

December 13, 2018

Comprehensive report for CUPE members covered by the Health Science Professionals collective agreement – December 2018

BURNABY—In early November 2018 the Health Science Professionals’ Bargaining Association (HSPBA) reached a tentative agreement for the more than 19,000 health science professionals employed in B.C.’s public health care system. This three-year agreement takes effect on April 1, 2019 and expires on March 31, 2022.

CUPE’s HSBPA Bargaining Committee is pleased to recommend that CUPE members vote YES to the terms and conditions achieved through the tentative agreement for this 2019-2022 collective agreement. CUPE Locals have arranged ratification meetings in January 2019.

If you have not received information on your upcoming ratification meeting(s), please contact your Local right away. Contact information is found at <https://bcchs.cupe.ca/contact-us/>. We encourage you to attend a meeting and discuss the agreement before voting. There will be no opportunity to vote by proxy, so you must personally attend a meeting to vote on the tentative agreement.

CUPE and other unions entered into early coordinated talks with the Health Employers Association of BC (HEABC) in order to reach settlements that would provide improvements to the collective agreement, address existing chronic labour market challenges, and provide service enhancements to the public health care system.

“We believe that our Health Science Professionals will be quite pleased with the gains made in this round of negotiations,” said CUPE Health Coordinator Chris Losito.

“CUPE’s bargaining committee put in many long hours to reach this tentative agreement and I thank them for their focus and determination while doing so. CUPE’s HSPBA members are asked to monitor their personal (non-work) e-mail accounts for information on upcoming ratification meetings to learn more about the tentative agreement and cast their vote.”

CUPE’s HSPBA members expertly fulfill their responsibilities within a wide range of professional classifications. In doing so, they support healthy communities with properly funded and publicly delivered quality and accessible health care for all British Columbians.

Negotiating framework

Your bargaining committee was elected in February at CUPE’s community health sector bargaining conference, where CUPE’s member delegates considered the bargaining

priorities identified by the membership through our bargaining survey. At that meeting, the priorities set for the bargaining committee to pursue were:

- Competitive wages
- Return of the extended workday
- Professional education
- Transportation expenses
- Strategies to address workload

This tentative agreement meets those objectives, as well as achieving much more.

This report focuses on highlights of the tentative agreement and details all the changes proposed for the collective agreement.

To review the tentative agreement in detail, including specific proposed changes to the collective agreement, see the document [here](#).

Wages and Premiums

General wage increase: two per cent (2%) a year for three years

- Effective the first pay period after April 1, 2019
- Effective the first pay period after April 1, 2020
- Effective the first pay period after April 1, 2021

Combined with the final wage increase of the 2014-19 agreement on February 1, 2019 of 1 per cent, plus the Economic Stability Dividend of .75 per cent, starting in April 2019, all members will see an increase of 3.78 per cent over their current paycheque.

On-call and Call-Back – Effective April 1, 2019

Call-back pay increases to double time. This is a significant increase for members who work call.

Vacation Entitlement – Effective April 1, 2021

Additional vacation day after five years of service, with 7.5 hours added each subsequent year. This restores the vacation day accumulation lost in the 2010 agreement settled under the previous government's "net-zero" increase mandate.

Transportation Allowance and Travel Expense – Effective April 1, 2019

Transportation allowance matches the maximum allowable per kilometre rate under the Canada Revenue Agency automobile allowance rates. The allowance is permanently tied to the CRA rate, and does not have to be negotiated with every collective agreement renewal. Minimum paid for a round trip increases to \$4.00.

Improvements to the language defining primary home work site for the purpose of attracting transportation allowance. Now includes second work site as a place where the employee works on a regular and predictable basis and not where the majority of the employee's work is performed. The second work site must be within 50 kilometres of the primary work site, except in the Lower Mainland, where the second work site is within

30 kilometers of the primary work site. This provision addresses concerns for members working at multiple sites.

Long Service Recognition – Effective April 1, 2021

A new step for long service recognition is created – with a .25 per cent increase over the 6th year step after 25 years of service. This is an important retention tool for long service employees.

Me-Too

A me-too clause is in place to address the possibility of another public sector agreement settling outside the 2,2,2 general wage increase mandate established for the 2019-2022 public sector agreements. The clause is not triggered for wage increases outside the base increase, or general wage increase improvements that may be the product of binding interest arbitration.

