ENACTION

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Federal Council
March 18, 19 and 20, 2008

FIQ in action

Lina Bonamie
President

FIQ IN ACTION

This first Federal Council of 2008 began with the same energy for which the FIQ is known. After the usual greetings, the President of the FIQ, Lina Bonamie, presented the agenda for the three-day meeting. "In addition to the presentation of the reports of the organization's sectors and services, we will hear from three guest speakers: Gregor Murray of the *Centre de recherche interuniversitaire sur la mondialisation et le travail*, Michel Sawyer, President of the SFPQ and Pierre Dubuc, founding publisher and editor-in-chief of *L'aut'journal*," Ms. Bonamie announced. She also reminded the delegates that the FIQ Convention is coming up fast: "two and a half months away from the meeting of this major decision-making body, it is time to adopt its agenda."

Ms. Bonamie then gave her comments on the events that directly affected the FIQ in the past few weeks. "The FIQ wasn't idle, but neither was Minister Couillard," the President declared. Last December, instead of imposing closure, the Minister of Health this time chose to impose a regulation. In line with Bill 33, this regulation concerns the specialty medical treatments provided in specialized medical centres and encourages the creation of private hospitals, which could now perform 54 types of surgery. The FIQ submitted an opinion to this effect, which resulted in the Minister contacting the President. "Minister Couillard implied that the FIQ was worrying for nothing, that the regulation contained safeguards to prevent privatization. He even claimed to be a defender of public services." The FIQ was also invited to meet the civil servants who had drafted Bill 33. "We came back even more worried," Ms. Bonamie said.

The President also informed the delegates about the details of discussions between Parti Québécois health spokesman Bernard Drainville and the FIQ. Mr. Drainville wanted to meet with the labour organizations to be briefed on the situation experienced in the health-care network and find solutions that could be considered. Other meetings are foreseen in the months ahead.

"Then, in February, the long-awaited Castonguay Report was tabled," Ms. Bonamie continued. On February 19, the FIQ was stationed in front of the *Centre des congrès de Québec* to greet the journalists who came to cover the event. "The FIQ is very satisfied with the media coverage it obtained that day," she stated.

Finally, the President concluded her address by presenting some of the results obtained from a survey of agency nurses conducted by the OIIQ last January. This survey sought to establish a portrait of their work situation and the reasons and motives that led them to choose to work for an agency. Thus, "the survey found that 86% of the nursing staff working for agencies are women, that 35% are between ages 30 and 39, that 77% of the nurses are satisfied or very satisfied professionally, that the main sources of their satisfaction are flexible schedules and salaries, and that agency work favours work-study and work-family reconciliation."

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Gregor Murray

Michel Sawyer

Pierre Dubuc

DISTINGUISHED SPEAKERS

GREGOR MURRAY

"The union makes us strong"

On the first day of the Federal Council, the delegates had the opportunity to spend nearly two hours with Gregor Murray, Director of the *Centre de recherche interuniversitaire sur la mondialisation et le travail* (CRIMT) and a Professor at the École de relations industrielles de l'Université de Montréal. On the theme *"Rethinking structures and modes of action: The challenges of change for the labour movement in the public sector,"* Mr. Murray first reviewed the highlights of the FIQ's context before proposing a workshop. The delegates were invited to think about the greatest successes achieved by their union organization in the past few years. The speaker then discussed the building of union power and presented some tools and resources for achieving this goal.

The key words clearly emerging throughout this presentation were respect, communication, openness, solidarity and perseverance.

MICHEL SAWYER

"The struggles we lose are the struggles we don't wage"

The SISP's member labour organizations have agreed to invite a representative of one of the Secrétariat's other member organizations to participate in their decision-making bodies. This time it was the turn of Michel Sawyer, President of the *Syndicat de la fonction publique du Québec* (SFPQ). Mr. Sawyer said that he felt like he was on a farewell tour, because he will be leaving his position in April, after six years as President.

With his few statements related to the FIQ, Mr. Sawyer captured the delegates' attention: "It takes women to advance great struggles" or "when the FIQ joined the SISP, this was certainly a defining moment."

During his address, the President highlighted the importance of reflection and discussion in a group composed of organizations that are different from each other. He also emphasized that the notion of mutual trust is essential. "We are together by being united," he pointed out.

Mr. Sawyer concluded his presentation by asserting that the time has come for the SISP to move out of the Quebec-level union structures. The coalition definitely has the wind in its sails!

PIERRE DUBUC

"The last left-wing newspaper in Quebec"

Finally, the delegates received a visit from Pierre Dubuc, publisher and editor-in-chief of L'aut'journal, the last left-wing newspaper in Quebec, which he founded 24 years ago. The Executive Committee members considered it important for Mr. Dubuc to be able to present his newspaper to the delegates, as well as his website, the content of which reflects the organization's concerns and orientations.

<www.lautjournal.info> ■

BILL 30: IMPACT OF THE SUPERIOR COURT JUDGMENT

Sylvie Savard, Executive officer in charge of the Negotiation Sector, Élaine Trottier, 2nd Executive officer in charge of the Labour Relations Sector and Brigitte Fauteux, Executive officer in charge of the Union Organizing Service, accompanied by Pierre Desnoyers, Gino Pouliot and Robert Seers, union consultants, presented a brief report on the impacts and developments related to Bill 30.

By way of introduction, it was mentioned that, since the imposition of Bill 30, the Federation has gone through major changes. Its union representation and negotiation system has been overhauled. Despite this unjustified interference by the Charest government, the FIQ has been able to adapt to this new reality while firmly and tenaciously opposing the imposition of this legislation. The Federation also had to deal with Bill 43 (formerly Bill 142), which decreed salaries and working conditions throughout Quebec. Thus, the FIQ restructured its bargaining units and then entered into local negotiations on matters that were also imposed on it.

Last November 30, the Superior Court declared the unconstitutionality of Bill 30, which had forced the merger of bargaining units in the health and social services sector and which had changed the process of negotiation by the decentralization of 26 matters. By this judgment, the Court suspended the effect of the declaration of invalidity and allowed the government 18 months to take the necessary measures to comply with the Canadian and Quebec charters regarding freedom of association. On December 21, to nobody's great surprise, the Quebec government, before beginning discussions with the labour organizations concerned, announced that it was appealing this judgment instead of putting public funds to good use.

The appeal filed against this judgment had the effect of suspending its execution until the Court of Appeal renders another decision. Even though the execution of the Superior Court judgment was suspended due to this appeal, clarifications were made to the delegates regarding its impact, in case it is upheld by the Court of Appeal. Since this judgment gave the government a time limit to amend Bill 30 in order to bring it into compliance with the Canadian and Quebec Charters, it is clear that anything done to apply this Act will not be changed for now. If the government decides not to comply with the judgment, its execution would only invalidate Bill 30 for the future once this deadline expires, without undoing what has already been done.

However, if the government decides to apply the judgment, regardless of the appeal it has filed, it would be necessary to determine how to amend it according to the objectives pursued. On the other hand, given the work envisioned regarding the reform of the process of negotiation, particularly within the context of the discussions already begun with the SISP's member organizations and the other labour organizations concerned, it is appropriate to initiate a more general reflection on the labour relations system as a whole.

Sandra Gagné, union consultant with the Communication-Information Service, Michèle Boisclair, executive officer in charge of the Sociopolitical Sector and Guy Drouin, union consultant with the Union Organising Service.

