

SETTING OUR SOLUTIONS IN MOTION.

Tentative agreement | Consultation book



FIQ | SECTEUR PRIVÉ

NURSES | LICENSED PRACTICAL NURSES | RESPIRATORY THERAPISTS | CLINICAL PERFUSIONISTS

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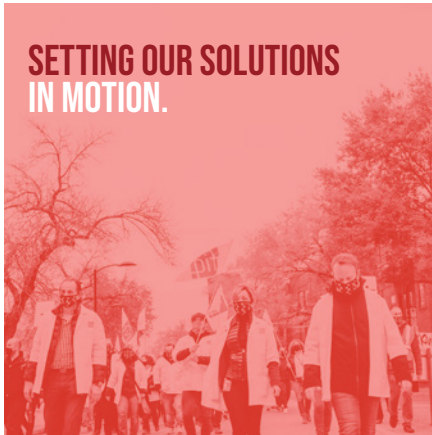


TABLE OF CONTENTS

PRESENTATION OF THE GLOBAL TENTATIVE AGREEMENT	3
PRESENTATION OF THE INTERSECTORAL COMPONENT	7
Salary, salary scales	7
COVID-19 ministerial orders	10
Improvement of the salary insurance plan	12
Retirement	13
Parental rights	14
PRESENTATION OF THE SECTORAL COMPONENT BASED ON THE 5 OBJECTIVES OF THE PROVINCIAL NEGOTIATIONS	17
Organizing the work to ensure the healthcare professionals and patients' health and safety	17
Enhancing the healthcare professionals' practice and expertise	22
Accessing quality positions	26
Restoring work-personal life balance in order to preserve the healthcare professionals' psychological health	30
Equipping the FIQ and FIQP affiliated unions to respond better to the healthcare professionals' needs and updating of the collective agreement	33
Other changes provided by this tentative agreement	35

PRESENTATION OF THE GLOBAL TENTATIVE AGREEMENT

SETTING OUR SOLUTIONS IN MOTION.



It took eighteen months of intense negotiation in a context of a pandemic to reach a tentative agreement with the Québec government. This agreement is intended to be a solid basis for improving, now and in the future, the attraction and retention of healthcare professionals in the health and social services network. It creates leverage for combatting the work overload and mandatory overtime by focusing on the stability of the work teams.

The Fédération interprofessionnelle de la santé du Québec – FIQ and FIQP|Secteur privé want to thank and congratulate the members of the negotiating committee, negotiation council, local information and mobilization officers, provincial information and mobilization team and the coordination of the negotiation who did an even greater job in the unusual circumstances associated with a health emergency.

The Federations also want to point out the contribution of the healthcare professionals who are holding up the health network more than ever, at the expense of their own physical and psychological health. It was with this state of mind that the negotiating team met with the employer party, determined to obtain as many gains and as much recognition as possible for all the healthcare professionals.

BUILDING A DRAFT AGREEMENT

The preparatory consultations for the provincial negotiations carried out at the beginning of 2019 painted a bleak picture of the healthcare professionals' working conditions: the work overload, mandatory overtime and psychological burnout were evident daily. There was an urgent need to act to restore the physical and psychological health of healthcare professionals.

Previous provincial negotiation experience imposed a draft collective agreement adapted to the context, while applying pressure on the employer party to force them out of their passiveness. It was with this view that two priorities and five objectives were identified and put at the heart of the draft collective agreement. Along the way, solutions developed by the healthcare professionals and adapted to the reality in the field were attached to it.

THE PANDEMIC AND HEALTH EMERGENCY INVITE THEMSELVES TO THE PROVINCIAL NEGOTIATIONS

On March 13, 2020, the Québec government declared a health emergency. The government quickly proposed a suspension of the negotiations with the labour organizations. That demand was followed, a few days later, by a proposal of accelerated negotiations, in order to reach a global tentative agreement very quickly. The FIQ had to then modify its draft collective agreement in a very short time, developing, like in any traditional negotiations, specific demands which addressed the two priorities and five objectives in the initial draft. The negotiating committee did some major work in this respect, meticulously analyzing the solutions proposed by the healthcare professionals and consulting union representatives and members of the FIQ and FIQP to establish the demands that would be presented to the employer party.

At the same time, the FIQ needed to negotiate access to personal protective equipment and certain working conditions in the context of a pandemic, which led to the COVID sectoral agreement. Despite this agreement, the government unilaterally imposed working conditions just the same through ministerial orders that were not negotiated and were denounced on all platforms. .

CONCRETE SOLUTIONS

Stabilizing the work teams

The background of this tentative agreement is the stabilization of the work teams. To this end, several measures are planned, which will improve the nurses, licensed practical nurses, respiratory therapists and clinical perfusionists' everyday quality of professional life. The management culture of unbridled mobility is over; healthcare professionals will have access to quality full-time positions, on one shift and one centre of activities.

Recognition of the expertise with remuneration

Several measures will improve the healthcare professionals' remuneration, including a parametric salary increase of 6% or 7%, for echelons 1 to 9, an additional remuneration of 3.5% for all healthcare profes-

SETTING OUR SOLUTIONS IN MOTION.

sionals – called the FIQ premium, the two lump sums representing an increase of around 2% of the remuneration, extension of the critical care premium and specific critical care premium to obstetrical units (mother-child), and an improvement and introduction of new premiums.

Towards ratios in CHSLDs/EPCs and adding staff

The introduction of an annual negotiated target of care hours per bed in the residential and long-term care centres and private subsidized institutions (CHSLD/EPC) is a breakthrough obtained by the FIQ. This target will reduce the healthcare professionals' work overload and ensure the safety of the care given to the beneficiaries in these institutions. Furthermore, the addition of 1,000 full-time equivalents (FTE) will make it possible to reach this target. Lastly, 500 FTE will be added in 24/7 centres of activities, with a priority to medicine and surgery.

