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FIIQ Actualités

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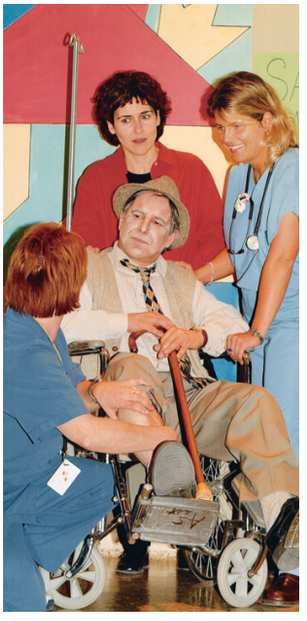


On the cover page
Photo : Rainville photographe
May 12, 2002
International Nurses' Day, CHUQ, pavillon St-François d'Assise, Quebec city
M. Jacques Bujold, actor, plays fhe le role of the patient and the three women are nurses.

Since an issue of *FIIQ en Action* was published last June, the Journal Committee chose to postpone the publication of *FIIQ Actualités* to September. The next issue of *FIIQ Actualités* should normally come out in December.

In the centrefold of this issue of *FIIQ Actualités*, you will find a special report on the amendments to the *Act respecting drug insurance*, contained in Bill 98 and adopted by the government last June.

Do not hesitate to send us your comments by e-mail at the following address: <info@fiiq.qc.ca>. They are always greatly appreciated.

Journal Committee

In contact

We must take action

With the end of the summer period and the heat wave, it is time to turn back and assess the past months. Since the problem of the nursing shortage grew worse over the summer, the problems engendered such as compulsory overtime, the non-replacement of absences and exhaustion also skyrocketed, even leading, in the case of the *Centre hospitalier des Vallées de l'Outaouais*, Hull Pavilion, to the closure of the emergency room for almost one month. This is an extreme measure which illustrates the urgency of the situation and the importance of introducing structural measures that go far beyond the temporary financial measures applied this summer. Of course, these measures may temporarily reduce the pressure exercised on nurses, but it does not redress the situation in a lasting way.

Applyng solutions now

We are all conscious of the workload that nurses shoulder, a burden that is accompanied by a considerable rise in the level of stress, generating more or less lengthy sick leaves. Nurses are reluctant to come to work in this situation and the patients entrusted to them may not receive the care that their health status requires.

Several solutions were collated in the reports of various committees, such as the Quebec workforce planning committee *(comité de la planification de la main-d'œuvre au plan national)*, the committees for the retention of the workforce or the *comités de redressement* in certain institutions. We are now working to apply concrete solutions and a very clear will to make the required budgetary investments is crucial. We cannot accept the kinds of answers too often given. Solutions have been identified: the addition of support staff, nursing attendants, receptionists… this is a good solution and the argument that there is not enough money available is not acceptable. If we want to guarantee the population's access to health services and reduce the workload of nurses and compulsory overtime, a clear commitment on the part of the *ministère de la Santé et des Services sociaux* for the investment of funds is needed in order to implement all the solutions put forward to reduce the effects of the shortage.

Pursuing the nursing workforce plans

The Federation put pressure on the government and actively participated in the *Forum national sur la planification de la main d'œuvre.* Since the presentation of the plan of action, the FIIQ worked to produce analytical and working documents, gave training to local teams and provided the needed support to union representatives who wanted to begin drawing up a workforce plan at the local level.

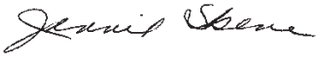
The organization of work remains an important challenge for local union representatives, and for this reason, it is important that as many members as possible become involved in the union. Nurses must continue working with members of the local team to identify adequate solutions. Local teams must be prepared to negotiate and must demand that the funds necessary for the implementation of solutions be invested. This demand must be made at all levels: the local, regional and Quebec levels. As a matter of fact, with the bargaining round, nurses' demands will be heard throughout Quebec.

The next bargaining round

At the last Federal Council, delegates adopted a new information and support structure, taking into consideration the comments formulated and the modifications proposed in the review of the last bargaining round. For the Federation, a constant presence among members and an expedient two-way communications network are a guarantee of greater union involvement and will certainly contribute to make nurses' priorities heard.

While continuing to look for means to increase the balance of power at the central and sectorial bargaining tables by creating alliances, the Federation is also working to examine ways of giving members greater control over the negotiation of their working and living conditions.

The current state of the health network, combined with the nursing shortage, make nurses' working conditions close to unbearable. The next bargaining round will be another opportunity for us to repeat this high and loud, and to demand lasting solutions. In view of this, it is important that we be solid in solidarity, not only among ourselves but also with others, in order to improve the situation and bring about change.



