



REGISTERED PRACTICAL
NURSES (RPNs) IN
OCHU/CUPE

CUPE / Canadian Union
of Public Employees



THE CANADIAN UNION OF PUBLIC EMPLOYEES (CUPE) HAS REPRESENTED RPNs WORKING IN HOSPITALS SINCE ITS FOUNDING CONVENTION IN 1963.

The Ontario Council of Hospital Unions of CUPE (OCHU) was established in 1982 to bring together CUPE hospital locals in a democratic structure with one major objective – to bargain with participating hospitals on central issues.

Central bargaining in the hospital sector is voluntary. The participating hospitals and CUPE locals have to mutually agree on which issues are “central” and which are “local” in nature. Central issues include job posting, job security, paid and unpaid leaves, sick leave, premiums, holidays, vacations, health and welfare benefits as well as general wage increases.

Prior to the implementation of pay equity in 1990, RPN job rates of pay were treated by the parties as a central issue. But since that time, the hospitals have refused to bargain RPN job rates centrally.

Under OCHU’s constitution there are five standing committees, one of which is the RPN Committee. The OCHU RPN Committee has seven representatives from each of the seven OCHU regions or “areas.” Each representative is elected every two years by their area at the annual convention. The OCHU RPN Chair is then elected by the seven RPN representatives at this time.

The OCHU RPN Committee has worked to create better and safer working conditions for all RPNs. The democratic structures of CUPE and OCHU have allowed RPNs to conduct wage, skill utilization, infection and general public health care campaigns throughout the province.

Surveys, conferences, hospital presentations, nursing week activities – including working towards a provincial RPN day – a day already endorsed by some municipalities – are only some of the “wins” the OCHU RPN Committee has accomplished. Over the years, RPNs within CUPE have won significant gains at the bargaining table and in important policy changes for both themselves and their patients. Many CUPE RPNs now work in tertiary care with full scope in the ER and OR.

RPNs within CUPE/OCHU continue to work for positive change.



RESPECT FOR RPNs: CAMPAIGNS FOR FULL SKILL UTILIZATION

- OCHU has campaigned for **full skill utilization** of RPNs, including a 2006 *CUPE RPN Research Report*; the 2002 *RPNs: Addressing the Nursing Crisis in Ontario* video tour, and a number of scope-of-practice surveys, including the 2001 report *Effective Use of Registered Practical Nurses (RPNs) in Ontario Hospitals*, which was accompanied by press conferences held throughout Ontario.
- From the early 1990s, OCHU has encouraged and provided support to local unions to make their own presentations to senior nursing staff, senior administrations and hospital boards on the issue of full utilization of RPNs.
- In 1993 and in subsequent rounds of bargaining at the local level, OCHU was successful in many instances in achieving “*RPN Skill Utilization*” language promoting increase in scope of practice. OCHU has also negotiated central language providing for paid educational leave where hospitals require employees to upgrade or acquire new qualifications.
- Since 2001, in successive rounds of central bargaining, OCHU has bargained workload language into the collective agreement. RPNs with excessive workloads are entitled to fill out workload review forms and receive the assistance of their union in resolving workload issues.
- OCHU has been actively involved in identifying the problems associated with the Ontario government’s *New Graduate Guarantee* (NGG) program. The NGG program treats part-time and casual RPNs unfairly in granting full-time jobs to new nurses, bypassing part-time and casual RPNs with more seniority. OCHU was represented on the ministry’s NGG committee and pushed the government to fund RPN positions appropriately and to follow collective agreement provisions that protect the seniority rights of part-time and casual nurses.

JOB SECURITY BARGAINING GAINS:

Protecting jobs

OCHU’s 1991-1993 central round of bargaining and subsequent rounds of central bargaining have produced significant gains in the area of job security.

- The union receives five months’ notice of elimination of positions and employees receive five months’ notice of layoff. The notice of elimination of position or layoff triggers the establishment of a “Redeployment Committee” which has the mandate to identify and propose alternatives to the proposed layoff(s) or elimination of position(s), including identifying positions that laid off employees can be redeployed to with the benefit of up to six months’ retraining.

