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Special Federal Council
November 8, 2007



A Federation turned to the future

Lina Bonamie
President

A FEDERATION TURNED TO THE FUTURE

Before the official opening of the Special Federal Council, the president of the Federation, Lina Bonamie, introduced representatives of the Negotiation Sector for a point of information on the agreement concluded with the government regarding nurse clinicians.



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Following this presentation delivered with satisfaction and pride, the President spoke about the difficulties experienced in the health-care network. "The least we can say is that the health-care system in which we work is in pain," she stated. She explained that this network is given a rough time, being constantly under fire of reforms, never completed: "Each time there is a change of ministers, there is another reform!"

Also with a high dose concern, Madame Bonamie discussed the shortage of care professionals which has prevailed in the past years in the various health-care institutions. Although this shortage affects care professionals, it affects mainly the nurse job category. Without being alarmist, she stated that "it is impossible to think that Quebec will be able to train enough nurses to replace all the

those who are expected to retire in one or two years..." The president insisted on the fact that it is imperative that the role of the nurse itself be modified, that the competencies of all professionals in the network be enhanced and that the regular care team be stabilized. To have an accurate portrait of the situation and to present structuring solutions, we must look to the future; "not for one year, not for two years, but beyond five years."

With these words, she introduced the memorandum which the *Ordre des infirmières et infirmiers du Québec* (OIIQ) will present to the *ministère de la Santé et des Services sociaux* in the coming days. Madam Bonamie explained that the FIQ had been convened by the OIIQ in order to begin reflecting on the recommendations that it intends to make to the ministry. "I

think that we are now at the crossroads and that we must examine the issue with tomorrow in mind." The OIIQ will present its position at its next general assembly.

The President stressed the importance of the discussion to be held at this Special Federal Council meeting and the scope of the Federation's work on the reorganization of nursing practice. "We are at the bedside, we have first-hand knowledge of the network and we know what our profession will have to go through in the coming years," she concluded before wishing good debates to all.

Finally, after this discussion period and before closing the meeting, a brief report on the issue of pay equity was presented to the delegation. ■

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Sylvie Savard, 4th Vice-President, Thérèse Laforest, consultant for the Task and Organization of Work Sector and Francine Roberge, consultant for the Negotiation Sector

AN EVOLVING NURSING PRACTICE

The *Ordre des infirmières et infirmiers du Québec* (OIIQ) will soon submit its brief to the *Ministère de la Santé et des Services sociaux*, entitled *Une nouvelle approche de planification des effectifs infirmiers: des choix à faire de toute urgence!* (a new approach to nursing staff level planning: urgent choices). The changes proposed in this brief are major and, if implemented, will have a definite impact on the conditions of nursing practice and on some of nurses' working conditions. This is why the FIQ considered it essential to present this brief to the Federal Council to facilitate understanding of the proposals formulated by the OIIQ and fuel the exchanges, discussions and reflection of care professionals.

Sylvie Savard, 4th Vice-President, accompanied by Thérèse Laforest, consultant for the Task and Organization of Work Sector, and Francine Roberge, consultant for the Negotiation Sector, invited the delegates to study the document prepared by the Federation entitled *A future-oriented nursing practice: a choice, an obligation, a necessity?* This document presents an analysis of the measures proposed by the OIIQ and seeks to discern their ins and outs. Following these exchanges, the OIIQ proceeded to make additions and deletions to the final version of its brief. Some of the changes proposed by the OIIQ are major and the Federation will have to continue the exchanges and discussion on the main proposals.

