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# ENACTION

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC | [www.fiqsante.qc.ca](http://www.fiqsante.qc.ca)

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Federal Council  
December 4, 5 and 6, 2012



At the microphone: Michel Léger, West Island Health and Social Services Centre-UHCP

## INITIAL TRAINING THE FIQ REMAINS FOCUSED

The discussions on the issue of initial training for healthcare professionals continued during this Federal Council. In the current context, the FIQ is continuing its activities stipulated in the timetable presented at the March 2012 Federal Council in order to take a stand in June 2013.

Last March, the FIQ informed the delegation that it would conduct its work on the initial training of the nursing, licensed practical nurse and respiratory therapy professions simultaneously. However, due to the external context, the FIQ has had to limit its current work to the initial training of nurses only. In that context, we point out the announcement by the Minister of Health and Social Services on October 29 on the setting up of an interdepartmental-partnership working group in which the Federation will take part.

This working group has been created to study the level of training required by the nursing profession in the health and social services network, as well as to evaluate the impacts linked to an eventual increase in the standard to a bachelor's degree for entry to practice for the nursing profession. The deadline set by the minister for this group's work to be completed is the end of next spring.

The FIQ also made this choice based on discussions with the *Ordre des infirmières et infirmiers auxiliaires du Québec* (OIIAQ) the *Ordre professionnel des inhalothérapeutes*

*du Québec* (OPIQ) on this issue. Questioning the initial training of licensed practical nurses is not presently foreseen by the OIIAQ and that of the respiratory therapists is presently the subject of discussions between the OPIQ and the ministries concerned.

The rapid evolution of the initial training of nurses file forces the Federation to make the latter a priority for now. However, it will ensure a watchful eye over the external context on the initial training of the licensed practical nurses and the respiratory therapists.

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At the microphone: 1. Claudiane Gélinas, CSSS de l'Énergie 2. Tagnigou Collins, Hôpital Santa Cabrini 3. Marie-Claude Bédard, IUCPQ

**WORD FROM THE PRESIDENT**

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**AS ONLY WE ARE ABLE TO DO IT**

*Régine Daurant*

There is no doubt that the political and labour contexts have changed considerably since the last Federal Council. Six months ago, Québec found itself in the midst of a social crisis, fueled by a student conflict, and led by the majority Liberal government of Jean Charest.

Today, the students have returned to classes and Québec is led by a minority PQ government with a woman as premier. Between the two, we have had an electoral campaign, the *Parti Québécois'* first budget and the ongoing hostile attacks against the labour movement.

An electoral campaign, called right in the middle of the summer, wasn't ideal, but an organization like the FIQ cannot ignore it. However, the challenge was considerable. How could the Federation react in order to put the important issues for its members in the forefront?

Like some of the citizens of Québec, some healthcare professionals believe that a labour organization should not be involved in politics. Yet, every decision, every draft bill, every orientation of the government has an impact on all aspects of life in a society, including that of the members of the FIQ. The latter are not only healthcare professionals, but also citizens who deserve that their income taxes be used in accordance with their values.

Obviously, the Federation has to see to that the working and living conditions of its members are the best possible, and the election of a government is the starting point.

The invitations that it extended to the party leaders allowed it to become involved differently in this electoral campaign. The FIQ thus hoped to put its own proposals up for debate and to learn the political parties' true commitments to health care.

With the arrival of a new government and a new Minister of Health, the FIQ must be an astute politician and find a balance in order to reach its goals. It must use the best means to pass its messages and, thus, reach its objective of defending the interests of its members.

**THE UNIONS ARE STILL BEING ATTACKED**

At the federal level, a string of draft bills have been tabled by the Conservatives that directly affect labour and social battles. Bill C-039, forbidding the wearing of masks during illegal demonstrations, has been passed. That means that if the delegates meeting in a Federal Council spontaneously decided to go demonstrate in front of the National Assembly and one of them was wearing a mask, she could serve 10 years in prison. Do we really want to live in this type of country?

The Conservatives have also passed Bill C-377 that stipulates that labour

organizations must divulge all their financial statements. There is no doubt that such a bill will inevitably undermine bargaining power during employer-labour conflicts. Still worse, we need to be seriously concerned with the fact that such a bill is an additional step towards attacking the Rand Formula!

At the provincial level, certain signs are also disturbing. And, the fact that a judge found Gabriel Nadeau-Dubois guilty of contempt is not reassuring for the unions.

