believed that the Employer had erred in not recognizing the member's previous experience when it placed

her on the CMHW scale. Additionally the Union felt that the "Portability Memo #9" attached to the collective agreement entitled the member to bring a number of the benefits she had earned while employed with the WRHA hospital including: accumulated income protection benefits, length of employment applicable to rate at which vacation and pre-retirement leave is earned and length of employment applicable to increment dates.

The Employer's perspective was that the member was not entitled to the benefits of the Portability Memo as she had not been a member of the MAHCP while working at the WRHA hospital. The Union argued that the Portability Memo did not require a person to have been a member of the MAHCP with her former employer, but only that she had to have been formerly employed by an employer who was a party to a "Central Table Collective Agreement" with the MAHCP.

The grievance was resolved when the Employer agreed to place our member at the 4th year step on the CMHW salary grid as of her date of hire with the RHA. This resulted in a retroactive salary adjustment of over \$6,000 plus benefit plan and pension contributions. In keeping with the Portability Memo, which MAHCP has negotiated into most of its collective agreements, the Employer also agreed

to recognize the member's prior employment service with the WRHA hospital. This resulted in a one week annual improvement to her vacation entitlements as well as improvements to her pre-retirement leave bank and income protection banks.

Fortunately, this member brought forth her concern to the Union. She felt she had only been wrongly compensated; the Union agreed and found that she was entitled to other benefits that she had not even considered.

Unfortunately members often don't make that call of inquiry to the Union or leave it too long. If you believe you are not receiving an entitlement under the collective agreement **MAKE THE CALL**. Delaying those inquiries can have a negative impact on your issue and it certainly will make resolution of the issue more complex and time consuming. A phone call to the Union office can provide clarity to an issue and can result in the recovery of significant amounts of unpaid income and benefits for the member. **IT'S YOUR UNION**, why not use it.

Editor's Note: For a more indepth review of Transfer Agreements, please see the March and June 2008 MAHCP NEWS or go to www.mahcp.ca.

President's Report continued from page 3

Currently there is a delivery of service issue where there is a double standard and the delivery of service is inconsistently applied. In some facilities EKG's are being performed on nights by health care professionals trained in other professions. These are health care professionals who have not taken the national cardiology exams. Not recognizing a problem or error due to lack of sufficient training and experience can have serious ramifications.

We are concerned that where there are skilled worker shortages this will be the tip of the iceberg. There is a concern that testing will be off loaded to workers trained in other fields of expertise.

The issue is patient care, quality care 24/7. The delivery of service needs to meet the same standards regardless of time of day or location. There should be no second class patients in health care.



Strategic Planning

At the strategic planning conference the Executive Council and staff reaffirmed the direction we have undertaken and the many initiatives that are underway. One of those initiatives is the continued commitment to increasing public awareness through our marketing campaign.

So again this winter, beginning in mid-January MAHCP ran the "Depend on Us" series of TV, radio and billboard ads, concluding in late February, early March. We grouped our

occupations into three categories; Therapy/Rehabilitation, Diagnostic, and Community Health encouraging the public to "Depend on Us". The "Depend on Us" imagery is linked to the "Do Well" imagery. "Do Well" is the underpinning of our display booth and handout materials for the Winnipeg Rotary Career Symposium and the Brandon Career Symposium.

Brandon Career Symposium - An Award Winning Success for MAHCP

MAHCP was mentioned on the front page article in the Brandon Sun on Wednesday, March 4th, as a participant at the Brandon Career Symposium. The Article described our desire

to stimulate interest in health care professions as good solid career paths. Out of a field of 119 booths, MAHCP was awarded a spot in the top five, and received an award. The feedback has excellent. Many of you having seen the ads and called or emailed to comment. Thank you for your feedback. You can view the TV ads by going to www.mahcp.ca home page and click on

the slide show photo "Manitobans Depend on us".

