Vol. 12, No 3, December 2001

Actualités

JOURNAL OF THE FIIQ

2001 Annual OHS Week

Caring without BURNING OUT

Summary

On the cover page
Photo : Jacques Lessard
OHS Week, CHUQ, St-François d'Assise Pavilion

Actualités

Vol. 12, No 3, December 2001

FIIQ Actualités, the journal of the *Fédération des infirmières et infirmiers du Québec* (FIIQ), is published three times a year and has a distribution of 45,000 copies.

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- **Printing:** Caractéra

ISSN 1203-9837

A new team

The coming issues of *FIIQ Actualités* will be produced under the aegis of the new members of the Journal Committee, elected at the 6th Convention held in June 2001, and in cooperation with the consultants of the Communication-Information Service.

The role of the Committee is to propose orientations, plan the content of the journal, write certain articles and participate in correcting these. The new elected members intend to pursue the same objectives, that is present a content based on nurses' reality, union action and current events, in a refined and attractive format.

The Committee is composed of four energetic and active members:

- Élahé Machouf, *Vigi Santé Lté – CHSLD Dollard-des-Ormeaux*
- Marie-Édith Ouellette, *Institut national de santé publique, Quebec*
- Noëlla Savard, *Institut universitaire gériatrique – Pavillon Alfred-Desrochers, Montreal*
- Yves Tremblay, *Hôpital Maisonneuve-Rosemont, Montreal*

Many thanks to the members of the out-going committee who fulfilled their mandate with enthusiasm. As new members, we hope that we will be able to meet your expectations. We welcome any comments you may wish to make. Send them to us by e-mail at <info@fiiq.qc.ca>.

Noëlla Savard, nurse

In contact

United to meet the challenges of tomorrow

The year which has just passed was marked by events that may seem in certain respects to be far from our daily concerns but that remind us that our health-care system, our nursing practice and our union organization are evolving in a difficult context. Think of the pressure exercised by the globalization of markets and which is increasingly being felt in our daily lives. Think of the tragic events in the United States last September that illustrate the fragility of peace in the world and which bring our governments to make political decisions that limit individual and collective freedoms and limit the government's spending capacity. We do not live in a vacuum and we know this all too well.

During the last year, the activities of the Federation have been linked to this general context. The FIIQ began a reflection on nursing unionism, its new challenges and the issues at stake and, at the same time, undertook an exploratory process in view of affiliating to a central labour organization. Although the proposal to affiliate was rejected at our 6th Convention, these discussions highlighted the fact that our union organization must broaden and enrich its field of intervention to meet the challenges that we face as women, nurses and citizens.

These debates also gave us the opportunity to reassert our feeling of belonging to the FIIQ, an attachment that was equally expressed during the raiding period that has just terminated. The FIIQ is more than ever before the organization of nurses.

In the course of the year, the Federation addressed several issues: search for practical solutions to the nursing shortage that still prevails in the Quebec health-care sector, fight for the recognition of nurses' work by pursuing the work on pay equity and finally the preservation and expansion of nurses' field of practice.

From one commission to another

Several commissions that concern health-care services were created or presented their report during this past year. Think of the Commission Clair on the future of the health and social services network, the Commission Bernier that may affect nurses' field of practice, the Séguin Commission on the fiscal imbalance between the federal government and the provinces and, more recently, the Romanow Commission on the future of health care in Canada. The Federation upheld, on behalf of the nurses it represents, opinions intended to defend our public health system and made recommendations accordingly.

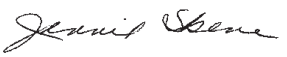
In the coming year, it will be important for the future of the nursing profession to see how the Justice Minister will follow up on the Bernier Commission report, and the Federation will monitor this work closely.

The FIIQ tomorrow

This year, the FIIQ will undertake several actions to reach the objectives that it has set, namely: enable nurses to obtain true recognition for their work; establish violence-free environments in health-care institutions; for the right to deliver care, and to preserve and expand nurses' field of practice.

Moreover, during the year 2002, the work on pay equity should come to term. The Federation will continue making political interventions, and offering training and support to local union teams for the establishment of nursing workforce plans at the local, regional and Quebec level. Finally, the FIIQ will keep a close eye on the political and economic actions of our governments and will make the needed representations jointly with union organizations and community groups that pursue the same objectives of social justice.

In closing, the Federation is evolving in a context that makes it imperative that we invest time and energy to draw up and present a project for the FIIQ tomorrow. This will enable the Federation to begin a collective reflection, at all levels of the organization, to meet the current and future challenges facing members, as women, nurses and citizens.



Jennie Skene,
President

Pregnant or breast-feeding nurses: Check your benefits

A nurse who uses the right to the protective reassignment of the pregnant or breast-feeding worker can stop working if her employer does not assign her to tasks which do not constitute a risk for her child or for herself. She then receives from her employer, during the first five working days after she has stopped work, her usual salary and then, during the following fourteen calendar days, an indemnity equivalent to 90% of her net salary, for each day or part of day when she would normally have worked. Afterwards, she receives from the CSST an indemnity equivalent to 90% of her net income until the date of the assignment, the date of birth or the date of the end of breast-feeding.

