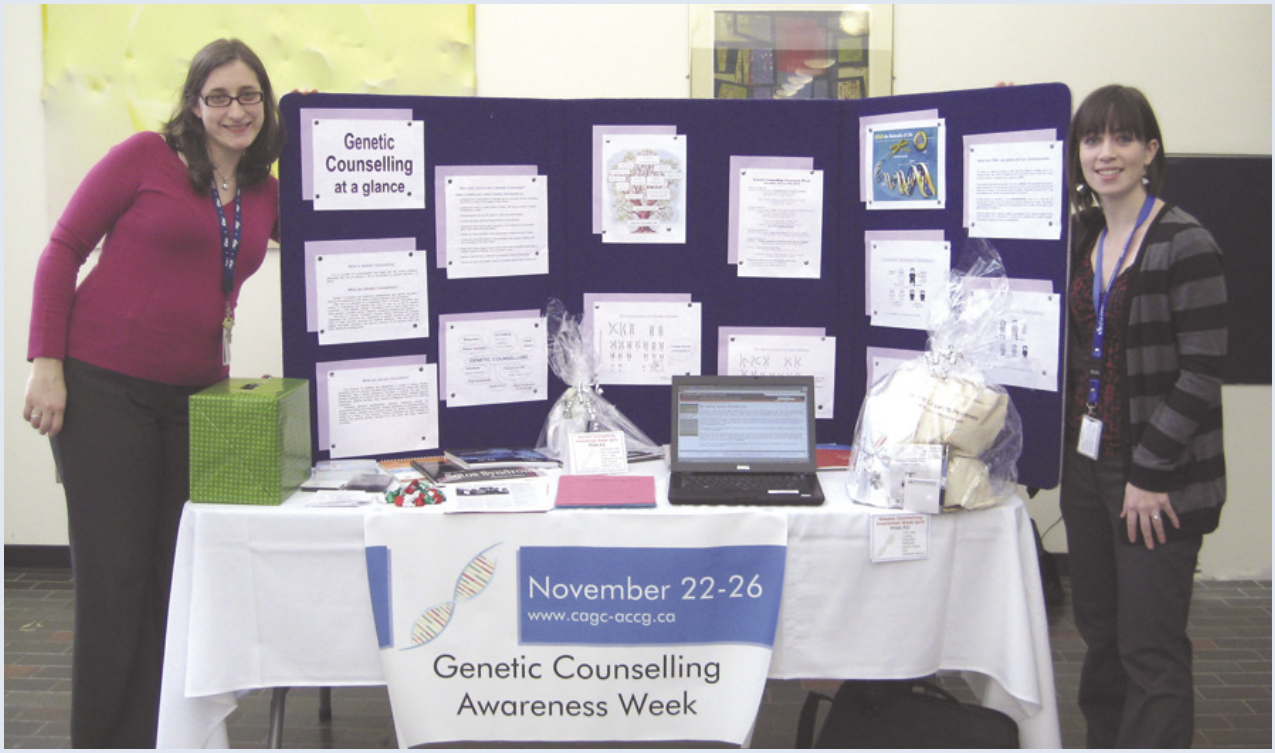
NEWS
Manitoba Association of HEALTHCARE Professionals
March 2011

Congratulations Genetic Counsellors!

Celebrating the CAGC 20th Anniversary



Pictured above: (left to right) Melissa Dumouchelle and Jessica Hartley

Genetic counsellors in Canada were challenged to promote our profession through the first annual "Genetic Counselling Awareness Week", which took place from November 22-27, 2010. This week was arranged to commemorate the 20th Anniversary of the Canadian Association of Genetic Counsellors, and genetic counsellors in province planned an initiative or events that would help to increase professional awareness in their own institution or community.

In Winnipeg, we organized daily events to highlight the expertise of genetic counsellors in various subspecialties. We arranged to screen two films with underlying genetic themes and presented a special case rounds and academic session. Our "Java and Genes" coffee house wrapped up the week. At this event we read excerpts from books exploring families' and health care providers' experiences with genetic counselling and living with a genetic condition. In addition to scheduled events, our booth was displayed in various locations. We encouraged interested individuals to ask questions about the profession, learn how to collect their family history and complete a genetics quiz to win a prize. Our team put forward an enthusiastic effort to further the knowledge of our profession and our activities were selected by the CAGC as the best in the country! We were awarded a gift card to a restaurant of our choice.

Congratulations to all of Manitoba genetic counsellors and thank you for all of your hard work toward this very successful week!

Read more about Genetic Counsellors on page 4.

Inside This Issue

Enclosed with this Newsletter:
- Executive Council Nomination Form
- Staff Rep Nomination Form
- Scholarship Application Forms
- Call for Resolutions 2011

Editor: Wendy Despins, President
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CANADIAN ASSOCIATION CALM OF LABOUR MEDIA

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 Develoment Fund.*

Meeting Calendar

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

March 8, 2011
- Seven Oaks Staff Rep Mtg
  Seven Oaks Cafeteria
  1200 hours

March 9, 2011
- Executive Council Meeting
  101-1500 Notre Dame Ave
  0845 to 1700 hours

March 9, 2011
- General Staff Rep Meeting
  101-1500 Notre Dame Ave.
  1830 hours

March 16, 2011
- HSC Staff Rep Meeting
  NA227, Isabel Stewart Bldg
  1130 to 1300 hours

March 17, 2011
- SEH Staff Rep Meeting
  Smitty's, Steinbach
  1200 hours

March 21, 2011
- AHWC Staff Rep Meeting
  Golden Terrace Restaurant
  1200 hours

April 6, 2011
- CCMB Staff Rep Meeting
  Location TBA
  1200 hours

April 12, 2011
- Seven Oaks Staff Rep Mtg
  Seven Oaks Cafeteria
  1200 hours

April 13, 2011
- Executive Council Meeting
  101-1500 Notre Dame Ave
  0845 to 1700 hours

