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ENACTION

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC | www.fiqsante.qc.ca



IMPORTANT AND NOTEWORTHY GAINS

Conducted under the theme “To stay healthy, change is needed”, these negotiations were a prime opportunity to make the population aware of the threat of privatization which weighs heavily on the health network. The demands put forth by the organization had the double goal of improving the working conditions of its members and to ensure the longevity of a public health network.

Every healthcare professional supported the common project of negotiating a first collective agreement for all the healthcare professionals. Whether a nurse, a licensed practical nurse, a respiratory therapist or a perfusionist, each one supported the FIQ demands and everyone will benefit from the noteworthy gains wrung from a battle that lasted more than a year. The members can be proud of the result of this fight which will recognize once again the FIQ as the organization which represents 58,000 healthcare professionals in Quebec.

PAYMENT OF THE OVERLAPPING PERIOD

From now on, most of the healthcare professionals will receive additional pay of 15 minutes per shift. For those who will not be directly covered by this

agreement on the overlapping period, they will receive an annual premium of 2%. This recognition of time worked will apply to full-time and part-time employees and to:

- nurses and respiratory therapists working in the centres of activities where services are provided 24 hours a day, 7 days a week;
- nurses and respiratory therapists working in the centres of activities where services are provided on 2 shifts, 7 days a week;
- nurses, respiratory therapists and licensed practical nurses who are not covered by overlapping between shifts. These employees will receive an annual premium of:

- 1% for 2010-2011 (on the date the collective agreement takes effect),
- 2% (as of April 1, 2011).

It has taken several rounds of negotiations to obtain this recognition of the work done during the change of shifts by healthcare professionals.

INCREASE OF THE EVENING, NIGHT AND CRITICAL CARE PREMIUMS

The increase in premiums represents for all healthcare professionals, not only a significant gain, but also the recognition of their responsibilities and the inconveniences they must put up with.

CONT'D P.3



WORD FROM THE PRESIDENT

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THE RECOGNITION OF HEALTHCARE PROFESSIONALS: AT LAST!



An agreement ratified by a strong majority

Meeting in a special federal council, the delegates learned the details of the agreement in principle reached between the FIQ and the government of Quebec. This agreement includes the sectorial and intersectorial matters. They decided, by a large majority, to recommend its acceptance to the members of the Federation. If, the members, in turn, accept it, this agreement will become the next collective agreement for more than 58,000 healthcare professionals in Quebec.

It took 13 months of hard labour, 13 months of mobilization and demonstrations of all kinds, 13 months of various support for the government of Quebec to agree with the arguments of the Federation and for an agreement in principle to be reached between the two parties. This agreement in principle finally recognizes the work, roles, duties and responsibilities of the healthcare professionals working in the Quebec public health network. The FIQ has, once again, demonstrated that it is the best organization to defend the healthcare professionals.

This agreement in principle is an historical moment for the Federation. For the very first time, the respiratory therapists, licensed practical nurses, perfusionists and nurses have brought a common project to negotiate one collective agreement for all the healthcare professionals. The challenge was considerable and the adversary tough, but the determination and patience of the Federation and its members enabled us to win.

When the FIQ left the bargaining table in June because the government was imposing what the other labour organizations had accepted, it took the decision to stand up to the government of Quebec, strong with its 58,000 members. The Federation was convinced that the specificities of the healthcare professionals had to

be recognized for its true value. This recognition needed to be worthy of their responsibilities and their contribution in delivering quality care to the population of Quebec. The ensuing agreement in principle proved them right.

Every negotiations is difficult, and this one was no different from the others. However, for each gain torn from the government, it is a new step in the improvement of the working conditions of the members of the Federation. This agreement in principle will not resolve all the problems that healthcare professionals experience, but significant breakthroughs have been made. The many characteristics of the FIQ members have certainly been considered. The strength of diversity of the professionals making up the organization has been the leverage

to come to this positive conclusion of the negotiations.

The gains obtained will help us get through the coming years with a little more serenity. However, the fight must go on in order that the situation of respiratory therapists, licensed practical nurses, perfusionists and nurses working in the public health network will continue to improve.

