



**MY WORKLOAD**



**MY SALARY**



**MY PERSONAL  
LIFE**

**NEGOTIATION**

**PRELIMINARY NEGOTIATION PROJECT  
LOCAL GENERAL ASSEMBLIES**

**OCTOBER 11 TO 20, 2022**



FIQ | SECTEUR PRIVÉ

# PRELIMINARY NEGOTIATION PROJECT

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# INTRODUCTION

This preliminary negotiation project is the result of the e-consultation in which 43,508 of you participated in September. It was debated, adopted and improved by your union representatives at the Special Provincial Council on October 4, 5 and 6, 2022. The floor is now yours for a second and final opportunity before the adoption of the negotiation project which will be our union demands.

By participating in your local general assembly in your institution between October 11 and 20, 2022, you can ask questions, propose amendments and vote on this preliminary project. This is an important step which will make it possible to finalize the negotiation project that we will table with the government on your behalf and on behalf of the 76,000 healthcare professionals that the FIQ and FIQP represent across Québec.

The three major issues for the 2023 negotiations are remuneration, personal life-work balance and workload. These priorities, endorsed by each of you, will form the basis of the demands that we will bring to the bargaining table and which concern all the nurses, licensed practical nurses, respiratory therapists and clinical perfusionists.

We are women of action at the FIQ and FIQP, and we will defend our demands with conviction. It is together, united, determined and mobilized for improving our working conditions, that we will be heard.

Your involvement will be a guarantee of success for this negotiation!

Your Negotiating Committee

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Jérôme Rousseau, Vice-President

Pascal Beaulieu, Nurse

Julie Côté, Respiratory Therapist

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# REMUNERATION

## Salary increase and adjustment mechanism

Inflation over the last few years has had a major impact on the Québec labour market by increasing the overall remuneration. Public and parapublic sector employees, including healthcare professionals, received lower increases than private sector employees. In the last year, the impact of inflation on real salaries is a decrease of about 6%. It is essential we obtain major salary increases so the RSSS remains attractive for future healthcare professionals and for those already working.

### Recommendation 1

That a salary upgrade of 6% of each salary rate and scale in effect on March 31, 2023, be applied on April 1, 2023.

Although there are still fears of an economic downturn since the COVID-19 crisis, particularly as central banks tighten their monetary policies, the economic outlook remains encouraging. No drop in consumption or financial difficulties are foreseen for future governments. To protect the purchasing power of healthcare professionals and not have to ask for additional catchups in the future, it is important to protect the value of jobs by asking for a consumer price adjustment mechanism to be included in the provincial collective agreement.

### Recommendation 2

That an annual salary adjustment mechanism is integrated into the collective agreement to ensure the protection of the healthcare professionals' purchasing power without any decrease in salary.

Demographic trends point to a shrinking pool of potential workers for several years to come. The increase in the average age of the Quebec population will also be felt on the demand for care, which will have a significant impact on the healthcare professionals' workload. To reinforce the RSSS, the government must propose better working conditions for the healthcare professionals. One way is to offer better remuneration.

### Recommendation 3

That each salary rate and each salary scale, in effect on March 31, 2023, is increased by 4% on April 1, 2023. Then, these rates will be increased by 4% on April 1, 2024, and another 4% on April 1, 2025.

### Recommendation 4

That it be a priority to first close the salary gap between licensed practical nurses and beneficiary attendants before making further gains in the provincial provisions of the collective agreement.

### Recommendation 5

That all job titles from Class 1 begin at echelon 7 to make it more attractive than independent labour.

## Remuneration for work on the weekend

More than 70% of the healthcare professional members of the FIQ and FIQP work in 24/7 centres of activities. Therefore, they are likely to work evenings, nights and weekends. Working weekends is an inescapable reality in the health network, which has a major impact on employees' family, personal and social lives. Moreover, we see there is an increasing tendency to create compound positions to make more healthcare professionals work weekends to compensate for the staff shortage.

The difficulty of finding enough staff for the weekend is a constant problem. A possible solution is to adequately compensate weekend work in such a way that it becomes attractive, and the inconvenience mitigated for all healthcare professionals, regardless of their status or job title.

