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Action

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A renewed Federation



**The President,
Lina Bonamie, opened
the last regular Federal
Council of the year with
the wish that it be a
source of motivation,
for all delegates, for the
work they will have to
accomplish in the course
of the coming year.**

***"We are in a situation of
shortage, the government
is pursuing its work
of demolition of public
services and we are
consolidating our new
union force. We are
therefore obliged to act
on several fronts,"
she reminded.***

She pursued with a presentation of the priorities identified by the Executive Committee for the year 2006. "FIIQ+ is in a period of transition and transformation, this is why the Federation wants to make union life and local negotiations a priority. Priority actions will also respond to the political context that calls for actions to stop the Charest government's determination to introduce two-tier medicine in Quebec."

"With the creation of new health and social services networks, numerous changes in the organisation of work are arising. Union representatives will have to speak out to ensure that reforms not only reflect the employers' views, but that they respond to the needs of health professionals delivering the services. This will be the first time we assemble in nurse, nursing assistant and respiratory therapist commissions to discuss this changing context."

"Moreover, decisions will have to be made regarding the renewal of the group insurance plan for 2006, priority actions and the financial forecast. We will also have the privilege of having three very inspiring guests who will give us an opportunity to take stock of the situation with regard to violence at work, the mobilisation of women and the challenge raised by the privatisation of the Quebec health-care system."

Madam Bonamie also reminded delegates that three projects were adopted at the last convention: Solidarity, Alliances for gender equality and the New generation and activism. "On Friday, we will launch the work of the Solidarity project and we will have the opportunity to see a video in which union representatives deliver accounts of important moments of solidarity in the struggles of the Federation. I hope that it will give rise to reflections that will continue and that will develop solidarity which is so essential at a time when things are so rough for unionism."

In closing, the President described the meeting as enriching. "At this Federal Council we discussed important issues, crucial questions and union activities on which we will work in the course of the coming year. At this time, bargaining talks are continuing and we still hope to obtain a negotiated settlement before Christmas. This is why it is important to take an active part in the action plan in order to demonstrate to the government that nursing and cardio-respiratory care professionals support the Negotiating Committee and that brandishing the threat of a decree is not acceptable in the current context."

"Today, December 2 is a memorable day in the history of the Federation since it is the anniversary of its foundation. Eighteen years, is this not the legal age? What a coincidence! It is the age of changes, new challenges and emancipation. I would therefore like to conclude by saying that beginning today, we will speak on behalf of FIIQ+ and the health professionals that we represent. Time has come to stop listing all the job titles, nurse, nursing assistants, respiratory therapists, perfusionists, and to speak on behalf of all the health professionals that make up the new Federation."

Happy Holidays!



Interesting and inspiring conferences



“Women have not said their last word”

A special edition of the magazine *La vie en rose* has just been published in order to put feminism back on the agenda. The 15,000 first copies disappeared within 36 hours. H el ene Pedneault, from the editorial team, came to speak to the delegates on the situation of women in Quebec which, still today, is far from rosy.

In a most colourful speech, Madam Pedneault began her conference with a weather forecast for women. A forecast which is not great but which is worth examining. She made many remarks. Of these, a few are particularly striking: “Women have difficulty being proud of what they do, they do not always dare to set themselves off to advantage and, above all, they are not aware of the power they have.”

“What should we do to improve the weather forecast for women and speed up the movement of change because we are tired of repeating the same things over and over?” she asked delegates. Here are a few of her recommendations:

“Without ceasing to be demanding, we must do so with moderation and not ask for the impossible from women that bring women’s struggle on the public scene. There are so few of them ... »

“We must learn to do one thing at a time and not three things at a time, because we are never paid for the other two. Men have known this for a long time.”

Delegates saw that this writer, a feminist, fierce critique and advocate of independence, can be quite thought-provoking. A good example of a woman who has not said her last word.

The members of the Women’s Network of the Federation had the opportunity to talk with Madam Pedneault at their lunch meeting during the Federal Council.