April 13, 2011
- General Staff Rep Meeting
  101-1500 Notre Dame Ave.
  1830 hours

April 18, 2011
- AHWC Staff Rep Meeting
  Golden Terrace Restaurant
  1200 hours

April 21, 2011
- HSC Staff Rep Meeting
  NA001, Isabel Stewart Bldg
  1130 to 1300 hours

April 21, 2011
- SEH Staff Rep Meeting
  Smitty's, Steinbach
  1200 hours

April 22 & 25, 2010
- Stat Holidays
  MAHCP Office Closed

May 4, 2011
- CCMB Staff Rep Meeting
  Location TBA
  1200 hours

May 10, 2011
- Seven Oaks Staff Rep Mtg
  Seven Oaks Cafeteria
  1200 hours

May 11 2011
- Executive Council Meeting
  101-1500 Notre Dame Ave
  0845 to 1700 hours

May 11, 2011
- General Staff Rep Meeting
  101-1500 Notre Dame Ave.
  1830 hours

May 16, 2011
- AHWC Staff Rep Meeting
  Golden Terrace Restaurant
  1200 hours

May 18, 2011
- HSC Staff Rep Meeting
  NA235, Isabel Stewart Bldg
  1130 to 1300 hours

May 19, 2011
- SEH Staff Rep Meeting
  Smitty's, Steinbach
  1200 hours

June 1, 2011
- CCMB Staff Rep Meeting
  Location TBA
  1200 hours

2011 STAFF REP TRAINING DATES

June 2 &3 and 6 & 7, 2011
- Staff Rep Training Levels 1 & 2

November 3 & 4 and 7 & 8, 2011
- Staff Rep Training Levels 1 & 2

Bring your collective agreement to all member meetings.

Bargaining Updates

Non-Central Table

Aboriginal Health & Wellness Centre: The current AHWC collective agreement expires on March 31, 2011. Dates are not confirmed as yet, but bargaining is expected to begin in early April.

Brandon Clinic: Draft proposals are being prepared for the negotiation team. No dates have been set with the employer.

Gamma-Dynacare Medical Laboratories: The agreement expires March 31, 2011, but is still in effect until a new agreement is signed. The bargaining committee has scheduled several meeting dates in March to prepare for bargaining. The Association is currently dialoging with the Employer to schedule dates in April and May, however nothing is confirmed at this point in time.

Jocelyn House: The agreement expired January 31, 2011, but is still in effect until a new agreement is signed. Bargaining is scheduled to begin on March 17th with the exchange of proposals. Two more dates have been scheduled on April 7 and 21st.

Manitoba Clinic: The Manitoba Clinc collective agreement was ratified in December 2010 and is in effect until December 31, 2013.

Society for Manitobans with Disabilities: Draft proposals are being prepared for the negotiation team. No dates have been set with the employer.

Winnipeg Clinic: A one year contract extension was signed retroactive to April 1, 2010. Wage rates reflect the April 1, 2010 increase provided to members in the hospitals that were gained in the previous agreement.

Central Table

As you know, your central table bargaining committee has met several times since mid September through December. Bargaining resumed in mid January, continuing throughout February and March. The bargaining committee focus has been to negotiate the non-monetary portion of the central table agreement.

Additionally, work has continued on creating an amalgamated master agreement for each of the following three entities; Diagnostic Services Manitoba (DSM), WRHA Regional Pharmacy Program and the new WRHA Corporate Program. These amalgamated agreements will form the starting point to then begin bargaining for those groups, in concert with the other central table agreements.

The **three new collective agreements** have been the focus of the committee's time for the last seven days of bargaining, this task is very labour intensive, and the committee is finding this process to be very arduous.

Once all of this work is completed, amalgamating the three new agreements and finishing the non-monetary proposal package the committee will commence bargaining for the local issues, (site or region specific) followed by the monetary proposal package.

When we last reported to you we had dates booked until the end of April, 2011. We are presently looking at dates that will take us through the third week of June.

I would like to thank the bargaining team for their on-going commitment and dedication to this process while they set aside countless hours to accomplish the goal. They make many personal sacrifices in order to achieve something that all our members benefit from.

Lee Manning, Executive Director

Employee Assistance Program Spring Workshops

Understanding Depression and Helping Others with Depression
St. Amant Centre – March 4, 2011, 0930 to 1100 hrs

Healthy Eating for Life
CancerCare Manitoba – March 9, 2011, 1200 to 1300 hrs

Communication Techniques & Conflict Resolution
Concordia Hospital – March 14, 2011, 0900 to 1200 hrs

Understanding Depression and Helping Others with Depression
CancerCare Manitoba – March 23, 2011, 1200 to 1300 hrs

Stress Management
St.Amant Centre – March 25, 2011, 0900 to 1200 hrs

Appreciating Differing Workstyles
St.Amant Centre – March 28, 2011, 1300 to 1600 hrs

For details on specific sessions go to http://home.wrha.mb.ca/education/index.php

To register for any of the EAP Sessions call 786-8880.

Call for Resolutions

The Manitoba Association of Health Care Professionals is accepting resolutions 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. The resolution must be moved and seconded by Members of the Association. The mover of the resolution must attend the Annual General Meeting on October 13, 2011 to speak to the resolution 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 resolutions to the MAHCP office, to the attention of Margrét Thomas. **Resolutions are due at the MAHCP office prior to 1600 hours June 30, 2011.**

In solidarity,
Margrét Thomas
Chair - Nominations Committee

MAHCP Career Profile

Genetic Counsellors

Submitted by
Jessica Hartley, MS, CGC
and
Kim Serfas, MSc, CCGC

You have a family history of young onset cancer or sudden cardiac-related deaths. Your son has just been diagnosed with Fragile X syndrome. You and your partner have experienced recurrent miscarriages or fertility problems. Your baby has a positive newborn screen. You have a family history of a genetic condition like Cystic Fibrosis.

What medical professionals might be able to help you?

