

# EN ACTION

VOL 19 — NO 5 — DEC. 2006

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC

Federal Council  
November 28, 29 and 30, 2006  
Convention  
December 1, 2006



## A new name

Lina Bonamie  
President

# THE FIQ GIVES WAY TO THE FIQ



On December 1<sup>st</sup>, an important moment awaited the 700 convention delegates: the last minutes of existence of the *Fédération des infirmières et infirmiers du Québec*. The new name, *Fédération interprofessionnelle de la santé du Québec - FIQ*, was unanimously adopted by the delegation. In a moment laden with emotion and excitement, the President, Lina Bonamie, revealed the organisation's new colours and logo.

## PRIORITY ACTIONS

P. 2

2007  
a pivotal year

## OHS

P. 4

Workforce projections  
for nursing and  
respiratory therapy

## INSURANCE

P. 6

Renewal

The walmartization  
phenomenon — P. 7

What's new  
on pay equity? — P. 9

Although the name has changed, Madam Bonamie stressed that the FIQ continues to pursue the objective of the defence and promotion of social, economic and professional interests of its members while playing the role of agent of social change. "Driven by values of justice, solidarity and equity, the Federation intends not only to maintain the place which it has carved for itself on the union and political scene and in the media, but also to consolidate the power of influence which it has developed over the years", she indicated.

"The change in name is a historic moment for the 57,000 nursing and cardiorespiratory care professionals which we represent", added the President. "The name FIQ reflects the new reality of the organisation which brings together,

under the same banner, different professions in the field of health. Henceforth, nurses, nursing assistants, respiratory therapists, perfusionists, baby and child nurses have common demands, collective actions and a single voice. The FIQ is a strong voice and actions that count."

The president went on to explain that the new graphic identity of the FIQ, in line with the former logo, uses italics to perpetuate the strength of a Federation moving steadfastly towards tomorrow. She pointed out that the geometry and colour of the new logo express with conviction the determination and open-mindedness that have characterized the FIQ since its foundation. "It is a logo which is in the image of the dynamism of its members", stated Madam Bonamie.

"By choosing this name, the Federation wishes to pave the way for new solidarity between all Quebec care professionals. An organizational culture will emerge and its actions will reflect this."

Madame Bonamie concluded by mentioning that the year 2007 will be an opportunity for the organisation to take action and to show the government, employers and the public that the FIQ is deeply concerned with the improvement of the working and living conditions of its members, the maintenance of a public health system and the guarantee of quality care for all. She also pointed out that the women of Quebec can count on the voice of the FIQ to uphold their demands on the public scene. ■

## POSTE-PUBLICATION

Convention 40007983

(adresse de retour)  
FIQ — Québec | 1260, boul. Lebourgneuf  
Bur. 300, Québec (Québec) G2K 2G2

# 2007 A PIVOTAL YEAR

The Secretary of the Federation, Suzanne Lavoie, accompanied by Daniel Gilbert, 2<sup>nd</sup> Vice-President, presented to the delegation the priorities on which the Federation will focus the main part of its energy during the year 2007: support to local negotiations.

Usually, at the last Federal Council of the year, delegates learn about the regular actions and priorities identified for the coming year.

2007 will be a crucial year for the Federation because the round of local negotiations initiated a few months ago will change the nature of labour relations in our organization in a permanent way. This is why delegates adopted with a strong majority that it be the topmost priority for the coming year.

This decision is the result of a particular context and is not a permanent trend; rather it is a parenthesis for the year 2007. In order to maximize the potential success of the local negotiation process, the different sectors and services of the Federation maintained the mandates from the 2006 regular action plan that are considered essential and added some mandates to be carried out jointly with the labour relations team.

## LOCAL NEGOTIATIONS: A LARGE-SCALE OPERATION

For the first time in a great many years, the local teams will have to negotiate a collective agreement. On the strength of this new decentralization, the employers persist in proposing a rigid approach that disregards the past and, for the time being, few employers are negotiating in good faith.

It is clear that the conclusion of local collective agreements advantageous to all Federation members is vital, but there are many obstacles. Among them are the emergence of a new work culture among young people, the review of work processes and structures caused by the reorganization of the health and social services network, casualization and the advances of privatization.

Within the Federation, all the energy is focused on supporting local negotiations. These negotiations must be completed within a relatively short

time frame. Everyone is benefiting from the dynamism and energy contributed by the new recruits, both members and staff.

However, this represents a major challenge and a huge workload: the consultants working on the local negotiations, whether new or more experienced, must work twice as hard with the support of all Federation staff.

Obviously, labour relations services will be assured in the same way as before, both in defending members' rights and in representing them before the administrative tribunals.

