



Caring for Oregon

Providence Women's Clinic Providers – Oct. 19, 2026

We met to bargain on Friday and were anticipating a full economic proposal from management. We started the day with a presentation from management of a “concept” they wanted to put forward, which would have moved all our physicians to a shift-based model. This model would be a move away from PTA and protected education time to instead have a minimum number of shifts for each physician and a system of having an extended illness bank (EIB) to cover emergency illness or waiting periods for things like short-term disability.

After listening to their presentation and looking at some example numbers (NOT a proposal), we determined that the shift system is not well enough fleshed out for us to be able to engage with this concept and still achieve a contract before our current one expires at the end of the year. We made it clear, however, that if the Clinic wants to start bargaining early on our next contract, we would be willing to engage in a thorough and robust discussion around the concept.

Since we did not agree to the concept, management then took several hours to flesh out their proposals that are within the current framework of our contract (maintaining PTA). They finally presented their proposals to us at 4 p.m. [You can see the full proposals on our webpage.](#)

Union Business – Management agreed to our proposal to increase the frequency with which they provide the union with member information but rejected our proposal to count participation in bargaining toward VBI/QI bonuses for bargaining team members.

Grievance Procedure – Management agreed to our proposal to align timelines so they are more consistent across different steps of the grievance process.

PTA – Management rejected our proposal to clarify the language around the reduced call obligation when taking a week off.

Health and Welfare Benefits – Management rejected our proposal to reinstate the health incentive for high earners and eliminate the spousal surcharge.

Leaves of Absence – Management rejected our proposal to add a sabbatical option for providers. They did agree to add the leave matrices to an appendix so it is easier for providers to understand how our benefits work.

Retirement – Management rejected our proposal entirely and proposed language that allows the employer to change the benefit at any time.

Compensation (And Appendix A) – Management is proposing major changes for the OBGYNs and GYN-only physicians which are explained below. For all other physicians (Clinic or Clinic/Surgery only and FP/OB), they are proposing a 0% wage increase in 2027 and a 1% increase in 2028.

For the NPs and CNMs, management rejected our proposal to add a Tier 7 and is proposing a 2% wage increase in 2027 and a 1.5% increase in 2028.

For OBGYNs, management has proposed major changes to the compensation structure. They specifically have said that they do not like the “inequities” between the tiers for OBGYNs if you look at the average rate of pay based on hours worked. Therefore, for 2027, they are suggesting SIGNIFICANT WAGE CUTS for OBGYNs at Tier 1, a 0% wage increase for Tier 2, and 1% increase for Tier 3. In addition, they would prorate VBI so that Tier 1 would only be eligible for \$16,000 and Tier 2 up to \$18,000 with Tier 3 maintaining \$20,000.

At the same time, management has proposed holding Tier 1 GYNs and Tier 2 at 0% wage increases for 2027 and 2028. However, Tier 2 GYNs would have the opportunity to earn more through high RVU production. Additionally, management has introduced a Tier 3 GYN who would be MIGS fellowship trained at a base wage higher than any OBGYN (at any Tier) and the opportunity to earn more through RYU production. Finally, all GYNs would maintain the eligibility for full VBI of \$20,000.

We were floored by this proposal which undervalues the contributions of OBGYNs and makes our clinic less attractive to work at after the wins of our first contract. We have finally been able to recruit new physicians to positions that have been open for years in some cases. With the announcement of the new Women’s Hospital to be built on the St. Vincent campus, it is amazing to us that they would start this new journey by undervaluing the providers that will make that space work.

To end on a good note, we had two observers in bargaining (Dr. Alexander and Dr. Wollan-Francis) who brought some new energy and definitely made management aware that we are paying attention. If you can spare a few minutes to come to our

upcoming bargaining sessions, please do! It means so much to us and management definitely notices!

Next Bargaining Session

Tuesday, October 27 from 8 a.m.-5 p.m.

St. Vincent's Rm 200 and 300 (subject to change, we will let you know!)

In solidarity,

Ashley Molina, Provider C-Chair

Hayley Hirt, Provider Grievance Chair

Stephanie Day, Secretary/Treasurer

Diana Gill, Bargaining Team member

Leah Taylor, Provider Membership Chair