SISP VERY ACTIVE IN THE PAST FEW WEEKS

Michèle Boisclair, Executive officer in charge of the Sociopolitical Sector, Guy Drouin, union consultant with the Union Organizing Service and Sandra Gagné, union consultant with the Communication-Information Service, reported to the delegates on the SISP's latest actions since the December 2007 Federal Council.

The first action was the demonstration highlighting the second anniversary of the imposition of Bill 142 decreeing conditions of employment and salaries in the public sector. This demonstration was held on December 13, 2007, in front of the *Conseil du trésor* offices in Quebec City, with the participation of FIQ members from the Quebec City region. The SISP took the opportunity to deliver a petition signed by nearly 25,000 public sector workers to two Parti Québécois MNAs. The elected representatives were asked to put pressure on the government to begin discussions with the labour organizations and thus comply with the recommendations of the *International Labour Office* (ILO) regarding the imposition of the 2005 decree.

In the past few weeks, three other actions were initiated by the SISP, related to the dangers of further privatization of the public health-care system. A major leaflet distribution campaign was conducted throughout Quebec to raise public awareness. At the same time, a postcard campaign was organized among public sector workers to demand that the Quebec government make a clear commitment to our public health-care system. Finally, the SISP was extremely active on February 19, because the Task Force chaired by Claude Castonguay submitted its recommendations on health funding.

Very early that morning, a welcoming committee awaited the Task Force and the media in front of the Centre de congrès de Québec, where the Task Force's press conference was being held. The SISP union leaders then held their own press conference on their reactions to the Castonguay Task Force's recommendations. The SISP also took the opportunity to visit the National Assembly and deliver the postcards signed by its members, addressed to the Premier. In the context of the Castonguay Report, the SISP members also participated in a demonstration on February 20, when Claude Castonguay was presenting the report's recommendations to the members of the *Board of Trade of Metropolitan Montreal.* ■

BILL 30
(cont'd)

At this stage, given the issues at stake and the different players to consider, it is essential to evaluate the situation properly. Within the context of the work already begun concerning the reform of the process of negotiation and based on the discussions related to the entire labour relations system, the necessary means must be adopted to achieve the objectives sought. In this sense, the FIQ must combine its efforts with those of other labour organizations, even though not all have the same specific characteristics and objectives. This does not involve negotiating a collective agreement with the government, but rather the legal structure of the union representation and negotiation system that will be applicable throughout the public and parapublic sectors. Discussions have already begun in this sense.

Before taking a position on the legal structure best suited to union representation and collective bargaining in the health-care sector, it is necessary to pursue the analysis, discussions and negotiations with all the stakeholders concerned.

The Federation then should be able to propose a comprehensive labour relations system that guarantees respect for its fundamental mandate, which is to associate freely and voluntarily for the purpose of negotiating working conditions that represent balance fairly reflecting the bargaining power of the parties involved.

PAVING THE WAY TO HEALTH-CARE PRIVATIZATION

Michèle Boisclair accompanied by Lucie Mercier and Karine Crépeau, union consultants with the Sociopolitical Sector, gave the delegates a presentation on *Paving the Way to Health Care Privatization*, a tool developed by the Federation to preserve a publicly funded public health-care system.

In a series of talking points, this new brochure explains how the privatization process works in the health and social services sector. Several of the changes introduced in the health and social services network are essentially intended to pave the way for health-care privatization. The foundations of the public health-care system – the delivery and funding of public care – are being seriously called into question.

In a question and answer format, *Paving the Way to Health-Care Privatization* presents the recent developments that have opened the door wider to privatization: Bill 33, its proposed regulations and the Castonguay Report.

This 2nd set of talking points is available at <www.fiqsante.qc.ca>. ■

THE FIQ REMAINS VIGILANT

Michèle Boisclair, Karine Crépeau and Lucie Mercier also sought to assure the delegates that the FIQ remains vigilant regarding the Castonguay Report. After the report was tabled, the media hastened to bury it, claiming that it was already shelved like many other reports produced before it. However, despite the initially lukewarm comments by the Minister of Health, the Minister of Finance and Premier Charest, certain recommendations have already been or are in the process of being implemented.

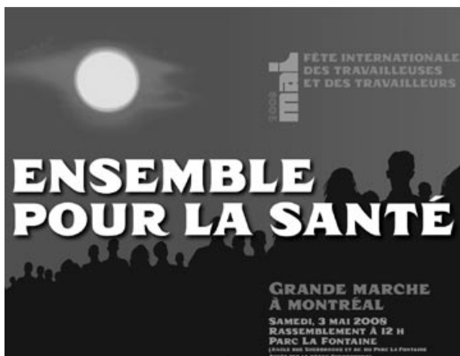
The Quebec government has considerably nuanced its initial positions on this report and, in fact, officially only rejects one of the 37 recommendations, the increase in the Quebec sales tax (QST). The FIQ therefore is continuing its actions to stem these neoliberal aims of privatizing health care.

NEWS BRIEFS

FIQ HEADQUARTERS

Construction work on the FIQ's new headquarters is moving along. The move of the Montreal office, which was scheduled for April, is postponed to August. A progress report will be presented at the General Meeting of FIQ – *Association immobilière*, which will be held in June. ■

TOGETHER FOR HEALTH



On the theme "Together for health", a major Quebec-wide demonstration will be held on May 3 in Montreal to mark International Workers' Day. The rally is scheduled for noon at La Fontaine Park, at the corner of Sherbrooke and Parc-La Fontaine.

The public health system is greatly threatened since Jean Charest's government came to power. The government has already started opening the door to privatization and the recommendations of the Task Force chaired by Claude Castonguay have done nothing to reassure the population. Among other things, the Task Force recommends making individuals pay according to their use of health care. The theme for International Workers' Day therefore is imperative. We must unite to stop this government and preserve the social contract the people of Quebec have chosen to adopt: a free and universal public health-care system.

Florence Thomas, union consultant for the Sociopolitical Sector, worked on the organisation of the March 15 activity.

FIQ members are therefore invited to participate massively in International Workers' Day, which has been celebrated in Quebec since 1972. Buses will be leaving from several regions of Quebec. Local teams will have all the information very soon. ■

AVIAN INFLUENZA PANDEMIC – THE FIQ IS ACTIVE ON THE ADVISORY COMMITTEE

Aline Aubin, union consultant with the Occupational Health and Safety Sector, and Élaine Trottier, executive officer responsible for the Sector.

Élaine Trottier, Executive officer in charge of the Occupational Health and Safety Sector, and Aline Aubin, union consultant with the sector, presented a report to the delegates on the meetings of the Advisory Committee on the avian influenza pandemic. This committee is composed of about thirty stakeholders, including the FIQ, representatives of various Quebec government departments, the *Institut national de santé publique du Québec* (INSPQ), the CSST, the *Association québécoise d'établissements de santé et de services sociaux* (AQESS) and other labour organizations.

This committee's mandate is to advise the public health authorities on the preventive measures to be taken in the event of a pandemic. The committee must ensure that transmission of the virus is limited and protect the public as adequately as possible should such a pandemic hit Quebec. The FIQ is definitely concerned by measures such as closing of public places, vaccination orders, antivirals and personal protective equipment, but what about the question of the human resources called on to lend a hand in case of a pandemic and the working conditions of care professionals? The Advisory Committee's last meetings did not provide satisfactory answers to the Federation's questions.

