I’m a fellow or a senior resident about to complete my training program at Stanford Health Care. Why should I still cast a vote?

It is important that all eligible residents and fellows vote so your voice is included in a decision that will fundamentally change the training programs and the experience for those who follow you at Stanford for years to come. For senior residents and fellows who go on to become Stanford faculty, it is critical to understand how a unionized environment will likely change your department’s training experience.

I understand that unions get involved in wages and benefits negotiations, but are they also involved in education and training programs?

Under a union contract, the union will become the exclusive bargaining representative for all 1,456 residents and fellows across 170 residency programs, making it difficult to consider the unique needs and preferences of all residents and fellows and their respective departments. This means that what may be important to specific training programs may not be among the top priorities of the negotiation committee.

We’ve heard from colleagues at other academic medical centers that these negotiations affected the ability for departments to make specific decisions about electives, team structure and dynamics, and program-specific resources and stipends.

I am not aware of how residents and fellows actually inform and shape decision making - I just know what benefits are available to me. Are there current forums and committees that enable residents and fellows to have input?

Stanford Health Care has a process for dialogue and direct engagement with resident committees across a range of meaningful issues. This direct engagement has enabled us to accomplish significant improvements to our benefits.

For example, the Resident Safety Council meetings with the CEO of SHC have led to improved patient care and clinic management. The SCH Advocacy Council helped address community needs. A number of resident- and fellow-driven initiatives resulted in a 403B retirement plan, solutions to pandemic-related needs, and addressing concerns around staffing and space at the new 500P building. See https://med.stanford.edu/gme/knowthefacts for more information.
I’m still undecided and don’t really have the time to sort through all this information? What should I do?

We fully appreciate that this is a complex decision. We want people to vote - we are encouraging a high voter turnout. If you’re undecided, we urge you to vote “no.” Remember, a simple majority decides the outcomes of this election. If you have any uncertainty or hesitancy at all, voting “no” provides you with the greatest flexibility going forward.

If the majority of those who vote, vote “no,” you can take additional time to evaluate the facts and determine if a union is right. Residents and fellows can still revisit unionization after one year. A “no” vote gives us all a chance to work together, and still provides residents and fellows the opportunity to initiate another election after 12 months if they so choose.

At the end of the day - no matter what the result - we always want to continue to work with you as best we can to ensure the strongest learning environment possible.

If residents and fellows vote in a union at SHC, who will sit at the collective bargaining table? Who is responsible for negotiating the agreement? Will I have a say?

In preparation for bargaining, both CIR/SEIU and hospital leadership would identify and form bargaining teams. How represented residents and fellows can express their views on contract matters depends on the internal procedures and decision-making process of CIR/SEIU and its officers, as well as who sits on the bargaining team.

Generally, a very small subset of individuals will actually be at the table (often less than 1% of represented individuals) and the bargaining efforts would be led by an individual employed by CIR/SEIU.

Under federal law, an employer is prohibited from bypassing a union and dealing directly with represented employees in connection with terms and conditions of their employment, including program-specific compensation (i.e., stipends, bonuses, etc.). Accordingly, programs may not engage in separate bargaining with house staff or unilaterally provide program-specific benefits outside of the bargaining process.

For more information, visit
https://med.stanford.edu/gme/knowthefacts