



A tentative agreement on working conditions

More than a year after filing the union demands on the healthcare professionals' working conditions, the delegates representing all the FIQ and FIQP affiliated unions at a virtual Provincial Council on December 8, 2020, adopted a sectoral tentative agreement on working conditions.

With this agreement the FIQ will at last be able to set in motion its solutions, tried and tested for years, for attracting and retaining healthcare professionals in the health network, badly hit since the beginning of the COVID-19 pandemic.

The gains obtained after months of mobilization and intensive work at the bargaining table are important for all the members, as they will change, over time, the toxic management culture of the last several years that has greatly contributed to the deterioration of working conditions. One of the major elements introduced with this tentative agreement is the notion of stability, which will take precedence over the culture of flexibility and mobility that has eaten away at the healthcare professionals' working conditions for many years.

In CHSLDs and CLSCs especially, the changes are major, after years of abandonment and budget cuts.

These gains will improve the economic situation, reduce job insecurity and facilitate work-family-study balance for FIQ members who are 90% women.

The main gains in the sectoral agreement are:

A first step towards healthcare professional-to-patient ratios in CHSLDs and EPCs

An annual target of 470 to 500 care hours per bed is set in CHSLDs and in private subsidized institutions (EPC). This target of care hours per bed will be used to establish the number of healthcare professionals needed on every work team to provide safe, quality care for the patients. This is an average increase of 12% to 25% of staff for the Class 1 basic teams working in a CHSLD and EPC.

This standard will reduce the healthcare professionals' work overload and stabilize work teams.

More attractive full-time positions

All healthcare professionals working on 24/7 centres of activities, CHSLDs and EPCs, Emergency and obstetrical care units who so wish can upgrade their position to full time, on their centre of activities and shift. This measure will end job insecurity for licensed practical nurses.

The government agrees to maintain the percentage of full-time and part-time positions. Targets for full-time positions, for nurses, licensed practical nurses and respiratory therapists, are set at 80% in a CHSLD, Emergency, obstetrical care units and 70% in the other 24/7 centres of activities. Three upgrading periods and two posting periods are provided over the length of the collective agreement. The first upgrading and posting period will take place in the 60 days after the collective agreement goes into effect.

New premiums are granted to healthcare professional incumbents of full-time positions working evenings (up to 4%) and nights (up to 2.5%).

According to the principle already stipulated for full-time night employees, a healthcare professional who works evenings on a 24/7 centre of activities can now work a 9/14 without loss of salary, thanks to a conversion of a part of her evening premium, statutory holidays and sick-leave days. With these stabilization efforts for this shift, one of the effects sought is to reduce overtime and mandatory overtime, especially for employees on day shift, who are the ones most often forced to stay for the next shift.

Adding staff

In the Québec CHSLDs and EPCs, in addition to the large-scale upgrading of part-time positions to full-time positions, 1,000 full-time equivalents will be added to the basic job structure.

To reduce the work overload, the government also agrees to add 500 full-time equivalents, in addition to the upgrading of part-time positions to full-time positions, in 24/7 centres of activities, with medicine and surgery being the priority.

A 37.5-hour workweek

- For clinical perfusionists;
- For respiratory therapists who work in a 24/7 centre of activities or on two different continuous shifts;
- For all healthcare professionals who work in a CLSC and northern clinic (Far North).

These 2.5 hours of additional pay per week will be eligible for RREGOP and represent more hours of care given to patients. These hours are often worked already, without compensation. This represents up to a 7.14% increase in compensation.

Specialty nurse practitioners

There will be a budget dedicated to specialty nurse practitioner (SNP) continuing education.

Their workweek will be 40 hours paid and eligible for RREGOP. These hours are often worked already, without being paid. This represents up to an increase of 14% compensation.

All these measures will:

- **Reduce the work overload;**
- **Stabilize the work teams;**
- **Significantly reduce overtime with the goal of eliminating mandatory overtime;**
- **Reduce the use of independent labour (IL).**

Increased premiums

- A doubled weekend premium (from 4% to 8%) for full-time employees in 24/7 units
- A specific critical care premium for obstetrical care units (mother-child) where care is provided 24/7
- A critical care premium for employees assigned to aeromedical evacuation transfers
- A 10% premium for clinical perfusionists who take on the clinical supervision of the work of at least 4 clinical perfusionists and participate in their training
- A premium for healthcare professionals working in a CHSLD and EPC, a premium the same for all employees in the network.

Other gains

- A letter of understanding with the objective of reducing the use of overtime and independent labour (IL);
- A government commitment to review the directive covering the management framework governing the use of IL;
- A reduction in job insecurity thanks to the incumbency of part-time positions with a minimum of 7 workdays per 14-day period;
- Greater flexibility in taking leave in the event of a death;
- Increase in the employer's contribution to the basic drug insurance plan;
- Better access to organizations of work time;
- Financial incentives for weekend schedules.

At the same time, the APTS-FIQ Alliance is continuing its work at the intersectoral table on the salary, pension plan, parental rights and regional disparities.

As soon as the FIQ and APTS delegations adopt an intersectoral agreement, a global tentative agreement – which will present the entire content of the new collective agreement – will be submitted to a vote by all the FIQ members, The referendum will be held online.

All the details on the various parts of the tentative agreement will be sent for your local general assemblies. Those assemblies will be held once an agreement is also reached on the intersectoral component. Your union teams are available to answer your questions.