By targeting local negotiations as the only priority for 2007, delegates open a highly necessary parenthesis, essentially with the aim of successfully completing the local negotiations currently under way in many health-care institutions. Those not yet affected will certainly be affected shortly! ■



Lise Martel, FIG Treasurer

## 2007 FINANCIAL FORECAST

The Treasurer of the Federation, Lise Martel, accompanied by the Director General, Suzanne Charette and Johanne Chouinard, coordinator, presented the financial forecast for the year 2007. This forecast is strongly marked by the internal context, namely the local negotiation process. The Executive Committee proposes that there be a large investment in the Negotiation Reserve Fund in order that it may dispose of sufficient funds to ensure the necessary support for the local negotiation process. In order to support local negotiations, the resources of all the services and sectors within the Federation have put their shoulders to the wheel. Thus, consultants from the sectors and services have set up a special team to respond to the demand and certain questions have temporarily been put on the back burner for the period of intensive local negotiations. The increase in the number of members (nurses, nursing assistants, perfusionists, baby and child nurses), the salary increase scheduled for April 1, 2007 and the application of pay equity will result in higher revenues for the Federation. In 2007, increased revenues will be mainly used for the local negotiations. At this Federal Council meeting, the Treasurer also presented the June 30, 2006 financial statement. The anticipated surplus allows us to believe that the Federation will be able to maintain financial balance.

# FAMILY MEDICINE GROUP: SURVEY REPORT



From left to right: Daniel Gilbert, 2<sup>nd</sup> Vice-President, Sylvie Savard, 4<sup>th</sup> Vice-President and Thérèse Laforest, consultant for the Task and Organisation of Work Sector.

In the past few years, a new structure has been introduced in the health and social services network: Family Medicine Groups (FMG). Slowly but surely, more and more FMGs are being established in many regions of Quebec. Sylvie Savard, 4<sup>th</sup> Vice-President, accompanied by Daniel Gilbert, 2<sup>nd</sup> Vice-President and Thérèse Laforest and Brigitte Doyon, consultants with the Task and Organization of Work Sector, presented the delegates with the survey report on *Nursing Practice in FMGs – An Emerging Practice*.

The purpose of this descriptive survey was to obtain a better knowledge of the current professional practice of the Federation's member nurses practicing their profession in FMGs. A better understanding of practice in FMGs is necessary to the support which the Federation offers and to the future adoption of positions and decision-making.

#### WHAT IS THE PROFILE OF THE FMGs COVERED BY THE SURVEY?

The results indicate that the vast majority of the FMGs have existed for at least 2 years, that they are located in almost every region of Quebec (half urban, half rural), that nearly half are attached to a CLSC and that more than half are attached to a specific centre of activities.

Nearly all of these FMGs offer about a dozen services, mainly accessible on weekdays. Outside business hours, other alternatives exist to meet the clientele's needs. The majority of the FMGs include between 6 and 15 physicians.

Two thirds are relatively small (10,000 registrants or less) and several are below the target number of registrations. Finally, all the FMGs benefit from the allocation of MSSS resources in terms of clerical and administrative support (secretaries and administrative technicians).

#### WHAT IS THE RESPONDENTS' PROFILE?

According to the results, each FMG concerned includes at least 2 nurses. Most of them have permanent full-time employment status and at least 5 years' seniority in the profession. Most have at least 13 months' seniority in the FMG. In addition, the vast majority of the respondents have a university education (certificate, Bachelor's, Master's).

#### WHAT ABOUT THE RESPONDENTS' PRACTICE?

Three quarters of the respondents have a job description and, for the vast majority, there is no difference between this job description and what they really do. The results also very clearly show that the respondents' professional practice is very extensive and diversified. The vast majority of the respondents share the opinion that FMG nursing practice is distinct from practice in other care environments, particularly from the standpoint of greater autonomy and broadened and enriched professional practice. According to the respondents, these two factors are among those that add the most value in the FMG.

#### WHAT ABOUT INTERPROFESSIONAL COLLABORATION/ INTERDISCIPLINARITY?

The ground seems conducive to the presence of real interprofessional collaboration. Professional and personal relations between nurses and physicians are generally excellent,

according to the respondents. Relations among nurses are also positive, as are those between nurses and professionals other than physicians.

#### HOW ARE THE RESPONDENTS' COMPETENCIES DEVELOPED?

The results regarding the respondents' training indicate that most have a university education (28 out of 32), that there are special training needs in FMG work and that these needs are partly met.

#### ARE FMGs AND NURSES IN FMGs RELEVANT AND USEFUL?

Most of the respondents are convinced that the presence of FMGs and nursing practice in these environments contributes to the objectives originally sought in creating such a structure.

**In conclusion**, all of the data gathered in this survey produced a picture of these nurses' professional practice that is as complete as possible and confirmed the relevance of the Federation's concerns regarding the professional practice of its members in a context that has led to reconsideration of the ways things are done. Stay tuned!

