



Vol 28 | No 5 | May 2015

Federal Council of
May 25, 26 and 27

ENACTION

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



Véronique Gleeton Déraps, grievance agent, at the *CSSS de la Minganie* (SIM-FIQ), accompanied by a member of the institution, Mathieu Thériault-Proulx, and Régine Laurent

CSSS DE LA MINGANIE: A GREAT VICTORY FOR THE FIQ!

Véronique Gleeton Déraps, from the *Syndicat interprofessionnel de la santé de la Minganie* (SIM-FIQ), was very happy to announce to the delegation that the critical care premium has been obtained for about twenty nurses and licensed practical nurses working in the emergency department of the *CSSS de la Minganie*, located in Havre-Saint-Pierre.

OTHER GOOD NEWS
CAN BE READ
ON PAGE 3

These healthcare professionals will finally be entitled to the critical care premium and the enhanced critical care premium retroactively to March 2011. Note that since March 2011, the employees working in a critical care centre of activities, notably in an emergency department and an intensive care unit, receive a critical care premium or an enhanced critical care premium which varies between 10 and 14% for all hours worked. It is a gain obtained by the FIQ during the last provincial negotiations.

At the *CSSS de la Minganie*, the premium was not applied in March 2011. It was only in June 2014 that the *Confédération des syndicats nationaux* (CSN) filed a grievance to claim the payment of the critical care premium for the employees working in the centres

of activities covered by the critical care premium. In August 2014, the employer upheld the grievance and agreed to pay the premium. However, as stipulated in the collective agreement the premium is to be paid retroactively for six months that is to December 2013. Consequently, about twenty healthcare professionals were deprived of the critical care premium between March 2011 and December 2013 causing significant financial losses for these employees.

Remember that the members of the *CSSS de la Minganie* were unionized with the CSN for more than 50 years and that they decided to join the ranks of the FIQ in August 2014 following the change of union allegiance period. In November 2014, the FIQ therefore officially represented the healthcare professionals of the Minganie. The

critical care premium file is obviously a priority. The FIQ decided to undertake actions with the *Commission des relations du travail* (CRT) and discussions with the employer to correct this grave injustice. On May 26 last, after several interventions, the employer announced that he agreed to pay all the money lost since March 2011.

This is a major gain recognized by the employer for all the healthcare professionals who work in critical care in the emergency department of this institution. A great example of solidarity and perseverance.

Kudos to the entire FIQ team! ■



PARTICIPATE IN THE FIQ-LAB COAT-CHALLENGE!

Cynthia Pothier, President of the *CSSS Pierre-Boucher* (AIM-FIQ) local union team, launched the first step in the FIQ-Lab Coat-Challenge at this Federal Council. Ms Pothier invited all the healthcare professionals to wear their FIQ lab coat and to fight for working conditions that will let the healthcare professionals give safe, quality care to their patients.

If you still do not have your FIQ lab coat, talk to your local union team to get one! Régine Laurent, as well as the Executive Committee of the FIQ and several union reps, members and employees of the Federation have already taken up the challenge.

Follow the challenge on Facebook: #SarrauFIQChallenge

WORD FROM THE PRESIDENT

FIQ en Action, Vol. 28, No 5, May 2015 | Published by the Communication-Information Service after each FIQ Federal Council and Convention meeting | **Distribution:** 65,000 copies | **Translation:** Susan Millroy | **Graphic layout:** Josée Roy | **Photography:** Jacques Lavallée | **Cover photo:** Louise Gilardeau, *Groupe Champlain Montréal-SRPSQ* (at the microphone) | **Printing:** Solisco | Reprint of any article or excerpt must indicate "reprint from the publication *FIQ en Action*" | 100% recycled paper | To only subscribe to the electronic version of FIQ publications, send a request to info@fiqsante.qc.ca | ISSN 1913-1755 (Print) | ISSN 1913-1763 (Online) | fiqsante.qc.ca | info@fiqsante.qc.ca



FIQ MOMENTUM!