A CSST policy

The CSST, in its policy regarding protective reassignment, identifies the period of the first five working days of work stoppage within a period of seven calendar days rather than five calendar days. Indeed, the CSST informs the employer that he must first pay the worker her usual salary "for the working days included in the first seven calendar days following the request for protective reassignment up to a maximum of five days" and then, beginning on the 8th calendar day, an indemnity equivalent to 90% of her net salary during the following 14 calendar days. Thus, with the application of this policy, the payment of the indemnity by the CSST begins only on the 22nd calendar day instead of the 20th calendar day after the work stoppage.

Thus, the application of this policy means that the payment of the CSST indemnity begins on the 22nd calendar day rather than on the 20th calendar day after the work stoppage.

CLP decisions

The *Commission des lésions professionnelles*, recently called upon to interpret this expression of the "first five working days of work stoppage" in FIIQ cases, ruled on several occasions, and in accordance with the arguments presented by the Federation in these cases, that to conclude like the CSST does amounts to adding a two-day waiting period which is not at all provided for by law.

The fact that a nurse works in an environment such as the health-care sector that operates seven days out of seven, in comparison to other sectors that operate only five days out of seven, is a determining element. The expression *the first five working days of work stoppage* necessarily corresponds to the first five calendar days of work stoppage in the case of employer-institutions that operate seven days out of seven.

Consequently, it is important to be particularly attentive when you receive the first notice of payment issued by the CSST or the CSST decision concerning the date of the beginning of payment of the income replacement indemnity. If the CSST delivers a decision or issues a notice of payment to begin the payment of this indemnity after the 20th calendar day of work stoppage, the nurse should ask that this decision be revised within 30 days following the notice by using the FIIQ form* provided for this purpose. Vigilance is imperative!

Hélène Caron,consultant
Health and Safety Sector

Compensation

A nurse who is entitled to a protective reassignment and who works for an employer whose institution is open seven days out of seven receives compensation as follows:

- during the first five days** of work stoppage, she receives from her employer her regular salary for each day or part of day during which she would normally have worked;
- beginning on the 6th day** of work stoppage and during the following 14 days: she receives from her employer an indemnity equivalent to 90% of her net salary for each day or part of day during which she would normally have worked;
- beginning on the 20th day** of work stoppage, the CSST must pay to this nurse an indemnity equivalent to 90% of her net salary until the date of the assignment, delivery or end of breast-feeding.

A logbook, revised edition

The protective reassignment of the pregnant worker exists in Quebec since 1981. When a nurse applies for protective reassignment, she exercises a right, the right to work in an environment which hazard-free for health and that of the child she is carrying or breast-feeding.

To help nurses who would like to apply for protective reassignment, the OHS Sector and the Communication-Information Service produced a new edition of the very popular booklet: *Protective Reassignment Logbook*. This booklet will be available at your local union office at the end of January 2002. If you need to be assisted through the steps when applying for protective reassignment, do not hesitate to consult your local OHS officer or your union representative.

Yves Tremblay, nurse

* Obtain from the local union office the blank form entitled Demande de revision, drawn up by the FIIQ to contest any decision issued by the CSST.
** calendar days

The FIIQ, the nurses' choice

As determined by the Labour Code, this fall, Quebec nurses, like all unionized employees of the public sector, experienced a period of change of union allegiance. For the first time since its creation, the FIIQ had to face vicious attacks from other union organizations, and more particularly, the CSQ.

At the end of this raiding period, the results are clear since the Federation is still the choice of over 90% of Quebec unionized nurses. The Federation knew that this period of change of union allegiance would be important in confirming nurses' will to remain united under the same banner, the FIIQ. The choice of nurses was unambiguous and the FIIQ even saw its membership increase by almost 400 nurses. Several union representatives, employees and the members of the Executive Committee devoted time and energy for this period to be an opportunity for the consolidation and strengthening of the FIIQ.

The Federation filed petitions for several new certifications, including internal changes of allegiance. Here is the list of health-care institutions where a majority of nurses chose to join the FIIQ:

Eastern Quebec

- CH de l'Archipel (îles de la Madeleine)
- CH de Sept-Iles (long-term care section)
- CRSSS de la Baie-James (Chibougamau)
- CLSC-CHSLD-CH de la MRC Denis-Riverin (section CHSLD-CLSC)
- CHR Rimouski (psychiatric section)
- Centre Le Jeannois, Pavillon le Bel Âge
- CH Ste-Anne-de-Beaupré
- Centre de Santé Raymond-Portneuf (2 CHSLD sections)

Western Quebec

- CHSLD Lucille-Teasdale, Pavillon Résidence Maisonneuve
- Résidence Champlain-Villeray
- CHSLD Ermitage, MRC Arthabaska
- Carrefour de la santé et des services sociaux de la Haute-Mauricie
- Hôpital Christ-Roi de Nicolet (foyer Shooner)
- CLSC des Hautes-Laurentides
- CHSLD-CLSC du Val St-François
- Carrefour de la Santé et des services sociaux de la Baie-James (Lebel sur Quévillon).

New union representatives' comments

"The FIIQ is the best union organization for the defence of the nurses' rights."