Genetic counsellors are medical professionals that assist individuals and families in understanding the natural history of birth defects and genetic conditions. They assess the risk of recurrence or occurrence of a condition and discuss inheritance patterns. They determine available testing options, are trained to interpret test results, discuss prevention, medical management and options for prenatal diagnosis. Genetic counsellors also provide supportive counselling with sensitivity to ethnic, cultural and religious diversity and address potential ethical issues. Their aim is to help patients adapt to the psychosocial and familial issues that may arise as a result of a condition and/or family history of a condition.

Depending on the concern or reason for referral, you may interact with a genetic counsellor who has a specific area of expertise. Genetic counsellors may specialize in: prenatal genetics, pediatric or adult genetics, laboratory genetics, metabolic genetics, cardiogenetics, neurogenetics or familial cancer. Some genetic counselling sessions are uncomplicated and require only one visit. Other times, multiple sessions are needed to collect additional information, to update the family or to deal with ongoing medical and/or psychosocial problems. While the ideal would be face to face counselling session, Telehealth has been a very useful and effective tool to reach out to patients outside of major centres.

Genetic counsellors can work in a wide variety of settings and collaborate with patients and their families, as well as other healthcare providers (geneticists and other physicians, social workers, dieticians and nurses), policy-makers, patient advocacy groups and researchers. Most genetic counsellors work as a member of a health care team in traditional environments, such as university medical centers and laboratory settings. Some genetic counsellors also work in administrative capacities. Many engage in research activities related to the field of medical genetics and genetic counselling.

The average genetic counsellor's work week can involve a great mixture of responsibilities and duties. These range from fielding urgent requests for information to holding regular scheduled patient clinics to provide in-person consultations. Genetic counsellors serve as educators and resource people therefore may be involved in teaching of medical students, physicians and other health care professionals, participating in public education/support events and contributing publications to the medical literature.

Like many health care professional, genetic counsellors can work with patients and families in times of extreme stress. These types of intense interactions can contribute to feelings of burn out and compassion fatigue. It is very important for the genetic counsellor to be employed in an environment that recognizes this possibility and allows for necessary de-briefing sessions to occur.

continued on page 5

Genetic Counsellors: Back Row (left to right) Monique LaPointe, MS, CGC; Melissa Dumouchelle, MS; Patricia (Patty) Bocangel, MSc, CCGC; Kim Serfas, MSc, CCGC; Alison Elliott, MS, CGC. Front Row (left to right) Linda Carter, RN; Shannon Chin, MSc, CCGC; Sherri Burnett, MS CGC; Jessica Hartley, MS, CGC; Claudia Carilles, MS, CGC. Absent when photo was taken: Karen MacDonald, MS.

continued from page 4

To become a genetic counsellor requires specialized training and experience in the areas of medical genetics and counselling. This training usually includes a bachelor's degree in biological or social sciences followed by a Masters degree in genetic counselling from an accredited program. Historically, genetic counsellors have also come from other backgrounds, including having other types of Master's degrees, nursing degrees, and social work degrees.

Students accepted into genetic counselling programs typically have taken university courses in basic and advanced biology, genetics, human genetics, molecular genetics, organic chemistry, biochemistry and psychology. Their academic background is often balanced by volunteering at crisis hotlines and other counselling services, working with people who have genetic conditions, shadowing a genetic counsellor, and being involved in campus groups or community projects.

Coursework in a Masters program typically includes clinical genetics, population genetics, cytogenetics, and molecular genetics coupled with psychosocial theory, ethics and counselling techniques. Clinical placement in medical genetics centres is also an integral part of the degree requirements. There are currently three accredited genetic counselling programs in Canada and approximately thirty American programs. Our staff has both Canadian-trained and American-trained genetic counsellors which adds to the diversity of the Manitoba program.

After graduating from an accredited program, genetic counsellors in Canada are encouraged to become certified in their field. Certification is initially obtained by writing a board examination through either the Canadian Association of Genetic Counsellors (CAGC) or the American Board of Genetic Counseling (ABGC). These examinations are offered biannually/annually and focus on both the medical and psychosocial aspects the genetic counselling profession.

Like other allied health professionals, genetic counsellors are life long learners. To maintain certification they must accumulate continuing education units (CEUs). CEUs are collected by attending national/international genetics conferences approved by either the CAGC or ABGC, completing online courses, teaching, and contributing to research. Although online courses are available to keep genetic counsellors up-to-date on recent advances, they cannot replace the networking and communication opportunities available at national/international conferences, which allow genetic counsellors to share their expertise and learn from that of others.

There are more than 275 genetic counsellors in Canada, 10 of which practice in the province of Manitoba. This profession is primarily female with less than a handful of male genetic counsellors in Canada. Most genetic counsellors are employed in an urban setting. Manitoba's genetic counsellors all are affiliated with the Winnipeg Health Sciences Centre.

Over the last ten years, the number of genetic counsellors in our province has tripled! This reflects the increased availability of genetic tests and reproductive technologies as well as increased awareness about genetic testing and of the importance of family history among healthcare providers and the general public. Genetic testing is evolving to provide information about chronic complex conditions, like heart disease, diabetes and cancer. In the future, genetic counsellors may work more closely with family practitioners and other specialists outside of clinical genetics to interpret and communicate test results for complex traits to help improve the patient's health-related outcome.

There is a recent movement for genetic counsellors in Canada and the U.S. to achieve licensure to be regulated healthcare providers. This is in response to the increased demand for genetic counsellors in areas of primary and specialty medicine and expanding scopes of practice. Licensure would prevent an unqualified (or under qualified) person from calling themselves a genetic counsellor, and put at risk the well-being of the patients they serve. Currently the Canadian provinces are examining the feasibility of licensure/regulation of genetic counsellors.