Staff level planning

In its brief, the OIIQ presents its proposals as solutions likely to remedy the nursing shortage afflicting the health-care network. For the past ten years, Quebec and Canada have been forced to deal with a nursing shortage. According to the most recent report of the *Ministère de la Santé et des Services sociaux* (MSSS), unless energetic measures are taken, the projected shortage in 15 years will be 23,000 nurses. All the projections concerning this shortage converge: in 15 years the number of nurses in Quebec will be essentially the same as now, or 70,000, while at least 20,000 more would be needed. Given the difficulties of remedying the nursing shortage, the OIIQ proposes to approach staff level planning differently by focusing on the following questions:

- “with a staff level of about 70,000 nurses, what modes of organization would be the most appropriate to meet the population’s health-care needs?”
- what roles corresponding to their competencies should these nurses play to meet the challenge of the anticipated needs?
- what other roles should they abandon because they will not be able to do everything?
- what links and what division of activities should be established among the members of the care teams?”

To answer these questions, the OIIQ proposes four types of structuring measures:

- 1• Complete the reform of the professional system (Bill 90)
- 2• Complete the reform of nursing education (DEC-BAC)
- 3• Urgently establish nursing staff level planning targets
- 4• Significantly improve the work environment

1• COMPLETE THE REFORM OF THE PROFESSIONAL SYSTEM (BILL 90)

The adoption of new professional regulations (Bill 90) in June 2002 sought to broaden and enrich the field of nursing practice, particularly by legal recognition of new roles. However, more than four years after Bill 90 came into force, several of the activities devolving to nurses have not yet been actualized, with the result that nurses do not fully occupy their field of practice. To make good and better use of nurses'

competencies, the OIIQ is calling for ministerial leadership to accelerate implementation of the professional system.

2• COMPLETE THE REFORM OF NURSING EDUCATION (DEC-BAC)

In 2001, during the establishment of an integrated nursing (DEC-BAC) program, a very clear delimitation was then established between the competencies taught at the college level and those taught at the university level. The OIIQ finds that the job structure in health-care institutions does not account for these boundaries. According to the OIIQ, it is fundamentally important for the work environments to respect the division of competencies agreed between the two levels of education (college and university) in order to ensure the safety of care.

For this purpose, the OIIQ proposes to adopt a job structure that will respect the division of competencies between the levels of education and ensure its implementation in the public health-care network; it also proposes the creation of a nurse clinician permit under the terms of the DEC-BAC or the baccalaureate as initial education.

3• URGENTLY ESTABLISH NURSING STAFF PLANNING TARGETS

According to the OIIQ, certain fields of activity must be prioritized urgently in staff level planning. These fields are critical care, community care, mental health, perioperative care and, finally, infection prevention and control. The OIIQ chose these sectors on the basis of three main criteria:



- 1st Sectors in which there are recurring breakdowns of services (critical care) or slowdowns of services (perioperative care).
- 2nd Sectors undergoing major reorganization (mental health care and front-line care in the community).
- 3rd Fields in which major deficiencies have been identified as constituting a threat to patient health and safety and to public health (infection prevention and control).

The OIIQ thus makes several proposals concerning the roles, education and right to practice in these fields. If these proposals are eventually adopted, major changes will follow, particularly regarding the rights to practice and the educational requirements to have access to certain positions.

4• SIGNIFICANTLY IMPROVE THE WORK ENVIRONMENT

For the OIIQ, a competitive work environment is an environment that attracts and retains nurses in the public network. The OIIQ proposes certain measures, such as investing in continuing education, stabilizing the care teams, recognizing competencies and offering attractive working conditions.

In the conclusion to its brief, the OIIQ sets out a certain number of guiding principles in search of concrete and structuring solutions. It thus reaffirms the importance of requiring nurses' services according to their competencies, developing a work environment to attract and retain nurses, establishing competitive working conditions and granting the investments required to make the necessary change of direction.

The FIQ cannot disagree in substance with these guiding principles, which are demands for which it has fought for years. Over the past decade, the FIQ has deployed relentless efforts to ensure that structuring solutions are implemented to remedy the problems generated by the staff shortage. In each round of negotiations, it has proposed several means to improve the organization of work and the quality of life in the workplace for care professionals, and to offer them adequate conditions that would facilitate the practice of their profession.

