Special issue on negotiations

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A FIRST ROUND OF COLLECTIVE BARGAINING for all health professionals

As many of you already know, the draft collective agreement for FIIQ members has been prepared in several stages. At this stage, that is the harmonization of the demands and collective agreements of respiratory therapists, nursing assistants and nurses, the Executive Committee believes it is important to publish this special issue of FIIQ en Action. A review of the work accomplished over the past two years and more detailed explanations will give all health-care professionals a clear understanding of all the demands put forward in the FIIQ draft collective agreement.

In the Federation's view, there is no doubt that nurses, nursing assistants, respiratory therapists, perfusionists, child nurses and baby nurses experience the same problems: staff shortage, difficulties reconciling personal and professional life, constant overwork, casualization, compulsory overtime and insufficient in-service training. The exercise of comparing the draft collective agreements tabled by the APIQ and the APIIAQ confirmed this perception, because several of their demands were in line with those tabled by the Federation.

When establishing the negotiating priorities, once the difficulties were defined and the observations made, the following approach was adopted: all these difficulties are interrelated and must be solved comprehensively. Thus, the six priorities adopted and which serve as a basis for the draft collective agreement fundamentally address all of these problems. They thereby have the objective of offering working conditions which will ensure not only that there are enough health professionals, but that they are healthy and motivated to deliver quality care to a population that will need care increasingly.

Beyond the fact that the method used by the Charest government to force the merger of nursing and cardiorespiratory care practitioners is unacceptable, this new reality has given birth to an incomparable union force in the health-care network. The FIIQ, on the strength of this new representative base, will negotiate the collective agreement for all of these health-care professionals.

As of today, it is essential that all Federation members know and understand the draft agreement, which undeniably takes a very bold approach. Collective appropriation by all the members is the only way for the organization to ensure all the mobilization necessary and essential to meet this first challenge. Together we will embark on this historic round of negotiations, the first for nursing and cardiorespiratory care professionals.

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Priorities, consultations, a draft agreement

Out of a concern to build a draft collective agreement adapted to the realities and needs of members, they were consulted several times. In November 2002, a first consultation was held on the negotiation priorities. Six priorities were adopted almost unanimously.

- Restructuring of work time (97%)
- Maintenance and development of competencies (99%)
- Stabilization of positions (98%)
- Prevention of violence in the workplace (99%)
- Accelerated settlement of disputes (98%)
- Access to childcare in the work environment (98%)

Restructuring of work time

To be considered full time: reduction in the number of work days

The recurrence and generalization of workloads and their increasingly negative effects on the working conditions of full-time personnel require a new look at the job structure. In fact, the status of full-time employee has become less interesting and many are abandoning it. Some prefer to take or keep a part-time position and complete their regularly work week when they choose. They thus ensure a better balance between their professional and personal life.

However, part-time work should not be the solution to constant overwork, compulsory overtime or the difficulty of reconciling professional and personal life. On the contrary, the search for balance between professional and personal life requires the reorganization of the work schedules of employees working full time, while maintaining all the benefits related to this status and reducing the number of work days required to be full time. The reduction of presence at work would be greater for employees working evenings and night or on rotating shifts, because these work schedules offer additional disadvantages.

> Over a 4-week period, there would be 18 day shifts, 17 evening shifts and 16 night shifts. Daily presence at work would be increased by 45 minutes per day, from 7.25 to 8 hours and from 7 to 7.75 hours. The number of work days per year would be reduced from the current 228 to 209, with 5 days reserved for education.
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> The increase in the number of working hours each day and the resulting overlapping shifts would facilitate the exchange of information and the organization of work and care. This undeniably would contribute to lightening the workload.

Statutory holidays

While the disadvantages related to evening and night work can be offset in some way by the reduction of work time, this is not the case for work on statutory holidays. Better compensation for the time spent at work, instead of with family or friends on holidays, could constitute a better recognition of the disadvantages and constraints related to the obligation to ensure services 7 days a week, 365 days a year.

When an employee is required to work on a holiday, the compensation should be increased by 50% (time-and-a-half) except for Christmas and New Year's Day, when it should be increased by 100% (double time). Overtime worked on these holidays or on weekends would be paid at double time, except for Christmas and New Year's Day when this overtime would be paid at three times the regular salary.

Pre-retirement

Another reality that gives rise to reflection is the aging of the health professional population. The staff shortage leads the Federation to approach this new reality from a different angle.

