



# ENACTION

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December 2, 3, 4 and 5, 2013

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



Sonia Mancier, *Vigi Santé Montérégie* - UHCP

## THE CONCERNS OF LICENSED PRACTICAL NURSES HEARD

At this Federal Council the delegates learned about the different actions conducted by the FIQ over the last few months, with the participation of the members of the licensed practical nurses *ad hoc* committee, for a better recognition of the licensed practical nurses' work, thus responding to a demand from several licensed practical nurse members.

Discussions were held on October 4, 2013 between the FIQ and the *Ordre des infirmières et infirmiers auxiliaires du Québec* (OIIAQ) to review the different files that currently concern the licensed practical nurses and review the Order's general assembly held last June.

Furthermore, the FIQ indicated to the Order that it intended to continue its

actions for a better standardization of the licensed practical nurse's tasks, and this, regardless of the centre of activities where they work.

### SURVEY BY THE FIQ

A survey on the professional practice of licensed practical nurses will be conducted by the FIQ in order to update the professional portrait drawn up in 2008.

The local union teams will collect the information on the practice settings and the professional activities of the licensed practical nurses in their institutions by the end of January 2014. The results of this survey will make it possible to concretely act at the local, regional and provincial level to find solutions for the identified problems. ■

### LICENSED PRACTICAL NURSES AD HOC COMMITTEE

The members of the licensed practical nurses *ad hoc* committee, an advisory committee set up by the FIQ last April, with support from the licensed practical nurse vice-president, Linda Bouchard, and the FIQ union consultants, very proudly presented the delegation with the fruit of their labour over the last few months, the release of a special publication on licensed practical nurses.

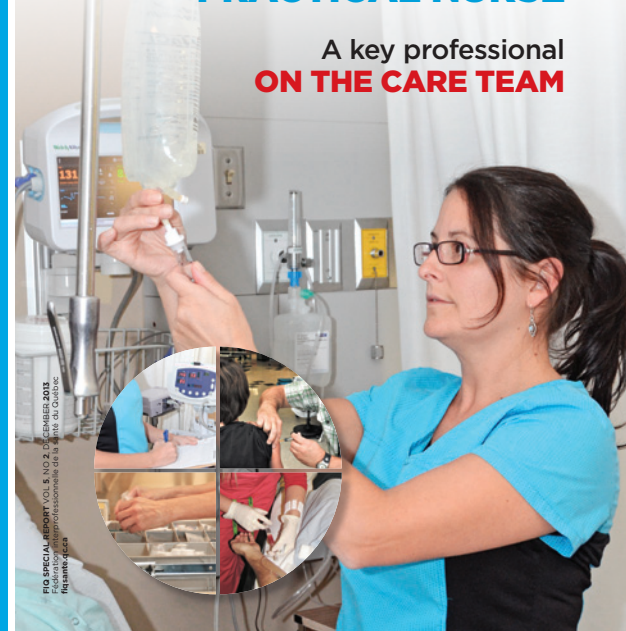
Entitled "FIQ Special Report licensed practical nurse - A key professional on the care team", this publication aims to make the professional role of licensed practical nurses better known, with both the members of the care teams and the managers, and to promote a broader and more enriched professional practice.

This publication is available on the FIQ website and with the local union teams in the institutions. An important tool to consult, get a copy of and to share!



### Special LICENSED PRACTICAL NURSE

A key professional  
ON THE CARE TEAM



POSTE-PUBLICATION  
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**WORD FROM THE PRESIDENT**

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**PARTICIPATE IN SOCIAL CHANGE!**

*Régine Laurent*

Far from evolving in a vacuum, the FIQ is at the very heart of the day-to-day routine of the healthcare professionals, on the spot, with the citizens. Consequently, it is influenced by the economic and social factors that punctuate our society.

So, over the last few years, but more particularly in the last few months, the political context has been greatly marked by a strong right-wing and anti-union movement. Take for example the recent proposed legislation from the Harper government, so-called "right to work".

These laws, if they were passed, would make it possible for workers not to pay their union dues, but would force their union to defend them when the circumstances required it.

**As a Federation, we are forced to show that we are stronger than the prevailing cynicism and to demonstrate to our detractors that we play an important role in social change.**

A few years ago, we were convinced that these types of initiatives were confined to our American neighbours and would never take hold here. But, were we mistaken! They are, actually, being implemented in Québec. Faced with this, we, as a Federation, are forced to show we are stronger than the prevailing cynicism and to demonstrate to our detractors that we play an important role in social change.