Genetic counsellors help individuals or families to:

1. Comprehend the medical facts, including the diagnosis, probable course of the disorder, and the available management strategies
2. Appreciate the way heredity contributes to the disorder, and the risk of recurrence in specified relatives
3. Understand the benefits and limitations of options for dealing with the risk of occurrence of a genetic condition
4. Select a course of action consistent with the patients' view of risk, family goals, and ethical and religious standards
5. To adjust to the diagnosis of a disorder in an affected family member and/or the risk of recurrence of that disorder

New Approach Needed To Tackle Diabetes

With an aging and growing population, rising rates of obesity, increasingly sedentary lifestyles (particularly among young people) and 80% of new Canadians coming from populations at high risk, the rising prevalence of diabetes in Canada is dramatic and alarming. **Today, more than nine million Canadians live with diabetes or pre-diabetes.** Not only are the rates of diabetes growing rapidly, the disease is associated with serious complications such as heart attack and stroke, kidney disease, blindness, limb amputations and premature death.

What is needed is a significant shift: in government approach, private sector involvement and most of all, widespread personal and societal change. Understanding that you can't manage what you don't measure, the Canadian Diabetes Association launched the Canadian Diabetes Cost Model, a tool that calculates the prevalence and economic burden of diabetes in Canada. The current economic impact of diabetes is $12.2 billion annually in Canada – a figure on track to reach $16.9 billion by 2020. **This year, the Association has rolled out provincial Diabetes Cost Models in New Brunswick, Ontario, Alberta, British Columbia, PEI, Nova Scotia, Newfoundland and Labrador, Saskatchewan, and most recently (Feb. 9, 2011), in Manitoba.** The provincial models help us to further understand the economic and human impacts of diabetes and support the development of focused and comprehensive action plans.

The Diabetes Cost Models have revealed a need for targeted investments in improving access to diabetes healthcare services, education, medications, devices and supplies and financial support: all key elements in the prevention of diabetes and the serious associated medical complications.

As powerful as this information is, the cost models do not account for the six million Canadians living with pre-diabetes – 50% of whom will develop type 2 diabetes and many of whom will experience diabetes-related complications even before a diagnosis.

Ray Marshall, Executive Director, Prairies; Andrea Kwasnicki, Regional Director; Michael Cloutier, President and CEO, Canadian Diabetes Association; Wendy Despins, President, MAHCP

The Canadian Diabetes Association is committed to advancing and sharing diabetes knowledge and empowering all Canadians to protect their health. The Association continues to fund Canada's best diabetes researchers in areas such as insulin innovation, complications, special populations, prevention, management and the search for new treatments. The Association also puts information into the hands of Canadians with tools such as the online Healthy Living Series and by adapting essential information for high-risk groups.

The CDA is proud to have launched a new nutrition tool during the National Aboriginal Diabetes Association (NADA) conference in Winnipeg (February 15 to 17) that will help Aboriginal people living with diabetes to eat healthy and maintain good health. The nutrition tool for the Aboriginal community is adapted from the English version of "Just the Basics" – the language as well as the entire content has been adapted to suit the needs of this specific community. The multicultural adaptations of "Just the Basics" are being rolled out every 6 months. The last adaptations were for the South Asian community http://www.diabetes.ca/diabetes-and-you/nutrition/just-basics/

It is time to put people living with diabetes and their families at the centre of structured support systems and programs which empower them to manage their health. Preventing diabetes and keeping Canadians with diabetes healthy will cost the government, the private sector and society far less in the long-term.

Living with diabetes and looking for support?

The Canadian Diabetes Association is committed to informing people about diabetes, how to live well with the disease and how to prevent or delay complications. Access our new online Healthy Living Series* interactive learning modules and take charge of your health.

Visit diabetes.ca/healthylivingseries to learn about:
- What is Diabetes?
- Diabetes Care
- Small Changes for Healthy Living
- The Canadian Diabetes Association
- Disponible en français

HOW MAHCP MEMBERS HELP?

If you are interested in making a donation to support our world-class research, volunteering, participating in a Team Diabetes marathon, subscribing to the Association's newsletter Diabetes Current or magazine, Diabetes Dialogue, or learning of other ways to support the Canadian Diabetes Association, visit diabetes.ca or call 1-800-BANTING (226-8464).

The Association's Clothesline® program accepts donations of reusable clothing, small household items and cell phones. To schedule a FREE pick-up, visit diabetes.ca/promise or call 1-800-505-5525. Visit diabetes.ca/clothesline for additional program information.

Welcome New Staff Reps!

We want to congratulate our new Staff Representatives, whether you are stepping up for the first time, or continuing in your role as a representative of MAHCP. It's great having you on board at any time, but in a Bargaining year, you will be fulfilling an especially important role.

You may have heard the phrase "members are the union", and you, the elected Staff Reps, are our first link in helping our membership. Staff Representatives are a dedicated, diverse group of people that help members understand their collective agreements, keep them informed, and give them a voice.

We are very excited that more and more people are taking an active role and interest in union work. This benefits our members, because Staff Reps can understand the issues in a department, and can streamline the process. They are a direct conduit between your LRO and the members. Not only does a resolution of a problem help the individual, it can help all of us.

Currently we have 121 Staff Reps signed up this year, and there's room for more! If you are interested in learning more about your union and at the same time representing your colleagues, call the MAHCP office at 772-0425 for more details.