All these peculiarities of the context are pushing the FIQ to want to do things differently, and this, in order to influence the daily lives of the members that it represents. To play the game well, it is important that the Federation and its members are increasingly creative and audacious, as only they are able to do it. ■

From left to right:  
 Huguette Fortin, *CSSS de Beauce*  
 Édith Rodrigue, *CSSS des Etchemins*  
 Suzanne Ouellet,  
*CSSS Alphonse-Desjardins*  
 Isabelle Morissette,  
*CSSS de Beauce - SPSQ*  
 Marilyn Talbot,  
*Centre d'accueil St-Joseph de Lévis*  
 Renald Parent, *CRDCA*  
 Josée Dumas, *CHSLD Chanoine-Audet*  
 Johanne Grenier, *CSSS de Thetford*  
 Suzanne Brisson,  
*CSSS de Montmagny-L'Islet*  
 Linda Bouchard, Vice-President of the FIQ  
 Joëlle Paquet, *CHSLD de l'Assomption*  
 Julie Ouellet,  
*CSSS Alphonse-Desjardins - SPSQ*  
 Linda Perron, Union Consultant, FIQ

Absent from the photo:  
 Line Boivin, *Pavillon Bellevue*  
 Claudia Carrier, *CRDPCA*



The FIQ thanks the Chaudière-Appalaches Regional Action and Consensus-Building Table for warmly welcoming the delegation to the Lévis region for the Federal Council. Remember that within the framework of the activities for the 25<sup>th</sup> anniversary of the FIQ, the Federation meetings are being held outside the big urban centres in order to give the delegates an opportunity to get to know their colleagues in the regions.

**INITIAL TRAINING**

**Initial training: the FIQ remains focused (CONT'D)**



At the microphone: Carl Picard, CSSS de Beauce - SPSQ



At the microphone: Nathalie Perron, CSSS de Bécancour-Nicolet-Yamaska

**INITIAL TRAINING: THE FIQ REMAINS FOCUSED**

(CONT'D)

**OIIQ POSITION**

Last June, the *Ordre des infirmières et infirmiers du Québec* (OIIQ) sent the *Office des professions du Québec* (OPQ) and the Minister of Health and Social Services of Québec a request for a regulatory change in order that the degree required for entry to the nursing profession become the completed DEC-BAC or the Bachelor of Science in Nursing.

For more than thirty years and more specifically the last few years, the OIIQ and the university faculty in nursing, in particular, have felt that it is inconsistent to maintain two distinct tracks of training (collegiate and university) that entitle a person to the same permit to practice the nursing profession. The latter also deplore the fact that there is no close link in the workplaces between the level of diploma obtained and the duties performed.

**HOW CAN THE OIIQ AMEND THE STANDARD FOR ENTRY TO THE PROFESSION?**

The primary mission of the OIIQ is to ensure the protection of the public. This duty obliges them to, on the one hand, regulate the professional activities that include a risk of prejudice for the public and, on the other hand, verify the competence of the candidates to the profession through a professional exam. The latter duty allows the OIIQ to ensure that the candidates are capable of practicing the nursing profession. Then, it must ensure that this competence is maintained throughout the professional life of its members. All the professional orders are governed by the *Office des professions du Québec* that sees to it that each one of them carries out this responsibility.

To guarantee this competency, the OIIQ can establish standards for admission to the practice by the content and the quality of the training required for the issuance of a permit. The Professional Code thus allows the Order to designate the diplomas from educational institutions that give access to the permit to practice. By increasing the standard to a bachelor's degree for entry to the profession, the OIIQ must amend the regulation on diplomas issued by the designated educational institutions that give access to the permits and to the specialist certificates of the professional orders.

Before approving or amending a regulation, the *Office des professions* allows everyone to make their comments as of the publication of a notice in the *Gazette officielle du Québec* and within 45 days of it and it must consult the ministries involved. Following this consultation and the comments received within the time limit stipulated by the *Gazette officielle*, the *Office des professions* recommends a regulatory change with or without amendments to the government, if applicable. The government subsequently approves the recommendation from the *Office des professions* with or without amendments. It is only after all these steps are completed that an amended regulation will ultimately go into effect.

**THE POWER TO INFLUENCE**

In short, as can be seen, the decisions are made at the *Office des professions du Québec* and by the government: the FIQ is therefore not involved in making the decisions. However, because it represents the majority of nurses in Québec, the FIQ has considerable power of influence

with the various levels of decision making and it intends to use it at each step of the consultation process with both the *Office des professions* and the different decision-makers in the ministries involved.

Since the start of the work initiated on the issue of initial training, the FIQ has promoted a union approach with all of its members and will continue to do so.

The issue of initial training is of great importance to the members of the Federation because its conclusion risks having a ripple effect by way of fallout, in the short and medium term, on the requirements of initial training for the other categories of professionals that it represents. The FIQ has to examine this issue in a global perspective in light of the expectations and the needs of the population as well as the care and services that the condition of the user(s) require(s) today and will require tomorrow.

This Federal Council enabled the delegates to exchange on and discuss the situation and the various positions taken since the beginning of the 1980's by the main stakeholders involved in this issue, including the Federation, to specify the roles and power of the decision-makers called upon and to learn about the international, continental and national trends seen on this issue. They also discussed the current situation in the job and labour market for nursing manpower. The work will continue at the March 2013 Federal Council. ■

Nurses make up the largest group of healthcare providers in Québec. The issue of initial training, its conclusion and its possible repercussions are of major importance not only for the nurses, but also for all the healthcare professionals and the population that they treat.