Régine Laurent

Over the last few months, our actions have enabled us to create extraordinary momentum for the healthcare professional members of the FIQ. We feel it and we see it, the vast majority of the Québec population is behind us and support us in our demands. Not afraid to say it!

Concretely, this momentum is reflected by good bargaining power with the government. We are exactly where we wanted to be.

Our proposal-oriented unionism, which is reflected, among others things, by our new models and our solutions to the problems in the health network, our public interventions, our advertising campaign, our denunciations of unacceptable situations, the culture of advocacy and our fight for safe, quality patient care, has produced results. All of that has enabled us to increase our appreciation rating with the population and, by doing so, increase our bargaining power. We are actors in a credible and respected movement. We have a unique, singular voice that is appreciated in the public debate. We can be proud!

THE BATTLE CONTINUES

Despite all of that, nothing is certain however. We are facing an

obtuse and stubborn government. A government for which a conservative ideology has been elevated to a status of dogma and for which the dismantlement of public services is a societal project. As proof I give you the sectoral offers that the government finally gave us on May 27, five months after the negotiations started.

These are technocratic offers, designed for administrators and not for the patients and the healthcare professionals. The government is demonstrating to us that it doesn't care about finding real solutions to the problems in the health network and that it is only concerned with making us poorer and overworking us even more.

This is why we have to remain mobilized and to increase our actions of visibility. We are almost the only ones to come to the defence of the quality and the safety of patient care. In this time of

general austerity, we are the voice for defending the patients, we are the defenders of our public and universal healthcare system. We are this voice that reverberates and resonates, but many administrators and people of ill will would like to see it shut down.

And they try too often to intimidate us and to silence us. This is why we have recently denounced the code of silence that rules in the healthcare setting. Never will we let ourselves be gagged and never will we accept to be sanctioned because we have denounced unacceptable situations for the patients and the healthcare professionals. ■

We will fight for the government to pass a law to protect the whistleblowers in the health network.

WORLD MARCH OF WOMEN 2015

As part of the 4th action of the World March of Women (WMW), under the theme of "Libérons nos corps, notre terre et nos territoires!", a caravan of feminist resistance and solidarities will work its way along Québec roads this fall.

The caravan, which will be in the form of a decorated and visible vehicle making the tour of the WMW regional actions, will illustrate that in Québec, like elsewhere in the world, women are mobilized, they oppose, they resist and they are creating alternatives for a more just, egalitarian and cohesive world.

Find out from your local union team when the caravan will pass through your region! ■

HAPPY RETIREMENT!

In the name of the entire delegation, the Executive Committee and the employees of the FIQ, Régine Laurent took advantage of this Federal Council to mark the retirement of Lorraine Chayer, Secretary on the OHS team in the Montréal office. After several great years at the FIQ, we wish her a happy retirement full of new projects that are dear to her heart.



MOBILIZATION

**Léger survey – The population massively supports us
A wave of good news!**



Richard Messier

**LÉGER SURVEY
THE POPULATION MASSIVELY
SUPPORTS US**

The president of the *Boîte de Comm. – Stratégie et production*, Mr. Richard Messier, presented the delegation with the results of a Léger survey ordered by the FIQ to find out the opinion of Quebecers on the health reform.

The healthcare professionals have the trust of three-quarters of the Québec population, compared to 65% for the general practitioners, 64% for the pharmacists and 59% for the specialists.

A total of 1,000 respondents age 18 and older and representing all the regions of Québec, were questioned over the Internet between April 17 and 26, 2015. Mr. Messier stated that more than half of Quebecers (61%) do not believe that the health reform will effectively improve the efficiency of the healthcare system. More than half of Quebecers also say they do not have any faith in the premier (62%) and the Minister of Health (60%) for the reform to be done in the interest of the patients.

MORE HEALTHCARE PROFESSIONALS

Mr. Messier stressed that Quebecers support the healthcare professionals. In fact, the vast majority of Quebecers (84%) believe that an increase in the number of healthcare professionals

who intervene with the patients, both in the hospitals and the other components of the network (CLSC, clinics, home care, etc.), is a measure which would improve the efficiency of the healthcare system. Still with the goal of improving the efficiency of the healthcare system, nearly 90% of the Québec population believes that it would be advisable for the healthcare professionals to be able to fully exercise their field of practice, in such a way that they can give certain care that is currently given by the physicians.