Hours worked finally paid

In a context of a serious labour shortage that has persisted for years, several healthcare professionals were forced to work more hours than stipulated for their workweek, too often on a volunteer basis. Now, everyone will be treated on an equal footing and will have a common reference with a workweek increased to 37.5 hours. This major gain finally recognizes the time worked which will be counted for pension purposes and thus provide a better benefit in retirement.

Towards a better work-family-study balance

The tentative agreement contains different solutions for really improving work-family-study balance for the healthcare professionals. The organization of work time will allow working 9 days per two weeks on evenings, staggering of the workweek, participation in drawing up the schedule and pilot projects on weekend work; those are some real options for facilitating daily life.

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A major improvement in the working conditions of specialty nurse practitioners (SNP)

With expanding their scope of practice and role they have on the medical team, especially with Bill 6 going into effect last January, the SNP salary ranking needed to be revised upwards. The FIQ negotiated their advancement to ranking 28, which is the highest in the health and social services salary structure.

To that is added an increase in the workweek to 40 hours, which reflects the hours really worked by the SNPs. Moreover, given the high cost of their mandatory continuing education, an annual amount of about \$2,000 will be available to each one for their continuing education.

Regional disparities

Despite the government's complete closure on negotiating the regional disparities, the FIQ succeeded in obtaining substantial improvements for Far North healthcare professionals, such as adding the locality of Oujé-Bougoumou to Sector III, an assurance that two nurses would always be present in northern clinics and compensation for tax losses linked to trips out. Thus, the creation of a provincial joint committee and granting of an associated budgetary envelope will make it possible to identify and implement solutions to the problems of attracting and retaining workers in the regions.

IN CONCLUSION

These are only some of the gains obtained by the FIQ in the context of the renewal of the healthcare professionals' provincial collective agreement.

This consultation booklet clearly measures the scope of this tentative agreement. Of course, it is not perfect, but the FIQ and FIQP are convinced that they have obtained the maximum for every healthcare professional.

The solutions put forward are those of the healthcare professionals and will make it possible to improve working conditions on a daily basis in the long term.

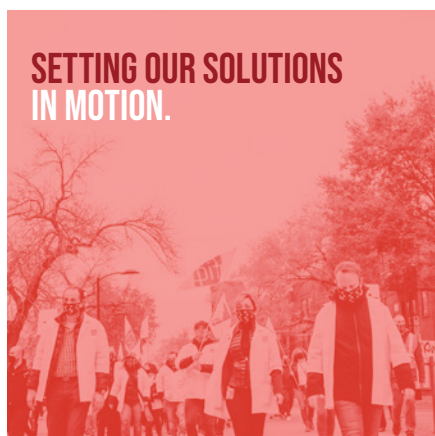
PRESENTATION OF THE INTERSECTORAL COMPONENT

Scope of the global tentative agreement

This global tentative agreement is for the renewal of the provincial collective agreement, both for intersectoral and sectoral matters and must be considered as an indivisible whole.

Duration of the collective agreement

The duration of the collective agreement is three years, from April 1, 2020 to March 31, 2023.



SALARY, SALARY SCALES

Parametric salary increases and new salary structure

The total parametric salary increases equal 6% over 3 years. In addition, a new salary structure will be introduced on April 1, 2022, giving a 1% salary increase to healthcare professionals in the first nine echelons.

- For April 1, 2020 to March 31, 2021: each pay rate and scale is increased by 2%.
- For April 1, 2021 to March 31, 2022: each pay rate and scale is increased by 2%.
- For April 1, 2022 to March 31, 2023: for echelons 1 to 9, each pay rate and scale is increased by 1%.
- For April 1, 2022 to March 31, 2023: each pay rate and scale is increased by 2%.

PARAMETRIC INCREASES				
Echelons	April 1, 2020	April 1, 2021	April 1, 2022	Total over 3 years
Echelons 1 to 9	2%	2%	3%	7%
Echelons 10 to 18	2%	2%	2%	6%

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Salary retroactivity

Assuming the provincial collective agreement goes into effect on October 1, 2021, retroactive salary will be paid for:

- The 2% salary increase applicable on April 1, 2020;
- The 2% salary increase applicable on April 1, 2021.

POTENTIAL VALUE OF THE SALARY RETROACTIVITY*		
Job titles	At the last echelon on April 1, 2020	At the last echelon on April 1, 2020
	Minimum	Maximum
• Licensed practical nurse	\$1,575	\$2,097
• Licensed practical nurse team leader	\$1,588	\$2,202
• Respiratory therapist	\$1,662	\$2,556
• Nurse and nurse instructor	\$1,679	\$2,685
• Respiratory therapy technical coordinator and clinical instructor		
• Nurse team leader	\$1,707	\$2,821
• Assistant-head respiratory therapist		
• Assistant to the immediate superior	\$1,737	\$2,964
• Nurse clinician, nurse in a northern clinic	\$1,765	\$3,113
• Clinical perfusionist	\$1,793	\$3,268
• Care counsellor nurse		
• Nurse clinician assistant to the immediate superior	\$1,851	\$3,434
• Nurse first surgical assistant and nurse clinician specialist		
• Specialty nurse practitioner	\$1,922	\$3,771

* Varies based on hours worked during the reference period.

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Additional remuneration (lump sums)

Two lump sums will be paid to all healthcare professionals:

- Additional remuneration of \$0.33 for each hour paid between April 1, 2019 and March 31, 2020. It is equal to approximately 1% salary increase. This additional remuneration is paid in one instalment, 30 days after the collective agreement is signed.
- Additional remuneration of \$0.33 for each hour paid between April 1, 2020 to March 31, 2021. It is equal to approximately 1% salary increase. This additional remuneration is paid in one instalment on the pay preceding January 15, 2022.

