La

RÉSONANCE

de la FIQ

P. 7-9

THE DUBÉ REFORM: IMPACTS

Nearly a year and a half later, where are we?

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC

September 2025 | 1st edition

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A MAGAZINE FOR THE MEMBERS

La Résonance de la FIQ is a bi-annual magazine that covers union, political, economic and social issues that influence Quebec's health network. Intended for FIQ members – nurses, licensed practical nurses, respiratory therapists and clinical perfusionists – it provides a space where the realities in the field can resonate.

Word from the FIQ PRESIDENT

NO, YOUR EYES AREN'T PLAYING TRICKS ON YOU

There's a new paper magazine in your mailbox! I'm sure you've been wondering what's got into us! And yet, this decision was the result of careful reflection, and I am convinced that you will enjoy flipping through these few pages. As the editions come out, this magazine will teach you more about societal issues, topics that affect the health network and that concern you as healthcare professionals and women.

In this first edition, the Dubé reform is the main theme. Minister Dubé had warned that the temple columns would shake, and he wasn't lying. But why is he trying to overhaul the health network for the umpteenth time when previous reforms did not produce the desired results? What pushes health ministers to change structures rather than invest in employees and, at the same time, in public services? These are a few questions we wanted to answer, as simply as possible, in this first magazine.

Julie Bouchard

Word from the Communications Committee

Dear colleagues,

The Communications Committee is proud to present you with the first edition of La Résonance de la FIQ. This magazine is the result of a long reflection process to find stimulating and topical subjects that will make you want to find out more about the files your Federation is working on.

The committee's objective has been clear from the start: La Résonance is intended to help the FIQ better communicate with its members, regardless of their location and interests, to pass on relevant information and to highlight union and feminist struggles.

Some know little about the role of a union and think it is merely about filing grievances and negotiating the collective agreement. With this magazine, which will cover different themes in each edition, you will see it's much more than that.

Happy reading!

The Communications Committee is composed of members who are directly involved in the FIQ's structure. They look into communications issues and trends and measure the impacts of the Federation's publications to respond to healthcare professionals' concerns. They organized the FIQ's first Communications Network in April 2025.

2021–2025 Communications Committee / **Joëlle Bilodeau** — Syndicat des professionnelles en soins de santé du Centre-Sud-de-l'Île-de-Montréal / **Jean-Sébastien Blais** — Syndicat interprofessionnel en soins de santé de l'Abitibi-Témiscamingue / **Christopher Dunford** — Syndicat des professionnelles en soins de la Montérégie-Est / **Pierre Rodrigue** — Syndicat des professionnelles en soins de Montérégie-Centre / **Bianca Morin Tremblay** — Syndicat des professionnelles en soins du Saguenay–Lac-Saint-Jean

75 YEARS OF THE LICENSED PRACTICAL NURSE PROFESSION

The FIQ is proud to celebrate the 75th anniversary of the licensed practical nurse profession. Licensed practical nurses work in multiple settings and can provide a wide range of care, from helping assess a patient's health, administering certain medication and vaccines, and providing wound-related care.

On September 4, 1950, inspired by the practical nurses' model in the United States, Charlotte Tassé opened a first practical nursing school at the Institut Albert-Prévost de Montréal. The training was vocationally oriented, and the institute's motto was 'forget yourself to bring relief to others.' The creation of the title reserved for licensed practical nurses by the Quebec *Professional Code* in 1973 marked a turning point in the professionalization of the role and expertise.

Despite this progress, there are still recognition challenges. In 1997, the government was even planning to get rid of the profession completely, but it backed off following significant mobilization by licensed practical nurses and the public.

It was in 2003, with the passing of the *Act to amend the Professional Code and other legislative provisions as regards the health sector* (Bill 90), that the role of licensed practical nurses received more recognition and value on interdisciplinary care teams. Thereafter, professional activities were reserved for them.