CLINICS OF HEALTHCARE PROFESSIONALS

There are already a few medical clinics in Québec as part of a pilot project where it is the healthcare professionals who provide the care

for common health problems. More than 90% of Quebecers say they would go to a clinic with healthcare professionals to have common health problems treated if such a clinic opened near them.

The survey also confirms that health care is still difficult to get for the Québec population while more than half are dissatisfied with the ease of access to health care. Lastly, it shows without a doubt the support of the population for the solutions proposed by the FIQ, a piece of good news for the delegates!

The survey can be consulted on the FIQ website.. ■

A WAVE OF GOOD NEWS!

This Federal Council was an opportunity for several delegates to share good news from their institution that happened over the last few weeks. How determination and mobilization are paying off! Great job to all the union reps!



CSSS de Lac-Saint-Jean Est
The president of the *SPSS Lac-Saint-Jean Est*, Audrey Blackburn, announced that after more than three years of struggle, the union has finally obtained a settlement so that the HRDP (human resources development plan) committee will really be set up in accordance with the provisions of the local collective agreement. An amount of \$42,500 will be paid by the employer to the employees affected.

CSSS Maria-Chapdelaine

The president of the *SPSICR du CSSS Maria-Chapdelaine*, Pauline Paradis, announced the settlement of grievances and an agreement totalling more than \$50,000 for the payment of hours of recall and meal periods for the nurses working nights.



CSSS Haut-Richelieu-Yamaska

The interim president of the *SPSS Richelieu-Yamaska*, Lucie Ménard, announced that after carrying out pressure tactics and a public outing on May 4 last, a full-time nurse position on evenings will finally be posted for the palliative care unit at the *Centre d'hébergement de l'Hôtel-Dieu-de-Saint-Hyacinthe*.

CSSS de la Haute-Yamaska

The president of the *SPSIR de la Haute-Yamaska*, Sophie Séguin, announced the settlement of a grievance filed in May 2005 on the intensive care premium totalling \$60,000.



MOBILIZATION

Right to strike in Québec – Government repression through special laws



Martin Petitclerc

**RIGHT TO STRIKE IN QUÉBEC
GOVERNMENT REPRESSION
THROUGH SPECIAL LAWS**

Mr. Martin Petitclerc, Director of the *Centre d'histoire des régulations sociales (CHRS)* and professor in the history department at UQAM, talked to the delegates about the history of the special laws in Québec to counter exercising the right to strike in the workplace.

WHAT IS A SPECIAL LAW?

Mr. Petitclerc defined the special laws as laws with a set duration to respond to a crisis, voted on in a special session, which aims to put an end to a strike or to prevent one by the suspension of certain rules of law and the imposition of penal sanctions. The special laws may or may not impose the working conditions.

Everything that is written in a special law gives the impression that it is an exceptional measure. However, since 1965, about forty special laws have been passed in Québec. They are more punitive in Québec than elsewhere in Canada, as the Québec labour movement is more combative. The simple threat of a special law today can have a significant impact in the negotiation of collective agreements.

Mr. Petitclerc participated in a research project in partnership with the unions, including the FIQ, to study the phenomenon of resorting to special laws when workers exercise the right to strike. This research was conceived the day after the student strike of 2012 when Bill 12 was passed, a special law severely governing the right of students, but also citizens, to demonstrate.

THE STRIKE, A BASIC FREEDOM

Mr. Petitclerc reminded the delegates that exercising the right to strike is a right obtained thanks to a constant battle by the workers, including the nurses of the FIQ (FIIQ) with the strikes of 1989 and 1999. It is the ultimate means to apply pressure on an employer and the possibility of resorting to a strike is an essential aspect in the balance of labour relations.