Jennie Skene,
President

2002 International Nurses' Week
Offensive against violence at work

Nurse are confronted with the phenomenon of violence on a daily basis. The elimination of all forms of violence is a priority for the FIIQ. For the 2002 International Nurses' Week, unions affiliated to the Federation organized various activities around the theme *"To work in dignity, taking action."*

In line with the FIIQ's plan of action, unions and nurses pursued or completed discussions in view of signing the statement of principle, a formal commitment of all parties to counter violence at work.

CHUQ, pavillon St-François d'Assise, Quebec City

CHUM, Campus Hotel-Dieu, Montreal

Hôpital Maisonneuve-Rosemont, Montreal

Montreal Children's Hospital

CLSC-CHSLD Rimouski-Neigette

A wide range of activities: community lunches or suppers, conferences, discussion groups, sketches, information stands and the massive display of posters contributed to raise awareness among nurses by illustrating the various forms of violence in the workplace. May 12 was thus an opportunity for FIIQ nurses to continue their collective reflection on the phenomenon of violence. This reflection will be pursued in the fall, in October, during Annual Occupational Health and Safety Week. We will keep you posted...

CLSC-CHSLD BMC Denis Riverin, Ste-Anne des Monts

CLSC de la Vallée, Causapscal

Two committed women

After a long illness, Raymonde Bossé and Nicole Gosselin, both passed away last May. In their own way, each of these union activists, have left their mark on the Federation.

Raymonde Bossé

A nurse and a committed nursing union activist, Raymonde Bossé was one of the three founding presidents of the FIIQ. In 1987, at the founding of the Federation, she was head of the Federation of United Nurses. Afterwards, she was Vice-President of the FIIQ until 1996. Raymonde was driven by a constant concern for the quality of member services and the defence of nurses' rights. Motivated by a great sense of duty and generosity, she fought for nurses' demands with conviction. She was a relentless fighter and had the energy of a winner.

After leaving the Federation, Raymond worked as a nurse at *CH Lasalle* and practised the profession of massotherapist. Madame Bossé's commitment, conviction and determination will remain engraved in our memory.

Nicole Gosselin

A committed woman and a woman of her word, Nicole grew up on the shore of the St-Lawrence River in Rimouski, then made her way against the current to Quebec City and Montreal.

Trained as a nurse and a member of the bar since l980, Nicole devoted her life to defending workers and Quebec, a land she loved passionately, with fervour and determination. She always devoted her talent and energy to serving others, whether they be asbestos workers or FIIQ nurses.

Raymonde and Nicole, FIIQ nurses and activists extend their deepest regards ...

Centre hospitalier centre de la Mauricie
An "I love you" activity

The Occupational Health and Safety Committee at the *Centre hospitalier centre de la Mauricie* chose Saint-Valentine's Day to organize an activity to develop closer links among nurses. Thus, small wish cards were available and those who wanted could send a few encouraging words, a thank-you note or simply a message of solidarity to a co-worker. The sale of cards was also a fund-raising activity for a social evening, where the humorist, Michel Barrette, was invited. A simple, easy-to-organize activity, but so heart-warming for many nurses.

Bravo to the local team!

SPECIAL REPORT

DRUG INSURANCE... THE DOUBLE STANDARD

LAST JUNE, THE QUEBEC GOVERNMENT PASSED BILL 98, AN *ACT TO AMEND THE ACT RESPECTING PRESCRIPTION DRUG INSURANCE*, FOR WHICH HEARINGS WERE HELD ON MAY 28, 29 AND 30, 2002. THE FIIQ WAS INVITED TO TAKE PART IN THESE HEARINGS.

THIS SPECIAL REPORT IS BROKEN DOWN INTO FOUR PARTS: THE ORIGINS OF THE PLAN, GOVERNMENT ORIENTATIONS, OUR COMMENTS ON THESE ORIENTATIONS AND OUR RECOMMENDATIONS.

GIVEN THE CHOICE MADE BY THE GOVERNMENT WITH THE ADOPTION OF THIS BILL, THE FIIQ WILL CONTINUE, FOR ITS PART, TO DEFEND THE CREATION OF A UNIVERSAL PUBLIC PLAN BECAUSE IT IS THE ONLY PLAN THAT CAN RESPOND ADEQUATELY TO THE HEALTH NEEDS OF THE POPULATION.

The origins of the plan

At the time of the implementation of the health insurance at the beginning of the seventies, there had been talk of including coverage for prescription drugs. Unfortunately, this did not materialize. Later, with the budget cuts in the middle of the 1990s, the shift to ambulatory care, day surgeries and shortened hospital stays, such coverage became absolutely essential.