However, at the end of March 2008, a meeting will be held with Roger Paquet, Deputy Minister of Heath and Social Services. The FIQ's concerns regarding human resources are on the agenda. ■

PUBLIC SOLUTIONS TO THE PUBLIC HEALTH-CARE SYSTEM'S PROBLEMS!

A day of reflection was held on March 15 at *Collège de Maisonneuve* in Montréal, organized by the *Coalition Solidarité Santé*, of which the FIQ is a member. Over 200 people joined together for the day to discuss public solutions to the health care network's current problems.

Various workshops were offered to the participants concerning several facets of this health-care network: the Castonguay Report, health funding, new management approaches, waiting lists, CHSLD privatization, the staff shortage and many more. The workshops presented speakers from different backgrounds, but all agree on one thing: the public health-care system must be protected from increasingly numerous attacks by privatization. ■

REWARDING TIES

Even though it is not a member, the FIQ maintains close ties with the *Canadian Federation of Nurses Unions* (CFNU). The CFNU includes nine provinces, representing about 115,000 members. The FIQ generally responds positively to invitations issued by the CFNU.

A few weeks ago, FIQ Vice-President Michèle Boisclair went to Ottawa for a luncheon conference on health determinants and the importance of adequate health funding. Members of Parliament and Senators were invited.

In a similar vein, with the aim of putting pressure on decision-makers, the CFNU contacted the FIQ to organize an activity in July 2008, within the context of the visit of the provincial premiers to Quebec City for the 400th anniversary celebrations. In addition to meetings with political decision-makers, conferences will be organized in the week of July 13, 2008. Stay tuned... ■

Murielle Tessier-Dufour, union consultant with the Task and Organisation of Work Sector

ROLES, TASKS, DUTIES AND RESPONSIBILITIES OF CARE PROFESSIONALS

In December 2007, the delegates present at the Federal Council had asked the FIQ to establish a portrait of the roles, duties and responsibilities of care professionals regarding the application of Bill 90 and the therapeutic nursing plan (TNP). This portrait was to be discussed in commissions at the March 2008 Federal Council to develop an action plan.

Marc-André Courchesne, union consultant with the Labour Relations Sector

Thus, at the last Federal Council, Sylvie Savard, Executive officer in charge of the Task and Organization of Work Sector and Daniel Gilbert, Executive officer in charge of the Labour Relations Sector, accompanied by Murielle Tessier-Dufour, union consultant with the Task and Organization of Work Sector and Marc-André Courchesne, union consultant with the Labour Relations Sector, presented this portrait to the delegates. The following article sets out the portrait of the tasks, roles, duties and responsibilities of care professionals and then deals with the discussions in the commissions.

PORTRAIT IN 2008

First of all, it is important to mention that the production of this portrait was made possible by the participation of the union presidents and lead reps. The FIQ invited them all to one of twelve meetings held between February 18 and 27, 2008. About a hundred people attended, representing 84 health-care institutions. To discern the situation as precisely as possible, the discussions dealt with several aspects of the application of Bill 90 in each institution. Four themes were discussed to focus on the main trends: the external environment, the internal environment, the legal and regulatory framework, and the analysis of the obstacles to the implementation of Bill 90.

EXTERNAL ENVIRONMENT

The external environment of the institutions necessarily take into account the legal framework (Bill 90 and TNP), the staff shortage, the restructuring of the network, and the creation of integrated health and services networks.

Bill 90, adopted in 2002 and in force since January 2003 (some sections only came into force in June 2003), defines and updates the field of practice of eleven physical health professions, particularly the nurse, nursing assistant and respiratory therapist professions, to adapt them better to the current context. The Act recognized practices already in effect in the care environments and enriched certain fields of practice. The purpose of the TNP is to produce the evolving clinical picture of the client's problems and priority needs. All of the nurses who intervene with the client will have to take these into consideration. The nurse will record instructions, particularly intended for nursing assistants, in the TNP to ensure follow-up (clinical monitoring, care and treatments]. The TNP will become a major tool for interprofessional collaboration between nurses and nursing assistants.

Staff shortages are not exclusive to the health-care environment. However, in this field of activity, the shortage assumes a special character in terms of the negative impacts on public health care and services. In the past, the network went through periods of shortage of certain health professionals. However, since the mid-1990s, this is no longer a cyclical phenomenon, but rather a persistent and severe shortage, particularly among nurses.

The arrival in power of the Quebec Liberal Party in 2003 led to a major restructuring of the health and social services network based on a neoliberal ideology. This reorganization sought the improvement of the system by improving its effectiveness, efficiency and performance. According to this Liberal government, this required creating local services networks for every region of Quebec, reducing the number of union certification units and shifting the negotiation of 26 matters to the local level. An integrated services network is composed of acute-care, middle and long-term health services and social services, independent, organized and coordinated within the local network's territory.

INTERNAL ENVIRONMENT

Regarding the internal environment, three main factors which can cause the application of Bill 90 to vary were discussed: the shortage of care professionals, the fluctuation of the workforce and, finally, the reliance on overtime and agency personnel.

In the university hospital centres (CHU), affiliated university hospital centres (CHA) and various institutes of Quebec, the nursing shortage is relatively similar. Nurses are experiencing a moderate to severe shortage, particularly in Montreal. The

situation of nursing assistants is more enviable, since there does not seem to be a shortage in the CHUs, CHAs and institutes, while there is a moderate shortage of respiratory therapists.

Regarding workforce fluctuations, the situation is essentially the same for all CHUs, CHAs and institutes: an increase in the number of clinicians and nursing assistants is observed, while the number of nurses and respiratory therapists generally remains stable.

In the health and social services centres (CSSSs) and private institutions under agreement (EPC) in the Montreal and Quebec City regions, the shortage of nurses and respiratory therapists ranges from moderate to severe. The situation is particularly serious in Montreal. For these two regions, the situation of the nursing assistants is far less worrying, since there is almost no shortage except in a few Montreal institutions. While there is a wide range of realities, there are no significant and generalizable workforce fluctuations for these CSSS and EPCs.

For the CSSSs and EPCs in other regions of Quebec, the shortage takes on different faces. The Saguenay - Lac-St-Jean region, for example, is more or less spared by the shortage of professionals. It lacks very few nurses and there is no shortage of nursing assistants, respiratory therapists or perfusionists. However, several regions are experiencing a severe nursing shortage: the Ottawa Valley, Laval-Laurentides-Lanaudière, Mauricie, Montérégie and the North Shore. Finally, the nursing shortage is relatively moderate in the Abitibi, Chaudière-Appalaches and Bas-St-Laurent regions.

The nursing assistant shortage affects the Mauricie, Ottawa Valley, Montérégie, Côte-Nord and Lanaudière regions, while the other regions are spared. For respiratory therapists, the shortage is severe in the Outaouais region. However, the shortage is relatively moderate in the Montérégie, Abitibi and Laval-Laurentides-Lanaudière regions. The reality is surprisingly similar in the different regions of Québec. Practically everywhere, increases in the number of clinicians and nursing assistants are observed.

