INFO NÉGO

We're done working ourselves sick!

fiq

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Employer offer unanimously rejected

The government refuses to recognize healthcare professionals' work overload

Throughout the summer, the FIQ team presented its demands to the employer party and explained the causes of the infernal work overload. On September 9 and 11, 2020, the employer party submitted a global offer in response to the FIQ's presentations.

Since negotiations began about a year ago, the **government has refused to recognize the reality of healthcare professionals' work overload**, and the employer party's offer is a prime example of how it chooses to turn a blind eye. **The government is also remaining silent on the urgent need to implement safe healthcare professional-to-patient ratios in CHSLDs**, despite the scale of the COVID-19 crisis. Moreover, it is showing **no initiative whatsoever to set up incentives for full-time** positions. What the government wants is to make the coercive measures imposed during the pandemic permanent.

The FIQ delegates unanimously rejected the insulting offer at their Special Provincial Council - Negotiations on September 17, 2020, but remain committed to continue discussions at the bargaining table. The government needs to listen to the FIQ's solutions, as the situation requires urgent action!

The government is proposing the following main measures:

Overtime

The government wants to eliminate the use of overtime by making it almost impossible to be paid at the rate of time and a half—even for mandatory overtime. These are the cumulative measures it wants to implement:

- That the rate of time and a half apply only beyond the regular work week (35h to 37.5h/week, depending on the job title), even in cases of MOT;
- That hours worked during a weekly day off not be paid at the rate of time and a half;
- To withdraw the 16-hour interval for a shift change;
- To allow hours to be staggered over more than a week;
- To pay time and a half only after 12 consecutive hours of work during one day, excluding breaks and meal breaks, even for mandatory overtime.

These measures are not only insulting, they are irresponsible. Paying time and a half after 12 hours of work would be the same as making mandatory overtime systematic, something the Legault government had promised to eliminate altogether. There will be nothing preventing employers from forcing healthcare professionals to work 4 hours more after each shift. Withdrawing the 16-hour interval for shift changes will make it possible to oblige healthcare professionals to work 24 consecutive hours, with no consequences for the employer.

CHSLD

- That all CHSLD employees be given the option to increase their positions to full-time, very quickly through a local arrangement.

This is the most appealing proposal in the government's offer, especially for licensed practical nurses. However, the government refuses to implement any type of incentives for full-time and remains silent about the very serious problem of work overloads in the CHSLD network. With no attraction measures, like the 8% premium for those who work in CHSLDs, or the 12% premium for those with full-time positions, a premium that can be converted into a paid day off, as proposed by the FIQ, and with no action plan to tackle the work overload, such as implementing safe healthcare professional-to-patient ratios in CHSLDs, it's very likely that implementing this measure will be as effective as spitting in the wind.

Increased premiums

- As it stands, you need to **be available** for 16 out of 28 shifts to have access to increased premiums. In its offer, the government wants to change this criterion so that you have to **work** 20 out of 28 shifts, in the applicable sectors or shifts, to access them.

Paid days off

- The option to pay some days off at the regular rate, with the employer's authorization.

While the option to have paid days off is appealing, it is crucial that the government first commit to ensuring professionals be able to take their days off.

Recognition for education

- The employer party argues that it doesn't have to give monetary recognition for a base requirement for an employee's position. It is proposing to limit recognition for required additional training following a university undergraduate degree. However, this recognition would uncap the salary scale if an employee gets a graduate or master's level degree;
- Eliminate recognition for a bachelor's degree by certificate accumulation for nurse clinicians and care counsellor nurses.

This constitutes an unacceptable downgrade for healthcare professionals.

Mentorship and expertise transfer

- Duplicate positions in the emergency department when an employee is leaving their position so that they can pass on their expertise to the new employee.

This measure is appealing, but there's nothing in the current collective agreement preventing the employer from doing this. Furthermore, why is it proposing this measure for the emergency department only?

Incumbency

- That incumbency be increased to 12/28 as opposed to 8/28 for all positions across Quebec;
- Employees who are taking full-time training would be excluded from this type of title appointment.

It is a way of making sure that an employee has minimum 12 guaranteed shifts that are scheduled per 28-day cycle (the rest is usually filled by the availability the employee gives). In practical terms, it would eliminate 8/28 positions, more commonly known as 4/14 positions.