The measures in effect having been deemed to be obsolete, several reports were ordered in view of renewing the existing system: the Demers, Gagnon and Castonguay reports. The Gagnon report proposed a universal public plan and, with supporting figures, demonstrated that Quebec society could afford to finance such a plan. The Castonguay report, published a few months later and largely influenced by insurance circles, proposed instead a mixed public/private plan. This is the alternative that the Quebec government finally chose. En 1996, it passed the *Régime général d'assurance médicaments* (RGAM-the general drug insurance plan) and, moreover, expected to claw back 200 million dollars thanks to the contributions of new participants.

In practice, the mixed plan soon marked a deficit. Based on a projected 7% yearly increase in expenses established by the Castonguay report, while the actual increase was around 15% and 16%, the contributions paid by the insured quickly turned out to be insufficient.

In 2000, as required by law, the *Ministère de la Santé et des Services sociaux* (MSSS) proceeded to evaluate the *Régime général d'assurance medicaments*. The Tamblyn report was made public, pointing to serious problems concerning access to pharmaceutical treatments among certain groups of insured persons (elderly people and people receiving social assistance). A few days before the presentation of the briefs for the legislative hearings, the ministry made public its orientations in the document *Les pistes de révision du régime général d'assurance médicaments:* seven scenarios were presented, including a "catastrophe" plan and a universal public plan.

Government orientations

To deal with the budgetary problem engendered by the *Régime général d'assurance médicaments*, the *Ministère de la Santé et des Services sociaux* published a document entitled L'assurance-médicaments: un acquis social à préserver, in support of Bill 98 designed to amend the *Act Respecting Prescription Drug Insurance* and for which hearings were held on May 28, 29 and 30, 2002.

The MSSS document first discusses the place of the *Régime général d'assurance médicaments* in the overall health-care system in Quebec. It then presents an analysis of the cost increase for the public part of the drug insurance plan and raises the question of the funding of the plan in the context of the Quebec government's budgetary situation. It states that the public plan for 2002-2003 will cost 420 million dollars. Since the government will roll over 145 million dollars, the funds needed for the year 2002-2003 amount to 275 million dollars. To this end, it proposes various alternatives based on the increased contribution of users to the funding of the plan and, in view of the improved use of medications, the creation of the *Conseil du médicament* and the partnership agreements with the pharmaceutical industry.

Thus, Bill 98 addresses these three subjects: funding, the creation of the *Conseil du médicament* and the conclusion of agreements between the MSSS and drug manufacturers for the purpose of funding activities related to the improved use of medications.

Funding

On the question of funding, Bill 98 which was passed on June 13, 2002 and came into effect, for the most part, in early July, provides for the adjustment of three aspects of the contribution: the premium, coinsurance and the deductible. There will be annual adjustments of the premium, deductible amount, maximum contribution and co-insurance.

In short, the Minister will no longer be obliged each year to pass legislative modifications in order to balance the budget of the drug insurance plan. These parameters will henceforth be set by regulation. In total, by increasing the various parameters of the plan, the government hopes to collect an additional 111 million dollars from participants.

The *Conseil du médicament*

The bill establishes a a medication council, the *Conseil du médicament* (not yet in effect) to replace the current *Conseil consultatif de pharmacologie (CCP), Comité de revue de l'utilisation du médicament (CRUM)* and *Réseau de revue d'utilisation des médicaments (RRUM)*. This council shall be composed of a president, a vice-president and thirteen other members, including five experts in pharmacology, two experts in health economics or epidemiology, a representative of the Minister and a director-general of the council.

The main functions of the *Conseil du médicament* will be to assist the Minister in updating the list of medications and to promote the proper use of medications. It will also be responsible for making recommendations to the Minister on the establishment and evolution of the price of medications. Moreover, it will be in charge of administering a fund for the optimal use of medications to which the pharmaceutical industry will contribute. This fund will be used to fund studies to review the use that is made of drugs and to offer training to health-care professionals. The expected total contribution of the pharmaceutical industry to the government action plan (of which the fund is an element) is 13,4 million dollars; of this amount, 5 million dollars would go to the fund.

In order to update the list of medications, the Council will give its opinion to the Minister on the basis of the new criteria for the inscription of drugs, namely: the therapeutic value of each medication; the reasonableness of the price and the cost-effectiveness ratio of each medication; the impact of the entry of a medication on the list as regards the health of the population and the other components of the health-care system; the expediency of entering medications on the list with regard to the objective of the drug insurance plan which is to ensure that all persons have reasonable and fair access to medications.

In addition to the *Conseil du médicament*, a round table will be set up to consult the parties on the optimal use of drugs.

Agreements

The Minister of Health and Social Services will be authorized to enter agreements with drug manufacturers for the purpose of funding activities promoting improved use of medications. These agreements will specify, among other particulars, the sums of money the manufacturers and the government undertake to pay, as well as the manner in which these sums are to be managed. Regarding partnership agreements, the government has set the annual participation of pharmaceutical companies to be 90 million dollars.

