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Federal Council of March 10, 11 and 12  
Special Convention of March 13

# ENACTION

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



Chanting “Ça suffit, laissez-nous soigner” (That’s enough, caring for patients comes first), the delegates demonstrated to call on the Government to give them the means to provide care properly.

## DEMONSTRATION IN FRONT OF THE NATIONAL ASSEMBLY “MR. COUILLARD, WE’VE HAD ENOUGH OF HEALTHCARE CUTS!”

Meeting at a Federal Council in Lévis, the 600 delegates went to Quebec City to participate in a march and demonstrate in front of the National Assembly. They expressed their fears and apprehensions on the eve of the next budget of Finance Minister Carlos Leitao.

“Last year, the Government swore to us that care and services would not be affected, despite its cuts imposed on the healthcare network. Instead, the opposite has happened. We have been subjected to cuts and abolition of positions all over Quebec, which have increased the workload of healthcare professionals and are affecting services to the public,” FIQ President Régine Laurent denounced during the demonstration.

Carlos Leitao’s last budget provided for 3% growth of health expenditures for 2014-2015 and 2.7% for 2015-2016. To cover the increase in costs of the healthcare system, expenditures would have to grow over 4%, a commitment

made by the Liberal Party and Philippe Couillard during the last election campaign.

“Our fears are borne out by the statements made by the Minister of Finance, who has already affirmed that the impacts of the cuts would be worse this year than last year. We are asking him to restore common sense and not further shake and weaken the healthcare network. The quality and safety of the care provided to patients depends on it”, Régine Laurent pointed out.

For the delegates, there is no doubt that if the Government stubbornly insists on reducing the growth of

health expenditures even further, the harmful effects on the healthcare network will be even greater this year. Furthermore, nobody believes the \$220 million in savings anticipated from the institutional mergers of Bill 10 will materialize.

The FIQ’s members have solutions to improve the safety and quality of care, solutions to improve the network. The delegates hope the Minister of Finance will have the necessary empathy and judgment regarding patients and healthcare professionals, by offering them a respite from cuts and rollbacks. ■





**WORD FROM THE PRESIDENT**

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**THE STRUGGLE CONTINUES TO LET US CARE**

*Régine Laurent*

In a new SOM-Cogeco survey, 91% of Quebecers questioned, nearly the entire Quebec population, said they hoped we would be allowed to provide more care and exercise all of our competencies. Quebecers have rallied to our arguments: not only physicians can provide care.

With good reason, during our Federal Council, we had an eloquent demonstration that the improvement of access to care and front-line services depends on healthcare professionals. I am referring to the highly relevant presentation made to the delegates by Isabelle Têtu and Maureen Guthrie of the neighbourhood clinic 100% run by nurses, Coopérative SABS in Quebec City. They gave us a progress report since the official opening of the clinic for the neighbourhood's families, and the results have been astounding. This clinic is the embodiment of the FIQ's DNA, our unionism of proposals. It is the perfect example of our struggle for more human-scaled, safe and quality care.

We now want the Government to follow suit. This is one of the things we are asking in the context of the negotiations for the renewal of our collective agreement. We are asking that it give us the conditions so that we can practice our profession

fully. We do it for patients and for healthcare professionals, for the Quebec healthcare network. We have mobilized everywhere to advance our cause. We are conducting actions in the four corners of Quebec so that the voices of nurses, licensed practical nurses, respiratory therapists and perfusionists are heard.

Whether in Sherbrooke to denounce residential care conditions, in Gatineau to protest against the abolition of organ donation positions, or in the Côte-Nord region to prevent the abolition of the retention premium in Sept-Îles and Port-Cartier, FIQ activists are there. I urge you to sign the petition we initiated to force the Government to go back on its decision to abolish the premium and ask to extend it to the entire Côte-Nord region. You can sign the petition online until next April 27 on the National Assembly website: [www.assnat.qc.ca/fr/exprimez-votre-opinion/petition/Petition-5185/index.html](http://www.assnat.qc.ca/fr/exprimez-votre-opinion/petition/Petition-5185/index.html).