With this agreement, the FIQ can put its name in the history of battles for the improvement of the nursing and cardio-respiratory care professionals. Everyone can be proud of this agreement in principle and the extras it brings for the healthcare professionals. ■



Sylvie Savard, 4th Vice-President

TARGETED PRIORITIES: NOTEWORTHY GAINS

The draft collective agreement for the 58,000 members of the Federation tabled with the Quebec government in October 2009 was without doubt, innovative and brought long lasting solutions to the abysmal working conditions of the nursing and cardio-respiratory care professionals. These difficult working conditions combined with a more and more alarming shortage of healthcare professionals left no choice: the government must be forced to recognize that the situation could no longer continue.

Last June, the member organizations of the Common Front (SISP¹, CSN and FTQ) concluded an agreement in principle on the intersectorial matters, such as salaries, retirement, and parental rights. However, from the beginning of these negotiations, the Federation wagered that it would be thanks to the negotiation of the sectorial matters that it would obtain significant gains for its members. The content of the agreement reached with the government of Quebec on November 13 clearly demonstrates that the FIQ has made the right choices.

OVERLAPPING BETWEEN SHIFTS PAID

No one doubts that among the most important gains obtained by the Federation, the payment of the overlapping period is spectacular. The injustice that healthcare professionals have always endured by having to give report during the overlapping period between shifts had to stop. Now, the majority of healthcare professionals will receive additional pay per shift. Those who will not be directly covered by this agreement on the overlapping period, will receive a premium of 2%.

1. *Secrétariat intersyndical des services publics* which includes the FIQ, the CSQ, the APTS, the SFPQ and the SPGQ.

**AGREEMENT
IN PRINCIPLE**

**IMPORTANT AND
NOTEWORTHY GAINS**

**TARGETED PRIORITIES:
NOTEWORTHY GAINS
(CONT'D)**

INCREASE OF PREMIUMS

Among the other major gains included in this agreement in principle, are the significant increases of evening, night and critical care premiums. The increase in these different premiums can now be up to 16%, for all the Class 1 healthcare professionals.

**OTHER IMPORTANT
BREAKTHROUGHS**

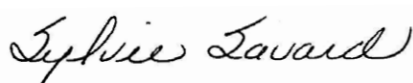
The agreement in principle also includes greater accessibility to the licensed practical nurse team leader job title. Furthermore, the Federation obtained that overtime after the workday or workweek for nurse clinicians working in centres of activities where services are provided 24 hours a day, 7 days a week is paid.

Throughout these negotiations, the Federation was up against several refusals of the different arrangement of work time projects that it proposed. The agreement does not contain everything that the FIQ would have liked, but it succeeded in negotiating national parameters in order that the local parties can agree on different arrangement projects allowing a reduction in the workweek on all three shifts.

**A REDUCTION IN THE USE OF
INDEPENDENT LABOUR (IL)**

On this subject, the FIQ agreed with the government to attain a national target of reduction of 40% in the use of independent labour (IL) by 2015. It is a victory for the members of the Federation, for the population, but also one step further towards a long lasting public health network.

The agreement in principle reached between the FIQ and the government of Quebec includes numerous gains adapted to the realities of everyone and adapted to the diversity of the FIQ healthcare professionals. ■



* On the date the collective agreement takes effect and on April 1 for the other years

IMPORTANT AND NOTEWORTHY GAINS

(CONT'D FROM PAGE 1)

EVENING AND NIGHT PREMIUMS

Evening and night premiums will be increased when an employee offers a minimum availability of 16 days out of 28 days, on the evening and night shifts, including the number of days in her position, in the following manner:

EVENINGS

- 6%* for 2010-2011 and 2011-2012;
- 7% for 2012-2013 and 2013-2014;
- 8% for 2014-2015.

An employee who is available will see her evening premium doubled by the end of the collective agreement.

The full-time evening or night employee will automatically be entitled to the increased premiums.

CRITICAL CARE PREMIUM

This premium will apply to all healthcare professionals working in the following services:

- Emergency;
- Intensive care;
- Neonatal unit;
- Major burn unit;
- Coronary care unit

and will be established as follows:

- 10%* for 2010-2011 and 2011-2012;
- 11% for 2012-2013 and 2013-2014;
- 12% for 2014-2015.

No requirement of additional availability will be imposed in order to benefit from this premium, contrary to what was proposed in the June management offers when an employee who does not give availability receives a 5% premium.