André Paquette,
Centre d'hébergement Champlain-Villeray - SRIIQ

"The nurses in our institution chose the FIIQ as their union organization, for better representativeness and to work on nursing issues.

"We believe that this large Federation has the required expertise to improve our working conditions and defend our profession. It is with pride that we will participate in the work on important causes that are of concern to us."

Mireille Desbiens
CHSLD Lucille-Teasdale -
Pavillon Résidence Maison-Neuve - SRIIQ

"The nurses at the Centre hospitalier de l'Archipel expressed their will to join a local union affiliated to the FIIQ. The union structure that it offers to its members responds to their needs: decisional powers for the rank and file, making it possible to develop a stronger feeling of belonging, greater mobilization and greater solidarity.

"United in the same union, and strong within the same federation – this is how we will best be able to defend the rights and interests of all nurses."

Pierrette bourque,
President of the Syndicat des infirmières et infirmiers du Centre hospitalier de l'Archipel

"I have wanted to join the ranks of a professional union, more specifically a nurses union, for a long time

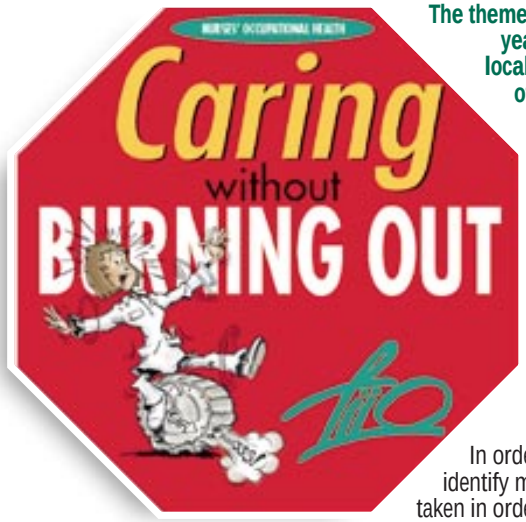
When I saw my sisters struggle to improve our working conditions during the last strike, I felt that my place was by their side. I firmly believe that we have a lot to win by uniting our energy. It is by organizing together that we are able to do more and better. At the last Federal Council meeting, I understood that I had made the right decision."

Francine Arsenault
President of the Syndicat des infirmières du CLSC des Hautes-Laurentides

"It is reassuring and satisfying to be part of a union organization that really understands nurses' reality, that studies the problems they experience and, above all, that works to find solutions. The nursing profession is not an easy one on a daily basis! But, fortunately, the FIIQ seems to be to be well equipped to support us and lend us a hand."

Danièle Bellefeuille,
President of the Syndicat des infirmières et infirmiers du Carrefour Haut-St-Maurice

The 2001 Annual OHS Week:
Caring without burning out



The theme chosen by the FIIQ this year to discuss prevention locally stressed the urgency of taking action. No matter how demanding is the nursing profession, it is unacceptable to practice it in a working environment that endangers the health and safety of nurses. The time of making observations is past, we must look for concrete solutions.

In order to help nurses to identify measures that could be taken in order to be able to give care without burning out, many unions seized the opportunity of the Annual Health and Safety Week to organize various activities. Whether by way of exhibits, workshops for discussion or other activities, these meetings gave nurses the possibility of reflecting on the hazardous work situations and the protective factors that could have an influence on their physical and psychological health.

Pamphlets, informative charts, resource persons from the FIIQ, these were all made available to local teams for the success of these prevention activities. Nurses' occupational health and safety must be a priority year long, and not only for one week each year.

Yves Tremblay, nurse

CHUQ, pavillon St-François d'Assise

Hôpital Maisonneuve-Rosemont

Consultations: the Fiscal Imbalance and the Future of Health Care in Canada

This autumn, two consultations began, one announced by the provincial government, the other by the federal government. The first concerns fiscal imbalance between the federal government and the provinces. It brings together taxation specialists, economists, a political scientist and a constitutional expert. The second consultation is discussing the future of health care in Canada. It is being conducted by a single member, Commissioner Roy Romanow, former Premier of Saskatchewan.

Commission on fiscal imbalance: the Séguin Commission

Its mandate

The Seguin Commission was created by the Quebec government on May 9, 2001. Yves Séguin, tax lawyer and former Liberal Revenue Minister in 1987, is its chairman. The mandate of the Commission on fiscal imbalance is to:

- identify and analyze the causes of fiscal imbalance between the federal government and Quebec
- gather opinions and suggestions regarding the consequences of the imbalance and the proposed corrective measures.

This Commission was set up following the consensus reached by the provincial Premiers, in August 2000, on the existence of fiscal imbalance between Ottawa and the provinces, while the Federal government continues to deny its existence. However, the Romanow Commission is now taking an interest in this question.

Its report

The Séguin Commission will present its report in February 2002. It prepared two information documents, available on its web site: www.desequilibrefiscal.gouv.qc.ca/. These documents discuss federal transfer programmes and the sharing of tax fields. The Commission presents an overview of the provinces' constitutional powers and the spending incurred to carry out their obligations.. These documents describe specifically the question of Quebec, as well as the level, history and evolution of the Canadian Health and Social Transfer (CHST).

