



Working conditions: the FIQ demands

The COVID-19 crisis has shown that the healthcare professionals' long-standing demands are relevant and we need to find solutions to the crippling problems in the healthcare network quickly.

For the FIQ, the sectoral priorities in the negotiations remain the same:

- Health and safety at all levels;
- Attraction and retention of healthcare professionals in the network.



Based on these priorities, the Negotiating Committee, in collaboration with the Negotiation Council, has mounted a sectoral counter-proposal from the FIQ. These demands related to the working conditions were presented to the representatives from the Conseil du trésor, on June 1, 2020.

The FIQ is ready to negotiate its members' working conditions now, at a steady pace and in good faith.

Hereafter are the FIQ demands, contained in the sectoral counter proposal.

Theme: Stabilization of the teams and overtime

1 Make full time attractive by installing a 12% premium that can be converted into a paid day off

Pay a 12% premium to all employees with a full-time position or full-time assignment. This premium could gradually be converted into a paid day off in order to work nine days in a two-week period. All healthcare professionals who work part time must also have the chance to become full-time employees.

2 Harmonize the workweek at 37.5 hours for everyone

Standardize the workweek at 37.5 hours a week for all nurse, licensed practical nurse, respiratory therapist and clinical perfusionist positions. This change will increase both the care hours provided to patients and the healthcare professionals' remuneration whose hours would be increased.

3 Roll out safe healthcare professional-to-patient ratios in CHSLDs during the collective agreement

Gradually roll out safe healthcare professional-to-patient ratios during the duration of the collective agreement in residential and long-term care centres throughout Québec. The roll-out would be in Emergency Departments and medicine-surgery in institutions without a CHSLD, based on an evaluation of the needs by the local parties.

The objective is to negotiate safe healthcare professional-to-patient ratios in the collective agreement. These ratios in the collective agreement must then be respected failing which the union can intervene to force the employer to respect them.

Based on the experience from the ratios projects, the FIQ believes that this gradual implementation is not only possible, but also beneficial in the short, medium and long term for healthcare professionals and patients. It is a viable solution for the problems in the network.

4 Apply Article 19 of the provincial collective agreement on overtime compensation to all healthcare professionals

Pay all employees with a university degree at the overtime rate when they work overtime after the regular workday or workweek, on a level playing field with other nurses, licensed practical nurses, respiratory therapists and clinical perfusionists.

5 Create a clinical perfusionist assistant to the immediate superior job title

That the Ministry of Health and Social Services agree to table a project to modify the list of job titles creating a clinical perfusionist assistant to the immediate superior job title. The job title, description and ranking will be determined during the work on the mechanisms for modifying the list of job titles.

6 Create assistant-head-nurse in a northern clinic, nurse clinician in a northern clinic and nurse clinician assistant-head-nurse in a northern clinic job titles

That the Ministry of Health and Social Services agree to table a project that modifies the list of job titles creating assistant-head-nurse in a northern clinic, nurse clinician in a northern clinic and nurse clinician assistant-head-nurse in a northern clinic job titles. The job titles, descriptions and rankings will be determined during the work on the mechanisms for modifying the list of job titles.

7 Simplify the notion of a rotation cycle

Modify how to pay the rotation premium to all employees with a rotation position in the following manner: for every evening or night shift worked, an employee will be paid 50% of the associated premium (evening or night) for an equivalent number of day shifts worked.

8 Adjust the remuneration for candidates to the practice of the nursing and licensed practical nurse professions and specialty nurse practitioner candidates upwards

Pay the employee who becomes a CPNP, CPLNP or SNPC at least as much as the salary she earned in her former job title in the healthcare network. Maintain this salary until she integrates the nurse, nurse clinician, licensed practical nurse or specialty nurse practitioner salary scale.

This salary must also be retroactive to the scheduled date of exams that were postponed because of the health emergency, which was March 21, 2020 for CLPNPs, March 30, 2020 for CPNPs or SNPCs and the date a respiratory therapist received her DEC.

9 Install prevention measures in occupational health and safety

Include in the collective agreement the application of the sections in an Act respecting occupational health and safety (OHS Act) that stipulate an occupational health and safety prevention program, including a health and safety committee and safety representative. This is sections 74, 78, 79, 87 and 90 in the OHS Act.