FIQ delegates elected Julie Bouchard in 2021. She is the first president who was a professional licensed practical nurse. Her election bears witness to the increasingly significant place of licensed practical nurse voices in the health network, as well as to their leadership and essential expertise in defending the working and practice conditions of healthcare professionals.

The licensed practical nurse profession has greatly evolved over 75 years. Despite all this progress, there is still a lot to do to raise awareness about their contribution, to enable them to exercise their full scope of practice, and to promote their integration into all care settings.

↑
As a result of the union certification mergers, licensed practical nurses became FIQ members in 2004.

Dubé reform in brief

The Dubé reform led to the creation of Santé Québec on April 29, 2024. Nearly a year and a half later, where are we?

Santé Québec has a mission to coordinate activities in the field, leaving the Ministry of Health and Social Services (MSSS) solely responsible for political orientations and programs. **It is therefore unclear who does what.**

Santé Québec is now the employer of the 350,000 employees in the health and social services network (RSSS). **The organization of the territory as we know it remains intact as a sub-structure of Santé Québec.**

The structure is huge and there are more decision-making levels.

Private subsidized institutions and northern institutions are not affected and therefore continue to operate as before.

The organization of work remains largely unchanged.

There were to be major changes in the way collective bargaining was organized and a thorough review of union structures and job categories. However, Minister LeBel backed down on this aspect and maintained the composition of class 1. **Respiratory therapists and clinical perfusionists therefore remain members of the FIQ.**

Reforming healthcare: social mission or accounting logic?

Since the RSSS was set up at the turn of the 1970s, reforms and policies have systematically been presented from the angle of improving access to care. However, the same issues are still criticized: labour shortages, long waiting times in emergency departments and difficulties in accessing front-line care. What explains this stagnation?

To answer this question, we must ask another: what do the outpatient shift under Minister Rochon and the Couillard, Barrette and Dubé reforms have in common? Economic objectives dressed up as promises to improve public services. All recent reforms in the RSSS were deployed in parallel to waves of major budget cuts, which make it difficult to achieve the objectives of improving the network.

By encouraging a smaller role for the government and greater role for the private sector, in addition to seeking profitability, governments barely uphold their promises of care accessibility and universality. Focusing on the performance of the private sector in health care means agreeing to have profitability drive decisions and priorities, which, in addition to excluding people, means increasing the workload, which has been growing for decades.

RSSS reforms will be ineffective as long as economic objectives are behind the decisions being made. For a reform to be beneficial, the sole objective needs to be care accessibility.

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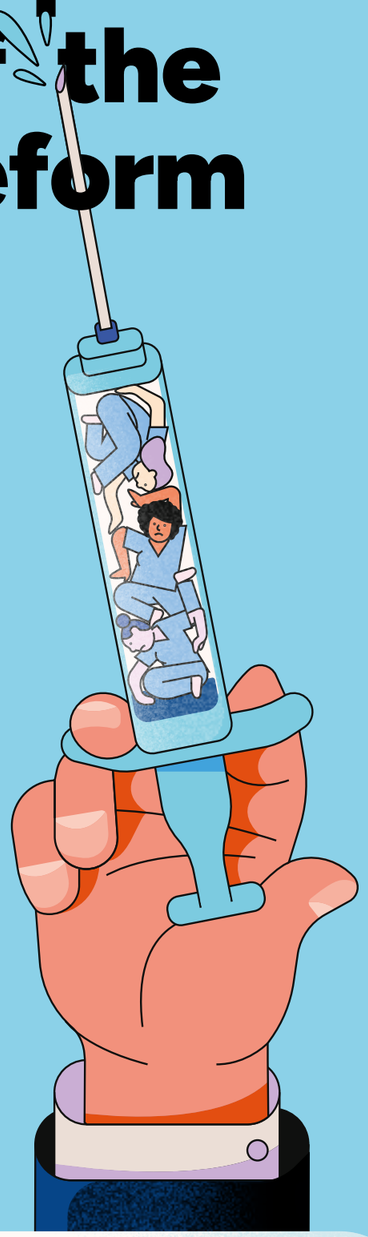
Impacts of the reform



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01. CENTRALIZATION

The Dubé reform is the biggest centralization operation in the history of the RSSS. The government claims it is prioritizing proximity management by hiring hundreds of proximity managers and making them more accountable and accessible.