"The future is not some place we are going to, but one we are creating. The paths are not to be found, but made. And the making of them changes both the maker and the destination."

John Schaar, futurist

How Well Do You Know Your Collective Agreement?

Question: My employer has told me that the next time I am sick, I have to bring in a medical certificate even if I'm only off one day, or part of day. Is this correct?

Answer: An employer is not entitled to ask for a medical certificate prospectively. The employer has to have a reason for asking for a medical certificate, whether it is to determine whether or not you were actually ill or injured, or to determine your fitness to resume your normal duties. To ask for a medical certificate before an absence, constitutes harassment. The Association website has medical certificate forms available that have been approved by our legal counsel, to ensure that the employer receives only the information to which it is entitled.

"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."



Helpful Legal Information for MAHCP Members

The Importance of Early Participation in Occupational Health

by Jacob Giesbrecht
of Inkster Christie Hughes, LLP



There is an ever increasing reliance on technology in the workplace. This is especially true in the world of health care. The proliferation of advanced electronic equipment in the diagnosis and treatment of patients is expanding at an ever increasing rate. The health care workplace is changing enormously as a result. Unfortunately, the changes never seem to simplify the workplace, the use of new technologies always seems to create more complexity. That increased complexity means the workforce that drives the healthcare industry has had to adapt to become more specialized and professionally educated. The Manitoba Association of Healthcare Professionals is well poised to represent this ever increasing association of paramedical professionals. That representation comes with a responsibility borne by all or our members and especially those who sit on the workplace safety and health committees.

With the specialization and increased use of technology come challenges to the workplace that our predecessors did not have to deal with. The constant use of technology in the workplace requires continuous repetitive movement (keyboarding, mouse manipulation, constant visual monitoring) that can increase the risk of injury where the risk was not there previously.

The same proliferation of electronic gadgets that aid the employer's goal of providing advancements in diagnosis

and treatment may in some case also be available to employees so as to ease the risk of injury brought on by the use of the new technologies. In today's work environment there is a greater opportunity to tailor the environment to the needs of the employee then ever before.

The rush to apply new technologies often ignores an important aspect of the application of the technology on the physical wellbeing of the employees using the technologies.

The sole focus of the employer is on patient care and the advancement of the technology itself. In days gone by it was a fairly simple matter for an employer, an employee or the union to establish whether the machinery employed to do the job had a negative physical impact on employees. If an employer decided to run a new machine there was the opportunity to observe, run and assess whether there were personal safety issues with respect to the operation of that machinery. If the union or employee determined that the machine was not safe, Workplace Safety and Health (WSH) was called and an inspector brought in to assess the safe operation of the machine by observing it in action.

It is not so simple anymore. What happens if that inspector is called in by an employee suffering index finger, eye, or thumb strain by almost continuous operation of a portable online device (POD)? The POD itself is a fairly innocuous device and its operation might

hardly be deemed to represent a safety risk over a period of short term use. Its occasional use will likely not present a safety issue for most people. There are those however who do not have the vision capability or the finger strength to operate this device for extended periods of time without physical difficulty. In certain employee's hands, this new form of technology may be impossible to operate in the conventional manner.

Members serving on workplace safety and health committees need to be aware of technological changes made by the employer and how they will affect individual employees with all of their individual abilities and disabilities.

One of the travesties of the move to a new technologically advanced workplace is that often physical disabilities are not recognized or accommodated.

cont'd on page 14

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:

**Jacob Giesbrecht at Inkster
Christie Hughes LLP at
947-6801**

Free Lunch, Free Coffee (& Free Training)! Education Pays!

By Shelley Kowalchuk



Shelley Kowalchuk

Bring 50 people together to talk about union issues, while educating them about union duties – can it be done? Who will come and can we make it worth their time? These are the questions that were asked when MAHCP planned to hold the first annual Staff Representative Educational Conference on October 16, 2008.