If the work environment was really adapted to the reality of an aging workforce, but one still capable of providing quality care, these employees could delay their retirement on a voluntary basis. The transmission of knowledge to their peers and the support they undoubtedly can provide alone justify the establishment of incentives to continue their career. Thus, the adaptation of the work environment to the aging workforce certainly requires a lightening of the obligations related to work, to better reconcile professional and personal life.

The demands for employees at retirement age consist of adding 15 extra days of paid leave per year and a supplemental retirement allowance of $5,000 per year, paid by the employer. An employee who agrees to defer her retirement for a fifth year would be entitled to an allowance of $10,000 for this fifth year.

Maintenance and development of competencies

Currently, in the institutions of the health-care network, the impossibility of finding a replacement has become the universal excuse of employers for canceling, postponing or simply not providing educational activities. In a context where the practice of health-care professionals is increasingly complex and they must adapt quickly to pharmacological, scientific and technological changes, in-service education is more than necessary than ever and requires that employers have a comprehensive vision and rigorous planning.

The formulation, realization and follow-up of educational needs and activities should also be guaranteed by a formal, structured and integrated human resources development plan, and by the creation of a local parity committee in all health-care institutions. It is urgent that continuing education and intake, orientation, motivation and enhancement programs become a means for health professionals to maintain their competencies, advance their professional career, progress and take on new challenges.

Thus, for all health-care professionals holding a full-time or part-time position, 5 days of in-service education per year within the work days prescribed for the position would ensure that they would be better equipped to meet the constantly changing needs and expectations.

Stabilization of positions

This priority is intended to minimize casualization in a context of staff shortage which all the available resources normally should be assigned to counter. The purpose of stabilization of the regular care teams is to assure all care professionals of a regular work schedule known in advance. This would put an end the problems of managing replacements, the virtually permanent reliance on overtime, and the difficulties related to often unbearable overwork, which result in a constantly rising rate of absenteeism. Moreover, this increased and stable supply of work would make it possible to reduce the normal annual vacation period, among other advantages.

All health-care professionals should hold a position involving a minimum of 8 days of work per 4-week period (the equivalent of the minimum availability currently required).

Negotiations

Prevention of violence in the work environment

Violence has too great an impact on the health of care professionals not to make every effort to prevent or put a stop to it. The implementation of a prevention program in all institutions for the purpose of ensuring the safety of the personnel and the premises and educating the resources in the work environment will guarantee effective prevention of violence. It is also by introducing a joint process in the collective agreement for analyzing and dealing with complaints about violence and by the implementation of a policy to counter violence in the work environment that it should be possible to stop violence when it first arises and thus ensure healthier work environments.

The demands regarding prevention of violence in the work environment range from the introduction of a definition of violence in the collective agreement to the implementation of a policy to counter it in all institutions. A statement of principles should also be included in the institution's Code of Ethics. A complaints procedure should be introduced in the collective agreement, along with the mandate for the local joint occupational health and safety committee to develop a program for prevention of violence in the work environment.

Accelerated settlement of disputes

The question of the dispute resolution process raises many questions. These remedies are losing their strength because the employers increasingly use time as a strategy to cause undue delays in dispute resolution. This is why an accelerated arbitration process for disputes of lesser impact should be introduced. This would certainly be positive for the members concerned. In fact, the excessively long delays between the filing of a grievance and its settlement deteriorate the work climate and often represent a temporary loss of the rights provided in the collective agreement for the wronged employees. The introduction of medical arbitration for disability disputes should also dejudicialize the process for resolving this type of disagreement and better protect care professionals on disability when their rights are contested by the employer.

Recommendations resulting from this priority are aimed at simplifying the dispute settlement process by making it speedier and more efficient.

Access to childcare in the work environment

This priority is consistent with the objective of facilitating reconciliation between work and family. The impossibility for many employees to meet the demand for work on the evening, night or weekend shifts maintains a form of casualization of employment. Thus, not only in their own interests, but in the interests of a health-care network faced with a shortage of resources, employees who encounter difficulties reconciling their role as parents and workers should be able to have access to help better adapted to their needs.

Thus, regardless of whether the childcare service is in the work environment, at the employee's home or in home childcare, the employer would be responsible for organizing its setup, particularly for health-care professionals working evenings, nights and weekends.