Our mobilization is not limited to healthcare. We are ardently fighting against Liberal austerity. Austerity that is doing harm. Austerity that is hitting hard against the middle class, families, the most disadvantaged, and especially women. We are fighting the Government's destructive ideology, which is violently attacking the Quebec social model. Over 600 FIQ activists marched in front of the National Assembly on March 12 to express our fears regarding the 2015-2016 Leita budget. We will suffer even more rollbacks and cuts, which will have even more harmful effects on public services. This has to stop!

Make yourself heard. Make it clear you are fed up with austerity policies. Express your support for improvement, accessibility, quality and safety of care. Join our mobilization! ■

**HAVE A GOOD RETIREMENT!**

On behalf of the entire delegation, the Executive Committee and the employees of the FIQ, Régine Laurent took the opportunity at this Federal Council to mark the retirement of Sylvie Provost, Secretary to the Legal Team at the Montreal office. After a long and illustrious career, we wish her a very pleasant and well-deserved retirement.



**ORGANIZATION OF WORK**

**Culture of advocacy: for professional leadership  
The FIQ offers you free accredited training**



Claire Alarie, CSSS du Sud de Lanaudière

# CULTURE OF ADVOCACY: FOR PROFESSIONAL LEADERSHIP

This Federal Council was the opportunity for delegates to continue discussions on the culture of advocacy, presented at last September's Federal Council. This concept is largely based on the code of ethics of healthcare professionals and their clinical leadership.

The culture of advocacy can be defined as a response of defending and promoting patients' rights and interests. According to the delegates, healthcare professionals must reappropriate their work environments as places to make demands and denounce the harm caused to patients by government policies. These policies translate into administrative decisions that affect the everyday lives of healthcare professionals and are contrary to union values. They must therefore be denounced!

In other words, if you think the organization of work is causing harm to patients, this is probably the case! You must stop questioning yourself and instead trust your judgment as healthcare professionals. You must take the time to denounce situations

affirmatively. If many of you denounce them, this will have a greater impact!

The delegates believe that the culture of advocacy is more than necessary and that it is urgent to take action. Audacity is called for, but it must be based on professional obligations, patients' rights and, ultimately, the working conditions of healthcare professionals. If all the members of your centre of activities act together, in concert, the employer will not be able to challenge the clinical judgment of all the members. You thus will have more power to take concrete action on your working conditions.

Regardless of whether the role you play in defending and promoting patients' rights and interests is

individual, collective or social, this is an essential and indispensable exercise for the current negotiations of the FIQ's 65,000 healthcare professionals.

**ADD VALUE TO OUR CONTRIBUTION AS HEALTHCARE PROFESSIONALS**

The FIQ invites all healthcare professionals to add their voices and expertise to its own in order to defend and promote patients' rights and interests. Through struggles and actions in every possible place of influence, from the patient's bedside to the National Assembly, we must claim our professional role and demand the power to provide safe, quality care. ■

## THE FIQ OFFERS YOU FREE ACCREDITED TRAINING

The FIQ was very proud to announce to its delegates that the presentation and discussions on the culture of advocacy were training prepared by the FIQ's Task and Organization of Work sector and accredited by their professional order.

The FIQ will also offer this one-hour accredited training to its members free of charge. This hour of FIQ training can be counted in the number of hours of compulsory training healthcare professionals must take.