EXAMPLES: APPLICATION OF LUMP SUMS			
Year	Full time 35 hours per week	Full time 36.25 hours per week	Full time 37.50 hour per week
April 1, 2019 to March 31, 2020	\$600*	\$622*	\$634*
April 1, 2020 to March 31, 2021	\$600*	\$622*	\$634*
Total	\$1,200*	\$1,244*	\$1,268*

*Varies based on the number of regular and overtime hours worked.

FIQ premium

A 3.5% premium applicable to all healthcare professionals will be paid following the signing of the collective agreement and will remain in effect until March 30, 2023. This premium recognizes the essential role of healthcare professionals in the reorganization of clinical activities after the pandemic.

Financial gains for the intersectoral component for all healthcare professionals

Echelons	April 1, 2020	April 1, 2021	April 1, 2022	Total over 3 years
Echelons 1 to 9	2 %	2%	3%	7%
Echelons 10 to 18	2 %	2%	2%	6%

SETTING OUR SOLUTIONS IN MOTION.

LUMP SUMS	
April 1, 2019 to March 31, 2020	April 1, 2020 to March 31, 2021
\$0.33 (1% value)	\$0.33 (1% value)
FIQ premium paid starting from the date the collective agreement is signed	
3.5%	
GLOBAL VALUE OF GAINS	
Employees in echelons 1 to 9	Up to 12.5%
Employees in echelons 10 to 18	Up to 11.5%

Salary guarantee for licensed practical nurses (lump sums)

The salary ranking for beneficiary attendants will go from 7 to 9 with a single rate for everyone. This is a higher salary, but one that will remain the same throughout their career. Consequently, the FIQ made sure that at the beginning of their career, licensed practical nurses and licensed practical nurse team leaders will always receive an hourly rate that is at least equal to that of beneficiary attendants.

As soon as the salary ranking for beneficiary attendants comes into effect, licensed practical nurses and licensed practical nurse team leaders in echelons 1 and 2 will be paid a lump sum. The amount will be for the difference between the single rate beneficiary attendants are paid and their own hourly rate. This lump sum is paid throughout the year, at each pay period. It will be adjusted based on the echelon advancement of the licensed practical nurse and licensed practical nurse team leader.

COVID-19 MINISTERIAL ORDERS

Mediation Committee for settling COVID-19 grievances

When the public health emergency was declared, the government unilaterally imposed temporary working conditions on healthcare professionals via ministerial orders. For example, the obligation to work full-time, to be reassigned, to work 12-hour shifts, and premiums and

SETTING OUR SOLUTIONS IN MOTION.

lump sums subject to multiple conditions. Many grievances were filed contesting, in particular, the abusive use of ministerial orders and unpaid premiums due to discriminatory conditions, etc.

The tentative agreement provides for the creation of a joint provincial mediation committee with a mandate to:

- Find satisfactory solutions to settle the grievances contesting the application of decrees or ministerial orders under the Public Health Act;
- Send the orientations to local parties in order to settle the disputes.

However, there is no obligation regarding outcomes. This means that this if there is no satisfactory settlement, the grievances will remain.

Lump sums for clinical perfusionists

In May 2020, via Ministerial Order 2020-035, the government excluded clinical perfusionists from the list of job titles eligible for a lump sum payment of up to \$1,000 based on full-time hours worked. The FIQ denounced this injustice in vain on all platforms.

At the end of negotiations, the FIQ arranged the payment of a lump sum for clinical perfusionists working full-time, prorated based on the pay periods for full-time work. As such, these amounts are more accessible because they are subject to less conditions than under the ministerial orders.

The amounts paid vary based on the time when the work region was designated under Order 2020-035.

- Montreal: \$6,000, since the region was designated in May 2020
- Other regions: \$4,000, since they were designated in October 2020

These amounts are for the grievances filed by clinical perfusionists on this matter.

LUMP SUMS FOR CLINICAL PERFUSIONISTS WORKING FULL-TIME	
Montréal	\$6,000
Other regions	\$4,000

LETTER OF UNDERSTANDING ON THE FORUM ON EMPLOYEES' OVERALL HEALTH

Composition

A forum on employees' overall health will be set up 30 days following the date the collective agreement comes into effect. The forum will be composed of three representatives from the Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS) and three FIQ representatives.

Mandate

The forum's mandate will be to recommend local, regional or provincial projects likely to improve the physical and mental health of healthcare professionals at work. A budget of 5.29 million dollars will be allocated to these projects. Furthermore, the committee will have to identify ways to better protect employees from violence from patients or their families. The parties may also agree to address any other subject related to employees' overall health.

IMPROVEMENT OF THE SALARY INSURANCE PLAN

Calculation of the salary insurance benefit

Certain premiums and supplements will be included from now on in the calculation of the salary insurance benefit, which will result in an upgrade. For those who receive, for example, the enhanced critical care premium, salary insurance benefits will be increased by 11.2%, i.e., 80% of 14%.

Experience accumulation and echelon advancement

From now on, healthcare professionals will benefit from experience accumulation and echelon advancement for their entire period of disability. As it stands, the benefit is only adjusted if the echelon advancement was planned in the 6 months following the start of the disability. Healthcare professionals on disability will also be able to benefit from all their echelon advancements instead of only one.

SETTING OUR SOLUTIONS IN MOTION.

Favourable grievance settlements

The FIQ obtained a commitment from institutions to address all the grievances on these subjects. As such, the different grievances and recourses filed by the unions regarding the inclusion of premiums and supplements in the payment of salary-insurance benefits, echelon advancement and the accumulation of experience during a period of disability will be settled out of court, in favour of healthcare professionals.

