

Central Bargaining: Why is it important?

Background

As a result of the 1974 recommendations of the *Hospital Inquiry Commission* in Ontario, central bargaining was established for the three main employee groups within the hospital sector; hospital (allied health) professionals, nurses, and office/clerical and service employees.

It was recognized that employees in the same classifications, ought to be paid the same amount regardless of the hospital at which they worked – they did the same job after all. Since hospitals received funding from the same source (the Ministry of Health), central bargaining was deemed the most appropriate method by which to negotiate equitably, across hospitals, and on behalf of employees in these three groups. It would also ensure that no hospital had a pay advantage over another.

Different unions had the majority of unionized employees in these three groups; OPSEU represented the majority of allied health professionals, while ONA represented the majority of nurses, and CUPE and SEIU represented the majority of office/clerical/service employees. As a result, these unions gained central bargaining rights for each group.

OPSEU is the ONLY union that negotiates centrally for allied health professionals. ONA only negotiates centrally for nurses.

How are central agreements negotiated?

Central negotiations for allied health professionals take place between a team of elected OPSEU members, and a team of elected hospital representatives - led by the Ontario Hospital Association (OHA). The resulting central

collective agreement addresses major contract language and the main monetary items like wages, vacation, benefits, etc. All OPSEU allied health professional bargaining units have the option to be part of the central bargaining process for each round of bargaining. If OPSEU members and the hospital agree to be part of central, then the centrally-elected teams bargain on behalf of those hospitals.

In addition to what is bargained centrally, each union local also bargains “local issues.” These are issues that are distinct and reflective of concerns at the local level; they might include scheduling language, mileage rates, multi-site issues, extended tours and flexible scheduling language.

OPSEU has proudly represented allied health professionals at Lakeridge Health - and at Oshawa General Hospital before that – for nearly 50 years. During that time, the local and the hospital have always participated in the central bargaining process.

OPSEU’s central bargaining sets the gold standard and the pattern for all hospital allied health professionals in Ontario.

OPSEU’s *Hospital Central Agreement* includes important superior provisions language. This language was bargained to incorporate any superior language that locals might already have, to ensure that there is no impediment to joining the central process. This language has been very useful for our locals who have gone through PSLRTA votes. In many such votes, where employees with different terms and conditions (whether unionized or non-unionized) are being combined, there are sometimes conditions different from our central standards.



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Superior provisions language allows the best of both worlds

OPSEU members can achieve central standard wages (the leading wage for their classification), and maintain all superior local provisions.

In contrast, ONA members do not share the same benefits. When ONA organized the non-unionized SW/RT employees at Lakeridge Health, these professionals already had a 93% top up for pregnancy/parental leave, and a 35 week top up for parental leave (as non-unionized employees).

Unfortunately, this entitlement has been whittled down in subsequent arbitration settlements under ONA. ONA has sacrificed these entitlements; they've robbed Peter to pay Paul, so to speak. This is because in order to achieve OPSEU's central wage rates for their allied members at Lakeridge, ONA has had to go to arbitration, allowing the employer to get this benefit reduced.

- In 2006 (at arbitration), ONA members' top-up for pregnancy/parental leave was reduced from 93 per cent to 89 per cent, and the parental leave top up was reduced from 35 weeks to 22 weeks.

- In 2011 (at arbitration), the parental leave top-up was further reduced from 89 per cent to 84 per cent and from 22 weeks to 20 weeks.

- In 2013 (at arbitration) pregnancy leave top-up was also reduced to 84%.

By not participating in the central process, ONA members lost these superior entitlements. As the representing union, ONA had no mechanism to protect them when going to arbitration in an attempt to achieve OPSEU's higher central wages.

Because of our position as the central bargaining agent, OPSEU is in the unique position to bargain a better first collective agreement for the new combined group at Lakeridge Health; one that protects all superior benefits when the local opts-in to the central bargaining process.

Experience matters