The Santé Québec superstructure and the revision of the roles and powers of the Institutional Boards of directors (IBD) have the opposite effect. We observe a distancing of care from management, which is very concerning. It is essential that the needs and issues in the field are heard and that local authorities have real decision-making power. It is key for local specificities to be taken into account, but also to ensure care quality and safety for the population.

02. PRIVATIZATION

The Dubé reform stipulates that services be provided to the population from now on by public and private institutions, without distinction. The government refused to prioritize the public network and to stipulate that Santé Québec would be a not-for-profit organization.

One thing is clear: the profitability of the private sector depends on the public health and social services network being in poor condition. The more the public network falls apart due to reforms and budget cuts, the more the population and the government turn to the private sector, which then appears as a necessary evil. However, interweaving the private sector into the public network is extremely costly for the government and the population who finance public services through taxes. Private companies charge more for the same services, in addition to seizing the public network's limited resources. As such, the solution to the problem worsens the initial situation. It's a vicious circle.

03. DEPROFESSIONALIZATION

The Coalition Avenir Québec (CAQ) is banking on what is known as "deprofessionalization" to expand the pool of people available to provide certain care or services. By relaxing professional regulations, the government is relegating certain reserved activities to less trained staff or even patients' loved ones.

The deprofessionalization of care is first and foremost a devaluation of female-dominated professions. It leads to a loss of meaning in professional practice, less autonomy and a heavier workload, since it is often healthcare professionals who have to take responsibility for the activities carried out by the staff.

By focusing on deprofessionalization, the government is placing the burden of care accessibility on the shoulders of healthcare professionals and families. As such, it is removing its own accountability for its obligations, which of course has impacts on the care and services provided to patients.

04. EFFICIENCY

The government wants to make the public network more "efficient." This managerial vision of care relies on performance indicators set by the MSSS and Santé Québec, which are far from the concerns of healthcare professionals and patients. Achieving these targets is difficult without affecting the quality and safety of care.

This type of management generates an additional workload for healthcare professionals who from now on must complete even more administrative tasks to satisfy senior management's Excel tables. If they are busy demonstrating their performance, they are less available to offer care.

What indicators can be used to measure the comfort, attentiveness and empathy needed to provide comprehensive, humane care? By focusing on performance, governments make a major piece of the work invisible even though it is essential to patients' recovery.

55 YEARS OF HEALTH REFORMS

The health network has undergone several reforms in the last 55 years, reforms that have had major impacts on the work of healthcare professionals. With the Dubé reform, we are witnessing the culmination of these major reforms, which are unravelling, law by law, the very foundations of the RSSS.

UNDERSTANDING PAST REFORMS TO FACE TODAY'S REFORM.

CISSS: Centres intégrés de santé et de services sociaux

CIUSSS: Centres intégrés universitaires de santé et de services sociaux

CLSC: Centres locaux de services communautaires

SMC: Specialized medical centre

CSSS: Centres de santé et de services sociaux

FMG: Family medicine group

RAMQ: Régie de l'assurance maladie du Québec

ARHSSS: Act respecting health services and social services

IL: Independent labour

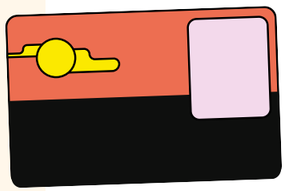
MSSS: Ministry of Health and Social Services

1970

Creation of the RAMQ

Adoption of the ARHSSS
Creation of the MSSS and CLSCs

It was the beginning of the public network which aimed to offer health care that is **accessible** to everyone. CLSCs were created to provide front-line care in communities.