RETIREMENT

Status quo for the provisions set out in the collective agreement

Letter of understanding regarding the creation of a working committee on RREGOP

In the 30 days following the date the collective agreement goes into effect, the parties will form a working committee on the Government and Public Employees Retirement Plan (RREGOP), under the aegis of the Secrétariat du Conseil du trésor. This will be a working committee in preparation for the next round of negotiations.

Composition

The committee will be composed of six representatives from the employer party and two representatives from each of the following labour organizations: APTS, FAE, FIQ, SFPQ, SPGQ.

Another similar working committee will be headed by the Secrétariat du Conseil du trésor and composed of the following labour organizations: CSN, CSQ and FTQ. The coordination of the work of these two committees will be ensured by the employer party.

Committee's mandate

The committee's mandate is to study certain elements including the retention of experienced staff on a voluntary basis which includes gradual retirement, and equity among the participants. The financing of the plan will also be addressed in the committee's work.

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The working committee's mandate meets several union demands on retirement, like gradual retirement and the actuarial reduction for early retirement.

It is foreseeable that in the context of equity among the participants, the employer party will want to address the issue of career wages, which the FIQ has always opposed. In the absence of an agreement between the parties, no changes to the plan will go into effect.

PARENTAL RIGHTS

Status quo of the provisions set out in the collective agreement

Letter of understanding regarding the creation of a working committee on parental rights

Composition

The parties agreed to form a working committee on parental rights in the 30 days after the date the collective agreement goes into effect. This inter-union committee will be composed of four representatives from the Treasury Board for the employer party and one representative from each of the following labour organizations: APTS, FAE, FIQ, SFPQ and SPGQ.

Mandate

First, the mandate of this committee will be to analyze several components of the parental rights plan and issue recommendations. Among these components are the formula for calculating the employer's indemnity during a maternity leave so the employee receives 100% of her net salary. Moreover, the representatives from the labour organizations can address all the priority union issues about the parental rights plan, including the conditions and improvement of certain leaves.

The parties will also ensure that the provisions of the collective agreement are consistent with the current legislative framework, in particular following modifications of the Québec Parental Insurance Plan (QPIP).

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Regional disparities

Since the beginning of these negotiations, the FIQ was one of the rare labour organizations to demand concrete improvements in regional disparities. For the FIQ, it was unacceptable that these negotiations did not provide any gains for healthcare professionals who work in remote regions.

There have been no changes for many years. However, the health network has been transformed and many attraction and retention problems have arisen in certain regions, particularly following the creation of the CISSSs and CIUSSSs. It therefore became imperative to obtain certain improvements regarding regional disparities and the FIQ succeeded in doing so.

Addition of Oujé-Bougoumou to Sector III

First, the locality of Oujé-Bougoumou was added to Sector III, identified in clause 29.01 of the collective agreement. Like Mistissini and Waswanipi, both identified with Sector III, Oujé-Bougoumou is on James Bay Cree Lands and therefore, should be added.

Nurses in a northern clinic

The 2nd paragraph of clause 29.28 of the collective agreement which stipulates that when there is a family member or spouse present, a nurse may be the only professional present in her workplace is removed. That will ensure that there are always two nurses in every northern clinic and thus increases their level of safety at work.

Location and retention premium

The location and retention premium will be expanded to all healthcare professionals working in the Far North.

Compensation for the tax losses

The tax losses will be compensated by the reimbursement of 50% of the expenses incurred for the 3rd and 4th trips out in the preceding civil year. This compensation is essential to reduce the inequity between permanent employees who incur these tax losses and temporary employees and agency personnel who do not incur these tax losses.

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Specific measures for Abitibi-Témiscamingue

A budgetary envelope devoted to the specific issues of Abitibi-Témiscamingue is granted to put in place incentive measures for combatting the serious shortage of healthcare professionals in the region. The identification of structural measures and use of this money will be discussed regionally.

Provincial joint committee

Lastly, a provincial joint committee is put in place to find solutions for the staff attraction and retention problems in certain localities caused by the creation of a CISSS or CIUSSS per region. Hence, incentive and structural measures aimed at attracting and retaining the workforce can be put in place.

A total budgetary envelope of \$5.29 million is granted for putting these structural measures in place.

This committee will be composed of three representatives from the employer party and three representatives from the FIQ. It will be set up 60 days following the collective agreement going into effect.

PRESENTATION OF THE SECTORAL COMPONENT BASED ON THE 5 OBJECTIVES OF THE PROVINCIAL NEGOTIATIONS

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1

ORGANIZING THE WORK TO ENSURE THE HEALTHCARE PROFESSIONALS AND PATIENTS' HEALTH AND SAFETY

When the sectoral negotiation draft was filed in October 2019, the targeted courses of action to achieve this objective were:

- A reasonable and safe workload;
- Safe healthcare professional-to-patient ratios;
- Stabilize the work teams;
- Eliminate the use of mandatory overtime as a management tool.

The tentative agreement reached between the FIQ and Québec government is based on the principle of STABILITY of work teams, light years away from the culture of mobility and flexibility that has been at work in the network for years and which has largely contributed to the deterioration of the healthcare professionals' working conditions and whose failures were highlighted by the COVID-19 pandemic. This stability of work teams is at the core of many measures which, together, will eliminate the work overload, combat mandatory overtime and, in the end, establish the winning conditions for implementing safe healthcare professional-to-patient ratios in the entire Québec health network.

Target for full-time positions in CHSLDs/EPCs and 24/7 centres of activities

Target for full-time positions set at 80% of the job structure for the CHSLDs/EPCs, emergencies and obstetrical centres of activities and at 70% for all the other 24/7 centres of activities

SETTING OUR SOLUTIONS IN MOTION.

- **Voluntary upgrading to full time for all incumbents of part-time positions**, regardless of job title and without any restrictions. If 100% of the healthcare professionals want a full-time position, they will have it.