10 Install prevention programs for remote regions

That the parties agree to implement mechanisms for remote regions to prevent accidents, ensure employees' safety, promote health and safety, both physical and psychological, and monitor and foster healthy and safe workplaces and employees' housing.

11 Ensure employees' health and safety during outbreaks of infections in care settings

That the employer supply and maintain uniforms for employees and personal protective equipment (PPE) during outbreaks of infection in care settings in the centre of activities where the employee is assigned.

12 That the employer pay the professional order or association fees

That the employer reimburse the entire annual fee as well as the professional liability insurance part that every healthcare professional must pay to her respective professional order or association to which she must belong to practise her professional activities.

13 Double the employer's group insurance contribution and adjust the \$7.31 M available for the FIQ based on the number of members

Double the employer's participation in the basic drug insurance plan and adjust the amount paid by the Conseil du trésor as a contribution to the health insurance plan because the number of FIQ members has increased.

14 Automatically recognize the bachelor's degree for nurses (Letter of Understanding No. 3) and recognize training whether required or not

That an employee with a Bachelor of Science in Nursing or a bachelor's degree with three eligible certificates, at least two of which are recognized in nursing, is classified in the nurse clinician job title.

That all postgraduate training in care or related to the profession is recognized for the additional remuneration for all job-titles groups.

15 Enhance the specialty nurse practitioner (SNP) profession

1. Review the value of the SNP job

Undertake joint work with the Conseil du trésor to carry out the job evaluation system with 17 sub-factors, taking into account the value of advanced graduate degrees, and re-evaluate the job based on these new provisions.

2. Pay for continuing education

Create a provincial fund to defray the costs of training for the SNPs, their remuneration during the training activities as well as a sufficient number of leaves.

3. Implement a local watchdog committee on the SNP practice

Implement a committee composed of one experienced SNP, one physician working with a SNP or another medical representative, one representative from the nursing department and human resources and one union representative. The committee's mandate will be determined by the provincial parties, but could be to facilitate the SNP's integration, contribute to their evaluation, ensure consistency in the practice over the territory, review the medical partnership agreements to ensure consistency or compliance or even to ensure full roll out of Bill 43 recently passed which gives greater professional autonomy for better access to care.

16 Double the weekend premium

Double the weekend premium from 4 to 8%, calculated on the basic daily salary increased by the supplement and additional remuneration, if applicable.

17 Pay the evening premium as of 14:00 for healthcare professionals working 12-hour shifts

Pay the employee subject to a compressed workweek schedule and working all or part of her service between 14:00 and 08:00 a premium of 4% of the basic daily salary increased by the supplement and additional remuneration, if applicable.

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

Pay this premium to all healthcare professionals who work in long-term care or with clientele presenting severe behaviour disorders (SBD), without conditions.

19 Standardize the orientation or training premium at 5%

Pay this premium when healthcare professionals assume responsibilities linked to the orientation or training of one or several employees or interns, for nurse, nurse in a northern clinic and respiratory therapist job titles, based on the principle of equity.

20 Broaden the critical care and specific critical care premiums

Add aero-medical evacuations, anti-poison centres, electrophysiology and obstetrical units to the centres of activities where the critical care or specific critical care premium is paid.

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

Replace the calendar days of leave by workdays of leave. The days of leave can be taken separately at the employee's convenience between the day of death and funeral.

22 Create an inter-round committee on the updating of the collective agreement

Create an inter-round committee with a mandate to begin the work on updating the collective agreement, reviewing the dispute resolution procedure and ensuring that the collective agreement allows for adequate duty of representation. This way of doing things avoids once again postponing the work on updating the collective agreement with regard to new laws passed by the Government of Québec. A joint report will establish recommendations that could amend the existing collective agreement.

The status quo will apply for all working conditions not affected by one of the preceding proposals. The letters of understanding will be renewed.

Several other APTS-FIQ Alliance demands



All demands affecting salary, parental rights, retirement and regional disparities are developed in the alliance with the APTS. A counter-proposal will also be presented shortly to the employer party on these intersectoral matters. The APTS-FIQ Alliance represents 131,000 professionals and technicians in the health and social services network.

The next issue of the Info-Négo bulletin with the intersectoral demands will be published online very soon.



To read all the Info-Négo bulletins and follow the progress of the provincial negotiations, go to fiqsante.qc.ca/nego2020