The FIQ's clarifications

Seeking to implement a comprehensive approach to nursing staff level planning concerning management of the supply of nurses and the demand for services, and proposing means of attracting and retaining nurses, as proposed by the OIIQ, is not an approach that the FIQ would describe as new. It has been calling for this approach since the late 1990s. In addition, several of the objectives and actions to counter the nursing shortage, presented in the report of the Forum national sur la planification de la main-d'œuvre infirmière (Quebec Nursing Workforce Planning Forum) tabled in February 2001, are related to the measures proposed in the OIIQ brief:

The first three measures favoured by the OIIQ are to upgrade nurses' competencies and especially utilize them better to ensure sufficient, appropriate, quality and safe care. Since the principal mission of the professional orders is to protect the public, the OIIQ's concern regarding nurses' competence is very legitimate. Moreover, while the FIQ recognizes that competence is essential to professional practice, it remains convinced that competence alone cannot assure the quality of care and services.

The FIQ believes, and several studies have established, that a link exists between the diminished quality of care and the shortage of nursing staff, overwork, instability of positions and deficient internal organizational practices. Staff incompetence is rarely to blame. This is why the FIQ favourably welcomes the fourth structuring measure proposed by the OIIQ, for significant improvement of the work environment.

In this regard, it is important to recall that in the last round of negotiations, the Federation adopted priorities of promoting the creation of an attractive work environment and recognizing, valuing and developing competencies. In this regard, the FIQ achieved gains in maintenance of expertise, stabilization of positions, maintenance and development of competencies, workload reduction and salaries, including the agreement made for the nurse clinicians and the settlement reached on the pay equity issue.

The delegates' comments

Many delegates commented on the OIIQ brief. On the whole, everyone agreed that the current and future nursing shortage cannot be eliminated without permanent structuring measures. The delegates also considered it necessary to accelerate implementation of the reform of the professional system (Bill 90) to broaden and enrich practice, not only for nurses, but for all care professionals.

The delegates also showed their sensitivity to better use of care professionals in all clinical fields. The prioritization of certain clinical fields in the staff level planning process raised a number of questions. Regarding the necessity of creating new nursing roles based on current training and the increasing complexity of needs and care, the delegates expressed general agreement but raised several questions about how the OIIQ proposes to achieve this. The delegates questioned the solutions envisioned by the OIIQ regarding educational requirements and separate rights to practice. For the delegates, the issuance of new permits, the transition period and the creation of gateways to meet the new hiring criteria appeared to be solutions that are difficult to apply in the current context. The delegates were also perplexed at the implementation of the proposed solutions and questioned whether they are realistic in solving the problems identified.

The delegates reiterated the necessity of significantly, urgently and sustainably improving the work environment, the organization of work and care, and the working and living conditions of care professionals.

At the end of the discussions, the delegates mandated the Federation to pursue the exchanges and discussions with the OIIQ with the aim of obtaining the necessary adjustments to respond to the members' interests. ■

PAY EQUITY: A preliminary opinion of the Commission

Sylvie Savard, 4th Vice-President and Francine Roberge, consultant for the Negotiation Sector provided information to delegates on pay equity. They explained that, in response to complaints lodged by certain job categories after the pay equity settlement, an inquiry had been conducted during the months of April, May and June at the request of the *Pay Equity Commission*. The latter asked the *Pay Equity Committee*, composed of the FIQ, CSN, CSQ, APTS, FTQ, CSD, FISA and the *Conseil du trésor*, to provide additional information in view of making a final decision.

Thus, in a preliminary opinion issued in June, the Commission granted the parties a 60-day time period to present new facts or documents. On account of the summer period and the various consultations to be conducted with the multiple stakeholders, the Committee asked for an additional 60-day period. This request was accepted and the deadline was postponed to October 26.