A 2% increase in the critical care premium will be given to the employee who expresses a minimum availability of 16 days out of 28 days, including the number of days in her position. This availability must be offered, in whole or in part, in one of the critical care services. Therefore, the premium will be 12 to 14%.

The tenacity of the members of the Federation paid off as, contrary to what was stipulated in the June management offers, the noticeable rise in the critical care premium, with or without availability, takes into account the more important responsibilities of the healthcare

NIGHT PREMIUMS	0-5 years	5-10 years	10 years and more
2010-2011*	11 to 12%	12 to 13%	14 to 15%
2011-2012	12 to 13%	13 to 14%	15%
2012-2013	13 to 14%	14%	15 to 16%
2013-2014	14%	14 to 15%	16%
2014-2015	14%	15%	16%

professionals working in these services.

CREATION OF A SHIFT ROTATION PREMIUM

An employee working in a rotation position (day-evening or day-night) will be compensated for this inconvenience from now on. She will receive half the evening or night premium for all hours worked on the day shift when she offers a minimum availability of 16 days out of 28 days, including her position. An employee who does not meet the criteria of additional availability will receive half the current premium of 4% on the evening shift and half of the 11 to 14% premium on the night shift, and this for the hours worked on the day shift.

A full-time employee will automatically be entitled to the increased premium.

REDUCTION IN THE RELIANCE ON PRIVATE HEALTHCARE PLACEMENT AGENCIES

The FIQ has been leading a fight for several months against the reliance on private healthcare placement agencies in the public health network. In fact, the return of healthcare professionals working for private healthcare placement agencies to the public network is essential to protect public health care and services.

When the coordination team for the negotiations left the bargaining table last June, the only measure proposed by the government was the creation of a committee that would make recommendations to the Ministry of Health and Social Services. These recommendations

had to be on organization of work projects that would reduce the use of independent labour (IL) and overtime hours. Finally, the government and the Federation agreed to reduce the use and the growth of reliance on private agencies in the following manner:

- A 40% reduction in the utilization rate of Class 1 independent labour personnel in all the institutions in the health and social services network. This goal of reduction should ensure that by the end of the collective agreement, the utilization rate of this manpower would be about 2%.
- The setting up of a national parity coordination responsible for analyzing the evolution of the situation and to do a follow-up with the decision-making bodies concerned in order to attain the stipulated goal. It will regularly calculate the utilization rate of independent labour in the institutions, using the regional indicators.

ARRANGEMENT OF WORK TIME

The arrangement of work time project of the FIQ brought innovative and structured solutions to resolve the problems that exist in the public health network. Despite the government's stubbornness and the adoption last June of only one arrangement of work time by the other labour organizations for all their members, the Federation could not reconcile itself to accept an arrangement that only covered employees on the evening and night shift. Therefore, the FIQ pursued the fight.

**AGREEMENT
IN PRINCIPLE**

**IMPORTANT AND
NOTEWORTHY GAINS**



The government and the Federation agreed to make an arrangement of work time accessible:

- To employees on the day shift with 15 years and more of service;
- To employees on the evening and night shift;
- On a voluntary basis and not obliging the employees to use their annual vacation to reduce their workweek.

The arrangement of work time for staff on the day and evening shift will include, during certain periods of the year, 9 shifts per 2 weeks by converting 9 statutory holidays and 3 sick days. The employee on nights will work 8 shifts per 2 weeks. These employees may benefit from a maximum of 45 days not worked per year by converting 9 statutory holidays, 4 sick days and the night premium of 12, 13, 14, 15 or 16%. They can further reduce their workweek by converting up to 5 days of annual vacation if they want.

Other possibilities of arrangement of work time could be considered at the local level. In fact, the local parties can agree, by implementing atypical schedules, on workweeks that include for example, 3 shifts of 12 hours or 3 shifts of 8 hours with 12-hour shifts on the weekend.

The arrangement of work time will be gradually carried out in the institutions over a 3-year period.