Aboriginal Health & Wellness Centre:
- Joseph Guiboche - Headstart
- Richard Day - Ni Apin
- Albert Ratt - Ni Apin

Brandon Clinic:
- Eric Hoiland
- Carolyn Childerhose

Burntwood RHA:
- Greg Lupiere - Rosaire – Mental Health
- Wanda Brine - Mental Health
- Patricia-Ann Solomon - Dietitian

Cancer Care Manitoba:
- Chris Dyke - Nuclear Electronics

Concordia General Hospital:
- Rosemin Brown - Radiology
- Mei-Ling Mah - Physiotherapist

Deer Lodge Centre:
- Shannon Mask - Pharmacy

Health Sciences Centre:
- Renee Friesen – Social Work
- Marvin Mayuga – DSM Chemistry
- Daniel Hunkiye – DSM Microbiology
- Elizabeth Nicol-Inman – DSM Microbiology
- Monique Martin – Physiotherapy]
- Pamela Sherby – Radiology Adult
- Heather Trachsel – Pharmacy Technician
- Raquel Vicente – Pharmacy Technician
- Ezra Capillar – Pharmacy Technician
- Vanessa Eva-Baloy – Pharmacy Technician
- Leslie Gelo – Pharmacy Technician
- Nikki Borkofsky – Pharmacy Technician
- Jana-Leigh Povey – Nuclear Medicine
- Kristian Keefe – Respiratory /Childrens

Misericordia Health Centre:
- Roberta Sveinson - Radiology

Nor Man RHA:
- Morgan Eryou - EMS
- Lori Stephansson - EMS
- Jodi Suski - EMS
- Suzanne Madden - Mental Health
- Maureen Mosionier - Mental Health
- Dawn Derhousoff - Pharmacy

Seven Oaks General Hospital:
- Heather DeSmedt - Physiotherapy
- Mary Montgomery - Occupational Therapist

South Eastman:
- Michele Larocque - Home Care Case Coord
- Elaine Gagnon - Home Care Case Coord
- Christine Claeys - EMS
- Heather Blanco - EMS
- Tracy Pulak - Mental Health
- Kristin Teetaert - EMS
- Ellen Yatsko - EMS

St. Boniface General Hospital:
- Amanda Blandford - DSM Hematology
- Kira Harlow - DSM Hematology
- Marijay Umali - DSM Pathology
- Lynn Lambert - DSM Immunology
- Jana Repan - Food Services

Victoria General Hospital:
- Magda Osbourne - Radiology

WRHA - Corporate
- Vicci Fabris - Critical Care Transport Team

Call for Nominations
MAHCP Executive Council 2011-12

Nominations for the 2011-12 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before 1600 hours June 30, 2011. 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 Executive Council positions which have the **current term of office ending in October 2011**. Nominations will be accepted for ***two year terms*** in the following positions:

Officers:
Vice-President

Regional Directors:
Brandon RHA
Burntwood RHA
Nor-Man RHA
South Eastman Health

Employee Interest Group Directors:
Aboriginal Health & Wellness Centre
Jocelyn House
Society for Manitobans with Disabilities

Occupational Directors:
Cardiology
Laboratory
Medical Devices
OrthopedicTechnology
Pharmacist
Physiotherapy
Radiation Therapy
Mental Health
Recreation
Audiology
Child Life Specialist
Dietitian
EEG
EMS
Food Services Supervisor
Home Care Coordinator
Midwife
MRI
Pastoral/Spiritual Care
Psychologist
Resource Utilization Coordinator
Social Work
Sonography
Speech Language Pathology

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

Officers:
President

Regional Directors:
Winnipeg Region

Employee Interest Group Directors:
Community Therapy Services

Directors:
Nuclear Medicine
Occupational Therapy
Radiology
Respiratory Therapy

(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,
Margrét Thomas
Chair - Nominations Committee

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 25, 2010 deadline still have one (1) year left in their term. These terms will end at the end of the 2012 Annual General Meeting.

The terms of those Staff Representatives who have been appointed by the Executive Council since June 25, 2010 will expire at the end of the 2011 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 June 30, 2011.

In Solidarity,
Margrét Thomas
Chair – Nominations Committee

MAHCP Scholarship Fund

MAHCP Executive Council 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 29th to:

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

MAHCP Executive Council 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 with the intention of entering 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 of the Honour Roll is 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 Council 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 Ave
Winnipeg, MB R3E 0P9

Criteria:

A member in good standing:

- Who has served in an elected position on the Executive Council 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.

Tax Cuts You Don't Want

By Shelley Kowalchuk, Physiotherapy Director

The issue of corporate tax cuts never used to be something I lost sleep over. I thought it had nothing to do with me. I couldn't have been more wrong.

Picture this – you're sitting at your kitchen table, looking at the bills you have to pay. You check your bank balance on-line. Hmmm. You don't have enough money this month for the mortgage and the bills. What do you do? You have two choices: 1) bring in more income, or 2) donate the money you have to the needy corporations you saw on TV last night (poor Walmart – only made $3 billion last year) and decide to get rid of unimportant money-wasters in your home…maybe one of your teenagers??

Well, most of us probably wouldn't pick the second scenario but the federal government's continued focus on corporate tax cuts at the expense of tax payers and health care funding is forcing all of us Canadians into helping rich corporations get richer. Why should you care?

It's simple really. In the name of reducing big government, the federal government has slowly been reducing tax revenue they receive from big business, and they plan to reduce these taxes further in the next federal budget. **They say they want to reduce the size of government – but what they are really doing is reducing the social infrastructure we hold dear. They cut government programs that keep at-risk kids out of gangs. They cut programs that help women. And you know how they feel about Medicare.** Corporate tax cuts aren't benefitting us, but the government says we need them. But do we really?

No. Canada already has the lowest corporate tax rates of the G8 countries; we tax corporations 15% less than even the US Corporations fund only 15% of government programs, while regular taxpayers carry 61%.

Compared with other rich countries like Germany, France, the US, and UK who all have a debt load of about 81%, we have a debt load of 33% - and it's well known that Canada is probably in the best financial shape of most countries, despite the deficit we have now.

But even though the Conservatives are not usually advocates of increasing national debt, the federal finance minister, Jim Flaherty is promising more corporate tax cuts in the next budget. This is despite the fact that our current debt is $56 billion and with deeper tax cuts, our debt load is projected to be $160 billion by 2014.

Who are the lucky ones who receive these tax cuts? Mega-corporations such as Walmart (posting a $3 B profit last year); the Royal Bank (profits of $29 B, up from $21 B in the previous year); Imperial Oil (last quarter profits up 50%). These tax cuts are meant only for large, profitable companies, not struggling small business. And the money these corporations save doesn't get passed on to their workers or to research in their own companies. Shareholders and CEOs are the beneficiaries, putting the lie to the claim by the Conservatives that if these companies get breaks the benefits trickle down to the economy. Check out http://money.ca.msn.com/savings-debt/gallery/gallery.aspx?cp-documentid=27488544&page=1 for a look at top Canadian CEO salaries.