The complete report of this survey is available on the Federation's web site at <[www.fiqsante.qc.ca](http://www.fiqsante.qc.ca)> under the *Task and Organization of Work*. ■

# WORKFORCE PROJECTIONS FOR NURSING AND RESPIRATORY THERAPY

On November 9, the President of the Federation, Lina Bonamie, the 2<sup>nd</sup> Vice-President, Daniel Gilbert and Thérèse Laforest, consultant assigned to the Task and Organization of Work Sector, participated in the *Forum national de la planification de la main-d'œuvre* where, for the first time, all care professionals were together. They presented the highlights of this meeting to the Federal Council. Two main aspects were discussed: updating of quantitative data and the Work Organization Support Program.

## QUANTITATIVE DATA

Despite a setback in the improvement observed over the past few years for retention of new nurses and the higher cessation rates for all cohorts, the long-term outlook for the nursing shortage, although worrying, is more optimistic than before. The March 31, 2018 projection has fallen from 21,400 to 14,300 nurses and the projected shortage as of March 31, 2020 is 17,100 nurses.

However, the Federation is very surprised at the composition of the care teams or, more specifically, the reliance on other job titles. This trend, observed since 2001-2002, is continuing. The number of hours worked by persons with job titles other than nurse and nursing assistant is increasing at a much faster pace than for nurses. This is especially true for beneficiary attendants and clerks. In a context in which attraction and retention measures ought to be implemented, it would be urgent to modify the employment structure in order that there be more full-time employees than part-time employees. This would make certain health professions more attractive.

For nursing assistants, the MSSS study currently shows a real shortage of 220 nursing assistants and a 2.59% increase in overtime. However, the ministry believes that, over the years, there will be a significant staff surplus, given the constantly growing number of enrollments in public and private educational institutions.

For respiratory therapists, the shortage is tending to fade away to reach a certain equilibrium. Since 1999, a 63% increase in enrollments in this academic program has been observed.

However, a shortage of 226 respiratory estimates is estimated for 2020.

## THE WORK ORGANIZATION SUPPORT PROGRAM

The Quebec Work Organization Support Program was established in 2002 with the aim of reducing the impacts of an immediate or apprehended staff shortage on the quality, quantity, accessibility and continuity of care and services. This program also sought enhancement of job satisfaction and mobilization of resources.

During its review, the program was refocused to account for Bills 25, 30 and 90 and ministerial priorities. The authorized funding is \$5 million per year, and grants range between \$50,000 and \$250,000.

The program's structure provides for three components, which are now influenced by the new 2006-2007 orientations.

Thus, Component 1 concerns specific national projects and proposes support to:

- introduction of new professional practices, such as the specialty nurse practitioner;
- staff shortages among professionals such as pharmacists;
- organization of work for specific sectors, such as radio-oncology;
- work time restructuring projects.

Component 2 supports projects directly related to improvement of access and the intensity of general and front-line services, more specifically with vulnerable clientele. Thus, the proposed assistance concerns projects assuring optimum utilization of resources (review of role and responsi-

bility) in the analysis or determination of the continuum and trajectory of services: programs for home care, mental health, palliative care and seniors losing their autonomy.

Finally, Component 3 is oriented to projects related to local staff shortages in rehabilitation, pharmacy and nursing (integration of nursing assistants and establishment of group prescriptions), as well as radiodiagnostic technologists, respiratory therapists and medical electrophysiology technicians. Its objective is to support institutions for systematic work organization review projects that optimize use of resources to guarantee application of individual expertise and competencies, as well as optimizing the contribution of resources from the different job titles.

The Federation got wind of these new criteria last September, but was only informed of them officially at the meeting of the Forum. The difficulty in obtaining the list of work organization projects raises serious questions about union participation. However, in 2002, it had been clearly indicated that all the partners would be identified and associated with the entire approach. The Federation therefore invited the delegates to take all the time necessary to evaluate the projects submitted, in terms of positive spinoffs for the members.

Currently, the Federation is evaluating whether it might be more relevant to focus its energies on the implementation of work organization exercises through the mechanisms provided in the decree in lieu of a collective agreement. ■

# INFLUENZA PANDEMIC THE FEDERATION'S PLAN OF ACTION

Delegates were informed about the plan of action drawn up by the Federation to ensure the protection of care professionals in the case of an influenza pandemic. Éleine Trottier, 6<sup>th</sup> Vice-President responsible for the Occupational Health and Safety Sector, accompanied by the consultant for the sector, Hélène Caron, explained the events that led up to the plan of action.

On the picture, from left to right: Marie-Josée Gauthier, nurse, Jean-Louis Pelland, nurse, Éleine Trottier, 6<sup>th</sup> Vice-President responsible for the Occupational Health and Safety Sector, Denis Nadeau, nurse, Joëlle Thiébaud, nurse, Hélène Caron, consultant for the Occupational Health and Safety Sector, Sylvie Gauthier, nurse, and Sandra Seto, nurse.



