

**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!

Heather's Word Search

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

Harrasment	Bullying	Respect
Victim	Toxic	Morale
Absenteeism	Document	Incident
Impact		

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.

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 2007

**Reclassification Grievance
Upheld by Employer**

MAHCP Member Receives Significant Retroactive Pay

MAHCP member Susan Moss made inquiries with her Labour Relations Officer, Ken Swan because she was performing duties that she believed were of a higher classification. After receiving and reviewing position descriptions from the employer they determined that a reclassification from a senior to charge classification should be requested.

A grievance was filed in the summer of 2003 requesting the reclassification with retroactivity back to when the change in duties occurred.

The discussion and problem solving portion of the grievance was prolonged by the employer beyond the norm, sending this grievance through the multiple layers of bureaucracy that exist within the WRHA.

The grievance was eventually referred to arbitration. *After three years of process, a resolution was*

reached prior to going to arbitration in 2006.

The thought of filing a grievance may strike terror in the heart of some members, or be a welcome relief to others who are looking for resolution when in dispute with their employer.

When entering into the grievance process, as members we often are unprepared for the length of time that is involved, the number of factors and issues that need to be considered, and the number of people that may end up becoming involved.

After filing a grievance a member may be surprised by the length of time from the date of filing a grievance to resolution. With an unresolved issue frustration may start to build. "I filed my grievance 6, 8, 12 months ago what's taking so long?" A very good and often asked question. The process of grieving an issue can be lengthy, especially ones that go to arbitration. This slows down the process

dramatically as it is very difficult to get arbitration dates; with very few arbitrators available dates are often set a year to a year and a half in advance.

Before filing a grievance a number of questions need to be addressed that will help to clearly identify the issue. Once it is established as a grievance, the more data that can be collected to support it the stronger the case. Thus a very important piece to this process is the investigation stage, where a series of questions need to be answered and witness statements (if any) are gathered.

This serves to remind us not to become discouraged by this process, it is what it is and can be lengthy and frustrating but often the outcome is worth the time and effort. *Ultimately it does work and for this member not only was she able to successfully win a reclassification, she was also awarded retroactive pay.*

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.*



Inside This Issue

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Editor: Wendy Despins, President
wendy@mahcp.ca

Enclosed with this Newsletter:

- Executive Council and Honour Roll Nomination Forms
- Scholarship Fund Applications

From the Desk of the Labour Relations Officers

Harassment in the Workplace

by Michele Eger
Labour Relations Officer

You are the most useless person in this department! You never do anything right! No one here likes you!

As unbelievable as it is, these are all statements that MAHCP members have heard from their supervisors or coworkers. Sometimes, people have been putting up with these types of comments, and worse, for years. I have heard that some members go home crying every day after work.

This is completely unacceptable!

The above comments are blatant examples of employee abuse and harassment. Often, harassment is a lot more subtle than the above. It can take the form of constant criticism, denial of benefits or opportunities, being snubbed, ostracized, undermined or ridiculed. And, unfortunately, it is extremely difficult in most cases to prove. The harassment will usually not stop on its own, although it has been known to shift from one person to another, leaving you with relief that it has stopped for you, but always fearful that you will once again be the target.

Remember those schoolyard bullies that terrorized other kids at school? Well, guess what, they didn't just grow out of it, they have evolved into bullies at work.

According to information from the Canadian Safety Council web-site, bullies can be male or female and 80% are likely to be bosses. The victims, contrary to what you might think, are not weak and ineffective, but are statistically more likely to be confident, capable, well-liked individuals.

Or at least they were confident and capable, before becoming victims of bullying and/or harassment. The consequences are often devastating and can manifest as physical, mental, and/or emotional symptoms and may very well have a financial impact on the victim.

The impact of workplace bullying and harassment is also significant on the employer. It creates toxic workplaces that affect the whole department or area, not just the victim. It results in increased absenteeism, low morale and lost efficiency. Many cases of actual violence in the workplace have occurred as a result of bullying in the workplace.

Most employers have an Anti-harassment or Respectful Workplace Policy which is supposed to protect employees from bullying and harassment. Everyone should have a copy of your employer's policy dealing with harassment and make yourself familiar with its contents. As well, most of our Collective Agreements have articles dealing with Employee Abuse or

harassment. Please make yourself familiar with these articles.