During the months ahead, the FIQ's Executive Committee will conduct a tour of its institutions, particularly within the context of Health Month, and will take the opportunity to offer this training to the interested members free of charge: a first in Quebec! ■



At the microphone:  
Maxime Turcotte, CSSS Richelieu-Yamaska



NEGOTIATION

Adoption of the Essential Services Policy  
Tax increase affecting group insurance premiums



# ADOPTION OF THE ESSENTIAL SERVICES POLICY

At this Federal Council, the delegates adopted the Essential Services Policy in accordance with the applicable legislation, for the purpose of negotiating the essential services to maintain in case the right to strike is exercised. They want to prepare for any contingency and exercise this right within a legal framework, without compromising the patients' safety.

The option of this policy makes it possible to take the legal steps leading to the acquisition of the right to strike. This is a necessary process that will eventually allow healthcare professionals to decide on a strike vote, if they collectively consider that strong pressure tactics are necessary during the negotiations to reach a collective agreement. For the delegates, the Essential Services Policy must be based on the provisions of the Labour Code and pursue the following objectives:

- Guarantee free access to the health institution for patients and visitors at all times;
- Guarantee normal operation of the intensive care units and emergency units;

- Ensure staff in all general care and extended care departments;
- Comply with the steps provided in the negotiating process.

Over the next few weeks, your local union team will proceed to draw up the list of essential services, based on the percentage of employees to be maintained according to law.

This percentage is applied by accounting for the number of employees usually on duty at the time of the strike, per shift, per care unit and per category of services.

### PERCENTAGE OF ESSENTIAL SERVICES TO MAINTAIN

According to the Labour Code, only the employees of the bargaining unit affected by the strike must

provide essential services. Thus, supervisory staff ("managers"), non-union personnel (placement agencies) or employees from other bargaining units are not considered in the percentage of essential services to be maintained.

### STRIKEBREAKERS

The Labour Code prohibits the employer from using the services of a person to perform the functions of an employee who is part of the bargaining unit on strike, for the duration of the "legal" strike. Thus, personnel working through placement agencies may not be used to replace employees who exercise their right to strike. ■



Audrey Lafleur, CHU de Québec

# TAX INCREASE AFFECTING GROUP INSURANCE PREMIUMS

Last December 2, Finance Minister Carlos Leitao announced an economic update, particularly affecting the group insurance premiums for all members benefiting from a private insurance plan.

Two taxes applicable to insurance premiums were increased, the tax on the capital of insurance companies, which rose from 2% to 3%, and the compensatory tax on financial institutions, which rose from 0.30% to 0.48%. These increases applied effective December 3, 2014.

Obviously, as the Government is well aware, these tax increases are being passed on to the insured. For the FIQ, the real impact on the insurance previously in force with Desjardins Financial Security is a premium rate hike of 1.26%.

### USE OF THE AMOUNTS ON DEPOSIT

To prevent its members from being subjected to a premium increase during the year, the FIQ Executive Committee agreed to use the amounts on deposit to cover the tax increase from December 3, 2014 to December 31, 2015.

The amounts on deposit come from the premiums paid by the members, which are used to avoid excessive premium increases during renewals and to mitigate unexpected situations, such as the one occurring this year.

The amounts on deposit currently held are more than enough to cover the sum represented by the increase of the two taxes over 13 months, totalling approximately \$2 million. ■

Sole responsibility for the tax increase affecting group insurance premiums is the Liberal Government and its campaign for austerity and a balanced budget at any price.

**NEGOTIATION**

**Provincial negotiations – The meetings have begun with the CPNSSS**  
**On March 31, make noise!**



**PROVINCIAL NEGOTIATIONS**  
**THE MEETINGS HAVE BEGUN WITH THE CPNSSS**

The Vice-Presidents and Joint Political Officers for the Provincial negotiators, Daniel Gilbert and Nancy Bédard, accompanied by the Coordinating Team for the Provincial negotiations, reported to the delegates at this Federal Council on the progress of the work regarding the negotiations for the renewal of the healthcare professionals' collective agreement.

Since last January's Special Federal Council, when the delegates learned about the employer offers tabled on sectoral and intersector matters, it can be affirmed that the negotiation process is well under way. But this is only the beginning and the parties are explaining and questioning their respecting offers.

