



## Union allegiance votes Victory of the FIQ!



# EN ACTION

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Special Convention of March 21  
Federal Council of March 21, 22 and 23

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



Martine Côté, President of the transitional Executive Committee of the *Syndicat des professionnelles en soins du Saguenay-Lac-Saint-Jean*, happy with the result in favour of the FIQ and proud to represent the healthcare professionals in the region

## 100% HEALTHCARE PROFESSIONALS

February 24, 2017 marked the end of the period for changing union allegiance for the Class 1 nursing and cardio-respiratory healthcare professionals working in the new CISSSs and CIUSSSs resulting from the Barrette reform. At the end of the counting of the votes which was completed on April 11, the FIQ comes out ahead in this extensive campaign!

In fact, the FIQ is happy to welcome 8,000 new nurse, licensed practical nurse, respiratory therapist and clinical perfusionist members to their labour organization dedicated 100% to healthcare professionals. Welcome everyone! The Federation represents the vast majority of the healthcare professionals in Québec, in 18 CISSSs and CIUSSSs out of 22, without counting the institutions not merged.

This means that several members from other labour organizations have chosen the FIQ to represent them while many actual members have confirmed their union allegiance to the Federation, quite a vote of confidence!

### A STRONG VOICE IN HEALTH

By making this choice, the healthcare professionals of the Federation will have a strong and unique voice in defending their interests and those of the patients in the public healthcare network. Some positive results were also announced at the Federal Council allowing the delegates to celebrate these victories together and to acknowledge the excellent work of everyone over the last few months in meeting the healthcare professionals across Québec and explaining the benefits of being part of the FIQ to them.

### UNTIL NEXT TIME!

This Federal Council was also dotted with some disappointments when the outcome for three unions from the regions of Laval, Gaspésie and the North Shore was not positive. It was also an opportunity for the delegates to stress their strong dedication to the FIQ and to say to them, until next time! Remember that a union raiding period will take place in 2019 and it will then be possible for the healthcare professionals in these regions to choose the FIQ as their labour organization.

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## RESERVED ACTIVITIES: A PRACTICAL POCKET GUIDE

Since Bill 10 was implemented and despite the repeated attempts by the Federation that it be applied, the managers of the healthcare institutions are still not obligated to have the professionals on the nursing team carry out all the activities reserved for each one of them.

The delegates believe that the actions must be continued collectively, demanding that the healthcare professionals fully occupy their scope of practice. For this purpose, the FIQ has produced a pocket guide for a better understanding and to make known the reserved activities of the nurses, licensed practical nurses, respiratory therapists and clinical perfusionists. This tool displays the "families" of activities according to colour codes, thus making it easier to compare the scope of practice for the different job titles.

You can consult the pocket guide on the FIQ website or obtain a copy from your local union team. A poster has also been produced and will be distributed to the centres of activities.



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FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC

**WORD FROM THE PRESIDENT**

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**THE CHOICE OF PROPOSAL-BASED UNIONISM!**

*Régine Laurent*

The voting period is finally over. After several months of campaigning, we now know all the results. Before drawing conclusions, I think it is important to remember that we did not want this voting period. It was imposed on us by Minister Gaétan Barrette's Bill 10. This reform further complicates the organization of care in the healthcare network.

The minister's power trip will have caused collateral damage for everyone, the patients and the healthcare personnel. The change of union allegiance periods are still highlights in democratic union life. Despite the despicable nature of the Barrette reform and although we did not want this raiding period, democracy has spoken and the unions have made their choices.

The nurses, licensed practical nurses, respiratory therapists and clinical perfusionists voted in a very large proportion and they voted overwhelmingly for the FIQ. All during the voting period, we ran a campaign presenting what we are: a union of professionals dedicated to the unique interests of their members and a union of proposals which presents solutions to improve the quality and the safety of the care.

This approach was quite successful. It was moreover the over-riding conclusion of this voting period, the victory of the specialized unions,

that of the FIQ and the APTS. The health professionals want to be united in organizations that take into account their distinctiveness, that work for the improvement and promotion of their scopes of practice.

**SUCCESSFUL INITIATIVES**

Our decision to finance the *Clinique SABS* project in Quebec City had a positive impact. Even if he was reticent, we forced the Minister of Health to ensure the financing of this clinic just like the one in the *Petite-Nation à Chénéville*. In the same way, we contributed to the minister deciding to install the *Clinique Archimède* pilot project in Quebec City. Everyone wins, the patients as well as the healthcare professionals.