The opinion of the FIIQ

Application of the Montmarquette Report

In the wake of the legislative hearings held in February and March 2000, Madam Pauline Marois, then Minister of State for Health and Social Services, mandated Claude Montmarquette, economist at the University of Montreal, to be chairperson of a committee to study the expediency and feasibility of the implementation of a public and universal drug insurance plan, and how it would be funded. The committee presented its report in December 2001. The government has taken up almost all the recommendations of the Montmarquette Report: the maintenance of the mixed plan, more open and equitable funding methods (payment of the two deductibles amounts at the time of the renewal of prescriptions by anticipation), the sharing of information between the RAMQ and the Minister of Revenue, review of the criteria for inscription on the list of medication and the maintenance of the current reimbursement formula in order to stimulate the development of the pharmaceutical industry (rejection of the formula of the lowest price and the reference price), the creation of the *Fonds pour le suivi de l'utilisation des médicaments and the Conseil du medicament*, and lastly, the absence of deficit.

Essentially, there is only the recommendation concerning the elimination of the deductible and the increase of co-insurance to 35% or 40% that was not taken up. On the other hand, the bill now provides for the increase and yearly indexation of the three parameters for the funding of the plan (the premium, deductible and co-insurance). Moreover, the government supports the idea that the plan should not show a deficit. Thus, it is not excluded that the co-insurance will reach 35% or 40% in the coming years.

The *Conseil du médicament*

Initially, among the members of the proposed *Conseil du medicament*, there were to be four persons who were neither physicians nor pharmacists. In the MSSS document of 2002, the term "societal members" is used. In the document presented in 2000, the expression used is "members from the socio-economic and academic circles." Who will these four people be? Representatives of the industry? As a result of the pressure of various parties, the minister tightened the definition in the final version of the bill. The bill stipulates that these persons cannot not be representatives of an insurer, administrators of an employment benefit plan, drug manufacturers or drug wholesalers. Are these restrictions sufficient to avoid potential conflicts of interest and definitely eliminate representatives of the industry? We will know when we see how this article is interpreted.

The Federation strongly opposed the presence of a representative of pharmaceutical companies in such decisional bodies in order to avoid institutionalizing the lobbying that these companies practice at the various levels of the government. Companies cannot be judge and defendant regarding decisions to inscribe or not certain drugs on the list of medication.

The financial participation of pharmaceuticals in the funding of the plan of action and the fund for the optimal use of medications also poses the same type of ethical problem with regard to the government and society. The FIIQ considers that the social contribution of pharmaceutical companies should be neutral, like that of any citizen who pays taxes without obtaining favours in the governmental spheres in return.

Decisions that favour the pharmaceutical industry

Thus, once again the government position promotes the interests of the pharmaceutical industry rather than those of Quebec citizens. These choices are costly for tax-payers. Indeed, by refusing to take into consideration two possible solutions that had been raised in the MSSS document in 2000 and widely taken up by the various groups during the legislative hearings, that is the "lowest price" policy (applied integrally in other parts of Canada) and the reference price policy (best cost-expediency ratio, applied in British Columbia and Nova Scotia), the government chooses to maintain the price of medications artificially high.

Once again, the pharmaceutical industry and, in particular, the industry of patent drugs, one of the most income-producing in the world, even more so than banks according to recent data published by the *Chaire d'études socio-économiques de l'Université du Québec* in Montreal, are favoured at the expense of the general interest of the population. The government thus indirectly subsidizes the industry, but it does not hesitate to support the Montmarquette recommendations and establish stricter rules to prevent astute citizens from renewing their medication by anticipation to save $8.33, once every two months (around $50 per year). In all, the insured will dish out an additional 111 million dollars (35 + 76). This is the double standard: favouring corporate bodies at the expense of ordinary citizens!

Towards a "catastrophe" plan

Although the government claims to have rejected the idea of a "catastrophe" plan, the Federation cannot but conclude that the *Regime général d'assurance medicaments* is evolving towards such a plan for participants and elderly people who do not receive the guaranteed income supplement (GIS) or only part of the GIS. Indeed, in order to pass on the bill for a yearly cost increase in the price of medications of roughly 16% to participants and a part of the elderly people, the provisions for contribution to the general plan will have to be generously increased each year. For the

time being, the hike proposed for all parameters is 9,6%.

Already coinsurance has increased to 27,4% on July 1 for participants and a part of the elderly people. In British Columbia and Saskatchewan, two provinces which have instituted a "catastrophe plan", the rate of coinsurance is 30% and 35% respectively. As for the deductible amount, it is $600 yearly in British Columbia and $850 per semester in Saskatchewan. In Quebec, it is only $109.56, but the maximum yearly contribution has been increased to $822 per year, and it had been estimated to be at most $2000 with a catastrophe plan. If the increase in contribution continues at the same pace as this year (9,6%), this maximum amount will be reached in less than 10 years.