### Recommendation 6

That the regular salary between 4 pm on Friday and 8 am on Monday be the salary set out in the salary scale, increased by 50%.

## Remuneration for work on a statutory holiday

The consultation revealed that 90% of respondents indicated that one of the measures to combat MOT and non-replacement could be to increase the salary for work done on all stat holidays by 50%. This recommendation is modelled after clause 7.08 in the provincial provisions of the collective agreement, which deals with regular salary paid for work done on Christmas Day and New Year's Day. There is little overtime on those two stat holidays, which suggests that the measure will be good. And such an application applies in other workplaces in Québec.

### Recommendation 7

That the regular salary for the employee who works a stat holiday during the week be the salary provided in her salary scale increased by 50%.

## Improved overtime conditions

During the COVID-19 pandemic, the government proved that they recognize overtime work differently. At certain times in 2022, employees working overtime had access to generous working conditions. They were paid double time for this work and received a half day of additional vacation, under certain conditions, such as working full time. It would be important that these generous conditions are perpetuated in the provincial provisions of the collective agreement and that the same benefit apply to all.

Moreover, it is recognized that overtime has an impact on the healthcare professionals' lives. In addition to having a negative impact on personal life - work balance, it can increase stress levels and fatigue for the person working it. Therefore, healthcare professionals must be allowed to take back this personal time lost.

### Recommendation 8

That the employee who works overtime be paid at double her regular rate of salary, except for all inconvenience premiums.

#### Recommendation 9

That, for every 7 hours accumulated as overtime, the employee concerned receives 3.75 hours of compensatory leave.

### **Remuneration of overtime for employees with a university degree**

The issue of overtime for the employee with a job title requiring a university degree has always been a source of dissatisfaction. This is an injustice that has been going on for several years and needs to be addressed. It has also been a recurring demand of the FIQ and FIQP. All healthcare professionals should be entitled to the same pay when they incur the inconvenience of working overtime.

#### Recommendation 10

That all employees with a university degree be paid at the overtime rate set out in Article 19 of the provincial provisions of the collective agreement for overtime worked after the regular workday or regular workweek.

#### Recommendation 11

That the clinical perfusionist assistant to the immediate superior (AIS) job title be created.

### **Improved conditions related to on-call duty**

Among the subjects not directly addressed in the consultation, on-call duty is the one mentioned the most in the open question. Network employers seem to double the ingenuity to make healthcare professionals available to fill their management holes. The practice of on-call duty is spreading, and there is a need to intervene. For more than a decade, the remuneration conditions for the different leaves linked to on-call duty have not evolved at all. The concept of on-call duty needs to be modernized.



Recommendation 12

That the concept of on-call duty be better defined and regulated, to identify the locations where the Employer is entitled to use on-call duty.

Recommendation 13

That the conditions associated with on-call duty be improved.

## **Integration of the amounts received during the pandemic**

The COVID-19 pandemic has brought its share of difficulties, special measures, premiums and various payments. Certain premiums were related to the presence of the virus, or not, and others were related to the availability of labour. The next recommendation is for this second category. The government has shown some recognition of the effort made during the pandemic, but the situation is still just as critical in the network, and healthcare professionals are still overloaded. It is more than relevant to add the monetary recognitions obtained in recent months to the remuneration of the FIQ and the FIQP members. Furthermore, a sharp rise in consumer prices has also been felt, there is no indication prices will fall. Therefore, these amounts must be made permanent in the salary scales to maintain the standard of living that healthcare professionals have acquired during the pandemic.

Recommendation 14

That the amounts granted outside the collective agreement since March 2020 be included unconditionally, in the salary for all job titles in Class 1.

Recommendation 15

It is proposed to recognize additional education for removing the salary cap by removing the notion "must be required by the Employer".

Recommendation 16

That the list of recognized post-graduate study training/certificates said to be required and that give access to additional remuneration for respiratory therapists and licensed practical nurses be added to Appendix 11.