In the fall, the Committee met on several occasions to discuss the progress of the work conducted. Additional information was thus provided to the Commission on October 26. Consequently, the Committee is awaiting the final decision of the Commission which should be delivered in December.

Picketing in front of the CSSS Richelieu-Yamaska

Taking advantage of the Special Federal Council meeting in St-Hyacinthe, delegates were invited to picket the two institutions of the *CSSS Richelieu-Yamaska*, the *Centre hospitalier Honoré-Mercier* and the *Hôtel-Dieu de Saint-Hyacinthe*, where local negotiations are at a deadlock.

The union at the *CSSS Richelieu-Yamaska* is impatient given the absence of progress at the bargaining table while the other hospitals and the CSSS of the region have completed their local negotiations or concluded an agreement in principle. Three weeks before the deadline for reaching a settlement prescribed by law, and after 10 weeks of talks, the management party gives no sign of willingness to reach a settlement. Yet, a settlement would be in its interest since it could contribute to the attraction and retention of care professionals.

*Delegates chanting slogans in support of negotiations:
Si tu veux que je reste dans ton CSSS
Fais preuve de souplesse!*

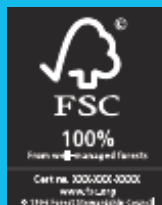


Centre hospitalier Honoré-Mercier

*Hey Patron!
Prends ton crayon!
Signe la convention!*



Hôtel-Dieu de Saint-Hyacinthe



NURSE CLINICIANS: an agreement with the government

On November 6, the FIQ proceeded to sign an agreement with the government on the issue of nurse clinicians. Besides substantially improving their salary, this agreement recognizes the value of their university training and their roles. These care professionals will be entitled to a salary raise of 4.05%, retroactive to April 1, 2007. The salary adjustments and the payment of retroactive amounts must be completed by January 19, 2008, at the latest.

In accordance with the pay structure of the Health and Social Services, the Nurse Clinician job title was raised from Rank 21 to Rank 22 and consequently, the Nurse Clinician Assistant Head Nurse job title was raised from Rank 23 to Rank 24. ■

1911		Nurse clinician		Hours: 36.25
Echelon	Annual salary before the new ranking	New ranking 22 + adjustment of echelons 1 to 3	Back pay from April 1, 2007 to Jan. 15, 2008	Percentage (%) of pay raise
1	36 563 \$	39 306 \$	2 172 \$	7.50
2	37 782 \$	40 214 \$	1 926 \$	6.44
3	39 095 \$	41 141 \$	1 620 \$	5.23
4	40 449 \$	42 087 \$	1 297 \$	4.05
5	41 859 \$	43 554 \$	1 342 \$	4.05
6	43 310 \$	45 064 \$	1 389 \$	4.05
7	44 810 \$	46 625 \$	1 437 \$	4.05
8	47 188 \$	49 099 \$	1 513 \$	4.05
9	48 875 \$	50 854 \$	1 567 \$	4.05
10	50 647 \$	52 698 \$	1 624 \$	4.05
11	52 459 \$	54 584 \$	1 683 \$	4.05
12	54 378 \$	56 580 \$	1 744 \$	4.05
13	56 379 \$	58 662 \$	1 808 \$	4.05
14	58 450 \$	60 817 \$	1 874 \$	4.05
15	60 598 \$	63 052 \$	1 943 \$	4.05
16	62 089 \$	64 604 \$	1 991 \$	4.05
17	63 615 \$	66 191 \$	2 040 \$	4.05
18	67 321 \$	70 048 \$	2 159 \$	4.05