A faulty interpretation of the Chaoulli decision

In the December 2005 issue of *FIIQ Actualit es*, the Federation discussed the impacts of the Supreme Court decision in the Chaoulli case. Marie-Claude Pr emont, Associate Dean of Graduate Studies at the Faculty of Law of McGill University, concerned about the interpretation given to the Chaoulli decision by the government, came to speak to the delegation, representing the *Working Group on the Quebec Health-Care System*.

According to Professor Pr emont, nowhere does the judgement impose a privately funded health-care system that would be allowed to use human and material resources from the public system. The Working Group, composed of over 30 academics, physicians and other health-care professionals, puts forward seven proposals which will allow a concerted response to the judgement by addressing the unacceptable waiting times singled out by the Court, while keeping Quebec’s public health-care system intact. The first proposal is designed to ensure free and public coverage of all medically necessary services, whether or not they are rendered in a hospital. The second demands the revision of budget restrictions in the health-care system which unnecessarily limit the use of otherwise available human and material resources.

The third proposal is to continue discussions about appropriate levels of capping of physicians’ revenue in order to increase their availability so as to better respond to the needs of their patients. The three other proposals are to maintain the category of non-participating physicians and the principle that physicians must choose to either work exclusively in the public sector or be entirely excluded from it; to cap non-participating physicians’ fees to the level of those set for participating physicians; to reserve equipment in public institutions for the exclusive use of participating

physicians. Finally, the last proposal is designed to ensure public and transparent reporting of waiting lists and take active measures to provide physicians, patients, health institutions and case administrators with information and referral services.

In closing, several delegates shared the same fears and supported the objectives presented by Madam Pr emont, that is to ensure universal accessibility to high quality, public health care and health services and reduce waiting times throughout the system. We must follow this issue closely since a legislative committee has been announced and the bill is scheduled to be passed in June 2006.

Violence at work and “hyper-conflicts”

Violence at work is a reality for at least one third of health professionals. As a matter of fact, the Federation has made it one of its negotiation priorities.  eric Plante, research professional at the *Chaire en gestion de la sant e et de la s ecurit e du travail de l’Universit e Laval*, came to speak to delegates on the phenomenon of violence at work and on the distinctions between psychological harassment at work and “hyper-conflicts.”



SOLIDARITY PROJECT

It is with great enthusiasm that the Executive officer responsible, Brigitte Fauteux, accompanied by the consultants, Francine Roberge, from the Union Organizing Service, and Florence Thomas, from the Health-Care Sector, launched the Solidarity Project. She reminded delegates that at the time of the last Convention, it was decided to create a space where we could share analyses and values, reflect on the major union, social and political issues, and propose action strategies. Three projects thus came to be: Solidarity, Alliances for Gender Equality and New Generation of Activists.

A PROJECT COLOURED BY THE COMING STRUGGLES

We must counter the solidarity crisis engendered by the advocates of neo-liberalism and it is crucial, in the context of the Quebec and local negotiations, that we consolidate solidarity between health professionals. Thus, delegates were invited to think on how to revitalize and give form to solidarity, not only within our ranks, but also outside our ranks.

To launch the debate, delegates viewed a video entitled *L’engagement* (Commitment). Produced by the FIIQ as an animation tool for the training session on *Introduction to union life*, the video portrays union activists who give first-hand accounts of the commitment and solidarity over the years. Afterwards, many delegates remembered important struggles that changed the course of things for Quebec men and women workers.

Work has begun

Many delegates stressed the importance of making known to the young and less active members the struggles and gains of the past in order that they may understand that the current working conditions were won through long battles and solidarity. Others stressed the fact that it is important to develop solidarity as unionized employees and health professionals. Finally, some delegates pointed out that we should advocate a sort of union practice tinted by the fact that the organisation is composed of a majority of women.

Delegates noted that the trend to the privatisation of health services makes solidarity imperative. They also highlighted the setbacks in union rights and the rights of women, the creation of new unions and the decentralization of the negotiation at the local level. Finally, the environment was added to the list of important current issues.

A DISCUSSION TO BE PURSUED

The discussion will serve as a basis for the pursuit of the work of the Solidarity project at the next regular Federal Council meeting. Moreover, since this is a priority adopted at the last Convention, delegates will be called upon to reflect on the conditions that are necessary in order for this solidarity, respectful of differences, to become a reality for members, especially by the creation of a Union Defence Fund.

