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TACKLING MANDATORY OVERTIME AND INDEPENDENT LABOUR: A MAJOR CHALLENGE IN THE WAKE OF THE PANDEMIC

For several years, the FIQ has waged a battle against the use of mandatory overtime and against independent labour. Many political, legal and media actions have been taken as a result. While concrete gains have been won over time, it is sad to say that the pandemic crisis has led to major setbacks in the network. And the privatization of some activities, as announced by the government, risks making an already catastrophic situation for healthcare professionals even worse.

More than 10 years ago, the FIQ carried out an extensive action plan against employment agencies that reduced the use of independent labour by more than 40% among healthcare professionals.

In view of this serious situation, the FIQ and FIQP delegates carried out a necessary assessment of the situation in order to establish the best strategy to counter these two phenomena, closely linked to the exodus of healthcare professionals from the public health and social services network. Furthermore, union reps will be consulted and will make a major contribution to the process. Lastly, the FIQ will set up a committee of union consultants from several sectors and services who will bring together a wide range of expertise in different fields to identify the contours of these complex issues.

Mandatory overtime, non-replacement of absences, substitution of job titles: the work overload is different from one institution to another, one department to another, which forces the affiliated unions to adapt their actions. Denouncing one situation is not enough. Instead all the situations

experienced by the members must be dissected and specific actions taken on each one, while ensuring the provincial action plan coordinated by the FIQ is consistent.

A NETWORK DEPENDENT ON EMPLOYMENT AGENCIES

With the pandemic, the health institutions are now in a dependent relationship with employment agencies, whose power in the network is growing.

However, the employment agencies are not saviours, quite the contrary. Rather, they are a solution to the problems caused by the agencies themselves. While the arrival of an agency worker may temporarily relieve a work team, it should not be forgotten that the more agency personnel there are, the more members of the public network will see their working conditions deteriorate. Who will be responsible for the care of patients requiring the most advanced care? Who will orient the agency

personnel? In this context, stabilizing the work teams becomes impossible.

For the delegates, the evidence is clear: tolerating agencies leads to the establishment of a parallel regime of working conditions. This puts fundamental union rights at risk, whether it is the right to strike or the right of employees to collectively negotiate their working conditions. But above all, this gives the private sector an increasingly important place in the health and social services network. A privatization that we reject and that must be fought.

The gains in the last collective agreement to regulate independent labour are a step in the right direction, but more needs to be done to eliminate independent labour and break the cycle of privatization of the network. ■



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WORD FROM THE PRESIDENT

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A STRONG TEAM TO MOVE FORWARD



The addition of Françoise Ramel as vice-president for the Sociopolitical Sector, Solidarity, and Joint Officer for the Status of Women and Legal Team, and of Laurier Ouellet as vice-president for the Union Organizing and Education Animation Services to the Provincial Executive Committee will fortify our already highly engaged team. Our team is ready to continue transforming the organization to further strengthen its connection with its members. These two experienced union reps will enrich our perspective with their vision of the field.

The government thinks that alone it can spearhead a plan to rebuild the health network. Making the same mistakes and expecting different results is just wishful thinking. We will be there to remind them.

We can very clearly see that tensions in the health network are still as high because the government refuses to reverse the well-worn trend to always do more with less. The retention premiums are a prime example. It was a temporary and fundamentally inequitable measure that failed to bring thousands of healthcare professionals back to the public network.

MOT and non-replacements, to the end of hiring independent labour or to the implementation of safe ratios. However, even though we are appalled, and despite the resistance we are up against, we will not give up.

retrospective of the 25 years since the adoption of the *Pay Equity Act* to take stock of the progress made and how much farther we have to go in order for women to truly have equity with full recognition of the value of their work. Labour organizations and feminists fought this battle for several years before the law as we know it today was adopted. Pay equity is not the battle of a single generation, and as feminists, we must take up this issue as our own because it is a fundamental right.

