



## **Proposal for a Private Member's Bill: *An Act to Amend the Public Service Act***

### **Purpose**

The purpose of this proposal for a Private Member's Bill is to give nurses in the Northwest Territories the opportunity to join together as a separate bargaining unit to negotiate their own collective agreement with the Government of the Northwest Territories (GNWT). This would apply to all public sector nurses required to be registered with the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN).<sup>1</sup> The bill would allow for this group of nurses to hold a majority vote amongst themselves to choose their bargaining agent, and to apply to the NWT Supreme Court for authorization of this bargaining agent. It would also allow for nurses to change their mind in the future (and potentially revert back to their original bargaining agent), through a similar mechanism of holding a majority vote and applying to the court.

### **Background**

Nurses currently have no choice but to be represented by the Union of Northern Workers, primarily under two different collective agreements.<sup>2</sup> The [Public Service Act](#) (PSA) specifies in section 41 (1.4 and 1.5) that the Union of Northern Workers is the employees' association for a bargaining unit that groups together nearly all unionized GNWT employees, including nurses.

In the absence of a Northwest Territories Labour Relations Board or other certifying entity, a specific statute provision in the PSA is required to create a mechanism for public sector nurses to be able to choose their bargaining association. This Private Member's Bill specifies that the NWT Supreme Court will act as the body to authorize and de-authorize the bargaining agent chosen by nurses, in lieu of a fit-for-purpose Labour Relations Board.

Until any new collective agreement is established for nurses, the current collective agreement will continue to apply so as not to leave any gap in the interim where nurses would be left unrepresented.

### **Rationale**

Nurses in Yellowknife and across the Territory have been expressing dissatisfaction with their bargaining structures for decades. On May 15, 2025, the College and Association of Nurses for the Northwest Territories and Nunavut published the results of a survey sent to all of its registered members about key issues facing the nursing profession in the NWT and Nunavut. Out



of the 210 nurses who responded who currently practice in the NWT, 84.69% said they believe nurses in the NWT should have their own collective agreement, and 79.71% believe the current bargaining structure does not reflect the professional needs and responsibilities of nurses.<sup>3</sup>

Many nurses feel that they are unique employees within the NWT healthcare system, and they want to form a collective bargaining unit that focuses on the particular challenges and needs of the nursing profession. They emphasize that equating nurses with standard 8:30-to-5 office workers ignores the demands, risks, and unpredictability of frontline healthcare, making current representation models misaligned with the realities of the profession.

All other jurisdictions in Canada except for Nunavut already recognize separate bargaining units for nurses, reflecting best practices that strengthen professional advocacy and workforce retention without compromising broader labour rights. A separate collective agreement would allow for the inclusion of certain healthcare standards and safety precautions in collective agreements that protect both the public and healthcare professionals, such as safe staff-to-patient ratios and limitations on consecutive shifts.

A separate collective agreement would also increase the likelihood of targeted benefits and allowances for nurses (that do not need apply to the entire unionized GNWT workforce), which would support better employee retention and higher morale among nurses generally.

Nurse retention and morale in the NWT have been at historic lows over the last several years<sup>4</sup> after increasing reliance on locums and agency nurses which has contributed to significantly higher expenses: NTHSSA's contracted out services expenses were \$100.1 million in 2024.<sup>5</sup> This was \$15.5 million or 18.3% more than 2023.<sup>6</sup> Nurses also cite poorer continuity and quality of care for patients, and increased pressure on staff members, who are already overwhelmed, to orient and mentor temporary nurses.

Across Canada, independent nursing associations 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.

A separate collective agreement could open the door to an “interest-based negotiation” model of collective bargaining, which is currently advocated by the NWT Medical Association as a way to keep patients at the heart of the process, drive costs lower, achieve better outcomes, and heal relationships between healthcare workers and the Health Authorities. The innovative version of the interest-based negotiation model being proposed by the NWTMA would invite Indigenous leadership to be at the negotiating table as well. The model has already proven



successful in [Prince Edward Island](#)<sup>\*</sup> and [Nova Scotia](#)<sup>†</sup>. Nurses may choose to take a similar interest-based approach to bargaining.

## Considerations

The prescriptive way the *Public Service Act* is currently structured is an impediment to freedom of association (employees' right to choose their bargaining agent). This is because the current Act specifies that all unionized GNWT employees must be represented by the Union of Northern Workers as their bargaining agent, save for the teachers who are represented by the NWT Teachers' Association.

All other jurisdictions in Canada except for Nunavut have established a Labour Relations Board or similar entity which can certify and decertify bargaining units, thus allowing for employees to choose their bargaining agent and eliminating the need to specify through legislation which select few employees' associations the employer will bargain with.