## WELLNESS AT WORK, LET'S COOK IT UP TOGETHER!

The members of the FIIQ Occupational Health and Safety Committee were very proud when they launched the booklet *Wellness at work, let's cook it up together!* Wearing an apron and a chef's hat, they shared with delegates the secret of wellness at work. You are invited to claim your copy and to enjoy pleasure and wellness at work. Get your recipe book from your local team right away. In the same booklet, you will find the ingredients of the recipe for wellness at work and... real cooking recipes. An informative, useful, inspiring and gastronomic little booklet!

Madam Trottier pointed out that eight months had elapsed since the meeting held by the *ministère de la Santé et des Services sociaux (MSSS)* with the union organisations in the network concerning the *Plan québécois contre la pandémie d'influenza*. She indicated that, as of this day, we know very little about the preparatory work and the current state of the situation in each of the health-care institutions in Quebec, in particular regarding the type of personal protection equipment to which care professionals will be entitled and the protective measures which they will have to apply in the case of a pandemic.

The Federation sent a letter to the Minister of Health and Social Services expressing its concerns with respect to this issue. In its reply, the MSSS indicated to the Federation that it was currently constituting a reserve of procedure (or surgical) masks and N95 air purifying respirators (APR) in view of the pandemic, in accordance with the recommendations of the Québec Committee on Nosocomial Infections (*CINQ - Comité sur les infections nosocomiales du Québec*).

Madam Trottier stated that the MSSS was currently constituting reserves of masks supplied by Cardinal, while the vast majority of the 27,000 fit tests performed to date in health-care institutions have been performed with masks supplied by 3M (85% of the fit tests) and by Kimberly-Clark (14% of

the fit tests). Only 0.2% of the fit tests, involving about sixty people, have been performed with Cardinal masks.

Thus, several questions remain and this is why the Federation has proposed a plan of action. Here are the six steps of this action plan for the protection of care professionals in case of an avian flu pandemic.

### STEP 1: MEETING WITH THE MSSS

The Federation will ask the MSSS to hold a follow-up or progress meeting to report on the preparations underway in health-care institutions to counter the apprehended influenza pandemic, a meeting to which all union organizations in the network would again be invited.

### STEP 2: ANALYSIS OF THE SITUATION IN INSTITUTIONS

The Federation will ask local teams for information about the current status in their respective institutions regarding the preparations to counter the apprehended influenza pandemic, particularly regarding the type of personal protection equipment to which care professionals will be entitled.

### STEP 3: SOLICITATION OF PROFESSIONAL CORPORATIONS

The federation will ask the professional corporations concerned to associate with this process: *Ordre des*

*infirmières et infirmiers du Québec (OIIQ)*, *Ordre des infirmières et infirmiers auxiliaires du Québec (OIIAQ)* and the *Ordre professionnel des inhalothérapeutes du Québec (OPIQ)*.

### STEP 4: MOBILISATION OF UNIONS

The Federation will make approaches to the main union organizations concerned to agree, if necessary, on a common action that may be appropriate in the circumstances.

### STEP 5: FOLLOW-UP WITH CARE PROFESSIONALS

The Federation will contact the *Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (ASSTSAS)* to check on the possibility that it organize a few information days on the influenza pandemic with care professionals, in collaboration with the signatory union and employer associations, in the form of conferences or workshops, particularly on the precautionary measures to be applied in such a context.

### STEP 6: MEDIA INTERVENTION

The Federation will seek media coverage for the approach through a press release or press conference, emphasizing the importance of ensuring the protection of care professionals while refraining from alarmism. ■

## ELECTIONS FOR THE YOUTH COMMITTEE

Elections were held during this Federal Council to fill a vacant position on the Youth Committee. Four delegates ran for the position. The winner? Yann Costello, nurse at the *Centre hospitalier universitaire de Sherbrooke (CHUS)*. ■

## RENEWAL OF THE GROUP INSURANCE PLANS



From left to right: Monique Leroux, 5<sup>th</sup> Vice-President, Francine Tisseur and Héléne Gauvin, consultants, Social Security Sector

At the time of the last renewal of the Federation's group insurance plans, the plans of the *Association professionnelle des inhalothérapeutes du Québec (APIQ)* and the *Alliance professionnelle des infirmières et infirmiers auxiliaires du Québec (APIIAQ)* were in effect since they had been renewed. This year, with the decree in lieu of a collective agreement now in force, the new group insurance contract will apply to all members. The 5<sup>th</sup> Vice-President, responsible for the Social Security Sector, Monique Leroux, and the consultant for the sector, Héléne Gauvin and Francine Tisseur, presented the 2007 renewal conditions.

The good financial health of the Federation's group insurance plans had a positive influence on the contract renewal. The Federation succeeded not only in reducing but also in erasing the \$2,104,256 deficit for the drug insurance plan and the \$1,856,937 deficit for the long-term disability plan. Moreover, the end of the special agreement in dental care produced a surplus of around \$650,000.

Since insured members were transferred to the Federation's contract on May 14, 2006 and in order not to distort the results, it was agreed with the insurer to use the experience of one year ending on April 30 instead of June 30. Thus, the experience analyzed only reflects the experience of the FIQ contract. It is only at the time of the next renewal that the experience of the new insured members will be reflected in the premiums.