## Renewal of premiums and supplements

Several premiums and supplements are provided in the healthcare professionals' provincial work contract, and some have expiry dates. These dates must be re-negotiated at each renewal of the provincial provisions which creates an undue instability and stress for the healthcare professionals who benefit from them.

Recommendation 17

That all premiums and supplements with an expiry date be renewed until the next collective agreement goes into effect.

Recommendation 18

That northern clinics be introduced into centres of activities covered by the critical care and enhanced critical care premiums.

Recommendation 19

That the critical care and enhanced critical care premiums be paid for the entire shift, regardless of the time spent on the unit.

Recommendation 20

That it is not possible to divide up the critical care premium in the same centre of activities based on the sub services.

#### Recommendation 21

Employees who work outside the physical locations of a centre of activities covered by the specific critical care premium receive these premiums.

#### Recommendation 22

That the list of recognized specific units included in Appendix 9 of the provincial provisions of the collective agreement be revised.

#### Recommendation 23

That penal settings be added to Section 1 of Article 34 of the provincial provisions of the collective agreement: "Psychiatric institutions, wings or units".

## Orientation or training premium

This is an additional responsibility for the healthcare professionals who provide this orientation or training and added work to their usual tasks. All job titles represented by the FIQ and FIQP perform these tasks.

Since 2015, an orientation and training premium replaced the practice of giving a salary supplement or the salary of the corresponding job title (instructor, for example).

There are several sources of discontent and frustration for the healthcare professionals about this orientation and training premium:

- The two levels of the orientation and training premium, 5% for nurses and 2% for respiratory therapists;
- The ambiguity of the wording and even the clause and restricted interpretation by the employer party, especially for the payment of the premium if the two activities are not carried out simultaneously;
- Orientation and training for the licensed practical nurses are provided for the team leader job title. However, employers refuse to temporarily grant and recognise this job title, even if the orientation and training tasks are done.

There is no justification for two levels of premiums for the same responsibility. All healthcare professionals should be treated in the same way.

#### Recommendation 24

That the wording of the article be amended to read “orientation or training” instead of “orientation and training”.

#### Recommendation 25

That the orientation or clinical training premium be 5% for the 2471 - nurse, 2459 - nurse team leader, 2491 - nurse in a northern clinic, 1915 - specialized nurse practitioner, 1917 - nurse clinician specialist, 3455 - licensed practical nurse, 3445 - licensed practical nurse team leader, 2244 - respiratory therapist 2247 - respiratory therapy clinical instructor, 2248 - assistant-head respiratory therapist and 2287 - clinical perfusionist job titles.

#### Recommendation 26

That this premium be payable when these job titles assume the responsibilities related to any form of orientation or clinical training of one or more people.

### **Payment of the permit from the order**

Every year, healthcare professionals must spend a significant amount of money to practice their professional activities and be covered by professional liability insurance. These fees are paid to professional orders or associations which regulate and ensure the development of professional practice. The healthcare professionals must therefore pay to work. The Negotiating Committee would like to repeat the demand, made several times in the past, for reimbursement of the annual fee. However, keep in mind that this reimbursement would be a taxable benefit and therefore has a fiscal impact.

#### Recommendation 27

That the Employer reimburse the annual fees and the professional liability insurance part that every healthcare professional must pay to the professional order or association to which she must belong to practice her professional activities.

## Improved travel allowances and expenses

The consultation revealed a strong desire to improve travel allowances. This included kilometers, parking and meal expenses. They need to be increased to reflect the increased cost of living. Indeed, several healthcare professionals use their personal vehicle for travel and this use is becoming increasingly expensive, mostly because of the increased cost of living..

### Recommendation 28

That travel allowances be increased and improved.

### Recommendation 29

That healthcare professionals do not pay for parking at work.

## Modification of the Employer's contribution to the health insurance plan

Currently, the Employer's contribution to the health insurance plan is the same as for the employee. It is also the highest in the public network (teachers, civil service), but it remains low compared to that of several other Québec employers. This participation is expressed as an amount and not as a percentage.

It would be beneficial for the healthcare professional members of the FIQ and FIQP that the employer contribution to the health insurance plan is expressed as a percentage to follow the evolution of costs and not have to re-negotiate a budgetary envelope every year to cover all the expenses..