**ISSUES AND CHALLENGES FOR 2014**

The December 2013 Federal Council was an opportunity for the members to take part in important discussions. Whether on the topic of the Québec Secular Charter, or the best strategy to adopt for defending the healthcare professionals' working conditions, in the context of the upcoming period of negotiations, the discussions were held in a transparent and democratic manner. The representatives from every union affiliated with the FIQ defended their members' positions

with conviction and respect for the contrary. I also want to emphasize the pride that I feel about the democracy that was expressed with great maturity, it is a considerable strength to have for the battles we will face down the road.

You will not be surprised that 2014 will be a very busy year for the Federation. The Convention in April, among others, will be an opportunity to successfully complete the work started in 2011, but will also be an opportunity to redefine the broad orientations of the organization for the coming years.

That is an ambitious agenda! And even if I know we are capable of great things, we have to be realistic about the scope of the task awaiting us and the challenges we will be facing. We also have to show we are mobilized and united in order to complete the battles that we hope to undertake. ■

**HAPPY RETIREMENT!**

The president of the FIQ, Régine Laurent, took advantage of this Federal Council to mark the retirement of three employees of the Federation and to thank them for all the work they have done with commitment and passion. In the name of the entire delegation, the executive committee and the staff of the FIQ, we wish a happy and long retirement to Lorna Joseph, Union Consultant, France Côté, Secretary, and Jean Parris, Union Consultant, all from the Labour Relations Sector.



**STATUS OF WOMEN**

**Québec Secular Charter: “Yes” say a majority of delegates**



Nancy Bédard, *CHU de Québec*



Alain Rivest, *Hôpital Rivière-des-Prairies*

# QUÉBEC SECULAR CHARTER “YES” SAY A MAJORITY OF DELEGATES

This meeting was an opportunity for the delegation to debate the file presently at all forums in Québec: the Québec Secular Charter. This Charter, that the Government of Québec wants to pass, raises several questions and concerns while it directly affects the values of Quebecers.

The Federation, who represents more than 62,000 members, could not remain indifferent to such a societal debate that concerns some of its members and that is why it held a broad consultation over the last few months. This consultation was carried out in three phases. First, the FIQ employees were met, then the affiliated unions. Lastly, a survey was conducted by an independent firm with the members.

The consultation conducted with the employees and the affiliated unions made it possible to provide an overview of what happens at the local level with regard to the requests for religious accommodations. Generally, the requests for religious accommodations do not seem to pose any major problems and instead they seem to be integrated into the daily routine of the members.

However, even though the affiliated unions are rarely called upon by their members to act in situations of accommodations, the FIQ decided to continue its consultation process with the members in order to have a complete portrait as both healthcare professionals and as citizens.

**WHAT THE MEMBERS THINK**  
The FIQ mandated the firm “*repère communication recherche*” to survey the members mainly on their overall perceptions regarding the proposed Charter, initially called the Charter of Québec Values, but also on their perceptions regarding certain potential positions that the Federation could take. Note that the survey was conducted before the tabling of Bill 60 on November 7. Thus, 647 members of the FIQ were surveyed by telephone as a representative sample from October 23 to November 7, 2013. The survey was carried out in French and in English. Here are the main results.

**THE INITIAL PROJECT OF THE CHARTER OF QUÉBEC VALUES**

- 60.1% agree with the proposed Charter;
- 63.9% feel that a Charter is needed;
- 96.6% agree with the principle of equality between men and women;
- 73.8% agree with the principle of State neutrality.

**VISIBLE RELIGIOUS SYMBOLS<sup>1</sup>**

- 60.6% agree with the principle of banning the wearing of visible religious symbols for all public service employees;
- 65.1% agree with the statement: “Religious belief is a strictly personal issue and visible religious symbols should not be worn at work”.

**ACCOMMODATIONS FOR RELIGIOUS REASONS**

- 76.1% agree with the opinion: “In order to protect Quebec values, it is necessary to have guidelines and a framework for the accommodation requests for religious reasons”;
- 55% say they receive accommodation requests for religious reasons from patients;
- 35.8% of requests for accommodations for religious reasons are referred to the care team, 32.7% are referred to the immediate superior and 25.1% of requests resolve themselves.

