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MARATHON NEGOTIATIONS: ON YOUR MARKS!

Although we are at a turning point in the negotiations where the union and management parties are getting ready, the FIQ has looked at the context and is putting the pieces together following the consultations with its members. It is also getting set to begin the negotiation race until it reaches the finish line which should culminate, we all hope, in a collective agreement in which the value of all the healthcare professionals will be recognized.

The last year is distinguished by an ensemble of political and social changes which will certainly set the tone for the next negotiation of the collective agreement for the healthcare professionals. In fact, the government of Pauline Marois has been relegated to the opposition benches and left room for a majority Liberal government with whom the unions will surely face challenges. Highly influenced by management, the Couillard government wants to resurrect the recovery through increased productivity, which is always done on the backs of the workers and to the detriment of public services. Moreover, the content of the governance plan and the details of the Québec budget, presented this

spring, confirm this vision of austerity cleverly orchestrated with a lot of effort from "expert" reports and pessimistic economic balance sheets.

GATHER THE TROOPS

This may be the case, but the healthcare professionals will not be impressed by the same old neoliberal story and will pursue the battle of defending their working conditions by mobilizing their strength and their expertise. The latter are the perfect ones to know the needs of the population and can even remind them of the need for a quality public healthcare system. They are stubborn, focus on continuity, in addition to coming together, they are also different.

And, the FIQ possesses natural allies, organizations which believe in defending a more fair and respectful societal project of the needs of the population.

The work is already well underway and cannot be done without you. We are impatiently awaiting the results of the consultations which will be taking place in your institutions. Know that at the FIQ, we are equipped to jump into the race for your working conditions and safe care, whatever the context. On your marks, get set, go! ■



At the microphone: 1. Marie-Chantal Mireault, CSSS de la Pointe-de-l'Île - UHCP 2. Stéphane Gagnon, CSSS du Nord de Lanaudière

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NEGOTIATIONS

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Line Mercier, CSSS de Beauce - SPSQ

PRELIMINARY DRAFT SECTORAL COLLECTIVE AGREEMENT FOR A HUMANE ORGANIZATION OF WORK

This Special Federal Council was an opportunity for the delegates to discuss the 2015 preliminary draft sectoral collective agreement which will be submitted, for consultation and debate, to all the members of the FIQ between now and September 12, 2014. This is the second step in the work of defining the sectoral project of the Federation for the next round of negotiations.

FOR A SUCCESSFUL NEGOTIATIONS

The delegates adopted the strategic framework which establishes the principles on which the FIQ will conduct the next negotiations. The FIQ is certainly counting on scoring points in these negotiations and obtaining improvements in the working conditions for the healthcare professionals.

This strategic framework will guide the choices of the FIQ members and delegates. It will also orient how the spokesperson will approach the talks at the bargaining table that will lead to the adoption of the next sectoral collective agreement.

The strategic framework adopted will draw on a spirit of innovation, on audacity, on the determination and the leadership that characterize the FIQ so well. It will be deployed and feature three main lines: the healthcare professionals, preferential witnesses to the needs of the population and spokesperson for the patients; mixed solutions and long-term perspectives; and a balance between professional diversity and the care team cohesiveness. The common denominator remains and will always remain the same: the interests of the members of the FIQ. ■

Remember that a first step was taken in May during the consultations on the four priorities of the negotiations. Here then are the four priorities of the negotiations, approved almost unanimously by the local general assemblies, which will be the basis for the demands that the FIQ will take to the bargaining table:

- A reduction of the workload;
- A reduction in job insecurity;
- An improvement in the working conditions with a perspective of attraction-retention;
- The recognition and enhancement of training/education.

The preliminary draft of the sectoral demands contains, on one hand, demands which more clearly define the scope of the priorities of the negotiations. On the other hand, it contains all the other demands of a more general nature. Their purpose is to correct some of the problems experienced by the healthcare professionals or to modernize some of the texts of the collective agreement with case law.

THE DEMANDS

The health network is always struggling with a shortage of healthcare professionals. This situation that has existed for several years now generates more and more dissatisfaction all the more so because it adds to the working conditions which are continuously deteriorating. Furthermore, the employers seem unable to find the solutions that would let the healthcare professionals catch their breath and deliver safe, quality care. It is difficult to attract new recruits in such a context and to keep those who are practicing their profession in the public health network. Therefore, the priorities proposed aim to force the employers to set up, in collaboration with the healthcare professionals, adapted and permanent solutions that would give them back a quality of working life.

