



**CUPE RPN
BARGAINING
STRATEGY**

Before Pay Equity

- In the 1970s and 1980s, CUPE fought to have Registered Nursing Assistants (RNAs) paid at least as much as Orderlies (a male-dominated classification)
- In the 1980s, CUPE bargained RPN wages centrally, and achieved standardization for RPN wages

Pay Equity

- With the implementation of Pay Equity plans, RPN wages no longer standardized
- OHA refused to continue to bargain RPN wages centrally
- Since then RPN wages bargained locally

Local Bargaining

- Since Pay Equity, CUPE has sought to bargain special wage adjustments for RPNs at local bargaining in every round save two:
 - *Social Contract Act (1993-95)*
 - *Retired Judges (1995-2001)*

Coordinated RPN Wage Bargaining 2001-Present

- In 2001, there was a 32% gap between CUPE RPNs, ranging from **\$16.66** to **\$21.97**
- By 2013, RPN wages effectively standardized at **MINIMUM of \$28.55**, with many hospitals above due to Pay Equity.

Scorecard

- 2001-04:
RPN Special adjustment
- 2004-06:
No adjustment
- 2006-09:
RPN Special adjustment
- 2009-13:
RPN Special adjustment
- 2013-17
No adjustment
- 2017-?
CUPE seeking an RPN special adjustment

Arbitrator Logic

- The first awards since 2001 sought to narrow the gap *between* CUPE RPNs at different hospitals. But starting with the 2004-06 round, a majority of CUPE awards explicitly also supported the idea of comparing RPN and RN wages.

Kaplan, SEIU 2001-04 Round

“It is our view, having carefully considered the evidence put before us, that there is an extremely high degree of commonality in function of RPNs. Accordingly, there is no justification for the current enormous spread as between the highest and lowest paid RPNs given this commonality as well as the generally accepted value of this important work as reflected in the individual negotiated/awarded wage rates/adjustments including a large number of more recent settlements substantially raising the base rate.”

“Therefore, we have made some adjustments at the lower end of the scale so as to eliminate the most unjustified of the disparities but in a manner mindful of the current economic reality in this sector.”

Carrier, 2001-04 Round

We agree with the sentiment expressed in the Kaplan Award that the current spread between the lowest and highest R.P.N. rates is excessive. In all the circumstances. it is our view that we should follow the strong precedent and hence, the rate set by the Kaplan Award.

Albertyn, 2004-06 Round

“Also, the notion of re-establishing some ratio between RPN and RN rates has some attraction because the RNs are the professional grouping most closely associated with the RPNs, in proximity, duties performed, and professional regulation, among others, though with higher qualifications and a higher level of responsibility.”

“We do not see our way clear to granting an adjustment to the RPN rate in this round. We do not think it is necessary, given that the gap has increased only slightly since the last round, when there was a substantial correction. There is also no shortage of RPNs to necessitate a further wage increase and the Hospitals have no difficulty recruiting RPNs. Comparability is an important consideration. No increase to the RPN rate was given in the recent SEIU award of the Kaplan board of arbitration² for the equivalent term.”

Briggs, 2006-09 Round

“In arriving at our decision we have taken into account the educational background, licensure requirements as well as the duties and responsibilities of RPNs. We have compared these elements against those of other hospital workers and their wage ranges from the data provided by the parties. We also considered the various settlements of other Hospitals and the Union regarding wages for RPNs. We also considered the request for maintenance of internal equity, general fiscal restraint and the current severe economic environment. We have also taken into account the principles of replication and demonstrated need. This analysis has led us to find that a wage increase for RPNs is appropriate...”

Petryshen, 2009-13 Round

“...we are satisfied that the spread in RPN rates remains too great... This continues to be too wide a spread for a group of professional employees that have a high degree of commonality in function.”

“We are also influenced by the general erosion of RPN rates in relation to RN rates of pay. Although there are obvious differences between RNs and RPNs, these two classes of professional employees have a close association... Although we do not suggest that there should be a magic tie point for RN and RPN rates, we are convinced that it is appropriate to adjust the RPN rates in light of their erosion in relation to RN rates in the hospital sector, particularly given that RPNs generally now perform tasks previously performed only by RNs.”