Severance Allowance – Effective April 1, 2019

Changes in language to clarify the application of severance allowance entitlement for part-time workers.

Joint Health Science Benefit Trust

The funding formula was amended to provide for an increase in the employer's contribution in year three and a process of regular reporting out to Public Sector Employers' Council (PSEC) to address issues such as inflation, demographic shifts and usage trends during the life of the agreement.

MODERNIZATION OF THE HEALTH CARE TEAM

Classification Redesign and Modernization - Phased in over the life of the 2019-2022 Collective Agreement. A key element of the tentative agreement is the dedication of \$10 million to fund the first step of a wholesale restructuring of the classification system to address decades-old inequities in job categories.

Phased in over three years, the job of a joint working group established under the agreement will be to make changes to the classification system that will address existing inequities, improve recruitment and retention, and support the government's modernizing of the health care delivery in the province, including the creation of community-based multidisciplinary health care teams. In the second and third years of the collective agreement, a joint working group will allocate money remaining from the \$10 million fund in the following priority order:

- To address anomalies flowing from the transition of MOU professions in the Industry-Wide Miscellaneous Rates. An example of an anomaly may be where a MOU position is classified at a grid level which is inconsistent with other positions (e.g. the position requires a degree but is lower than Grid 8).
- To compensate as fully as possible and as soon as possible, all staff/entry level positions that have new classification and compensation provisions for working without general supervision.
- In addition, the working group is charged with laying the groundwork for further modernization of the classification system beyond the term of the collective agreement.

Year One Classification Changes – Effective the first pay period after April 1, 2019, with some compensation changes to be phased in for years two and three.

Diagnostic Medical Sonographer and Magnetic Resonance Imaging Technologist

- Two new job families will be created: Diagnostic Medical Sonographer and Magnetic Resonance Imaging Technologist.
- The new job families retain the current Grades III to VI classification definitions but rename them as Grades I to IV. The corresponding salary structures are unchanged.
- Both job families gain a new classification at the Grade II level that will provide pay recognition for working sole charge.
- Magnetic Resonance Imaging Technologists gain a new classification at the Grade II level that provides pay recognition when assigned to provide instruction and/or supervision to students (Diagnostic Medical Sonographers already have such a classification).
- Both job families gain a new classification at the Grade II level that provides pay recognition for working without general supervision. The implementation date for attracting increased pay for working without general supervision will be in 2020 or 2021, subject to the determination of the Joint Working Group.
- The restructured classifications set the base for continued improvement to the classification system.

Separate Memoranda and Industry Wide Miscellaneous Rates

- The classifications and corresponding wage grid levels of all professions currently classified in accordance with separate memoranda (and so do not appear in the collective agreement) shall be added to the Industry Wide Miscellaneous Rates (“IWMR”) section of the collective agreement.
- Staff/entry level IWMR classifications (including those previously classified per separate memoranda) shall be compensated at one grid level higher when assigned to work as Sole Charge, or to provide instruction and/or supervision to students.
- Staff/entry level IWMR classifications also will similarly gain pay recognition for working without general supervision. The implementation date for pay increases for working without general supervision will be in 2020 or 2021, subject to the determination of the Joint Working Group.

Classifications with two entry-to-practice credentials

Social Program Officers

The Social Program Officer classifications are deleted and the following shall apply:

- “Positions where the qualifications are not exclusive to any one discipline and where the position provides a counselling, education, prevention, referral, or advocacy service to individuals, families, or groups with mental health, behavioural, addiction, or chronic medical concerns will be classified in accordance with the Social Worker definitions and grid levels.”
- The former Social Program Officers at the staff/entry level gain access to several classification provisions such as Sole Charge and providing instruction and/or supervision to students at Grade II. Former Social Program Officers who have Masters Degrees and are in Grid 8 staff/entry level positions no longer qualify for Qualification Differential but are elevated to Grid 11. The supervisors gain pay

recognition for all staff FTE that they supervise whereas they currently are credited for only Health Science Professional and Nurse FTE that are supervised.

- The former Social Program Officers at the staff/entry level also gain pay recognition for working without general supervision. The implementation date for pay increases for working without general supervision is 2020 or 2021, subject to the determination of the Joint Working Group.