UPGRADING OF PART-TIME POSITIONS

The upgrading of part-time positions had become a key to giving a breather to the health network. In spite of a context of a severe shortage, employers have continued to keep their employees in a precarious situation by giving them 2-day a week positions. While the healthcare sector desperately needs manpower, the government and the Federation agreed to upgrade the employees' part-time positions in the following manner:

- For the nurses: 60% of the positions could be upgraded in all the centres of activities, on the evening and night shift and on rotation. This percentage will apply to the day, evening and night shift in critical care;
- For the nurses: 50% of the positions could be upgraded in all the other centres of activities;

- For the licensed practical nurses: the local parties could upgrade the positions of part-time employees on the shifts and in the centres of activities agreed to;
- The employees will not be obligated to apply or accept a position for which the number of shifts is higher than 8 shifts per 28 days;
- The upgrading exercise will apply to the institutions who have more than 100 full time equivalents (FTE) in the nurse job title.

OVERTIME FOR NURSE CLINICIANS

Henceforth the rules concerning overtime stipulated in caluse 19.03 of the decree will apply after the regular workday or the regular workweek for nurse clinicians and nurse clinician assistant head nurses who work in centres of activities where services are provided 24 hours a day, 7 days a week.

This is a major gain for nurse clinicians who are confronted with the obligation to work overtime and the employers' refusals to authorize them to take the time back. Thus, they can now finally be paid according to the conditions stipulated for overtime hours.

CREATION OF A NURSE CLINICIAN SPECIALIST JOB TITLE

This new job title will enable the recognition of employees who hold a master's degree, like the nurse in prevention and infection control and the mental health nurse. This is a major gain and will place an employee with a master's degree in a new salary scale.

MODIFICATION OF THE DESCRIPTION OF THE LICENSED PRACTICAL NURSE TEAM LEADER JOB TITLE

This modification of the description the job title will promote, greater accessibility to this job title for licensed practical nurses, and a recognition of the new reality of working in CHSLD's, among others. This major gain will recognize the participation and contribution of licensed practical nurses to the care team.

EVALUATION OF THE CLINICAL PERFUSIONIST JOB TITLE

The Federation has been asking the Ministry of Health form a long time to intervene in the file of the perfusionists. Thus, it obtained

that the description, requirements and the classification of the perfusionists be determined during the work on the modifications of the nomenclature.

INTEGRATION IN THE SALARY SCALE FOLLOWING A PROMOTION

A nurse promoted to nurse team leader, a respiratory therapist promoted to clinical instructor or technical coordinator as well as a licensed practical nurse promoted to licensed practical nurse team leader will receive, in their new job title, the salary stipulated in the echelon for this job title corresponding to the echelon that she had in the job title she is leaving. Thus, the years of experience for promoted employees will be recognized, just like the assistant head nurse and the assistant head respiratory therapist.

RECOGNITION OF SENIORITY DURING A PART-TIME LEAVE WITHOUT PAY

A full-time employee who takes a part-time leave without pay to teach will accumulate her seniority as if she was a full-time employee, for a maximum of 12 months. An employee who takes a part-time leave without pay to study will accumulate her seniority as if she was a full-time employee for the whole length of her leave.

HARASSMENT AND VIOLENCE

Contrary to what currently happens, an employee, victim of harassment or violence could pursue her approach with the local complaints committee and file a grievance. ■



SALARIES, RETIREMENT AND PARENTAL RIGHTS

Last June, the member organizations of the Common Front SISP-N-CSN-FTQ, reached a satisfactory agreement in principle within the context of the negotiations for the renewal of the collective agreements. This agreement concerns salaries, retirement and parental rights and covers nearly half a million public and parapublic sector employees.

SALARY INCREASES

The agreement negotiated by the Common Front for a 5-year collective agreement, combines fixed increases of 6% and variable adjustments according to economic growth (up to 3.5%) or according to inflation (up to 1%) for a possible total of 10.5%.

The salary rates and scales are increased in the following manner:

Period	Fixed increases	Variable increases		Maximum increases possible
	Salary parameters	Increases linked to economic growth	Increase linked to inflation	
		Possible maximum		
April 1, 2010	0.50%			0.50%
April 1, 2011	0.75%			0.75%
April 1, 2012	1.00%	0.50%		1.50%
April 1, 2013	1.75%	1.50%		3.25%
April 1, 2014	2.00%	1.50%		3.50%
April 1, 2015			1.00%	1.00%
TOTAL	6.00%	3.50%	1.00%	10.50%



RETIREMENT

The Common Front can say that, at the end of the negotiations, it achieved all the objectives it was seeking through its demands. These objectives were to ensure:

- Security of the retirement plan;
- Stability of the contribution rate;
- Equity among the participants.