**Steps in the reflection on the initial training of healthcare professionals**

ACTIVITIES	TIMETABLE
Presentation of the recommendations from the FIQ Executive Committee <ul style="list-style-type: none"> <li>■ To affiliated unions</li> <li>■ To delegates of licensed practical nurse, nurse and respiratory therapists commissions</li> <li>■ To delegates at a Federal Council</li> </ul>	February-March 2013 February-March 2013 March 2013
Mailing of supporting documents for a consultation at local general assemblies	Mid-April 2013
Hold local assemblies for consultation	May 2013
Presentation of a background document to support the exchanges and discussions on the recommendations submitted to the delegates at a Federal Council in order to take a decision	June 2013

N.B.: It is possible that amendments to the activities scheduled in this timetable might be necessary, depending on the external and internal contexts.

ALLIANCES

The FIQ is leaving the SISP  
Revision of the allowance for kilometres  
Bill 21



Louise Gilardeau, CHSLD Gouin Inc.-SRPSQ

## THE FIQ IS LEAVING THE SISP

The delegation unanimously upheld the executive committee's decision to leave the *Secrétariat intersyndical des services publics* (SISP). An analysis of the alliances and serious consideration of the future of the FIQ in the labour and social scene threw the necessary light on taking a clear, concerted and unambiguous decision.

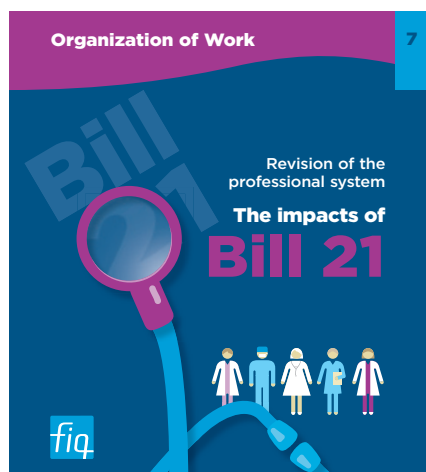
The Federation's reflection, started in the fall of 2011, focused on several factors: the current political context, the types of alliances possible as well as the actions to take in order to maximize the defence of the members, to promote a strong feeling of belonging and to combat the attacks from the Right Wing. Several facts were revealed from this approach, including the importance of protecting public services, broadening the labour movement to a citizen movement and to look beyond the traditional framework.

Initially, the Federation joining the SISP back in 2006 began as an alliance to defend public services

following the imposition of the despicable Bill 142 that imposed working conditions. However, it must be pointed out that the vision of the other member organizations of the SISP evolved differently. The desire of some to transform the SISP into a more formal structure which could be described as a central labour body of public services recently pushed the Federation to take a position on its participation. On several occasions, the FIQ proposed solutions to consider, but none of these avenues were retained. In taking into consideration its needs and those of its members, the FIQ therefore announced that it was leaving the SISP last October 31.

Alliances can certainly pay off, as demonstrated by the significant gains obtained during the last negotiations resulting from the FIQ's participation in the Common Front. The Federation is not in any way questioning the importance of protecting public services and is not renouncing working in a coalition either.

The FIQ remains convinced of the need to maintain sustained collaboration with other labour organizations, and this, according to the political context and the common battles that need to be waged. ■



### BILL 21

An Act amending the Professional Code and other legislative dispositions in the field of mental health and human relations, Bill 21, came into effect on September 20, 2012. This law has significant impacts on the practice and the organization of work of the healthcare professionals working in mental health. The FIQ invites you to consult its latest leaflet entitled "Revision of the professional system - The impacts of Bill 21" in order to become familiar with the main changes. Go to the FIQ website under the tab "Organisation de travail".

## REVISION OF THE ALLOWANCE FOR KILOMETRES

For several years, the members of the FIQ have been questioning the allowance for kilometres that they are given, particularly for the healthcare professionals who, in the performance of their duties, are obliged to use their personal automobile.

Multiple representations have been made by the Federation with the government since 2008 and up to the present. These numerous approaches and unfruitful attempts did not get the necessary response from the management party. An action plan was therefore adopted by the delegation in order to get the allowance for kilometres paid by the *Conseil du trésor* to the healthcare professionals raised. This plan stipulates different actions to set in motion at the local and national level.

Note that since April 1, 2012, a new formula adopted by the *Conseil du trésor* has been in effect. It takes into consideration several updated parameters, particularly the costs linked to maintenance, amortization and financing of the vehicle, the cost of a vehicle over a period of six years and the new practices of financing available to users. The

allowance of \$0.430 paid for the first 8,000 km is divided into two parts: \$0.285/km for the financing costs of a new vehicle and the annual costs as well as \$0.145/km for fuel costs. An adjustment was made in October 2012 to the allowance stipulated for all kilometres in excess of 8,000 km, going from \$0.355 to \$0.365.

However, it must be pointed out that these adjustments are clearly insufficient. The allowance given for the first 8,000 km (\$0.43/km) is less than that given by other government or private institutions, in particular at the National Assembly (\$0.450/km) and the *Commission de la construction du Québec* (\$0.440/km). Same situation for the allowance given for all kilometres in excess of 8,000 km (\$0.365) which is not high enough to cover the costs of using an automobile.