Recreation Therapist and Infant Development Consultant

For professions like Recreation Therapist and Infant Development Consultant, there will be only one classification and corresponding pay grid level for all classifications above the staff/ entry level (the highest). For example, the Recreation Therapist – Diploma – Sole Charge and Supervisor classifications are deleted and incumbents move to the new Recreation Therapist – Sole Charge and Supervisor classifications at the rates previously available only to those with a Bachelor's Degree (a two pay grid increase).

Combined Laboratory/X-Ray Technologist

The Combined Laboratory/X-Ray Technologist references in the IWMR are deleted and Combined Laboratory/X-Ray Technologist is added to the list of Health Science Disciplines Allied to the Medical Technology Disciplines. This elevates CLXTs from Grid 5 of the regular wage schedule to Grid 6 of the higher Med Tech wage schedule.

Supported Child Development Consultant

Supported Child Development Consultants move to the same salary structures as Infant Development Consultant as follows:

- Supported Child Development Consultant – Diploma – Staff (currently Grid 2) moves to Grid 4 in April 2019, Grid 5 in April 2020, Grid 6 in April 2021
- Supported Child Development Consultant – Degree – Staff (currently Grid 2 plus Qualification Differential) moves to Grid 4 in April 2019, Grid 6 in April 2020, Grid 8 in April 2021
- Supported Child Development Consultant – Supervisor (currently Grid 4) moves to Grid 6 in April 2019, then to Grid 8 in April 2020, then to Grid 10 in April 2021

Perfusionist

The salary structures for the “Perfusionist, Educator” and “Perfusionist, Supervisor” classifications (at present respectively \$1.05 and \$2.10 above the hourly staff Perfusionist rate) are increased to reflect a similar differential above staff rates as compared to other health science professions with educator and supervisor classifications. Educator will be about \$4 above the staff rate and Supervisor will be about \$6.00 above the staff Perfusionist.

Testing Technician – Psychometrist

Elevated from Grid 7 to Grid 8 in recognition of Bachelor's Degree entry to practice requirement. Testing Technician – Psychometrist incumbents no longer qualify for Qualification Differential based upon a Bachelor's Degree.

Infection Control Practitioner

The Infection Control Practitioner salary structure is elevated from Grid 11 to Grid 15. The ICP job is identical regardless if performed by a member of the Health Science

Professional bargaining unit or of the Nurse bargaining unit. The new rates are close to the applicable Nurse rates (which fall between Grids 15 and 16).

Qualification Differential

The Qualification Differential provisions are amended as follows:

- For clarification, the Baccalaureate QD listing is amended to read “post entry to practice Baccalaureate Degree”.
- Similarly, the Baccalaureate plus A.C or A.R.T. listing is amended to read “post entry to practice Baccalaureate Degree plus Advanced Certification or Advanced Registered Technologist”.
- The Masters and PharmD QD listings are deleted and replaced with a single entry “post entry to practice graduate degree”. This confirms that QD is only payable where an employee holds a post entry to practice Masters or PharmD degree. It also provides new eligibility for \$125 per month QD to those who hold an applicable degree at the PhD level.

Year Two Classification Changes - Effective the first pay period after April 1, 2020:

Occupational Therapist and Physiotherapist

The Qualification Differential provisions for Occupational Therapists and Physiotherapists are amended as follows:

- All salary structures of the OT and PT wage schedule are increased by \$125 per month. The March 2006 agreement regarding QD for OTs and PTs is deleted. Accordingly, the \$125 per month QD is no longer payable for entry to practice Master’s degrees in OT and PT. The result is that OTs and PTs will have the same compensation regardless of whether they hold the current or previous entry to practice credential.

Professional Development Fund – Effective April 1, 2019

Aimed at addressing recruitment and retention challenges, and at ensuring members have access to continuing education to maintain excellence in their professions, the agreement includes provision for a \$400,000 annual professional development fund – totaling \$1.2 million over the life of the tentative agreement – to be administered by the union. Combined with the \$3 million professional development fund achieved outside of bargaining in the fall of 2018, this represents a significant injection into continuing professional development for health science professionals. This Professional Development Fund agreement will be an ongoing term of HSPBA collective agreement beyond the 2019-2022 term.

Experimental Shift Scheduling – Effective April 1, 2019

Article 24.07 is expanded to ensure a cooperative approach is available to update scheduling of shifts so that schedules are responsive to the needs of patients, clients, residents, and health science professionals while meeting the operational requirements of a wide variety of work settings. This enhanced language helps bring the development of responsive shift scheduling back to the local level and helps guide approaches to creative scheduling to facilitate the government’s commitment to shifting how health care is delivered in the province. Through the creation of Urgent Primary Care Centres and Primary Care Networks, government is working to ensure multi-disciplinary health care is accessible when and where British Columbians need it.

