



Newsletter

Longer work week pushed back to October – arbitration award

But Dorsey rejects union bid to have 11 per cent wage exemptions subject to arbitration

AN arbitration award handed down late Thursday effectively delays the implementation of the 37.5-hour work week imposed by the Campbell government in Bill 37.

In his written award, arbitrator James Dorsey concludes that the 90-day period for implementing the longer work week only begins on July 29.

As a result, the Hospital Employees' Union has written health employers to confirm that the longer work week will now be effective October 27, 2004. The union also demanded that any layoff notices issued because of the premature implementation of the longer work week be immediately rescinded.

“Health employers' rush to bring in a longer work week on July 29 has caused an unnecessary scheduling nightmare in our hospitals and long-term care facilities,” says HEU secretary-business manager Chris Allnutt. “Now we have until the end of October to fight for a more practical and respectful implementation of the 37.5-hour week.”

Allnutt says while it's possible that health employers will seek to appeal the award, such a move would cause chaos.

The award means that the four per cent cut to hourly wage that accompanies the 37.5 work week will be delayed to the end of October.

Dorsey also found that health care workers covered by three dozen local agreements – reached after September 2003 to avoid contracting out – are eligible for overtime based on a 36-hour work week after April 29, 2004.

11 per cent wage exemptions rejected

But Dorsey closed one door through which the union has been pressing for exemptions to government-imposed wage rollbacks to deal with a looming crisis in the retention and recruitment of high demand occupations.

The arbitration decision rejected the union's bid to get retention and recruitment wage exemptions subject to arbitration. Dorsey ruled that Article 3.03 of the collective agreement – a long-standing

-OVER-



provision dealing with legislative changes that have an impact on the contract – does not compel health employers to negotiate on wage rates for these workers.

“Despite this ruling, health employers have little choice but to deal with an emerging retention and recruitment crisis emerging in health care that will compromise patient and resident care,” says Allnutt.

“We'll continue to work with our affected members to keep up the pressure on local employers and government to address a very real crisis.”

Allnutt notes that Bill 37 allows for amendments to the imposed contract where there's agreement by both parties and where government is willing to fund those changes.

“That will take a concerted effort by the union and its members but it's a campaign we must take on,” says Allnutt.

Dorsey also concludes that:

- there is no obligation under Article 3.03 of the collective agreement to negotiate further funding for the Occupational Health and Safety Agency for Healthcare. The agency has saved health employers \$51 million in WCB costs over three years. Some bridge funding has been provided by government to fund OHSAH's operations and it's expected that continued funding for the agency will be subject to bargaining between health employers and the Nurses' Bargaining Association.
- there is no obligation for health employers to engage in “reopener” negotiations that began last year with health unions on the continuation of monthly supplemental benefits for pre-1998 long-term disability claimants. Those supplementary benefits expired on July 6.

You can download the full text of Dorsey's written arbitration from the electronic version of this newsletter at <http://www.heu.org>

July 16, 2004