OUR POSITION

The President of the Federation, Jennie Skene, presented the FIIQ's opinion to the Séguin Commission on December 3, 2001. She reminded the commissioners that the health services have been seriously affected in Quebec, not to say shaken, by the budget cuts imposed on the system. The new methods of funding established since the 1995 federal budget contributed in large part to this situation.

She went on to stress the fact that the reform of social practice initiated by the Federal government in a field where it has very little jurisdiction, accompanied by massive cuts in transfer payments, then by reinvestments that short-circuit the role of the provinces in their own fields of jurisdiction, carries the seed of profound changes in the Canadian federation. Thus, the social union, more than a mere cooperation agreement, contains real potential for the submission of the provinces. On this basis, the fiscal imbalance may contribute to a change in the federal-provincial balance of power.

It is therefore in this spirit that the FIIQ proposed, for the renewal of the financial agreements, principles designed to increase provincial autonomy, so that the Canadian federation does not become a highly centralized, even unitary, state. Thus, the transfer of tax points constitutes, according to the President, the best way of ensuring this autonomy and the continuity of social policy. Federal spending power must be hemmed in and made to recede. Regarding the sharing of wealth, Madam Skene believes that the "ten-province standard" better corresponds to reality. The new calculation of equalization payments should not disadvantage the poorest provinces. But, first and foremost, the Federal government must acknowledge the existence of fiscal imbalance," concluded the President.

Commission on the Future of Health Care in Canada: the Romanow Commission

This Commission, launched on May 1, 2001, was presided by Mr. Roy J. Romanow, former Premier of Saskatchewan. The Commission has a $15-million budget. It will produce a preliminary report in February 2002, time when "a dialogue with the Canadian public" will begin, which should contribute to make it more visible publicly. The final report is expected by November 2002.

Consultation themes

The consultations conducted by the Commission focus on four themes*:

- the values of Canadians, including globalization;
- the financial sustainability of the health-care system in a context of liberalization of trade and access to Canadian markets;
- the continuous improvement of the health-care system and the identification of the obstacles to change;
- how to establish and maintain constructive relations among the various administrations, among others.

However, contrary to most public consultations, no document was produced. Public statements are the only guides regarding the orientations the Commission intends to adopt. Thus, Mr. Romanow believes that the health-care system has an important national dimension and that it has worked most effectively when governments have worked together: the two levels of government must participate in the decisions. According to him, Canadians decided that they want a health system that is distinct from that of the United States.

Moreover, Mr. Romanow believes that the health-care system is the expression of the values of the majority of Canadians and that it is the path to follow. However, it was designed for another era. There have been many changes since and the system must be revitalized. Besides, he states that it is not obvious that the costs of the health-care system are too high or too low at present, but the public/private breakdown of expenditures gives rise to a major debate. Mr. Romanow believes that the government provides very few of these services directly and that, in this sense, the system is largely private, that is, it is not managed by the government. In his opinion, the government's role consists instead of protecting health and public safety. He even wonders whether it would be appropriate to adjust commercial practices and principles to the health-care system that offers a commercial advantage for Canadian businesses. In the same vein, he points out that social policies in general represent "essential symbolic programmes" in Canada.

For the commissioner, the only option that cannot be envisioned is the status quo. Radical changes must correspond to Canadian values. He submits the idea, for example, that the integration of palliative care and moving terminal patients to a family-type environment could free 1800 beds. He points out that Canada has made enormous progress in public health and that this knowledge has helped to improve occupational health. In his opinion, the resources must be redeployed to prevention and he refers to the Lalonde Report of 1974.

Questions at the heart of the debate

Three questions are at the heart of this consultation: *how much money should be invested, where should it be invested and where should it come from?* These questions encompass other important issues such as the sufficiency of human resources. Mr. Romanow says he wants to rely on the work of others who studied the question before, like the Clair Commission, the National Forum on Health, the Government of Ontario Throne Speech, the Senate and finally the report of the Canadian Medical Association.

Although he reasserts support for the five principles of the *Canada Health Act*, Mr. Romanow asks whether they should not be updated, whether they should be more strictly enforced or whether they should apply to a smaller segment of the health-care system: he wants to give new meaning to the principles. For example, the principle of comprehensiveness, which stipulates that all medically necessary services are provided by hospitals and physicians, is not applied in reality since many services are excluded from coverage, the list of services varies from one province to another and certain programmes, such as prevention-oriented ones, receive little funding. As for the principle of public administration, he believes that it does not imply that services are entirely State-funded or that they are offered by government agencies. Instead, this principle means that delivery of services is administered by the government in the name of the public. It would then be possible to award contracts to NGOs (non-governmental organizations) or to bring in insurance companies.

* For further information, consult the web site: *www.commissionsoinsdesante.ca/.*

THE FIIQ'S POSITION

In the brief it presented, the FIIQ insisted on the importance of the financial cuts of the last decade and on the fact that, retrospectively, these cutbacks were intended to respond to one of the strategies for privatization of public services dictated by the World Bank, namely the «scarcity of resources». The Federation also highlighted the fact that the federal reform of social policy coincided with the international trade negotiations in addition to entering a field where the federal government has little jurisdiction. In a context where "globalization" is one of the Canadian values identified by the Romanow Commission, there is strong concern about the future of public services and health services.