1990

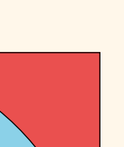
Côté reform

Regional boards
Decentralization
Participatory governance

After the Rochon Commission, an attempt to modernize the health network began. The government wanted to decentralize the system and give more decision-making power to communities. Even then, they wanted to relieve overcrowding in emergency departments and the government cited the **labour shortage** as a major challenge.

1995

Rochon reform



Outpatient shift
Budget restrictions
Massive retirements

The organization of the network is now focused on reducing the length of hospital stays and bringing care and patients closer together. The money freed up by reducing hospital services is not being reinvested in local care, and the government claims that there are suddenly **too many nurses** in the network.

2003

Couillard reform

Mergers (from 4,592 to 182 institutions)
Austerity
Privatization (FMG, SMC and public-private partnerships)

The grouping of institutions into CSSSs provided a lucrative playground for a number of private companies that appropriated public resources through subcontracting agreements.
The integration of the quest for performance and principles of competition clearly worsened working conditions in the network, particularly under Minister Yves Bolduc.

IT ALSO MADE IT POSSIBLE TO MISUSE PUBLIC FUNDS!

Arthur Porter

2015

Barrette reform

Mergers (from 182 to 34 institutions)
Austerity
Centralization of decisions
Disorganization

CISSSs and CIUSSSs were created and became mega institutions where power was centralized. The reform aimed to reduce administrative costs and increase the network's efficiency. Healthcare professionals' workload increased, and services were cut.

2020

COVID-19 pandemic

Governing by decree
Outrageous mobility
Huge expansion of the private sector and IL

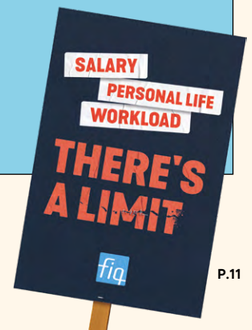
The government took advantage of the health crisis to appropriate powers and centralize decision-making in the health sector, creating appalling working conditions and a mass exodus of healthcare professionals, in particular to the private sector and employment agencies.

2023

Dubé reform

Mergers (from 34 to 5 institutions)
Privatization
Austerity

The creation of Santé Québec was the ultimate merging of institutions: unprecedented centralization in the network. The role of private for-profit companies has been formalized, and the structure made more complex, all against a backdrop of unprecedented budget cuts. The government is citing a labour shortage yet is cutting jobs.



WORKFORCE SHORTAGE OR HEALTHCARE PROFESSIONAL EXODUS?

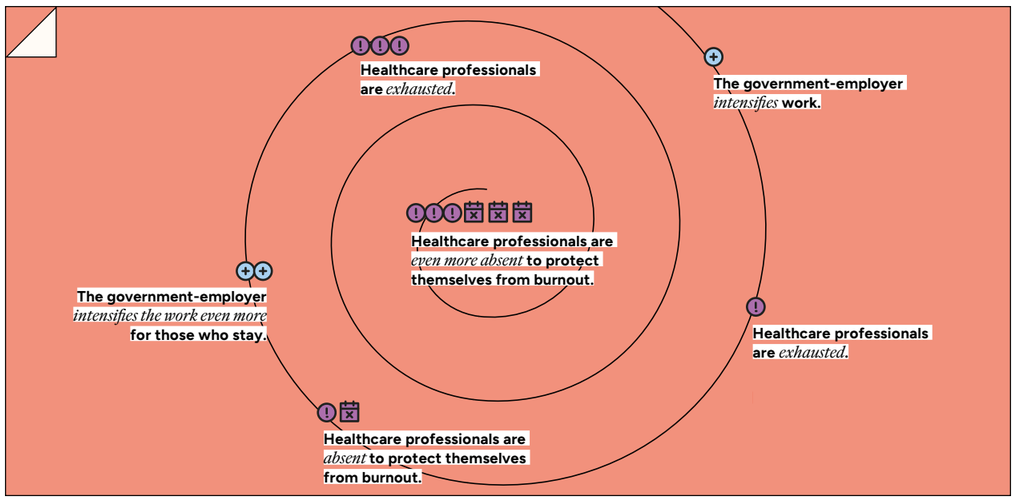
The healthcare professional shortage is a reality that affects work in the field. To justify this situation, the government claims there is a "labour shortage," which allows it to absolve itself of responsibility for the catastrophic state of the RSSS. By saying there is a shortage, it frames the problem as inevitable rather than as the result of many years of bad political decisions.