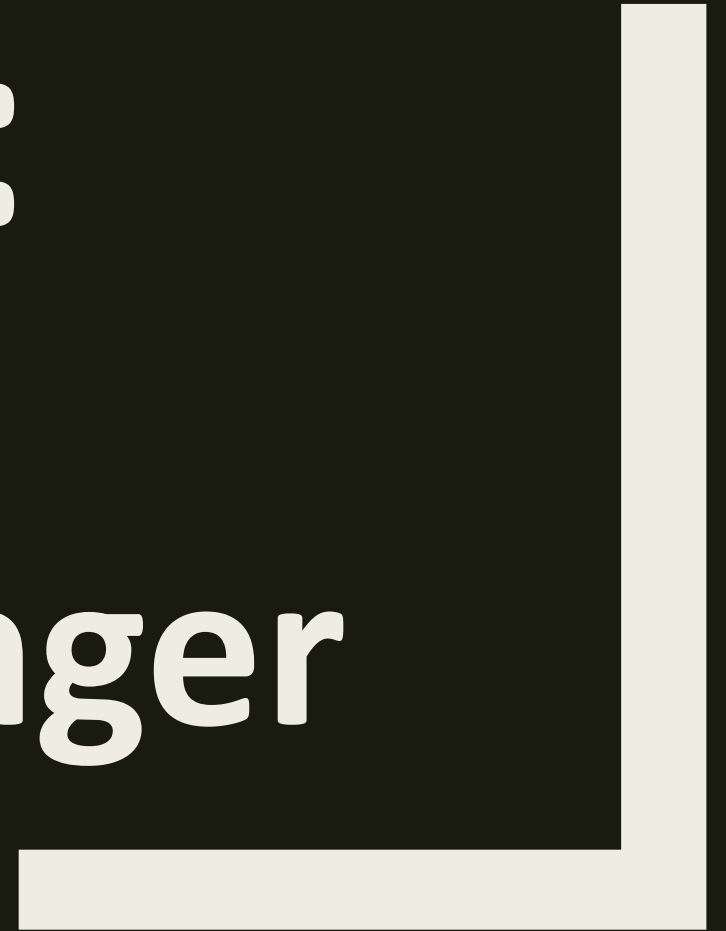
Kaplan, 2013-17 Round

“It would be completely inconsistent with, indeed contrary to, the arbitral intervention to date, clearly directed at removing the unjustified gaps, to bring all participating hospitals up to the top rate enjoyed by employees at a single hospital even if doing so was proposed in the context of establishing a percentage wage relationship between RPNs and RNs because of commonality in scope and autonomy in practice.”

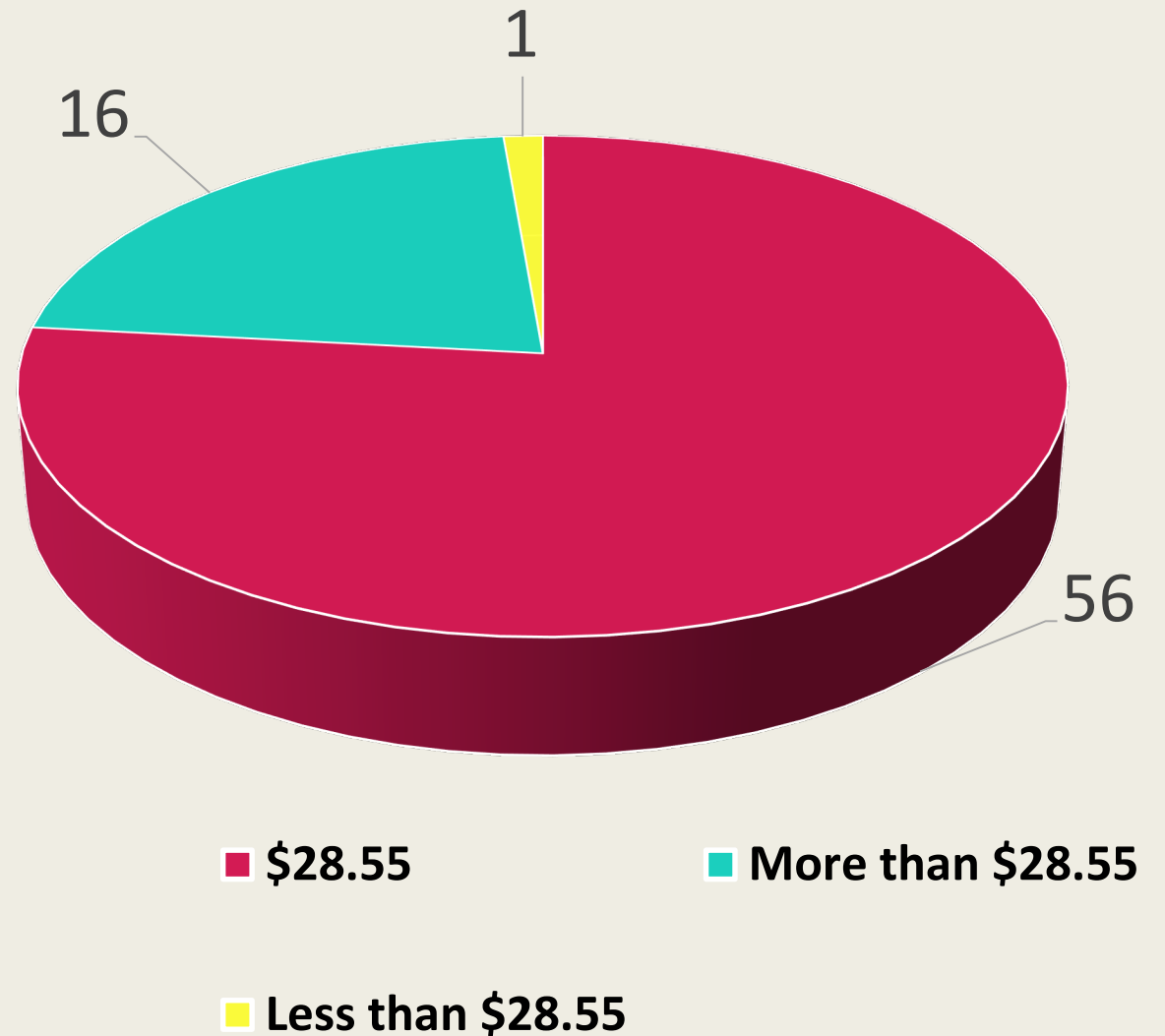
2013-17:

There is no longer

much gap...



Expiring CUPE RPN wages (As of June 1, 2013 Petryshen adjustment)



CUPE Rpn wages are the highest of any union

- SEIU, UNIFOR(CAW), CLAC, UFCW, ONA all have lower RPN wages
- Even when same union represents RNs and RPNs: ONA @ Smooth Rock Falls Hospital
 - 25 year-rate for RPNs is \$27.56 (effective 2015)--
\$1.60 below the lowest CUPE RPN rate in that year (\$29.15)

OUR CASE

**WHAT WE ARE ARGUING
BEFORE THE GEDALOF
BOARD**

CUPE Local Proposal for RPN special wage adjustment:

Effective September 29, 2017, after application of the general wage increase, add a step to the grid reflecting 8 years of service as follows: \$33.51.

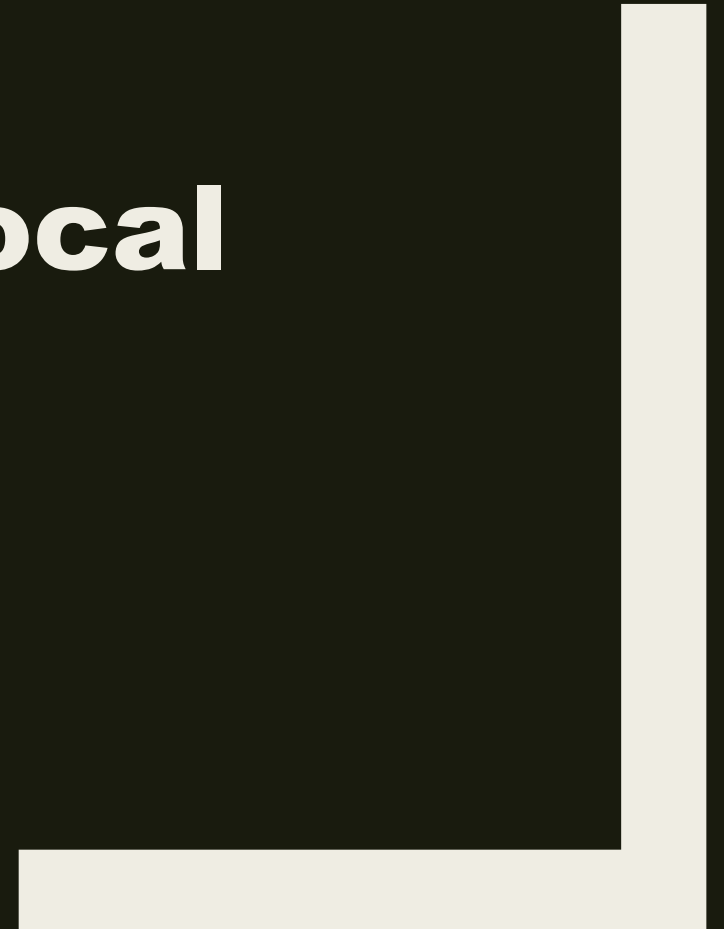
RN Wage Grid

	Kaplan		Albertyn		
	1.40%	1.40%	1.40%	1.40%	
	01-Apr-13	01-Apr-14	01-Apr-15	01-Apr-16	01-Apr-17
Start	\$30.17	\$30.59	\$31.02	\$31.45	\$32.21
1 Years	\$30.61	\$31.04	\$31.47	\$31.91	\$32.36
2 Years	\$31.12	\$31.56	\$32.00	\$32.45	\$32.90
3 Years	\$32.65	\$33.11	\$33.57	\$34.04	\$34.52
4 Years	\$34.20	\$34.68	\$35.16	\$35.66	\$36.15
5 Years	\$36.12	\$36.63	\$37.14	\$37.66	\$38.19
6 Years	\$38.06	\$38.59	\$39.13	\$39.68	\$40.24
7 Years	\$40.01	\$40.57	\$41.14	\$41.71	\$42.30
8 Years	\$42.85	\$43.45	\$44.06	\$44.68	\$45.31
25 Years	\$43.61	\$44.22	\$44.84	\$45.47	\$46.11

CUPE Current & Proposed RPN Rates

	01-Apr-13	01-Apr-14	01-Apr-15	01-Apr-16
RPN Job Rate	\$28.75	\$28.95	\$29.15	\$29.36
\$ Diff RPN Max/RN Start	-\$1.42	-\$1.64	-\$1.87	-\$2.10
As % of RN Start	0.952928406	0.946350004	0.939817016	0.933329128
As % of RN 8yr	0.670941657	0.66630991	0.661710137	0.657142119
<i>75% of RN 8yr</i>	<i>\$32.14</i>	<i>\$32.59</i>	<i>\$33.04</i>	<i>\$33.51</i>

- 1. Refute Kaplan**
- 2. Correct the Record**
- 3. Double-Down with Local
Supplementary
Submissions**



1.

**REFUTING
KAPLAN**

Kaplan wrong in two ways:

1. ARBITRARILY BEGINS THE JURISPRUDENCE IN 2001, WHEN IN FACT IT HAS A MUCH LONGER HISTORY.

2. CHARACTERIZATION OF THE JURISPRUDENCE SINCE 2001 *CONTRADICTS THE REASONS GIVEN BY THE ACTUAL AUTHORS OF THOSE AWARDS.*