All healthcare professionals working part time in a CHSLD/EPC or 24/7 centres of activities will be offered the chance to become full-time employees on their shift and centre of activities. The decision will be up to each of them, as the upgrading exercise to full time is voluntary.

Three upgrading exercises are planned:

- in the 60 days after the collective agreement goes into effect;
- eight months after the collective agreement goes into effect insofar as the target for full-time positions has not been met for the centre of activities concerned;
- 18 months after the collective agreement goes into effect insofar as the target for full-time positions has not been met for the centre of activities concerned.

- **Posting of vacant full-time positions until the target for full-time positions is reached**

In order for the healthcare professionals to obtain a full-time position in a CHSLD/EPC or 24/7 centre of activities, all vacant full-time positions are posted at the same time as the first upgrading exercise, that is, in the 60 days after the collective agreement goes into effect. The vacant part-time positions will be converted into full-time positions and posted to reach the target.

A second posting of vacant full-time positions will take place after the second upgrading exercise with the goal of reaching the target for full-time positions.

- **Mandatory maintenance of the target for full-time positions**

No part-time positions may be posted if the percentage of full-time positions is less than the set target: 80% of the job structure for the CHSLDs/EPCs, Emergencies and obstetrical centres of activities and 70% for all the other 24/7 centres of activities.

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The local labour relations committee has the mandate to follow-up on the implementation of this process to guarantee greater stability of the teams.

Addition of 500 FTEs with priority to medicine and surgery centres of activities

In addition to the voluntary upgrading to full time in 24/7 centres of activities, 500 full-time equivalents (FTE) will be added to reduce the healthcare professionals' workload, stabilize the work, and reduce the use of mandatory overtime.

These positions will be allocated with priority to the medicine and surgery centres of activities. A provincial joint committee, on which the FIQ will sit, will have the mandate to ensure a follow-up on this additional staff.

Addition of 1,000 FTEs in CHSLDs/EPCs

In addition to the voluntary upgrading to full time in a CHSLD, 1,000 full-time equivalents (FTE) will be added to reduce the healthcare professionals' workload, stabilize the work teams, and reduce the use of mandatory overtime in CHSLDs and private subsidized institutions (EPC).

A provincial joint committee, on which the FIQ will sit, will have the mandate to ensure a follow-up of this additional staff and ensure that the annual target of care hours per bed negotiated by the FIQ is reached in the long-term care institutions.

Annual target of care hours per bed in a CHSLD/EPC negotiated by the FIQ

For the very first time, the FIQ succeeded in influencing the employer's management right by negotiating an annual target of care hours for every patient.

The annual target negotiated by the FIQ is 470 to 500 care hours per bed. This target will be used to build the job structure in every CHSLD and EPC in Québec. This means that the number of healthcare professionals who give direct patient care will now be determined based on the safe, quality care to be given.

SETTING OUR SOLUTIONS IN MOTION.

For example, the target of 470 to 500 care hours per bed transforms into average ratios per dyad (nurse and licensed practical nurse) in this way:

- Day: 1 dyad for 24-25 patients
- Evening: 1 dyad for 30-32 patients
- Night: 1 dyad for 44-47 patients

Local committees will ensure follow-up of the rollout of the staff and reaching the target in every institution. A provincial joint committee, on which the FIQ will sit, will have the mandate to ensure the target is reached and maintained, as well as its modification, if necessary.

Currently, in Québec CHSLDs, a patient receives an average 420 care hours per year, which is clearly insufficient. In time, this will be an increase of 12 to 20% in care hours per bed, compared to the provincial average. For some CHSLDs, the increase will be even more significant, because the number of care hours is well below the provincial average, sometimes as little as 320 care hours per bed per year.

An example of an improved daily presence of healthcare professionals in a CHSLD of 168 beds:

	Number of healthcare professionals present by 24-h period	Number of care hours per bed per year
Currently	21	320
With the target of care hours per bed per year	32	490

Supervision and reduction of independent labour (IL)

The FIQ negotiated the tools necessary for significantly reducing the use of independent labour (IL). The tentative agreement provides for network healthcare professionals to have priority over those from the personnel agency, who will only get the shifts not taken by network employees. In this sense, special attention will be paid to the day shift. In the long term, the FIQ believes that many agency employees will return to the public network.

Moreover, work will be underway, both at the local and provincial level, to address the problems in the various institutions. The local unions and provincial joint committee will have access to all the data on IL as well as the overtime and will actively participate in implementing concrete solutions to lower the use.

The circular on IL, which is a management directive sent to the institutions' managers, will be completely reviewed based on the government commitments obtained by the FIQ in the tentative agreement.

ENHANCING THE HEALTHCARE PROFESSIONALS' PRACTICE AND EXPERTISE

When the sectoral negotiation draft was filed in October 2019, the targeted courses of action to achieve this objective were:

- Bill 90 and the field of practice;
- Autonomy of healthcare professionals;
- Recognition.

Automatic reclassification of nurses with a bachelor's degree

The tentative agreement stipulates that as soon as she presents her diploma, an employee with a Bachelor of Nursing will be automatically classified in the nurse clinician job title, providing she agrees to perform the duties of this job title.

This classification was previously the subject of a letter of understanding during each round of negotiations and resulted in recognition on set dates, set out in Letter of Understanding No. 3 in the collective agreement. The classification process becomes permanent.

Uncapping the ceiling for masters' degrees and doctorates

New measures set out in the tentative agreement will recognize the additional education of a master's degree or doctorate for employees, incumbents of positions with lower university academic requirements, even if they have reached the top of their salary scale.

A nurse clinician with a master's degree can receive an additional remuneration of 1.5% when she reaches the top of her salary scale. A nurse clinician with a doctorate can receive an additional remuneration of 3% when she reaches the top of her salary scale.