Finally, the last element of the internal environment is reliance on overtime and agency personnel. One indubitable finding can be associated with all of the network's institutions and is a symptom of a major shortage: reliance on overtime is generalized. Compulsory overtime is also used, particularly in regions with severe staff shortages. However, concerning reliance on agency personnel, the realities are much more varied. For the time being, the use of agency personnel is more a Montreal reality. The Eastern Townships and Quebec City regions are less familiar with the phenomenon. The Outaouais, Montérégie and Laval-Laurentides-Lanaudière regions also rely on agency personnel. Employers in the other regions sometimes resort to them, but not significantly.

CARE PROFESSIONALS AND BILL 90

The implementation and concrete application of Bill 90 in the institutions was evaluated next. The aspects discussed were: the training offered by the employers to date concerning Bill 90 and the TNP, the possibility for care professionals to perform the acts reserved by the legislation according to their respective field of practice and, finally, the organization of work.

• Training on Bill 90

Five years after Bill 90 came into force, the training offered in almost all of the network's institutions has not gone beyond the embryonic stage. Most care professionals have received little or no training on the changes made to their field of practice and the activities henceforth reserved for them by law. Of course, some institutions are more advanced in this field, such as *Hôpital Maisonneuve-Rosemont* and *Centre hospitalier universitaire de Québec* (CHUQ), but the information gathered shows that information and training on Bill 90 has barely begun or has been limited to just a few activities. To date, training activities have been deployed mainly for nursing assistants, enabling them to perform the new activities reserved for them more quickly than in the case of other care professionals.

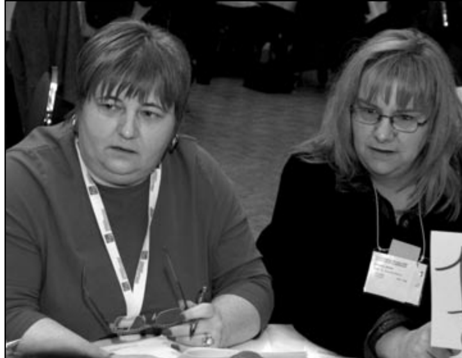
• Training on the TNP

The situation concerning the TNP isn't much better. Information and training have barely begun in most institutions. However, some centres have introduced pilot projects, such as *Hôpital Louis-H. Lafontaine*, the CHUM or the CHUQ, to name only a few. The lack of information and training on the TNP generates somewhat negative perceptions of this documentary standard, which will become compulsory in April 2009. Among the negative impacts apprehended are an increase in workload, additional paperwork, a lack of support to integrate this new responsibility and the risk of seeing employers reserve the TNP solely for nurse clinicians or pivot nurses.

However, it is interesting to note that the information gathered on the institutions which implemented the TNP more broadly, in the form of a pilot project, is more positive. In the opinion of the respondents from CSSS de Lanaudière-Nord and the Institut de réadaptation en déficience physique de Québec (IRDPQ), the TNP clarifies the roles, tasks, duties and responsibilities of professionals, facilitates nurse/nursing assistant collaboration, promotes nursing expertise in the multidisciplinary team, makes it possible to highlight the specificities of the nurse's field of practice and reduces duplication. However, it is essential to ensure that the organization of work is reviewed so that conditions favourable to the implementation of the TNP are put in place, such as stability of the primary care teams and adequate training.

• Reserved activities

Bill 90 recognized practices already existing in the care environments and enriched certain fields of practice. It reserves certain activities for specific professions due to the risks of injury to the patient. However, some of these reserved activities can be shared by more than one profession. During discussions with the presidents and local union reps, the team focused more specifically on the reserved activities. The goal was to find out the extent to which care professionals are able to perform the activities permitted by the legislation.



For nurses, the problems are related to the generalized lack of collective prescriptions, which could facilitate broader practice of reserved activities. For respiratory therapists, the problems particularly concern arterial gases, regarding which there is resistance from physicians. Some conflicts of roles persist with the nurses in some centres of activity, but this situation seems to be increasingly marginal. Regarding the application of the activities reserved for nursing assistants, the balance sheet is relatively positive. In the very large majority of institutions, nursing assistants perform their new reserved activities. In some CSSS, the nursing assistants are not performing their new reserved activities due to the lack of volume of activities, the lack of leadership by the Director of Nursing and a lack of standardization of practices among sites.

- **Organization of work**

During meetings with the local presidents and union reps, the organization of care was the subject of small-group discussions. The purpose was to learn the major orientations of the reorganizations of the past two years and those currently in progress or announced. Different angles were explored:

- care delivery modes;
- care management modes;
- recomposition of the teams and sharing of tasks;
- development of new roles, tasks, duties and responsibilities;
- migration or greater concentration of certain job titles in specific centres of activity;
- optimum utilization of the full potential of care professionals in application of Bill 90.

Regarding care delivery modes, the return to team operation appears to be a dominant trend in every region and all types of institutions. Many new appellations have appeared but, in general, the organization of care does not seem very different from the team care model widely applied in the 1970s. In fact, the new terms (clinical leader model, cellular organization, dyad, triad, total care, modular care, etc.) cover similar realities. Regarding care management modes, systematic follow-up, and multidisciplinary and interdisciplinary team operations are already well established in the CHUs, CHAs and institutes. In the other institutions, the implementation of an interdisciplinary approach follows the rhythm of implementation of the integrated care networks, CSSS, clinical projects and client programs.

Regarding recomposition of the care teams, the return to the team system translates into the growth of the number of nurse clinicians and nursing assistants. It is observed that the employers do not use the term “team” to avoid recognition of the team leader job title for nurses and nursing assistants. On the whole the situation of the respiratory therapists remains stable. In some places, new roles are being developed, especially in the CLSCs. The situation for nurses is relatively stable. They express a sense of loss related to a perception that they are being replaced. In the case of development of new roles, the responses obtained clearly show that nursing assistants are the care professionals who have experienced the quickest and broadest developments of their professional practice. According to several local presidents and union reps, this development will have a definite impact on the new sharing of tasks. Thus, many participants at the meetings alluded to the future sharing of tasks, emphasizing their sense of loss regarding the nurse’s role.

Generally, nurse clinicians are increasingly present in the specialty units and the nursing assistants are being reintegrated into them. Also, a growing number of employers are establishing nurse clinician and nursing assistant staff level (quota) objectives by centre of activity. For example, the university institutions of the Quebec City region, in their staffing plan, forecast an increase in nurse clinicians and nursing assistants in specialty units, but the respondents mention the employers’ difficulty in concentrating or directing this workforce where they want to utilize it. Indeed, for various good reasons, the nurse clinicians choose to work in centres of activity corresponding to the type of practice that suits them. Some prefer geriatrics, others mother and child care, and still others critical care, regardless of the objectives or staff level quotas established by the employer.

Finally, the information gathered shows that the employers are utilizing the nursing assistants’ potential ever more widely. However, the college-trained nurses seem to be experiencing some stagnation, and in some cases even a setback, since Bill 90 came into force. The respiratory therapists seem to have been able to occupy their professional field well. With some exceptions, there are no major difficulties in the utilization of their full potential.