Chair	Term	Comparator
Kaplan	2013-2017	RPN
Petryshen	2009-2013	RN, and RPN
Briggs	2006-2009	RN, and RPN
Albertyn	2004-2006	RN, and RPN
Carrier	2001-2004	RPN
Stanley	1989-1991	RN
Burkett	1985-1986	RN
Burkett	1977 (ONA)	RN
Total comparisons to RN		6
Total comparisons to RPN only		2

2.

**CORRECTING
THE RECORD**

A. Historical RN-RPN link

B. Current overlap

C. Changing staffing skill mix

D. RPNs in ON v. Rest of canada

A.

**IN THE PAST,
RNAs AND RNs
ALWAYS
COMPARED THEIR
RATES**

**IN THE 1980s CUPE
RPN RATES WERE
STANDARDIZED**

Burkett 1977

Wellesley Hospital & ONA

“The Board has chosen the R.N.A. classification as the appropriate tie-point.”

“There is evidence...of an historical differential of 74% to 75% between the rates for the registered nursing assistant and registered nurse.”

Burkett, 1986

participating hospitals & cupe

“We have decided that a general increase ... [would] maintain the historical relationship between ... rate paid to the R.N.A. as a percentage of that paid to the RN.”

Stanley, 1989

participating hospitals & cupe

“The determination of a fair level of wages for RNA's in this group has always involved looking at the relationship to RN wage rates.”

Pay Equity

- Implemented **locally**
- Resulted in different adjustments at different hospitals ranging between \$0 to \$3.50
- Rates all over the place, 32% spread from low to high
- OHA refused to bargain RPN wage centrally

B.

THERE IS NOW A

90% OVERLAP

**BETWEEN RPN AND
RN COMPETENCIES**

1976

- College of Nurses of Ontario (CNO) publishes first standards of practice guidelines
- RNAs studied for just 35 weeks
- not entitled to use protected title “nurse”
- worked under the **direction** or supervision of RNs, providing task-based care for **predictable, stable** patients.
- Earned 71.4% of the RN job rate.

Today

- RPNs require two-year college degree
- One of two categories of “nurse,” as defined by law (along with RNs)
- provide **autonomous** care to patients, and perform many tasks formerly only performed by RNs
- Earn 67% of the RN job rate.