This campaign put us through intense emotions and caused stress galore, but it has also been a special time to meet you, in all the regions of Quebec. The fruitful and beneficial discussions that we have shared have helped us to properly identify your concerns.

The result of this vote will inevitably have impacts on the union map in Québec. There are now two strong voices in health, the FIQ and the APTS, to represent the health professionals and this is a good thing. The power balance will change and the government will have to listen to us even more. For our part, we will be continuing with several battles already well underway, like the installation of safe healthcare professional-to-patient ratios. We will be doing it once again with the priority being our members and the patients.

In conclusion, I want to sincerely thank you for having chosen the FIQ.

Thank you! ■



**A NEW WEB PLATFORM**

This Federal Council was an opportunity for the delegates to learn about a new tool offered by the Federation. The affiliated unions can use the web platform of the FIQ free to run their own web site. News warmly welcomed by the delegates. ■



**THE EXECUTIVE COMMITTEE WELCOMES YOU!**

The members of the Executive Committee of the FIQ are happy to welcome the new members to the Federation and thanks those who reiterated their membership in the FIQ. Elected to represent you, they are union representatives committed to defending and promoting your professional, economic and social interests. From left to right: Linda Lapointe, 6<sup>th</sup> Vice-President (respiratory therapist reserved position), Marie-Claude Ouellet, Secretary, Daniel Gilbert, 2<sup>nd</sup> Vice-President (nurse reserved position), Nancy Bédard, 4<sup>th</sup> Vice-President, Régine Laurent, President, Roberto Bomba, Treasurer, Linda Bouchard, 5<sup>th</sup> Vice-President (licensed practical nurse reserved position), Line Larocque, 1<sup>st</sup> Vice-President, and Claude Boucher, 3<sup>rd</sup> Vice-President.

**LOCAL NEGOTIATIONS**

**100% healthcare professionals (cont'd)  
Local negotiations are underway**

**100% HEALTHCARE PROFESSIONALS**

(cont'd from p. 1)

**THE RESULTS**

Here are the institutions where a vote was held and where the healthcare professionals have chosen the FIQ to represent them:

- CISSS de l'Abitibi-Témiscamingue
- CISSS de Chaudière-Appalaches
- CIUSSS de l'Estrie-CHUS
- CISSS de Lanaudière
- CIUSSS de la Capitale-Nationale
- CIUSSS de la Mauricie-et-du-Centre-du-Québec
- CISSS de la Montérégie-Est
- CISSS de la Montérégie-Ouest
- CIUSSS de l'Ouest-de-l'Île-de-Montréal
- CISSS de l'Outaouais
- CISSS du Bas-Saint-Laurent
- CIUSSS du Centre-Sud-de-l'Île-de-Montréal
- CIUSSS du Nord-de-l'Île-de-Montréal
- CIUSSS du Saguenay-Lac-Saint-Jean
- CISSS des Laurentides

Here are the institutions where the healthcare professionals have chosen another labour organization than the FIQ to represent them:

- CISSS de la Côte-Nord
- CISSS de la Gaspésie
- CISSS de Laval

**YOU HAVE QUESTIONS?**

For more information on the services of the FIQ, do not hesitate to consult the website of the Federation at [fiqsante.qc.ca](http://fiqsante.qc.ca), you will find a lot of useful information on it, including the regional office of the Federation near you. ■



**LOCAL NEGOTIATIONS ARE UNDERWAY**

Since the passing of Bill 10 by the Québec Liberal Party and the resulting major transformations in the healthcare network, the Federation and their affiliated unions have spearheaded several files: mergers of institutions, union vote affecting the vast majority of members and the negotiation of the local provisions of the collective agreement.

This Federal Council was an opportunity for the delegates to adopt the orientations and the structure of negotiations for the next round of local negotiations. In fact, the local negotiation process is the next challenge that the entire organization must collectively address. The certification decisions are now rendered and the transitional executive committees of the unions are in place. The legal delays for the local negotiations have started as of the date of the union certification decision.

Thus, all the merged institutions have 18 months to conclude their local negotiations, between September 7 and October 21, 2018, based on the certification decisions.

It is the opinion of the delegates that this round of local negotiations must reflect the gains of the last provincial negotiations, while taking into account the local realities, which, in many cases, now include provisions from other labour organizations.