Requirement to Join and Maintain Membership in Professional Bodies as a Condition of Employment – Effective April 1, 2019

Appendix 28, covering the employer's requirement that employees maintain membership in a professional association, continues, with the employer bearing responsibility for the cost of membership. A minor amendment now allows, but does not require, the employer to pay for professional association membership fees, even if membership is not a condition of employment.

Domestic and Sexual Violence Leave

As evidenced by an extensive study undertaken by the Canadian Labour Congress in partnership with the University of Western Ontario, women with a history of domestic violence have a more disrupted work history, are consequently on lower personal incomes, have had to change jobs more often, and more often work in casual and part time roles than women without violence experiences. Being a perpetrator of domestic violence also significantly impacts a worker and their workplace. A recent study found that fifty-three per cent (53%) of offenders felt their job performance was negatively impacted, seventy-five per cent (75%) had a hard time concentrating on their work, and nineteen per cent (19%) reported causing or nearly causing workplace accidents due to their violent relationship. Their behaviours lead to a loss of paid and unpaid work time, a decrease in productivity, and safety hazards for their co-workers.

Under this new appendix attached to the tentative collective agreement, upon request, employees shall be granted unpaid leave to a maximum of 17 weeks for reasons related to domestic or sexual violence. Casual employees are not required to be available for shifts for up to 17 weeks. This leave is in addition to leave entitlements in the collective agreement. In the event that present or future legislation results in a greater entitlement to maximum weeks of leave in relation to domestic or sexual violence, that legislative provision prevails.

Article 20 – Special Leave – Effective April 1, 2019

Special leave is improved to allow for leave of 22.5 hours for absences resulting from the employee or employee's dependent child having experienced domestic or sexual violence.

Special leave also increases allowable leave for child birth or adoption related leave for "other parent" to 15 hours from 7.5 hours. "Other parent" is defined as either the spouse of the birth mother or a biological or an adoptive parent.

Maternity and Parental Leave – Effective April 1, 2019

In addition to making the leave provisions and entitlements gender-neutral, Maternity and Parental Leave language is improved to reflect changes to legislation extending the length of leaves. In order to reflect the change in waiting period from two weeks to one week for EI maternity benefits, the maternity leave allowance providing for 85 per cent of normal weekly earnings will be paid for the first week of maternity leave, with a second week of maternity leave allowance at 85 per cent of normal weekly earnings being paid evenly over the first 16 weeks of maternity leave, preserving the collective agreement benefit of maternity leave pay for two weeks, in spite of the reduction in waiting period.

Education Leave – Effective April 1, 2019

Flexibility to allow for a range of continuing education options is a priority for health science professionals. The amended language clarifies that the Employer is responsible

to match time given by an employee even if the leave is for one day or less. There is no requirement for the employee to give one of their own days before the employer is required to contribute leave time.

Bereavement Leave – Effective April 1, 2019

Renamed from compassionate leave to bereavement leave. In accordance with the Employment Standards Act, employees are entitled to unpaid leave.

Leaves for Compassionate Care, Child Disappearance, and Child Death – Effective April 1, 2019 In accordance with the Employment Standards Act, employees are entitled to unpaid leave.

Pay Cheques or Deposit

In order to improve transparency, the employer will provide an itemization of all deductions for sick and vacation leave on pay stubs, in addition to the existing requirement to provide a designation of statutory holidays paid, adjustments including overtime and promotions, and the cumulative amount of sick leave credits earned.

Working Group on Workload

Workload has been an ongoing and increasing challenge for health science professionals, and the tentative agreement creates a working group designed to address issues proactively, with a mandate to develop, produce, and support the implementation of guidelines, including tools and strategies, for employers and employees to identify, assess, and address workload issues affecting health science professionals. The working group has a March 31, 2020 target to distribute an agreed-to workload guideline. The working group will be provided with project management support which may include administrative support, resources for the development of a Workload Guideline, and resources for the development and distribution of broad-based educational and communication strategies for employers and employees.