Classification of nursing jobs

Recognition of experience and expertise

Acquired experience is an invaluable source of knowledge and its recognition in the work environment undoubtedly is a major source of motivation and enhancement. Recognition of the value of experience and expertise is crucial and plays a key role in access to positions, whether by promotion or by transfer between centres of activity. Some employers refuse to recognize this value when awarding positions, which is why the preponderance of seniority and the recognition of experience to compensate for missing education when positions are awarded were guiding principles in the work on classification of nursing jobs and the development of the clinical professional career path model.

Following work on this question, it seemed unavoidable to illustrate the concrete clinical professional career possibilities that could be available to nurses. This model had to correspond to the realities of the work environments, respond to the nurses' concerns and account for the changes in the profession.

Six guiding principles were then identified and became the cornerstone of the model:

- Grouping of job titles based on the diversification of nursing practice;
- The match between the roles, tasks, functions, responsibilities and knowledge acquired by the nurses for each job title;
- Improvement of access to the different job titles;
- Preponderance of seniority and recognition of experience when awarding positions;
- Remuneration for any additional education, regardless of whether it is required by the employer;
- Establishment of salary scales based on the roles, tasks, functions and responsibilities.

The clinical professional career model was also adopted by a very large majority. The demands regarding this issue were tabled at the CPNSSS on December 3, 2004.

Note : For more information, see "publications" on the Web site: www.fiiq.qc.ca : FIIQ en Action, Vol. 15, Number 4, December 2002 and Vol. 16, Number 1, March 2003, Vol.17, Number 1, March 2004 and Vol. 17, Number 3, June 2004.

Other demands

Other demands were adopted, not directly related to the priorities and concerning the harmonization of the contents of the collective agreement with various legislation (Act respecting labour standard, Act instituting civil unions for same-sex partners, etc.) and the resolution of certain problems encountered in the application of the collective agreement. In general, the purpose of these changes is to expand certain parental rights, add social leave or recognize the special reality of employees working with a clientele with cognitive disorders.

All the demands, both priority demands and new demands, were translated into clauses and deposited with the CPNSSS on July 9, 2003.

The general pay increase rates and the pension plan

Salary demands

Different economic factors serve to determine the salary demands. In the first place, the projections of the consumer price index (CPI) produced by the economists must be considered to preserve the employees' purchasing power. Then, since there may be a variance between the projected CPI and the actual CPI, an indexing mechanism in case of a positive variance must be provided. It is also essential to account for the economic activity indicator represented by the Gross Domestic Product (GDP) to ensure a better distribution of the wealth generated by economic activity. Claiming a share of the GDP moves towards this more equitable distribution. The following table presents the combined outcome of these rules:

	Demand	CPI Forecast	Part of GDP	Adjustment for the previous year
On January 1, 2004	4.5%	1.9%	1.6%	1% (3% - 2%)
On January 1, 2005	4%	2.5%	1.5%	Unknown
On January 1, 2006	4%	2.5%	1.5%	Unknown

Demands regarding the pension plan

At the beginning of 2004, the demands regarding the pension plan were part of a context in which the returns obtained in recent years gave reason to anticipate an increase in the RREGOP contribution rate. These forecasts confirm that it was wise to proceed prudently. Due to the staff shortage, it is difficult to envision any improvement to the plan which would have the effect of hastening retirements. We should also remember that the Government no longer recognizes that it is committed to fund the plan for the equivalent of the amounts accumulated by the participants.

Thus, the purpose of the demands adopted is to improve retirement income while seeking greater fairness for everyone without creating upward pressure on the costs of the plan or further accentuating the staff shortage, and to resolve the disputes regarding the commitments to the plan and CARRA governance.

Thus, the demands adopted by the delegates were more equitable indexing of the total pension, an improved deferred pension, elimination of prejudice in the exercise of parental rights, the possibility of commuting the reimbursed years and extending the term of phased retirement, the negotiation of the Government's commitments to the plan's funding and, finally, the increase in the Pension Committee's power of the administration and funding of the plan.

These recommendations were translated into the draft collective agreement and then deposited with the *Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS)* on March 19, 2004.

An unavoidable step: harmonization of the collective agreements and demands

As you know, Bill 30 imposed the merger of nurses, nursing assistants, respiratory therapists and pulmonary function technicians, perfusionists and extra-corporal circulation technicians, child nurses and baby nurses into the same union.