Finally, although there is no premium in most catastrophe plans, it was included in the catastrophe scenario of the MSSS in 2000. It was set to be $225 per adult. It was increased to $422 per individual in the most recent proposal, while it was only $175 in 1997. If we look at the premium and the maximum contribution combined, the maximum individual contribution requested by the *Régime général d'assurance médicaments* for participants and elderly people without GIS has increased by 34.5% since 1997. The yearly indexation of all the parameters are set each year, and moreover there are no maximum limits for the coming years! Although the plan proposed is not called a "catastrophe plan", it nevertheless has all the characteristics of such a plan. At this pace, if nothing is done, a "catastrophe plan" will be in place before the end of the next decade.

The recommendations presented by the FIIQ at the legislative hearings

The recommendations formulated are not new. However, in the current circumstances, we can only reiterate the opinions expressed during the last legislative hearings since the situation has evolved very little since then.

A public and universal plan

After five years of application of the mixed drug insurance plan, the Federation believes that it has been demonstrated that this plan is in a bad shape. As many have claimed, such a plan is not viable in the long run. This is why the FIIQ reiterates its stand for a universal public plan administered by the *Régie de l'assurance-maladie du Québec*, in the spirit of the Gagnon report.

A policy on drugs

Although the *Ministère de la Santé et des Services sociaux* had the mandate since 1996, by virtue of the Act Respecting Prescription Drug Insurance, to draw up a policy on drugs, this policy has still not come to be. The FIIQ therefore reiterates its support for the institution of a drug policy in compliance with the *Charte pour une plus grande équité dans les médicaments essentiels*, adopted by the *World Health Organization*

A review of Quebec's the industrial policy

The Quebec government, whose industrial policy is to promote the development of the patent drug industry, finds itself in a situation where its social policy and its industrial policy are in increasingly blatant contradiction. The FIIQ believes that the industrial policy, widely subsidized by Quebec citizens, must be revised in order to re-establish the equilibrium between the interests of each group.

Controlling the rising cost of drugs

The cost of medication, with a yearly rate of increase of over 15%, seems completely out of control. The government must make the necessary decisions in order to put a halt to this wild progression. Among other things, it is imperative that it adopt the lowest price policy and the reference price policy.

The *Conseil du médicament*

The government must ensure the neutrality of the bodies responsible for evaluating pharmaceutical products and drawing up the list of medications. It must absolutely avoid all appearance of conflict of interest that would compromise its credibility. It must refrain from institutionalizing the corporate lobby.

For more information :

- MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, *L'assurance-médicaments : un acquis social à préserver*. <http://www.msss.gouv.qc.ca/f/documentation/publicaune.htm>
- LAUZON, Léo-Paul et Marc HASBANI, *Analyse socio-économique de l'industrie pharmaceutique brevetée pour la période de dix ans 1991-2000,* s.l., CHAIRE D'ÉTUDES SOCIO-ÉCONOMIQUES DE L'UNIVERSITÉ DU QUÉBEC À MONTRÉAL, 2002. <http://www.unites.uqam.ca/cese/>
- GOVERNMENT OF CANADA, HEALTH CANADA, *Pharmacare in Canada: issues and options,* by Ake BLOMQVIST and Jing XU, s.l., Minister of Public Works and Governmental Services, Cat.No H13-5/01-1E, Canada, 2001. <http://www.hc-sc.gc.ca/iacb-dgiac/arad-draa/english/mdd/wpapers/pharma02.html>

OHS: temporary assignment and intercurrent disease

When a nurse has suffered an occupational injury, the employer can temporarily assign her to other work in accordance with the provisions of Section 179 of the AIAOD [1]. During the temporary assignment, she can be absent from work on account of personal disease unrelated to her occupational injury, referred to as an *intercurrent disease* in the jargon of the CSST. By virtue of what plan is she compensated? To what sort of benefits is she entitled?

In such a situation, a nurse is entitled to an income replacement indemnity (IRI) paid by virtue of the AIAOD, regardless of whether her occupational injury is consolidated [2] or not. However, the CSST and the employer must be informed without delay, by a supporting medical certificate, of the occurrence of a personal disability that renders the nurse incapable of continuing her temporary assignment. The CSST will then have to notify the employer of its decision to resume the payment of the IRI provided for by the AIAOD. Failing this, a request for a review of the decision can be made within 30 days of its notification by using the FIIQ blank [3] provided for this purpose.

Example :

Josée is given a temporary assignment following a back injury. During her assignment, she has to have a hysterectomy. She has to notify her employer of the surgery and provide a medical certificate. During her absence from work, she will receive IRI payments as provided for by the AIAOD.