In 1944, the government removed the right to strike from the employees in the public sector, including the nurses. In 1964, the right to strike was once again recognized for this sector, but it is governed by the Labour Code. With the right to strike, the unions demand better working conditions, but also the improvement of social services. This right to strike led to the first special law in 1965. Between 1965 and 1976, the special laws became increasingly severe and punitive. In these laws are

found provisions such as fines and penalties with or without imprisonment for the associations, the representatives and the strikers, losses of union certifications, the presumption of guilt, loss of union dues between three months and one year and the prohibition for the accused to hold union functions for two years.

In 1977, the *Parti Québécois* Government had a favourable bias towards the workers by recognizing “the maintenance of the right to strike as an expression of one of our most cherished democratic freedoms and which distinguishes us from totalitarian societies.” A lull then followed. However, in 1983, Bill 111 was passed following strikes in the education field. It was the most aggressive special law in Québec’s history. This law imposed very severe sanctions like the loss of union dues (six months per day), losses of seniority (three years per day), summary dismissals and the suspension of the Charters. This law personally attacked the workers and basic freedoms. It had a major impact in the transformation of the labour relations in the public sector.

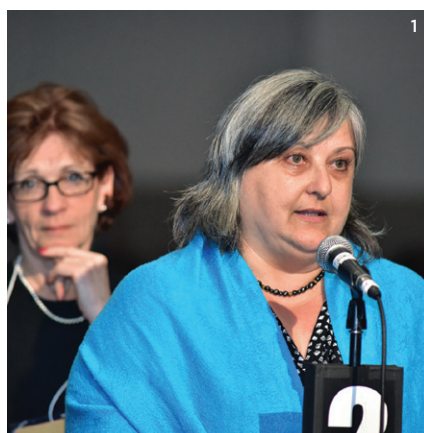
THE NURSES’ STRIKE

In 1986, Bill 160 on essential services, constituting a permanent special law, was passed and provided for the loss of union dues (three months per day) and the loss of seniority (one year per day). In

1989, following a one-week strike by the nurses, the FIQ (FIIQ) mobilized to combat this law. The members committed to paying all the fines. The nurses reimbursed the union dues and a major solidarity set in within the Federation by respecting the seniority lists.

This solidarity movement continued in 1999 with the passing of Bill 72 following a second strike by the nurses. The Federation therefore had the time to be organized by planning a fund and agreeing with the members on seniority. Lastly, the government did not apply the losses of seniority, considering the combativeness and the solidarity of the members on this subject in the past. Mr. Petitclerc stressed that the Federation should be proud of this battle. Then, there was Bill 142 in 2005 imposing working conditions in the public sector and Bill 12 following the 2012 student strike.

Mr. Petitclerc concluded his presentation by mentioning that the Government of Québec is adopting a very firm position in the current negotiations. The workers have to mobilize and the battle lines will be drawn in the fall with the threat of a special law. However, the special laws are not a foregone conclusion. It is possible to fight them as is demonstrated by the history of the FIQ in particular. ■



At the microphone:
1. Lynda Groulx, *CSSS de Saint-Jérôme*
2. Francine Savoie, *CSSS du Suroît*

RETIREMENT

RREGOP is in good condition



Nathalie Nolet, CHUS

RREGOP IS IN GOOD CONDITION

Contrary to the alarmist talk heard from every forum regarding the Government and Public Employees Retirement Plan (RREGOP), the delegates were able to see at this Federal Council that it is entirely different and that the financial health of the plan has improved.

The plan's deficit has gone from \$2.6B three years ago to \$800 M on December 31, 2014. The capitalization of the plan is at 98%, which makes the pension plan solid and advantageous for the healthcare professionals. On December 31, 2011, RREGOP had 525,407 participants, the largest number of whom are found in the health network with 247,311 participants.

Remember that the RREGOP is a law which went into effect in 1973. At the time, the education and civil service workers had a pension plan while the health workers did not have a plan. The setting up of RREGOP made it possible for all State employees to be covered by a pension plan. RREGOP has been managed responsibly since its creation and it is in good condition.

THE FUNDING SOURCES FOR RREGOP

Two sources of funding allow RREGOP to guarantee the payment of a pension until death, the contributions from the participants and the performances of the *Caisse de dépôt et placement du Québec* (CDPQ). To determine the contribution rates, the actuaries of the *Commission administrative des régimes de retraite et d'assurances* (CARRA) carry out an actuarial evaluation every three years as well as an update of that evaluation every year.