Campaigns are underway to inform Canadians about the lack of tax fairness. The National Union of Public and General Employees (NUPGE) go one step further - they state that almost all the benefits of recent tax cuts go to the very rich and the big corporations, while

Shelley Kowalchuk
Physiotherapy Director

the people in the lowest income brackets are paying more taxes (go to altogethernow.nupge.ca for more information).

They ask: why should corporate profits and CEO salaries increase at the expense of public services? **How can the government say there is no money for healthcare programs and wages, when they are actively and deliberately reducing the income the government takes in?** Why does the public have to pay more than their share of tax dollars for government programs, while corporations pay less and less?

We have a lot less money in the federal coffers, and despite the fact that large tax cuts have created a larger deficit and will continue to do so, the government stands by these cuts. Jim Flaherty has made it well-known that his goal is to make Canada a low-tax jurisdiction for business. So the only way to keep the federal government afloat is to cut social programs even further, and Medicare will be one of the targets.

Remember all those articles and editorials asking – is Medicare sustainable? The Conservative government says no in many ways; they claim that healthcare spending is 'out of control'. They state health spending is growing above the growth rate of the economy. An aging population is cited as a looming problem.

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Tax Cuts *continued from page 10*

But how much has healthcare spending cost us? **The Canadian Institute of Health Information data shows that health care costs have only slightly increased as a share of the Gross Domestic Product (GDP) since the 1990s – but the percentage has only increased because the government is taking less money in taxes.** It's the same piece of the pie – it's just that the pie got smaller.

Since 2000, corporate tax cuts have dropped from 29% to 16.5% as of January 1, 2011. That has led to a decrease of $85 billion in government coffers. $85 billion in lost revenue that could support all the social programs that define us as Canadians. If our government is so concerned about the cost of our social programs, why won't they take in revenue to pay for them?

And as much as I like to blame on my problems on the Baby Boomers, they probably will not be the burden everyone says they will be. Economist Hugh Mackenzie and health policy analyst Dr. Michael Rachlis have concluded that the aging population only increases health care costs by .8% each year, and projected it would rise to 1% per year over the next 25 years. Population growth has more of an effect (slightly more than 1%). But those people pay taxes also.

The government has made its priority clear, and we have to let them know our priorities. Get informed and talk to your MP. NUPGE's website has speaking points people can use to write a letter to Steven Harper. And if we ever have an election – please vote for healthcare.

Rights Matter

Let's Celebrate! International Women's Day 100th Anniversary!

This day has been set aside in celebration for the economic, political and social achievements of women. It is also a time to reflect on the inequities and inequalities that still exist throughout the world. Women still don't earn equal pay for work of equal value. There are countries that have not yet declared a "Women as Persons Act"; countries where women are still chattel. As difficult as it is to believe, there are countries where it is still illegal for women to drive cars, where women cannot own or rent their own housing. Access to education varies and is in some cases restricted to males only. Advocates and activists for women's rights and human rights may be detained, arrested, tortured or murdered. In Canada, as women, we are protected by the Canadian Charter of Rights and Freedoms, and the Canadian Human Rights Act. With all the advances we have achieved in our society, every once in awhile we are sharply reminded that there are still obstacles to be overcome for women to achieve full equality.

Photo courtesy of Shelley Kowalchuk

One of those reminders came recently from the Court of Queen's Bench in Manitoba. Remarks made about a female victim, in a sexual abuse case demonstrated that there are at least some in positions of power and authority that have yet to get the message.

The struggle for women's rights, children's rights, and human rights seems never ending and I wonder why. The status of women has advanced. There has been progress, there have been changes and yet we still must be mindful of the erosions that can occur without our watchfulness. We must add our voices in support of women's rights.

In solidarity,
Wendy Despins
President MAHCP

"If you are neutral in situations of injustice, you have chosen the side of the oppressor."

Bishop Desmond Tutu, South African Prelate

Helpful Legal Information for MAHCP Members

Attendance Management Programs

by Jacob Giesbrecht
of Inkster Christie Hughes, LLP

There is a movement afoot in today's medical workplace to optimize every aspect of the employer's most valuable resource, its employees. Greater education is demanded, more experience with ever increasingly sophisticated machinery, understanding of more and more complex medical procedures are a required to effectively work in the modern health services workplace. Most of the changes are beneficial to the employees because more education and experience usually leads to greater self worth and job satisfaction. One aspect of this drive to squeeze the most out of the employee as a resource is something that employees are NOT fond of, Attendance Management Programs (AMP). This article will look at some common provisions of AMP and discuss the possible limitations of such policies when they are carried out by overzealous managers.

The basic intent of the AMP is to ensure employee timeliness and absentee avoidance. This is a perfectly acceptable goal in the workplace. The more an employee is at work, the more that employee can accomplish.

In order to enter the AMP a triggering incident occurs. This triggering event is usually the use of a threshold amount of sick time over a certain period of time, like 20 or more hours of sick leave credits within a 3 month period for non-culpable or innocent absenteeism. For culpable or blameworthy absenteeism, the triggering event could be much less time missed such as tardiness, leaving early, or an unauthorized absence.

Once on AMP the employee is usually subjected to more scrutiny for absences than others not on the program. Employers want more medical information when an absence occurs. They may ask the employee to

Jacob Giesbrecht

provide a certificate from a doctor that answers some fairly invasive questions like:

1. What was the first date the patient was seen by or spoke to the physician?
2. Was the employee's absence from work commensurate with this illness?
3. If patient is our employee, is the employee able to return to his/her full duties?

