

**Joan McCollum
William Osler Health System
Region 3, Local 43**

Joan McCollum
Bargaining Unit President and Local Coordinator Local 43
Running for the full-time position Region 3 Central Negotiation Committee

My name is Joan McCollum, and I am asking for your vote in the upcoming Central Negotiations Election Committee. I have been a member of ONA since 2003 but I was not always an involved member. I didn't think about the union at all, I was focused on nursing and my patients. That all changed in 2013 when I received a letter in the mail from the President of ONA to inform me that my local had gone into trusteeship. I was shocked to learn what happened but then I thought about it. I shouldn't have been surprised. I didn't attend any ONA meetings, I didn't read my collective agreement, I wasn't involved. In that moment I made the decision to get involved. I signed up for education, I attended the townhall meetings and I got involved. I could not believe all the ONA had to offer. There was a very dedicated team from ONA who supported me, educated me, and mentored me. In February 2014, the local came out of trusteeship, and I was selected to be the site rep of Brampton Civic Hospital site. Since 2013, I have learned so much about ONA and our collective agreement. Through participating in local negotiations for several rounds I have learned the importance of the language and the intent of the language. Frustrating for me was that at the local level, you can't negotiate central agreement issues. In December 2019, I became the Bargaining Unit President and Local Coordinator. In my role as BUP, I have had the opportunity to attend arbitration hearings and sometime the cases are not in our favour because the language was not on our side. I won't go down without a fight. This is how I plan to advocate for the nurses in Region 3 at the Central Negotiation table.

Fair Wages

We need to be properly compensated for the work we do. That includes premiums. The patient population is sicker and more complicated. The expectations and responsibility are extensive.

Pandemic Pay language

We absolutely need language in our collective agreement to protect nurses from any future pandemics. Nurses need to be receiving additional pay for the additional risk assumed when working through a pandemic. We must have access to proper PPE, we must have paid sick benefits if you contract or are exposed to a pandemic illness, not just for full-time employees. It is unimaginable to sit at home unpaid waiting for a test result before can return to work.

Eliminate 6th and subsequent language

6th and subsequent must go. When this language was negotiated, no one could have imagined a pandemic would result in nurses being off multiple times throughout the course of the year. Some employers did not count COVID exposures, others did, that is why it needs to be clearly included in the next round of bargaining.

Correcting the Pay Structure

The pay scale structure is archaic. Why is there no pay raise between year 8 and 12? There needs to be 1 or 2 pay increases between year 8 and 25.

Improved benefits

It is unimaginable that nurses must pay out of pocket for physio because the benefit only covers a few sessions. Due to the physical nature of the work, nurses need preventative maintenance to function.

WSIB

There have been so many nurses negatively impacted by WSIB workplace injuries. We need to better support our nurses who are injured in the workplace. The process is too cumbersome and takes years to get a resolution.

Weekend Workers

As employers need to be more creative in their hiring practices, ONA needs to have more supportive language to meet the unique needs of the membership. The weekend worker language, if improved, could entice more nurses to consider that type of schedule. The current language is not that appealing.

Sick and Vacation

We have filed many grievances because of nurses who get sick prior the start of the vacation and they are not able to quickly and painlessly get the vacation time converted to sick time. If the language was clearer, there would be less room for interpretation.

Agency Usage Penalty

The agency usage has gotten out of control. This is a form of privatizing health care. There needs to be more severe penalties for the hospital using agency. Employers cannot staff departments with agency nurses as a quick fix to their staffing issues. That won't stop until it is no longer fiscally feasible. The 2% penalty didn't even cause the employer to blink before inviting agency staff in and signing contracts. Money that should be going into your pocket is now going to a private company.

Preceptorship pay

As we are moving to accelerate the licencing of internationally trained nurses, there needs to be nurses willing to take on that additional workload to support them. Precepting students is not the same as it has been the last few years due to lack of clinical exposure. The preceptor has become the teacher and should be properly compensated.

Simplifying Workload forms

We want nurses to complete the PRWRF to protect their licence and report unsafe staffing issues. But nurses are exhausted, and the form is too cumbersome. It can only be change through the negotiation process.