The MAHCP had been working to improve the knowledge base and training of our Staff Reps. We know there are scores of members who want to further their education and take on a more effective role, but need some help. To make that happen, a day long conference was developed to precede the Annual General Meeting. This provided education on a number of topics, some interactive work and some entertainment from an interesting guest speaker.

As a Staff Rep and an Executive Board member who had met the established criteria I was able to attend. I was interested in the training done by the Labour Relations Officers; they have a lot of knowledge that we as Staff Reps can use in our roles back at work. I also looked forward to hearing from Danny Schurr, the composer and writer of the musical *Strike!*

The conference, I feel, was a resounding success. I think everyone would agree it was a full day, with a

great deal of information to absorb, but it was important, timely information too. The pension piece couldn't have come at a better time, as the news of the world economies

was a hot topic. The short-snapper history lesson of unionizing was a great companion-piece to Winnipeg Playright Danny Schurr's rousing presentation about the 1919 General Strike and his musical adaptation called *STRIKE!*. The role of staff reps was good information as were the case-studies. Staff Reps also had a chance to give feedback for what they needed from the union to make their union positions work. We were tired at the end of the day. We had just scratched the surface of a lot of these topics.

So how did we lucky few get to take part in this? How do you get to attend the next one, to be held in October of 2009? And what are the next steps on the horizon, for fleshing out the Staff Rep role?

First of all, as Staff Reps, we are obligated to find out how to do our job – and the best way to do that is to sign up for Staff Rep training. There are two levels available and are offered usually in May-June and November of each year. It runs two days, and you receive valuable training in how to help your co-workers when it comes to labour-relations issues.

The Conference was created for the sole purpose of augmenting this training, and taking Staff Reps to the next level; achieving comfort with labour issues in general, how to do the nuts and

bolts of union activity and ultimately understanding the role of unions in society.

Ideally, we would like to see all Staff Reps receive the formal training; those that are trained are eligible to go to the Staff Rep Conference.

Rest assured our October conference wasn't the last word in training – there is more to come, and you can be part of it. Keep watching for advertising of upcoming opportunities for Staff Rep training as slots fill up fast.

As for the next steps, the MAHCP is laying the groundwork for a Pilot Project of a position called a "Senior Staff Rep". This person would be chosen out of a pool of existing staff reps to act as a point person for the LRO; to help write and file grievances; be a resource to other Staff Reps in the workplace; and organize meetings. We are still in preliminary stages with this Pilot and if successful, it will be implemented in other regions and centers. There will be more information in future newsletters and on the website.

There are many exciting changes happening at MAHCP, and we want you to be a part of it!

"Education is the most powerful weapon which you can use to change the world."

Nelson Mandela

CALLING ALL STAFF REPS!!

**Registration now being taken for June 2009
Level 1 & 2 Staff Representative
Training Seminars**

An informational flyer was included with the last Staff Rep package mail-out in mid-February and is also available on the MAHCP website. If you did not receive your package, please call the MAHCP Office at 772-0425. The deadline for seminar registration is early June.

July 30th - August 5th, 2009:

STRIKE! - Winnipeg's Human Rights Epic, the award-winning musical by Danny Schur & Rick Chafe will be performed for an 8-show limited engagement at the Canwest Performing Arts Centre at the Forks, Winnipeg. Show times are 8:00 PM daily with an additional 2:00 PM Sunday matinee on August 2nd. Tickets are only \$27 & \$30 (inclusive of tax & fees) and are available (9-5 CST) by calling (204) 942-8898 or by visiting MTYP.ca. For more information, visit www.strikemusical.com. For information on a \$5.00 ticket rebate, contact MAHCP.

The Dangers of For-Profit Health Clinics
The Report/HSA/CALM

A new groundbreaking report shows wait times are longest in areas where there is a large number of physicians working in for-profit, private clinics.

The report, *Eroding Public Medicare: Lessons and Consequences of For-Profit Health Care Across Canada*, details research findings of 130 for-profit health care companies across Canada. The for-profit health clinics are selling surgeries, MRIs and access to physician care.