Here is a summary of the demands which aim to further define the priorities of the negotiations:

■ A reduction in the workload

This priority aims to correct the workload which, over the last few years, has become a recurring topic of dissatisfaction for the healthcare professionals. In a context where the elements linked to a reduction in the workload and job insecurity are intimately linked to organization of work, one recommendation proposes that the mandate of the committee on care stipulated in the collective agreement is to discuss the measures to set up to remedy this. There are also recommendations on the setting up of a provincial committee responsible for establishing the minimum professionals/patients ratios and developing a patient assessment system. Lastly, other recommendations stipulate a better evaluation of the structures of positions, the stabilization of the work teams and positions, an exercise in the conversion of replacement hours, the clarification of the roles and duties as well as a reduction in the use of independent labour (private agencies).

“For me, having a rotation position is already an inconvenience so I have no problem with a premium being associated with it from the outset because one never knows from one period to another on what shift one will be scheduled.”

*Sophie Séguin,
CSSS de la Haute-Yamaska*

■ A reduction in job insecurity

While some healthcare professionals must regularly work overtime, others are struggling to get work. Despite the employers' obligation to come up with an action plan for workforce planning, some hire more than the real needs of the institution to insure having the resources

available as the case may be. One recommendation therefore proposes that the parties at the local level are responsible for workforce planning through the committee on care. Another recommendation covers the employers being obliged to offer an upgrade in position to all employees who would like it before hiring for part-time positions with a minimum number of workdays. Other recommendations stipulate that the number of positions created for the float team cannot be higher than 5% of the number of FTE in the institution and that a percentage of 70% of full-time positions be attained.

“The definition of critical care has to be rewritten so that it is less restrictive, as in my centre there can be critical care that does not involve a hemodynamic follow-up. We currently have this in intensive care, emergency and the short-term intervention units in psychiatry.”

*Denis Cloutier,
Institut universitaire en santé mentale de Montréal*

■ An improvement in the working conditions with a perspective of attraction-retention

This priority covers putting in place solutions to combat the major problems of a labour shortage, with the goal of making the health field, which is difficult and demanding, more attractive. It is crucial that the working conditions are consistent with this setting in order to attract and make loyal, the young members and the next generation of healthcare professionals, but also to keep the more experienced at work. Several recommendations are put under this priority in order to promote the recognition of responsibilities and inconveniences, family-personal life-work balance and an improvement and modernization of the salary

NEGOTIATIONS

Preliminary draft sectoral collective agreement (CONT'D)
Intersectoral negotiations: FIQ-FAE alliance

"I am a specialty nurse practitioner and am part of a work group with the *Association des infirmières praticiennes spécialisées du Québec* to reflect on our working conditions. We are presently 250 certified nurse practitioners who practice in front-line care or in the hospital mission and we have found that there are problems at the level of our foothold and in our working conditions. We are going to submit proposals to the Federal Council in September which I hope will be integrated into the draft collective agreement."

Jacinthe Dufour, CSSS
Alphonse-Desjardins

insurance plan. Several premiums must be reviewed with the goal of, on one hand, granting these premiums to all the employees who find themselves in a similar situation, and, on the other hand, to correct the difficulties in application and interpretation.

■ The recognition and enhancement of training/ education

Presently, the collective agreement limits the automatic recognition of a job title requiring a university degree to three job titles: community health nurse, assistant-head-nurse or assistant to the immediate superior. In the interest of attraction and retention as well as in an approach to recognizing additional training, this priority covers the recognition of the value of a university education for the employee with this education. Recommendations have therefore been worded consistent with the automatic recognition of a bachelor's degree for the nurses, the automatic recognition of additional training for the healthcare professionals, the standardization of the value of the different bachelor degrees for access to the job title of care counsellor nurse, the creation of a job title of promotion for the clinical perfusionists and the professionals working in a northern clinic as well as a revision of the rules of promotion for some job categories.

"I question the 45-day relapse period which applies for possible rehabilitation or assignment after the 104th week of disability because, in my centre, the insurer will often accept a delay up to 90 days and there are cases where the employer is more open to allowing a return to work after three months, because he considers the risk of having to once again pay two years of salary insurance less."

Céline Tranquille, McGill
University Hospital Centre

THE OTHER DEMANDS

The second part of the preliminary draft, with the recommendations of a more general nature and without necessarily being linked with the priorities adopted, contain the recommendations with the goal of resolving certain difficulties encountered with the application of the collective agreement and to modernize certain articles. Here is a summary of the main demands:

- The implementation of a joint provincial labour relations committee in order to resolve all problems related to the working conditions, including the problems in the application and interpretation of the collective agreement.
- A clarification of the current clause on the replacement of managers in order that it have more guidelines.

- A revision of the composition and the functioning of the committee on care.
- The payment of parking at the home base when an automobile is required.
- The payment of the floating holidays in psychiatry or in specific units in the event that an employee cannot take these holidays by the following July 1st because of sick leave or other leave, subject to the provisions agreed upon at the local level.
- A correction of the mechanism for modifying the list of job titles, descriptions, salary rates and scales according to the solutions retained in an inter-union group.