- Prior to issuing notices of layoff, the employer is required to offer early retirement packages to a sufficient number of employees in the same classification, in order of seniority, to the extent that the maximum number of employees who elect early retirement is equivalent to the number of employees who would otherwise receive notice of layoff.
- If after making offers of early retirement, individual layoff notices are still required, prior to issuing those notices the employer has to offer voluntary early exit packages.
- The early retirement allowance/early exit packages are two weeks' salary for each year of service to a maximum of 52 weeks.
- RPNs and other CUPE members who retire early are entitled to equivalent semi-private, extended health care and dental benefit coverage as active employees until they reach age 65.
- Members can "bump" other members with lesser seniority in the same or a lower-paying classification. Where there are no employees with lesser seniority in the same or a lower-paying classification, an employee can bump someone in a **higher** paying classification, provided she/he meets the "normal" requirements of the job.
- During the layoffs of the 1990s, where there were no other RPN positions to bump into, RPNs could bump into other positions inside the bargaining unit until such time as RPN vacancies were posted again, instead of having to be laid off.
- Unlike other unions who represent nurses, CUPE is unique in having negotiated "chain bumping" rights. Instead of having to bump the **least senior** employee in the same, or lower or identical classification, RPNs represented by CUPE can elect to bump any employee with **lesser seniority** elsewhere in the bargaining unit.
- Another advantage of being in a multi-classification bargaining unit is that RPNs requiring modified work may temporarily be placed in **other bargaining unit positions** if they temporarily cannot perform the normal requirements of the job.
- Laid off members can post back into jobs through a **"recall list" for up to 48 months**, while no new workers can be hired until everyone on the recall list is given an opportunity to return.

APPROPRIATE FUNDING: Campaigns to end deficits, service cuts and layoffs

OCHU campaigns to:

- Provide adequate hospital funding to end hospital deficits, service cuts, layoffs and labour adjustment;
- Prevent the privatization of hospital support services and the loss of hospital services in smaller communities contemplated in the legislation which created the Local Health Integration Networks (LHINs);
- Stop the centralization of hospital services where care is provided on a regional basis instead of having services provided locally.

PRIVATIZATION: To end for-profit health care

- Campaigns against privatization, including the 2003 Trojan Horse tour that warned Ontarians of the problems of privatization and the 2002 speaking tour in 50 communities called “Campaign Against For-Profit Health Care.”
- OCHU has campaigned together with the Ontario Health Coalition (OHC) against P3 (private) hospitals including Brampton’s William Osler. The Brampton P3 hospital was found to have wasted \$430 million of taxpayers’ dollars in extra interest, management fees and private profits. (OHC, Cost Comparison, June 6, 2008)



SAFE WORKPLACES:

Campaigns for safe working conditions and workloads

- **Anti-violence work:** CUPE Ontario lobbies the provincial government for an anti-violence regulation pursuant to the Occupational Health and Safety Act.
- Superbugs, or health care associated infections (HAI), are problems for RPNs and other hospital workers and patients. **OCHU's 2005 "Superbug" hotline and tour** for more hospital cleaning to stop deadly infections campaigned across Ontario. OCHU continues to raise awareness about HAIs to this day. And CUPE National's work on HAI is recognized worldwide. (HYPERLINK "<http://cupe.ca/health-care/health-care-associated-infections>" <http://cupe.ca/health-care/health-care-associated-infections>)
- **Health and safety campaign:** OCHU/CUPE lobbies the provincial government to include the right of RPNs and all hospital workers **to refuse unsafe work** as part of the Occupational Health and Safety Act.
- CUPE has been quick to respond with pertinent information during the ongoing **2009 H1N1** "swine flu" and **2003 SARS** infection outbreak.

