

Diverse, vital roles in patient care technical team recognized at occupational conference

The union welcomed several new activists to HEU's patient care technical conference on September 22 and 23 at the Provincial Office in Burnaby.

"It's exciting to see the combination of 'new blood' as well as veteran activists as we go forward with bargaining this year," said secretary-business manager Judy Darcy in her opening comments.

"I'm not going to beat around the bush about what we're up against," said Darcy. "We do have a lot of tough things coming at us, so it's vital that the public and politicians understand your work. They can't ignore the wide range of occupations or the critical roles HEU members have in the delivery of health care in British Columbia."

In a job family whose diverse work spans from cradle to grave, nearly 60 participants from across the province gathered for the two-day forum to discuss their work, identify a short list of bargaining priorities, and strategize on ways to gather support for issues relevant to their occupational group.

Those attending the conference provide clinical and non-clinical services in highly specialized – and often behind-the-scenes – jobs that include pharmacy, sterile supply and renal dialysis technicians; lab assistants, buyers, accountants, pathology attendants, information technologists (IM/IT), and supervisors.



"Being in a specialized job, we're isolated from each other," said a renal dialysis technician. "I'm not devaluing anyone else, but there are fewer and fewer of us in specialized roles, so we're not dealing with HEU members as much as some other departments."

"I love the challenges of my job," said a pathology attendant. "I like having the vast knowledge of the anatomy, working with different pathologists, and working with families, loved ones... [Some jobs may] not be recognized, but you know that you are a valuable part of the team. At the end of the day, I go home and I can say that I like my job. I know that I helped people. I have the respect of my co-workers. I value what I do, and I know it's an important job."

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Some small group and plenary discussions – often facilitated by Provincial Executive member and patient care technical subcommittee co-chair Sandra Giesbrecht, included pay scale comparisons to private as well as non-health care sectors, such as multimillion dollar contracts for sports figures and astronomical wages in resource industries.

“What kind of society do we live in when we value oil more than people?” asked one participant in her workshop group.

Over the two days, participants talked about a number of workplace challenges, including the ongoing need for skills upgrading to keep up with rapidly evolving technology, increased responsibilities and scope of practice, outdated benchmarks, recruitment and retention issues, and paying out-of-pocket for education, certifications and professional license fees.

One IT member spoke about paying thousands of dollars for Microsoft certifications that are pertinent to his job. “I paid seven thousand dollars for one certification that was only four days’ long, and \$25,000 for a two-year course.”

Echoed a colleague, “We have to keep up with IM/IT education to keep our jobs, and we need to be able to get the time off for the training.”

But participants also recognized the important roles that all HEU members play in making the health care system work. “We are all the links in a chain,” said a sterile supply technician.

“If one cog is broken, the wheel doesn’t work. Every job is needed to make the wheel turn,” commented a pharmacy technician.

After information and brainstorming sessions on bargaining, benefits, shared services, benchmarks and classifications, participants streamlined their list of bargaining priorities:

- job security with an emphasis on no contracting out, funds for training/skills upgrading, provincial/regional seniority, and increased lay-off notice and severance;
- special market adjustments (for those who can make a strong case, such as pharmacy and sterile supply technicians, accountants, buyers, and medical lab assistants);
- recognition and compensation for ongoing training, education and professional development;
- increase pay levels based on recognition of growing knowledge, experience and expertise in their occupational field;
- improved scheduling rights with an emphasis on flexible hours, overtime by seniority or other fair criteria, a 36-hour work week with no loss of pay and no backfill, and
- a benchmark review for occupations not covered by the “Page 209” benchmark review series (including pharmacy, lab, SPD/CSD).

“The worst thing that could happen in bargaining is if the leadership and membership have different ideas about what’s important and achievable,” said Darcy. “If we’re on the same page, then we can make informed choices together.

“We know how absolutely vital all of your jobs are to quality health care... We really are

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the solution in health care and it makes no sense to privatize the complex services that you provide. It makes no sense to make cuts that destabilize the health care system.”

In closing, HEU president Ken Robinson acknowledged the new activists and the diversity of the patient care technical job family. “You are a unique group, and only you can get out there and share the knowledge you have about the value of your work.”

And financial secretary Donisa Bernardo, a pharmacy technician by trade, reminded participants of the importance of solidarity in moving their bargaining issues forward.

“I hope you’ve learned some things about one another’s work, and about the bargaining process,” said Bernardo. “For those of you who are new to union activism, I know it’s a lot of information to absorb... We certainly have challenging times ahead – and we need to be strategic and realistic going into bargaining. That’s why it’s important to generate support around patient care technical bargaining issues – and be united with other HEU groups on common issues.”

And the common thread that ties all job families together is delivering quality care.

“We recently had a cardiac arrest and when the patient woke up, he said, ‘you’re the one who saved my life,’” recalled a teary-eyed renal tech. “Even though there was a whole team of doctors and nurses, I was the one holding his hand when he came to. My focus for my job will always be the patient and their well-being.”

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