THE NEXT STEPS

This preliminary draft sectoral collective agreement constitutes the essence of the demands to submit for the next round of negotiations so that all the healthcare professionals can both practice their profession in acceptable working conditions, but also offer safe care to the clientele that they serve. The FIQ invites its members to participate in the consultation assemblies in great numbers in order to debate this preliminary draft. These consultations will enable the Federation to compile the demands and adopt the draft sectoral collective agreement at the September Special Federal Council. ■

INTERSECTORAL NEGOTIATIONS FIQ-FAE ALLIANCE

The delegates attending this Special Federal Council adopted a resolution so that the FIQ and the *Fédération autonome de l'enseignement* (FAE) can form an intersectoral table to negotiate parental rights, remuneration, the pension plans and the regional disparities with the government as part of the next negotiations.

The protocol, agreed to between the FIQ and the FAE, respects the desire of the two organizations to maintain their autonomy and their identity. Moreover, it allows two independent unions to unite their forces of nearly 100,000 employees of the State.

It was following the discussions held over the last few months that the two organizations agreed to present an operating protocol to their respective decision-making bodies that sets out the parameters surrounding a joint intersectoral negotiation. The FAE delegates gave their endorsement to such an alliance on May 30 last.

An analysis of the political, economic and labour context convinced the two organizations

that such an alliance could promote better bargaining power for the FIQ and the FAE and thus contribute to improving the working conditions of the members that they represent. All the more so since the provincial budget of Minister Leitão, revealed on June 4 last, has nothing reassuring for the health and education sectors. Besides increasing bargaining power and improving the defence of the members, the organizations wanted to promote the sharing

of information and the creation of solidarities at the regional and provincial levels.

The demands of an economic nature will thus be presented to the delegates of the FIQ and the FAE before October 3, 2014. Each organization will develop its own draft collective agreement for the sectoral tables and maintains its full autonomy in the negotiating process. ■



Sylvie Jovin, CSSS Haut-Richelieu-Rouville

INITIAL TRAINING OF LICENSED PRACTICAL NURSES DOING THINGS RIGHT

Considering the recent step undertaken by the *Ordre des infirmières et infirmiers auxiliaires du Québec* (OIIAQ) in the initial training file, the FIQ felt it was important to give the delegates at this Special Federal Council an update.

Taking into account the recent developments in this file and the Order's Convention in the days following this Federal Council, it seemed important to recall the work undertaken by the Federation on initial training and to indicate how it intends to continue conducting this file over the coming months.

The resolution adopted by the OIIAQ board of directors on January 20, 2014 was presented to the delegates for information purposes. This resolution proposes "to recommend an upgrading in the training of licensed practical nurses by a 3-year study programme offered exclusively to licensed practical nurses in the cégeps" and "to support the upgrading of nurses' training by a training

programme provided exclusively at the university level in the future". (our translation)

This OIIAQ resolution creates a new path in the analysis to be done in order to take a responsible, informed and consistent position on the issue of the initial training of the nursing healthcare professionals. The delegates were informed of the activities that the Federation will be pursuing, both internally and externally, with the same seriousness and the same energy as in the file on the initial training of nurses. This work will contribute to documenting the file and further developing it in order to defend it in the best interests of the members and the care given to the population, while respecting

the orientations, principles and the values of the FIQ.

The Federation intends not only to continue its activities, but it is also determined to play a major role of leader and influence in the continued work that will be required. Remember that the FIQ started a process to promote the value of the licensed practical nurses' work more than a year ago. It is with this purpose that the special publication was produced in order to highlight the role of the licensed practical nurse on the care team.

To consult the FIQ Licensed Practical Nurse Special Report: <http://www.fiqsante.qc.ca/publicfiles/documents/fiqdossierspecial-0502-en.pdf> ■

LICENSED PRACTICAL NURSES TRAINING ON THE CONTRIBUTION TO INTRAVENOUS THERAPY

A point of information was given to the delegates on the licensed practical nurses contribution to intravenous therapy. Remember that this training has been available since 2008 for the members of the OIIAQ and since 2010 for the candidates to the profession since the passing of the Regulation respecting certain professional activities that may be performed by a nurse or nursing assistant (licensed practical nurse).

The budgets allotted by the Ministry of Health and Social Services (MSSS) for this training have run out and the latter has refused the OIIAQ request for an additional budget. The Order will study the issue over the coming months in order to evaluate what type of contribution could be made to urge the employers to continue the training of the licensed practical nurses in the years ahead.

And, the transitional measure set out in the Regulation which allows licensed practical nurses who already performed certain professional activities in line with the contribution to intravenous therapy before May 29, 2008 to continue to perform them, will end on May 29, 2016. Thus, the licensed practical nurses who have not received the required training will no longer be able to perform these activities.

Some employers however, wrongly believe that the training for the contribution to intravenous training will no longer be available after that date but it still will be, but will no longer be subsidized.

For any question on the training for the contribution to intravenous therapy, do not hesitate to contact your local union team. ■