The vicious circle of the intensification of work

In reality, since 1990, governments have turned to a management approach that aims to "do more with less" to not "waste" resources. That means teams are intentionally minimally staffed, there's an intensification of work for healthcare professionals and a drop in care quality for patients.

By seeking to avoid "waste," managers are encouraging the exodus.

SO, THE HEALTH NETWORK IS FACING A WORK CRISIS.



Some data on the exodus of healthcare professionals

The exodus

1992 **85%** — 2022 **72%**

Nurses in the public sector

The number of nurses registered with the Ordre des infirmières et infirmiers du Québec (OIIQ) has been increasing for several years. But more and more are leaving the public network: their presence in the RSSS dropped from 85% to 72% between 1992 and 2022.

The shortfall

10,800

nurses would be working in the RSSS today if the proportion from 1992 had been maintained.

This would have been a significant help given the ageing population and increasingly complex care needs!

The next generation

+100 **-43**

43% of nurses under age 35 who entered the profession in 2022 left in the same year.

This data is worrying regarding the retention of the next generation of nurses.

DID YOU KNOW THAT?

Since 2018, nearly 20 clinical perfusionists have left Quebec to go practice elsewhere.

Considering that there are approximately 75 in the RSSS, this number represents a significant exodus. They leave because of the major pay gap with Ontario and the United States, and the extremely difficult working conditions in Quebec. For example, they are often obliged to work intensive on-call hours in addition to their regular work schedule.

Other impacts of the work crisis

The work crisis is also reflected in the obligation for healthcare professionals to perform **"any other related tasks"** at the request of employers. Respiratory therapists experience this with the infamous 'technical units,' statistics they are required to compile but which add no value to patient care.

The impacts of this crisis are being felt in occupational health and safety: the number of licensed practical nurses absent due to disability and workplace accidents is alarming, and inadequate risk prevention by employers is partly to blame.

Courageous political choices to break the vicious cycle

To put an end to the exodus and other consequences of the work crisis, we must stop using the "shortage" as an excuse for inaction. By prioritizing adequate workforce planning, in particular through the implementation of **safe ratios** and good working and practice conditions, decision-makers would be focusing on long-term solutions to break the vicious cycle.

It's a political choice that requires courage, no doubt about it! The FIQ will continue to fight to build a quality health and social services network.

Testimonial | CAREGIVING

THE INVISIBLE COST OF AUSTERITY

When the government disengages, who pays the price?

Often women do. They use more public services and more of them work there, so they pay twice instead of once. This reality hits health-care professionals hard, as they have to deal with an additional workload in the institutions, while also providing more care in their family, with ever less government support.

Women represent:

75%
of staff in health sciences

80%
of employees who provide care

75%
of people who stay in long term care facilities

75%
of people who are informal caregivers and volunteers

Billions of dollars are “saved” per year thanks to women's unpaid work in Canada.

Health network reforms are often paired with austerity measures and the Dubé reform is no exception. To talk about the reality of caregivers in times of austerity, Murielle Placide spoke about her experience as a licensed practical nurse and caregiver.

Murielle Placide
Licensed practical nurse
CAREGIVER

Murielle Placide wears many hats: she's the mother of two children, a union rep, feminist and anti-racist, community radio host, volunteer, licensed practical nurse with experience in CHSLDs, hospital centres, CLSCs, home care and on a float team. She is also a cancer survivor and has been a caregiver for 16 years to her son Fabrice who has a mild intellectual disability and several health issues. It was her commitment to social justice that guided her in her life choices and toward her profession, but the birth of Fabrice was a decisive turning point for her.