As I have mentioned previously, it can be very difficult to prove that you are being harassed at the workplace. A good place to start, though, would be to document who, when, where and details of the incidents of harassment as they occur. It would also be helpful to note if there were any witnesses to the behaviour. **You should phone the union office** to discuss this with your Labour Relations Officer as soon as you feel abused or harassed by anyone at the workplace. We will discuss your options with you and even if you do not wish to file a complaint at that time, your confidentiality will be respected and you may feel better just knowing you are not alone, dealing with this problem.

The internet is a very good resource to find information, such as on the Canada Safety Council website: <http://www.safety-council.org/info/OSH/bullies.html>. Most of our members have access to Employee Assistance Programs through your workplaces. The counselors at the Blue Cross Employee Assistance Centre have helped many of our members deal with these issues and I recommend that anyone dealing with abuse, harassment or any other personal or workplace problem contact them for assistance. Services offered through the Blue Cross EAP are totally confidential and no information will be shared with your employer.

Five People Died Today!

Five people died today in Canada. Five died yesterday and five will die tomorrow. These are the most recent statistics released by the Federal Government about workplace injuries and deaths. It is a sobering reminder to give thought to workplace health and safety. Does your worksite have a workplace health and safety committee? Are you aware of who your

workplace health and safety representative is? If you have any questions or concerns please contact the MAHCP office.

It is also a reminder that April 28th is the International Day of Mourning. The Workers Mourning Day act was passed by the Canadian Government on December 28, 1990. Please take a moment on April 28th to reflect on those that have been injured or died in work related accidents. Please take a moment to think of your own safety in the workplace and the safety of your coworkers. (For more information on

the International Day of Mourning see the MAHCP News from March 2006.)



Non-Central Table Bargaining Update

Manitoba Clinic - A new one year Collective Agreement has been ratified by the Manitoba Clinic membership. The new Collective Agreement contains increases of approximately 2.5% as well as improvements to health benefits.

Society for Manitobans with Disabilities - The collective agreement is being proofed.

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

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

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

Aboriginal Health & Wellness Centre - The collective agreement is in effect until March 31, 2008.

Jocelyn House - The collective agreement is in effect until January 31, 2008.

Central Medical Laboratories - The collective agreement is in effect until March 31, 2008.

HEPP REPORT January 2007

The HEPP Audit Committee met on December 5, 2006 to:

- review the proposed budget for the 2007 year;
- meet with KPMG to discuss the Audit Planning Report for the year ending December 31, 2006;
- review the unaudited financial report for the period ending September 30, 2006; and
- review the revised Terms of Reference for the Committee.

The HEPP Board met December 14, 2006. "Highlights" of the meeting were:

- approval of the 2007 budget;
- report from Management that backlog in terminations has been dealt with;
- progress on the reciprocal agreement with the Teachers Retirement Annuity Fund;
- approval for hiring an in house bond manager for investments (part of the budget) that will save the fund money compared to the current fees paid;
- unaudited assets as at September 30, 2006 were just under \$3.2 billion;
- a report from Management that there has been progress in getting correct data from a number of employers where there has been difficulty.

Respectfully submitted by Ken Swan

Central Table Bargaining Update

The Bargaining Committee met with the employer over an eight day period in January. Both Central Table proposals and Local Proposals were discussed. At the end of this period, eighteen proposals remain on the Central Table; eleven of them are the Association's and the remaining seven are the employer's.

Over the course of this lengthy round of bargaining, the employer has been playing a "numbers game". The Association has been inundated with erository proposals with a trade for trade tactic towards a goal of achieving a status quo collective agreement.

It is the opinion of the bargaining committee that we are close to reaching an impasse at Central Table. If that occurs, we will have to explore our options. One option to be seriously considered will be to go to our membership.

Lee Manning
Executive Director

Updates will be posted on the website as well as the MAHCP information line (1-800-315-3331) as new information becomes available.