**THE CHARTER AND THE WORKPLACE**

- 60.6% believe that the FIQ should defend a healthcare professional dismissed for refusing to remove a visible religious symbol;
- 59.5% believe that there would be no impact in the workplace if the Charter of Quebec Values was passed by the Government of Québec.

The FIQ will table a brief by December 20 at the Parliamentary Commission on Bill 60, the Charter affirming the values of State secularism and religious neutrality and of equality between men and women and providing a framework for accommodation requests.

The delegates were therefore able to benefit from a solid basis on which to start their reflection at the Federal Council. They questioned all aspects of the project, shared their own experiences, as women and as healthcare professionals, and held a debate filled with respect, a listening ear and solidarity. Following the rules of democracy, every person was able to share their concerns and arrive at an enlightened decision, which was then freely expressed through a secret ballot.

Balancing the promotion of collective values and orientations with the defence of individual rights constitutes the daily routine of the union reps of the Federation. It is with this view that the delegation stressed that, while being strongly in agreement with the proposed project and the underlying principles, for them it remains of primary importance to insure the setting up of a process that will guarantee that the provisions of the Charter, in the event that it is passed, will be applied with sensitivity and respect. In addition, the delegation reiterated the commitment of the FIQ to give the members who are sanctioned all the support needed to ensure their rights are respected. ■

The delegates voted 80% in favour of the proposed Charter. If most of them who voted against the project then chose to rally to the majority, some, however, thought that expressing their dissidence represented, for them, the best way to defend the values and convictions of the members that they represent.

1. For example: a cross, a kippa, a hijab, a niqab, a burka, a turban.

**FINANCES**

**The FIQ in good financial health  
Priority actions:  
2014, a year full of possibilities!**



# THE FIQ IN GOOD FINANCIAL HEALTH

At this Federal Council, the delegates learned about the Federation’s next budget presented by the treasurer, Roberto Bomba. They questioned him about certain budget items and the differences from the previous budget before unanimously adopting all the financial forecasts for 2014.

**The delegates unanimously adopted all the forecasts for the 2014 budget. The 2014 budget is established taking into account the impacts for the next two years in order to better plan for the years ahead. It also takes into account the FIQ’s priorities while maintaining the same level of service with the members and the affiliated unions.**

The 2014 budget takes into account planning for the next two years, until 2016. It was also established based on the four priorities of the FIQ: the Convention, the creation of new care models, the change of union allegiance period and the preparations for the provincial negotiations. The delegates noted that 2014 will be an important and pivotal year for the FIQ and that vigilance will be required while assuring quality services and in response to the needs of the healthcare professionals and the affiliated unions.

Nearly half the expenses for the Federation are linked to the Labour Relations Sector in order to support the affiliated unions and to insure the defence of the members, particularly in arbitration, before the CSST and the employers. In the 2014 revenues, an increase in dues-paying members (1,518 members) is counted for a total of 58,278 dues-paying members. Considering this increase, the Solidarity Reserve and Union Defense Fund budgets are increased for 2014.

Being a federation that promotes the protection of the environment, and thanks to all the information technology development used over the last few years, the FIQ is maintaining the 5% reduction committed to two years ago regarding the expenses related to travel.

**OCCUPATIONAL HEALTH AND SAFETY**

The amount for the fees paid to physicians for the defence of healthcare professionals in the occupational health and safety files is increased in order to respond to this growing need.

The loan envelope provided for supporting the healthcare professionals who have to appeal a decision of their employer on a protective reassignment for the pregnant worker (RPTE) still appears in the 2014 budget to support those who exercise their right to a RPTE.

**SUPPORT OF THE AFFILIATED UNIONS**

Significant amounts are allotted for the distribution of new training

sessions for the local teams so that they can fully occupy their role as a union representative and meet the needs of their members.

**PROVINCIAL NEGOTIATIONS**

Significant amounts are allotted so that the committees stipulated in the 2011-2015 collective agreement for the evaluation of jobs (*comité national des emplois*, relativity and 2015 equity audit) can carry out their activities.

**INDEPENDENT LABOUR**

The work in the action plan to counter independent labour will continue in 2014.