“You don’t choose to be a caregiver. It's a commitment that comes with the emotional bond you have with the person, you are responsible for their well-being. As time went by, I found myself planning everything but, to be honest, I wasn't prepared to take it all on, even though I'm very proud to have my son with me.”

In her view, a caregiver’s tasks are multiple, often invisible and begin long before the first diagnosis. She had to go through several people before finally getting answers to her questions, and she had to insist every step of the way. The process was painful and fraught with grief.

Home support, social workers and family support programmes give her a bit of a break, but she is critical of the current approach. **"Because of the waiting lists and lack of resources, home support is focused on making families independent, and as I work in the health sector, a number of tasks are delegated to me, but there needs to be more support.”** In the current climate of austerity, the criteria for obtaining help are multiplying, and her home support has dropped from 10 hours and 15 minutes to 5 hours and 45 minutes a week, which is not enough for the scale of her son's needs.

However, she insists on the importance of her support network and would like to send a message of solidarity to all healthcare professionals who are going through a situation similar to hers. **"To all those who live the role of caregiver in the shadows, who manage without complaining, who endure without cracking and above all with resilience: you are not alone. Our silence speaks, our actions count, and our wounds deserve to be seen, heard and respected.”** Resources are available to support family caregivers and healthcare professionals who want to provide them with better support.

Learn more ↓

Practical information: overtime and retirement

The *Act respecting the Government and Public Employees Retirement Plan* (RREGOP) stipulates that only base salary is eligible for the calculation of the retirement pension. Overtime is not taken into account, even for a healthcare professional working overtime at a single rate for less than 40 hours a week.

Why isn't overtime eligible? RREGOP uses the average salary of an employee’s best five years to calculate their pension. By including overtime, which can vary from year to year, the calculation of the pension could be inequitable between plan members. So, a healthcare professional could work more or less overtime during her best five years and get a higher or lower pension than what she contributed during her career.

How is the base salary calculated? For a healthcare professional with a regular 37.5-hour workweek and whose hourly rate is $40, the annual base salary is:

37.5 h × $40 × 52 weeks

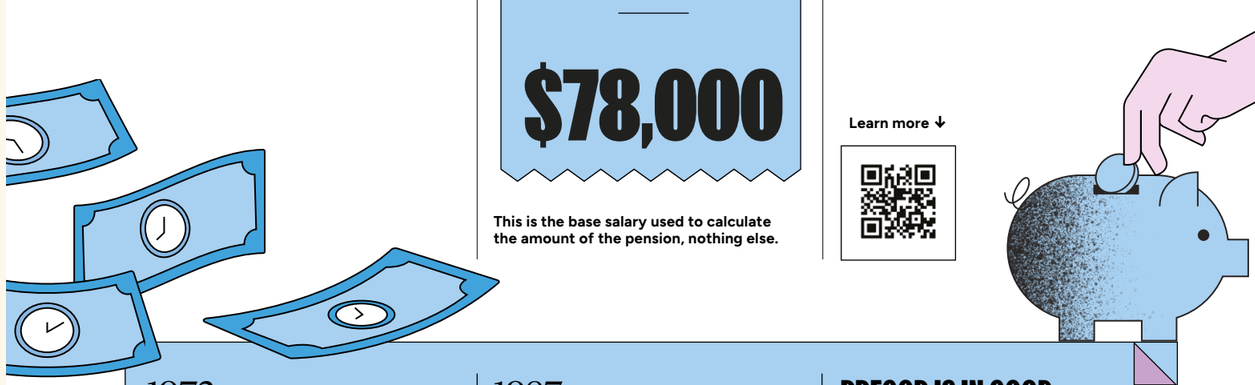
$78,000

This is the base salary used to calculate the amount of the pension, nothing else.

A tip! Save a portion of your gross income above your base salary in retirement savings, for example with your financial institution or with the Fonds de solidarité FTQ, to balance your income throughout your life.

Your local union team can answer your questions on retirement and give you information on the RREGOP training that the FIQ offers.

Learn more ↓



1973

Following the provincial negotiations, the creation of RREGOP guaranteed a life-long pension for employees of the government and eligible public organizations.