The FIIQ also made known to the Romanow commission that it completely disagrees with making human resources a national priority. The Supreme Court of Canada has clearly established that these matters are within provincial jurisdiction. The FIIQ believes that the federal government should limit itself to adequate funding of the health and social services networks.

Recognized by the *Universal Declaration of Human Rights* and the *Quebec Charter of Human Rights and Freedoms* as a basic right, the right to health is now threatened. Yet it is false to claim that private enterprise has little place in the health-care field. The FIIQ considers that the State should continue to offer services to individuals. The services should not become one of the health-care industries. In line with this, the FIIQ demands that health services not be included in the negotiation of WTO and FTAA agreements. Individual freedom, the right to choose, freedom of choice and market laws are incompatible with the human objectives pursued by public health systems.

Finally, the FIIQ identified seven elements for the Commission that should serve to articulate the role of the government in the renewal of the health-care system in Canada:

- respect the fields of jurisdiction defined by the Canadian constitution (social policy, health care, social services and work force);
- fund the provincial health-care systems adequately;
- maintain public funding based on taxation;
- control the cost of prescription drugs;
- interpret the principles of the Canada Health Act broadly;
- protect the Canadian health-care system against the effects of globalization;
- guarantee the primacy of human rights over international trade agreements.

In short, the Romanow Commission represents a vast undertaking which is likely to change the face of the health-care system in Canada in a radical way. It may also change Canada itself. This is why the FIIQ presented a brief and intends to follow the work of the Commission closely. We will publish more on this in the next issue.

Lucie Mercier, consultant
Health-Care Sector

Nursing externs: A victory for the FIIQ

The context

In spring 2000, the government, expecting a shortage of nursing personnel in health-care institutions during the summer, passed a decree introducing externships in nursing. The objective was to facilitate recruitment, to increase the number of graduates and available personnel. The decree thus enables student nurses who have successfully completed their second year of studies to perform, under supervision, certain acts reserved to nurses.

The dispute

In June 2000, the *Syndicat des employés généraux du Centre hospitalier Honoré-Mercier* in St-Hyacinthe, affiliated to the CSN, presented a petition to the Labour Commissioner General to have nursing externs included in their union. Shortly after, the *Association des infirmières et infirmiers du CH Honoré-Mercier* filed the same petition. We therefore appeared before the Labour Commissioner who had to rule in favour of one or the other of the petitions.

The Commissioner's decision: confirmed by the Labour Tribunal

The nursing externs are not nurses as defined by law, nor candidates to the practice of the nursing profession. Nevertheless, the nursing extern performs nursing acts decreed by the government. To accomplish such acts, they need a certificate from the *Ordre des infirmières et infirmiers du Québec.*

In March 2001, the Labour Commissioner ruled that nursing externs should be included in the nurses' union affiliated to the FIIQ. The appeal of this decision was heard in August 2001 by the Labour Tribunal. The ruling was upheld with the same arguments. The tribunal added that *"nursing externs are in the process of becoming nurses."*

A positive experience

The externship project, as experienced during the summer 2000 and 2001 periods and during the holiday season, constitutes a plus for FIIQ nurses. Welcome to nursing externs.

Yves Tremblay, nurse

RREGOP
Agreement in principle on buybacks

Last June, the FIIQ, the CSN, the CSQ, the FTQ and the SFPQ arrived at an agreement in principle with the government on the question of the buybacks of leaves of absence without pay and periods of occasional service prior to 1987. This agreement is the outcome of long negotiations undertaken at the request of the negotiating parties in the context of the last bargaining round.

The major issue in these negotiations was to review the cost of the buybacks and to simplify the applicable rules. Despite an agreement in principle, it took months of intensive discussions to bring the government to consent to review the buyback rating. For the government, there was one essential condition: it must involve no cost for the pension plan. This agreement in principle has finally be finalized. Union organizations managed to snatch substantial gains with regard to the buyback rating when these are requested more than six months after return to work.

Modification of the cost of buybacks

Six months following the end of the leave

If the request for buyback is presented in the six months following the end of the leave, the rules are not modified. The employee must therefore pay her contribution or double her contribution, that is hers and that of the employer, depending on the type of buyback.

Leave of absence without pay	200% of the employee's contribution (double contribution)
Leave of absence without pay following a maternity, paternity or adoption leave	100% of the employee's contribution (single contribution)

Example : Marie took a leave of absence without pay from January 1, 2001 to July 1, 2001. She decided to buyback this period in the six months following her return.

- Rate of contribution to RREGOP : 5,35%
- Length of the leave: 6 months
- Contribution: $891.83 x 2
- Total cost of the buyback: $1783.66

Six month and more after the end of the leave of absence

The new rates for buyback apply only to proposals for buyback accepted as of June 1, 2001. Thus, for those who accepted a buyback proposal before June 1, 2001, the former provisions continue to apply.

- Buyback accepted before June 1, 2001: former provisions

  Depending on the type of buyback, the cost corresponds to the contribution or double the contribution which would have been paid, in addition to the amount of the yearly compound interests according to the pension plan's progressive or set rate of return.