### Recommendation 30

That the Employer's contribution to the health insurance plan be expressed as a percentage, and that this contribution is 50%.

## Add value to pensions

To keep people who would like to continue working after they reach legal retirement age on the job, it would be advantageous to add value to the years they work after age 65. The majority of retirement plans in Quebec, with the exception of the Régime de retraite des employés du gouvernement et des organismes publics (RREGOP), provide the option for staff who choose to remain at work after the age of 65 to accumulate a higher percentage of their pension. This way, a person aged 65 or older could accumulate over 2% per year for their retirement. There are mutual advantages: the person can increase their pension and the Employer has access to qualified staff. From an actuarial standpoint, this person will receive money over a shorter time period since they will start to receive pension payments later. This principle is called a postponed pension.

### Recommendation 31

That the value of years worked after age 65 be increased for the purposes of pension calculations.

## Increase the maximum RREGOP contribution age

As it stands, staff in the public and parapublic sectors cannot contribute to RREGOP after age 69, even if they haven't reached the 80% maximum contribution threshold in their retirement plan. Various retirement committees have done work looking into the matter. To encourage certain people to remain employed longer, it would be good to increase the maximum age for participating in the retirement plan to 71.

### Recommendation 32

That the maximum age for participating in RREGOP be increased to 71.

### Recommendation 33

It is proposed to allow an employee to retire without actuarial penalty (reduction) after 30 years of service with a factor of 80 in order to recognize the work overload and mental and physical distress that the network puts healthcare professionals through.

#### Recommendation 34

That the FIQ examine and propose, if applicable, reviewing the rules of governance of RREGOP with the aim of stabilizing the contribution and improving pension indexation.

### **Improve conditions for regional disparities**

In 1999, at a time when there was a significant shortage of resources, an agreement was reached between the FIIQ and the Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS) to offer between \$14,000 and \$17,000 to each employee working in a northern institution. The agreement was never updated. To deal with the current crisis, these amounts should be updated and attractive measures added, especially with respect to trips out provided in the collective agreement and food transportation. Also, employers in the Far North are bypassing salary scales more and more by posting jobs for nurse clinicians and assistant-head-nurses at a lower rate than that for nurses in northern clinics. It would be appropriate to create new job titles to better reflect the tasks done and to promote equity in how healthcare professionals are treated in these isolated, remote institutions.

#### Recommendation 35

That the agreement reached between the CPNSSS and the FIIQ in 1999 be updated and indexed based on the various salary increases and the increase in the consumer price index (CPI).

#### Recommendation 36

That a joint request be sent to the Ministry of Health and Social Services (MSSS) to create a nurse clinician in a northern clinic job title, a nurse clinician assistant-head-nurse in a northern clinic job title, and an assistant-head-nurse in a northern clinic job title.

#### Recommendation 37

That one trip out per year be added for the employees in question.

Recommendation 38

That food transportation be added to Sector III.

Due to how geographically remote the Abitibi-Témiscamingue region is and, incidentally, how isolated it is from other regions in Quebec, it is more difficult for its inhabitants to access different resources compared to metropolitan regions. As such, given the proximity of Ontario to some municipalities, especially Témiscamingue, and the lack of a special agreement, such as the one in Outaouais, it is important to intervene now before the situation in this remote region gets worse.

Recommendation 39

That the Témiscamingue and Ville-Marie municipalities be moved to Sector II and that the Senneterre municipality and the MRC d'Abitibi-Ouest also be added to it.

Recommendation 40

That the whole administrative region of Abitibi-Témiscamingue, the MRC d'Antoine-Labelle and the municipality of La Tuque be put in Sector I.

## Improve the grievance settlement procedure

Considering how the last deployment of the collective agreement was carried out and the difficulty in applying the various gains, especially with respect to remuneration, it is necessary to improve the grievance settlement procedure to prevent the same situation from reoccurring. The grievance settlement procedure, as stipulated in the collective agreement, does not make it feasible to obtain fast settlements related to grievances, disagreements and disputes regarding healthcare professionals' working conditions.