HEBP REPORT January 2007

The HEBP Board met December 15, 2006. Highlights of the meeting were:

- approval of the 2007 budget;
- the D & R Plan continues to have a small but improving surplus, even though there are more successful claims for disability;
- an amendment to the D&R Plan allowing members to be on approved employer paid return to work programs without affecting their 119 day waiting period;
- the financial status of Dental Plan is as expected, and it has a fully funded Claims Fluctuation Reserve (CFR) to offset any large unexpected events;
- the financial status of the Health Plans (Basic, Extended, and Retired) are as expected: Basic and Retired have CFRs, and the Extended is on track to eliminate the deficit.
- the Insurance Plans are still in good shape.

The Boards received notice that the Director of Benefits Administration, Kay Dunthorne will be retiring in September. In addition the Director of Finance, Rohini Halli tendered her resignation. This will create some challenges as the Plans will now be recruiting for three top administrative positions, not just the Executive Director.

Respectfully submitted by Ken Swan

MAHCP Career Profile

Radiation Therapist

Submitted by
Jenn Moyer
Radiation Therapist, CCMB

The aim of radiation therapy is to deliver a precise dose of radiation to a defined area of the body. Radiation therapists locate tumors and surrounding sensitive structures; plan and deliver radiation treatments; assure the quality of equipment and provide ongoing clinical assessment, education and support of the patient.

This high-tech, high-touch profession provides the opportunity to deliver high-quality patient care and comfort while working with technologically sophisticated equipment. Therapists develop treatment plans, and observe and evaluate patient's clinical progression. Once a radiation oncologist has ascertained that the patient will benefit from radiation it is the therapists'



responsibility to ensure the patient receives the prescribed dose to the designated site. Imaging studies of the targeted area are taken in the simulator then the planning therapists generate a plan for treatment delivery. Patient positioning and plan parameters must be reproducible for each day of the course of treatment. Daily treatments consist of positioning the patient and equipment, monitoring the patient and administering the radiation treatment. **Therapists must be accurate, be able to take initiative, have the ability to work independently or as part of a**

team and most importantly enjoy working with people. Equally important is attention to detail. When positioning a patient we are working to tolerances within millimeters.

Radiation therapy is quickly becoming a technologically advanced discipline. The days of designing and pouring blocks of cerrobend for patient shielding are now done with multi-leaf collimation built into the head of the machine. Four field treatment techniques for pelvis patients are being replaced with complicated IMRT plans, and some centers have their own surgical suites for performing Stereotactic Radiosurgery. On the planning front we see PET/CT Fusion imaging helping us create better dose uniformity with a minimal amount of healthy tissue in the field.

With an aging population and increasing sophistication of radio-therapeutic equipment, radiation therapists generally work in hospitals or clinics will continue to be in demand across the country. Therapists generally work in hospitals or clinics and new centres continue to be built or upgraded throughout Canada. There are 1315 registered radiation therapists in Canada with 69 therapists working in Manitoba. At present there is only one employer, CancerCare Manitoba, but a new centre

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MAHCP's Fourth Annual Strategic Planning Retreat

For the fourth year in a row the Executive Council braved frigid and stormy winter conditions to attend the Strategic Planning Retreat. Each year we have encountered record low temperatures with snow and blowing snow. On the upside everyone was content to stay in and focus on the tasks at hand.

Our facilitator Ron Hayes from the Centre for Professional Excellence has been working with our executive council for four years now. He continues to guide us through the development of processes and policies. As you may be aware in past years it was through his guidance that we developed our position descriptions for all members elected in our organization. Terms of reference for each of our committees and methodologies to evaluate each of them were also developed.

Through the use of some very interesting techniques the facilitator was able to inspire us, stimulating our imagination and creativity. **With intense long days, great debates, and idea exchanges the team was very productive.** Each of our four Executive Council committees; Communications, Governance, Management and Oversight developed strategic goals and strategies for the upcoming year. Additionally the Executive Council developed their vision of where they see MAHCP in five years time.



MAHCP Member Retirees

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

- **Diane Lazaruk,** Physiotherapist, South Eastman RHA
- **Maria DeGrave,** Laboratory Technician, Burntwood RHA

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.

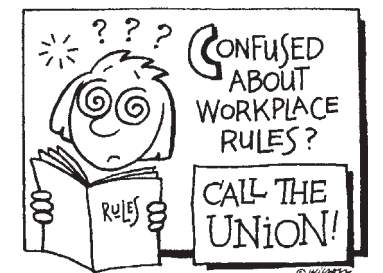
Our sincere apologies for anyone that has not been included in this list, we know that there are many more retirees out there.