The effective contribution rates required now by the participants to finance RREGOP are set at 10.5% applicable to the excess of earnings over the pensionable earnings on 27% of the maximum pensionable earnings (MPE) for 2015 and at

11.12% applicable to the excess of earnings over the pensionable earnings on 25% of the MPE for 2016. The identification of a deficit at the last actuarial evaluation caused the contribution rates to immediately rise. It is therefore false to allege that the State employees are delaying their obligations towards the plan, in order to transfer them onto the backs of the younger employees.

The performance of the fund is also very important for ensuring the viability of RREGOP. The performance targets in RREGOP are 6.25% in the long term and they are considered reasonable. If you hear that a return of 10 or 12% is necessary for RREGOP to survive, this is false!

RREGOP, A GOOD PENSION PLAN

RREGOP is a defined benefit plan which provides a pension annuity, the amount of which is set in advance. This amount generally corresponds to a percentage of the salary multiplied by the years of service recognized by the plan. Note that the report from the committee of experts on the future of the Québec pension system, called the *rapport d'Amours*, made public on April 17, 2013, indicated that "the defined benefits plan offer better protection, and this, at a better price".

In fact, in a defined benefits plan, the pension annuity is guaranteed until the death of the retiree and it is payable to the surviving spouse. The financial risks are assumed collectively compared to defined contribution plans where the risks are assumed individually. In RREGOP, the contribution is shared equally

between the participant and the employer. Indexation is set based on the criteria set out in the Law. For a same level of contribution, the participants generally have a higher pension with a defined benefits plan. The amount of the contribution is the same, regardless of gender, and the administrative costs are lower.

RREGOP recognizes unpaid work by women, whether it is by maintaining the participation in the plan or the buyback of service for periods of absence. RREGOP is definitely not a plan which penalizes women. This is all the more important, because 74% of its current member are women.

RESPONSIBLE MANAGEMENT

All the labour organizations, including the FIQ, work towards long-term responsible funding of RREGOP to maintain its durability. Considering several improvements made to RREGOP since it went into effect more than forty years ago, the plan is in good condition and its durability has not been compromised. Like any other investment fund, RREGOP suffers from the market fluctuations and there are therefore good years and not so good years.

To maintain the health of RREGOP, it is important to do the analysis always looking at the long term, which is what the labour organizations members of the retirement committee, in collaboration with the CARRA and the CDPQ, make sure to do every day. ■

We have to pay attention to the comparisons made of the contribution rates for RREGOP with those of other pension plans. Many pension plans have a contribution which applies on the entire salary earned while in RREGOP, the employees pay a contribution calculated on a part of their salary only.



At the microphone:
Nagia Idel Mehdaoui, Cree Board of Health and Social Services of James Bay

STATUS OF WOMEN

**Coalition for family-work-studies balance, a must for the delegates
Methods for intervening in the safety of patient care
OHS Week 2015**



COALITION FOR FAMILY-WORK-STUDIES BALANCE, A MUST FOR THE DELEGATES

The delegation adopted a recommendation at this Federal Council for the FIQ to adhere to the values, principles and solutions proposed in the Political Platform of the *Coalition en conciliation famille-travail-études*.

Thus, the FIQ is joining its voice with a multitude of organizations which have joined together in order to demand concrete measures for a better balance between the professional and personal obligations, while ensuring that women are maintained on the job market.

The lack of balance between the professional and personal life can cause very damaging wrongs. These harmful effects, which may manifest themselves in psychosocial problems, a reduction in commitment to work, even abandoning her job, are particularly present in women.

The *Coalition en conciliation famille-travail-études* wants to put a stop to this societal problem by offering a collective response. It is demanding of the Government that it break out of its silence and stop ignoring the demands from women's, community and labour groups.

The recognition of the needs of the people who have to assume family

and social responsibilities regarding their family is of primary importance. Both the State and the employers must recognize their roles and their responsibilities in the search for and the setting up of concrete solutions. These premises are moreover an integral part of the values and the principles of the *Plateforme*.