An initial project containing the provincial orientations will therefore serve as a starting point to which the issues of each of the organization's unions will be added, based on their local reality and the scope of their territory.

The Federation will deploy all the necessary tools and resources to support the unions in order to obtain local collective agreements that are satisfactory to all the members that they represent. ■

**CONSULTATIONS AHEAD**

Before being able to be actively involved in the local negotiations with the tabling of a first local draft collective agreement with the employer, the unions have to first set up their local negotiating committee and follow the training given by the FIQ. Then, a local draft collective agreement will be developed and presented to the members in consultation assemblies which will be held in the months ahead, before the fall.

Attend the consultations which will be held in your institution in great numbers in order to express your opinions and remain informed of the work and the mobilization activities in which your participation will be important. The mobilization of all the members will definitely help in making progress at the local level.



At the microphone: Christine Camille, CIUSSS du Nord-de-l'Île-de-Montréal/CSSS d'Ahuntsic et Montréal-Nord

**ORGANIZATION OF WORK**

**Provincial joint committee – Task and organization of work  
Special Convention**



Francis Charbonneau, CISSS des Laurentides/CSSS d'Antoine-Labelle

**PROVINCIAL JOINT COMMITTEE  
TASK AND ORGANIZATION OF  
WORK**

A follow-up was given to the delegation on the progress of the work of the provincial joint committee on the task and organization of work in the context of Letters of Understanding Nos. 17 and 18 in the collective agreement.



Nagia Idel Mehdaoui, RUIS McGill/Cree Council of Health and Social Services of James Bay

**THE HEALTHCARE PROFESSIONAL-TO-PATIENT RATIOS**

Four meetings have taken place since the Federal Council last December, and the FIQ has presented and explained their vision of the pilot projects to the employer party. They have also proposed the winning conditions to be respected to avoid the FIQ safe ratios being distorted. Remember that the joint committee has the mandate to study the pertinence and the feasibility of the healthcare professional-to-patient ratios through the implementation of pilot projects.

These meetings have also revealed the employer proposal and shown that major differences exist between the employer vision and the pilot projects proposed by the FIQ. This first employer proposal questions, among other things, the concept of the minimum ratios for a given

clientele, the excessive workload of the healthcare professionals and where the clinical judgment of the healthcare professionals fits in with the ratios. Given these basic differences, the Federation will present a counter-argument to the employer proposal.

The FIQ also reminded the delegates that the members can complete the Safe Staffing Form available online on the website of the Federation to denounce the fact that the current ministerial investments in the CHSLDs are not adequate for meeting the needs of the patients. The data collected from the forms will help to support the demands of the Federation.

**THE SNPs**

The provincial joint committee has the mandate to document the problems of attraction and retention of the specialty nurse practitioners (SNP), just like the

issues related to their training and their working conditions. The FIQ set up an advisory working committee bringing together the SNPs from the different specialities and the different regions in order to provide material for the meetings of the joint committee. A first meeting was held on March 8, 2017. This meeting helped to document the problems encountered regarding the salary conditions, working conditions and the conditions of professional practice of the SNPs. Realities that are totally unacceptable were brought to the attention of the FIQ.

Letter of Understanding No. 18 is an ideal opportunity to act on the problems that the Québec SNPs encounter. The first meeting with the provincial committee was held on April 7 last. The FIQ presented them with the current conditions for the SNPs backed by the data from the field. A file to follow in the future. ■



**HAPPY RETIREMENT!**

The president, Régine Laurent, wanted to mark the retirement of an employee of the Federation. After 34 years of loyal service with the organization, we will surely miss the skills of Ginette Raymond, but they will no doubt be of use to her in her numerous retirement projects.

We wish her a well-deserved good and long retirement!

**SPECIAL CONVENTION**

The delegates met in a Special Convention in the morning of March 21 in order to adopt the amendments to the structures of the Federation to take into account the changes imposed by Bill 10. They also adopted a recommendation to extend the OHS Network.

**CONSTITUTION AND BYLAWS**

The delegates adopted a transitional measure for the disaffiliation procedure stipulated in the Constitution and Bylaws of the Federation. The adoption of this measure will thus let the Federal Council suspend this procedure for some of their affiliated unions that are not covered by Bill 10 and are henceforth grouped under *FIQ Secteur privé* (FIQP).