Salary retroactivity for the specialty nurse practitioner candidate (SNPC)

Like for the candidate to the practice of the licensed practical nurse profession (CPLPNP) or nurse profession (CPNP), the specialty nurse practitioner candidate (SNPC) will receive the salary of her new job title, retroactively to the date of her exams or the date she started work.

SETTING OUR SOLUTIONS IN MOTION.

If, for example, a candidate passed her exams six months ago, she will receive an amount covering the difference between a candidate's salary and that of a specialty nurse practitioner for the entire period.

Budget for the training and skill development of specialty nurse practitioners (SNP)

Considering the specific educational requirements they are subject to, there will be a budget devoted to the SNPs' training and skills development, separate from the one set out in the collective agreement. This annual budget is 0.03% of Class 1's wage bill and is equivalent to an average of \$2,000 per employee. The Ministry of Health and Social Services (MSSS) will split this amount between all the institutions.

Attendance premium for weekend shifts in 24/7 centres of activities

The weekend premium for an employee incumbent of a full-time position who works all the shifts set out in her weekend schedule will be increased from 4% to 8%. This premium only applies to the centres of activities where services are provided 24 hours a day, seven days a week.

Weekend shifts are those included between the beginning of the evening shift on Friday and the end of the night shift on Monday inclusively.

An employee incumbent of a full-time position who is absent for a shift set out in her weekend schedule will be paid the 4% premium.

An employee incumbent of a part-time position will be paid the 4% premium.

Supervision and training premium for clinical perfusionists

A new premium for clinical perfusionists is included in the tentative agreement: a clinical perfusionist who supervises the work of at least four clinical perfusionists and who participates in their training, will receive a 10% premium for every hour worked during which she assumes these responsibilities for other clinical perfusionists.

SETTING OUR SOLUTIONS IN MOTION.

This premium is intended to compensate the clinical perfusionist who assumes the duties similar to those of an assistant-head-nurse, as such a job title does not exist for clinical perfusionists.

Critical care and specific critical care premium

The list of centres of activities where employees receive the critical care or specific critical care premium is expanded. The conditions for access to these premiums are the same as those in the 2016-2020 collective agreement.

- **Critical care and enhanced critical care premium: Aeromedical evacuations**

Healthcare professionals will receive the 12% critical care premium and 14% enhanced critical care premium for the hours worked during the transfer of users by aeromedical evacuation.

This premium is paid to an employee who does an emergency transfer of a patient by airplane. The premium will also be paid to the employee working in the Far North.

This premium is not paid to an employee who accompanies one or more patients in an airplane transfer for scheduled or non-urgent examinations.

- **Specific critical care premium and enhanced specific critical care premium: Obstetrical unit (mother-child)**

Healthcare professionals will receive the 6% critical care premium and the 7% enhanced critical care premium for the hours worked in an obstetrical centre of activities (mother-child) providing 24/7 care.

An obstetrical centre of activities or mother-child centre includes antepartum, delivery room and postpartum. Pregnancy follow-ups in a clinic and pediatrics are not included.

CHSLD and EPC premium

Healthcare professionals working in a CHSLD and EPC will receive the identical premium paid to beneficiary attendants. Because the negotiations for the beneficiary attendants were not finished when this document was written, it is impossible to confirm the amount of the premium. As soon as the information is known, the FIQ will inform its affiliated unions and members.

SETTING OUR SOLUTIONS IN MOTION.

SBD lump sum

The payment of the lump sum to healthcare professionals working with clientele with serious behaviour disorders (SBD) is extended until September 30, 2023. If another labour organization negotiates a lump sum or premium with different conditions, FIQ and FIQP members in this situation are guaranteed the same amount by a trailer clause.

Improvement in the payment conditions for the evening premium

The healthcare professionals whose shift begins before 2 p.m. and the majority of the hours are worked after 2 p.m. will receive the evening premium for the hours worked after 2 p.m.

For example, an employee whose shift begins at noon and ends at 8 p.m. will receive an evening premium as of 2 p.m. from now on and not as of 7 p.m. as is currently the case.

Pilot project on the transfer of expertise in Emergency

Too often, the expertise of healthcare professionals who retire is not passed on to their colleagues. To correct this situation, pilot projects will be launched in Emergencies in Québec. The position of the employee who is retiring will be duplicated so she can pass on all her knowledge to her replacement and her work team. The pilot projects are for a maximum of one year.

A provincial joint committee will be set up to evaluate the effects of such a measure and identify best practice in the transfer of expertise and knowledge when an employee retires.

Basic drug insurance plan

The employer's contribution to the basic drug insurance plan in the collective agreement will be doubled.

For an employee with dependents, the employer's contribution will be \$11.94 per pay every 14 days. It will be \$4.78 for the employee with no dependents.

ACCESSING QUALITY POSITIONS

When the sectoral negotiation draft was filed in October 2019, the targeted courses of action to achieve this objective were:

- Part-time positions that provide stability;
- Reinvent full time to make it attractive.

Increasing the workweek

- **Increasing the regular workweek to 37.5 hours for all healthcare professionals**

For too many years, healthcare professionals have worked past their regular workweek, without being paid. Thanks to an increase in the regular workweek to 37.5 hours, more hours will be paid and considered in the calculation of the pension for all healthcare professionals.

Consequently, for nurse job titles requiring a university degree, this increase reduces the gap in hours required for the overtime rate set out in Article 19. For example, a nurse clinician who has a 35-hour workweek must work five additional hours at straight time, not eligible in calculating the pension, before being paid overtime. With the 37.5-hour workweek, 2 additional hours are recognized in calculating the pension, and overtime is paid more quickly.

