



**Hospital  
Professionals  
make changes  
for the better.**



**OPSEU** **ONTARIO'S UNION**  
**FOR CHANGING TIMES**



# OPSEU Hospital Professionals improve their workplaces

In 1969, a group of medical technologists at the Peterborough Civic Hospital decided they needed a union.

The hospital workplace was changing. Labs were run like assembly lines. Work areas were cramped. They worked with high staff turnover, low morale, no advancement and low wages. They wanted dignity at work and respect for their abilities.

## Where to go?

The only unionized medical technologists in Ontario worked at government laboratories and belonged to OPSEU's predecessor – the Civil Service Association of Ontario, so they came knocking at CSAO's door.

They found an organization that understood their professionalism and their commitment to patient care. They found that having a union enhanced their legal rights in the workplace and gave them more control over their working conditions.

That decision would eventually make OPSEU the pre-eminent union for hospital professionals in Ontario, and at the same time profoundly change the nature of OPSEU itself.

The Peterborough group was the foundation for what is now the Hospital Professionals Division with about approximately 18,000 members in some 80 public hospitals.

As they negotiated good union contracts, medical workers in other hospitals also joined OPSEU, and the growing numbers gave the union more authority in representing them.

In 1976, the Ontario Labour Relations Board ruled that a wide range of hospital specialists other than doctors and nurses should be organized into the “paramedical” group. They were technologists, respiratory therapists, technicians, physiotherapists, occupational therapists, pharmacists, speech pathologists, social workers and many other highly trained and specialized staff. As of 2012 there were 31 separate job categories included in the group with agreement to add more as other specialties arise.

As more hospital workers joined OPSEU, some of them decided to try “central bargaining,” where union representatives from several hospitals bargained directly with the Ontario Hospital Association representing hospital management. The first round of central bargaining, in 1975, involved five Toronto area hospitals.

Hospital workers bargain under the Hospital Labour Disputes Arbitration Act, which denies the right to strike and substitutes binding arbitration to resolve issues.

OPSEU's skill at arbitration produced landmark settlements for the hospital professionals over the years, and OPSEU's central agreement became the standard for all contracts, regardless of the union involved. OPSEU is still the only union that bargains centrally for hospital professionals in Ontario.

Between 1976 and 1990, through a series of arbitration awards and direct negotiations, OPSEU established beyond doubt that the work of registered technologists was comparable to that of registered nurses. This lengthy concentrated effort narrowed a huge wage gap for hospital professionals.

The growing number of hospital workers in OPSEU, combined with other members organized in services and agencies in the Broader Public Service created a new confidence in OPSEU itself. They brought the fresh insights of having worked in a non-union environment and of seeing the difference a union could make. Their new vitality had a huge and positive impact on the culture of the union.

In 1993, OPSEU and other unions with hospital members took to the streets with noon-hour picketing across the province to fight for control of their pensions. The Healthcare of Ontario Pension Plan (HOOPP) was run by the Ontario Hospital Association. The unions wanted a say in how the plan was invested and how it was run, and their protests – “I’m Picketing for Pensions” – had the desired effect. HOOPP became a jointly trustee plan with equal union and employer representatives on its board of trustees. OPSEU has two seats on that board to represent members’ interests in their retirement security.

OPSEU’s status as the leading Ontario union for health care professionals was confirmed in 1999, when the 2,100-member Association of Allied Health Professionals: Ontario voted to merge with OPSEU. It was OPSEU’s first merger with another union, and greatly enhanced its pre-eminence for hospital professionals.

The 2000 central agreement for hospital professionals covered about 5,000 members in 42 hospitals. The round after that covered 44 hospitals. Among other things it created a committee to raise awareness of the work the hospital professionals do, and its importance in health care.

The 2011 round of central bargaining covered 9,000 hospital professionals in 46 hospitals. The arbitration award, in effect until 2014, provided lump sum payments in the first two years and an across-the-board wage increase of 2.75 per cent in the third year, as well as early retirement benefits for employees aged 57 to 65, enhanced language on discrimination and harassment, and improvement to bereavement leave.

Both through collective bargaining, and through union campaigns, OPSEU has pressed for greater public awareness of the services provided by hospital professionals, much of whose work is invisible to patients and their families, compared to the profile of doctors and nurses.

The outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 put their work again in the spotlight as Toronto area hospitals struggled to come to grips with this previously unknown disease. Thousands of health care workers were put in quarantine, and all demanded more information to protect themselves. OPSEU was a party to the board of inquiry set up to determine how to prevent a repeat occurrence.

While health care unions may be at odds during organizing campaigns, they work together on shared problems. In 2007, OPSEU joined other unions to bring it down for safety-engineered medical devices. They estimated that safer sharps would prevent 33,000 injuries annually in the province and save millions in health care costs. An ad campaign and a special website put a focus on the issue, and health care workers rallied at Queen’s Park to promote the Safe Needles Save Lives Act.



# Experience *imagination* results

The effort paid off when the government invested \$55 million in better respirators and safety-engineered needles or needle-less systems for health care workers.

OPSEU's contract language on "successor rights" protected Kincardine jobs in 2008, when a private for-profit physiotherapy company backed away from setting up – and charging for – outpatient services. When they learned they would have to pay their physiotherapists union wages, they went away.

Keeping up with the changing needs and emerging priorities of members has involved OPSEU in many other issues: maintaining pay equity for hospital workers; addressing workplace violence; dealing with staffing shortages and rising workloads; and improving ergonomics. OPSEU has done much to gain recognition of the important contribution these highly-skilled workers make to the success of the health care team.