PRIORITY FOR 2006: PRESENT, STRONG AND ACTIVE UNION LIFE

The Secretary of the Federation, Suzanne Lavoie, accompanied by Daniel Gilbert, executive officer in charge of the Labour Relations Sector, presented to delegates the priority actions for 2006 and the regular action plan for the work performed by each of the sectors and services of the Federation. She stressed the importance of not forgetting that we are presently in a social and political context where the neoliberal ideology has more and more followers and where talk of government decommitment and public-private partnerships is progressively making its way in the various social groups of society. Although the proposed action plans are drawn up at a time when the union affiliation votes are almost over, FIIQ+ is still, within its ranks, in a period of transition and transformation. This is why delegates voted that the Federation adopt the action priority for the year 2006 be union life.

High time to speak out

Once again this year, neo-liberal forces are more present than ever before. Indeed the Charest government is no longer alone in announcing disaster for public finances and demographic apocalypse since several personalities from the business community are defending the same line. This fear talk provides fertile ground for short-sighted solutions: lowering income taxes, opening up to the private sector, identity control, inflexible budgetary framework, etc.

For the past few years, the FIIQ has worked to make health professionals more aware of the effects of neoliberalism and has favoured their intervention at the local, regional and Quebec levels. For delegates, the priority actions adopted are a practical expression of the will to continue to resist, develop alliances and speak out.

This year, the reorganisations engendered by Bills 25, 30, 83 and 90 will all take form and this will be an opportunity for the Federation and its members to participate in the implementation of the integrated networks, the organisational and clinical projects, and the local collective agreements. It will be a moment of choice to assert our role as essential partners. Health professionals will have to be on all forums in order to influence the decisions that will be made and develop an organisation of work that is stimulating and valorising.



A multifaceted union life

The socio-political context and the reality of the new unions and the new networks pose several challenges. The choice of priority actions are thus designed to support the local teams and rally the Federation's militant forces around common objectives and collective actions.

Five priority actions accompanied by objectives and activities have been identified in order for the *union life* priority to take on its full meaning and its full force.

● SUPPORT TO LOCAL TEAMS

Activities have been identified in view of ensuring that union life be present, active and strong, developing a sense of belonging to the new organisation and reinforcing the trust of members and local teams in their knowledge, their capacity to act and their bargaining power.

● NATIONAL NEGOTIATIONS AND PAY EQUITY

The Federation intends to improve the working and living conditions of health professionals by defending the demands of its members at the bargaining table in order to finalize the negotiation of the collective agreement, by supporting mobilisation and participating in the *Intersyndicale* and the parity committees in order to complete the work on pay equity.

● LOCAL NEGOTIATIONS

In view of ensuring constant support to the local teams and local negotiating committees in their negotiations, mobilization and action, the Federation will continue the training sessions being offered to local negotiating committees and will offer the needed services for all the activities related to the local negotiations.

● MAINTENANCE OF EXISTING ALLIANCES AND DEVELOPMENT OF NEW ALLIANCES

Two objectives have been identified for this priority action: Foster the creation of internal collaboration as union members and as health professionals at the local, regional and Federation levels; expand our power to influence at the regional level.

● REINFORCEMENT OF COLLECTIVE SOCIAL THINKING

This priority action will be accompanied by interventions for the maintenance of the public health system to counter the opening of the health system to private insurers, as a result of the Supreme Court ruling in the Chaoulli case and the publication of the Ménard Report, and awareness-raising activities with union representatives on social issues.

In adopting priority actions and the organisation's regular plan of action, delegates counted on the fact that the year 2006 would most probably be one of adaptation, consolidation and development of FIIQ+ as a new union force.

Financial forecast

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The Treasurer of the FIIQ, Lise Martel, accompanied by the members of the Coordinating committee, presented the financial forecast for the year 2006, stressing from the very start that, despite a slight deficit, the Federation is in good financial health and that there is no doubt that we will reach financial balance for 2007. Indeed, during the coming year, the Federation will also have the exact information regarding the number of health professionals that it will represent since the votes on the mergers of certifications will then be completed.

