

**Submissions to the Minister of Employment and Immigration  
on the suitability of following or adapting the model  
contained in the  
Regional Health Authority Collective Bargaining Regulation**

The Canadian Union of Public Employees would like to thank the Minister for the opportunity to present submissions on the suitability of following or adapting the model currently contained in the Regional Health Authority Collective Bargaining Regulation of 2003.

This submission addresses the question of whether the Regulation should be applied to Emergency Medical Services personnel.

**Who CUPE represents**

The Canadian Union of Public Employees represents the largest number of unionized paramedics and emergency medical technicians in Alberta. We appreciate having had the opportunity to meet with Minister Goudreau and his staff to discuss our concerns on the movement of Emergency Medical Services into Alberta Health Services.

We enclose a copy of our Discussion Paper for your reference.

**The Regional Health Authority Collective Bargaining Regulation,  
2003**

The Regional Health Authority Collective Bargaining Regulation (80/2003) was designed to consolidate the numerous bargaining relationships that were in existence within the seventeen health regions and align them so that there would only be one bargaining agent for each functional bargaining unit.

However, EMS was not the responsibility of the regional health authorities in 2003. The Regulation was not designed to address the incorporation of emergency medical services into the provision of health services.

It is the position of CUPE that, irrespective of which model of delivery is to be utilized for EMS, the ambulance attendants should be and remain in a separate bargaining unit dedicated to the specific needs and concerns of emergency medical personnel.

A stand alone EMS functional bargaining unit is logical, the least problematic and most efficient for the provincial government to consider when incorporating EMS into the newly formed health care system. A paramedic only functional bargaining unit is viable based on the unique community of interest shared by EMS workers.

## **Can the 2003 Regulation be applied to Emergency Medical Services?**

As Regulation 80/2003 currently reads, it is CUPE's submission that it is not appropriate or workable as a model for how ambulance attendants are to become part of the new Alberta Health Services. The Regulation is a creature of its time, namely 2003, when the desire was to create fewer regional health authorities and streamline the bargaining relationships within the consolidated regional health authorities that were being created.

CUPE represents the largest number of stand-alone EMS members, and the International Association of Fire Fighters represents the largest number of EMS members within integrated fire-EMS services. The Government has always respected the right of employees to choose who represents them and it is our submission that the Government should not be changing long-standing democratic choices of the employees by legislative fiat.

The role of paramedics in the protective services community was recognized by the Federal Government when paramedics were designated in 2007 as a Public Safety Occupation. This designation also applies to Firefighter/Paramedics in integrated services. The Public Safety Occupation (PSO) designation recognizes the work

paramedics perform and aligns the role they play with police, fire and Special Forces. With the PSO designation, paramedics are eligible to early retirement provisions, a condition of employment distinctly separate from any employee currently covered by the functional bargaining units in health care. By example, paramedics in both Calgary and Edmonton have successfully negotiated a supplementary pension plan which recognizes their public safety occupation designation. It is interesting to note that paramedics currently working in a health care bargaining unit did not achieve a supplementary pension plan. Again, imagine the conflict an early retirement pension plan would create in a bargaining unit where the largest majority of employees would not qualify for the same benefits.

Paramedics acknowledge that they are pre-hospital health care providers but their 'community of interest' primarily lies with other emergency and protective service providers on the street and in the community.

Paramedics have also undertaken initiatives such as "Safe Communities" in partnership with the Attorney General as a result of the role paramedics have within the community. This is unique to this group of health care professionals and is an important function that needs to continue. Paramedics representing paramedics can keep these types of initiatives moving ahead for the benefit of Alberta citizens.

EMS personnel do not work inside the hospital. Paramedics provide direct patient-care outside of the hospital setting. Paramedics have unique working conditions which are performed in the home of a patient, at the scene of a motor vehicle accident, in the middle of a blizzard, or surrounded by family and friends of a patient at a wedding or bar mitzvah. Paramedics work shoulder to shoulder with police and firefighters. EMS personnel witness horrific scenes every day, and must deal with injured and sick patients as well as the dying and the dead.

Paramedics already provide the majority of their work outside of a controlled hospital environment which sets them aside from all other health care providers covered by the existing functional bargaining unit. With changes to their scope of practice which expand the procedures they perform and the role they play in the community, they will spend even less time within the walls of a hospital.

It is important to acknowledge the possibility for conflict if paramedics are placed in an existing functional bargaining unit with other allied health professionals. A paramedic is a “jack of all trades” when it comes to the delivery of health care. Paramedics perform the same procedures as emergency physicians; community nurses; psychologists; lab technicians and ECG technicians, to name a few. How can the role of a paramedic advance and expand if there is internal conflict in the bargaining unit over work and procedures which have traditionally been performed by employees in the hospital?

We would urge the government to think carefully about the labour relations implications of sweeping paramedics into an existing functional bargaining unit. As indicated above, paramedics play a distinct role with respect to pre-hospital care; they already have a number of unique working conditions and pension provisions that set them apart from those health care providers that work inside the hospital. The Government has an opportunity to address these concerns at this time.

Section 35.1 of the *Labour Relations Code* presents the government with the ability to create an EMS functional bargaining unit. Because of the mixed model of service delivery being adopted by Alberta Health Services, unionized EMS personnel must be in their own bargaining unit with private operators. It follows that EMS personnel should also be in their own bargaining unit within AHS. This would be a relatively easy matter to accomplish. The precedent can be seen in the Alberta Labour Relations Board’s Bulletin No. 9 setting out the functional bargaining units for Regional Health Authorities. Bulletin No. 9 goes on to deal with the bargaining units for non-RHA employers in order to create a congruency in the bargaining structures. It makes sense that such a similar congruency is developed by creating an EMS functional bargaining unit.

Through out this transition process paramedics represented by the Canadian Union of Public Employees have advanced a new vision for the future of emergency medical services in a health care environment. A vision which recognizes front-line paramedics as key stakeholders in delivering top quality life support and community medical care. A vision in which paramedics are involved in the development of educational opportunities to advance their profession. A vision for a new functional bargaining unit in health care where paramedics continue to represent paramedics.

We understand that the establishment of a paramedic functional unit would require the creation of legislation specifically for this change. We would therefore request that the government therefore consider the following course of action:

- (1) To develop a consultation process, using labour relations expert(s) to consult with the three unions involved in the emergency medical services (CUPE, IAFF, and HSAA) and to report to the Government on a statutory or administrative method of addressing the labour relations implications of creating a paramedic functional unit.
- (2) To create a functional bargaining unit for paramedics and determine the structure and how representation rights would be addressed.
- (3) Maintain all current certifications and collective agreements until such time as a representation vote is conducted and finalized.

All of which is respectfully submitted,

Canadian Union of Public Employees



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