  The progressive rate of return: consists in applying the same rate of return for each of the years between the beginning of the leave and the application for buyback as the one of the pension fund for each of these same years

  The fixed rate of return: consists in applying to each of the years between the beginning of the leave and the application for buyback, the rate of return of the pension fund that prevails at the time of the buyback.

- Buyback accepted as of June 1, 2001: new provisions

  The cost of the buybacks accepted as of June 1, 2001 corresponds to a percentage of the annual salary at the time of the buyback. The salary excludes the premiums and overtime. This percentage varies according to the type of buyback, the age of the employee at the time of the buyback and the rate of indexation of the year bought back.

Rates applicable for a leave without pay

	39 years or less	40 – 47 years	48 – 54 years	55 years or over
Year CPI* (before July 1982)	10.5%	13.5%	17%	21%
Year CPI – 3%** (July 1982 to January 2000)	8.5%	11%	14%	17%
Year CPI – 3%*** minimum 50% (since January 2000)	9%	11.5%	14.5%	18%

* CPI: consumer price index. Year with full indexation to the cost of living.
** Year with a reduction of the cost-of-living adjustment.
*** Year with a reduction of the cost-of-living adjustment, but never less than 50% of the indexation.

Rates applicable for a leave of absence following a maternity, paternity or adoption leave as of January 1, 1991 and period of casual service from July 1, 1982 to December 31, 1986

	39 years or less	40 – 47 years	48 – 54 years	55 years or over
Year CPI* (before July 1982)	5.25%	6.75%	8.5%	10.5%
Year CPI – 3%** (July 1982 to January 2000)	4.25%	5.5%	7%	8.5%
Year CPI – 3%*** minimum 50% (since January 2000)	4.5%	5.75%	7.25%	9%

Rates applicable for a period of occasional service From July 1, 1973 to June 30, 1982

	39 years or less	40 – 47 years	48 – 54 years	55 years or over
Year CPI*	4.37%	5.62%	7.08%	8.75%

Example : Judy took a leave of absence without pay from January 1, 1986 to July 1, 1986. On July 1, 2001, she decided to buyback this period of absence, that is she applied for a buyback after the six-month period following her return from the leave without pay.

- Age: 46 years
- Annual salary (12th echelon) at the time of the buyback: $48,187.12
- Applicable rate: 11%
- Cost of the buyback for one year: $48,187.12 X 11%= $5300.58
- Cost of buyback for six months: $5300.58 ÷ 2 = $2650.29

Since these new rating rules are much simpler, it will henceforth be possible to estimate the cost of a buy-back oneself without having recourse to the CARRA for the calculation. Moreover, this new rating system will ensure a better balance between the cost of the buy-back and the benefit obtained. This balance was totally absent under the former rating system. Thus, two participants could, for the same leave pay a completely different amount simply because they bought back their leave at a different time and the rate of return of the fund had increased and sometimes even doubled.

* CPI: consumer price index. Year with full indexation to the cost of living.
** Year with a reduction of the cost-of-living adjustment.
*** Year with a reduction of the cost-of-living adjustment, but never less than 50% of the indexation.

Modifications to the rules for buyback

Here are the modifications to the rules for buybacks:

- As of January 1, 2002, it is compulsory to maintain contributions to the pension plan during a leave of absence of 30 consecutive days and less or during a part-time leave without pay equivalent to 20% or less of a full-time position.
- Abolition of the obligation to return to work immediately after the leave of absence in order to be able to buy back. It will henceforth be possible to buy back a leave of absence providing the employee participates at the time of her application for buyback in the same pension plan as the one she participated in at the time she went on leave.
- A period of leave can now be bought back entirely or in part. However, a minimal period is required, namely: 10 working days or all the days of the same calendar year, if it is less than 10 days. This new provision now allows for the buyback of leaves of absence of less than 28 days. Remember that these leaves were redeemable only at the time of retirement.
- For a buyback made after June 1, 2001 by instalments, the interest rate for financing will not be the return rate of the pension fund but that of government bonds. This rate will correspond more to that of the market than the former one that was too often outrageous.

Besides simplifying the process for buybacks, the new rating system and the more flexible administrative measures will make buybacks more accessible for participants. Let us point out that these modifications will not concern the buyback of service prior to the RREGOP (buyback in the form of pension credits) which is already subject to very attractive rates. In closing, remember that the less costly way of buying back a leave of absence is undoubtedly to apply for buyback in the six months following the return from the leave. In this case, according to the type of leave, only the payment of the contribution that should have been paid or double the contribution is required. This represents a relatively low cost for the benefits obtained.

In closing, let us point out that there are still talks with the government, in particular on the buyback of years reimbursed, the recognition of maternity leaves for those who worked on a casual basis before 1987 and the buyback of a period of maternity leave before participation in the RREGOP. Follow this closely …

Line Lanseigne, consultant
Social Security Sector

NURSING WORKFORCE PLANNING acting on our future

In order to resolve in a lasting way the current and anticipated nursing shortage, the *Forum national sur la planification de la main-d'œuvre infirmière*, in the report it presented last February, invited all the institutions of the health-care network, to draw up a rigorous nursing workforce plan. Following this report, the FIIQ, highly concerned by this issue, hastened to inform and train its members with regard to nursing workforce planning in order to equip them to work efficiently on this process in their institution.