At the sectoral table, the Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS) has not yet expressed its demands concretely. The FIQ has explained more than half of its demands, including those related to Bill 10, adopted under closure on February 7, with the aim of eliminating the impacts of this legislation on the working conditions of healthcare professionals.

Concerning the intersector table, where FIQ is negotiating jointly with the Fédération autonome de l'enseignement (FAE), the matters related to salary relativity and retirement have been discussed to date. The CPNSSS has expressed its willingness to reach an agreement quickly and to negotiate the 2010 and 2015 pay equity maintenance issues parallel to the intersector matters. The employer party hopes to complete the work on salary relativity for all jobs before the end of the negotiations.

Regarding retirement, the parties agree that the pension plan is healthy and that the defined benefit plan must be maintained. However, there are differences of opinion on the conditions to be established to ensure the plan's future. For the FIQ, the changes made in 2011 to the

actuarial method make it possible to track the changes in the plan and make corrections as needed. For the employer party, the criteria of eligibility for the plan must be reviewed so that the plan remains healthy.

The discussions are far from over and will continue in the weeks ahead. For the FIQ, the organization of work, workload and the elimination of the impacts of Bill 10 are all important issues. Mobilization of the FIQ's 65,000 members remains the key to the success of these negotiations. ■



**Collective Agreement**

MARCH 2011 » MARCH 2015

**EXPIRED**

**ON MARCH 31, MAKE NOISE!**

The mobilization and determination of healthcare professionals will play a determining role in these negotiations. On March 31, the FIQ and its affiliated unions will mark the expiration of the Quebec-wide collective agreement and the coming into force of Bill 10.

You will be invited to participate in 13.5 minutes of symbolic picketing in support of the catch-up salary demands to recover your purchasing power. This mobilization activity will be held simultaneously with the Fédération autonome de l'enseignement (FAE), with which the FIQ is negotiating at the intersector table.

The coming into force of Bill 10 will be denounced by wearing a sticker that your local union team will provide to you. On March 31, join us in large numbers and make yourselves heard!

**BILL 10**  
**Sad day for the health network**



**ORGANIZATION OF WORK**

**Draft Regulation concerning certain professional activities that may be engaged in by a nurse  
“The RIIRS, a collective voice”**



Isabelle Vallée, CSSS du Suroît

**DRAFT REGULATION CONCERNING CERTAIN PROFESSIONAL ACTIVITIES THAT MAY BE ENGAGED IN BY A NURSE**

At this Federal Council, the delegates studied a draft regulation under study regarding certain professional activities that may be engaged in by a nurse, published on January 7 in the Gazette officielle du Québec.

The Ordre des infirmières et infirmiers du Québec (OIIQ) estimates that a total of approximately 8,000 nurses in Québec would be covered by this draft Regulation and anticipates its application around fall 2015 or winter 2016. The FIQ will closely follow the adoption of this draft Regulation. Stay tuned.

As written in the Gazette: “The draft Regulation allows some nurses to prescribe certain laboratory analyses and certain products, medications and dressings as regards wound care and public health, subject to compliance with the terms and conditions of training set forth in the Regulation.”

**FIQ COMMENTS**

The FIQ is for the adoption of this draft Regulation, but ardently wants it to be amended, out of a concern for equity for healthcare professionals and the patients benefiting from their services. On February 4, the FIQ sent a letter to the President of the Office des professions to inform him of three main issues: group prescriptions, interprofessional nurse-physician cooperation, and recognition of the right to prescribe for all Quebec nurses.

■ **Group prescriptions**

The FIQ was surprised and disappointed to find that the five Quebec-side group prescriptions (anticoagulant therapy, diabetes,

dyslipidemia, high arterial hypertension, proton pump inhibitors), which are the subject of a professional consensus (OIIQ, Collège des médecins and Ordre des pharmaciens), are not included in the draft Regulation under study. The FIQ indicated that it hoped these group prescriptions can be accessible to all nurses by including them in the draft Regulation and that other regulations intended to enrich the practice of healthcare professionals will follow suit.