OBSTACLES TO THE IMPLEMENTATION OF BILL 90

Les Many obstacles were identified in the meeting with the union presidents and lead reps. The difficulties pertain both to elements of the internal environment of the institutions themselves and elements related to the context and content of the care professionals’ work. For example, budgetary difficulties and the staff shortage are major obstacles to the application of Bill 90. The network’s employers seem to have reorganized or sought to reorganize the work, not in order to implement Bill 90, but to avoid or reduce their budget deficit and deal with the shortage of care personnel. Management culture values and philosophy represent other obstacles because, in all institutions, professional resistance (Director of Nursing, Council of Physicians, Dentists and Pharmacists), personal resistance (the care professionals themselves do not always want their practice to be broadened and enriched) or organizational resistance delays the application of Bill 90.

Among the other obstacles are the lack of training, the very high management turnover rate, poor development of collective prescriptions, the sense of loss of identity, demoralization of nurses, working conditions, and finally, excessive workload.

NURSE, NURSING ASSISTANT AND RESPIRATORY THERAPIST COMMISSIONS

The three commissions were held on March 19, 2008 at the Federal Council. The objective, was to develop a union position on the practice of care professionals and draw up an action plan, based on the portrait of the roles, tasks, duties and responsibilities of FIQ care professionals already produced.

Following these commissions, it can be said that the portrait reflects the reality of FIQ members. The exercise also favoured a real exchange among the activists regarding their respective situation, which was one of the objectives of these commissions. However, the main objective was to start a process of reflection on possible solutions in response to the obstacles to implementation of Bill 90 identified in the portrait. Each commission therefore focused on identifying certain solutions to be developed to arrive at an action plan.

For the Nurse Commission , in which 291 members participated, the action plan should encourage greater occupancy of the field of organization of work by the Committees on Care, for example. It is important to clarify the roles, tasks, duties and responsibilities of care professionals better and plan the workforce. In a similar vein, the establishment of real attraction and retention measures and improvement of funding should be favoured. One of the solutions most often mentioned was to stop relying on agency personnel.

According to the Nursing Assistant Commission, which included 96 members, the action plan should enhance collaboration between the care professionals and the professional orders. It should also be geared to access to more adequate information and training, and to valuing care professionals. Finally, the importance of standardization in the possibilities for nursing assistants to perform the reserved activities provided for by the legislature was also raised.

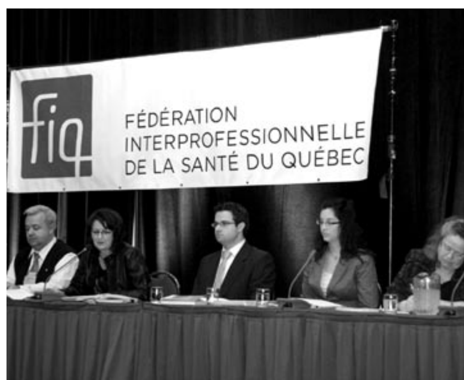
The Respiratory Therapist Commission, which brought together 33 members, believes that the FIQ should play a leading role in the implementation of Bill 90. This commission therefore entrusts the FIQ with a major role in mitigating interprofessional conflicts, because it considers that the FIQ can participate in clarifying roles, rallying support and information. The use of the Multidisciplinary Council, team meetings, continuing education, the Human Resources Development Plan (HRDP), the Committee on Care, the role of the Council of Physicians, Dentists and Pharmacists in the training of physicians, and finally, involvement in the reorganizations, appear to be solutions to eliminate obstacles to the implementation of Bill 90.

CHALLENGES TO MEET

It has become more necessary than ever to accelerate the establishment of conditions allowing all care professionals to perform their professional practice fully and flourish at work. Motivation, job satisfaction and the capacity of institutions to attract and, above all, retain the care professionals in their employ largely depend on the organization of work, including working conditions. The shortage persists, but this situation must not become a pretext justifying unilateral changes on the part of the employees, nor an opportunity to substitute resources in response to budgetary difficulties.

By adopting Bill 90, the legislature wanted to make professional barriers more flexible. This legislation recognized practices already developed in the work environments and enriched the field of practice of care professionals. It is totally legitimate to require the work environments to establish and observe conditions of practice and an organization of work that allow care professionals to occupy their field of practice fully.

The portrait of the roles, tasks, duties and responsibilities will allow the FIQ to carry its reflection even further in order to develop an action plan that will be proposed to the delegates at an upcoming Federal Council. Thus, collectively, it will be possible not only to take on the challenges posed by the difficulties related to the implementation of Bill 90, but also to benefit from the professional opportunities of this legislation to remodel the organization of work according to values and principles that connect with the FIQ, that are in its image and in the image of its members. ■



FOR A UNIFIED PRACTICE

Sylvie Savard, executive officer in charge of the Task and Organisation of Work Sector

Sylvie Savard, Executive officer in charge of the Task and Organization of Work Sector, Daniel Gilbert, Executive officer in charge of the Labour Relations Sector, Annie Rousseau and Jean-Richard Villeneuve, consultants with the Labour Relations Sector, and Francine Roberge, consultant with the Negotiation Sector, gave the delegates a presentation of the document *For a unified nursing practice*. Originating from the Federal Council mandates of November and December 2007, it is the result of an analysis and discussions with the FIQ union consultants, the OIIQ and the different associations concerned by the OIIQ's proposals.

When writing this document, the FIQ's objectives were to:

- **question, if applicable, the premises on which the OIIQ bases its proposals;**
- **produce an analysis of the impacts of the OIIQ brief from three perspectives:**
  - **the organization of work,**
  - **labour relations,**
  - **the political impact for the FIQ;**
- **propose possible solutions in response to the OIIQ proposals when necessary.**

CULMINATION OF BILL 90

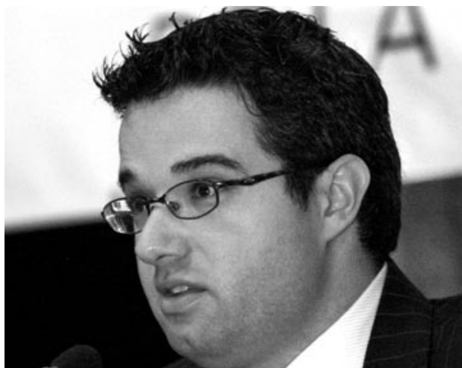
CONTEXT

In June 2002, the Quebec National Assembly adopted Bill 90, *An Act to amend the Professional Code and other legislative provisions as regards the health sector.* This Act provides for a new sharing of fields of practice of professionals in the field of health and the activities henceforth reserved for them. Bill 90 also provides for a framework authorizing professionals other than physicians (nurses, respiratory therapists, etc.) to perform medical activities. It also offers concrete tools for better utilization of the competencies of all care professionals.

However, Bill 90 makes a very clear distinction between the rules of the professional system and the prerogative of institutions in the field of work organization. Moreover, the Act respecting health services and social services entrusts the institutions with the responsibility for determining the rules of professional practice (sections 190 and 207). It is therefore up to the local level and the will of the health-care institutions to utilize the competencies of care professionals wisely.

For nurses, Bill 90 allowed a major breakthrough by permitting the creation of the specialty nurse practitioner (SNP) job category. Currently, there are very few SNPs practising in the Quebec health-care network. This situation is explained, in particular, by the ambiguity of the role of the specialty nurse practitioner and the duality between the nursing approach and the medical approach.