Do You Know Who Your Staff Rep Is or are interested in becoming a Staff Rep?

Contact the MAHCP office at 772-0425 or 1-800-315-3331 for more information.

How Well Do You Know Your Collective Agreement?

Question: Can your schedule have you working days, evenings and nights?
Answer: NO! You can only be scheduled to work days/evenings or days/nights. The only exception is if you voluntarily agree to that.



"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

Maternity/ Paternity Leave

By Sharon L. Tod
of Inkster, Christie Hughes LLP

Members who have read through their collective agreements in detail (that is all of you, right?) will have noticed that there are differences between parental leave and maternity leave. Parental leave applies to: the natural mother of a child; the natural father of a child or a man who assumes the actual care and custody of his newborn child; or an adoptive parent. Those individuals are entitled to the parental leave benefits under Article 17 of the Collective Agreement. However, a biological mother receives additional benefits under the maternity leave provisions such as a "top up" of Employment Insurance benefits and up to 10 days of accumulated sick leave. This does not apply to adoptive mothers nor to fathers whether biological or adoptive. Questions have arisen from time to time as to whether this violates the discrimination provisions of Article 26 of the Collective Agreement or the Human Rights Code.



There is no question that individuals are being treated differently but the question is whether that amounts to discrimination. It seems logical to assume that if individuals are receiving different treatment that such treatment is discriminatory.

This matter has been considered by the courts and arbitrators in relation to the provisions of collective agreements and by the Human Rights Commission in relation to its Code.

Article 26 of the Collective Agreement provides that there shall be no discrimination or restriction based upon "family relationships". Under the Human Rights Code "family status" is a prohibited ground of discrimination.

The Supreme Court of Canada, in the case of *Gibbs v. Battlefords and District Co-operative Ltd.*, said "a finding of discrimination based on the imposition of a burden or the withholding of a benefit must be rooted in a comparison of the treatment received by a person with the treatment received by other persons". However, it is important to identify the appropriate comparator and, to do so, one must start with the individuals or groups that are to be compared.

There is a general recognition in the law that pregnancy is a unique physiological event which can justify treatment that is different from the treatment accorded to other parents. This is the key to why courts, arbitrators and Human Rights Commissions have found that additional benefits for biological mothers are not discriminatory. The result would be different if adoptive fathers were treated differently from biological fathers because neither experiences the physical demands of pregnancy and childbirth.

Courts, arbitrators and the Human Rights Commission also focus on the purpose and effect of



the benefit. If the purpose of the benefit is not to aid in the formation of a family (which would apply to all parents) but to protect the health and well-being of pregnant women and biological mothers while recovering from the health and related stresses of giving birth then there is justifiable reason for treating biological mothers in a different manner.

Essentially, the decisions made in these matters state that one cannot compare biological mothers to other parents as biological mothers are unique in that they experience the physical effects of pregnancy and childbirth. In addition, because the purpose of the additional benefits is to compensate for the physical effects, the provision of same is not discriminatory. Therefore, the provision of these extra benefits for biological mothers is not a breach of the discrimination provisions of the Collective Agreement nor the Human Rights Code.

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.

Radiation Therapist cont'd

is slated to open in Brandon within the next 2 years.