The negotiations for the renewal of the contract addressed mainly the usual trend factors (utilisation and inflation) used by the insurer in establishing its adjustments. The aging of participants was not taken into consideration since the variation in the average age of the participants was not significant.

Moreover, modifications introduced in the Federation's contract will come into effect on January 1, 2007 and will not entail any increase in the premium rates. They concern composite restorations on posterior teeth that will be reimbursed at the rate of 80%, the addition of the professional services of nursing assistants and respiratory therapists in the Basic Health Extended Plan III and, finally the addition of a clause for the anticipated payment in the life insurance plans in Extended Plan II. This addition allows a policyholder to receive before her death,

an amount equal to 50% of the life insurance amount which she holds; the balance being paid at her death. This anticipated payment is only available to policyholders who suffer from a serious disease that will inevitably result in death in the short-term.

Out of concern for equity between the different types of coverage, but more specifically for the single-parent plan which is most affected by the imbalance, the premium rates were rebalanced.

Delegates adopted all the conditions for the renewal of the Federation's group insurance contract. These engender an average weighted increase of 3.6%. Here is the table which presents the rates that will be in effect as of January 1, 2007. ■

### SURVEY ON THE GROUP INSURANCE CONTRACT

Since its creation, the Federation has consulted its members on the content of the group insurance contract every 4 or 5 years, and this, in order to ensure that the benefits provided for in the contract continue to respond to members' needs and expectations. This exercise has not been done since 2002 and the Federation now has within its ranks a large number of new members. The time is therefore right to give all members, in all job titles, the possibility of expressing their points of view on the content of the group insurance contract. A vast survey will be conducted in early 2007 among the members of the Federation. Questionnaires will be mailed out to a pre-established sampling of policyholders. Keep an eye on your mail!

RATES IN EFFECT ON JANUARY 1, 2007 AFTER THE REBALANCING OF THE RATES FOR THE VARIOUS TYPES OF COVERAGE

Plan	Current rates (2006)	Rates as of 01/01/2007	Rates as of 01/01/2007 : Rebalanced
<b>Basic Plan</b>			
BASIC DRUG INSURANCE <sup>1</sup>			
Individual	\$21.17	\$22.65	\$23.73
Single-parent	\$34.45	\$36.86	\$30.61
Family	\$51.67	\$55.29	\$55.77
BASIC EXTENDED HEALTH PLAN III			
Individual	\$4.16	\$4.07	\$4.59
Single-parent	\$6.63	\$6.45	\$4.59
Family	\$9.70	\$9.42	\$9.18
<b>Extended Plan I (DENTAL CARE)</b>			
Individual	\$10.98	\$11.52	\$10.52
Single-parent	\$1.13	\$19.02	\$19.99
Family	\$26.90	\$28.22	\$29.46
<b>Extended Plan II</b>			
Basic life insurance and ADD <sup>2</sup>	\$0.35/\$5 000	\$0.35/\$5 000	\$0.35/\$5 000
Additional life insurance and ADD	\$0.087/\$1 000	\$0.087/\$1 000	\$0.087/\$1 000
Life insurance for dependent children	\$0.08	\$0.08	\$0.08
Long-term disability	1.188%	1.188%	1.188%
	of the gross salary	of the gross salary	of the gross salary

Average weighted increase of 3.6%

1 Rate including the employer's contribution, namely \$1.36 for individual coverage and \$3.39 for single-parent or family coverage. For a part-time employee who works less than 70% of a full-time equivalent, the employer's contribution is reduced by 50%.  
2 ADD : Accidental death and dismemberment.

## THE WALMARTIZATION PHENOMENON



The guest speaker, Michel Venne from the Institut du Nouveau Monde.

The video *Un État sous influence – Comment le chantage des multinationales menace notre démocratie* was shown to the delegates. This documentary by the Centre international de solidarité ouvrière (CISO) deals with the responsibility of governments for the growing power of multinational corporations, how the blackmail tactics of these companies threaten our democracy, and the resulting consequences in the work environment and in everyday life. Fortunately, the video also presents innovative and hopeful solutions.

Writer and columnist Michel Venne, Director of the *Institut du Nouveau Monde (INM)*, then spoke to the delegates on the walmartization phenomenon, the wind of privatization increasingly blowing over Quebec and around the world. Warmly welcomed, Venne talked about the heroes of his documentary, and the impact of this mercantile logic on local businesses, the environment and working conditions.

For Venne, the labour movement remains one of the leading agents of social change and emancipation of workers, as well as a very necessary bulwark against the consequences of globalization. It is difficult to ignore Wal-Mart's strongly anti-union policies, as the Jonquière Wal-Mart's employees learned when it closed its doors in 2005 after they obtained union certification.

