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ENACTION

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Francine Savard, Sylvie Savard, Serge Prévost and
Ginette Raymond

MARCH 26 EMPLOYER PROPOSAL AT THE SECTORAL TABLE ODIOUS AND CATASTROPHIC

The delegates were pumped for the presentation of the report of the Coordinating Team, composed of Sylvie Savard, Ginette Raymond, Francine Savard and Serge Prévost. After singing the official song of the sectoral negotiations, they listened with great interest to a report on the events that led the Committee to make a noisy exit from the bargaining table. The delegates booed the employer proposal filed on March 26, already described as odious and catastrophic by the President, which offers nothing but a clawback of the few decent working conditions care professionals still have.

MARCH 23

The employer party invited the FIQ to an exploratory exercise in which each party was supposed to target priorities with a view to agreeing on the negotiations for March 31, 2010.

The employer party indicated that its priorities would include demands related to workforce availability and optimization of the use of human and financial resources.

The employer party announced that arrangement of work time proposed by the FIQ or any other form of arrangement leading to reduction in workload would not be discussed.

MARCH 25

The FIQ decided to participate in the exploratory approach and determined its negotiating priorities, after targeting certain demands, and presented them to the employer party.

Certain demands from the initial filing were reviewed, corrected or withdrawn, but the four priorities adopted by the members were maintained. The FIQ reiterated its willingness to negotiate the arrangement of work time.

The FIQ's negotiating priorities were recognition of inconveniences, responsibilities and additional training, and arrangement of work time.

MARCH 26

The employer party tabled its demands based on the priorities announced on March 23.

The FIQ found that 39 proposals, presented 6 days before the March 31 deadline, largely involved clawback of existing working conditions. The state of public finances was given as the justification for these demands.

In addition, the measures concerning workforce availability ended up as proposals for extreme flexibility.

The employer party notified the FIQ that it would not accept any of the union priorities tabled on March 25 and that the status quo had to be maintained on these issues in the collective agreement.

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WORD FROM THE PRESIDENT

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NO OTHER CHOICE BUT TO SLAM THE DOOR

Régine Daurant



The care professionals are determined to continue their struggle: their survival depends on it.

There has been no shortage of Federal Councils since the beginning of 2010. Indeed, faced with a government that persists in seeking to slash its employees' working conditions, the Federation scarcely has any choice but to bring its delegates together and make the necessary decisions - decisions that measure up to the problems its members live with every day.

The studies show that many care professionals show symptoms of psychological distress, are victims of psychological harassment by their superiors, have a sense of injustice and perceive incoherence between their values and the values of the institution where they work. Enough is enough. Quebec care professionals can't take it anymore.

The severity and precariousness of their working conditions are reaching new heights. From the local employers all the way up to the Premier, including the Minister of Health, the Association québécoise d'établissements de santé and the Comité patronal de négociation - all are showing an incomprehensible intention to crush their employees even more, thus endangering the quality of the services we passionately and wholeheartedly provide. The decision-makers have nothing but contempt to offer these committed workers, who are at the end of their rope.

Not so long ago, Mr. Charest begged the population to give him a majority government so that he could "keep both hands on the wheel". Unfortunately, today we find that he is driving blind. The care profession-

als have lost all confidence in a government that clearly doesn't know how to drive and that has no perspective or awareness of the dangers of the road down which it is taking us.

Why does Mr. Charest persist in ignoring his employees' calls for help when he desperately needs them? Does he seriously think he can attract and retain new recruits and keep older employees by constantly deteriorating their already abject and inhuman working conditions?

This government is using the alleged financial crisis to justify its behaviour at the bargaining tables, but it obstinately refuses to stop resorting to private health-care placement agencies, even though they are notoriously more costly and inefficient. If saving money is what interests him, why persist in going down a road that is certainly lucrative for private enterprise, but very unprofitable for the government?