■ **Interprofessional nurse-physician cooperation**

The FIQ indicated that interprofessional cooperation will be essential to good practice of the professional nursing activities targeted by the draft Regulation. It would like the draft Regulation to include an obligation for physicians to cooperate with nurses in sharing patients’ clinical information and reciprocal requests for consultation in relation to professional prescription activities. There is

clearly an imbalance, which is not to the patients’ benefit, in the obligations to cooperate between the Code of Ethics of Physicians and this draft Regulation.

■ **A right to prescribe for all nurses**

The FIQ also expressed its reservations concerning the fact that not all nurses are covered by this draft Regulation and its transitional provision. It asked that all nurses holding a permit to practice from the OIIQ, regardless of whether they are college or university trained, be covered by the draft Regulation and that all the professional activities set out in the draft Regulation be accessible to them. ■



Andrée Lamontagne, President of RIIRS

**“THE RIIRS, A COLLECTIVE VOICE”**

Andrée Lamontagne, President of Regroupement interprofessionnel des intervenants retraités des services de santé (RIIRS), explained to the delegates the services offered by her organization.

The RIIRS is a non-profit organization founded in 1992, with the FIQ’s assistance, to meet a need for organization expressed by retired nurses. Since October 2006, licensed practical nurses, respiratory therapists and perfusionists have been able to join the RIIRS.

In addition to specifying how the RIIRS helps give a collective voice to its members, fostering a better defence of their rights and interests, Ms. Lamontagne took the opportunity to debunk a widespread myth. Contrary to the popular belief that government employees enjoy a deluxe retirement, the figures presented by the President of the Regroupement put things in perspective. Of the 10,000 current members of the RIIRS, 1,483 receive less than \$15,000 in annual income from the Government and

Public Employees Retirement Plan (RREGOP), while 4,475 of them receive less than \$20,000.

This is why the RIIRS is waging battles to improve its members’ quality of life. “The RIIRS is your future!”, Ms. Lamontagne affirmed, adding that her Regroupement is the natural follow-up to the FIQ, by enabling retirees to retain what they gained during the period they worked. By associating with other retiree organizations, the members’ power is strengthened and the sense

of belonging grows. Participation in the major public debates concerning retirees’ interests then acquires its full meaning.

All the information about how to join the RIIRS is available at <riirs.org> or from your local union team. ■



**BILL 10**

**Bill 10 : The delegates adopt the FIQ's new orientations  
Operating models for nearby services**



# BILL 10 : THE DELEGATES ADOPT THE FIQ'S NEW ORIENTATIONS

On March 13, the delegates met in a Special Convention to adopt recommendations with the aim of adjusting the structures of the FIQ and its affiliated unions to regionalization of the health and social services network orchestrated by Bill 10. This legislation will come into force this coming April 1.

The delegates therefore ratified the foundations for deployment of a new decision-making structure, in view of the preparation of proposals to amend the FIQ's Constitution and Bylaws. Until then, they voted to maintain the composition of the delegation to the FIQ's decision-making bodies - the Convention and

the Federal Council - according to the current conditions contained in the FIQ's Constitution and Bylaws.

In the same sense, they also voted for maintenance of the FIQ Networks (Women, Youth and OHS) during the transition from the CSSS to CISSS and CIUSSS.

For the delegates, it is opportune to preserve the stability and cohesion of the FIQ's union and political action during the implementation period of Bill 10. ■

## OPERATING MODELS FOR NEARBY SERVICES

Out of a concern for offering services close to the members and keeping the activists engaged, the Federal Council adopted a proposal that each FIQ affiliated union ensure the establishment of operating models that favour nearby services and the expression of real power at different decision-making levels.