The BC Health Coalition is calling on politicians and policy makers to act on the report’s findings and protect British Columbians from an increasingly aggressive group of private investors who are promoting profit-driven health businesses.

“This report should serve as a warning. For-profit clinics are draining resources from the public system and jeopardizing the equality and fairness of medicare,” says BCHC researcher Colleen Fuller, who notes that the growth of private for-profit surgical and diagnostic clinics across the country has dramatically increased in the last five years.

“Almost all the for-profit MRI/CT clinics have opened in the last 10 years, doubling in the last five. Almost all the for-profit surgical clinics and two-tier or boutique physician clinics have opened in the last five years,” says Fuller.

Solidarity In Action
cont’d from page 1

MAHCP immediately filed a grievance stating the RHA was in direct violation of the Collective Agreement that was in affect until 2010 bargaining. Our RHA’s stance was that since the usage of the article (and benefit) was not utilized by many MAHCP members and therefore the impact of removing this article was negligible if any!! Through all our prior attempts at finding a resolution this had remained the RHA’s position.

For the Staff Representatives this was a surprising and frustrating development and a step back in union management relations. We all hear the term ‘act in good faith’ but it was apparent our RHA had disbanded the practice altogether. If our RHA was successful in not abiding by this article outside of the collective bargaining process where would it end!!

Arbitration was scheduled for the end of January and mediation was requested with MAHCP welcoming the opportunity to resolve this issue. We believed this showed our good will and aided in our goal towards good union and management relations.

During mediation our RHA made attempts to have one agreement for current

and one for future members. Our RHA also tried once again to lessen the blow by saying very few members utilized this article and seemed puzzled to see a group stand strong for just a few members.

Our actions and decisions (Staff representatives involved in the mediation and discussions) came down to a fundamental argument; regardless of the article or the member usage we (as the UNION-MAHCP) had bargained in good faith and now the employer actions had put this process in jeopardy.

Our solidarity stood strong and we ended up with a solution that had been previously proposed around 18 months prior.

Our other brothers and sisters in UFCW lost this article/benefit in their round of bargaining and MNU attained similar language to MAHCP.

I would like to thank our Labour Relations Officer- Armand Roy for all his insight, direction and allowing those of us involved to lead the way and represent the membership. It has empowered us all.

To all MAHCP members... keep up the good fight and the high road!!



Editor’s note:

For a more in depth discussion of the issue please see Armand Roy’s Article “MAHCP fights for Burntwood employees’ benefits” on page 7. Each article brings a different perspective to the topic, first from the point of view of a Staff Representative and second from the point of view of a Labour Relations Officer (LRO).

Both underscore the importance of acting locally and thinking globally to borrow a popular expression. Had the MAHCP along with the MAHCP members of the Burntwood region not stood firm on this it would have set a precedent that could have impacted not only MAHCP collective agreements but other unions as well. **To the MAHCP members at the Thompson General Hospital thank you for your vision and solidarity!**

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 25th to:

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

MAHCP Executive will notify all candidates by mail by the 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 a resident of Manitoba 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: Bob Bulloch, Secretary
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.

Call for Nominations
MAHCP Executive Council 2009-10

Nominations for the 2008-09 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before 1600 hours Friday, June 26, 2009. 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:

- Officers:**
President
Regional Directors:
Winnipeg RHA
Employee Interest Group Directors:
Community Therapy Services
Occupational Group Directors:
Mental Health
Nuclear Medicine
Occupational Therapy
Radiology

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:
Burntwood RHA
Brandon 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
Orthopedics
Pastoral/Spiritual Care/Chaplain
Pharmacist
Pharmacy Technician
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,
Adele Spence
Chair - Nominations Committee



Adele Spence

Call for Staff
Representative
Nominations

All terms for Staff Representatives are for two (2) years beginning at the end of the Annual General Meeting in October. When required the Executive Council may appoint Staff Representatives if a vacancy occurs during the term or if nominations come in after the deadline date. These appointments end at the next Annual General meeting.