Considering that an automobile is required for about 2,800 employees in the performance of their duties, that the services will be more and more focused on front-line care in the community, that the clientele visited will be larger in numbers and that the territories to cover in some regions will be larger, different actions will be undertaken at the local level, including the sending of a letter to the executive director of the institution demanding his support and the signature of a petition demanding an increase in the allowance for kilometres for the employees who must use their automobile in the performance of their duties.

Ultimately, these means will set the table for a real dialogue with the government to get them to see reason. ■

**GROUP INSURANCE**

**Group insurance — Rates in effect as of January 1, 2013**



At the microphone: Line Larocque, McGill University Health Centre

**GROUP INSURANCE RATES IN EFFECT AS OF JANUARY 1, 2013**

At the Federal Council, the delegates learned about the results of the negotiations between the FIQ with *Desjardins Sécurité financière* concerning the conditions for the renewal of the group insurance contract for 2013.

**DID YOU KNOW THAT?**

- **Renewing your prescriptions every two months rather than monthly leads to savings on the professional fees of the pharmacist. This type of claim is accepted by the insurer, *Desjardins Sécurité financière*.**
- **If you choose generic drugs when they are available, you receive equivalent treatment that is just as effective at a lower cost.**

All these savings, little or big, are reflected in the premiums and contribute to maintaining a good drug insurance coverage at an affordable cost.

During the negotiations with the insurer, the FIQ had to consider, in addition to the usual factors of inflation and use, certain situational factors such as the difficult global economic situation and the ever rising costs of health care. Thus, the delegates realized that the basic drug and extended III plans are being severely tested. However, a stabilization of the other coverage, the dental, life insurance and long term disability plans, allows us to get a positive renewal.

**PARTIAL PREMIUM HOLIDAY**

The participants are currently benefitting from a partial premium holiday for the basic drug, extended I (dental care) and extended II (long term disability) plans which ends on

December 31, 2012. After an analysis of the negotiation results with the insurer and considering the amounts on deposit held, the delegates agreed to offer the participants a partial premium holiday for 2013 for the basic plans (drug and extended III) as well as for the extended II (long term disability) plan.

Therefore, the participants will benefit from a new partial premium holiday according to the rates negotiated for 2013. However, because they already benefit from a partial premium holiday which ends on December 31, 2012, they will still see an increase in premiums in their salary deductions. This increase seen will be equal to the difference between the 2012 reduced rates

after the premium holiday and the 2013 adjusted rates after the premium holiday.

The delegates could only conclude that the growing cost of drugs required accepting the significant premium adjustments in order to ensure the stability of the plan. They felt that it was a good renewal for the members and that it offers good coverage at the best possible cost.

**CONSULTATION**

The Federation will consult the members in 2013 to find out their opinions and their preferences on the group insurance plan in order to ensure that it still meets their expectations. ■

Rates in effect as of January 1, 2013<sup>1</sup>

PROTECTION	2012 contract rates before premium holiday	Rates paid in 2012 after premium holiday	2013 contract rates	Rates paid in 2013 after premium holiday
<b>BASIC PLAN</b>				
<b>Basic drug<sup>2</sup></b>				
Individual	\$31.17	\$30.74	\$35.26	\$34.61
Single-parent	\$40.22	\$39.66	\$45.49	\$44.65
Family	\$73.27	\$72.25	\$82.87	\$81.35
<b>Basic healthExtended plan III</b>				
Individual	\$5.43	\$5.43	\$6.10	\$5.96
Single-parent	\$5.43	\$5.43	\$6.10	\$5.96
Family	\$10.80	\$10.80	\$12.14	\$11.86
<b>EXTENDED PLAN I (dental care)</b>				
Individual	\$12.28	\$11.92	\$11.62	\$11.62
Single-parent	\$23.33	\$22.65	\$22.07	\$22.07
Family	\$34.38	\$33.38	\$32.52	\$32.52
<b>EXTENDED PLAN II</b>				
Basic life & ADD <sup>3</sup> for participant	\$0.32/\$5,000	\$0.32/\$5,000	\$0.32/\$5,000	\$0.32/\$5,000
Additional life & ADD	\$0.083/\$1,000	\$0.083/\$1,000	\$0.080/\$1,000	\$0.080/\$1,000
Life - dependent children	\$0.06	\$0.06	\$0.05	\$0.05
Long-term disability	1.188% of gross salary	1.005% of gross salary	1.02% of gross salary	0.864% of gross salary
Additional life insurance - vested rights	Rate grid by age, gender, tobacco	Rate grid by age, gender, tobacco	Rate grid unchanged	Rate grid by age, gender, tobacco

1. Rate per 14 days excluding the provincial tax of 9%.  
 2. Rate including the following employer contribution: (1) Employee with a job title for which the maximum salary scale on March 20, 2011 is equal to or higher than \$40,000: \$1.91 for individual coverage and \$4.78 for single-parent or family coverage; (2) Employee with a job title for which the maximum salary scale on March 20, 2011 is less than \$40,000: \$4.03 for individual coverage and \$10.11 for single-parent or family coverage; (3) Employee working part-time at less than 70% of full-time, the employer's contribution is reduced by 50%.  
 3. ADD: Accidental death and dismemberment

**SPECIAL  
25 YEARS**

25 years is worth celebrating!