Article 38.05 – Workload – Effective April 1, 2019

Changes to the collective agreement place the onus for addressing workload issues expeditiously on the employer, and put in place timelines for addressing workload issues. Failing a satisfactory resolve to the issues, a grievance procedure, with prescribed timelines, including timelines for involving a trouble-shooter, is to be followed. This new language strengthens the requirement of the employer to address workload issues in a timely and significant way, and to offer meaningful intervention as soon as the workload issue has been raised and identified, and moves away from relying on a grievance-based approach to workload issues, which placed the responsibility for raising and addressing workload issues on the employee.

Regularized Relief Positions – Effective April 1, 2019

A significant improvement to address workload in a timely and significant way is this addition of a new provision in the collective agreement to create regular relief positions to cover work which includes but is not limited to leaves of absence, temporary workload, vacation and/or seasonal surges. These positions will be posted and filled in accordance with Article 9 – Vacancy Posting.

Provincial Recruitment and Retention Issues – Effective within 120 days of ratification a Provincial Recruitment and Retention Working Group will be struck, comprised of:

- One senior representative from HEABC
- Two senior level representatives from HEABC member organizations
- Three representatives from HSPBA
- One representative from the ministry of Health at the Assistant Deputy Minister level, and one senior level alternate.

The Working Group will be supported by a government-provided Health Labour Market Analysis writer, and the ministry and employers will provide regular workforce data reports.

The Working Group's tasks include:

- Engaging and consulting stakeholders
- Identifying initiatives to address recruitment and/or retention issues for identified priority professions
- Considering initiatives to address employee engagement as a means of addressing identified issues
- Considering initiatives to foster attractive work environments
- Identifying recommendations for training at post-secondary institutions
- Considering initiatives to address recruitment and retention issues for all health science professionals.

Shift Posting – Effective April 1, 2019

Article 27.02 – Shift Posting is improved to require the employer to post on-duty and off-duty shifts including statutory holidays at least 14 days in advance (increased from 12) and, where possible, 28 days in advance (increased from 14), and maintaining the requirement to pay overtime for the first day of shift posting change should the required notice not be met. This is a significant improvement that addresses issues for health science professionals who have struggled with balancing work demands with demands arising from their lives outside of work – be it scheduling child care, family responsibilities, and/or other non-work demands.

Assignment of Additional Shifts – Effective April 1, 2019

Article 24.09 – Assignment of Additional Shifts. Contract language changes address the potential for arbitrary or unfair assignment of additional shifts that come available. Where no agreed upon process already exists, new language insists on a mutually agreed process, determined by 2/3 of affected employees at the work unit and the employer must be developed, and if a process is not agreed to, then additional shifts will be allocated by seniority to qualified casual and part-time employees, keeping in consideration those employees' availability and ability, including clinical competency, to meet clinical needs. This is an area where we see significant numbers of grievances. In the interest of transparency, this article is also amended to require that the process agreed to for assignment of additional shifts is posted at the local work unit.

Displacement And Bumping – Effective April 1, 2019

A change in displacement and bumping language is designed to enhance job security for members who work in some of the smallest sites which are also most vulnerable to funding changes. This is new language addressing displacement of employees that allows for a second level option. If a displaced employee does not have bumping

options at their worksite, they will be given first consideration on any external vacancies at another health authority/health organization.

Vacancy Posting – Effective April 1, 2019

In another job security improvement, under Article 9.07 employers will be restricted from changing a part-time employee's FTE by up to .2 FTE for 24 months – up from the current 12 months. This ensures improved stability for part-time employees who are currently vulnerable to reduction in FTE every year without protection afforded by displacement provisions in the collective agreement. In addition, vacancy postings must include the intended work assignment and worksite.

Contracting Out – Effective April 1, 2019 Appendix 18 – Contracting Out is deleted. Combined with legislation passed by the current NDP provincial government in November 2018, this puts an end to the attack on health care services and workers through Bills 29 and 94 that resulted in reduced wages, poorer working conditions, and less job security for workers in the health and community social services sectors. The effect of the legislation was to erode the conditions of care for vulnerable patients and clients and to create industrial instability.

DISABILITY MANAGEMENT/OCCUPATIONAL HEALTH AND SAFETY

Since the creation of the Enhanced Disability Management Program (EDMP) in 2010, demand for the jointly developed and administered program using a province-wide standardized approach to disability management has grown as employees and employers benefit from early, appropriate, and ongoing support to maintain employees' connection with the workplace and/or return to work in a safe and timely manner.