Recommendation 41

That the parties agree on terms to improve the grievance settlement procedure.



# PERSONAL LIFE-WORK BALANCE

## Adjustable full time

Personal life – work balance was identified by over 76% of consultation participants as one of the priorities for this round of negotiations. The Negotiating Committee wants to enable FIQ and FIQP healthcare professional members to be able to choose concrete measures to lighten their load, without having the Employer impose how to do this on them.

What was apparent in the consultation was that healthcare professionals want to work less days per week but more hours per day to keep the same remuneration. This recommendation would apply to those who have a full-time position or once they obtain a full-time position. The full-time schedule would be adjustable for the full span of employees' professional lives. Part-time positions would continue to apply as they do now. This adjustable quality would enable healthcare professionals to adapt their schedule based on the rigours of life: being a woman in 2022 involves even more family responsibilities.

### Recommendation 42

That full-time positions be adjustable at 8, 9 or 10 days per two weeks, as the employee chooses, while continuing to work the same number of hours per two weeks or reducing the number of hours per two weeks and benefiting from the advantages of full-time status.

## Annual vacation

67.5% of the FIQ and FIQP's healthcare professional members who participated in the consultation said that increasing the number of annual vacation days is a priority. The current progression of the annual vacation quantum allows for the accumulation of one annual vacation day beyond 4 weeks starting at 17 years of service to obtain a 5<sup>th</sup> full week at 25 years of service. This method of accumulation needs to speed up.

### Recommendation 43

That the accumulation of annual vacation days beyond 4 weeks cannot exceed 10 years of seniority to obtain a 5<sup>th</sup> week of vacation. And, a 6<sup>th</sup> week of vacation be added after 15 years of service, at the latest.

Recommendation 44

That the remuneration for annual vacation be calculated on the total salary for both full-time employees and part-time employees.

## **Include the 7/7 summer program in the provincial provisions of the collective agreement**

Some institutions have access to a 7/7 summer annual vacation program in the local provisions of their collective agreement. Some other institutions apply it via an agreement that is renegotiated every year. To make this application more equitable throughout the province and prevent differences in treatment, it would be good to integrate the 7/7 notion in the provincial provisions of the collective agreement.

Recommendation 45

That the 7/7 summer vacation program be integrated into the provincial provisions and apply to all healthcare professionals in Quebec who request it.

## **Require a stable work schedule for all healthcare professionals**

Better personal life – work balance must be promoted in the health and social services network. Work and vacation schedules must be predictable so that healthcare professionals can have the balance they want. As it stands, in the majority of cases, work schedules can be changed at more than 7 days notice, which makes it very difficult to make appointments and plan one's personal life. Many healthcare professionals mentioned the need for stability and schedule predictability.

Recommendation 46

That the schedules for centres of activities be posted at least fourteen (14) days in advance and cover a minimum period of three (3) months or any other local arrangement agreed to by the two parties. Once posted, the schedule cannot be changed, except upon the employee's request.

## Conversion of premiums into time off

Premium conversion improves personal life - work balance since it makes it possible to reduce work output without reducing pay. Being able to convert premiums into time off provides more options for organization of work time. This conversion already exists for some work shifts. Employees appreciate it and it allows for better schedule planning.

### Recommendation 47

That all premiums included in the collective agreement may be converted to time off for the purposes of organization of work.

## Time off for victims of domestic violence

A recent amendment to the Act respecting occupational health and safety introduces the notion of domestic violence. Section 51 stipulates that the Employer must take the measures to ensure the protection of a worker exposed to physical or psychological violence, including spousal, family or sexual violence, in the workplace. In the case of domestic or family violence, the Employer is obliged to take measures once they know or should reasonably know that the employee is exposed to this violence. Work must not interfere with private life, but the opposite is also true. This means that someone's personal situation must not prevent them from having a job.

### Recommendation 48

That employees who are victims of domestic violence have a right to ten (10) days off, consecutive or not, without a loss in salary.