The commitment of citizens to the construction of a society based on equality between women and men in private, work and community domains is equally vital. To do this, the solutions must apply to both men and women, while letting the latter remain in the job market. As for applying it, it is crucial that the measures and the progress are extended to all the activity sectors, in both the public and private sectors.

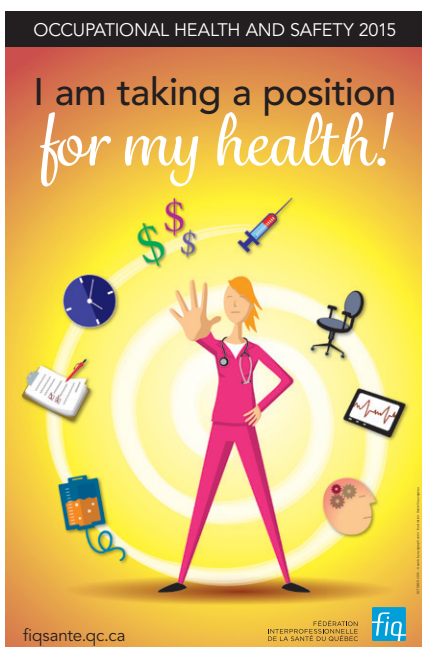
The delegates learned about the importance of organization of work adapting to the needs of the personnel and not the reverse.

Several solutions and demands of a similar nature are moreover

being proposed by the Coalition, including:

- The right to know her schedule in advance;
- The right to refuse to work overtime;
- The right to have real breaks and meal periods;
- The improvement of the leaves for parental and family obligations;
- The defence of the protective reassignment of the pregnant or breast-feeding worker;
- More ministerial interventions in family-work-studies balance.

Over the coming months, the Coalition will continue to pool its efforts and its capacities for action. It fully intends to develop an action plan which can make the *Plateforme* operational and, ultimately, lead to a framework law legislating family-work-studies balance. ■



As the healthcare professionals often take the responsibility upon themselves to compensate for the problems in the health network and as the context of major upheavals will call for more intense vigilance, the Occupational Health and Safety Committee has chosen the theme "I am taking a position for my health!" to mark the 2015 OHS Week.

The 2015 OHS Week will be held from October 18 to 24. Copies of the poster and the brochure, specially designed for the occasion, will be sent to the local teams in the different health institutions and will also be available on the FIQ website as of the end of September.

METHODS FOR INTERVENING IN THE SAFETY OF PATIENT CARE

While the risk level in health care and services tends to rise, this Federal Council was an opportunity for the delegates to discuss the major and key tools for acting individually and collectively in order to ensure the delivery of safe patient care in all areas of practice at all times.

The issue of safe patient care is not a new concern for the FIQ. However, in the current context of the health network, the delegates thought it was crucial that the healthcare professionals are able to work under conditions that ensure the patients receive safe health care and services.

For the delegates, the restructuring and the budget restrictions which have taken place over the last 20 years in the health network have had and will continue to have negative impacts on the resources available to the institutions, on the conditions in which the care teams work and on the problems

which arise in the care settings. The increased complexness of the professional practice and the major dysfunctions in organization of work also add to the difficulty in providing safe patient care.

ORGANIZATION OF WORK

**Methods for intervening in the safety of patient care (cont'd)
The OIIQ takes a position on safe patient care after the FIQ**



Sylvie Jovin, CSSS Haut-Richelieu-Rouville

A RIGHT, AN OBLIGATION

The safety of patient care is a right embodied in several laws and regulations, including an Act respecting health services and social services (LSSSS). It is also a personal, professional, organizational, institutional obligation, formalized and regulated, in particular in the codes of ethics and the Professional Code.

When the risks for patient health and safety occur, they are often mistakenly perceived as the result of a mistake or an error following an act carried out by a specific person. In general, the care-giving staff is often held responsible for the problems in the healthcare system and, in a more precise way, for the occurrence of incidents or accidents. However, even if

human error can sometimes be the immediate cause of an adverse event, its occurrence is frequently fostered by a context that generates risks on which it is crucial to take action.