The Executive Committee wanted to take all the necessary means to support the members of the local teams in developing a strong and active union life. Throughout the year 2006, sums will be invested to support the priority of the organisation, union life, and thus minimize certain negative effects of bills 25 and 30.

By presenting this financial forecast, the Treasurer made a statement on the importance of local union life, the defence of health professionals, local negotiations, the defence of health professionals and the defence of accessible and free health services. In a period when the government is withdrawing from its commitments, rights are threatened, union organisations are having a rough time, it is wise, and even necessary according to the Treasurer, to invest in order to wage the battle and support those who will be on the battle field. This is what delegates approved by adopting the financial forecast as presented.

The Treasurer also presented the financial forecast as of September 30, 2005. The audited financial statement for 2005 will be presented at the Spring Federal Council.

Nursing, Nursing Assistant and Respiratory Therapist

As pointed out in the presentation of the summary report on the commissions by the Responsible Executive Officer, Daniel Gilbert, 2nd Vice-President, accompanied by Éleine Trottier, 6th Vice-President, and Thérèse Laforest, Murielle Tessier-Dufour and Brigitte Doyon, consultants with the Task and Organization of Work Sector, the question of the organization of work is not a new concern in the FIIQ. Indeed, two conventions, briefs, training sessions, public interventions, demands and actions conducted over the past twenty years has sought to inform and raise the awareness of members and union reps with regard to the importance of taking charge of the organization of work in each unit and in each work environment.

Given the new composition of the Federation's membership and the Charest government's decisions concerning the restructuring of the health-care system, with consequences that strike to the very core of the organization of work, the delegates met in Nursing, Nursing Assistant and Respiratory Therapist Commissions to discuss these upheavals.

Fueled by a discussion document entitled *The Organization of Work in a Changing World*, the commissions steered by the Education-Animation Sector enabled the delegates to share a common vision of the organization of work, identify the goals and objectives contained in the legislation adopted since 2003 and the resulting changes, and specify the impact of these changes on the organization of members' work.

A COMMON DEFINITION

In the first place, the commissions sought not only to share a common vision and understanding of the organization of work, but to adopt a well-considered definition. The latter objective was achieved, because several delegates were familiar with the definition the Federation had adopted. Most found the proposed definition interesting and relevant because of its comprehensive and complete approach. A few delegates found it complex and in some cases restrictive.

Among the words best identifying the current reform of the health-care network, the catchiest, according to the delegates, are reengineering, restructuring and decentralization. They sometimes say they are worried, revolted, destabilized and demobilized by all these upheavals. They also expressed their intention to make the most of this reform and treat it as a challenge to be met.

Secondly, the objective of these commissions was to discuss the goals and objectives of the bills adopted since 2003 (25, 30, 83 and 90), and identify the impacts of these laws on the organization of the work of health professionals and the challenges they raise in this matter.



Respiratory Therapist Commission

Act respecting health and social services network development agencies (Bill 25, adopted in December 2003)

Act to amend the Act respecting health services and social services and other legislative provisions (Bill 83, adopted in November 2005)

THE IMPACTS OF THIS LEGISLATION

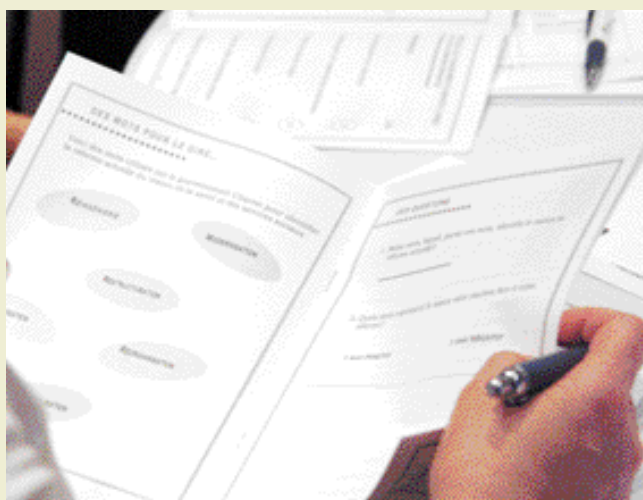
Bills 25 and 83 are intended to improve the efficiency, effectiveness and performance of the health-care network and assure better accessibility, continuity, quality, integration and coordination of health-care and services. The adoption of these bills has led and will lead to major changes: bringing services closer to the populations, reorganization of structures and practices, and facilitation of sharing of clinical information. The impacts of these changes on the organization of the work of care professionals are already being felt, particularly concerning respect for their fields of practice, the level of responsibilities, the nature and extent of interprofessional relations, and the questions of communications and mobility.