The delegates saw that the 2014 budget is a responsible budget which will allow the FIQ to control its expenses in order to reach a balanced budget in the long term. It will let the Federation reduce its deficit by 40% this year. Despite deficit financial forecasts in its last three budgets, the FIQ foresees finishing these years on an overall positive note, which bodes well for the future! ■

## PRIORITY ACTIONS

### 2014, A YEAR FULL OF POSSIBILITIES!

Like every year, the December Federal Council marks the time when the delegates adopt the priority actions of the FIQ for the next year. As part of 2014, all the priority actions adopted are aimed at promoting mobilization in order to build a promising future for the healthcare professionals.

The delegates chose to prioritize the launching of the projects for the first generation of new models for the delivery of health care and services in order to demonstrate the strength of the Federation’s social change. It also wants to create new solidarities and alliances with the labour, community and citizen stakeholders so that the FIQ can enlarge its bargaining power to drive forward its new models and counter the right-wing projects.

The Federation will thus promote its actions and gains, to counter the anti-union rhetoric. It will listen to its members and will work on the development of new methods of consultation. The delegates decided that it would be important in 2014 to continue to conduct union actions in order to ensure the improvement of the working conditions and conditions of practice for the healthcare professionals. ■



Sara Caron-Guay, CHU de Québec

## INTERSECTORAL COMMITTEE ON THE NEW MODELS

The intersectoral committee on the new models took advantage of this Federal Council to give an update on its work, in particular on the elements of front-line and residential accommodation of the elderly.

First and foremost, the members of the committee presented a report of the visits they made since the month of June, in order to learn about the initiatives already installed in the field. Whether in health cooperatives, in non-profit housing organizations (NPG) or still in community clinics, the discussions with the stakeholders in these projects were rich in information for the setting up of the new FIQ models in the future.

Régine Laurent, President of the committee, also presented the four major basic principles that support the innovative models that the Federation intends to undertake.

### 1. The projects have to come from the communities

In order to be representative of their needs and that citizens are at the heart of the services that they receive, the new FIQ models must come from a mobilization of the citizens.

### 2. The healthcare professionals and the population must have power over the decisions that will be taken in these different settings

The new models must take into account the needs of the patients and the caregivers. This can translate, for example, into the setting up of a board

of directors composed of people who benefit from the services, representatives of the population, community and municipal partners as well as staff representatives.

### 3. The healthcare professionals must be able to play their rightful role in the supply of services to the population

In this respect, in the front-line care model, the healthcare professionals must be able to have the professional autonomy that allows them to completely fulfill their role, to carry out an active role in health prevention and promotion and to do the assessments and follow-ups with the clientele without a family physician or that requires a medical follow-up. In the residential accommodation of the elderly, the healthcare professionals could also act in health prevention and in taking charge of and the follow-up of chronic diseases.

### 4. The services have to be publicly funded to ensure the quality. The infrastructures could be funded by the community, but remain outside the logic of for-profit

The new models would be set up based on a partnership between the public network and

the community. For example, according to the models, the facilities could belong to the community, but the services would be publicly funded and delivered and without the logic of for-profit.

However, the public network, through the CSSSs, would still be responsible for the quality of the care and services.

Lastly, Régine Laurent gave a brief presentation of the FIQ position on the Québec government's project, the *Caisse d'assurance pour le soutien à l'autonomie* (CASA) (Autonomy Insurance Fund). The president recalled that the Federation positively welcomed this project, given the openness that it seems to demonstrate towards innovative initiatives, like those that the FIQ is working on.

However, she also stressed the importance of maintaining entirely public funding of the services through, among others, income taxes on personal income and business income. ■



## SOCIAL ECONOMY, AN ANSWER TO A COLLECTIVE NEED

Mr. François Vermette, Director of Development at the *Chantier de l'économie sociale*, gave a presentation on the role of social economy in land development. Mr. Vermette emphasized the distinctive features of social economy businesses where the end is not the monetary aspect but instead the social. Thus, not seeking profit at all costs, these businesses have more of a tendency to offer their services in small towns, often avoided by big business, which makes it easier for the residents to have access to outreach services. There is an important connection between the new models and this type of economy, because in both cases, the goal sought is to first and foremost offer services to people by finding innovative means to compete with the private for-profit sector.

**INITIAL TRAINING**

**Initial training for the next generation of nurses  
Provincial negotiations**



Line Larocque, McGill University Health Centre

# INITIAL TRAINING FOR THE NEXT GENERATION OF NURSES

The delegation was given a follow-up on the initial training file for the next generation of nurses. Remember that at the June Federal Council, the delegates decided to promote the integrated Québec model for nurses training proposed by the FIQ to the interministerial-partners committee and to the Québec population.