All those Staff Representatives who had their nominations in by the June 27, 2008 deadline still have one (1) year left in their term. These terms will end at the end of the 2010 Annual General Meeting.

The terms of those Staff Representatives who have been appointed by the Executive Council since June 27, 2008 will expire at the end of the 2009 Annual General Meeting. You will need to be re-nominated by this year's deadline in order to qualify for a two (2) term.

If an election is required they will be held according to the Constitution.

For a comprehensive list of the areas that are eligible to have a Staff Representative, please go to the web site (www.mahcp.ca). If you do not have access to a computer a list can be sent to you.

Your nomination must be received at the Association office by 1600 hours on Friday June 26, 2009.

In Solidarity,
Adele Spence
Chair – Nominations Committee

MAHCP Fights
for Burntwood
Employees'
Benefits

By Armand Roy, LRO

On December 13, 2006, well into the collective bargaining process, the Burntwood Regional Health Authority gave notice to MAHCP, United Food & Commercial Worker's (UFCW) and Manitoba Nurses Union (MNU) that they were going to suspend the employees' right to purchase their prescription drugs from the Thompson General Hospital.

This was in direct violation of article 2209 of the Collective Agreement. Article 2209 states: "The employer agrees to sell to eligible employees prescription drugs at the Thompson General Hospital cost." No proposal had been presented by the employer in bargaining indicating their need to remove this benefit from the employees in Burntwood. MAHCP immediately filed a grievance.

Following the notification, MAHCP also took the lead and organized a meeting in February of 2007 involving all three unions and the employer to address their objections. At the meeting MAHCP offered a solution which would solve the employer's concerns over their Pharmaceuticals contract. The employer agreed to find a process to continue to provide staff prescriptions in a way which

would not put their contract in jeopardy. The employer agreed not to violate the contract in the interim.

By October of 2007, MAHCP felt they had waited long enough for the employer to act and gave notice that they intended to go to arbitration.

It wasn't until the spring of 2008 that MAHCP began to hear from the employer that they had rejected the proposed offer by MAHCP but were looking for a solution which would affectively eliminate this benefit from the collective agreement. The employer indicated they would be interested in a buyout or some other form of inducement to eliminate the benefit from our members in Burntwood. MAHCP stood its ground.

On October 14, 2008 a notice was sent to MAHCP stating they would be suspending the benefit to employees on November 28, 2008. The Employer provided a rationale that stated their issue with continuing to provide the service as per the collective agreement. However they offered no compromise or solution, only the statement that they would cease to provide the service on a prescribed date. A further grievance was filed immediately as well as letters of objection to this unilateral action.

UFCW was in bargaining and had received a proposal to eliminate the benefit from their agreement. When they had concluded their negotiations they had given up the clause for a small buyout.

On November 28th the employer did as they had indicated and suspended offering

prescription drugs at cost to employees. MAHCP filed a third grievance and shortly thereafter submitted it for expedited arbitration. The date was set for January 28th 2009.

As with most arbitrations the request is made for mediation. MAHCP agreed and the parties met on January 26th just two days prior to the arbitration date.

At mediation MAHCP reiterated its solution to the issue which it had first presented in February of 2007. With the involvement of the membership a solution was reached at Mediation. The employer is to provide the opportunity for employees to purchase their prescriptions at any commercial pharmacy and that they are reimbursed or subsidized for the difference in cost between the Thompson General Hospital cost and the external pharmacy.

A memorandum of settlement was reached which protected the members' right to purchase their prescriptions and have the difference in cost reimbursed. Shortly after this agreement was reached with MAHCP, MNU signed a similar agreement based upon our settlement.