- **Increasing the regular workweek to 40 hours for SNPs and SNPCs**

Several recommendations were made following the work done by an advisory committee on which sat five specialty nurse practitioners from different institutions and various specialties. One of them was to increase the workweek to 40 hours. Several SNPs have problems, almost every day, getting their overtime recognized and which is, in the best-case scenario, paid at straight time or put in a bank of time to take back.

Implementing a 40-hour week will ensure stable remuneration that is eligible for the pension plan, in addition to spreading out the workload over the week. The idea is not for SNPs to work more hours, but that all hours worked – and therefore the real workload – are recognized. So, the workweek would recognize overtime, training time, etc.

SETTING OUR SOLUTIONS IN MOTION.

The increase in hours for an employee in the last echelon working full time is:

Job title with a current workweek of 36.25 hours	Impact in %	Maximum annual increase in the last echelon	Annual increase in the pension annuity
Licensed practical nurse	3.4%	\$2,100	\$1,470
Respiratory therapist	3.4%	\$2,560	\$1,792
Nurse	3.4%	\$2,690	\$1,883
Nurse clinician	3.4%	\$3,119	\$2,183
Clinical perfusionist	3.4%	\$3,275	\$2,922
Specialty nurse practitioner	10.3%	\$12,440	\$8,708

Job title with a current workweek of 35 hours	Impact in %	Maximum annual increase in the last echelon	Annual increase in the pension annuity
Licensed practical nurse	7.14%	\$4,200	\$2,940
Respiratory therapist	7.14%	\$5,122	\$3,585
Nurse	7.14%	\$5,380	\$3,766
Nurse clinician	7.14%	\$6,238	\$4,366
Clinical perfusionist	7.14%	\$6,550	\$4,585
Specialty nurse practitioner	14.3%	\$16,587	\$11,610

Increasing the workweek for all healthcare professionals ends the premium of 2% for no overlap as well as Letter of Understanding No. 16 regarding the overlap between shifts for certain employees.

SETTING OUR SOLUTIONS IN MOTION.

● **Ranking 28 for specialty nurse practitioner (SNP) and specialty nurse practitioner (SNPC) job titles**

Since January 25 this year, the specialty nurse practitioner's scope of practice was changed by legislation. In order that they be remunerated at their fair value and as quickly as possible, without waiting for the pay equity audit planned for 2025, the FIQ negotiated an immediate change of ranking retroactive to January 25, 2021. The SNPs and SNPCs will be in ranking 28, the highest ranking in the salary structure of the health and social services sector.

VALUE IN % OF THE INCREASE IN REMUNERATION LINKED TO THE RE-POSITIONING IN RANKING 28									
Echelon	2	4	6	8	10	12	14	16	18
%	3.8%	4.5%	5.2%	6%	6.7%	7.5%	8.2%	8.9%	9.7%
\$	\$2,475	\$3,141	\$3,952	\$4,846	\$5,886	\$7,176	\$8,570	\$10,026	\$11,773

Incumbency of part-time employees to 14 shifts per 28 days

To fight against job insecurity, the sectoral agreement stipulates that FIQ and FIQP members will hold a position of a minimum 14 shifts per 28 days. Note that some exclusions are already set out in the collective agreement. To those are added the possibility for an employee studying full time to voluntarily exempt herself from the incumbency process.

The positions of all incumbents of part-time positions of 4, 5 and 6 days per two weeks in 24/7 centres of activities (including CHSLDs and EPCs) will be upgraded to 7 days per two (2) weeks six months after the collective agreement goes into effect, that is, after the first posting of vacant positions and the first upgrading exercise.

For those working in the other centres of activities, the clauses in the collective agreement will apply as soon as they go into effect. Therefore, the employers will upgrade all part-time positions that are less than 14 workdays per 28 days.

Attraction-retention premium for a full-time employee

The tentative agreement stipulates a new premium to encourage healthcare professionals to work or remain in a full-time evening, night or rotation position in 24/7 centres of activities.

The attraction-retention premium for an incumbent of a full-time evening position will be 3% when the collective agreement goes into effect. It will be 2% for the incumbent of a full-time night position. This attraction-retention premium will be increased when the 70% target for full-time positions in 24/7 centres of activities per institution will be reached. It will rise by 1% for the evening shift and 0.5% for the night shift.

An incumbent of a full-time rotation position will receive the applicable premium for every hour worked on the evening or night shift.

The attraction-retention premium represents between \$1,500 and \$3,000 more annually for an evening shift employee in the top echelon, depending on her job title.

The attraction-retention premium represents between \$1,000 and \$2,000 more annually for a night shift employee in the top echelon, depending on her job title.

A 9-day per two-week schedule for the incumbent of a full-time evening position

The tentative agreement negotiated by the FIQ provides that incumbents of full-time evening positions in 24/7 centres of activities will be able to have a paid day off every two weeks like employees on the night shift. It will be a 9-day schedule for two weeks, which will greatly contribute to improving their quality of life and making this shift attractive.

The employee who so wishes can obtain this schedule by converting 6% of the evening premium into 12 paid days off and using 9 statutory holidays and 3 sick-leave days.

RESTORING WORK-PERSONAL LIFE BALANCE IN ORDER TO PRESERVE THE HEALTHCARE PROFESSIONALS' PSYCHOLOGICAL HEALTH

The targeted courses of action to achieve this objective when the sectoral negotiation draft was filed were:

- A psychologically healthy and safe workplace;
- The battle against stress;
- Accessing various days off;
- Control over the work schedule;
- Organization of work time.

Leaves for a death

An employee will be entitled to an additional day of leave for the death of her spouse's child. Therefore, the employee will have two days of leave instead of just one day, in accordance with the amendments to an Act respecting labour standards.