# 25 YEARS IS WORTH CELEBRATING!

The Federal Council took on an air of celebration on December 5 when a festive evening had been organized to close the celebrations of the 25-year history of the FIQ with the theme "Proud and committed, to your health!". For the occasion, union reps, members of the executive committee and employees showed their artistic talents during the FIQ Academy event. Then, the group Alter Ego presented a colourful and very entertaining musical show. One could feel the pride and energy throughout the evening!

On their arrival, the delegates and invited guests walked the red carpet rolled out for the occasion



The president, Régine Laurent, was very proud and moved to open this special evening



The Minister of Health and Social Services, Dr. Réjean Hébert, was very happy to address a few words and his warmest congratulations



The evening was already taking on the air of a gala with its two hostesses: Karine Paiement, from *CSSS Dorval-Lachine-LaSalle*, and Shirley Dorismond, from *CSSS Jeanne-Mance - AIM*

Régine Laurent, surrounded by the past presidents of the FIQ: Jennie Skene (1993-2005), Diane Lavallée (1987-1993) and Lina Bonamie (2005-2009)



**SPECIAL  
25 YEARS**

**25 years is worth celebrating!**

A few of the numbers presented during the evening. Who could have known there were so many talents hidden among the delegation?

1. Sylvie Dumoulin, *CSSS d'Antoine-Labelle*
2. Bruce Lee Valcin, *Sir Mortimer B. Davis Jewish General Hospital*
3. Johanne Boies, *Institut universitaire en santé mentale de Québec*
4. Richard Beauregard, *CSSS Richelieu-Yamaska*
5. The FIQ Executive Committee and Linda Silas, *CFNU President*
6. The FIQ Executive Committee



A few funny memories shared by Monique Leroux and Éleine Trottier, first licensed practical nurse and respiratory therapist vice-presidents elected at the FIQ



**PROUD AND COMMITTED,  
TO YOUR HEALTH!**

**A SOUVENIR BOOK**

Outlining 25 years of struggles and gains is not a simple task, but, it is with immense pride that the FIQ presents the fruit of its labour. The souvenir book of the Federation can be found on the FIQ website. If the FIQ has so much notoriety and recognition today, whether in labour, political or media circles, it is thanks to the hard work of the different committees, executive committees, managers of the organization, the hundreds of employees, the current and past delegates and, of course, the tens of thousands of members. The FIQ also wants to thank all of its partners and suppliers for their support and collaboration over those years.

**FINANCES**

**The FIQ in control of its finances  
Happy retirement**



# THE FIQ IN CONTROL OF ITS FINANCES

The delegates learned about the FIQ's next budget as presented by the treasurer, Roberto Bomba. After questioning certain budget items and obtaining the explanations on the differences with the last budget, they adopted all the financial forecasts for 2013.

Almost half the expenses for the Federation are linked to the labour relations sector in order to support the affiliated unions and to meet the needs of the healthcare professionals. In the revenue for 2013, an increase in dues-paying members is recorded for a total of 56,760 dues-paying members. Considering this increase, the budgets for the Solidarity Reserve and the Union Defence Fund are increased for 2013.

Also, environmental concerns and computer development carried out over the last few years within the organization leads the FIQ to remain committed to the 5% reduction of last year regarding the expenses linked to travel expenses.

**OCCUPATIONAL HEALTH AND SAFETY**

The amount for the fees paid to physicians in the defence of healthcare professionals in occupational health and safety cases is significantly increased to meet the growing need. A committee has also been set up in order to study the issue of medical expert opinions in the disputed cases including the political, legal and financial aspects.

**The delegates adopted all the financial forecasts for 2013. The 2013 budget takes into account the established priorities while maintaining the same level of service for the members and the affiliated unions.**

The loan envelope to support the healthcare professionals who have to appeal a decision by their employer concerning a protective reassignment of the pregnant worker is still included in the 2013 budget in order to support those who have to use the protective reassignment procedure.

**SUPPORT OF AFFILIATED UNIONS**

Significant amounts are allocated for giving new training sessions for the local teams so that they can fully carry out their role of union representative and meet the needs of their members.

**PROVINCIAL NEGOTIATIONS**

Significant amounts are targeted for the committees stipulated in

the 2011-2015 collective agreement on the evaluation of jobs (*comité national des emplois*, salary relativity and maintenance 2015) can carry out their activities. Amounts are also stipulated for continuing the file on initial training which will be of great interest to the FIQ in 2013.

**PRESENCE IN THE REGIONS**

The amounts devoted to the decision-making meetings of the FIQ are maintained and will let some of these meetings be held in the various regions of Québec in order to meet a need of the affiliated unions and to be closer to the members in the regions.

**INDEPENDENT LABOUR**

The work in the action plan to combat independent labour in 2013 will continue.

The 2013 budget takes into account the established priorities while maintaining the same level of service for the members and the affiliated unions. The next year will be important for the FIQ finances, because it will ensure heightened awareness of the objective to attain a balanced budget in the long term. ■



**HAPPY RETIREMENT**

On the last day of the Federal Council, the president of the Federation marked the retirement of two FIQ employees and wanted to praise the involvement and solidarity that they both have shown throughout their years at the FIQ. On behalf of the delegation, the executive committee and the FIQ employees, we wish them a good retirement!