In addition to presenting its measures, the employer party also reacted to some of the FIQ's 22 demands and added a counter proposal. The government's reaction:

1. **Make full-time attractive by introducing a 12% premium that can be converted into a paid day off**
2. **Standardize the work week at 37.5 hours for everyone**
3. **Roll out safe healthcare professional-to-patient ratios in CHSLDs over the course of the collective agreement**
4. **Apply Article 19 of the provincial collective agreement regarding overtime pay to all healthcare professionals**
5. **Create a clinical perfusionist assistant to the immediate superior job title**

   The government is proposing a 5% premium for clinical perfusionists who take on the training and supervision of a minimum of four clinical perfusionists. However, creating a new job title would have brought at least a 10% salary increase. The increase would have been contributory to the retirement plan, unlike the premium.
6. **Create assistant-head-nurse in a northern clinic, nurse clinician in a northern clinic and nurse clinician assistant-head-nurse in a northern clinic job titles**
7. **Simplify the notion of a rotation cycle**

   The government is proposing a four-month reference period for the rotation premium. If between 50% and 70% of shifts are completed on inconvenience shifts, the OT employee will get a $300 premium, or the part-time employee a prorated premium. Nothing in this measure would guarantee that the premium would be more accessible than it already is.
8. **Increase compensation for candidates for the admission to the practice of the nursing and licensed practical nurse professions and specialty nurse practitioner profession**

   The government wants to allow pay, retroactive to the exam date, for CIPSs only and refuses to do the same for other job titles.
9. **Implement occupational health and safety prevention measures**
10. **Implement prevention measures in remote regions**
11. **Ensure employees' health and safety during infection outbreaks in care settings**
12. **The employer pays professional order or association fees**
13. **Double the employer's group insurance contribution and adjust the $7.31 million allotted to the FIQ based on the number of members**

    The government wants to put an end to the administrative letter of understanding regarding group insurance and to double the employer party's contribution to group insurance directly in the collective agreement. The $7.31 million would therefore not be renewed.
14. **Automatically recognize nurses' bachelor's degrees (Letter of Understanding No. 3) and recognize training, whether required or not**

Demand rejected by the employer party | Employer party's counter-proposal | Demand accepted by the employer party

15 Enhance the specialty nurse practitioner profession (SNP), in particular by reviewing the value of the SNP's job, paying for ongoing training, and implementing a local monitoring committee for SNP practice

The government is proposing to reserve 0.03% of the amount allotted for ongoing training for SNPs, which is not adding new money. The government also wants to implement a regular 40-hour work week, which would create iniquity with other job titles.

16 Double the weekend premium

17 Pay the evening premium starting at 2 p.m. for healthcare professionals who work 12-hour shifts

18 Implement a new 8% premium for healthcare professionals who work in long-term care or with patients who have severe behaviour disorders (SBD)

The employer party is proposing to renew the CHSLD and SBD premiums as they currently are until March 30, 2023.

19 Standardize the orientation and clinical training premium at 5%

20 Broaden the critical care and specific critical care premium

The government agrees to grant the critical care premium (and the increased critical care premium) to employees responsible for aeromedical evacuation transportation, but refuses to grant it to those who work in the poison control centre, in electrophysiology, and in obstetrical units.

21 Review the conditions for leave in the event of a death in Article 27 of the collective agreement

The government is offering two days of leave in the event of the death of a spouse's child, which complies with the law. It would allow for the start point for the leave in the event of a death to be the day of or day after the death, but the leave days could not be taken separately between the day of death and the funeral.

22 Create an inter-round committee to update the collective agreement

The government agrees with the FIQ's principle, i.e., to discuss updating the collective agreement in an inter-round committee. All the same, it is proposing to broach certain subjects directly at the table.

The day after the delegates rejected this contemptuous offer, the negotiation team sent a scathing response to the Conseil du trésor's representatives: this sectoral offer is rejected!

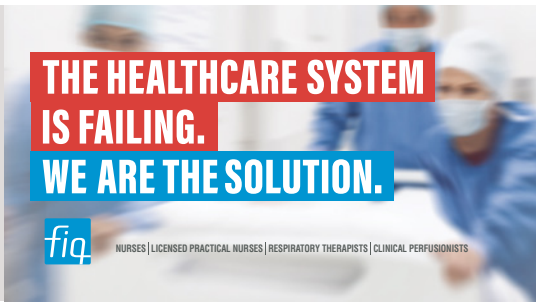
The FIQ hopes to quickly resume discussions on the key measures it is proposing in order to rapidly improve members' working conditions, which are simply intolerable. The FIQ will continue to hammer home its two negotiation priorities throughout the process:

- Health and safety at every level of the network: a key condition for healthcare professionals
- Attraction-retention: obtaining favourable conditions for healthcare professionals

The FIQ's new ad campaign will appear on billboards across Quebec. Keep an eye out for them!

"Several actions are planned for the next few weeks in order to send a strong message to the government. Once you start failing, death isn't far behind. We need to implement the solutions proposed by those on the front lines—healthcare professionals."

- Nancy Bédard, FIQ President



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