Indeed, although this is a personal illness which is unrelated to her occupational injury, the nurse is entitled to the payment of the IRI as long as she is incapable of occupying her pre-injury employment and as long as her occupational injury is not consolidated. If a personal illness occurs during the period of temporary assignment but when the occupational injury is consolidated, the nurse is also entitled to the payment of the IRI as long as she needs rehabilitation in order to become capable of doing her job or another suitable job. Meanwhile, if the disability related to this personal illness ends, the employer can once again give a temporary assignment to the nurse, according to the provisions prescribed by law.

It is therefore important to remain vigilant in order to receive benefits from the right plan. If you are uncertain about this, go to the union office, your representatives will be glad to help you.

Hélène Caron, consultant
Occupational Health and Safety Sector

(1) Act Respecting Industrial Accidents and Occupational Diseases

(2) "Consolidation" means the healing or stabilization of an employment injury following which no improvement of the state of health of the injured worker is foreseeable. (AIAOD, division 2)

(3) Pick up a copy of the blank entitled *Demande de révision* drawn up by the FIIQ to appeal a CSST decision

Nursing Workforce Planning

acting on our future

A necessary process

Since last fall, the Federation put a lot of work into producing material and offering support to get as many local nursing workforce plans started as possible. Thus, training sessions were given to members of local teams, a team was set up to provide support, and material was made available. Moreover, the executive officer in charge, Daniel Gilbert, met with representatives of regional boards in order to inform them of this question. As a matter of fact, several of them chose to use the material produced by the Federation to conduct this process.

At the time of going to press, almost 70 institutions had been targeted to begin a nursing workforce plan; talks to this effect had begun in over 35 institutions and the work was making good progress. *FIIQ Actualités* asked union representatives involved in a nursing workforce planning process to speak about their experience. Here are the comments of the local team members of the *Centre hospitalier de la région de l'Amiante, Pavillon Albert-Prévost* and *Hôpital Sainte-Anne de Beaupré.*

Centre hospitalier de la région de l'Amiante

"Nurses' well-being, the improvement of working conditions, the nursing shortage and the support of the Federation were all factors that prompted us to begin a nursing workforce planning process. Nurses in our centre reacted very positively to this project on account of the constant work overload. However, they asked about their participation in the process and the implementation of solutions. The employer, for his part, is highly interested in this project. He takes an active part in the process and is very open to granting union leaves.

Overall, the experience is positive and the global analysis should enable us to draw a general portrait of the institution. At the next meeting, we hope to present this portrait to the employer and identify the steps to be taken in view of lasting solutions."

Maryse Turgeon
Martial Rousseau
Daniel Fortier

Pavillon Albert-Prévost

"Our members take an active part in the union and we are always open to experimenting new approaches when necessary. Moreover, we have an important problem of nursing shortage and there are no young nurses to take over. Our objective was to find efficient solutions that would enable nurses to continue working in more acceptable conditions, while ensuring the retention and attraction of nurses to the institution. In view of this, nursing workforce planning seemed extremely interesting. Our union consultant, Michel Lamoureux, was the one who alerted us to the benefits of nursing workforce planning.

We first consulted members to see if they would support such a process. Their reaction was very favourable. We continue holding consultations at each step of the process and, consequently, members are highly motivated. Nurses appreciate the Federation's initiative and the constant support of a consultant is greatly appreciated by the union team, nurses and the employer.

The employer was reluctant to engage in this exercise by way of the Committee on Nursing. Thus, we agreed to set up a joint employer-union nursing workforce planning committee. The employer now cooperates and we do not have any problems obtaining union leaves and the information we need for our work.

Although we are still at the step of establishing the diagnosis, that is at the phase of drawing a general portrait of our centre, we are convinced that this exercise will be a positive and stimulating one for all of you. Together, we will identify and put forward solutions."

Diane Gaze, President
Maude Lanctôt, Secretary-Treasurer
Élizabeth Ruel, Vice-President
Chantal Pagé, FIIQ consultant

Hôpital Sainte-Anne de Beaupré

"After attending the training session offered by the Federation on workforce planning, we came to realize the importance of drawing up a workforce plan in our centre. The serious problems of retention, the scarcity of young nurses, the systematic use of overtime to compensate for the lack of nurses and major administrative changes also prompted us to draw up a nursing workforce plan.

At the beginning of the process, the employer was not very open to granting union leaves, but he rapidly understood the importance of such a plan and there are now regular meetings with positive exchanges.

We sent a questionnaire out to nurses in order to have as accurate as possible a picture of the situations which they face in their everyday work. The response rate was very good and a fair number of nurses mentioned the importance of finding solutions in order to have young nurses prepared to take over.

In closing, we feel that, although it requires time and energy, a nursing workforce plan is motivating, because we are convinced that it is possible to adopt measures that will redress and prevent situations of nursing shortage in the short, middle and long term. In the fall, probably in October, we will meet members to present a report on the progress made and proposals for the pursuit of the work on the nursing workforce plan."