2005: Key changes to RPN scope

- 2005 CNO Entry to Practice Guidelines for Ontario RPNs same as the 1999 CNO Entry to Practice Guidelines for Ontario RNs
- RPNs no longer limited to providing autonomous care to patients with stable and predictable outcomes

2018: 90% Overlap

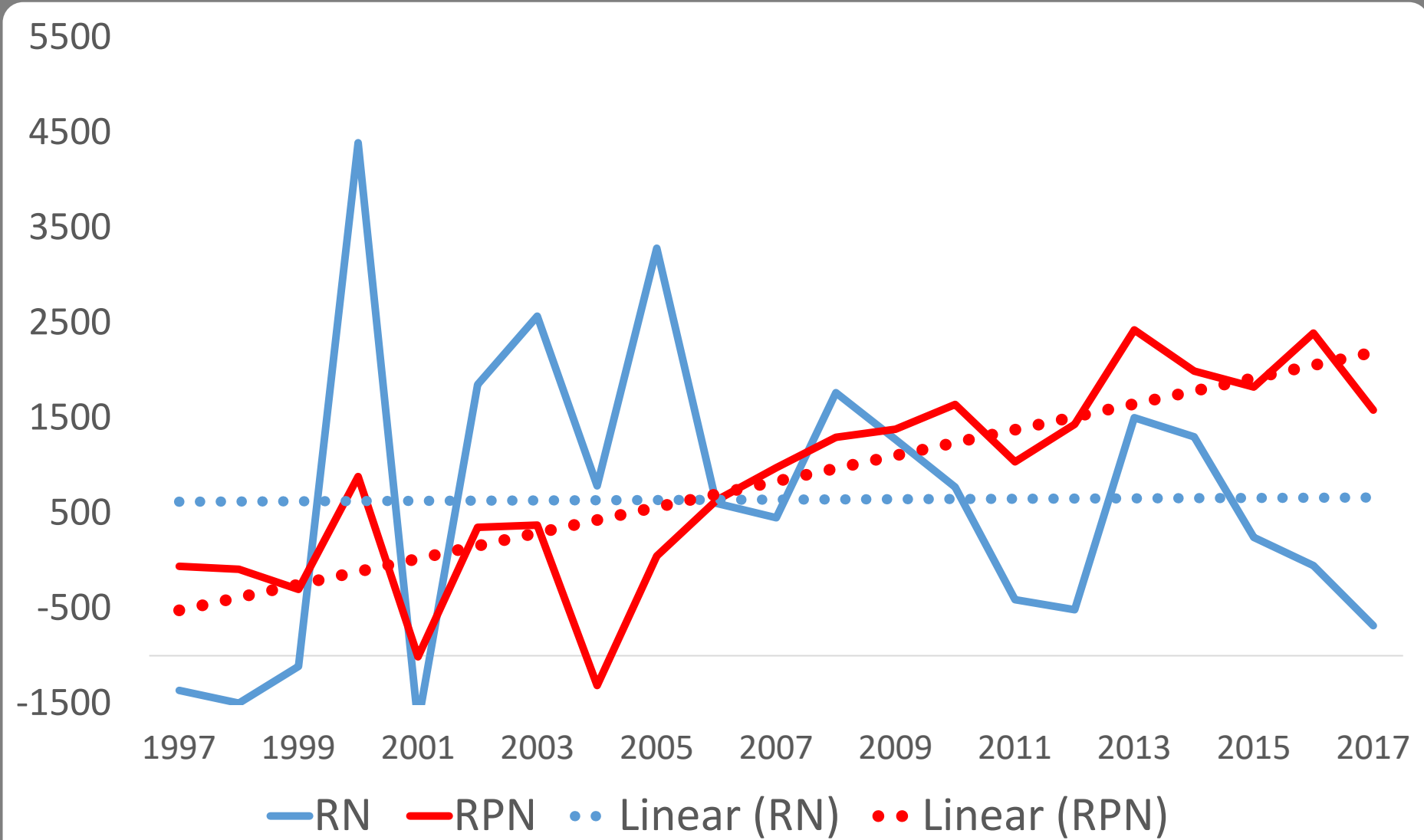
- 2018 Entry to Practice Guidelines for Ontario RPNs and 2018 Entry to Practice Competencies for Ontario Registered Nurses (published in 2014) reveal 90% overlap
- Of the 110 nursing competencies assigned to RNs, 100 of these competencies are also assigned to RPNs

**The number of
RPNs in ontario
hospitals**

C.