Thus, on June 10, 2013, the FIQ went public with the *Fédération des cégeps* to present its integrated model and to give a reminder that college training is qualified and must not be compromised. Reaching a consensus no longer considered as being possible, joining with the FIQ and going public with the media, had the effect of pushing the work of the committee past June 18, 2013 in order that a more specific analysis of the different proposals from the committee members be carried out.

**THE FIQ'S INTEGRATED QUÉBEC MODEL**

For the FIQ, none of the proposals tabled at the interministerial-partners committee contains valuable arguments that can call into question the position, arguments and model that it proposes. The FIQ still believes that its model is well-founded and responds to the particularities of the Québec system of higher learning and the glaring needs of the

health and social services network for nurses that are increasingly qualified. However, the opinions of the members of the committee on the model from the Federation are divided. Some measures proposed by the FIQ, linked to education, have been integrated into other proposals, including that of the Ministry of Higher Education, Research, Science and Technology (MESRST).

**THE OTHER PROPOSALS**

The committee's work ended on November 11, when the president of the interministerial-partners committee, Dr. Pierre Durand, presented the committee members with a first draft of his report on which a position must be submitted before December 10, 2013.

The delegates rejected the proposals presented, judging some even reckless, dangerous and irresponsible for the future of the nursing profession, and for

the entire care team. They felt that these proposals were a real threat to the sustainability of the health network and its capacity to respond to the demand for accessible, safe care and services by the Québec people for the years to come.

The delegates reiterated the importance of continuing the process of promoting the integrated model of the FIQ.

The final report from Dr. Durand will be tabled by the end of the year. The Federation is closely following this file and intends to denounce any simplistic approach to the practice of nursing. It will continue to promote the importance and the value of the skills acquired through work experience, expertise and continuing education. ■



Rosita Smith-Woodward, CSSS Cavendish

# PROVINCIAL NEGOTIATIONS

The delegates were given a follow-up on the evaluation of the clinical perfusionist job title file, negotiated in the context of the work of the *Comité national des emplois*, as well as the pay equity audit.

**EVALUATION OF THE CLINICAL PERFUSIONIST JOB TITLE**

Following two meetings of this committee in June and September, the FIQ's employer counterparts broke off the discussions and demanded an arbitration hearing. Faced with this surprising decision, the FIQ met the unions in the institutions concerned and the clinical perfusionists.

The latter expressed their impatience with the slowness shown by the employer party in recognizing the value of their profession and the salary scale attached to it. Waiting for seven

years, they indicated that they would not hesitate to take action if need be. For their part, numerous physician specialists have expressed their support by signing a petition of support addressed to Marco Thibeault, Assistant Deputy Minister to the Ministry of Health and Social Services (MSSS).

This pressure resulted in a positive reaction from the MSSS and the Treasury Board which made it possible to return to the table and continue discussions towards obtaining a settlement for this job title.

**PAY EQUITY AUDIT**

A brief portrait of the pay equity audit that must end in December 2015 was presented. Keen to settle this file before starting the negotiation of the provincial collective agreement, the FIQ is working in an inter-union in order to break the deadlock in the discussions with the Treasury Board. As for the complaints filed following the 2010 pay equity audit against the employer party who acted unilaterally, the FIQ is participating in a work timetable in the conciliation process. ■

NEGOTIATION

Next negotiations:  
The FIQ is embarking on a reflection



Carolane Bibeau, CSSS Pierre-De Saurel

# NEXT NEGOTIATIONS THE FIQ IS EMBARKING ON A REFLECTION

This Federal Council was an opportunity for the delegates to discuss the potential perspectives for the FIQ for the next round of negotiations with an antiunion context as a backdrop.

Among the broad outlines of this context, note the austere budget climate, the massive attacks against the labour movement as well as the proposals put forth for reforming the pension plans. A climate which, without a doubt, will not be conducive to negotiating the healthcare professionals' working conditions. And, the government's propensity to want to carry out cuts in the health and social services network is not at all reassuring, whereas the public easily lends an ear to the rhetoric of the right-wing that is firmly antiunion.

In light of this portrait, the delegates initiated discussions on the next round of negotiations. This first reflection was on the possibility of being part of a common front and to participate in a strategic framework with other labour organizations. Joining a common front would also involve the signature of a solidarity pact for the participating organizations, so that there would not be any raiding between these organizations.