Other amendments to the Constitution and Bylaws of the Federation will be adopted this June during a Special Convention. Then, the delegates will be able to

begin the construction of a new labour organization in health at the November 2017 Convention.

**DIRECT EQUALIZATION**

Amendments of the criteria related to the payment of the direct equalization were adopted by the delegates to take into account the new reconfiguration of the healthcare network. Equalization is a redistribution of amounts of money that take into account the size of the union and the dispersal of their members in a territory. It aims to financially compensate the inequalities between the unions so that each union, whatever their size, can have an active union

life. The amendments will go into effect on April 21.

**OHS NETWORK**

The first two networks of OHS union representatives being a frank success, the delegates endorsed the holding of a third Network in 2017. Remember that at the last Convention of the Federation, in April 2014, the delegates unanimously adopted a recommendation for an experiment to hold two OHS Networks before the next Convention in 2017, when they will decide if they will give the Network a permanent status. ■

COMMISSIONS

Family-Work-Studies Reconciliation



# FAMILY-WORK-STUDIES RECONCILIATION

During this Federal Council, the delegates met in nurse, licensed practical nurse, respiratory therapist and clinical perfusionist commissions to discuss the difficulties, even the impossibility of balancing their work with the other dimensions of their lives, and to identify the possible collective solutions to explore for promoting this balance.

All those involved, as much the Government and the employers as the unions and the workers, have an important role to play for family-work-studies reconciliation to become a collective responsibility.

The health professions being predominantly carried out by women, the theme of reconciliation between family, work and studies (FWSR) was in order for these commissions. The discussions thus brought out the concerns common to the healthcare professionals: systemic inequalities between men and women, unequal distribution of responsibilities, compulsory overtime, occupational health and safety, etc. Also, solutions such as daycare services in the workplace with a 24/7 schedule and education of the members on the articles in the collective agreement which can improve FWSR were submitted. Lastly, recommendations were made and will be discussed at the next Federal Council.

Remember that for several years now, the FIQ has demanded measures for promoting reconciliation between the life and work of the healthcare professionals, namely by developing the laws and the collective agreement and by defending social measures such as non-profit daycare services. These demands were initiated by women's groups in collaboration with other unions. Gains, like the Québec Parental Insurance Plan and family leaves, have been obtained, but there is still a lot to do.

## QUÉBEC MILESTONES IN FAMILY-WORK-STUDIES RECONCILIATION

**1991:** An Act respecting labour standards grants fathers and mothers 34 weeks of parental leave without pay (1997: 52 weeks).

**1994:** Creation of a parity working group that led to the publication of a guide intended for the workplaces "Travail-famille: un tandem de cœur... et de raison" (Work-family: a tandem of the heart...and reason).

**1996:** Economy and Employment Summit – Creation of the *Regroupement pour un régime d'assurance parentale*.

**1997:** White paper on "New provisions on the family policy"; creation of the *ministère de la Famille et de l'Enfance* – kindergarten for 5-year-olds – regionalization of \$5 a day non-profit childcare centres (CPE).

**1999:** Kindergarten for 4-year olds (2009: first full-time class – *École St-Zotique*, Saint-Henri district), Montréal (2013: 50 full-time classes in 72 school boards + 26 in 2014).

**2000:** Creation of childcare centres (CPE).

**2001:** Action Plan "Concilier travail et famille : un défi pour les milieux de travail" (Reconciling work and

family: a challenge for workplaces), developed by the *Conseil consultatif du travail et de la main-d'œuvre*; an Act respecting parental insurance passed unanimously in the National Assembly.

**2003:** Forum on work-family reconciliation "Familiarisons-nous!" and launch of a government policy "Horizon 2005: conciliation travail-famille: prendre parti pour les familles" (Horizon 2005: work-family reconciliation: taking a stand for families).

**2004:** Public consultation for the development of a government policy on work-family reconciliation; Employment Insurance offers compassionate benefits.

**2005:** Addition of 10 days of family leave or parental leave (without pay).

**2006:** Implementation of the Québec Parental Insurance Plan (QPIP).

**2007:** Announcement of new work-family reconciliation measures in the first Government Action Plan on Gender Equality.