In general, Bill 90 ensures recognition of the value of nurses' clinical judgment. On this basis, the Act grants nurses the major role of assessment, clinical monitoring and nursing follow-up of clienteles. Moreover, Bill 90, on the basis of a collective prescription, allows a nurse to perform diagnostic tests, administer and adjust medications, provide medical treatments to specific groups and initiate diagnostic and therapeutic measures without waiting for an individual prescription.



Jean-Richard Villeneuve, union consultant with the Labour Relations Sector

The expansion of the nursing field of practice made it possible to add a new central activity to the list of activities reserved for nurses: to determine and adjust the therapeutic nursing plan (TNP) in relation to their role of assessment, monitoring and nursing follow-up. Currently, few institutions have proceeded to implement the TNP, despite the fact that it will become compulsory in April 2009. This legal clinical tool concretizes the importance of interprofessional collaboration between the nurse and the nursing assistant.

Annie Rousseau, union consultant with the Labour Relations Sector

For nursing assistants, Bill 90 has recognized a new field of practice: to contribute to the assessment of the person's state of health and to the carrying out of the care plan. Concretely, the nursing assistant may "proceed to gather information, communicate her observations orally and/or in writing, participate in the meetings of the multidisciplinary and/or interdisciplinary team and perform all the other duties assigned to her by the nurse[1]".

For respiratory therapists, Bill 90 has confirmed their field of practice, which consists of participating in the assessment of cardiopulmonary function for diagnostic or therapeutic follow-up purposes, participating in the administration of anesthesia, and dealing with problems affecting the cardiopulmonary system. In addition, since the adoption of the Act, the respiratory therapist may perform a radial arterial puncture by individual prescription, on condition that she holds a certificate issued by the *Ordre professionnel des inhalothérapeutes du Québec* (OPIQ). Before Bill 90, radial arterial puncture was a professional activity reserved for physicians.

THE FIQ'S POSITION AND THE SOLUTIONS IT PROPOSES

The FIQ must be vigilant regarding the risks of cuts and conversion of positions of care professionals. To reduce its costs, the employer may modify the composition of the care teams, without any other justification, by the introduction of non-professionals to provide care. For example, it may replace nursing and nursing assistant positions with patient attendant or family auxiliary positions. The employers' decision on the composition of the care teams must not only take into account financial imperatives, but also the safety and quality of care for patients.

The FIQ has already clearly denounced the misuse of nurses' competencies and potential. In the context of a shortage, the health-care network afford an organization of care and work that deskills nurses and inadequately uses their competencies. Bill 90 provides for solutions to enable care professionals to provide better care: the revision of fields of practice, the increase in reserved activities, the creation of advanced practice for nurses, collective prescription and the therapeutic nursing plan. Consequently, the Federation agrees with the OIIQ proposals concerning the culmination of Bill 90.

1. **Reaffirm the full importance of a real human resources development plan and the budgets necessary for its correct operation.**
2. **Put pressure on the employers so that the nurses receive training on the TNP as quickly as possible and under favourable conditions.**
3. **Discuss questions of organization of care and work raised by the application of Bill 90 in the Committee on Care.**
4. **Encourage the involvement of FIQ members on the Council of Nurses (CII), the Council of Nursing Assistants (CIIA) and the Multidisciplinary Council (CM) to influence the decisions made concerning the implementation of Bill 90.**

1 ORDRE DES INFIRMIÈRES ET INFIRMIERS AUXILIAIRES DU QUÉBEC (OIIAQ), (May 2004), *La capacité légale de l'infirmière auxiliaire: champ de pratique et activités réservées en vertu de la loi 90*, p. 8.

Daniel Gilbert, executive officer in charge of the Labour Relations Sector

Francine Roberge, consultant with the Negotiation Sector

CULMINATION OF DEC-BAC

BACKGROUND

The OIIQ wants the job structure to be constructed so that there is a clear distinction between the tasks and duties of nurse clinicians and those of nurses, based on their level of education. The main argument on which the OIIQ relies to create the nurse clinician permit is that the division of competencies between the two levels of education must be respected, as agreed during the reform of nursing education, in order to ensure the safety of care. This OIIQ argument requires nuances, however. Competencies are not only acquired through a Bachelor of Nursing degree; these competencies may also be acquired by obtaining a university certificate in community health, for example. Moreover, the nurse may acquire and develop her competencies through a mentoring program or other development programs offered in the work environment.

The object of Bill 90 is to decompartmentalize professions in order to improve the quality of services. Paradoxically, differentiated practice, as proposed by the OIIQ, leads to divisions within the nursing profession. The FIQ thus questions the impact the introduction of the nurse clinician permit will have on the fields of practice. Will it have the effect of diminishing the field of practice and the activities reserved for nurses or increasing the field of practice of nurse clinicians? In the future, with two distinct permits, it is possible that new activities will be added only for nurses holding a nurse clinician permit or that, on the contrary, although less likely, activities will be withdrawn from college-trained nurses.

In addition to the job structure, by the introduction of the nurse clinician permit, the OIIQ wants to oblige employers to recognize university-trained nurses as nurse clinicians. On this last point, the FIQ for years has called for the recognition of all training in addition to the DEC, for all care professionals.

Thus, the requirement of the nurse clinician permit and respect for the job structure based on educational levels will lead employers to reconsider the composition of the care teams. It is difficult to predict with certainty how the care teams will be composed; however, it is clear that college-trained nurses will have a more limited place.

Ever since the OIIQ publicly presented the proposals contained in its brief, some negative effects have been perceived within the nursing profession. Some college-trained nurses have expressed the feeling that they are being deskilled when they have always provided quality care to patients. By the creation of the nurse clinician permit and the adoption of the job structure, the OIIQ is interfering in union business, particularly in the organization of work, in the rules regarding voluntary transfers and in salary recognition of nurse clinicians.

According to the general and vocational education colleges, the basic training at the college and university levels meets the market's requirements, an opinion shared by the FIQ. The employers should give preference to orientation programs for new employees and continuing on-the-job training. The work environments should be a place for learning where continuing education is offered, where participation in training activities is facilitated and where opportunities are created to develop theoretical and practical knowledge. This knowledge should be acquired with the aim of making positions more accessible..

THE FIQ'S POSITION AND THE SOLUTIONS IT PROPOSES

The FIQ considers that only one nursing permit should continue to exist, because there is only one examination giving access to the profession and the university and college portions of the DEC-BAC are basic general education. The FIQ disagrees with the division of nursing practice by educational level and believes that the access routes to the nursing profession should be maintained as is.

1. **To improve access to university education, the FIQ proposes to:**
   - **maintain the university certificate programs in Nursing;**
   - **maintain recognition of the Bachelor of Nursing degree by accumulation of certificates;**
   - **suggest to the authorities concerned that the university portion of the DEC-BAC can be taken part time;**
   - **maximize the use of different leaves and schedule rearrangements to encourage nurses to pursue their studies and teach.**
2. **Maintain the historical demand for recognition of all training in addition to the DEC for remuneration purposes.**

PLANNING TARGETS TO PRIORITIZE

CONTEXT

Currently there is a single field of practice, a single permit and a single examination to practice the nursing profession. A candidate may be admitted to the examination after successfully completing a DEC in Nursing or a Bachelor of Nursing program. Once admitted to the profession, a nurse may perform the 14 reserved activities under section 36 of the Quebec Nurses Act, regardless of the field of care, within the limits of her competencies.