Since fall 2014, the FIQ and its affiliated unions have pooled their forces and energies to arrive at a union configuration that helps counter the impacts related to Bill 10 and the size of the resulting CISSS and CIUSSS. The operating models proposed to the delegates constitute the union structure, and the sector and mission concepts are instilled in each model to ensure full representation of the job titles (nurse, licensed practical nurse, respiratory therapist

and perfusionist) and the care environments (hospital centre, CLSC, CHSLD, youth centre and intellectual disabilities rehabilitation centre).

This necessary change of direction to a union reconfiguration through operating proposals adaptable to the reality of each new institution once again proves the capacity of the FIQ, its unions and its activists to adapt to the multiple changes confronting them. Doing things

differently while recognizing the strong sense of belonging of its 65,000 members - this the foundation of the FIQ's approach in promoting active union life and giving all healthcare professionals more decision-making powers over their working conditions. ■



At the microphone:  
Cynthia Pothier, CSSS Pierre-Boucher-AIM

**STATUS OF WOMEN**

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



Chantal Locat, Québec spokesperson for the (WMW)

# WORLD MARCH OF WOMEN 2015

Chantal Locat, Québec spokesperson for the World March of Women (WMW), gave a presentation to the Federal Council on the fourth WMW 2015 action, launched on March 8 as part of International Women's Day.

This fourth WMW action, based on the theme "Freedom for our Bodies, our Land, our Territories", is intended as a call for resistance by women of all origins, in a real opposition to the social and environmental destruction now happening.

Throughout 2015, mobilizations will be organized to carry out actions throughout Quebec and everywhere on the planet. For more information: <mmfqc.org> ■



# TWO AUDACIOUS WOMEN ON THE FEDERAL COUNCIL

Less than a year after launching the idea of its new models at its most recent Convention, the FIQ welcomed two representatives of Coopérative de solidarité SABSA, "two audacious women", as Régine Laurent liked to call them.

**"The financial assistance from Desjardins will allow us to pay for more hours of nursing and thus offer patients more services. This is excellent news, because ever since the clinic opened, we find there are very great needs for front-line access. As healthcare professionals, we are able to respond to a larger proportion of these needs, but we must have the means to do so," pointed out Isabelle Têtu, of Coopérative de solidarité SABSA**

With great aplomb and humour, Isabelle Têtu, specialized nurse practitioner, and Maureen Guthrie, nurse, spoke about the cooperative they co-founded a few years ago. Last October, with the collaboration of the FIQ, the Faculty of Nursing Sciences of Université Laval and researchers from the Université de Montréal and Université Laval, this Quebec Lower Town clinic became the first Quebec neighbourhood clinic administered and operated by healthcare professionals.

"When I learned the FIQ was giving us \$150,000, I almost fainted", joked

**"There are doctors without borders. To me, you are nurses without limits".**

*Rita Lamothe, CSSS de la Vieille-Capitale*

Isabelle Têtu, explaining how this money allowed them to improve access to frontline care for the neighbourhood's population. As the FIQ has often repeated, the lack of will on the part of some players in healthcare prevents implementation

of major changes that would benefit the entire population and would even let the government save money.

Last January, less than four months after the clinic opened, nearly 1000 consultations had been performed and fewer than 10 patients had been referred to Emergency. With a maximum wait time of 30 minutes to see a nurse, it's not surprising that the news spread quickly by word of mouth. The FIQ is extremely proud of its contribution to this success. ■



**Desjardins took the opportunity to announce \$50,000 of financial support to the neighbourhood clinic run by Coopérative de solidarité SABSA. From left to right: Brigitte Hébert, Account Manager at The Personal, Maureen Guthrie and Isabelle Têtu, of Coopérative de solidarité SABSA, Patrick Delisle, Regional Vice-President, Business Development, Public and Parapublic Groups, Desjardins Insurance, and FIQ President Régine Laurent**