WINNING STRATEGIES

To protect the patients' health and to protect their professional practice, the delegates reiterated the importance for the healthcare professionals to intervene in organization of work every day, to fully perform their role of defending and promoting the rights and interests of the patients (advocacy) and to use their respective codes of ethics as a tool for advocacy to ensure safe health care and services. They insisted on the fact that the culture of blame must be replaced by a culture of safe

patient care where the healthcare professionals can practice their clinical leadership at all times.

Lastly, the delegates stressed the importance of denouncing the constraints which prevent the healthcare professionals from adequately fulfilling their ethical obligations. The FIQ is inviting the healthcare professionals to document and denounce, in a preventive spirit, all sources likely to cause a threat to patient safety and to demand the implementation of immediate corrective measures. The patient must remain at the core of the concerns and the interventions of the healthcare system. ■

The safety of patient care is a responsibility of all the stakeholders in the health network. It has been scientifically shown that 15% of preventable accidents stem from human causes and 85% from a shortcoming in the healthcare system.



THE OIIQ TAKES A POSITION ON SAFE PATIENT CARE AFTER THE FIQ

The delegation was given a follow-up on the position adopted on March 12 last by the *Ordre des infirmières et infirmiers du Québec* (OIIQ) on the delivery of safe nursing care. For the FIQ, it is a step in the right direction in regard to the struggle of the healthcare professionals for safe patient care and patient advocacy.

The FIQ believes that the most effective tools for promoting the delivery of safe patient care can be implemented in Québec such as the minimum healthcare professional-to-patient ratios to be respected at all times, a patient classification system that allows these same ratios to be increased based on the patients' health care needs and a stabilization of the patient care teams.

The OIIQ position aims mainly to:

- Initiate a change by encouraging the directors of nursing (DON) and the nurses to deal with the composition of the care teams based on the nurse's assessment of the patient's needs and not based on budgetary imperatives;
- Question the head nurses the DONs and the councils of nurses (CON) by reminding them of their responsibility to act in regard to the composition of the care teams by always basing it on the patient's health needs and on the meaningful results;
- Appeal to the Ministry of Health and Social Services to develop guidelines for the delivery of safe patient care in the various settings.

Safe patient care leads to the reduction of incidents and accidents and better care for the patients. With this in view, the OIIQ, just like the FIQ, is demanding that the composition of the care teams allow every stakeholder to fully occupy her field of practice and to carry out the activities reserved for her (Bills 90 and 21), which will make it possible to develop and make her professional role better understood and facilitate interprofessional collaboration.

The OIIQ has come to the same conclusions as the FIQ that presently, it is often the financial imperatives and not the patients' needs which determine the composition of the care team and the nurses are often busy with tasks which are not linked to nursing care.

MOBILIZE FOR SAFE PATIENT CARE

The FIQ wants to remind everyone that safe patient care is not a concern exclusive to the professional orders. In fact, the organization of work and professional practice of the members are completely in line with the delivery of safe patient care. Through your everyday interventions and the negotiation demands put forth by the FIQ on safe patient care, we must demand working conditions and working life conditions that enable delivery of safe patient care for both the healthcare professionals and for the patients.

At the current time, the professional orders of the licensed practical nurses and the respiratory therapists do not seem to have taken a position on safe patient care. The FIQ will continue to monitor the activities of these professional orders. ■

PROVINCIAL
NEGOTIATIONS

THE FIQ,
A STRONG VOICE,
ACTIONS THAT COUNT



Jacynthe Dufour, CSSS Alphonse-Desjardins-SPSQ

PROVINCIAL NEGOTIATIONS SEVERAL GAINS QUESTIONED BY THE GOVERNMENT!

At this Federal Council, the delegates learned about the progress of the work these last few weeks at the bargaining tables for the renewal of the collective agreement of the healthcare professionals.

A reminder of the strategic framework of the negotiations and the different lines in it were presented to the delegation in order to highlight the actions already taken both at the provincial and local level in line with the three lines of the strategic framework already adopted at the June 2014 Federal Council. The delegates could see to what point the choices made by the FIQ for putting forth the demands of the healthcare professionals up to now have had positive effects.

