

Frequently Asked Questions

Private Member's Bill Proposal to Address Concerns raised by Nurses regarding the *Public Service Act* by MLA Shauna Morgan, Yellowknife North

What's the point of this initiative?

Nurses in the NWT have been asking for decades to have their own separate collective agreement, apart from the rest of the GNWT public service (mostly 8:30-to-5 office workers). These proposed changes to the *Public Service Act* would finally do that, opening up many more opportunities to improve nurse retention and morale. Failure to act now risks further destabilizing the healthcare system, worsening recruitment challenges, and increasing short- and long-term costs to the GNWT.

What's the big deal? If I'm not a nurse – why should I care about this?

We are in a healthcare staffing crisis. This is about protecting and improving our healthcare system and helping to stop the slide towards healthcare privatization that is caused by our increased reliance on temporary agency nurses. This is a long-needed, critical change that could pave the way for improved nurse retention and morale in the short-term, and open the door for targeted benefits and allowances, along with key workplace safety measures (such as safe nurse-to-patient ratios) that benefit both healthcare workers and patients.

Why is a bill needed? Why can't UNW members just hold an internal vote on how they want to organize themselves?

The current territorial legislation—the *Public Service Act*—gives the Union of Northern Workers (UNW) a monopoly as bargaining agent over nearly all territorial public service workers, save for the teachers who are represented by the NWT Teachers' Association. Almost everywhere else in Canada, nurses can choose to be represented by their own association. In the NWT, nurses are legally forced into a one-size-fits-all bargaining model that does not reflect their unique role in healthcare. This outdated system limits nurses' ability to advocate for safe staffing, fair compensation, safe working conditions, and better patient care aligned with the challenging realities of northern healthcare.

What about other kinds of GNWT employees who may want their own separate collective agreement, such as correctional workers?

Nurses are not the only type of GNWT employee who work shifts and/or must deal with workplace challenges and safety issues far different from a “typical” 9-to-5 office worker. The way the *Public Service Act* is currently structured—giving one monopoly bargaining unit to the UNW with very few exceptions—makes it impossible for a non-Cabinet MLA to make comprehensive changes to the Act that would satisfy all groups of workers who may have good reasons for wanting their own separate collective agreements. The government will have to initiate its own Bill in order to make these more comprehensive changes allowing workers the freedom to choose their bargaining unit and agent. This will involve spending money to establish a Labour Relations Board to certify and decertify bargaining units.

This proposed Private Member’s Bill is focused on making the changes that are possible in the short-term, since waiting for the broader government-led review would delay necessary reforms for many years, worsening nurse retention and deepening our healthcare crisis.

What about other healthcare workers (such as lab technicians, etc) who are not nurses registered with CANNN? Could they be included in this new bargaining unit?

It would make a lot of sense for other healthcare professionals who work alongside nurses, such as allied health professionals and lab technicians, to be part of the same bargaining unit as nurses, given the similarities in working conditions. However, it is not possible for a private members’ bill to address that concern right now, since there is no existing NWT legislation that regulates or establishes an association for those allied healthcare professionals, the way that the *Nursing Profession Act* defines what a “nurse” is and establishes CANNN to regulate them. Without legislation to identify who would be included or excluded from a group of allied healthcare professionals, a Labour Relations Board would be required to allow workers to organize themselves according to categories chosen by them.

Given that most nurses are considered essential workers, how could they keep their bargaining power if they are split off from the rest of the public service, since they wouldn’t have the right to strike?

A right to strike is not the only source of bargaining power, and some might argue that if nurses are united they have bargaining leverage even more powerful than the right to strike, given their critical role and the chronic shortage of healthcare workers in Canada. Currently, nurses in the NWT are scattered amongst various Locals where they usually make up a small minority and have a limited voice and influence; this initiative would unite them into one bargaining unit.

All other jurisdictions in Canada except for Nunavut already recognize separate bargaining units for nurses. Independent nursing associations in the provinces successfully advocate for their members while still collaborating with and strengthening broader labour movements, showing how tailored representation can enhance, rather than undermine, worker solidarity.

Doctors in the NWT are another example of a group of essential workers who currently have their own separate bargaining unit. The NWT Medical Association is currently pursuing an interest-based negotiation model of bargaining¹ which would both retain bargaining power for physicians and maintain a strong focus on the ultimate outcome we all desire: a better healthcare system. Nurses may choose to take a similar interest-based approach to bargaining, ensuring they have powerful alternatives to the right to strike.

Why now? Why can't this wait until the government holds comprehensive consultations with the UNW and other stakeholders?

Healthcare staffing is in crisis. Currently there is a window of about seven months before collective bargaining between the GNWT and UNW is expected to resume. After that, legislative changes to the *Public Service Act* would become politically challenging as they are traditionally avoided during active negotiations. If we want to take this critical step during the life of this Assembly to retain nurses and improve our healthcare system, it is now or never.

¹ This innovative approach to bargaining has proven successful in negotiations with physicians in [Prince Edward Island](#) and [Nova Scotia](#).