Christine Picard
Christiane Bélanger
Norma Nicholson

CLSC de la Vallée des Forts: a successful work organization project

Organization of work can be defined as a process to rearrange work practices and working conditions to improve the practice of the profession and find solutions and measures that take into consideration local specificities. The analysis and ensuing actions require the cooperation and involvement of all the parties concerned in the workplace.

An example of work organization

Located in the region of *Montérégie*, the CLSC and CHSLD *Champagnat de la Vallée des Forts* cover almost all the territory represented by the *MRC du Haut-Richelieu*, with the exception of the municipality of Sainte-Brigide-d'Iberville. This territory includes around 96,000 persons, both in rural and in urban zones, served by one of the five service points of the institution, for its two missions: four points of service for the CLSC and a residence centre for the CHSLD.

In this organization of work project for the nurses at the *CLSC de la Vallée des Forts*, the rearrangement of work time was identified as a factor that would improve working conditions and facilitate access to employment. This is one of the elements identified by the *Forum national de la planification de la main-d'œuvre infirmière* to promote the attraction and retention of the nursing workforce. Thus, nurses, with the help of their labour relations consultant, presented a project to reduce the regular work week from thirty-five to thirty-two hours divided into four eight-hour days.

Nurses who left for retirement in 1997 and the need to create conditions that are conducive to the attraction and retention of nurses made it imperative for the union and the employer to talk. As Danielle Legrand, union representative at the *CLSC de la Vallée des Forts*, said, one of the pre-conditions to holding discussions with the Head of Human Resources, for the introduction of a four-day workweek was that the three hours cut from nurses' workweek be replaced. Indeed, nurses wanted to be assured that the work presently accomplished in 35 hours would not be compressed into 32 hours. Nurses obtained this guarantee.

The four-day workweek is made possible by using statutory holidays and sick leaves. It is important to note that the nurse is still considered full-time, and consequently is subject to the rules that apply to full-time employees. This applies, for example, to the pension plan. The majority of the programmes at the *CLSC de la Vallée des Forts* are now covered by this agreement negotiated at the local level.

This local agreement is based on Appendix 7 of the CLSC collective agreement This is another proof for employers that there are solutions to the various current nursing workforce problems in the collective agreement.

Adapting the workplace to the needs of nurses by introducing flexible hours and rearranging work schedules: this work organization project at *CLSC de la Vallée des Forts* was a success!

Many thanks to Danielle Legrand, Guylaine Trépanier and Danielle Rajotte, nurses and local union representatives, for sharing their experience with us.

Yves Tremblay, nurse

RREGOP
Obligation to maintain contributions

In the last two issues of *FIIQ Actualités*, we presented modifications to the RREGOP plan. For a third time, here are other important modifications to the pension plan: the agreement signed in June 2001, provides for the compulsory maintenance of contributions to the pension plan in the case of a leave without pay of 30 consecutive days or less, and in the case of a part-time leave without pay equivalent to 20% and less of full time.

According to the FIIQ collective agreements, it was already possible to maintain one's contributions to the RREGOP in the case of these leaves but only when the employee sent a request to her employer to this effect. With the agreement, contribution is automatically maintained. However, in the case of part-time leaves without pay of more than 20% of full time, the employee must still present a request to the employer if she wishes to continue to contribute to the plan. For example, *in the case of a part-time leave of absence without pay of 2 days/week, the employee will have to notify the employer that she wishes to maintain he participation in the RREGOP plan for the days without pay.*

When the agreement was concluded, the parties agreed to introduce the provision regarding the compulsory maintenance of the contribution as of January 1, 2002, thus giving the CARRA and employers the time to adjust. Unfortunately, the act modifying the RREGOP was only adopted in June 2002. Consequently, the CARRA and many employers did not apply this new provision, preferring to wait for the bill to be passed.

We can therefore expect that employers will have to collect the contributions not paid during these leaves, and this retroactively to January 2002, since the agreement stipulated that it would apply as of this date. Despite this inconvenience, the fact that contribution to the plan during these leaves is compulsory is clearly more advantageous for nurses than the former rule.

Previously, these leaves had to be bought back, which meant that the employee had to pay not only her contribution, but also that which the employer would have paid, plus interest sometimes, depending on the time that elapsed between the leave and the buy-back. With the compulsory maintenance of the contribution, the employee now maintains her participation in the plan by paying her contribution alone, which represents undeniable savings in comparison to the former rule.

In closing, let us review the main other modifications adopted with regard to buybacks.

NEW RULES IN THE CASE OF BUYBACKS

- Abolition of the obligation to return to work immediately after the leave of absence without pay in order to be able to buy back. It will henceforth be possible to buy back a leave of absence without pay providing the employee contributes at the time of her application for buyback to the same pension plan as the one she contributed to 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 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 on or 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.