THE CHALLENGES

The creation and implementation of local networks involve a re-engineering of structures and processes, and raise major challenges for the delegates. They point out that it's easy to adopt a law, especially under closure. However, the creation of a culture specific to each network, the integration of the professional logic and the organizational logic, and appropriate and harmonious networking of services and practices are much more difficult.

When a law is adopted, the legislature can pretend to ignore, not consider or underestimate the resistance to change, the inability or difficulty to work with different players, the exclusive preserves present in certain work environments or the judicious allocation of human, material and financial resources.

Daniel Gilbert reminded the delegates that health professionals are unavoidable and essential stakeholders in the operation of the local networks and that they must put their vision forward. He also stressed the importance and necessity for health professionals and activists to play an active part in developing and implementing the clinical project within these networks.



Respiratory Therapist Commissions



Nursing Assistant Commission



Nursing Commission

Act to amend the Professional Code and other legislative provisions as regards the health sector (Bill 90, adopted in January 2003)

THE IMPACTS OF THIS LEGISLATION

The adoption of Bill 90, in 2003, is the result of a consensus among 11 professional orders. The purpose of this bill was to update the Quebec professional system. The objectives pursued were to abolish certain barriers, introduce flexibility and streamlining of the legal and regulatory framework, and increase the interdisciplinary and multidisciplinary approach.

Among the changes resulting from the adoption of this law, we note professional decompartmentalization, broadening and addition of roles and responsibilities, increased interprofessional collaboration, broadening and enrichment of competencies, and sharing of accountability and autonomy. The discussions in the commissions showed that the delegates are strongly challenged by the implementation of this legislation, but that they are not currently able to discern all the ins and outs; some discussions concerning the application and scope of this law are still ongoing among various professional orders.

However, they are aware that this legislation will change their role, tasks and functions to various degrees and that it will probably increase their responsibilities. They were also apprehensive about the tensions and frictions that such legislation is likely to engender in the work teams due to a lack of knowledge or an improper distribution by the employers of the roles, tasks and functions among the various classes of professionals.

THE CHALLENGES

Delegates are individually and collectively experiencing the challenges raised by these changes to the professional regulations. They know that they have to have one and the same objective – to use their full potential in accordance with their respective fields of practice, in order to offer quality care. In pursuing this objective, they will be able to develop mutual trust, get to know each other and recognize each other as professionals, better understand the role of each health practitioner, recognize the complementary relationship among the disciplines and, finally, share a common vision while developing new alliances.

Act respecting the bargaining units in the social affairs sector and amending the Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors (Bill 30, adopted in December 2003)

THE IMPACTS OF THIS LEGISLATION

Bill 30, imposed by the Charest government, was intended, it claimed, to improve, simplify and increase the flexibility of the organization of work, particularly by reducing the number of bargaining units and decentralizing the process of negotiation. According to many delegates, by its denial of freedom of democratic expression to belong to the union organization of one's choice, this law strikes a blow against union members and their union organization.

The adoption of this law was followed by a transition period, or rather a period of uncertainty, which generated dissatisfaction and fears among the employees concerned regarding the prevailing instability. Once the exercise of unifying the bargaining units is completed, these worries will fade away, and we should see the emergence of an ever stronger union force, thus thwarting the government's initial aims of weakening the labour movement in Quebec.

THE CHALLENGES

It is difficult to synthesize or consolidate the words expressed by the delegates. They are shaken. They know, however, that as local union representatives and as regional representatives, they must engage in battle in the next rounds of negotiations and win the game for all health professionals.