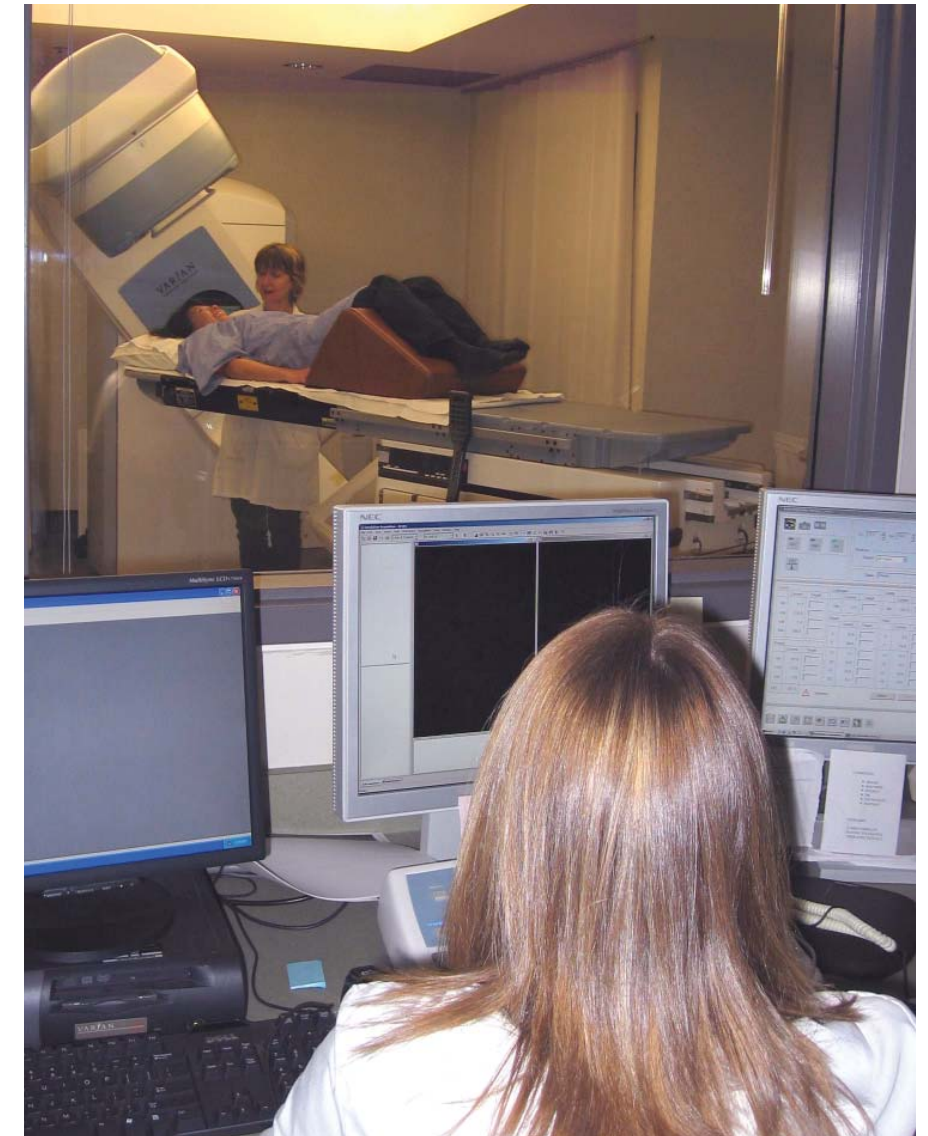
Due to strict radiation protection regulations most centers have the treatment area either separated from other departments or located in the basement. This allows for maximum radiation shielding to protect staff, patients and the general public.

Working hours are generally day shifts. Here in Winnipeg we work 8:00 a.m. to 4:15 p.m. with a Saturday on-call shift from 9:00 a.m. to noon. Occasionally an emergent patient will arrive in the department requiring immediate treatment. This does not always occur during the day and callbacks at 2:00 a.m. are not unheard of.

Therapists spend much of their day on their feet. An average machine will treat 30 patients a day and there is a lot of walking from the control area into the vault. A strong back and upper body is required to assist patients on and off the treatment couch and also for daily positioning. **Therapists need to use critical thinking and problem solving skills on a regular basis, and the ability to multitask and effectively communicate with staff and patients is very important.**

Currently in Manitoba the radiation therapy program runs for 28 consecutive months resulting in a diploma exit. It is a joint venture between CancerCare and Red River College with 90% of the classroom and clinical time spent at CancerCare. Prerequisites are University 1 and include Sociology, Anatomy & Physiology, Physics, Statistics and a written 'communication course. Students must also acquire a current St. John's First Aid certificate.

Upon completion of the program, therapists are required to pass a national competency based exam through CAMRT. Yearly licensing with CAMRT and MAMRT is required for employment.



Welcome to New Members

Misericordia Health Centre

- Eye Bank
- Supervisor at the Intake and After Hours Provincial Health Contact Centre

St. Boniface Hospital

- Coordinator of Hospital Elder Life Program

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

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.