While in agreement with the context, the delegates' opinions differed about the best way to defend the health and social services network and the healthcare professionals' working conditions. For some, a rather difficult economic, social and labour context would promote the joining of the labour forces and greater bargaining power. For others, joining a common front would have the effect of reducing the visibility of the healthcare professionals, the backing of the

population for them and would not represent their identity.

For a long time, the delegates discussed their desire to use the next round of negotiations to improve organization of work which is at the core of their union concerns. In this respect, they want to be sure that if we join a common front, they would have the autonomy to address the organization of work file and to use this element as a negotiation issue.

The debates ended with the adoption of a proposal that the FIQ analyze the general orientations retained for the setting up of an eventual common front and a solidarity protocol. The reflections will continue at a future Federal Council.

### ADOPTION OF THE NEGOTIATION STRUCTURE

The delegates adopted a slightly modified structure for the next round of negotiations which will start in 2014 for the collective agreement that ends in 2015. The union context will solicit the capacities of the Federation's union representatives to adapt, particularly concerning the circulation of information and the democratic processes. The changes made to the negotiation structure should make it possible to meet these needs.

The different levels will always be present, the Federal Council, the Executive Committee, the Negotiating Committee and the Coordination of the Negotiations. The delegation adopted all the

recommendations from the Executive Committee. However, an amendment was brought in order to add a position for the perfusionist job category on the Negotiating Committee.

In addition, concerning the circulation of information component, the focal point of a good negotiating strategy, some factors must be taken into consideration, the electronic media as well as the social media must be used to optimize the information and support structure in such a way as to render the communication and the representation of the members more effective. To do this, it was proposed that the Regional Action and Consensus Building Tables (TRACs) be used by designating the TRAC information and support officers among the participants from these tables according to a representativeness scale. These tables, acting in partnership with the community, will make it possible to circulate the FIQ demands to a broader public and will aim to ensure the return of information to the Federation.

The delegates thus adopted a decision-making structure and an information and support structure that will allow the maximum number of members to be met and contacted. Furthermore, the perfusionists are invited to get involved in these negotiations and to present their name for the next negotiating committee. The elections should be held during a special federal council in February. ■

The delegates initiated a reflection on the possibility of setting up a common front during the next round of negotiations.



At the microphone: André-Luc Deschênes, Inuulitsivik Health Centre





Ms Lise Payette

## “THE COURAGE OF QUÉBEC WOMEN”

The delegation had the privilege of warmly welcoming Ms Lise Payette, listening to her and having a discussion with her. She is an iconic figure of modern Québec, a feminist, political woman, radio and television personality and author and feature columnist. Ms Payette addressed the delegation on the occasion of the sad anniversary of the slaughter at the *École polytechnique à Montréal*, on December 6, 1989.

Describing her 24 years of personal and professional experiences, Ms Payette recalled the necessity for women to stand up, to conquer their fear and to denounce the violence against women. “Women, by their very definition, are resilient, a woman never gives up”, she stated right from the start. Referring to the capacity of women to react in their personal lives as women and mothers, and in their lives as citizens, Ms Payette recalled different moments in Québec history when women mobilized, the Yvettes movement during the 1980 referendum and the more recent one of the Janettes in 2013.

According to Ms Payette, even if equality between men and women has been written in the legislation since 1976, nothing guarantees true equality if it is not the will of women to demand it, which

is demonstrated by the various collective women’s actions in Québec. The slaughter at the *École polytechnique* remains the most striking memory for Ms Payette. She precisely described the planning and the ritual used by the killer to separate the women from the men and assassinate fourteen young women, a crime aimed particularly at women and feminism.

Like most Quebecers, Ms Payette was paralyzed at first, appalled by such violence when she realized that Marc Lépine’s target was feminism and those that promote it. Despite the horror felt, this event provoked awareness: the necessity to start back at zero and to speak out, but in a different way. At that time, the feminists had to change course in order to stop the violence that women across the globe are subjected to.

That day, Lise Payette understood that violence would endure for a long time and that women had to speak out in every way possible, in particular by educating young women and young men, and by explaining to them the status of women. For her, it was a way to multiply the ways of talking about the inequalities whether by political action and legislation or through television dramas. By inviting men to join the movement, Ms Payette reminded the delegates of the importance of passing it on from mothers to daughters because the “women’s revolution is quiet”. ■



## MARCH 8, 2014

“*Des clés à la portée de toutes*” (Keys available for everyone) is the theme retained by the Collectif du 8 mars, in which the FIQ is a part, to mark International Women’s Day 2014. This expression represents the possibility of being able to achieve equality, whatever the domain and the circumstances.