With its new proposals, the OIIQ wants to require a nurse clinician permit to practice the nursing profession in critical care, first-line community care and mental health.

The FIQ questions the appropriateness of adding such a permit. The OIIQ does not specify what additional activities the nurse clinician would be called upon to perform in the future to justify this new permit. Nor does the FIQ know whether the OIIQ intends to develop and require the passage of a different admission examination to justify the nurse clinician permit. The only indication the Federation has regarding this proposal is that the nurse clinician permit will be compulsory to practice in the three exclusive care fields.

If the OIIQ proposals are adopted by regulation, aspiring nurses necessarily will have to consider a DEC-BAC or BAC profile to favour their professional career path, because the nurse clinician permit will become necessary to work in three major care fields. The doors will be closed to nurses holding a DEC, because they will only have access to the nurse team leader job title. As for access to the job title of assistant head nurse or assistant to the immediate superior, the possibilities will also be limited based on the nurse clinicians' exclusive care field.

Vigilance must be shown regarding the OIIQ proposals which, through future regulations, could deskill college-trained nurses by limiting their possibilities of practice in different centres of activity. The double segmentation of nursing practice means that, for students considering a career in health-care, training as a nursing assistant will be more interesting, because this position is not segmented by its professional order based on fields of practice. Contrary to nurses, nursing assistants will be able to continue practising in CLSCs, mental health, the operating room, etc. If many make this choice, there could be fewer nurses, and even no nurses, holding a DEC in the near future.

The double segmentation of nursing practice based on academic training and exclusive care field imposes major limits on workforce mobility and versatility. In fact, the pool of nurses qualified to act as replacements for various causes of absence will be more limited.

The requirement of the nurse clinician permit to practice in certain sectors necessarily implies an increase in the number of years necessary to train the succession. Thus, as long as a nurse has not completed her Bachelor's degree, she cannot work legally in the three exclusive care fields and be part of the primary care team.

The double segmentation entrenched by distinct permit to practice may have the effect of dividing the group of nurses the FIQ represents. If the OIIQ proposals were put forward, they would constitute an additional challenge for the FIQ in the negotiation of nurses' working conditions. It is therefore essential to have a broader perspective on the questions raised by the OIIQ, regardless of the position adopted by the FIQ. It necessarily will have an impact on the projects of the respiratory therapists and the *Ordre professionnel des inhalothérapeutes du Québec* for revision of DEC initial training and the creation of the BAC and classes of permits.

THE FIQ'S POSITION AND THE SOLUTIONS IT PROPOSES

At present, the FIQ does not see any reasons justifying the creation of a nurse clinician permit. The Federation thus rejects the OIIQ's proposal to create and require a permit to practice in the three exclusive fields of practice: community care, mental health and critical care.

The FIQ maintains the importance of the expertise and experience acquired over the years by nurses. According to the Federation, the nurses' competence depends on the acquisition of appropriate academic knowledge, know-how and savvy, gained through accumulated experience and developed in certain care fields.

1. Reaffirm the full importance of a real human resources development plan and the necessary budgets for its efficient operation.
2. Improve the induction, orientation and mentoring programs for nurses in the health-care network's institutions.

NURSING PRACTICE IN THE OPERATING ROOM

CONTEXT

Currently, most nurses working in the operating room are college-trained nurses or nurse clinicians. According to the information provided by the OIIQ, 2,520 nurses practice in operating rooms in Quebec. Of this number, 1,042 nurses are age 50 and over[2].

Despite the introduction of the nurse surgical first assistant job title in the Decree in lieu of the 2006-2010 collective agreement, the FIQ finds that there has been little use of this job title in Quebec operating rooms. Several reasons can explain this finding. First of all, the conditions of access to the job title are very high because the nurse must hold a perioperative nursing certificate in addition to a Bachelor of Nursing degree or have completed at least 60 nursing credits in another university program of study. Moreover, the specific training required to practice is only delivered at the *Université du Québec à Trois-Rivières*, within the context of the perioperative nursing certificate. In some work environments, the tasks of the nurse surgical first assistant are performed by other professionals (medical interns and externs, and general practitioners). Indeed, the employers use physicians to perform these tasks, because they are remunerated by the *Régie de l'assurance maladie du Québec*, whereas the salary of nurse surgical first assistants must be covered from the institution's budget. These factors explain in part why few nurse surgical first assistants are hired.

According to the FIQ's interpretation, the OIIQ proposal seeks to make training compulsory for operating room nurses so that they become "perioperative nurse and surgical first assistants" (ISSPA) (new job title], while requiring a permit for nurses in this field of practice. It also has the objective of reducing the training period to acquire knowledge and be able to practice as a nurse surgical first assistant. Given the high average age of operating room nurses, the FIQ believes, as does the OIIQ, that there must be more attraction and retention of operating room nurses to ensure the succession.

By requiring the permit, the OIIQ ensures that only nurses holding a perioperative nurse and surgical first assistant (ISSPA) permit and nursing assistants will have a place in the operating room. College-trained nurses or nurse clinicians thus will be excluded. The OIIQ proposal also seeks to ensure that the ISSPA can practice as a nurse surgical first assistant or work as a perioperative nurse, scrub nurse, circulating nurse and wakeup room nurse. In several institutions, according to the FIQ, this versatility seems difficult to achieve, because the nurses who currently work there do not perform all functions. Once again, by issuing a new permit, the OIIQ segments nursing practice and hinders nurses coming from another care environment who might have access to operating room positions. It must be noted that there is already a succession problem, without a new requirement of an OIIQ permit.

THE FIQ'S POSITION AND THE SOLUTIONS IT PROPOSES

The FIQ is partially in agreement with this OIIQ proposal 19. As a consequence of its previous positions, the FIQ disapproves of the requirement for a specific nursing permit to practice in the operating room. Instead the FIQ believes that the OIIQ should issue a specialist certificate. Practice in the operating room thus would not be exclusive to the holders of a specific permit and the employers thus would still have the choice between these specialist nurses and the nurse clinicians.

1. **Maintain the nurse, nurse clinician and nurse surgical first assistant job titles in the perioperative care sector.**
2. **Recognize equivalent experience for nurses and nurse clinicians wishing to acquire the necessary training to obtain the ISPPA or nurse surgical first assistant job title.**
3. **Create a new perioperative nurse and surgical first assistant job title.**
4. **Favour access to the ISPPA job title with an alternating work-study program, the costs of which will be assumed by the employers.**
5. **Improve the attraction and retention of new nurses in perioperative care by different means, including a longer induction and integration process and a mentoring program.**

2 OIIQ (October 2007), *Mémoire - Plan de relève et de rétention des infirmières de salle d'opération*, p. 6.

INFECTION PREVENTION AND CONTROL NURSES

CONTEXT

The OIIQ wishes to create a nursing specialty in infection prevention and control (IPC) to act on the recommendations of the Aucoin Report *(Comité d'examen sur le contrôle et la prévention des infections nosocomiales, 2005)*. According to the OIIQ, the level of knowledge of IPC must first be improved to confirm the nurse's authority in this matter.