What would the executives of health-care institutions do if the 58,000 nurses, nursing assistants, respiratory therapists and perfusionists decided tomorrow morning to resign from their public network jobs and join a

private agency? Who could blame them, given that based on the offers made to them, this seems to be the only way to obtain decent working conditions? How could the government justify the extraordinary cost increase that would result from this? Would the hospital then be open Monday to Friday from 9 to 5?

Jean Charest's government is insensitive to what the care professionals are going through. To thank them for keeping the health-care system alive, a system that has become chaotic, it offers to reduce the amount of salary insurance by 50%, cut the number of sick days, abolish automatic recognition of university education in community health, and set conditions to be entitled to time-and-a-half on Christmas and New Year's Day.

The Negotiating Committee had no other choice than to leave the bargaining table and slam the door. This was the only appropriate gesture. Thank you for the courage you showed and for defending the dignity of the FIQ's members by this action. The care professionals are determined to continue their struggle: their survival depends on it. ■

ADOPTION OF THE ESSENTIAL SERVICES POLICY

To thunderous applause, the FIQ delegates unanimously adopted the essential services policy in accordance with the applicable legislation, after a presentation by the Executive Officer in charge of the negotiations, Sylvie Savard.

In case the current negotiations do not produce results, the delegates also accepted the recommendation to initiate a legal process as stipulated in the essential services legislation, starting April 12, 2010, at local general assemblies.

WHY ADOPT AN ESSENTIAL SERVICES POLICY?

Sylvie Savard, along with José Masson, Julie Blouin and Pierre Leduc of the Legal Team, emphasized to the delegates why it was important to adopt an essential services policy while the climate was right for it.

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NEGOTIATIONS



(CONT'D FROM PAGE 2)

- The adoption of this policy will allow the FIQ to resort to pressure tactics in total legality, in the event that no satisfactory agreement is reached at the bargaining table.
- This policy is a means of determining the guidelines for eventually exercising the right to strike. Thus, the FIQ and its unions are protecting themselves against government sanctions if pressure tactics are necessary.
- The adoption of an essential services policy is, in itself, a persuasive, hard-hitting and convincing means of action, especially in the current context, in which the FIQ benefits from appreciable enthusiasm, the unfaltering support of public opinion, and daily media visibility.

CALCULATION OF THE PERCENTAGE OF ESSENTIAL SERVICES TO BE MAINTAINED

According to the Labour Code, only the employees covered by the bargaining units of the FIQ's affiliated unions are taken into account in determining essential services. Personnel from private healthcare placement agencies must be excluded from any staff level calculation in the percentage of essential services to be maintained.

STRIKEBREAKERS

The Labour Code formally prohibits the employer from using the services of any person to perform the duties of an employee who is part of the bargaining unit, for the duration of a legal strike. An employer who uses the services of a person referred by a private healthcare placement agency to perform the duties of an employee on strike would violate the provisions of the Labour Code. ■

The FIQ delegates unanimously adopted the essential services policy.

(CONT'D FROM COVER PAGE)

WORKFORCE AVAILABILITY

The employer party is offering premiums to the employees holding rotating day-evening positions – premium on the day shift equivalent to about \$3.72 and premium of about \$11.15 on the evening and night shifts. Other measures, according to the Federation, seek to increase casualization instead of ensuring real workforce availability. This is particularly the case for maintenance of part-time employees on the availability list without positions.

The employer party proposed to add new definitions of positions (full-time and part-time), for which the number of hours would range between 35 and 40 hours and could be staggered on a non-weekly basis, without exceeding one year. For example, an employee who obtained a full-time position of 40 hours per week, for a 6-month reference period, would have to work 960 hours in that period. This employee thus might have to work 60 hours one week and 20 hours the next week. The overtime payable, if any, would be paid at the end of the reference period if the employee worked more than 960 hours.

The purpose of other measures is to introduce 12-hour schedules permanently, abolish the 16-hour interval between shifts and change the notion of workday and workweek for the application of overtime. These hours thus would no longer be paid after the workday, depending on the type of position held by the employee.

The employer party also wants to introduce criteria concerning payment at time-and-a-half when the employee works on Christmas or New Year's Day, with the objective of avoiding absences during that period.