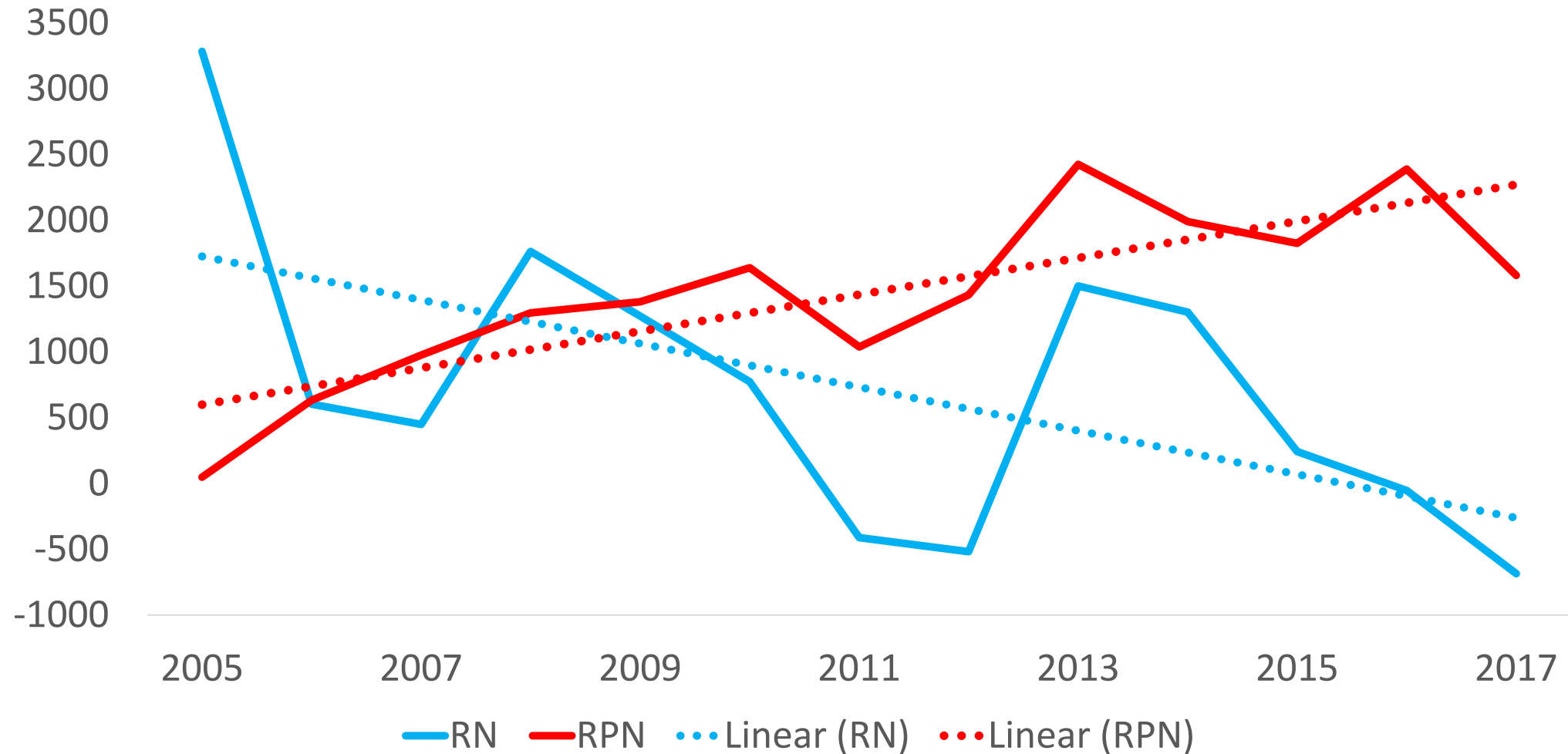
**is growing
MUCH FASTER
than the
number of RNs**

GROWTH IN EMPLOYED RNS & RPNS IN ONTARIO, 1996-2017



GROWTH IN EMPLOYED RNS & RPNS IN ONTARIO, 2005-2017

Growth in Employed RNs & RPNS Since 2005



RN – RPN Ratio in Hospitals

→4.5 RNs per RPN in 2007/08

→3.9 in 2014/15

→3.4 rns per RPN by 2021/22

Condition of Funding

- The Ministry of Health requires hospitals to use RPNs to scope
- Budget guidelines state that hospitals must consider optimizing operational efficiencies, including “reviewing staffing patterns and mix to ensure staff are working at maximum scope”

**Hospitals are
replacing RNs
with RPNs...**

**...But RPNs aren't
getting paid more
for added
responsibility!**

**ONTARIO RPNs HAVE
THE BROADEST SCOPE IN
THE COUNTRY**

D.