Due to this fact, and following affiliation of other health-care professionals, the integration the demands and the harmonization of the collective agreements of the *Association professionnelle des inhalothérapeutes du Québec (APIQ)* et de *l'Alliance professionnelle des infirmièns et infirmiers auxiliaires du Québec (APIIAQ)* with the FIIQ draft collective agreement turned out to be necessary. Thus, at the last Federal Council, the delegates of all unions, including the APIQ and APIIAQ, completed this exercise.

First of all, so that the specific realities of the nursing assistants and respiratory therapists could be considered rapidly, the composition of the Negotiating Committee was reviewed to add a member of each of these job classes. After discussions both at the Negotiating Committee and at the Executive Committee, the Federal Council delegates were asked to vote on a proposed amendment to the FIIQ draft collective agreement.

An improved draft

More than fifty clauses have thus been added to the draft collective agreement already tabled. Some of these clauses constitute demands, because they come from the APIQ or APIIAQ draft agreements, while others represent harmonization because they are already in one of these agreements.

The Executive Committee also took the opportunity to propose new demands in order to adapt the draft collective agreement of the FIIQ members to the new union realities imposed by Bill 30. The Federal Council has mandated the Federation to deposit the health-care professionals' harmonized draft collective agreement in the next few months.

The demands

They are provisions regarding :

- Access to a voice messaging service at the union office;
- Introduction of a clear text on accommodation;
- Inclusion of the home base and the geographic territory in job postings;
- Maintenance of the inconvenience premium during technical refreshers;
- Priority of assignment for the employee on the replacement team;
- Access to parking less than 100 metres away for employees on on-call duty;
- More flexible recovery of compensatory leave;
- Possibility of postponing the annual vacation after the end of the winter period but before the beginning of the summer period;
- Possibility of postponing the annual vacation even once it has begun;
- Possibility for part-time employees to bank sick leave;
- A more advantageous calculation of the disability waiting period for part-time employees;
- Reduction to 6 months of the period in which the employee can require repayment of overpaid amounts;
- Total reimbursement of the business insurance premium by the employer regardless of the number of kilometres travelled;
- The possibility for all employees benefiting from a full-time leave without pay to end it before term;
- Removal of the 3-year limit for registration of an employee on the special team.

Harmonization

The clauses which already exist in the collective agreement of the respiratory therapists or the nursing assistants and which would be introduced into the draft collective agreement particularly concern:

- Compulsory union approval in a special agreement;
- Addition of relevant documents to the employee's file;
- The employer's obligation to provide the employee with all the necessary information in the event of dismissal or suspension;
- Addition of situations where the deadline for filing a grievance is 6 months;
- Introduction of specific working conditions when a replacement team employee is assigned outside the 50 kilometre radius;
- Prohibition for the employer to withdraw an employee's assignment to offer it to a replacement team employee;
- Introduction of a deadline to justify the necessity of having worked overtime;
- Broadening of the concept of recall to work; _ Possibility of postponing compensatory leave accumulated during disability;
- More flexible and more advantageous conditions for postponement of the annual vacation;
- The right to payment in full of the intensive care premium when the employee is called upon to work more than half of her shift;
- Payment of transportation expense by the employer for the evacuation of an employee or one of her dependents;
- Accumulation of seniority in the first year of leave without pay to teach;
- Access to 4 weeks of leave without pay after one year of service.

New demands

The purpose of these demands is to adapt the collective agreement to the new realities of the local health and social services networks and the consolidation of health professionals in a single bargaining unit.

Regarding union leave and union offices, it became essential to provide for maintenance of the number of leaves and offices currently granted for each wing or site maintained by the employer.

Regarding the committee designed to discuss the different matters pertaining to the organization of work and care, the Committee on Nursing prescribed in the FIIQ collective agreement, with its dispute resolution procedure, was considered the most appropriate. The new demand is to change the name and the mandate to henceforth include all health-care professionals. In addition, the minimum composition of the Committee on Care has been increased to 4 persons to ensure the participation of all care professionals on this important committee.

FUTURE STEPS

The integration of the demands and the harmonization of the collective agreements of the respiratory therapists and the nursing assistants with the FIIQ draft collective agreement was a major step to be completed before undertaking the negotiations. The amendment that had to be made to the FIIQ draft was adopted unanimously by the Federal Council delegates. It is now up to the negotiating team to introduce these new clauses into the texts already deposited, in view of tabling a new harmonized draft contract before the summer.