A BATTLE TO BE WON

The Charest government's reform requires that the new union organization that the Federation has now become be reshaped so that care professionals recognize themselves in it and are proud to be members.

Daniel Gilbert concluded in these terms:

"We have to build solidarity and an active union life, assure our members of quality services and engage in local negotiations that provide them with positive results. Let's not let the government win; instead let's give ourselves the means to achieve these goals by working together. All the staff of the FIIQ+ sectors and services are working to achieve this goal."

The results of each commission's discussions will allow the Federation to better define the stakes and issues currently emerging on the horizon. Based on the information gathered at the commissions, the Task and Organization of Work Sector will develop an action plan, which will be presented to the delegates at the next Federal Council.



Renewal of the FIIQ and APIIAQ group insurance plans

As each year at the December Federal Council, delegates were called upon to vote on the renewal of the group insurance plan. Remember that the FIIQ, APIIAQ and APIQ insurance contract are still in effect, and will be until the new collective agreement is signed. At that time, all the members of FIIQ-affiliated unions will be covered by the FIIQ insurance contract. This year, the FIIQ and APIIAQ insurance contracts were renewed at the same time, while the APIQ contract had been renewed last July.

The president, Lina Bonamie, and the consultants for the Social Security Sector, H  l  ne Gauvin and Francine Tisseur, had excellent news for delegates regarding the conditions for the renewal of these contracts. They began by reminding delegates of the factors that have a positive or negative impact, from one year to the other, on the group insurance rates. Inflation, utilisation of the plan and aging are good examples, as well as work overload, the government's decommitment and demographic changes.

In the FIIQ contract, the premium rates for the Basic Extended Plan III (professionals, hospital expenses, etc) and for Extended Plan II (disability) have been considerably lowered. The rate reduction is lowest in the case of long-term disability (-24%). The efforts which the Federation invested in rehabilitation certainly had a positive effect. Moreover, there will be no increase in rates for the Basic Drug Insurance plan and Basic Life Insurance. Finally, the only bad news is the increase in rates for Extended Plan I (dental care).

For the APIIAQ contract, there have been considerable reductions in the Basic Plan (drug, hospital expenses, etc.) and Extended Plan I (professionals, dental care, etc.) while there were some increased rates for Extended Plan II (life and disability insurance).

When the results of all the votes in the context of the mergers of union certifications are known, there will be a consultation among all health-care professionals represented by the Federation to enable members to take a stand on the content of the plans.

After having asked questions on the various plans, delegates adopted the conditions for the renewal of the FIIQ insurance contract. It provides for an average weighted rate reduction of 8%. As for the APIIAQ group insurance contract, there will be a 0.3% rate reduction. Here are the tables presenting the rates in effect as of January 1, 2006.

FIIQ

Summary Table – Rates in force as of January 1, 2006

PLAN	CURRENT RATES	RATES ON 01/01/2006*	VARIATION
Basic Plan			
BASIC DRUG INSURANCE PLAN **			
Individual	\$21,17	\$21,17	
Single-parent	\$34,45	\$34,45	0%
Family	\$51,67	\$51,67	
BASIC EXTENDED PLAN III			
Individual	\$4,48	\$4,16	
Single-parent	\$7,17	\$6,63	- 8,2%
Family	\$10,51	\$9,70	
Extended Plan I			
Individual	\$10,17	\$10,98	
Single-parent	\$16,79	\$18,13	+ 8%
Family	\$24,91	\$26,90	
Extended Plan II			
Member's life insurance and ADD	\$0,35/\$5 000	\$0,35/\$5 000	0%
Additional life insurance and ADD	\$0,083/\$1 000	\$0,087/\$1 000	+ 5%
Life insurance for dependent children	\$0,08	\$0,08	0%
Long-term disability	1,577%	1,188%	- 24,7%
	of the gross salary	of the gross salary	