The Common Front had formulated four demands:

Funding of the plan

As asked by the union party, the actuarial valuation method would be changed from a level premium to a single premium. This new method would make it possible to generate a surplus or a deficit, as the case may be. A stabilization fund equivalent to 10% of the actuarial liabilities would be created to protect the plan against market fluctuations.

Indexation

The government agreed to resume the discussions with the union party for amendment of the indexation formula for 1982 to 1999, when

the RREGOP fund would reach a surplus that both is greater than 20% of the actuarial liabilities and that allows complete coverage of the cost attributable to the employees' fund.

In addition, the government will amend the Act respecting the Government and Public Employees Retirement Plan so that it immediately includes the union party's commitment to fund half of this demand, once the conditions are fulfilled.

Contribution formula

The government accepted the union demand to reduce the exemption of 35% of maximum pensionable earnings (MPE) of the contribution formula to an exemption of 25% of the MPE. The new formula would be applied gradually, over 5 years, starting January 1, 2012. Employees whose salary is lower than the MPE would be guaranteed that they would not have to pay more contributions than they would have paid if the formula had remained unchanged. In fact, the government

would assume the shortfall for the RREGOP on behalf of these employees. Employees whose salary is greater than the MPE would see their contributions to the RREGOP reduced gradually over 5 years. This new formula is intended to be more equitable for all RREGOP participants.

Uncapping

Effective January 1, 2011, the maximum number of years of service that can be credited for the purposes of the pension calculation would increase from 35 years to 38 years. Thus, employees who choose to work longer than 35 years for calculation purposes would continue to accumulate retirement benefits and would have a pension greater than 70%. No retroactivity or buyback would be permitted for these years.

This measure would not affect the 35-year eligibility criterion for retirement. The benefits for years in addition to 35 years would not be coordinated with the QPP at age 65.

**AGREEMENT
IN PRINCIPLE**

**SALARIES, RETIREMENT AND
PARENTAL RIGHTS**

Other demands also on the table were:

Buyback price schedules

The price schedules for buybacks of leave without pay would be changed and become applicable for buyback requests received starting January 1, 2011. These price schedules would be based on the 2008 data and would be reviewed at each actuarial valuation. They would be established according to the employees' age.

Service prior to RREGOP

Starting January 1, 2011, it would no longer be possible to vest years of past service prior to the RREGOP (pension credits).

90-day bank

The government demanded the abolition of the 90-day bank, both for the past and for the future. Finally, the 90-day bank would be abolished only for the future, and consequently would no longer apply to absences without pay after January 1, 2011, except for leave resulting from parental rights.

Committee on the notion of subject employers and employees

A committee spun off from the Retirement Committee would be mandated to study this question and make the appropriate recommendations. ■

PARENTAL RIGHTS

The Common Front had asked for the creation of a parity committee to study the parental rights provisions in relation to various regulations, laws and decisions, and to upgrade these provisions, if applicable. By proceeding in this manner, substantial gains were obtained:

Current Decree ¹		Next collective agreement	
5 days →	100% employer	5 days →	100% employer
5 weeks →	70% QPIP 0% employer	5 weeks →	70% QPIP 30% employer

Current Decree ²		Next collective agreement	
10 weeks →	70% QPIP 30% employer	5 days →	100% employer
		5 weeks →	70% QPIP 30% employer

IMPROVED PATERNITY LEAVE

An agreement was obtained to make the necessary adjustments regarding a recent Court of Appeal decision, which ruled that it was discriminatory to give greater benefits to adoptive fathers than biological fathers. Biological fathers would benefit from the following leaves from now on¹.

CHANGES FOR ADOPTIVE PARENTS

Concerning adoptive parents, the provisions were also integrated into the next collective agreement. Adoptive parents would benefit from the following leaves from now on².

- When an adoption does not materialize, the adoptive parent would no longer have to reimburse the employer for the amounts already paid.
- An employee who adopts her spouse's child could take her leave within 15 days after the submission of an adoption application, instead of within 15 days after the child's arrival at home.