Throughout this process MAHCP was the leader. The BRHA was prepared to unilaterally ignore a clause in the Collective Agreement to meet their needs. However through the solidarity of the membership and in cooperation with other unions the employer finally realized that they must adhere to the principles set out in bargaining and uphold the Collective Agreement.

Call for Motions

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

- Constitution and Bylaws
- Standing Rules
- Policy Papers

Motions must be specific and must be typed or in legible handwriting. The motion must be moved and seconded by Members of the Association. The mover of the motion must attend the Annual General Meeting on October 15, 2009, to speak to the motion

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 motions to the MAHCP office, to the attention of Al Harlow, Vice-President. **Motions are due at the MAHCP office prior to 1600 hours June 26, 2009.**

In solidarity,
Allan Harlow, Vice-President
Chair - Governance Committee

Contract Proposal Development Process

The collective agreements of members who work in the worksites covered by one of the Central Table Agreements will expire on March 31, 2010. Your Central Bargaining Committee will notify the Employers of it's intent to commence collective bargaining ninety days prior to March 31, 2010. Much work needs to be done before those negotiations commence and every member plays a vital role in this process.

This month's collective bargaining article will examine how the union develops its list of proposals to be exchanged with the employers and what preparation is necessary to put the union in the best possible position for bargaining.

In providing this information it is our hope that it will encourage members to take an active role in the process, including submission of proposals for the new agreements, and completing our negotiations survey.

As soon as your last contract was ratified the MAHCP started developing its proposals for the next collective agreement. One of the first things to happen after a contract is ratified is to review issues that were brought forth at the bargaining table, but not achieved. Considerations are made as to whether those issues should be prioritized for the next round of bargaining. A future bargaining file is established where those concerns can be recorded and saved to review in preparation for the next round of bargaining. Through the life of the collective agreement that file grows as new issues are identified and added to the file. Some of the reasons why an issue may be added to the file include:

- New employment issues arise that our current collective agreement language is silent on or does not favorably address for the members.
- On an ongoing basis, the Union leadership and staff examine areas of the contract that generated a lot of grievances, clauses that have been problematic for members

of those unique health disciplines is crucial for us to best prepare for successful bargaining. This is especially so with regard to the smaller health disciplines that we represent. Compensation trends for large professional groupings such as Pharmacists or Laboratory Technologists are a lot easier for

Another valuable tool that members can utilize in letting the Central Bargaining Committee know what is important for them in the next contract is our negotiations survey. That survey will be contained in the next newsletter, which will be published in June of this year. It will allow you to tell us what your priorities