Jacques Dupuis and Martine Éloy were union consultants in the Union Organizing Service and the Status of Women Sector respectively.



NEGOTIATION

National negotiations

FINAL JOB DESCRIPTIONS

NURSE CLINICIAN SPECIALIST

The job title of nurse clinician specialist has been final since November 10, 2012, which concludes the discussions on the job description. As a reminder, this job title requires a specialist certificate issued by the OIIQ and covers the field of infection control and prevention. Furthermore, a request has been made with the *Office des professions du Québec* on September 26, in order that the specialty in mental health also be recognized. After waiting several months, the management party has finally made a temporary salary scale available for this job title which places the salary at the same level as that of the nurse first surgical assistant in the 24<sup>th</sup> rank of the *Conseil du trésor* professional scale. Consequently, this initiative now makes it possible to create nurse clinician specialist positions in the institutions. It only remains to carry out the step of evaluating the job under the mechanism stipulated in the collective agreement in Appendix 1.

CLINICAL PERFUSIONIST

The description linked to the job title of clinical perfusionist is final since February 2, 2012. Last June, the MSSS made a salary scale of 18 echelons available and, a few months later, lowered this same scale. It is the lowest of the salary scales for employees with a university education. In reaction, the FIQ demanded that the evaluation of this job title be treated as a priority in order to accord it the appropriate salary. The ministry agreed to this demand. An inter-union committee is currently discussing the sampling and the most up-to-date information to use to evaluate this job title with the *Conseil du trésor*.

NATIONAL NEGOTIATIONS

A follow-up was done with the delegation regarding certain work carried out within the context of the 2011-2015 national negotiations for the healthcare professionals.

LETTER OF UNDERSTANDING NO 6

The letter of understanding regarding the evaluation of the retention measures did not give the desired results. Remember that these measures, stipulated in the 2006-2010 decree and that stipulated five days off as of age 55 and 10 days as of age 57 ended on March 30, 2010.

The committee that examined the issue, composed of management and union parties, met three times during 2012. Based on the results of a quantitative study, the management party, as of the first meeting, arrived at the conclusion that the retention measures did not succeed in retaining enough employees, with statistics to support it. It even suggested that, as of 2010, when the measures were no longer in effect, the rate of retention began to increase. The Ministry of Health and Social Services (MSSS) partly explained this increase by the removal of the ceiling on the annuity from 35 to 38 years of service, a measure introduced in the current collective agreement.

Despite the employer's findings, the FIQ asked for a qualitative study on the retention measures to be done, stating that several factors can influence the decision to retire and that an exclusive analysis of a quantitative study remains partial and incomplete. To support its argument, the Federation referred to a report on the age 55 and older experienced workers on the labour market.

The management party categorically refused to discuss the findings of this study under the pretext that it does not fit within the mandate of the letter of understanding. Faced

with this final decision to not renew the incentive measures, the work ended to proceed to the final phase of writing the reports from both sides.

LETTER OF UNDERSTANDING NO 17

The objective to attain by March 2015 in the letter of understanding regarding the attraction, retention availability of the workforce and the reduction in the rate of use of independent labour (IL) is a national target reduction rate of 40% in the use of independent labour. It is also stipulated that the local parties introduce measures promoting attraction and retention, such as upgrading the part-time positions.

In total, 32 institutions are registered in the process of Letter of Understanding No 17, but only two have concluded their local negotiations. Several reasons can explain why an institution hasn't concluded the negotiations: discussions in progress, one-time agreements, disputes over the demands, absence of employer counterparts, budget restrictions, etc. The institutions not covered by this letter of understanding and who use IL are also obliged to set up measures to attract and retain the workforce, in such a way as to reduce the use of IL.

A preliminary report on the work will be written by December 31, 2012. A reflection must be started in order to determine what should be in this report: complete profile of the local negotiations, evaluation of the employers and the unions, etc. A consultation of the employer side is in progress with the employers in order to learn the results of the work. The next meeting of the committee on Letter

of Understanding No 17 is scheduled in February 2013.

RATE OF USE OF IL

In June 2011, the MSSS issued a circular, in support of Letter of Understanding No 17, in order to limit the use of independent labour. This circular raised several questions for the Federation, in particular concerning its application and respect by the employers in the network. In response, the management party stated that it is up to the institutions and the Health and Social Services Agency in each region to insure the strict application of the tool. Any situation that does not respect the guidelines in the circular must be denounced to the MSSS, the Health and Social Services Agency in the region concerned or the Letter of Understanding No 17 committee.