This Private Member's Bill cannot propose the establishment of a Labour Relations Board as that would compel the appropriation of public funds. While the GNWT has signaled its intention to begin investigating and consulting on the idea of establishing a Labour Relations Board in the NWT, this is expected to take several years.

Currently there is a window of about six months before collective bargaining between the GNWT and UNW is expected to resume, during which it will be difficult to amend the PSA. Legislative changes to the *Public Service Act* become politically challenging and are traditionally avoided during active negotiations. Moving forward now with a private member's bill focused on specifically addressing nurses' concerns is a way to prevent unnecessary complications and ensure a smooth transition without disrupting labour negotiations.

Public sector nurses are currently divided into various Locals and two different collective agreements—with the Northwest Territories Health and Social Services Authority (NTHSSA) and the Hay River Health and Social Services Authority (HRHSSA). Nurses have expressed a strong desire to merge into one territory-wide nursing-specific collective agreement—not only to increase solidarity and level the playing field amongst nurses, but to allow for greater mobility among nurses who wish to take locum placements to fill gaps in other NWT communities. The Premier and Cabinet have committed to complete the amalgamation of the HRHSSA and the NTHSSA during the life of this Assembly.<sup>7</sup> Once that happens, Hay River nurses will be included

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<sup>\*</sup> See [New agreement for P.E.I. doctors expected to boost recruitment and retention | CBC News](#).

<sup>†</sup> See <https://doctorsns.com/contract-and-support/Negotiations-2023>.



in the group of territorial public sector nurses eligible to choose to form a separate collective agreement under a different bargaining agent.

The Bill would be intended to serve as an interim measure; it is understood that section 41 of the *Act* and its prescriptions regarding bargaining agents would be superseded once the government passes legislation to establish a Labour Relations Board or similar mechanism to certify and decertify bargaining units.

Other healthcare professionals who work alongside nurses, such as allied health professionals and lab technicians, may prefer to be part of the same bargaining unit as nurses, given the similarities in working conditions. However, it is not possible for a private member's 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 is required to allow workers to organize themselves according to categories chosen by them.

## Conclusion

Given the urgent need to address the growing concerns of nurses and prevent further erosion of our healthcare system, the only feasible path forward in the short-term is to amend the *Public Service Act* by creating an avenue specifically for nurses to be able to choose whether they wish to establish a separate collective agreement under a different bargaining agent. In the longer term, it will be up to the GNWT to establish a Labour Relations Board or similar mechanism to certify and decertify bargaining agents, so that all public service employees can enjoy full freedom of association under Section 2(d) of the *Canadian Charter of Rights and Freedoms*.

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<sup>1</sup> See the *Nursing Profession Act* of the NWT, <https://www.justice.gov.nt.ca/en/files/legislation/nursing-profession/nursing-profession.a.pdf>

<sup>2</sup> Hay River Health and Social Services Authority employees are under a separate agreement. Those nurses in the NWT who are employed by a private non-profit employer – AVENS – would not be directly impacted by changes to the *Public Service Act* since they are not part of the public service.

<sup>3</sup> The full CANNN report on its survey amongst its membership is available on its website: <https://cannn.ca/uncategorized/what-we-heard-voices-from-the-north-on-nursing-challenges/>. The survey results are broken down between NWT and Nunavut respondents. At the time of the survey, there were 2480 practising nurses registered in the NWT and NU. Only 680 of these nurses registered with CANNN have NWT postal codes, indicating that the large majority of nurses practising in the territories do not live here.

<sup>4</sup> “NWT now has hard data on the scale of its nursing morale crisis,” *Cabin Radio*, 17 Aug. 2022, <https://cabinradio.ca/102099/news/health/nwt-now-has-hard-data-on-the-scale-of-its-nursing-morale-crisis/>



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<sup>5</sup> NTHSSA 2023-2024 Annual Report, p. 13, [https://www.nthssa.ca/sites/nthssa/files/resources/nthssa\\_-\\_annual\\_report\\_-\\_2023-24\\_-\\_final\\_-\\_web.pdf](https://www.nthssa.ca/sites/nthssa/files/resources/nthssa_-_annual_report_-_2023-24_-_final_-_web.pdf)

<sup>6</sup> NTHSSA 2023-2024 Annual Report, p. 13.

<sup>7</sup> The amalgamation of the HRHSSA and the NTHSSA is already contemplated by *An Act to Amend the Hospital Insurance and Health and Social Services Administration Act*, which was passed in the 17<sup>th</sup> Assembly as Bill 44, but relevant portions have not yet been brought into force.