The solutions that you have been promoting for so long have been rejected by the current government. As these words are being written, the Finance Minister is tabling his fourth budget, the last before the electoral campaign. The budget makes no reference to the end of

In the coming weeks and months, we will have to count on the union of local and provincial forces to deploy our ratios action plan and continue the battle against mandatory overtime.

When we look back at the history of the Federation, we see our battles were often won when fought by the whole organization. At the March provincial council, we did a

It is teamwork and solidarity that will move us forward. ■



1. Provincial Executive Committee



STRATEGIC PLANNING: DELEGATE CONSULTATION

In conjunction with the provincial council, delegates participated in a consultation aimed at developing strategic orientations based on the three areas of focus from the last convention and determining the means and actions needed to carry them out.

In other words, the purpose of the strategic planning is to set global objectives for the FIQ and FIQP and to develop a plan to achieve them. That means taking a step back from our daily operations, asking ourselves which direction we want to go in, and what our priorities are.

The answers to these questions are important for the Federations' future, to strengthen their ability to fulfil their top mission to improve the working and living conditions of healthcare professionals.

You will soon be informed of the consultation's results and the subsequent actions.

Three areas of focus from the 2021 convention:

- Progressive women
- Women of action
- Women fighting against systemic racism

PAY EQUITY

Pay equity: a battle we must fight together
Collective agreement: the deployment speeds upPAY EQUITY:
A BATTLE WE MUST FIGHT
TOGETHER

The *Pay Equity Act* was the result of a long union and community battle. The Quebec National Assembly voted unanimously in favour of it on November 21, 1996. It created a way to correct the pay gaps generated by systemic gender discrimination, which healthcare professionals' have long been subject to. This law was of capital importance because, for the first time, it allowed for recognition of the invisibility of care professions, which were once considered an extension of domestic activities.

The FIQ invites you to participate in a research project by the Université Laval and the Université du Québec à Trois-Rivières, to study the undervaluing of predominantly female jobs.
<https://www.questionnaires.cstip.ulaval.ca/v3/index.php/536179>

Still today, the FIQ and FIQP represent 90% women healthcare professionals, whose job titles are predominantly feminine, i.e., 27 out of 28.

The first pay equity evaluation was done in 2006 with a 6.25% pay adjustment rate. Every five years, the law requires that a pay equity maintenance evaluation be conducted for the parapublic sector since workplaces, salaries and professions evolve and could create new pay gaps.

The Federations must stay alert with a government employer that, despite the law, tends to stretch deadlines or distort things by conflating pay equity with the collective bargaining of working conditions. With this in mind, the FIQ and FIQP created an *ad hoc* committee of six

representatives made up of nurses, licensed practical nurses, respiratory therapists, clinical perfusionists and specialized nurse practitioners with a mandate to participate in pay equity work.

The third pay equity maintenance evaluation was scheduled for December 20, 2020, but the Treasury Board postponed it with the consent of the Commission des normes, de l'équité, de la santé et de la sécurité au travail (CNESST), pay equity division. Despite the delay, healthcare professionals are guaranteed to receive lump sums with interest within a maximum of four years.

25 years after the *Pay Equity Act* was adopted, unions and women can be proud of the societal recognition of the value of women's work. It is still important to continue to fight this battle together! ■

Members of the *ad hoc* committee on pay equity maintenance:

Marie-Chantal Gauthier, Nurse

David Lambert, Nurse Clinician

Yohanna Mejia, Licensed Practical Nurse

Mylène Durocher, Respiratory Therapist

Nissa Poisson-Thomas, Clinical Perfusionist

Mélanie Gauthier-Gagnon, Nurse Practitioner specialized in primary care

COLLECTIVE AGREEMENT:
THE DEPLOYMENT SPEEDS UP

Whereas the new collective agreement was signed last October, the Omicron wave and the government's various ministerial orders unilaterally decreeing working conditions have severely hampered its deployment.