In addition, several mandates are stipulated in the letter of understanding on the follow-up of its application, including that of measuring the evolution of the rate of use of independent labour using regional indicators. On November 29, the management party submitted a document containing the results by region for Class 1 as of March 31, 2012 for the 2010-2011 and 2011-2012 periods. In light of this data, we see a general reduction of 11.4% in the use of IL, despite that there has been an increase in certain regions. To reach the target reduction of 40% in March 2015, a pace of reduction of 11.9% must be maintained over the next three years. It is therefore crucial to continue the efforts so that the trend does not reverse itself. ■



At the microphone: Stéphane Gagnon, CSSS du Nord de Lanaudière

**PRIORITY ACTIONS**

**2013 priority actions  
Visit to the new Quebec City office  
March 8, 2013**



# 2013 PRIORITY ACTIONS

As a progressive labour organization, the Federation has to act for the good of its members and for the good of the majority of the population. It is in this spirit and within the context of continuity of the broad orientations from the last Convention that the delegation identified the priority actions.

To be able to understand the reality and to respond to the needs of the members and of the population, it is important to develop a profile of the context and to identify the perspectives for the future. It must be pointed out that financial instability reigns on the international level, with the risk of wiping out a growing number of countries in its wake. This potentially explosive context results in prompting a growing number of citizens to take to the street to demand justice, but also polarizes the debate and the players taking part in it. More radical options are slowly cropping up, either a more assertive Left or a more uncompromising Right.

Our society cannot escape this reality. The turmoil and the burgeoning Québec spring left a profoundly divided political legacy in Québec. If it is far from obvious that Quebecers are now leaning to the Right, the Right Wing, itself, isn't waiting for the public in order to be heard loud and clear, to the extent of its unrivalled means. The day after the election of a new PQ government, the financial elite did not hesitate to resort to tactics borrowed from a more radical Right to protect its interests, particularly regarding the cancelation of the regressive health tax and the increases in income taxes.

The Charbonneau Commission is not reassuring and is contributing to undermining the public's confidence in the business and political world. The dangers inherent in too close a proximity between the financial and political elite are palpable. Whether it is PPP projects or municipal contracts, the private sector, thirsty for public contracts, is often ready for collusion and corruption to reach its goals.

**FIGHT AGAINST PRIVATIZATION AND MOBILIZATION**

The healthcare sector is not immune to such scandals. Within this context, the fight against privatization makes perfect sense. For too long, the harmful consequences of resorting to private healthcare employment agencies on public finances and especially on the healthcare professionals' daily practice, are being felt. Despite the issuance of the circular from the ministry aimed at limiting the use of independent labour, it must be pointed out that several institutions seem not to have heard or understood the message. The proliferation of the projects on optimization of home care, developed by private firms like *Proaction Groupe Conseils*, also requires that efforts be maintained, even expanded, in order to combat all forms of privatization.

To achieve this, it is important to maintain and improve the Federation's advantageous position as a front-line stakeholder in the healthcare sector. Impossible to attain this objective without the support and involvement of the members. The FIQ is dependent on this mobilization if it wants to conserve its capacity to act and its credibility.

**PURSuing THE ORIENTATIONS OF THE LAST CONVENTION**

Other than the fight against privatization and the mobilization needed to achieve this, at the last Convention, the FIQ identified orientations that would enable it to push itself to the forefront. It intends to continue the development of new models aimed at the improvement of the capacity of the public system to meet the needs of the population as well as the concerns and aspirations of its members. The objective is to counteract the inappropriate proposals that go against the values defended by the Federation. ■

**MARCH 8, 2013**

The theme retained this year to mark International Women's Day 2013 by the *Collectif 8 mars*, in which the FIQ takes part, is "Feminism, more relevant than ever... for egalitarian tomorrows".

This theme is an opportunity to continue the fight for equality between men and women. The issues of retirement for women and young people will be at the heart of the demands on this special day.

Posters, leaflets and pins will be available in the institutions as of February. Contact your local union team for more information. ■

## VISIT TO THE NEW QUEBEC CITY OFFICE

On December 4, the delegates were invited to a guided tour of the new FIQ Quebec City office. At the same time, they were able to talk with members of the executive committee and the coordination, the executive director and the staff. The building of three floors, located at 1260 Blizzard St., was designed to meet the needs of the organization which over the last few years has seen a growth in the *Capitale-Nationale* region. This acquisition, proof of the pride of all the members, demonstrates that the Federation is well established and solid.



**STATUS OF WOMEN**

**Women, power and resilience**



The premier of Québec, Ms Pauline Marois, was touched by the warm welcome by the delegates and their comments.

**WOMEN, POWER AND RESILIENCE**

Within the context of the activities in remembrance of December 6, 1989 at the École Polytechnique, which are held at every regular FIQ decision-making body in December, the first woman premier of Québec, Ms Pauline Marois, was invited to address the delegates to share her experience and her path in life as a resilient woman.

For the FIQ, beyond the partisan politics and regardless of the decisions that Ms Marois has made in the past and those she will make as the head of her ruling party, this woman represents an example of extraordinary resilience. Involved in politics for more than 30 years, she has moved in a predominantly male world where the power is exercised. She has succeeded through persistence, to make her place and to become the first woman in Québec history to hold the position of premier.

Quite simply, Ms Marois shared with the delegates the path full of bumps along the way that she has taken, but also the support she had from her husband, her children, from men and women. Moreover, she wanted to stress the path of those women who inspired her, including that of Lise Payette who, to her, is a courageous, determined and audacious woman who has been a model for many women in Québec.