## Special leaves for pregnancy and breastfeeding

There is a serious lack of places in childcare centres (CPEs) throughout all Quebec regions. Consequently, many parents of newborns find themselves in a bind at the end of their parental leave when they have to return to work. Furthermore, parents of young children have to juggle with appointments and other unexpected situations that arise with their children. To help them and promote a smooth return to work, especially women, it is necessary to support young families until their young children enter the school system.

Recommendation 49

That the part-time parental leave without pay be extended until the child enters the school system.

More and more families are turning to assisted reproduction to try and have one or more children. This process can be long and stressful. It often involves medical appointments before and during pregnancy. Pre-pregnancy visits are not covered by days off for medical visits. To better meet today's needs, it would be important to include these appointments and add more. Furthermore, since every pregnancy is unique and every woman has different needs, it would be good for all pregnant women to have as many days off for pregnancy care as their individual situation requires.

Recommendation 50

That clause 22.19A be improved by including the whole assisted reproduction process, including the preparatory phase.

Recommendation 51

That the number of days for medical appointments stipulated in clause 22.20 be increased from a total of 4 days to as many days as the pregnant employee's condition requires.

Recommendation 52

That the term "after agreement with the Employer" be removed from the situations involving requests for leaves.

#### Recommendation 53

It is proposed that the employee unable to work the minimum number of shifts stipulated per twenty-eight (28) days for personal life-work balance reasons may be exempt from the application of the incumbency process, as set out in Appendix 1 of the provincial provisions of the collective agreement.

#### Recommendation 54

That a leave without pay of two (2) weeks be added, upon the employee's request, when a death mentioned in clause 27.01 occurs outside of Québec.

## WORKLOAD

### Law on safe healthcare professional-to-patient ratios

If there is a subject that is almost unanimous, it's safe healthcare professional-to-patient ratios! No less than 97% of e-consultation respondents said that they would like to see a law on ratios ratified. For years now, the FIQ and FIQP have been fighting for Quebec to adopt such a law to ensure the population receives safe, quality care. For the Federations, safe, quality care is nonnegotiable: a law must be adopted. With the renewal of the collective agreement, we will be able to obtain clear, official commitments on ratios for nurses, licensed practical nurses, respiratory therapists and clinical perfusionists.

#### Recommendation 55

That the fight continues, during negotiations, to obtain a commitment to adopt a law on safe healthcare professional-to-patient ratios.

### Regulate the use of agency personnel

While the use of private agency personnel gradually grew in the RSSS, we are now seeing a huge number of healthcare professionals leaving the network for private agencies, agencies on which institutions are more and more dependent. It is now more difficult to simply prohibit the use of independent labour (IL).

More often than not, using IL is done at the expense of the network healthcare professionals' working conditions. The exodus to the private sector must be stopped and their return to public institutions encouraged. 78% of consultation respondents believe this problem must be tackled.

#### Recommendation 56

That a mechanism be put in place to progressively eliminate the use of labour from private employment agencies.

## Workforce planning

Employers are normally required to have an action plan for workforce planning. Considering the state of the workforce across Quebec, one can conclude that these plans largely missed their mark. For a few years now, the FIQ and FIQP have been excluded from workforce planning and have struggled to obtain data, which complicates some of the Federations' work and demands. It is time for the MSSS to take things seriously.

#### Recommendation 57

That the FIQP and FIQP be stakeholders in carrying out the provincial workforce planning, which includes the following mandates:

- Determine the current workforce supply for healthcare professionals per institution, job title, age group and shift.
- Forecast the upcoming departures and estimate healthcare professionals' and recruitment needs per institution, job title, age group and shift.
- Evaluate the balance between the current workforce needs and the service offer per institution, job title, age group and shift.

## Improve Article 13 – Committee on Care

Committees on care are an exclusive component of the FIQ and FIQP's healthcare professionals' collective agreement. Other unions do not have similar measures. It is a crucial tool for defending members with respect to the organization of work and workload. All the same, it is essential to improve Article 13 – Committee on Care in the provincial provisions of the collective agreement in order to strengthen the framework for these committees' functions.

Recommendation 58

That the terms set out in Article 13 regarding the committees on care be improved to better defend the rights of healthcare professionals.