Finally, it is proposed that holidays or annual vacations be paid instead of taken as time off, as the employee chooses or when the employer cannot grant these leaves.

OPTIMUM USE OF RESOURCES

Some of the measures the employer wants to put forward have the objective of saving money to reinvest it later in more attractive measures. Here are only a few of the measures proposed: restricting access to salary insurance by changing the definition of disability, reducing the sick leave bank from 9.6 to 6.6 days, and reducing salary insurance benefits from 80% to 66 2/3% in the first year, and to 50% in the second year.

Finally, the employer party no longer wants to recognize additional training (Bachelor's degree) automatically for CLSC nurses, while the FIQ demands that this training be recognized automatically for all the employees who hold this degree, regardless of where they work. ■

MARCH 30 – THE FIQ RETURNS TO THE BARGAINING TABLE

After a meeting of the SISPCSN-FTQ Common Front representatives with Ministers Gagnon-Tremblay, Bolduc and Courchesne, the FIQ delegates decided to continue the negotiations at the sectoral table with the aim of finding immediate, concrete and structuring solutions to the problems experienced by care professionals. It was agreed that April 8 and 9 would be the deadlines to evaluate the progress of the work. A Special Federal Council must be held on those dates.

Because the Ministers showed openness at this meeting, because the *Conseil du trésor* undertook to withdraw clawback of working conditions, and because the Minister of Health undertook to negotiate in good faith at the sectoral table by giving appropriate mandates, the FIQ agreed to return to the bargaining table to reach a settlement as soon as possible.



OVERTIME HOURS



GROWTH OF OVERTIME HOURS IS CAUSE FOR CONCERN

INTERSECTORAL TABLE

Since the publication of the last *FIQ en Action*, the Conseil du trésor proposal regarding salaries has remained the same. The Common Front representatives were given a presentation on Quebec's economic situation once again.

The discussions are continuing regarding retirement. For parental leave, the negotiating parties are willing to act on the recommendations of the Parity Committee, which was mandated to analyze and establish the concordances between certain provisions of the collective agreements and those of the public order legislation.



The rationale for resorting to overtime is usually the employers' obligation to handle additional workload, an unexpected absence of personnel or an emergency. However, in the public health network, we must recognize that overtime is no longer an exceptional measure but a means of responding to normal staff shortages. The growth of overtime hours over the past ten years is alarming. It was in these terms that Daniel Gilbert, 2nd Vice-President, accompanied by Louis Jolicoeur and José Masson, members of the Legal Team, addressed the delegates on the growing overtime problem.

ACTIONS ON SEVERAL FRONTS

Given that compulsory or voluntary overtime is used to reduce the impact of the shortage of care professionals in the institutions, the problem is complex. It is at risk of becoming increasingly widespread if nothing is done to put a stop to it. To remedy the shortage, actions must be carried on several fronts at the local level. Different means are possible:

- Raise the members' awareness of the risks to their health, as well as the risks caused by a state of fatigue that potentially could lead them to commit professional errors;
- Urge the members to document the situations and denounce them by filling out waiver of liability forms, asking the

professional orders to conduct investigations, and filing grievances;

- Analyze the problem situations, identify the different potential solutions for concrete action on these problems, and use the Committee on Care to discuss these situations as soon as possible;
- Adopt a local action plan to denounce this problem as widely as possible by different means, particularly by a letter to the Director of Nursing, the Director of Professional Services and the Executive Director, by visibility and mobilization actions, by public denunciation of any situation of intimidation, by a grievance, etc.

Daniel Gilbert also mentioned that these different means of action have already produced results in some institutions. The FIQ thus encourages their use to act locally and put a stop to these situations, which hinder the retention and attraction of care professionals. The employers must stop resorting to overtime as a routine management method; it must remain an exceptional measure. The three professional orders representing the Federation's members are unanimous and share this opinion. ■



The growth of overtime hours over the past ten years is alarming

Daniel Gilbert, José Masson and Louis Jolicoeur



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