And if the patient is someone other than the employee, then there is a fourth question,

4. If patient is our employee's family member, did the patient require a caregiver?

Failure to comply with AMP requirements may result in disciplinary action on a graduated scale, from verbal warning to suspension, all the way to termination. Meetings are scheduled by managers with the employees in AMP without the benefit of representation from the union until the employee reaches the suspension or termination stage, if it goes that far. Once the AMP program is successfully completed some employer's take the position that the documents related to the employee's involvement in the program are part of the employee's permanent file.

Under the terms of MAHCP central table collective agreement the employer reserves the right to require medical evidence, "without cause", of the employee's fitness for work after three consecutive days of absence. This implies that it can require medical evidence where "cause" exists. **The collective agreement does not require production of medical evidence from family members in its sick leave provisions.**

There are many cases on this issue in the Canadian arbitration jurisprudence. One recent case provided this basic arbitral rule on AMP:

> *"The general principles relating to discipline or discharge for innocent absenteeism are clear. The employer must first establish that the employee's attendance record shows excessive absenteeism. Absenteeism is excessive when it is above the work place average and is excessive when viewed without comparison to others' absenteeism. The employer must also establish that the employee is not capable of regular attendance into the future. The past record of excessive absenteeism and other factors may be relied upon to draw the inference that future attendance will not improve. Any such inference may be rebutted by the Union and the grievor with objective evidence. An over-arching consideration is the balancing of the legitimate interests of the parties. The grievor must have been warned that her or his employment is in jeopardy if there is no improvement and thus be given an opportunity to improve their attendance. Having warned the employee of the problem, the employer may justifiably terminate the employment relationship when it is undermined by the employee's mental or physical condition." (Sault Area Hospital v. CAW-Canada, Local 1120 Sault Area Hospital v. CAW-Canada, Local 1120 (2010))*

In the case of I*nternational Union of Operating Engineers Local 987 v. Health Sciences Centre (2003)* a grievance arbitrator in Manitoba was asked to determine a policy grievance on the issue of providing medical evidence when on the AMP. The grievance asked the arbitrator to determine that an AMP provision requiring an employee to provide a medical certificate for each instance of absenteeism was unreasonable and inconsistent with the collective agreement.

The union provided evidence that there was a long history regarding the benefit of not having to provide medical certificates. The employer had repeatedly tried to negotiate a requirement for a certificate. Through their AMP the employer had tried to achieve that requirement without the need for negotiation. The union referred to *Re Lumber and Sawmill*

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Workers Union Local 2537 and KVP Co. Ltd. (1965) 16 L.A.C. (3rd) 73. In that case the principle was laid down that if an employer introduces a new rule into the workplace, it must, among other things, be reasonable and must not be inconsistent with the collective agreement.

The arbitrator in deciding the issue stated, "the broad ambit of general management rights is subject to the more particular rights as defined by the parties in the Collective Agreement… Particular to this case is the requirement that the Policy be consistent with the Agreement and be reasonable." (para 47) She goes on to say that:

> *Here the parties have addressed their minds as to when a medical certificate will be automatically required. That is … when an employee is absent due to illness for a period exceeding his income protection credits. … The hospital has discretion where reasonable to require a medical certificate or to obtain further medical information … if the circumstances warrant.*

She found that the provision in the AMP that required a medical certificate for each absence due to illness after the "triggering" event contravened the collective agreement and was inoperative.

The case Re Natrel (Ontario) Inc. and Retail Wholesale Canada, Local 440 (2001) concerned a policy grievance of the administration of an attendance improvement program. One of the issues to be determined was whether employees in the program should be required to present a medical certificate every time they were absent after progressing to stage 2 of the program. The collective agreement required a certificate only when the employee was absent and had no income security credits. The arbitrator found this was a conflict between the program and the agreement and struck the provision out of the program. He stated:

> *The inconsistency that I have identified, between the stage two requirement concerning a doctor's note and article 11.05(5), violates the employer's obligation under article 4.02 'to exercise its rights… in a manner which is not inconsistent with the collective agreement.' The employer is directed to amend the attendance management program to eliminate this inconsistency. Employees who have credits in their sick bank should not be required to produce a doctor's note unless there are reasonable grounds to suspect an absence was not caused by illness. (page 6)*

In *Re Toronto Electric Commissioners and CUPE, Local 1* (1986) 25 L.A.C. (Ontario) the arbitrator was asked to decide whether an AMP was in conflict with the collective agreement. In the case, the employer had made a number of attempts during collective bargaining to introduce the program but the union resisted and the AMP was not included under the collective agreement. Eventually, the employer unilaterally introduced the AMP. The arbitrator struck down various aspects of the AMP. He stated:

> *… I find that "positive discipline" is a form of discipline and is, therefore, inappropriate in cases involving innocent absenteeism… I find that the only portion of the AMP consistent with the collective agreement is the part that provides for interviews and non-disciplinary letters to employees deemed to have high levels of absenteeism.*

The case law is clear that implementing this type of program (attendance improvement/management) is a valid exercise of management rights. The case law is also clear that an AMP must not violate the provisions of the collective agreement and that its terms must be reasonable. The reasonableness test outlined in the case law should be applied to the implementation of the AMPs of employers on a case by case basis.

Documenting that an employee arrived 1 minute late at a workplace without a time clock may not be a reasonable "triggering" event in the circumstances. It is also not reasonable to ask employees to reveal the medical condition, illness or injury that led to the absence to aid an evaluation of whether there is questionable use of leave time. That is a violation of the employee's right to privacy. There is also the implication that some medical conditions are more "questionable" than others.

The *Human Rights Code* prohibits intentional or non-intentional "systemic discrimination". There may be a violation of this prohibition in the case of someone who is pregnant or disabled and that condition requires more than average frequency of absenteeism due to medical attention. The violation would occur if it is established that the AMP is a disciplinary measure and that these employees are being disciplined because of the characteristic that is protected under the Code. It may also trigger the accommodation provisions of the collective agreement where there is a legitimate disability that needs to be addressed.