AVERAGE WEIGHTED REDUCTION OF 8%

APIIAQ

Summary Table – Rates in force as of January 1, 2006

PLAN	CURRENT RATES	RATES ON 01/01/2006*	VARIATION
Basic Plan **			
Individual	\$31,63	\$29,22	- 7,6%
Family	\$59,11	\$54,65	- 7,6%
Extended Plans I and I+			
Extended Health			
Individual	\$3,18	\$2,67	- 16%
Family	\$5,81	\$4,88	- 16%
Dental			
Individual	\$9,54	\$9,54	0%
Family	\$22,05	\$22,05	0%
Dependents' Life	\$0,40	\$0,41	+ 2,5%
Optical Care			
Individual	\$1,62	\$1,62	0%
Family	\$4,06	\$4,06	0%
Extended Plan II			
Member's Life			
Minimum	0,163% of the salary	0,183% of the salary	+ 12,2%
Maximum	0,577% of the salary	0,647% of the salary	+ 12,2%
Member's ADD			
Minimum	0,020% of the salary	0,020% of the salary	0%
Maximum	0,060% of the salary	0,060% of the salary	0%
Long-term disability	1,838% of the salary	2,064% of the salary	+ 12,3%

AVERAGE WEIGHTED REDUCTION OF 0.3%

* Rates excluding the 9% tax.

** Rates including the employer's contribution (\$0.92 for the individual plan and \$2.30 for the single-parent or family plan).

THE NEGOTIATIONS

c o n t i n u e

This November 29, delegates were called to a Special Federal Council on the negotiations. The Executive Officers responsible for the negotiations, Sylvie Savard and Monique Leroux, accompanied by the Negotiation Coordinators, Richard Beaulé, presented a progress report on the past two weeks of negotiations. The Executive Officer primarily responsible for the negotiations, Sylvie Savard, announced to the delegates from the outset that no agreement in principle would be submitted to this Council, but that the objective of a settlement before Christmas remained. She emphasized: *“If we obtain an agreement in principle, it will be comprehensive and will contain all of the negotiated clauses, both normative and salary. It will then be your responsibility whether or not to recommend it to the members of the Federation.”*

“The main objective of these negotiations is to counter the lack of care professionals in the health-care environments. What we want is that they choose to continue caring and that there be a new generation of care professionals.”

“These negotiations are different from what we have known in the past. The approach developed by the Negotiating Committee of concentrating its efforts on the priorities shows us that this is the right strategy, because progress has been made on most of our priorities. The neoliberal context in which we are negotiating – privatization, flexibility and deregulation – means that all the breakthroughs and progress at the table are real gains for the care professionals we represent.”

Status of the negotiations on the pension plan

The employer offer tabled on May 19, 2005

In response to the FIIQ's demands tabled on March 19, 2004 concerning the improvements to the RREGOP and the funding and administration of this pension plan, the government tabled a document dealing only with the governance of CARRA. The orientations contained in this document sought the creation of a board of directors composed of totally independent experts in administration. This would have the effect of restricting the fiduciary power of the Pension Committee on which the FIIQ and the other union organizations sit (CSN, CSQ, FTQ, SFPQ) regarding the administration of the RREGOP.

The union offer tabled on October 26, 2005

In a common offer, the five organizations sitting on the Pension Committee specified their solution to the government regarding the dispute on the RREGOP's funding and on the problem of its administration. The tabling of this offer reaffirmed the intention of the plan's fiduciary organizations, as 50/50 partners in the funding of CARRA and the RREGOP, to share the same powers and responsibilities with the government regarding the governance and administration of the RREGOP.

The Vice-President recalled that at the last Federal Council, the rumour of a decree was circulating, but Ms. Jérôme-Forget's recent declarations confirmed the government's intention to resort to special legislation to decree the working conditions of employees who have not concluded a negotiated agreement before Christmas.

For Ms. Savard, the Negotiating Committee has sent a very clear message to the employer party: the Federation wants to negotiate, without the threat of a decree, and is firmly convinced that an agreement that would guarantee improved working conditions is possible before Christmas.

The status of the negotiations on retirement, the report of the work on pay equity, the report on the action plan and information on the role of delegates in the process of negotiation were also on this Council's agenda.



The employer offer tabled on November 22, 2005

Disregarding the demands of the union organizations, the government maintained its offer tabled on May 19 and proposed nothing to resolve the dispute concerning the funding of the RREGOP or to improve its governance.