**2011:** Second Government Action Plan. ■

## + Newsletter

### REGISTER!

To stay informed of the activities at the FIQ, register for our FIQ Express newsletter at [fiqsante.qc.ca](http://fiqsante.qc.ca). (follow the English link)



At the microphone: Marianne Use, Résidence Sorel-Tracy Inc. – AIM

**ORGANIZATION OF WORK**

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



Stéphane Gagnon, Co-President of the Transitional Executive Committee of the Syndicat interprofessionnel de Lanaudière

# CARE ON A HUMAN SCALE

Before holding the next Convention of the Federation, which will be held this November, the delegates took a moment at this Federal Council to look at the recommendations adopted at the last Convention and at the accomplishments over the last three years.

Under the theme “Vision. Progress. Action. Think Outside the Box”, the 2014 Convention confirmed that the members and the local teams of the FIQ wanted to reinvent themselves. At the end of the Convention, everything was therefore put in place to ensure quick action on the recommendations adopted by the delegates and, above all, their fulfilment. Three years later, on the eve of the next Convention, here is how far the Federation has come.

**NEW MODELS OF CARE**

The FIQ has undertaken several concrete actions on the new models of care aimed at reinforcing the public healthcare network and putting an end to the commodification of healthcare services. Progress has been made, in particular, thanks to the neighbourhood clinics, run democratically, which allow the people to benefit from all the skills and expertise of the healthcare professionals and the medical professionals.

Think, for example, of the *Coopérative de solidarité SABSA (services à bas seuil d'accessibilité - low threshold services)* that we can surely qualify as a success in the lower town of Quebec City, the *Coopérative de solidarité santé du Nord de la Petite-Nation* which was a resounding success in Chénéville in Outaouais, the *Clinique de proximité de Montréal-Nord* which should open its doors in spring 2017 and the *Clinique Archimède* project which has already had a part of its funding confirmed.

The small homes for seniors project in *Lanaudière-Nord* is also a good

example of new models for the residential housing of seniors with loss of autonomy. It was with a lot of enthusiasm that Stéphane Gagnon, co-president of the Transitional Executive Committee of the *Syndicat des interprofessionnel de Lanaudière*, addressed his colleagues on this project that he holds dear.

Mr. Gagnon explained that the current public services in home care do not meet the needs of seniors requiring more than 1.5 hours but less than 3 hours of care per day. These people are therefore taken care of by the for-profit private network. Inspired by his personal experience with his grandparents, he decided to take action.

The FIQ, which denounces the present situation, supports Mr. Gagnon's approach to create a new model of non-profit residential housing in which the care is given by the public network. The pilot project of small homes for seniors would help the people with loss of autonomy to choose the place to receive services adapted to their needs and not the reverse.

On the humane dimension, these places would have 16 to 20 rooms. Spacious enough, each one of them would facilitate movement between the bed, the wheelchair and the adjoining bathroom. It would also be able to accommodate all the equipment for meeting the needs of people following a loss of autonomy. A common living space composed of a living room, a dining room and a kitchen would also be planned. A private room would also be available for the families.

A collaboration was set up with a religious order in the *Nord de Lanaudière* which is excited by this new model. In fact, the project will help them with residential housing for 28 of their sisters with loss of autonomy. The PED of the CISSS is also interested in the project and could become a partner by offering a large property for the construction of these homes. Furthermore, the project was presented to the members of CRÉNEAU<sup>1</sup> which granted \$50,000 for the hiring of a project manager. The FIQ hopes to break ground in the spring of 2018.

**NEW UNION PRACTICES**

The delegates also realized at the 2014 Convention that it is critical for an organization to reach their members, make them aware and mobilize them. For the FIQ, it is extremely important that the members see themselves in their organization so that they develop a strong feeling of belonging and that they are able to mobilize for similar objectives and which rally them.

Among the new practices adopted by the Federation over the last few months, are the offer of accredited training to their members, including the training tour on patient advocacy, across Québec, and on Advocacy 2: Moving on to Action. Training seminars which have helped the FIQ to tackle the major themes and issues also took place in certain regions. In addition, considering the great success of these training sessions, the FIQ intends to continue these actions. ■



At the microphone: Sébastien Simard, CISSS de la Montérégie-Centre/ CSSS Haut-Richelieu-Rouville

1. Le CRÉNEAU is composed of the Réseau québécois des OSBL d'habitation, the Carrefour action municipale et famille, du Réseau FADOQ, the Confédération québécoise des coopératives d'habitation, de l'Association ressources intermédiaires d'hébergement au Québec and researchers.