The *Intersyndicale des femmes*, in which the FIQ also participates, opted for the subject of work-family balance to challenge society on this important day for women, considering that it is a dimension of access to equality that concerns most workers and women.

In 2004, the Ministry of Employment and Social Solidarity and the Ministry of Families declared that “Work-family balance is a collective responsibility.”

However, the measures for work-family balance are practically non-existent in the Act respecting labour standards that provides a

framework for the work of non-unionized workers. For unionized workers, they are met with resistance when it is a question of introducing work-family balance measures in the collective agreements and the workplaces. The lack of measures in this respect generates social costs and measurable impacts on the physical and psychological health of workers.

The situation of families has evolved and is more complex while today’s women are mothers, workers and informal caregivers all at the same time. These important responsibilities cannot only rest on the shoulders of women and

deserve to have time and reflection devoted to them.

In order to allow women to keep a balance, the community must be concerned with the situation of women and deploy support services for those who need them.

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



**GROUP INSURANCE**

**Group insurance:  
Rate in effect as of January 1, 2014**



**GROUP INSURANCE  
RATE IN EFFECT AS  
OF JANUARY 1, 2014<sup>1</sup>**

At this Federal Council, the delegates learned about the results of the FIQ negotiations with *Desjardins Sécurité financière* on the conditions for the renewal of the group insurance contract for 2014.

**CONSULTATION**

General assemblies were held over the fall in all the institutions of the Federation in order to consult the members on the structure of the plans covering the basic drug, extended health and dental care coverage in the group insurance contract. The purpose of this consultation was to verify if the current structure, a conventional type, is still appropriate or if a three-plan modular-type structure would meet the flexibility sought by several of the members more. The results of this consultation will be presented to the February 2014 Special Federal Council.

During the negotiations with the insurer, the FIQ had to consider, in addition to the usual inflation and use factors, certain situational factors such as the difficult global economic situation and the constantly rising costs in health care. So, the delegates saw that the basic drug and extended plan III coverage are under significant pressure again this year. However, the other coverage, dental care insurance, life insurance and long-term disability insurance, remain stable which enables us to get a positive renewal.

**PARTIAL PREMIUM HOLIDAY**

For the basic drug, extended III and extended II (long-term disability) plans, the members presently benefit from a partial premium holiday that ends on December 31, 2013. After an analysis of the results of the negotiations with the insurer and considering the amounts on deposit held, the delegates agreed to offer the members a partial premium holiday for 2014 for the basic drug plan, extended plan I (dental care) as well as extended plan II (long-term disability).

The members will therefore benefit from a new partial premium holiday according to the rates negotiated for 2014. However, because they already benefit from a partial premium holiday that ends on

December 31, 2013, they will, just the same, see an increase in the premiums deducted from their salary. This increase seen will be equal to the difference between the 2014 reduced rates after the premium holiday and the adjusted 2013 rates after the premium holiday.

With this renewal, the delegates could only conclude the degree to which the primary objective of group insurance, which is to guard against a significant financial prejudice by the pooling of the risks and premiums, makes perfect sense. They believe that it is a good renewal for the members who will benefit from good coverage at the best possible costs. ■

Protection	Rates paid in 2013 after premium holiday	Rates paid in 2014 after premium holiday
<b>BASIC PLAN</b>		
<b>Basic drug<sup>2</sup></b>		
Individual	\$34.61	\$39.12
Single-parent	\$44.65	\$50.48
Family	\$81.35	\$91.95
<b>Basic health Extended III</b>		
Individual	\$5.96	\$6.65
Single-parent	\$5.96	\$6.65
Family	\$11.86	\$13.23
<b>EXTENDED PLAN I (dental care)</b>		
Individual	\$11.62	\$11.62
Single-parent	\$22.07	\$22.07
Family	\$32.52	\$32.52
<b>EXTENDED PLAN II</b>		
Basic life and ADD <sup>3</sup> for member	\$0.32/\$5,000	\$0.32/\$5,000
Additional life and ADD	\$0.080/\$1,000	\$0.078/\$1,000
Life - dependent children	\$0.05	\$0.05
Long-term disability	0.864% of gross salary	0.828% of gross salary
Additional life insurance - vested rights	Rate grid by age, gender, tobacco use	Rate grid by age, gender, tobacco use