Although it is imperative that, as citizens, we pay more attention to the consequences of our decisions as consumers, Venne considers that it is difficult to criticize the poorest members of our society, who shop at these large-surface stores to save

a few dollars. Nonetheless, while it is possible to make a difference through everyday actions, particularly through reasonable and fair consumption, this power is limited. For Venne, the real engine of change is collective, and the unions are at the centre of these struggles because they can establish bargaining power that individuals will never have on their own.

On the other hand, Venne finds it somewhat paradoxical that certain "clear-eyed visionaries" blame the collective action of unions and community groups for Quebec's alleged immobility, when everyone knows that the private sector has rarely had so much influence with decision-makers. On the contrary, Venne considers that Quebec social movements are a source of innovation and progress.

For example, hasn't the FTQ *Fonds de Solidarité* contributed to saving tens of thousands of jobs in Quebec since the 80s? How can it be claimed that the labour movement has hindered Quebec's economic development, when with one of the highest unionization rates in the Western world (around 40%), Quebec has

grown tremendously since the Quiet Revolution and now ranks among the world's top 20 economies?

Beyond the political and economic contribution of union and community forces to Quebec society, Venne points out that labour organizations are a remarkable school for citizenship. How many workers have developed their interest in and community to collective issues through their union? This contribution is far from negligible and should be recognized.

Venne ended his address by emphasizing the necessity for citizens to play a greater role in the political arena which, despite the walmartization of our society, remains the seat of power and of decisions that affect us all. If we subcontract democracy to notables and businessmen, we only condemn ourselves to suffer the consequences of policies that protect their own interests, and not the common good.

"Political power is still what runs the world," he concluded. ■

From left to right: Michèle Boisclair, 1<sup>st</sup> Vice-President and Michelle Poirier, consultant, Status of Women Sector



## IN MEMORY OF THE VICTIMS OF POLYTECHNIQUE...

The voice filled with emotion, Michèle Boisclair, 1<sup>st</sup> Vice-President responsible for the Status of Women sector, accompanied by Michelle Poirier, consultant, Status of Women Sector, called to our memory the sad events of December 6, 1989. She took advantage of the opportunity to mention that care professionals are confronted with the reality on a daily basis and that the solution lies in indignation and solidarity.

A short ceremony in memory of the victims then began. Thus, union activists, members of the Women's Network, came to the mike, holding a white rose, to name a person who disappeared or an action which we can take to put an end to violence. The fifteenth rose, red-coloured this time, was dedicated to Anastasia De Sousa, who died in the shooting at Dawson College last September. Delegates observed a minute of silence in memory of all these women. ■

## A PLATFORM FOR PUBLIC SERVICES

On June 22, 2006, the Federation officially joined the ranks of the *Secrétariat Intersyndical des Services Publics* (SISP). This organisation represents over 235,000 members in Quebec, in four union organisations in the public and parapublic sectors: the FIIQ, SPGQ, SFPQ and CSQ.



The defence of public services is the SISP's battle horse. In the past weeks, the four organisations worked together to draw up a platform that represents the interests of each and everyone in a long-term perspective and expresses concerns with regard to the current government's actions.

The platform adopted by the SISP presents both the SISP's commitments vis-a-vis the public and the demands which it puts forward in the public's name. It is divided into three parts, as follows:

- the reassertion of our values;
- a joint commitment regarding actions needed in order that these values may be reflected in Quebec society;
- a joint responsibility to convey our demands to the candidates during the next Quebec election campaign.

### A SPEAKING TOUR OF QUEBEC

In January 2007, the SISP member groups will go on a speaking tour of Quebec to present the platform at 12 citizens' assemblies. Thus, you will be able to learn more about the content of this platform, exchange, debate and consolidate links of solidarity with people who, like you, work to provide public services to the people of Quebec.

#### Join us!

TROIS-RIVIÈRES :	January 30, 2007
CHICOUTIMI :	January 30, 2007
SAINT-HYACINTHE :	February 6, 2007
GATINEAU :	February 6, 2007
JOLIETTE :	February 13, 2007
SEPT-ÎLES :	February 13, 2007
SHERBROOKE :	February 27, 2007
ROUYN-NORANDA :	March 6, 2007
RIMOUSKI :	March 27, 2007
GASPÉ :	March 28, 2007
MONTRÉAL :	April 3, 2007
QUÉBEC :	April 3, 2007

Visit the Federation's website regularly: <[www.fiqsante.qc.ca](http://www.fiqsante.qc.ca)> for more details on the speaking tour. ■

## NEW METHOD FOR THE CALCULATION OF EQUALISATION

Lise Martel explained that the Federation represents members from all corners of Quebec, both concentrated in the large urban centres, and in outlying or remote regions. This is why, from the time of its creation, it has adopted an equalisation system in order that union representatives may participate and develop an active union life.

For delegates, equalization is unquestionably a collective gesture of solidarity which enables a union representative from Montreal, Quebec City or the North Shore to have the same possibility of being active in the organisation, participating in decision-making meetings and training sessions.