DINCREASED PROTECTION FOR PERSONS AFFECTED BY TRAGIC EVENTS

In the current collective agreement, a one-year leave without pay is provided for an employee who wishes to take care of a minor child suffering from a serious illness or who has suffered serious harm resulting from a crime. This leave would be extended by one year.

In addition, in the case of an employee affected by tragic events suffered personally or by her spouse or child (crime, suicide, disappearance), a leave without pay of 52 to 104 weeks would be provided.

Currently, maternity, paternity, adoption and parental leaves can be split into weeks for certain reasons, including the child's hospitalization, the mother's illness, or family or parental obligations. The maximum number of weeks that can be split is 15 weeks in the case of illness, and 6 weeks in the case of compassionate leave. The clauses of the collective agreement will be amended to allow splitting of these leaves for a period of 52 to 104 weeks when the employee is suffering from one of these tragic events.

However, these modifications concerning split leaves would not have the effect of extending the benefits payable beyond the period stipulated in the parental insurance regulation.

NOTICES IN COMPLIANCE WITH THE ACT

To comply with the Act respecting labour standards, the parties have agreed on the following notice periods to take leave for birth and paternity leave:

- A notice must be sent to the employer as soon as possible to take 5 days of leave on the occasion of the birth or adoption of a child;
- A written request must be submitted to the employer at least 3 weeks in advance to take 5 weeks of paternity and adoption leave;
- A written request must be submitted to the employer at least 3 weeks in advance to take leave without pay or part-time leave without pay in extension of a maternity, paternity or adoption leave;
- The 3-week notice period could be shorter if the child is born before the expected date.

Finally, after agreement with the employer, the employee, during the 2nd year of leave without pay or part-time leave without pay, could register on an availability list. The health and social services sectorial parties would agree on the conditions of application of the clause. ■



**AGREEMENT
IN PRINCIPLE**

**SOME EXAMPLES
OF SALARIES**

SOME EXAMPLES OF SALARIES

As previously mentioned, one of the main gains obtained by the Federation concerns the payment of the additional 15 minutes per shift for a majority of healthcare professionals. For those who will not be directly covered by this agreement on the overlapping between shifts, they will receive an annual premium of 2%. The following is what the new salary scales will look like for the different job titles, taking into account the premium and the overlap.

All the scales will appear in the document that will be given to the members at the local general assemblies. ■

NURSE

36.25 hours		April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014			
Echelon	Current annual salary	P1	P2	P3*	P4*	P5*			
		0.50%	0.75%	1.00%	1.75%	2.00%			
6	\$48,331	\$48,573	\$48,937	\$49,427	\$50,292	\$51,298			
12	\$60,113	\$60,413	\$60,866	\$61,475	\$62,551	\$63,802			
Premium (1%/2% of the salary)		(Date) **	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
		P1/1%	P2/2%	P3*/2%	P4*/2%	P5*/2%	Salary with premium	Echelon	
Monetary value of the premium negotiated for the jobs not covered by the overlapping of shifts		Premium paid in addition to the basic salary							
		\$486	\$979	\$989	\$1,006	\$1,026	\$52,323	6	
		\$604	\$1,217	\$1,229	\$1,251	\$1,276	\$65,078	12	
Overlap (37.50 hours)		(Date) ***	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
		P1	P2	P3*	P4*	P5*	New annual salary	Echelon	
Monetary value of increase in the number of hours to recognize the 15 minutes of overlap per shift		Annual increase with the payment of the overlapping period							
		\$1,675	\$1,688	\$1,704	\$1,734	\$1,769	\$53,066	6	
		\$2,083	\$2,099	\$2,120	\$2,157	\$2,200	\$66,002	12	

* The salary increase is variable for periods P3, P4 and P5. The increase foreseen may be larger depending on the economic growth: P3 (0.5%); P4 (1.5%); P5 (1.5%)
 ** On the date the collective agreement takes effect
 *** The date the collective agreement takes effect is not yet determined