**BUT SOME OF THE
LOWEST WAGES
COMPARED TO RNS**

Table 5: Practical Nurses in Canada - Educational Requirements and Legislation

Province	Separate Colleges	Separate Legislation	Diploma Implemented	Autonomous Practice? (limited to Stable Patients with Predictable Outcomes)	Autonomous Practice (Limitation Removed)?
<i>ON</i>	<i>N</i>	<i>N</i>	<i>2005</i>	<i>1991</i>	<i>2009</i>
SK	Y	Y	2006	2000	2013
MB	Y	Y	2010	2001	2016
AB	Y	Y	2005	2003	2015
BC*	Y	Y	2011	2015	coming
QC	Y	N	N/A	N/A	2013
PEI	Y	Y	2008	2013	no
NS	Y	Y	2008	2013	no
NL	Y	Y	2012	2013	no
NB	Y	Y	2014	2014	no

**BC's legal scope of practice permits LPNs to practice autonomously, but it has not yet been implemented in practice.*

Sources: Various legislation and regulations included at Tab 31; Conversations with each LPN regulatory college.

**ONTARIO IS THE ONLY
PROVINCE IN CANADA IN
WHICH RPNS AND RNS ARE
GOVERNED BY THE SAME
REGULATORY COLLEGE.**

**ONTARIO AND QUEBEC ARE
THE ONLY PROVINCES IN
CANADA THAT MAKE NO
LEGISLATIVE DISTINCTION
BETWEEN RPNS AND RNS.**

**ONTARIO HAS BEEN THE
FIRST TO ADOPT CHANGES
TO EDUCATION AND SCOPE
OF PRACTICE,**

***SETTING THE PATTERN FOR
THE REST OF CANADA.***

Table 6: RPN & RN Wages in Provinces with Autonomous RPN Practice, 2016

Province	RPN	RN	%	Population	# of LPNs
MB	\$33.38	\$42.06	79%	1,265,405	3,235
SK	\$36.13	\$46.03	78%	1,106,247	3,526
QC ⁴	\$27.30	\$34.89	78%	8,153,971	27,854
AB	\$34.63	\$48.37	72%	4,007,199	13,261
BC	\$30.61	\$43.02	71%	4,582,625	11,775
ON	\$29.35	\$44.68	66%	13,550,929	46,252

Table 7: RPN & RN Wages in Provinces Requiring RN Supervision of RPNs, 2016

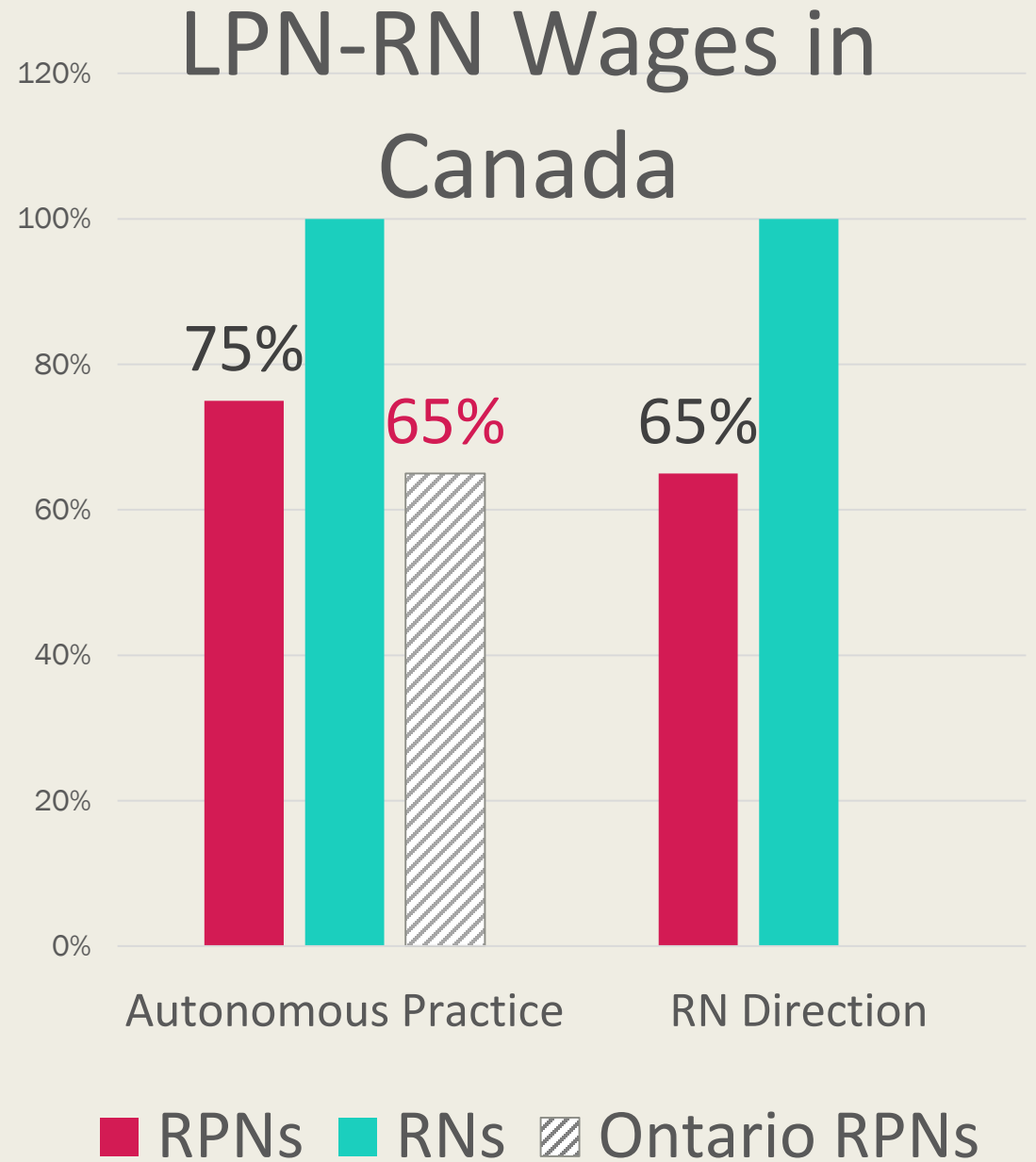
Province	RPN	RN	%	Population	# of LPNs
NL	\$27.23	\$40.03	68%	528,194	2,347
PEI	\$25.51	\$38.82	66%	145,505	651
NS	\$25.59	\$39.09	65%	942,930	4,014
NB	\$24.54	\$41.15	60%	755,635	3,345