However, certain established guidelines have become inappropriate with the merger of institutions and union certifications. Indeed, a multitude of sites has become a reality for several unions, which makes union life all the more complex.

At the December 1 Special Convention, delegates adopted modifications in the calculation of direct equalisation in order to enable unions that have certifications on several sites to benefit from amounts paid by the Federation in the context of the equalisation process. ■

## A NECESSARY REMINDER

In the course of the past two years, the Federation underwent a transformation: the membership and representation of the Executive Committee and local teams changed. During the Federal Council, delegates took a moment to review the roles and responsibilities of the various decision-making bodies of the organisation. The 2<sup>nd</sup> Vice-President, Daniel Gilbert, and the Secretary, Suzanne Lavoie, also explained the role and the support offered by the sectors and services of the Federation in developing issues and for political representations. This was followed by a very interesting discussion which gave both experienced and new delegates the opportunity to express themselves and to better understand the political roles of the various decision-making bodies.





Sylvie Savard, 4<sup>th</sup> Vice-President of the FIQ.

## QUEBEC NEGOTIATIONS ■ UPDATE

Sylvie Savard, Executive Officer responsible for the Negotiation Sector, and Julie Bouchard, Coordinator of the national negotiations, presented an update to the delegates on the latest exchanges with the *Comité patronal de négociation du secteur de la santé et des services sociaux* (CPNSSS) and the *Ministère de la Santé et des Services sociaux* (MSSS). The following subjects particularly drew their attention.

### NEW MEASURES IN THE DECREE

Last October, the Federation learned that the members of the *Fédération de la santé et des services sociaux* (FSSS/CSN) had obtained parity with the conditions of employment negotiated by the Federation in the last round of negotiations. Remember that the FSSS had refused to negotiate when all the other union organizations reached agreements. The Federation thus argued to the CPNSSS that it had engaged in the negotiations in good faith, yet certain provisions of the decree in lieu of a collective agreement were more restrictive and limiting than those given to the FSSS.

The Federation therefore asked for accumulation of seniority during deferred-payment leave and recogni-

tion of years of service in the network for the purposes of determining the annual vacation quantum, demands on which it had compromised during the negotiations. The CPNSSS responded positively and meetings are to be held to determine the conditions of application of these measures.

### NURSING ASSISTANTS AND NORTHERN CLINIC NURSES

The Federation is still not convinced of the accuracy of the results presented by the MSSS and the CPNSSS regarding the absence of a nursing assistant shortage. The Federation therefore maintains the grievances it has filed while continuing to have its resources analyze the information furnished by the employer bodies.

Regarding the discussions to introduce the northern clinic nurse job title

into the collective agreement, the last two meetings scheduled were cancelled by the CPNSSS, which nonetheless wants a meeting to be held before the holidays.

Finally, delegates were able to learn that the Federation is working actively to set up the parity committees stipulated in the decree, including the one on Task and Organization of Work, so as to allow the emergence of work time restructuring projects. The Federation therefore has transmitted the names of its representatives who would serve on this committee to the MSSS. The Responsible Executive Officer, Sylvie Savard, reiterated to the delegates that the Federation will provide all the tools and support necessary to carry out such projects. ■

## WHAT'S NEW ON PAY EQUITY?

At the beginning of the third day, Sylvie Savard, Executive Officer responsible for the pay equity issue, and Sophie Fontaine and Francine Roberge, consultants assigned to this issue, reported on pay equity. At the June Federal Council, Sylvie Savard had informed delegates of the Government's intention to ask the Pay Equity Commission to spread the corrective measures over a longer period than the one provided for by law, that is 7 years/8 adjustments, on account of financial difficulties. This request was addressed to the Commission on August 21 and on November 7, the Commission rendered its decision allowing a two-year extension of the period initially provided for by law. The Commission therefore authorizes the Conseil du trésor to stagger the payments of salary adjustments over 6 years in 7 equal adjustments, beginning on November 21, 2001. November 21, 2007 sets the baseline from which members will receive their full equity salary.

### WHEN THE RUMOUR MILL STARTS ROLLING...

Some rumours are currently running regarding the date of the payment of the pay equity retroactivity, the adjustment date of the salary scales to include the pay equity corrections and the amount of retroactivity. In certain places, the rumour is that a nurse in the last echelon would receive nearly \$25,000 in retroactivity, while in actual fact the amount is closer to \$11,000. The pay equity coordinating team cautioned delegates about some of the information posted on the web site of the coalition opposed to the spreading out of pay equity, the *Coalition contre l'étalement de l'équité salariale*. This coalition leads members to believe that the pay equity adjustment could have been applied in full, without staggering the payments, as of November 21, 2001. Yet, the Pay Equity Act is written in such a way that Quebec employers can, without asking for permission, spread the corrective measures over a 4-year period in 5 adjustments. In short, the Federation recommends that people be vigilant about such rumours and encourages you to speak to your local team to validate information in the case of doubt.