NURSE CLINICIAN

36.25 hours		April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014			
Echelon	Current annual salary	P1	P2	P3*	P4*	P5*			
		0.50%	0.75%	1.00%	1.75%	2.00%			
9	\$52,723	\$52,987	\$53,384	\$53,918	\$54,862	\$55,959			
18	\$72,629	\$72,992	\$73,540	\$74,275	\$75,575	\$77,086			
Premium (1%/2% of the salary)		(Date) **	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
		P1/1%	P2/2%	P3*/2%	P4*/2%	P5*/2%	Salary with premium	Echelon	
Monetary value of the premium negotiated for the jobs not covered by the overlapping of shifts		Premium paid in addition to the basic salary							
		\$530	\$1,068	\$1,078	\$1,097	\$1,119	\$57,078	9	
		\$730	\$1,471	\$1,486	\$1,511	\$1,542	\$78,628	18	
Overlap (37.50 hours)		(Date) ***	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
		P1	P2	P3*	P4*	P5*	New annual salary	Echelon	
Monetary value of increase in the number of hours to recognize the 15 minutes of overlap per shift		Annual increase with the payment of the overlapping period							
		\$1,827	\$1,841	\$1,859	\$1,892	\$1,930	\$57,889	9	
		\$2,517	\$2,536	\$2,561	\$2,606	\$2,658	\$79,745	18	

Note: P1 indicates the first year of the collective agreement, P2 the second, and so on.

**AGREEMENT
IN PRINCIPLE**

**THE FIQ,
A STRONG VOICE,
ACTIONS THAT COUNT**

RESPIRATORY THERAPIST

35 hours		April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014		
Echelon	Current annual salary	P1	P2	P3*	P4*	P5*		
		0.50%	0.75%	1.00%	1.75%	2.00%		
6	\$44,990	\$45,215	\$45,554	\$46,010	\$46,815	\$47,751		
12	\$55,328	\$55,605	\$56,022	\$56,582	\$57,572	\$58,724		

* The salary increase is variable for periods P3, P4 and P5. The increase foreseen may be larger depending on the economic growth: P3 (0.5%); P4 (1.5%); P5 (1.5%)
 ** On the date the collective agreement takes effect
 *** The date the collective agreement takes effect is not yet determined

Premium (1%/2% of the salary)	(Date) **	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
Monetary value of the premium negotiated for the jobs not covered by the overlapping of shifts	P1/1%	P2/2%	P3*/2%	P4*/2%	P5*/2%	Salary with premium	Echelon	
	Premium paid in addition to the basic salary					\$48,707	6	
	\$452	\$911	\$920	\$936	\$955	\$59,898	12	
	\$556	\$1,120	\$1,132	\$1,151	\$1,174			

Overlap (37.50 hours)	(Date) ***	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
Monetary value of increase in the number of hours to recognize the 15 minutes of overlap per shift	P1	P2	P3*	P4*	P5*	New annual salary	Echelon	
	Annual increase with the payment of the overlapping period					\$49,457	6	
	\$1,615	\$1,627	\$1,643	\$1,672	\$1,705	\$60,821	12	
	\$1,986	\$2,001	\$2,021	\$2,056	\$2,097			

LICENSED PRACTICAL NURSE

36.25 hours		April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014		
Echelon	Current annual salary	P1	P2	P3*	P4*	P5*		
		0.50%	0.75%	1.00%	1.75%	2.00%		
5	\$38,906	\$39,101	\$39,394	\$39,788	\$40,484	\$41,294		
10	\$45,183	\$45,409	\$45,750	\$46,207	\$47,016	\$47,956		

Premium (1%/2% of the salary)	(Date) **	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2014		
Monetary value of the premium negotiated for the jobs not covered by the overlapping of shifts	P1/1%	P2/2%	P3*/2%	P4*/2%	P5*/2%	Salary with premium	Echelon	
	Premium paid in addition to the basic salary					\$42,120	5	
	\$391	\$788	\$796	\$810	\$826	\$48,916	10	
	\$454	\$915	\$924	\$940	\$959			

Note: P1 indicates the first year of the collective agreement, P2 the second, and so on.



**JANUARY 19 AND 20
REFERENDUM ON THE AGREEMENT**

The healthcare professionals in all the FIQ institutions will be asked to vote on the agreement in principle on January 19 and 20.

Check your bulletin boards between now and then as a general assembly will be held in your institution.

A more detailed document will be given to you at that assembly.

Attend in great numbers as your local team will be able to answer all your questions! ■



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