EDMP Representatives – Effective April 1, 2019

As demand continues to grow, the new collective agreement allows for an increase to 10.25 employer-paid FTE EDMP union-appointed representatives (up from 8.25 FTE). In addition, the employer will contribute \$100,000 per year to pay for administration costs, including jointly developed training and education, travel, electronic equipment, and other expenses associated with the provision of HSPBA EDMP representation province-wide. Under the new agreement, all medical accommodations must go through the EDMP case management program, increasing the support members have as they make a transition back to work. In addition, there are new timelines imposed upon employers to ensure members are returned to work in an expedient and medically appropriate manner.

Working Group – Provincial Framework on Occupational Health and Safety in Health Care.

With violence prevention and occupational health and safety a top concern for health science professionals, the committee focused on an effective approach to addressing issues, and \$250,000 per year was committed for HSPBA's contribution to an evidence- and solution-based Joint Provincial Health, Safety, and Violence Prevention Committee. Within 90 days of ratification, the employer and unions will establish a joint provincial working group grounded in the principles of meaningful collaboration and system-based approaches with a purpose to support and promote safe and healthy work environments in health care across the province, with recommendations to be made within six months of ratification.

Among the shared objectives of the joint group are:

- Promoting a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, promotion of safe work practices and healthy workforces, including pilot and demonstration programs.
- Preventing and reducing the incidence of injuries (physical and psychological) and occupational diseases
- Identifying and developing a provincial framework and systems for implementing these objectives cooperatively

Article 39 – No Harassment – Effective April 1, 2019

This article has been revamped to be consistent with the *Human Rights Code*, including gender identity and expression as prohibited grounds.

ENHANCED UNION REPRESENTATION

Effective representation of union members is critical to solving workplace issues governed by collective agreement rights. Under the tentative agreement, important improvements have been negotiated to improved members' access to union representation – and the union's ability to communicate with members about their collective agreement rights. In the interest of developing quality labour-management relationships, designated employer-paid union steward positions have been included in the collective agreement.

Paid steward time will be included in the collective agreement and be available at the follow locations:

- Vancouver General Hospital 1 FTE
- Surrey Memorial Hospital 1 FTE
- St. Paul's Hospital 1 FTE
- BC Children's and Women's Hospital 1 FTE
- Royal Columbian Hospital .26 FTE
- BCCA – Vancouver Cancer Centre .26 FTE
- Royal Jubilee Hospital .26 FTE
- Kelowna General Hospital .26 FTE
- Abbotsford Regional Hospital .26 FTE

The objective of paid steward time (paid at the employee's wage rate in their regular position) is to address workplace issues expeditiously when possible, including improving steward availability when members require union representation in the workplace.

Article 5 – Union Recognition, Rights and Security

Changes to this Article of the Collective Agreement to improve union access, including electronic access, to members' employment information to allow for improved ability for the union to represent members. Article 5 is also improved to allow union stewards paid time to investigate, prepare, and present grievances, attend labour-management meetings, act as the appointee to labour management committees, and improve access to new member orientation meetings to ensure that all new members are provided with names and contact information for their union stewards.

Expedited Dispute Resolution Process for Short Term Union Leave

A new expedited dispute resolution process is related to the failure of employers to grant short-term union leave to union activists participating in union education, conventions, and committee meetings.

Dispute and Arbitration Redesign Committee

Designed to examine the current arbitration system to explore options for improved systems to allow for more timely resolution of grievances and arbitrations related to members' collective agreement rights, this is a joint committee that will explore a redesigned grievance and arbitration system. The committee is tasked with producing a report to the HSPBA and HEABC within one year of ratification, with a view to identifying joint recommendations, and areas where no consensus was reached.

Employee Evaluation and Records – Effective April 1, 2019

Improvements to access an employee's personnel file, including granting the union the ability to request the employee's personnel record, upon authority of the employee. This improvement allows for better advocacy by the union on behalf of employees. A new provision governs the removal and destruction of letters of expectation from an employee's personnel file 36 months after the date of the letter, provided that there has not been repetition of the behaviour or conduct addressed in the letter.

MISCELLANEOUS

Gender-neutral language

The contract language is modernized by deleting the collective agreement's definition of spouse, and deleting all gender-specific pronouns to be replaced with gender-neutral language.

This report and the full agreement are posted

at: <https://bcchs.cupe.ca/2018/12/13/comprehensive-report-for-cupe-members-covered-by-the-health-science-professionals-collective-agreement-december-2018/>