The tentative agreement stipulates that the healthcare professionals can take their days of leave for a death set out in clause 27.01 of the collective agreement at their discretion, continuously, between the date of death and that of the funeral, inclusively. The FIQ obtained more flexibility in taking the leaves for death, because these three and five-day leaves necessarily began on the date of death. It is always possible to keep a day of leave for burial or cremation when one of these events takes place outside of the scheduled time frame.

Staggering the hours of the workweek

The FIQ agreed on a measure to facilitate family-work-study balance (FWSB) for some employees. First, the local parties must agree on the conditions for staggering the work hours, when the division of work hours is different to that set out in the collective agreement. However, the staggering of hours must not affect the stability of the teams or cause overtime.

The staggering will be done on a voluntary basis only. An employer cannot force an employee to stagger her hours. For example, based on the conditions established at the local level, an employee can ask her manager to work 10 consecutive days which would be 7 days in the same week.

Letter of Understanding No. 19 – Organization of work time

The FIQ agreed to make Letter of Understanding No. 19 on the organization of work time more accessible so healthcare professionals can have one paid day off per two (2) weeks, according to certain conditions.

Hence, in the 60 days following the date the collective agreement goes into effect, the local parties will negotiate the conditions of application for the organization of work time and will agree to promote this with employees. Moreover, full-time employees working the day shift or in a rotation position will be eligible after 3 years of service, instead of 15 years. The absence of an eligibility criterion for the employee working on the evening and night shift remains.

Pilot projects on the organization of atypical weekend schedules

An employee may voluntarily agree to follow an atypical weekend schedule for a period ranging from 3 to 12 months, and receive a lump sum in return, in addition to her weekend premium. The period covered is from the night shift on Friday to the evening shift on Monday. A minimum of 28 hours must be worked at the regular rate during this period. The employee must work all the hours in her weekend schedule to receive the lump sum.

The lump sums are:

- \$50 per weekend worked with a schedule that includes 2 weekends out of 3 weekends;
- \$75 per weekend worked with a schedule that includes 3 weekends out of 4 weekends;
- \$100 per weekend worked with a schedule that includes 4 weekends out of 4 weekends.

The local parties must agree on the terms of these pilot projects. A provincial joint committee will be formed to follow and analyze the effects from the pilot projects.

SETTING OUR SOLUTIONS IN MOTION.

Self-scheduling pilot projects

The FIQ agreed on pilot projects so an employee can participate in drawing up her schedule and has more influence over it. Provincial funding of \$2.45 million is allotted to support setting up the local pilot projects, via the implementation of specific computer systems.

A local joint committee will ensure that conditions of application are set up and will ensure the follow up. A provincial joint committee will follow and analyze the pilot projects, identify and disseminate best practices in self-scheduling.

EQUIPPING THE FIQ AND FIQP AFFILIATED UNIONS TO RESPOND BETTER TO THE HEALTHCARE PROFESSIONALS' NEEDS

AND

UPDATING OF THE COLLECTIVE AGREEMENT

When the sectoral negotiation draft was filed in October 2019, the targeted courses of action to achieve this objective were:

- Assist the healthcare professionals;
- Preserve the healthcare professionals' rights;
- Simplify and speed up the handling of contentious cases.

To update the collective agreement, the FIQ recommended that the employer and union parties establish a mechanism for making the necessary adjustments to the collective agreement.

Provincial inter-union inter-round committee on the mechanism for modifying the list of job titles

The provincial collective agreement sets out several provisions on the creation of a job title, assigning the wording and setting the salary. Since the list of job titles was created in 2006, several problems have been raised by the union party in its involvement in the process and role at the decision-making level.

Changes are needed.

Since the list of job titles, descriptions, salary rates and scales affect several collective agreements, an inter-union committee will revise the mechanism for modifying the list and will look at the operating procedures of the comité national des emplois (Provincial Jobs Committee), the job evaluation procedures and the arbitration procedure provided.

Inter-round committee on updating the collective agreement

A provincial joint inter-round committee on the updating of the collective agreement composed of three representatives from the FIQ and three representatives from the employer party, will have a mandate to review and amend the provincial provisions of the collective agreement, if the two parties agree. Some of the clauses in

SETTING OUR SOLUTIONS IN MOTION.

the current agreement could be updated, to adjust them based on public laws and arbitration case law, to eliminate outdated situations or simply because the clauses lack clarity.

This committee will also have a mandate to review some of the mechanisms for settling disputes, in particular the settlement of grievances, grievance arbitration and medical arbitration. These procedures could be simplified, sped up in handling individual and collective files.

Lastly, the committee will ensure that there is an adequate duty of representation under the collective agreement. The revision of the provisions will ensure that the union representatives are able to offer the necessary support to their members to properly represent them, including having sufficient union leaves.

OTHER CHANGES PROVIDED BY THIS TENTATIVE AGREEMENT

Over time and weekly day off

Since the beginning of the 2000's, decisions have been rendered on part-time employees claiming overtime on their weekly day off. These decisions state that if the employee has not worked five days in the regular workweek, no overtime is paid, because the days not worked are considered weekly days off, even if the employee is available to work. Hence, overtime applies when an employee works more than the regular workday or regular workweek, as stipulated in the collective agreement.

In negotiations, choices have to be made to obtain the most gains possible for all the employees represented by the FIQ and FIQP. Therefore, after analyzing all the employer party's demands, it was decided to concede the repeal of the clause stipulating that work performed on a weekly day off is paid as overtime. This removal in no way changes the other rules set out, including overtime that is paid after the regular workday or regular workweek.

A full-time employee will continue to be paid when she works more than her workweek, as was the case before this clause was removed, because working on a weekly day off corresponds to working more than the regular workweek.

A part-time employee will be paid overtime in the same way as a full-time employee when she works more than her workweek.

Hence, the payment of overtime will be equitable among the employees, whether they have a full-time or part-time position.

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