Line Lanseigne, consultant
Social Security Sector

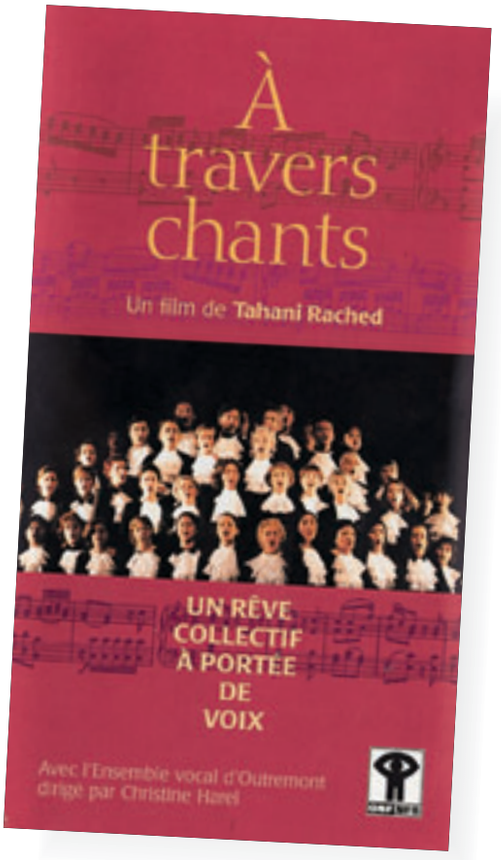
The movie
À travers chants!

Does the name Tahani Rached ring a bell for you? Tahani was the director of *Urgence 2e souffle…* the documentary on nurses of the emergency room at the *Centre hospitalier Pierre-Boucher*. Her latest film, *À travers chants*, is a short feature on a choir, the *Ensemble Vocal d'Outremont.*

À travers chants introduces us to a world where the creation of a choir enables a group of individuals from different walks of life, very different one from another, to develop strong bonds and solidarity by working towards a common objective, a concert, where each person must do his/her best.

How do we succeed in having everyone speak as a single voice? How does this choirmaster succeed in creating this collective harmony where people support each other when a difficulty arises? *À travers chants* demonstrates that it is possible to develop such solidarity because each member of the group understands the objective to be reached. The strength of solidarity developed over time, through choir practices, reduces the effort required of each person – which can easily be compared to work – because the force of the group settles in and inhabits each person.

Many thanks to Tahani Rached for this unique and refreshing vision of solidarity, which is the key to success in order for a group to deliver a message as a single person! If you are interested in viewing this movie, it is probably available at the National Film Board office of your region.



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FÉDÉRATION DES INFIRMIÈRES
ET INFIRMIERS DU QUÉBEC

Le bien commun: l'assaut final *

"For the businessman, the idea of the commons was the last obstacle preventing him from reaching his goal: to transform the whole world into commodities and finally proclaim the total market." **

These are the opening words of Carole Poliquin's last documentary, entitled *Le bien commun: l'assaut final*.

Indeed, nothing today, not health, nor human and plant genes, nor ancient and new know-how, seem to be able to escape becoming a market commodity. Enterprises see illness as a business opportunity and suffering as a source of profit. The public system is down-sized in order to push people to use private services. All this is done on the pretext of having zero deficit and lowering income taxes. Is health part of the commons or the business of a few private companies. Faced with the voracity of merchants, what will become of our societies? What will become of the concept of the commons which is fundamental to life in society? Can the market be the warrantor of the commons?

Le bien commun : l'assaut final is like a horror movie. Carole Poliquin's last documentary is not fiction: the unbridled attack of capitalism, whose goal is to transform the entire world into commodities, has concrete and dramatic effects on everyday life. The efforts of companies to suppress national laws is a concrete example that is well illustrated in the documentary.

Different stories (filmed in Canada, the United States, Mexico, France, Brazil and India) presented like the book of Genesis, are a testimony of the consequences of the domination of the world by private interests.

After the *Âge de la performance* (1994), *Turbulences* (1997) and *L'Emploi du temps*(2000), this, time, Carole Poliquin, addresses the question of the privatization of the world and shares her thoughts with us on the fact that the commons are jeopardized by the downsizing of the State and by the trend to put patents on everything that has belonged to the human community for generations.

"The commons is a state of equilibrium between giving and receiving. This concept belongs to all species." **

Le bien commun: l'assaut final – a 60-minute documentary worth seeing and seeing again.

If you are interested in seeing this documentary, put a small group together and contact your local team. Video copies are available at the FIIQ office.

Yves Tremblay, nurse

** The commons: the last bastion under attack (our translation)*
***Our translation*

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