1912		Nurse clinician assistant head nurse		Hours: 36.25
		Nurse clinician assistant to the immediate superior		
Echelon	1/04/07 Annual salary before the new ranking	1/04/07 New ranking 24 + adjustment of echelons 1 to 3	20/11/07 Back pay from April 1, 2007 to Nov. 20, 2008	Percentage (%) of pay raise
1	41 046 \$	44 545 \$	2 234 \$	8.52
2	42 312 \$	45 491 \$	2 029 \$	7.51
3	43 668 \$	46 475 \$	1 792 \$	6.43
4	45 074 \$	47 458 \$	1 522 \$	5.29
5	46 532 \$	48 994 \$	1 572 \$	5.29
6	48 038 \$	50 579 \$	1 622 \$	5.29
7	49 590 \$	52 213 \$	1 674 \$	5.29
8	52 055 \$	54 809 \$	1 758 \$	5.29
9	53 802 \$	56 648 \$	1 817 \$	5.29
10	55 636 \$	58 579 \$	1 879 \$	5.29
11	57 516 \$	60 559 \$	1 943 \$	5.29
12	59 504 \$	62 652 \$	2 010 \$	5.29
13	61 577 \$	64 834 \$	2 079 \$	5.29
14	63 721 \$	67 092 \$	2 152 \$	5.29
15	65 947 \$	69 436 \$	2 227 \$	5.29
16	67 492 \$	71 062 \$	2 279 \$	5.29
17	69 071 \$	72 725 \$	2 333 \$	5.29
18	72 910 \$	76 767 \$	2 462 \$	5.29

↑ ILLUSTRATION OF RETROACTIVE AMOUNTS (APPROXIMATE GROSS AMOUNTS)

EXAMPLES OF THE CALCULATION OF BACK PAY

NURSE CLINICIAN ASSISTANT HEAD NURSE

Julie is a nurse clinician assistant head nurse and she has a full-time position, 36.25 hours per week, that is 1,891.52 hours per year. On March 30, 2007, she was placed at the first echelon and her hourly salary was \$21.70.

On April 1, 2007, her hourly salary will be \$23.55, an hourly raise of \$1.85.

On the other hand, Julie will receive a last pay equity adjustment on November 21, 2007 corresponding to \$0.13 which will raise her hourly rate to \$21.83. In the calculation of the back pay, she will have to take this into consideration.

If January 15 is the end of the period for the calculation of the back pay, Julie will have worked 1,210.75 hours on November 20, 2007 and 285.47 on November 21, 2007.

The amount of the back pay to which Julie is entitled is \$2,725 and is calculated as follows:

Yearly hours of work: 1,891.52

Hours of work between April 1, 2007 and November 20, 2007: 1,210.75

Increase of the hourly rate: \$1.85

1,207.75 x \$1.85 = \$2,234

Hours of work between November 21, 2007 and January 15, 2008: \$285.47

Increase in the hourly rate: \$1.85 - \$0.13 = \$1.72

85.47 x \$1.72 = \$491

N.B. This is a gross amount, before tax deductions and other fringe benefits. You must also take into account change of echelon and overtime.

NURSE CLINICIAN

Nicolas is nurse clinician and he has a full-time position, 36.25 hours per week, that is 1,891.52 hours per year. On March 30, 2007, he was placed in 1st echelon and his hourly salary was \$19.33.

On April 1, 2007, his hourly salary was \$20.78, which represents an hourly raise of \$1.45.

If January 15 is the end of the period for the calculation of the back pay, Nicolas will have worked 1,498.18 hours.

The amount of the back pay to which Nicolas is entitled is \$2,712 and it is calculated as follows:

Yearly hours of work 1,891.52

Approximate no. of hours of work between April 1, 2007 and January 15, 2008: 1,498.18

Increase of hourly rate: \$1.45

1,498.18 x \$1.45 = \$2,172

N.B. This is a gross amount, before tax deductions and other fringe benefits. You must also take into account change of echelon and overtime.

Other job titles also affected by this agreement:

- Care Counsellor Nurse
- Nurse First Surgical Assistant
- Specialty Nurse Practitioner Candidate
- Specialty Nurse Practitioner

Consult the website for the corresponding salary scales:
<www.fiqsante.qc.ca>