### LAST MINUTE: THE ISSUE OF PAY EQUITY IS FINALIZED

The members of the Pay Equity Committee signed, on December 14, the last notice which establishes the conclusion of the Pay Equity Programme for the parapublic sector (health and education). Given the needed delays, salary scales will be adjusted to include the equity adjustments around mid-February and the retroactive amounts due since November 21, 2001 should be paid towards the end of the month of April. Your local teams will be kept posted of any further developments. You will also find pertinent information on the FIQ web site <[www.fiqsante.qc.ca](http://www.fiqsante.qc.ca)>.

## LOCAL NEGOTIATIONS A QUEBEC-WIDE PLAN OF ACTION ADOPTED

The responsible executive office for the Negotiation Sector, Sylvie Savard, accompanied by the executive officer for Labour Relations, Daniel Gilbert, and the consultants assigned to local negotiations, Linda Perron, Chantal Pagé and Richard Laforest, took stock of the situation with regard to local negotiations.



The local Negotiating Committee of the CSSS Kamouraska, from left to right: Diane Bossé, respiratory therapist, Nathalie Miville, nurse and Aline Boucher, nursing assistant.

Before presenting the action plan, a portrait of the status of local negotiations was presented to the delegation. Currently, over 70 local negotiating committees have entered into the active phase, meaning that they have tabled their draft collective agreement with the employer and are negotiating on a fairly regular basis. However, the Federation considers that barely 30% of these negotiations are progressing satisfactorily. The Executive officers explained, among other things, that the rhythm of the negotiations was uneven and often too slow, the climate is very unfavourable for discussion and employers have rarely given formal written notice of their positions.

- interminable questioning of the jurisdiction of the local parties with regard to several clauses. This does not in any way facilitate the progress of the talks at the bargaining tables.

Some negotiating committees have also been faced with an almost systematic refusal of the union demands and an obvious intention to slash acquired rights. Fortunately, there are good reasons to believe that, in certain cases, the parties may reach a settlement by the Holiday period, primarily in institutions with a deadline of January 14, 2007.

In the light of this situation and since, by winter 2007, nearly 150 local negotiations will be in the active phase, and this involves important political, financial and organisational stakes, the Federation has deemed it necessary to make a change of direction. To do this, a three-level plan of action was presented and adopted by the delegation.

The plan of action is designed to help the local negotiations to move forward in a positive direction, not only those under way but also those to come. This plan of action must therefore be adapted to the specific progress of each of the different local negotiations.

The responsible executive officers stressed the importance, and especially the urgency, of taking action and reminded delegates that local negotiations concern all levels of the organisation. For delegates, the success of this comprehensive action plan requires the contribution of all and it is crucial that the largest possible number of members attend general assemblies. The participation of members in various local actions is also essential in order to preserve and improve the living and working conditions of nursing and cardiorespiratory care professionals. ■

Thus, the essential points of the discussions with employers on the content concern:

- the form of the collective agreement;
- the request for explanations on the status quo clauses;
- the relevance of including the status quo clauses in the initial offers deposited;



The local Negotiating Committee of the CSSS Rivière-du-Loup, from left to right: Isabelle Dumont, nurse, Annie Levasseur, respiratory therapist and Louise Lévesque, nursing assistant.

### ACTION PLAN

Level	ACTIONS TO BE TAKEN	TIME FRAME
<b>Local</b>	<ul style="list-style-type: none"> <li>Qualitative and quantitative diagnosis to be produced</li> <li>Coercive strategies to be implemented</li> <li>Local pressure tactics</li> <li>Strategic recourse to mediation-arbitration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing activities</li> <li>Depending on the progress at the bargaining table</li> </ul>
<b>Federation</b>	<ul style="list-style-type: none"> <li>Holding regular meetings:                             <ul style="list-style-type: none"> <li>presidents of the affiliated unions and executive officers responsible for the local negotiations</li> <li>FIIQ spokespersons</li> </ul> </li> <li>Presentation and adoption of a comprehensive action plan</li> <li>Presentation of a progress report to delegates</li> <li>Holding Special Federal Councils, if necessary</li> <li>Public interventions by the President</li> <li>Logistical support for local mobilization;</li> <li>Evaluation of the relevance of a Quebec-wide solidarity action regarding the local negotiations</li> </ul>	<ul style="list-style-type: none"> <li>As needed</li> <li>Nov. 2006 Federal Council</li> <li>March 2007 Federal Council</li> <li>As needed</li> <li>At the time deemed appropriate</li> <li>As needed</li> <li>To be determined</li> </ul>
<b>Quebec</b>	<ul style="list-style-type: none"> <li>Continuing the meetings with the MSSS</li> <li>Ad hoc meetings with the employer associations (AQESSS, EPC Association)</li> <li>Notice to the Deputy Minister before resorting to mediation-arbitration</li> <li>Political intervention with the Minister of Health or the Premier</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>As needed</li> <li>If applicable</li> <li>As needed</li> </ul>

**HAPPY HOLIDAY SEASON!**