## Take action to counter mandatory overtime

It is absolutely crucial to urgently tackle MOT. Several questions in the e-consultation focused on MOT and over 1,000 respondents left comments on it in the open question section. The Negotiating Committee is proposing a range of legal actions and measures to eliminate the use of MOT in the network to restore hope to healthcare professionals.

Recommendation 59

That there be an addition to Article 19 specifying that overtime hours may not be systematically used to replace absences.

Recommendation 60

That there be an addition to Article 19 specifying that overtime hours must be voluntary and not mandatory, except in urgent and exceptional situations.

In this case, the Employer would have the burden of proof and the employee may, upon her request, have her following shift rearranged so she can have a reasonable rest period or have an authorized leave.

Recommendation 61

That an agreement be negotiated to resolve all of the MOT grievances filed by the FIQ and FIQP to compensate for the damage incurred by the members.

#### Recommendation 62

That healthcare professionals be able to speak publicly about issues regarding the quality and safety of care and work climate without fear of reprisals from their Employer so as to put an end to the code of silence that reigns in the health and social services network.

## Travel compensation

Too often employers transfer employees to fill absences in some centres of activities. Some would say they do it to “spread the misery,” others would say they do it to ensure the quality and safety of care. Employers claim that it’s not MOT but the impacts are just as damaging. It puts high stress on transferred healthcare professionals. Their risk of error increases, their clinical expertise is not taken into account and these transfers often go against the local provisions of the collective agreement. It is necessary to impose sanctions on employers who use this bad management tool and in a way that is advantageous to healthcare professionals.

#### Recommendation 63

That employees who were transferred, whether voluntarily or against their will, receive a salary equal to that in their salary scale increased by 50%.

## Service loan mechanism

The workforce shortage is affecting the entire province of Quebec. However, in some far regions or isolated sites, this problem is even more dire. It is also more apparent for specific job titles, regardless of the region. Over 72% of consultation respondents say they agree that a mechanism should be used to resolve this situation.



#### Recommendation 64

That employees be able, on a voluntary basis, to go temporarily help at a remote facility or isolated site or with workforce challenges, in their institution or elsewhere in the health network, with financial incentives, when a replacement is possible without a reassignment, and by keeping all rights and benefits associated with their job, as if they were at work. The preceding terms also apply to clinical perfusionist activities.

#### Recommendation 65

That in paragraph 17.05 of the provincial provisions, leave without pay to work in a northern institution, all notions of “after agreement with her Employer” be struck out.

### **Non-replacement premium**

Healthcare professionals live with heavy and difficult workloads on a daily basis. With the staff shortage exacerbating matters, more and more often they are called to work understaffed due to non replacements. While the Employer is winning on all fronts, saving efforts and money, FIQ and FIQP members and patients are losing across the board. There are not many short-term solutions, but the consultation results show that members would like non replacements to come at a cost to the Employer.

#### Recommendation 66

That a salary supplement be paid to every healthcare professional for the duration of a shift in a centre of activities where an absence was not replaced.

### **Union leaves**

#### Recommendation 67

That all of Article 6 on union leaves banks be reviewed in order to increase the number of union leaves per bracket and to include three new brackets: less than 50 members, 4,500 to 5,000 members and 5,000 members and more. That the number of union leaves for non-merged institutions be subject to

the same number of union leaves granted to the CISSSs and CIUSSSs. That a minimum of 25 union leaves be stipulated for the institutions with less than 50 members.

## General clauses

To ensure equivalent improvements to working conditions, it is customary to include a general request for the same gains and conditions as other employees in Quebec's public and parapublic networks.

### Recommendation 68

That a trailer clause be included for all the provincial provisions of the collective agreement.

The last provincial bargaining process led to the signature of several letters of understanding and the creation of several inter-round joint committees. At the time the demands were submitted, the committees had not all completed their work. The recommendations and gains obtained thanks to this work need to be integrated.

### Recommendation 69

That the conclusions and recommendations stemming from the union reports from the inter-round committees be evaluated in order to include them in these demands.



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