At the sectoral table, the subjects addressed were the job security plan, union leaves, salary insurance and the different tools in the collective agreement that ensure a greater presence at work and a greater flexibility in organization of work. These methods are, among others, the enhanced premiums, atypical schedules and the arrangement of work time.

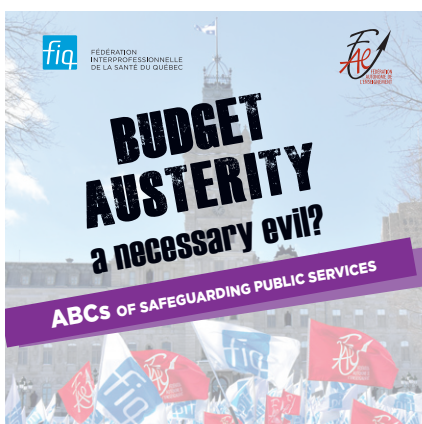
Like the other negotiation meetings with the *Comité patronal de négociation du secteur de la santé et des services sociaux* (CPNSSS), these subjects were addressed under the angle of the problems experienced in the institutions as to their application or the little interest

that they arouse. The employer party did not mention during the discussions in which way they intend to tackle these problems.

However, the coordination of the negotiations of the FIQ has received the filing of the government offers, offers that it qualifies as "technocratic for the health network" through a release. Just the same, these offers enable the parties to promote their solutions for the improvement of the working conditions of the healthcare professionals. A Federal Council is scheduled for June 8 to discuss the offers.

At the common FIQ-FAE table, the regional disparities as well as parental rights are the two subjects which have been addressed. While the FIQ is demanding that the 8% retention premium be extended to other localities in the Upper North Shore, the Treasury Board would rather remove the premium from the four localities where it is presently applied.

As for parental rights, the Treasury Board is not calling the plan into question, but would like to make certain amendments. These two subjects will be on the agenda of the next meeting scheduled on June 4. ■



A brochure to combat the government talk on austerity has been jointly conceived with the *Fédération autonome de l'enseignement* (FAE). You can get a copy from your local union team or consult it on the FIQ website.

THE ACTIONS CONTINUE

The FIQ and its affiliated unions are continuing their mobilization actions as part of the negotiations. We can highlight the important work accomplished by the entire negotiation structure of the FIQ, the TRAC spokespersons, the local officers and the TRAC Info-Support, the presidents of the different affiliated unions and the union representatives.

Thanks to their resourcefulness and their commitment, the FIQ succeeds in making the population, the media and the decision-makers aware of the demands and the solutions of the FIQ for improving the working conditions of the healthcare professionals and giving safe health care and services to the population. The different lab coat marches to denounce the budget cutbacks, which took place across the province on May 20, are a good example of the regional mobilization.

Several union reps have moreover had the support of the population during their lab coat marches. Honks of support and words of encouragement were on hand in support of the healthcare professionals in their demands and denunciations.

As part of Health Month, the month of appreciation of the healthcare professionals, the Executive Committee of the FIQ toured several institutions in the month of May and training sessions on patient advocacy were given. This training, which has been very appreciated by the members, will continue to be offered by the Federation in the coming months.

A whimsical and funny video, entitled "Responsible Solutions", describing the main sectoral demands of the Federation will also be available on the FIQ website in the month of June.

MEETING OF THE REGIONAL MNAS

The TRAC spokespersons will participate in meetings which will be organized in June with the MNAs

in the regions in order to make them aware of their local files and those of the FIQ in the context of the health reform, the negotiations and the budget cutbacks which affect the health network. Thus, a better understanding of the files will enable the MNAs to better convey the solutions of the FIQ.

The mobilization actions will continue throughout the summer in order to maintain the pressure and to demonstrate the tenacity, solidarity and indomitableness of the healthcare professionals in these negotiations. Various promotional items in the FIQ colours will be produced as part of the negotiations. Do not hesitate to wear them or to use them: be visible! ■