There are two groups of practical nurses in Canada...

Ontario wages

reflect the

wrong group



**THE ATLANTIC PROVINCES ARE
THE ONLY ONES THAT STILL
RESTRICT RPN PRACTICE TO
STABLE PATIENTS WITH
PREDICTABLE OUTCOMES.**

***THEY ACCOUNT FOR 9% OF
CANADIAN RPNS***

**ONTARIO AND THE
OTHER PROVINCES
WITH AUTONOMOUS
RPN PRACTICE
ACCOUNT FOR *91% OF*
*CANADIAN RPNs***

Ontario hospital wages are higher than the Canadian average, so are wages in the private sector. It's ONLY RPN wages where Ontario bucks this trend and lags the rest of the country.

Table 8: Hospital Wages, Industrial Averages, and RPN Wages in Canada, 2016

Province	Hospital Avg. Wage	Industrial Avg. Wage	RN	RPN	# of LPNs
MB	\$25.21	\$24.29	\$42.06	\$33.38	3,235
QC	\$26.54	\$24.09	\$34.89	\$27.30	27,854
BC	\$27.31	\$25.14	\$43.02	\$30.61	11,775
SK*	\$28.63	\$26.95	\$46.03	\$36.13	3,526
AB	\$30.74	\$30.14	\$48.37	\$34.63	13,261
ON	\$31.66	\$26.47	\$44.68	\$29.35	46,252
Weighted Avg	\$27.68	\$25.82	\$40.54	\$30.43	
Ontario % of Average	114%	103%	110%	96%	

What happens in the U.S.?

RPNs in the u.s.:

- Study for as little as 8 months
- Receive certificate
- Work under supervision of RNs

**IN THE U.S., MANY RNs
STUDY FOR TWO YEARS**

**...but They earn the
same \$ as RNs studying
for 4 years**

Two classes of RNs

- Baccalaureate Nurses (BN)
 - *4 year degree*
- Associate Degree (ADN)
 - *2 year degree*
- Same exam: NCLEX-RN
- Canadian RNs write the same exam too

**Nurses in the U.S. studying
for same amount of
time as RPNs write same
exam as Canadian RNs**

**SO, WHAT'S THE
DIFFERENCE BETWEEN AN
RPN IN ONTARIO AND AN
ADN-RN IN THE U.S.?**

...maybe nothing.

**In fact, the RPNAO confirms
at least one instance of an
Ontario RPN passing the
nclex-RN in the u.s., and
practicing as an RN, without
any further education.**

3.

LOCAL

SUBMISSIONS

RPNS ARE EXPANDING INTO NEW UNITS:

- EMERG
- ICU
- DIALYSIS
- OR
- AMBULATORY
- MANY OTHERS

**RPNs ARE ACTING AS A RESOURCE
FOR JUNIOR RNS**

**RPNs ARE REPLACING RNs ON
SICK CALLS**

**RPNs ARE BEING ASSIGNED
CHARGE ROLES (AND SOME ARE
EVEN GETTING PAID FOR IT!)**

THANK YOU

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