**DID YOU KNOW THAT?**

It is your premiums that are used to pay the claims under the group insurance contract. Every one of you can contribute to the cost of insurance plans remaining at a level that is accessible for all the FIQ healthcare professionals. Here are a few tips:

- Send your claims for benefits (medications, treatments of all kinds, income replacement indemnity) to the correct body. For example, the medications required following a work accident are reimbursed by the CSST and not by the group insurance.
- Choose to use generic medications when they are available. You will thus benefit from equivalent, and just as effective, treatment at a lower cost.
- Renew your prescriptions every two months rather than monthly. You will thus save on the pharmacist's professional fees. This type of claim is accepted by the insurer, *Desjardins Sécurité financière*.

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 or higher than \$40,000: \$2.07 for individual coverage and \$5.17 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: \$4.59 for individual coverage and \$11.50 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

**ORGANIZATION OF WORK**

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



Linda Dubuc, CSSS Jeanne-Mance

# INDEPENDENT LABOUR

The delegation was given a follow-up on the attraction-retention-mismanagement action plan adopted at the Federal Council last March. Remember that the objective of this action plan is to denounce and fight against the poor management and waste of public funds in the health and social services network.

The delegates raised the difficulty of working to stabilize the work teams or integrating the different categories of professionals according to the integration plans in a context where the placement agencies are available to the employers for filling the absence of staff. Specific difficulties have been experienced by the licensed practical nurses who work part time without the possibility of working more despite the work performed as overtime and the lack of manpower in the network.

In September 2012, the Sigma Santé organization concluded a contract for the Montréal and Laval regions to provide independent labour (IL) for the health institutions. However, several institutions prematurely ended these contracts last spring without giving any reason publicly. Remember that the FIQ organized a meeting with the press during this same period to inform the media that the terms of the call for tenders were not respected. The FIQ brought to light the financial and organizational impacts of using independent labour from the private placement agencies in the public network.

Last August, Sigma Santé launched a second call for tenders for Montréal and Laval. This time, the FIQ noticed that the rules had been changed and were tightened up on certain aspects. In the future, the placement agencies must be able to meet the manpower needs of all the institutions in a group for which they have obtained the contract. In fact, the placement agencies can do as they please and choose

the institutions and the missions likely to attract more manpower. In addition, they have to have existed for at least two years and make a statement demonstrating there was no collusion or condemnation.

Other rules must also correct the disparities in the working conditions that existed between the workers in the public network and those for the placement agencies. Each agency must be able to fill the three shifts both during the week and on the weekends, and cannot send someone into an institution who already holds a position in the institution. The same principle applies in the regions. An employee who holds a position must be placed in another region. Lastly, the agency professionals must be qualified for two years and have worked at least a thousand hours in their job title in a recognized public institution in Québec. Since the placement agencies must now initial the circular from the Ministry of Health and Social Services that lists the different rules of the contracts, we can expect that

the respect of these rules will be insured in such a way as to better protect the public network.

The delegates agreed to strengthen the mobilization, to document the situations that happen in the institutions and to use the manpower action plans developed by the local teams. It is necessary to take control of organization of work and to use the committees on care.

The FIQ will participate in a meeting with the ministry in January where particular attention will be given to resolving the problems experienced by the many licensed practical nurses holding part-time positions. The FIQ still continues its fight against the rationalization of the expenses in order to slow down, even put a stop to, the use of IL by the employers and, in the end, improve the healthcare professionals' working conditions. ■

## CAR, HOME AND BUSINESS INSURANCE

**The FIQ wishes you Happy Holidays!**



The FIQ offers its members a group car, home and business insurance plan with The Personal General Insurance. The company was authorized to solicit the members by telephone. However, it is understood that The Personal agrees not to divulge the list of names of the members of the FIQ to anyone. Under the Act respecting the protection of personal information in the private sector, the members can refuse that their name and their contact information (personal address and telephone number) be sent to service providers. Thus, **the members who refuse that their contact information be communicated to The Personal must complete the form below** and return it to the address indicated before January 31, 2014. ■

### CAR, HOME AND BUSINESS INSURANCE

I, 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: \_\_\_\_\_

Return to: FIQ Québec, attn. Colette Gilles, 1260 du Blizzard St., Quebec City (Québec) G2K 0J1