The Provincial Council was an opportunity for the delegates to take stock of the situation and to get an overview of the progress on the deployment at both local and provincial levels.

If the situation in recent months has not allowed the collective agreement to be deployed at the speed desired by the FIQ and FIQP, the pace in the province's

institutions seems to be picking up. The Federations' continue to apply pressure on the Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS) and the Secrétariat du Conseil du trésor so that recalcitrant employers move more quickly on this issue and work in conjunction with union representatives.

The end of the health emergency must stop the non-respect of the collective agreements and it must finally give healthcare professionals access to the key elements of the new collective agreement, such as access to attractive full-time positions or the organization of work time. ■

ELECTIONS

**UNITED
DETERMINED
MOBILIZED**



The members of the Respiratory Therapy ad hoc Committee: (from left to right) Julie Côté, Mylène Durocher, Julie Boivin and (on the right) Isabelle Groulx.

A COMMITTEE MOBILIZED FOR RESPIRATORY THERAPISTS

Respiratory therapists are proud of their profession and determined to improve their working conditions. It is from this energy and at the end of a FIQ provincial meeting in 2018, that the Respiratory Therapy ad hoc Tactical Committee was created to convey the respiratory therapists' demands and develop mobilization strategies.

The FIQ's respiratory therapists got down to work in 2019. They gathered data for outlining a provincial portrait of best practices and documenting the differences. A bank of protocols and collective prescriptions was also developed to promote the respiratory therapists' expertise. Lastly, the committee developed an action plan to promote the respiratory therapists' scope of practice and expertise.

Of course, the arrival of the COVID-19 pandemic in March 2020 slowed down the committee's work because the respiratory therapists were called upon en masse to deal with the health emergency. During this time, some teams stood out by innovating with advanced respiratory technologies.

Armed with the collected data and the tools developed,

the committee's respiratory therapists now want to renew the mobilization. The delegates at the Provincial Council adopted several recommendations aimed not only at making the respiratory therapists' work and expertise known, but also to bring these demands into the public arena. ■



Happy retirement!

It was with great emotion that the president, Julie Bouchard, commemorated the retirement of Diane Brassard. Over the years, Ms. Brassard has held different roles within the organization, but it was as a union consultant for the Union Organizing Service that she finished her career at the FIQ. She was also a well-known figure at decision-making bodies since she has acted as chairperson for over 20 years.

ELECTIONS

There were a few positions up for election at the provincial council. Congratulations to the newly elected union reps!



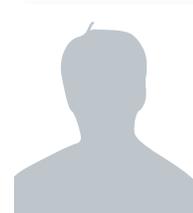
FIQ EXECUTIVE COMMITTEE
Françoise Ramel, Vice-President, Sociopolitical Sector, Solidarity, Status of Women, Legal Team
 Nurse Clinician, CIUSSS du Centre-Sud-de-l'Île-de-Montréal



Laurier Ouellet, Vice-President, Union Organizing Service, Education-Animation
 Nurse, CISSS de Chaudière-Appalaches



RFIQ PROVINCIAL COMMITTEES
Youth Committee
Audrey Bélanger
 Nurse Clinician, CISSS de Lanaudière



Vincent Désautels-Deslandes (1st substitute)
 Nurse Clinician, CISSS de la Montérégie-Est



Kim Angel Champagne (2nd substitute)
 Nurse, CIUSSS de la Mauricie-et-du-Centre-du-Québec



BETTER UNDERSTANDING YOUR GROUP INSURANCE PLAN

Delegates took part in workshops to better understand the FIQ and FIQP group insurance plan. They took a deeper look at the types of coverage in the contract and are now better equipped to answer your questions. The insurance contract will help to protect you against two important financial risks that could upend your life, i.e., either a loss of revenue following an illness or accident or a medical condition that requires expensive medication. The salary insurance and prescription drug insurance are the two types of coverage in the contract that protect you from these risks. Delegates attending the workshops saw that your group insurance plan is varied, complete and meets your needs at a reasonable cost.