OPSEU understands the work of regulatory and professional colleges, and has the experience to represent members in dealings with the colleges.

At the bargaining table, through presentations on policy issues, through public education and in a myriad of other ways, OPSEU speaks to the issues affecting its members.

OPSEU's structure has a special "division" for hospital professionals. Its elected executive speaks for members' issues and promotes their interests within the union and across the province, raising the profile of hospital professionals and helping them achieve the best collective agreements.

And that division is part of the union's Health Care Divisional Council, a grouping of about 40,000 members in many areas of health care who work together to influence broad policies that affect the health of Ontarians.

Membership in OPSEU brings more job security, strong professional representation, communications to support effective bargaining, advice on pensions and benefits, expertise on occupational health and safety, opportunities for further training, and the ability to resolve workplace disputes through a legal grievance procedure. Perhaps even more importantly, it gives members the respect and dignity they deserve at work, and recognition of their skills and their contribution to health care in Ontario. It is an organization with a long and solid track record of speaking up for the interests of health care workers and the interests of patients.

OPSEU has the experience and imagination to achieve results for hospital professionals. That's why it truly is Ontario's union for changing times.



RECREATIONIST - RECREATIONIST TECHNICIAN - RECREOLOGIST - REGISTERED NURSE - REHABILITATION ASSISTANT  
- REHABILITATION COUNSELLOR - REHABILITATION CONSULTANT - RESEARCH ANALYST - RESEARCH ASSISTANT  
- RESEARCH ASSOCIATE - RESEARCH CLINICIAN - RESEARCH COORDINATOR - RESEARCH METHODS SPECIALIST -  
RESEARCH TRAINING COORDINATOR - RESPIRATORY CARE PRACTITIONER - RESPIRATORY THERAPIST - RESPIRATORY  
THERAPIST/SONOGRAPHER - SEATING TECHNICIAN - SEXUAL ASSAULT PROGRAM COORDINATOR - SOCIAL/CRISIS  
WORKER - SOCIAL WORKER - SOCIOLOGIST - SONOGRAPHER - TRANSDUCER - TRANSLANGUAGE PATHOLOGIST  
- SPEECH PATHOLOGIST - SPEECH PATHOLOGIST ASSISTANT - STUDENT BIOMEDICAL SUPPORTED INDEPENDENT  
LIVING WORKER - TEAM LEADER CT SCAN - TEAM LEADER NUCLEAR MEDICINE - TEAM LEADER CAR - PULMONARY -  
TECHNICIAN CARDIOVASCULAR - TECHNICIAN ECHOCARDIOGRAPHER - TECHNICIAN ECG - TECHNICIAN ECG - TECHNICIAN  
BIOMEDICAL - TECHNICIAN CHARGE EEG - TECHNICIAN CHARGE EKG - TECHNICIAN CHARGE PUNCTURE - TECHNICIAN  
ECG - TECHNICIAN ELECTROPHYSIOLOGY - TECHNICIAN LABORATORY - TECHNICIAN LABORATORY - TECHNICIAN  
- TECHNICIAN NON-REG CARDIO - TECHNICIAN PEDIATRIC - TECHNICIAN PEDIATRIC - TECHNICIAN PEDIATRIC - TECHNICIAN  
REGISTERS CARDIO - TECHNICIAN STUDENT - TECHNICIAN STUDENT - TECHNICIAN STUDENT - TECHNICIAN STUDENT  
VENIPUNCTURE - TECHNOLOGIST - TECHNOLOGIST - TECHNOLOGIST - TECHNOLOGIST - TECHNOLOGIST - TECHNOLOGIST  
CARDIOLOGY - TECHNOLOGIST CHARGE - TECHNOLOGIST CHARGE - TECHNOLOGIST CHARGE - TECHNOLOGIST CHARGE  
TECHNOLOGIST DIALYSIS - TECHNOLOGIST DIALYSIS - TECHNOLOGIST DIALYSIS - TECHNOLOGIST DIALYSIS - TECHNOLOGIST  
ELECTRONICS/MECHANICAL - TECHNOLOGIST ELECTRONICS/MECHANICAL - TECHNOLOGIST ELECTRONICS/MECHANICAL - TECHNOLOGIST  
MRI - TECHNOLOGIST NEUROPHYSIOLOGY - TECHNOLOGIST NEUROPHYSIOLOGY - TECHNOLOGIST NEUROPHYSIOLOGY - TECHNOLOGIST  
TECHNOLOGIST RADIOLOGY - TECHNOLOGIST RADIOLOGY - TECHNOLOGIST RADIOLOGY - TECHNOLOGIST RADIOLOGY - TECHNOLOGIST  
- TECHNOLOGIST SENIOR - TECHNOLOGIST SENIOR - TECHNOLOGIST SENIOR - TECHNOLOGIST SENIOR - TECHNOLOGIST  
SENIOR RESPIRATORY THERAPY - SENIOR RESPIRATORY THERAPY - SENIOR RESPIRATORY THERAPY - SENIOR RESPIRATORY THERAPY  
- ULTRASONOGRAPHER - V.E.U. ASSISTANT  
VOCATIONAL EVALUATOR - VOCATIONAL EVALUATOR - VOCATIONAL EVALUATOR - VOCATIONAL EVALUATOR - VOCATIONAL EVALUATOR  
VOLUNTEER ASSISTANT - VOLUNTEER ASSISTANT - VOLUNTEER ASSISTANT - VOLUNTEER ASSISTANT - VOLUNTEER ASSISTANT

# OPSEU'S UNION FOR CHANGING TIMES



## OPSEU ONTARIO'S UNION FOR CHANGING TIMES



To reach an OPSEU organizer:

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