1987

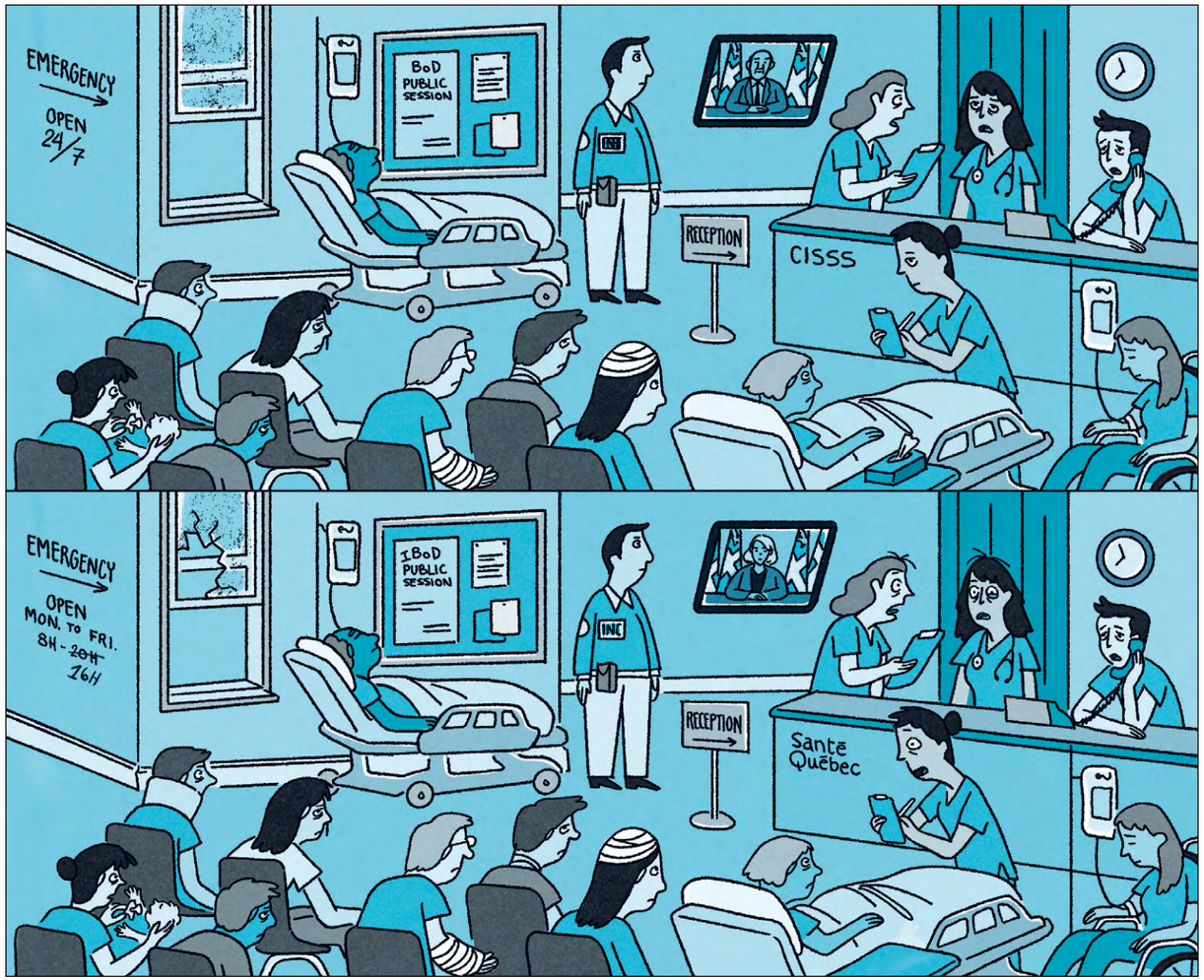
Union battles made it possible to include occasional employees in RREGOP.

RREGOP IS IN GOOD FINANCIAL STANDING.