Let us briefly review what this process consists of. In general, nursing workforce planning is defined as a process designed to draw up a forecast of the supply and demand for staff that an institution will have, and to provide the institution with sufficient and competent personnel to perform the activities and meet the demands. For our part, the objective of all the institutions of the network in doing this is to ensure that, at all times, they have nurses with the skills and motivation needed to carry out the activities, the duties and the responsibilities required to deliver adequate care and services to the population it serves.

The diagnostic stage

This nursing workforce planning process consists of two stages. During the first, or diagnostic stage, the factors of the external and internal environments must be analyzed and examined to establish the trends, orientations, limitations that influence the supply and demand for work. Then, the needs and availability of nursing workforce have to be assessed. The last step of this stage consists in identifying the nature and the reasons for the lack of correlation between the supply and demand for work.

The intervention stage

It is on the basis of the observations made during this diagnostic phase, and only on the basis of these observations, that it is possible to move to the second stage of the nursing workforce plan, that it the intervention stage, which consists of drawing up a plan of action that identifies practical solutions to be implemented, on the one hand, to ensure that there are a sufficient number of new and competent nurses entering the profession and, on the other, to retain on the labour market the nurses currently practicing.

Nursing workforce planning is not only necessary, but essential, in identifying and implementing pragmatic and innovative solutions to the problems of the attraction and retention of nursing personnel.

In its conclusions, the *Forum national* report stated that the alarming situation with regard to the nursing workforce will only improve "on condition the workplace provides a work environment that ensures true quality of life, and offers nurses the possibility of accomplishing their professional and personal aspirations"; moreover, this report identified among "the factors most liable to improve the quality of life at work [we find] an adequate workload, professional leadership and clinical support, adequate in-service training, career planning, the arrangement of work time, professional respect, protection against injuries and occupational diseases and attractive salaries."

Thus, nursing workforce planning makes it possible to identify the true causes of the lack of nurses, to choose and propose pertinent and valid solutions like taking action on the organization of work, drawing up and proposing a human resources development plan, solving the problem of work overloads. Participating in a nursing workforce plan is an excellent opportunity to get involved in the organization of work and to give greater importance and usefulness to the Committee on Nursing in each institution. Locally, union teams will undoubtedly call on the participation of a large number of nurses in the nursing workforce planning process. It is important to take part in this process; the improvement of the quality of life at work for nurses depends on this.

Thérèse Laforest, consultant
Task and Organization of Work Sector

Nursing Workforce Planning
Training sessions

Since September, the Education-Animation Service, and the Task and Organization of Work Sector have travelled to the four corners of the province. From the Eastern Townships and the Lower St-Lawrence, to Abitibi, the Outaouais, the Laurentians and the Beauce…almost all regions were visited. In all, 20 training sessions were given, including one in English, in 13 towns and cities; 300 union representatives were trained on the question of nursing workforce planning. In addition, a two-day training session was offered to around forty consultants assigned to institutions.

Local union representatives, consultants, the nursing workforce planning support team are ready to deal with nursing workforce planning at the local level. This is the first step in taking action to curb the nursing shortage. We must be vigilant and closely monitor the nursing workforce planning process.

Follow-up to the World March

The *World March of Women* held its third international meeting in Montreal last October. The objective of this meeting was to have the *World March* become a permanent network of solidarity and action in view of pursuing the struggle against poverty and violence. This meeting was held just a few weeks after the September 11 events. The delegates present decided to organize a vigil and delivered their message after the attacks on New York and Washington. The thoughts delivered by these women, on the basis of their varied experience, from different parts of the world, is still timely and we present it to you today to remind you of the urgency of working to build peace.*

Appeal of the *World March of Women* for the Construction of a Just, Equal, Cooperative, Democratic and Pacifist World

"We, women of the World March, entered the third millennium marching against poverty and all forms of violence (…). In every country, we marched against injustice, ignorance, violence, fundamentalism, racism, discrimination, exclusion, and wars and against the social ills that serve as a breeding ground for all forms of terrorism.

"We, delegates from 35 countries who are in Montreal for the 3rd International Meeting of the World March of Women, vigorously condemn, once again, all terrorist acts perpetrated on the planet, of which those of September 11 constitute the latest barbaric examples. The thousands of citizens savagely killed in these attacks join the numerous thousands of innocent civilians who, long before September 11, were also brutally wiped off the face of the world (…). Our sympathy goes to all the victims and their loved ones.

"We, women of the World March, went to the UN exactly a year ago and passionately denounced the numerous dirty wars ravaging our peoples. We clearly identified the leading players whose interests mutually reinforce one another: the major powers, the arms industry, transnational companies, corrupt governments, dictators, religious fundamentalists, organized crime, and drug lords. We were there as the living witnesses of the violence and injustice suffered by thousands of women as a result of armed conflict. We insisted that the women of the planet no longer want to bring children into the world so that they can go to war. We demanded the respect of human rights, the implementation of all the UN Conventions, and a negotiated political resolution to the conflicts. We were not heard.

