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August 15, 2012

Mr. Mark Snaterse
108 Street Building
6th Floor, 9942 - 108 Street
Edmonton AB T5K 2J5

RE: Mental Health Therapists

Dear Mr. Snaterse:

We were quite surprised to receive the July 9, 2012 Memo advising that effective July 9, 2012 all new positions described as Mental Health Therapists (MHT) would be posted as a new classification under HSAA, but that incumbents would not be converted at this time. UNA objects to this change. UNA would like to meet with AHS to review its' objections to see if any resolution can be achieved. The key concerns are outlined below, but as we gather more information about the situation, we may raise more.

1. We are surprised that AHS would not have had the courtesy to notify UNA about these impending changes which clearly affect our membership, or engage in any kind of discussion with UNA about the impact on UNA members. This is particularly disturbing, as it is our understanding that AHS did have discussions with HSAA about these changes, so obviously consciously excluded UNA.

2. We understand that approximately 144 of our current members are impacted. We have not received any current information. While they will remain in UNA as incumbents what does this mean? They are in UNA but so long as they continue to work as MHT they are limited. They will make less than the MHT under the HSAA. However if they apply for a new or vacant position as a MHT, for instance changing FTE's, they will end up in HSAA but then lose their seniority. If they choose to remain in their positions, as many have for many years, then their salary remains out of step. They are in some kind of collective bargaining never land. Presumably UNA continues to represent them during collective bargaining even though AHS has determined that they do not belong in the direct nursing care bargaining unit.

3. Locals 183 and 196 have a long history of successfully collectively bargaining with the Employer. During this time period members have been working formally as MHTs for some years and substantively doing the same work without that title for much longer. What has changed to justify the removal of the RN's and RPNs from the direct nursing care bargaining unit at this time?

4. As a bargaining unit that has only nursing professionals, RNs and RPNs, UNA supports RNs and RPNs in their dealings with their professional associations. What is the employer's position with respect to the continued professional accreditation of RNs and RPNs? Will it be a requirement of the MHT positions that nurses are filling? If so, wouldn't remaining in the bargaining unit that recognizes that professional community of interest makes most sense?

5. What criteria was used in determining which nurses are to be on the "grandfathered" list?

6. The July 9, 2012 Memorandum cites two Labour Relations Board decisions from 2005 and 2006 to justify the decision of AHS. Those were determination applications which by definition focus on specific employees and an analysis of their prime job functions, and their community of interest. Furthermore, after the decision in *East Central Health and UNA and HSAA* [2006] ALRBD No. 75, in about 2008, the employer in that case transferred all of the RNs and RPNs back into the direct nursing care bargaining unit, recognizing that it was mistaken to move RNs and RPNs working as MHT into the paramedical professional or technical services bargaining unit. We suggest that AHS is similarly mistaken in this case.

7. Furthermore, the Labour Relations Board has also recently cautioned against using determination applications which impact a limited number of employees, as a basis for overturning a long standing practice that will impact on numerous employees and more than one union. Basically by relying on a determination decision from the Chinook Health Region in 2005 affecting 11 RNs and RPNs, to bring a policy change to the Edmonton Zone -- Addiction and Mental Health Staff in 2012, AHS is doing just that. The merits of doing so become even more suspect, when the East Central situation is considered.

8. In view of the apparent new classification, "Mental Health Therapist", we point out the provisions of article 25.03 and request a meeting to discuss the rate of pay for those RNs/RPNs working in those positions.

If AHS had consulted with UNA prior to announcing its change on July 9, 2012, there would have been an opportunity to review these and any other related matters. We ask now for the courtesy of an opportunity to have meaningful discussion about these concerns.

Please contact me at your earliest convenience,



Signed electronically
David Harrigan