The schedule increase for all healthcare professionals to 37.5 hours per week in 2021 and the cumulative salary increases are beneficial for retirement.

Find the 10 differences

Before and after Santé Québec
You have to concentrate to see the changes! **There are 10 differences in these two images.** Get out your magnifying glass and grab a colleague's pencil to find them.



Answer key (left to right)

1. The schedules of several regional emergency departments are reduced and patients are redirected to city centres.
2. Windows break (or shatter) and infrastructure continues to deteriorate due to lack of funding.
3. The Boards of Directors (BoD) become the institutional Boards of Directors (IBoD).
4. The security guard was hired through a private firm.
5. Christian Dubé passes the puck to Geneviève Biron to announce the budget cuts.
6. The CISSS logo is changing to the Santé Québec logo.
7. The boxes of tissues disappeared. Long live austerity and penny pinching.
8. Healthcare professionals are burned out.
9. Healthcare professionals are burned out.
10. Healthcare professionals are burned out.

CAMPAIGNS UNDERWAY

↑
New FIQ Executive Committee

13TH CONVENTION

The FIQ's 13th convention was held from June 2 to 6, 2025. On this occasion, your union representatives discussed orientations, courses of action and priorities that will guide their work in the coming years.

Three major themes structured the reflections:

> **Power over our future**, which highlights the need to give healthcare professionals real power over their working conditions and expertise, in a context where healthcare reforms have centralized decision-making;

> **Women of conviction**, which highlights the importance of member politicization, social justice and solidarity in the face of societal challenges;

> **The FIQ is looking to the future**, calling us to anticipate changes in the world of work and to defend a bold and inclusive union vision.

The convention was also a time to elect the members of the committees.

Learn more ↓

LOCAL MOBILIZATION: A GAIN TO HIGHLIGHT

Thanks to the mobilization of its members, the Syndicat des professionnelles en soins de la Capitale-Nationale, affiliated with the FIQ, succeeded in setting up a pilot project to create six night-shift positions with atypical hours. In addition to offering attractive working conditions, these new positions will put an end to the mandatory on-call duty for several care teams. This is a union gain that must be celebrated, especially with the current budget cuts.

We applaud everyone who mobilized for their working conditions or in solidarity for their colleagues!

↑
"No to nightshift on-call duty" The union-led campaign denounced the forced 24/7 on-call duty on certain home care teams, which violated the collective agreement.

ARE YOU LEADING AN INSPIRING LOCAL INITIATIVE?

Make it known by sending us the details at **courrielmagazine@fiqsante.qc.ca**! It could be highlighted in a future edition.

Learn more ↓

ESTATES GENERAL ON UNIONISM

The FIQ joined eight other labour organizations to build the future of unionism through the Estates General on Unionism. At the heart of this approach: a deep and honest conversation about our collective future, discussions about the modernization of union approaches to better respond to workers' expectations and to strengthen their power to act faced with the new realities in the labour market.

ANYTHING BUT ~~HEALTHY~~

The FIQ is actively involved in the campaign "La réforme Dubé, tout sauf santé," a campaign supported since 2023 by several union and community organizations. Its aim is to reveal the risks associated with the excessive centralization of institutions and the consequences of increased privatization in the health and social services network.

Learn more ↓

MANDATORY OVERTIME

For several years, the FIQ and its members have been denouncing the use of mandatory overtime (MOT) as a management method to compensate for poor resource planning and budget cuts. Collective action resulted in $7 million being set aside to settle nearly 30,000 MOT grievances, as well as the inclusion of a statement of principle limiting MOT to urgent and exceptional situations in the collective agreement. A tool to aid in decision-making is available on the FIQ's website to help you set your limits if your employer tries to force you to do MOT.

Credits

Political Officer – Julie Bouchard, President

Editorial management and writing – Mathilde Lafortune, Marie Eve Lepage and Véronique Tremblay-Chaput, Union Consultants, Communication Service

Coordination – Marie-Claude Nault, Coordinator, Sectors and Services

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