PROPER RPN PAYMENT:

Wage increases, pay equity, pensions and benefits

- Over the decades, OCHU has secured **wage and benefit improvements** for RPNs. By the late 1970s, CUPE had achieved standardized hourly job rates for RPNs. After pay equity was introduced by the provincial government, the hospitals that bargained centrally refused to bargain RPN job rates at the central table.
- Pay equity plans are implemented locally, with male comparators for RPNs varying by local, resulting in a sizeable variation in RPN job rates. During the years 1990-2004, the range between the highest and lowest CUPE RPN job rate grew to \$5.31/hour (or by 32 per cent). In 2004 the union was able to persuade a local issues arbitration board to reduce this gap by bringing the lowest CUPE RPN job rates to within 13.2 per cent of the highest hospital RPN job rate in the province. For some RPNs, this meant a wage adjustment of \$3.69/hour.
- At that time, and subsequently, arbitrators have refused to award a standardized rate. In the previous round of local issues arbitration, the arbitrator said if he awarded a standardized RPN job rate, that rate would soon unravel as local pay equity settlements rolled out with different adjustments based on different male comparator job rates.

- We expect that the 2006-2009 local issues board's award will be released very soon. A large number of CUPE locals put forward proposals for wage adjustments for RPNs. While this time CUPE locals drew upon local comparators where favourable comparators existed (higher RPN rates in neighbouring hospitals), OCHU coordinated proposals for a "minimum" job rate, which we submitted should be 95 per cent of the highest CUPE RPN job rate, based on the extremely high commonality of functions of RPNs.
- OCHU/CUPE is represented on the board of HOOPP (Hospitals of Ontario Pension Plan). CUPE has two trustees who have fought hard to negotiate improvements.

DEFENDING THE COLLECTIVE AGREEMENT FOR RPNs: Central policy grievance wins

- Throughout the years, OCHU has defended the central agreement through central policy grievances. "Work of the bargaining unit" language in the collective agreement prevents duties normally assigned to bargaining unit members from being assigned to employees of the hospital who are not members of the bargaining unit. In earlier cases where RPN and RN duties "overlapped," arbitrators appeared to give hospitals the unfettered right to change the amount of work assigned to RPNs or RNs. However, more recent cases coordinated by OCHU have held that even where there is an overlap between bargaining units, a hospital must maintain the amount of work performed by RPNs rather than assign it to RNs.

OCHU AND CUPE CONFERENCES AND WORKSHOPS: Learning together to win

- In addition to its annual and bargaining conferences, OCHU has organized numerous conferences such as the 2009 Job Security and Fiscal Advisory Committee (FAC)/Hospital Budget workshops; the 2008 Health and Welfare Benefits conference, the 2006 Bill 36 (LHINs) conference, and pension conferences in 2004 and 2000.
- Educational workshops provided by CUPE National facilitate learning about bargaining, leadership, anti-privatization, climate change, women's issues and other important and current topics.

RPNS IN ONTARIO:

Keeping important connections

- OCHU liaises with other RPN organizations such as the Registered Practical Nurses Association of Ontario (RPNAO), the College of Nurses of Ontario (CNO), the Nursing Health Services Research Unit (NHSRU), and Ontario government special nursing committees and task forces.
- In 2009, OCHU lobbied the CNO to not post RPNs' place-of-work contact information on their Internet page due to safety reasons.

CUPE LICENSED/REGISTERED PRACTICAL NURSES (LPNS AND RPNs):

20,000 plus, and growing across the country

- OCHU/CUPE RPNs are among more than 20,000 LPNs and RPNs across the country represented by CUPE.
- Special CUPE programs in other provinces include utilization, training and employment equity. CUPE's unique program in Saskatchewan helps aboriginal LPNs obtain health care jobs in a fair and equitable manner.

FIGHTING FOR A SOLID ECONOMY AND STRONG SOCIAL PROGRAMS:

CUPE RPNs on the front line

- Over the years, CUPE and OCHU have fought for **quality public health care**, **public water**, **international solidarity** and a **national child care program** to help all Canadian workers and families.
- CUPE and OCHU continue to lobby governments for a "green" jobs strategy for a healthy economy and green workplaces.



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