Ms Marois does not feel that her path is an example for other women until

**“One doesn’t become premier to be the first, one does it in order to accomplish a certain number of things, by giving it our strengths, our experience, our determination and also our perspective as women because I believe that we can make a difference.”**

*Pauline Marois*

concerning organization of work in the institutions.

The FIQ is a labour organization representing a majority of women and the union representatives play a political role every day in order to defend the interests of the healthcare professionals with the administrators and the government. Ms Marois’ account enabled the delegates to become aware of the power they have and of the place they should occupy in order to influence. ■

**“Climbing all the steps leading to power, that bring us to non-traditional occupations, that is to fight against biases, to fight against the perceptions of us, of our capacity to assume responsibility, of going to occupations that are off the beaten path.”**

*Pauline Marois*

**ACTIONS TO COMBAT VIOLENCE**

**On December 6, 2012, the same morning as Ms Marois’ address to the delegates at the FIQ Federal Council, she announced the implementation of a 2012-2017 action plan that includes 135 government commitments to fight conjugal violence as well as the tabling of a future bill on the mandatory registration of firearms with no exceptions. ■**

**“I am working without a permanent status and homeless women in the Outaouais region do not have a lot of support and are living in an unpleasant situation. I am on union leave one-half day a week but we need to be five. I want to hear what you have to say about that.”**

*Jean Lacroix, CSSS de Gatineau*



**“I have worked in the Far North for almost 10 years now and I see a lot of abused women who have to return to their spouse because they do not have a structure of shelters and due to lack of housing. I hope that with the Plan Nord you will think about putting a good share of the profits into housing for the Aboriginal communities and the Inuit people in particular.”**

*André-Luc Deschênes, Inuulitsivik Health Centre*



**ORGANIZATION OF WORK**

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



At the microphone: Claudine Haché, CSSS de St-Léonard et St-Michel

**PERFORMANCE IMPROVEMENT ACT TO COUNTER THE PROBLEMS GENERATED BY CERTAIN METHODS**

Although projects to optimize home care are moving forward in certain health-care institutions, it is quite the opposite for others, where several are being carried out by the firm *Proaction Groupe Conseils*. Those are having a negative impact on the healthcare professionals' everyday work.

The delegates at this Federal Council adopted an action plan in order to carry out a close monitoring of all projects of standardization of professional practices and of their effects.

In fact, projects currently being managed by this firm are of increasing concern to the Federation because they raise serious doubts with the members who are submitted to a standardization of their activities and this, without any nuances or respect of their professional practice and the needs of the patients. After having publicly denounced such projects and challenged the professional orders, the delegates at this Federal Council adopted an action plan in order to carry out a close

monitoring of all projects of standardization of professional practices and of their effects.

In the case of the Proaction firm, the FIQ is of the opinion that the strategic performance planning tool for home support used breaches several of the articles in the different codes of ethics. It causes, not only deterioration in the work climate, but removes all professional judgment and harms the quality of care and services. The FIQ has preached the importance of reviewing organization of work for

more than 20 years, but this process should be done in collaboration with all the stakeholders involved, including the unions, in order to obtain a real approach to improving the quality of care.

The action plan adopted by the delegates aims to intervene at the local, regional and national level when a reorganization of work for the healthcare professionals by a private firm is deemed to be a problem. ■



**DEMONSTRATION AGAINST THE CLOSURE OF A CHSLD**

During this Federal Council, about fifty delegates took part in the multi union demonstration that was held on December 4 in front of the administrative centre of the CSSS de Kamouraska. The unions denounced the closure of CHSLD *Thérèse-Martin à Rivière-Ouelle* which will result in the closure of 50 public beds in long-term care through a ripple effect. Daniel Gilbert, Vice-President of the FIQ, Julie Ouellet, President of the *Syndicat des professionnelles en soins de Québec (SPSQ-FIQ)* and Aline Boucher, President of the local SPSQ section, were also on site in order to support the CHSLD employees in their fight.

**AUTO, HOUSE AND BUSINESS INSURANCE**

The FIQ offers its members a group auto, home and business insurance plan with the Personal General Insurance. This partnership allows you to benefit from preferential rates as well as personalized protection and service. In the fall of 2003, the Federal Council delegation allowed the company to solicit the members by telephone. However, It is understood that The Personal agrees not to divulge to anyone the list of FIQ members, In this context, it is important to remember that under the Act respecting the protection of personal information in the private sector, the members can refuse that their name and their personal information (personal address and telephone number) be given to service providers.

Thus, THE MEMBERS WHO REFUSE THAT THEIR PERSONAL INFORMATION BE COMMUNICATED to The Personal MUST COMPLETE THE FORM BELOW and return it before January 31, 2013 to: FIQ Québec, attn. Colette Gilles, 1260 du Blizzard St., Québec (Québec) G2K 0J1 ■

**AUTO, HOUSE AND BUSINESS INSURANCE**

I, the undersigned, explicitly refuse that my personal information held by the FIQ be used for the purpose of commercial canvassing and solicitation regarding the agreement that it has reached with The Personal for its members.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (residence): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