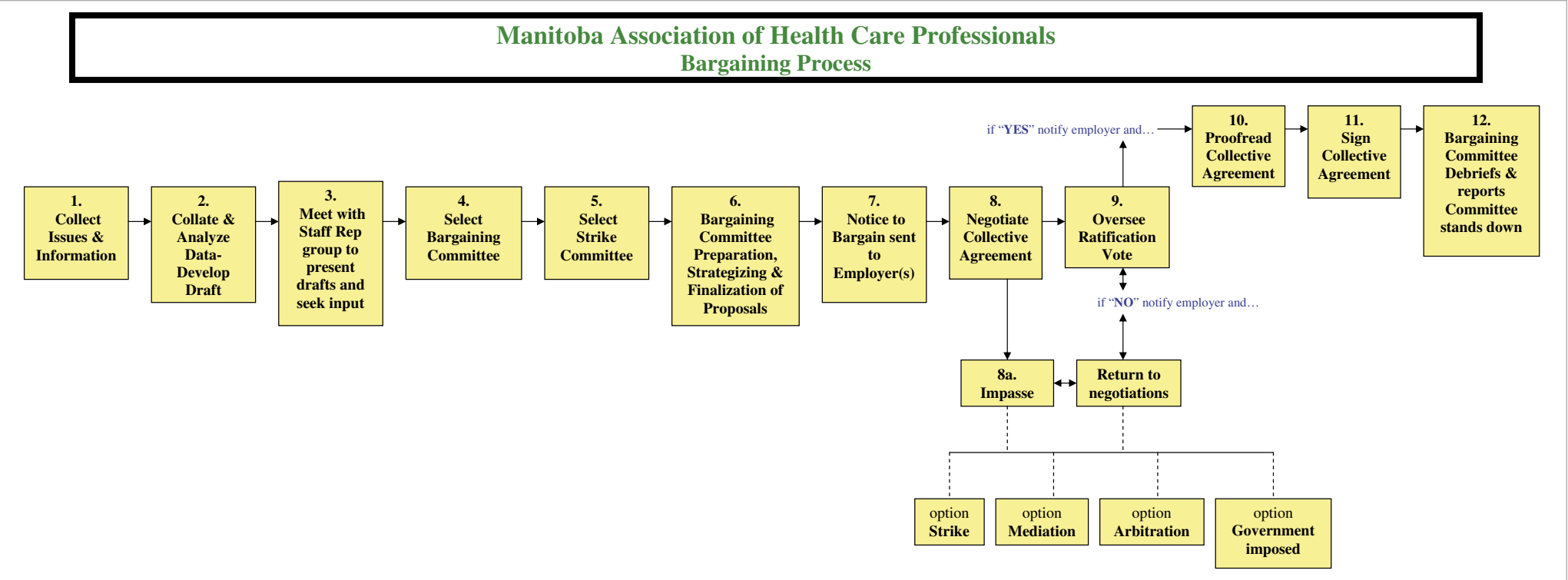
surveys to the MAHCP office. All that data as well as the issues contained within the future bargaining file will then be distilled down to a draft proposal package for bargaining. In September, Staff Representatives will be called to a meeting to review and discuss the Draft proposals and nominate representatives to the Central

Committee and serves as the Chief Negotiator. In their capacity as President and Executive Director Wendy and Lee are charged with the responsibility to appoint the Central Bargaining Committee from the names of the individuals nominated to serve. In considering the makeup of the Central Bargaining Committee there are numerous factors to be considered but crucial factors include:

- The terms of reference of the Committee which requires that 50% of the Central Bargaining Committee membership be comprised of members from the MAHCP Board of Directors.
- The experience of the individuals, as it relates to the collective bargaining process.
- The need for diversity of Committee membership with respect to the health disciplines and bargaining units we represent.

Your Central Bargaining Committee then finalizes what the proposal package will be for the central table negotiations and does all things necessary in preparation for bargaining with the employers.

This is the second in a series of articles on bargaining. To review the previous article, see the December 2008 MAHCP NEWS or go to www.mahcp.ca.



and issues that have received unfavorable interpretations and/or determinations by arbitrators.

- Other collective agreements within the Province or nationally are monitored so that we are able to stay on top of any trends in contract language or compensation that is developing.


Most importantly, and crucial to the process is the ongoing input and support of you, the rank and file members working within the more than 160 health disciplines that we represent. Your knowledge with respect to what is happening in all

the Union to monitor and track than compensation trends for smaller or unique groupings of health care providers such as Tobacco Dependence Counselors or Teachers for the Hearing Impaired.

On a daily basis, we get information from members that identify issues for attention at the next bargaining session. We need to hear from you on your issues - email is a wonderful way to forward your concerns and/or research with regard to a contract issue you feel needs addressing, faxing and mailing are also good ways to let the MAHCP know your issues.

for bargaining are and also provide us with a wealth of data that will be invaluable at the negotiations table. Please take the time to discuss the questions, within the survey, with your work colleagues and return those

Bargaining Committee. As per the MAHCP Constitution, the President, Wendy Despins is the Chair of the Central Bargaining Committee. Lee Manning, the Executive Director is also a part of the Central Bargaining



The MAHCP form: **Proposals for Collective Bargaining** is available on the website (www.mahcp.ca). Please complete all of the requested information and submit to the office via fax, email or mail.