Today, faced with the return in force of warriors of every description, our voices rise up louder than ever to recall:

- the tinderbox constituted by Israel's occupation of Palestinian lands; their use of the September 11 events to legitimize and accentuate aggression against the Palestinian people, and their refusal to take part in a negotiated political solution to the conflict according to UN resolutions;
- the length, scope and intensity of the tragedies in Rwanda, Angola, Burundi, Sierra Leone, Democratic Republic of Congo, Liberia, Sudan, Ethiopia, Eritrea, and Sri Lanka;
- the massacres in Algeria, the horrors experienced in East Timor, and the situations in Mexico and Indonesia (Molukken);
- the plight of political prisoners who are suffering in Turkish, Moroccan, Latin American and other prisons around the world;
- the impact on civilian populations of the conflicts in the Balkans, Kurdistan, Georgia, Chechnya and so many other countries;
- the fragility and failures of the peace process in Northern Ireland.

"We feel the echoes in our bodies of the Taliban's inexpressible violations of Afghan women, carried out with complete impunity for more than a decade and reinforced by the idleness of the international community. The women of Burma, Iran, Iraq

and Pakistan are no better off. We know the consequences on the Latin-American peoples of the U.S.-financed and orchestrated Colombia Plan. We reiterate our indignation at the oppression of indigenous peoples around the globe. We all share the burden of all the conflicts of the world. We want an end to war.

"We, women of the World March of Women, thus affirm our total opposition to an armed intervention against a country or group of countries to resolve the crisis engendered by the events of September 11:

- because this response generates additional suffering and destruction and does nothing to solve the problems at the root of violence. On the contrary, it exacerbates the state of poverty and humiliation of the populations directly affected by such interventions.
- because, as we know from experience, women and children are always the principal victims of armed conflict with the most disadvantaged peoples. The threat of a NATO military intervention has forced millions of Afghans who were already dramatically impoverished into flight.

* *www.ffq.qc.ca*

- because the U.S. government, backed by unconditional allies, will strengthen its hegemony as global cop, and continue to impose its "new global order." It will continue to oppose the international instruments essential to peace, sustainable development and women's equality, including: the Convention for the Elimination of All Forms of Discrimination against Women, the Kyoto Protocol, the Treaty to institute an International Criminal Court, the Convention Against Land Mines;
- because the arms industry and military budgets will increase to the detriment of health, education, social security and environmental protection programs;
- because many governments will use it to justify the escalation of xenophobia; the tightening of their borders, thereby erecting a fortress against immigrants and refugees; the endangerment and even suppression of civil rights and fundamental freedoms, particularly those of women; and the criminalization of any opposition to the current state of neoliberal and sexist globalization;
- because it will strengthen dictatorship and religious fundamentalism everywhere.

"We, women of the World March of Women:

- demand that those responsible for the attacks be clearly identified and brought to justice. The spirit of law must take precedence over the law of vengeance and vigilantes;
- support the increasingly numerous voices of citizens and organizations in the United States and all over the world demanding a radical change of course in U.S. foreign policy;
- demand that the UN intervene much more actively to prevent any form of military intervention in the current crisis; bring to an end all current acts of military intervention, conflicts and occupations; assure the right to asylum and the rights of refugees to return to their home countries;
- demand that all countries ratify and implement the Convention Against Land Mines;
- affirm the urgency of negotiated political resolution of all conflicts. Women must be active participants in such negotiations;
- demand the immediate lifting of embargoes and blockades (Cuba, Iraq). Women and children are the primary victims of such sanctions;
- demand the complete prohibition of the manufacture and sale of arms and demand that States implement disarmament policies covering both classic weapons of war and nuclear and biological weapons.

[...]"

Creation of a strike fund: nurses take a stand

On December 6, 2001, in the referendum for the creation of a strike fund, 55% of nurses voted against this proposal. This democratic process gave FIIQ nurses the opportunity to express their views on the recommendation adopted by the delegates at the 6th Convention held last June.

Remember that since the creation of the FIIQ in 1987, nurses of FIIQ-affiliated unions were able, even in the absence of a strike fund, to wage harsh battles with determination and clout to defend and improve their working conditions. The result of the December 6 vote leads us to believe that, in the event that nurses would once again have to face financial losses as a result of pressure tactics, they would demonstrate great solidarity, as they have on two past occasions, by sharing amongst themselves these financial losses.

The FIIQ will continue to wage struggles to improve nurses' living and working conditions, and to fight for the recognition of the value of nursing work … , with the same determination which is characteristic of its members.

Yves Tremblay, nurse

Bernier Commission: Progress Report

Remember that the Bernier Commission is a ministerial task force whose mandate is to propose orientations with regard to the field of practice of 26 professions.

A progress report has just been presented to the Justice Minister, Mr. Paul Bégin, responsible for the application of professional legislation. It deals mainly with the modernization of the field of practice of 13 professions whose members work in the health and social services network. For nurses, this means redefining the field of practice. The Minister asked professional corporations to transmit their comments and opinions by February 15, 2002.

At the time of going to press, the Federation was in the process of analyzing the report with regard to the consequences it would have on our daily practice as nurses. In the next issue of *FIIQ Actualités*, we will present a more complete report on this question.

Noëlla Savard, nurse

POSTE-PUBLICATION
Convention 40065777

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