Nursing practice in IPC requires a sum of knowledge regarding which there is currently little or no teaching under the Bachelor of Nursing program. Certain special knowledge in IPC is scientific and concerns microbiology, infectiology, epidemiology and statistics. The OIIQ proposes a requirement of a specialized graduate diploma (DESS) in infection prevention. Currently, not all Quebec universities offer the DESS in infection prevention; it is only offered by the *Université de Montréal and the Université de Sherbrooke.*

THE FIQ'S POSITION AND THE SOLUTIONS IT PROPOSES

The FIQ agrees on the enrichment of the nursing profession with IPC, to the extent that the specialization in IPC is recognized by a specialist certificate and the OIIQ specifies the reserved or additional medical activities that the IPC specialty nurse clinicians can exercise.

The nurses and care counsellors have been working for several years on infection prevention in the institutions. According to the FIQ, the addition of an IPC nurse clinician could support the practice of the nurses and care counsellors operating in this field.

1. **Favour access to the DESS specialized graduate diploma in infection prevention and control thanks to a work-study alternation program, the costs of which will be paid by the employers.**
2. **Provide on-the-job training adapted to the needs of IPC nurses and care counsellers.**
3. **Create a new specialty nurse clinician job title in infection prevention and control.**

MENTAL HEALTH SPECIALTY NURSE PRACTITIONER

CONTEXT

To play the role of mental health specialty nurse clinician, the OIIQ requires a DESS specialized graduate diploma and passage of an examination, following which it issues a specialty certificate resulting in the addition of a reserved activity of assessment of mental disorders. This activity is distinguished from the activity already reserved for nurses of assessing the physical and mental condition of a symptomatic person. It is important to specify that the assessment of mental disorders is a diagnostic activity.

THE FIQ'S POSITION

The arrival of the mental health specialist nurse clinician is an enrichment for the nursing profession in the mental health field. It will allow greater access to care for particularly vulnerable persons suffering from a mental health problem and improve the mental health services offered to the Quebec population. The FIQ agrees with the specialization in mental health through the specialist certificate.

CONCLUSION

The OIIQ, in its brief, proposes solutions which it claims will improve working conditions and the utilization of nurses in a context of perpetual shortage. Based on the FIQ's analysis, it is difficult to arrive at the same conclusions as the OIIQ for several of its proposals. More than a new approach to workforce planning, the OIIQ's brief proposes an in-depth revision of the regulation of nursing practice, which should have been the subject of a broad debate.

Regarding the proposals guaranteeing a competitive work environment that attracts and retains nurses in the public network, the FIQ has a mandate to study, preserve, defend and develop the economic, professional and social interests of care professionals within its democratic process. The FIQ is the sole representative with the mandate to negotiate the working conditions of care professionals, although support from the professional orders for the union demands is sometimes desirable. ■

REFLECTION ON THE STATUS OF WOMEN

The 52nd session of the *United Nations Commission on the Status of Women* was held in New York from February 25 to March 7, 2008. Lina Bonamie, as North American representative of *Public Services International* and Michèle Boisclair, Executive officer in charge of the Status of Women Sector, were on hand for this first week of the event.

The theme this year, *"Financing for gender equality and empowerment of women"*, was very close to the one chosen by the *Collectif 8 mars*, of which the FIQ is part, to mark International Women's Day in Quebec: women's economic autonomy.

Over 4,000 people from labour organizations, non-governmental organizations and women's groups attended this 52nd session. The objective pursued by the participants is to exert moral pressure on each of the UN's member states and their decision-makers to advance the cause of women. More than 600 workshops on varied themes were also held. Thus, 27 recommendations were presented jointly, including three directly related to the working conditions required for women.

The work is far from over. As one indication, only 18 of the 193 UN representatives are women. It is imperative to follow the results of this 52nd session closely.

HAPPY RETIREMENT!

The Federation took advantage of the Federal Council to underscore the departure for retirement of two employees. Madeleine Harvey and Richard Laforest, both labour relations consultants, are leaving the FIQ for a well-deserved retirement. The members of the Executive Committee, the staffers and the delegates pay a tribute to their work and wish them good health and a happy retirement.

OVERVIEW OF THE NEGOTIATIONS

Sylvie Savard, executive officer in charge of the Negotiation Sector

Gino Pouliot, coordinator for the Quebec-wide negotiations

The Executive officer in charge of the Negotiation Sector, Sylvie Savard, accompanied by Gino Pouliot and Francine Roberge, respectively coordinator of the Quebec negotiations and union consultant with the sector, presented an overview of various issues concerning negotiations: the reform of the process of negotiation, exploration of the possibility of taking on the next round of negotiations in partnership with the SISP, and follow-up on the discussions with the CPNSSS and the pay equity issue.

REFORM OF THE PROCESS

The SISP operating protocol, adopted by the Federation's delegates in June 2007, provided for a mandate to review the process of negotiation. After a brief review of the FIQ's last rounds of Quebec negotiations, the delegates were given a summary of the discussions at the SISP, with the central labour organizations and with the *Conseil du trésor* representatives. The work on the reform is still its infancy, but one thing is certain – it will be an interunion effort. The SISP's member organizations have agreed that the FIQ and the CSQ will represent the SISP on this interunion body, which will also include representatives of the CSN and the FTQ. For the time being, all the discussions are part of an exploratory approach and, very clearly, the delegates will participate in the decisions as the work progresses. For the Federation, the reform of the process of negotiation is necessary so that the conditions of employment of nursing and cardio-respiratory care professionals can be negotiated freely.

SISP – NEGOTIATION

Each of the SISP's member union organizations is exploring the possibility of conducting the next round of negotiations through this coalition, for certain matters. The discussions and exchanges between the organizations are just beginning, as is the reflection within the FIQ. The discussions to date have focused on certain concerns of the organizations. To bring together over 300,000 public and parapublic employees, the issues at stake are very important and complex. One thing is clear. All the organizations want to maintain their identity and their freedom of action, in accordance with their structure.

Since the decree will expire in 2010, it is imperative to establish a timeline so that a decision can be made in the next few months. The Federation will continue its reflection within its own ranks. The next Convention, meetings of affiliated unions, a Special Federal Council on this question next October and the December 2008 Federal Council will all be opportunities to exchange ideas and find out the opinion of FIQ members about this possible negotiating alliance. How could this alliance take shape? What would be the matters for negotiation? What would be covered by an eventual non-raiding memorandum? What would the decision-making process be? There are no answers to any of these questions for the time being.

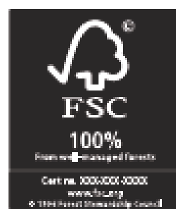
CPNSSS

At the last Federal Council, the delegates mandated the Negotiation Sector to begin discussions with the *Comité patronal de négociation du secteur de la santé et des services sociaux* (CPNSSS) for the uniform recognition of seniority. The Federation recently received a positive response from the CPNSSS representatives. Thus, from now on, upon integration into the FIQ bargaining unit, the last hiring date with an employer is considered in calculating seniority.

The work concerning the ranking applicable to the perfusionist job title has been delayed due to internal changes at the *Ministère de la Santé et des Services sociaux*. The work should begin in the next few weeks. ■

RETROACTIVE PAYMENTS

Over the past few months, following the pay equity settlement, certain problems regarding retroactive payments to nurses who have become nurse clinicians have been noted at the Federation. According to the representatives of the *Ministère de la Santé et des Services sociaux*, institutions that are behind schedule have received clear directives to proceed with the calculations as soon as possible. The nurse clinicians who have been victims of this deplorable delay should have the situation corrected before the end of March 2008.



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