The *Personal Health Information Act* (PHIA) protects health information of patients and employees who work in healthcare settings. PHIA allows individuals to share their personal health information and therefore avoid the proscription under the Act. If the way in which the AMP is being applied can be proven to be coercive, i.e. if the supervisors are telling employees that "you tell me why you went to the doctor or you will be disciplined" that could be in conflict with the Act.

Employers are entitled to get the most of their most valuable resource, their employees. They must however be careful not to run roughshod over an employee's statutory rights and the rights the union has negotiated for them under the collective agreement. Employees should make themselves aware of those rights so they can properly protect themselves if they happen to come within the terms of the Attendance Management Program.

Please refer to the MAHCP website under "Member Services" then "Forms" for illness certificates.

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.

MAHCP Member Retirees

We are counting on you . . .

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 1-800-315-3331.

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

- ***Marlene Crielard,*** Laboratory Technologist, DSM HSC
- ***Cathy Campbell,*** Laboratory Technologist, DSM Seven Oaks
- ***Richard Bordolinski,*** Anesthesia Technologist, St. Boniface Hospital
- ***Victor Goertzen,*** Electronic Technologist, CancerCare Manitoba
- ***Rita Leger,*** Cardiology Technologist, St. Boniface Hospital
- ***Agathe Bisson,*** Social Worker, St. Boniface Hospital

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

Staff Representative Training Seminars Level 1 & 2

Level 1
June 2 & 3, 2011
Applications must be received by Monday, May 17th in order to provide your employer with two weeks' notice for union leave as per the Collective Agreement.

Level 2
June 6 & 7, 2011
Applications must be received by Monday, May 16th in order to provide your employer with two weeks' notice for union leave as per the Collective Agreement.

Who should attend level 1?
For new staff representatives or staff representatives who want to learn more about MAHCP and the role of the staff representative as well as some fundamental tools for dealing with workplace issues.

Who should attend level 2?
Only for those who have been to the Level 1 workshop. In this highly interactive workshop you will learn more about the collective agreement and how to conduct an investigation, more on the Communication Model (CSE - clarify, share, engage), problem solving, human rights and health & safety legislation.

How to register: Contact Cathy. Apply by mail, phone (1-800-315-3331 or 772-0425), fax (775-6829), or email (cathy@mahcp.ca). Provide your name, work and home phone numbers where you can be reached, employer name, and area that you represent. Indicate whether you are scheduled to work on either or both days of the seminar and which seminar you would prefer to attend.

Associate Membership Status Available for Retirees

Article 5 of our MACHP Constitution provides for our retired members to hold an associate membership and to continue to be part of MAHCP. A nominal annual fee of $10.00 has been established by the Executive Council.

Please be aware that this option is available to you or your co-workers who have already retired. This will keep you on the mailing list for the newsletter as well as affording you opportunity to participate in programs.

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

20010-11 Executive Council

Officers

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

Directors

Aboriginal Health & Wellness Centre	***Daphne Lafreniere*** Residential Health Support Worker
Cardiology	***Colleen Bemister,*** Misericordia Health Centre
Community Therapy Services	***Margrét Thomas***, Physiotherapist
Laboratory	***Janet Fairbairn***, CCMB
Mental Health	***Kathy Yonda,*** Brandon RHA
Nuclear Medicine	***David Veronesi,*** HSC
Occupational Therapy	***Adele Spence,*** DLC
Orthopedic Technology	***John Reith,*** HSC
Physiotherapy	***Shelley Kowalchuk,*** HSC
Radiation Therapy	***Robert Moroz***, CCMB
Radiology	***Michael Kleiman,*** HSC
Recreation	***Zana Anderson,*** DLC
Respiratory	***Clara Collier,*** Concordia Hospital
Burntwood RHA	***Tanya Burnside,*** Pharmacy Technician
Winnipeg RHA	***Jennifer Moyer***, CCMB Radiation Therapist

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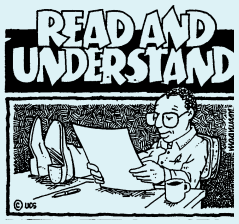
Ken Swan, LRO: ken@mahcp.ca	Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic
Michele Eger, LRO: michele@mahcp.ca	Health Sciences Centre (all other HSC Members not included under Ken's list ing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team, Health Action Centre
Gary Nelson, LRO: gary@mahcp.ca	Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba
Armand Roy, LRO: armand@mahcp.ca	Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman Health

How Well Do You Know Your Collective Agreement?



Question: I am on a Graduated Return to Work Program through the HEB Disability and Rehab Program. I just found out I have a few vacation days left so can I take vacation while I am on the HEB Graduated Return to Work Program?

ANSWER: No, the only way you can take vacation while on a Graduated Return to Work Program through HEB Disability and Rehab is if you have pre-approval in writing which you obtained prior to your Graduated Return to Work Program

"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."

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. Don't forget to update your address with your employer too! 772-0425 or joan@mahcp.ca

SAVE THE TREES!!

If you would like to receive this newsletter and other information by email only or in addition to your paper copy, please 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.

Word Search

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

Accredited Biochemistry Biology
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Are you missing out on an opportunity? Have you overlooked the

MAHCP Professional Development Fund?

Since its inception in 2007 the MAHCP Professional Development Fund has been well utilized by the membership. **Over $15,000.00** has been awarded to members to support them in their profession. This fund is available to qualifying members for professional development relevant to their work or to take courses related to union education.

The maximum frequency of eligibility is once every two years. Successful candidates are required to pay the full amount of registration, and will be reimbursed upon submission of receipt, along with information about the course and an explanation of the relevance of the course to their profession. Maximum award will be $250.00.

The application form can be obtained either from the MAHCP website or the MAHCP office. Completed application forms and supporting information should be sent to: MAHCP 101-1500 Notre Dame Ave. Winnipeg MB R3E 0P9 or fax to 1 204- 775-6829.

Manitoba Association of HEALTHCARE Professionals

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Phone: 1-204-772-0425; 1-800-315-3331; Fax: 1-204-775-6829
Email: info@mahcp.ca; **Website: www.mahcp.ca**