In response to the demands for improvements to the RREGOP tabled by the FIIQ on March 19, 2004, the government announced that there will be no changes to improve the plan, except for more flexible rules concerning the return of retirees, presented at the FIIQ sectorial table.

The government took the opportunity of this tabling to reiterate its intention to begin the actuarial work with the aim of evaluating the accuracy and pricing of buybacks, which had been agreed between the parties in 2001. This could increase the cost for buyback of a period of absence without pay, parental leave or a period of casual service.

The FIIQ Equity Team is still at work

While early autumn was somewhat at a standstill in terms of discussions with the representatives of the *Conseil du trésor* on the pay equity issue, progress has been made since mid-October, following the public intervention of Ms. Rosette Coté, Chair of the *Commission de l'équité salariale*, and representations made by the members of the union party on the Pay Equity Committee. At the Federal Council, Richard Beaulé, coordinator for the negotiations, presented the first positive effects of the resumption of this work.

The Technical Committee and the Parity Committees thus resumed discussions on the unresolved issues, namely the problems of interpretation, the weighting of the evaluation system and the method to be adopted to calculate the estimate of salary gaps.

On weighting, the Technical Committee, in an exploratory context, adopted a working assumption that will have to be tested. This scenario respects the principles put forward by the Intersyndicale, principles which will make it possible to validate whether the weighting is free of sexist bias.

In November, the management party showed to be in favour of an acceleration of the evaluation work. Thus, both within the parity job evaluation committees and on the Equity Team, the discussions on the ratings and the arguments continued, particularly regarding the issue of male jobs. The Federation made the choice, given this intensification, to add a resource person to facilitate the work internally.

The results of the past few weeks are therefore positive. Clearly, we must not lose sight of the fact that these are not traditional negotiations. The parties must agree on a common evaluation position for each of the job classes identified and this must be argued in anticipation of the work intended to maintain pay equity. Even though the evaluation ratings have not all been agreed to at this time, the progress of the discussions gives reason to believe that the government really intends to move ahead on this issue.

Assertive actions in December



The CSSS Richelieu-Yamaska local team met Léandre Dion from the Parti Québécois, MNA for Saint-Hyacinthe and spokesperson of the official opposition on the issue of the French language. From left to right: Chantal Marois, Léandre Dion, Manon Gauthier and Richard Beaugard.

The Responsible Executive Officer, Monique Leroux, accompanied by the members of the FIIQ Information and Support Team, Sylvie Lachance and Sophie Bergeron, and the responsible consultant, Lucille Auger, presented a report on the action plan. *"The visibility and mobilization actions are continuing and the employer party is increasingly worried."*

The *Time worked = time paid* operation has begun and will continue to show the employers the extent of the number of hours worked without pay, over and above the regular schedule. The adoption of essential services is an additional card in the Federation's game. The essential services will be tabled at the time the Negotiating Committee considers appropriate. As part of the *Political pressure* operations, Federation activists visited 23 MNAs in every corner of Quebec on November 28 to convey the Federation's negotiating priorities. Of this number, only 7 Liberal MNAs accepted the visit of FIIQ activists. The delegates decided to continue the pressure tactics in December to assert their intention to obtain a negotiated collective agreement. Union messages addressed to Mr. Charest and Ms. Jérôme-Forget regarding the Federation's salary demands will be posted massively in all the busy and public areas of each institution.

In conclusion, the second Executive Officer responsible for the negotiations, Monique Leroux, reminded the delegates of the importance of massive participation in the pressure tactics adopted. *"Our credibility, our effectiveness and our results at the bargaining table depend on this."*

Mobilization and assertive actions

- Wearing jeans and the "nego" T-shirt
- Continuation of the *Time worked = Time paid* operation
- *"Own Duties"* operation
Delivery of a letter signed by each member of FIIQ+ to their supervisors, notifying them that as of now, they will only perform the tasks prescribed in their job title and in accordance with Bill 90.
- Mass posting in each institution of the union messages on salary demands.



Catherine Poulin, Linda Lapointe and Danielle Matte, du CHUQ, went to the office of the PQ MNA for Taschereau, Agnès Maltais, also Chair of the caucus of the official opposition and spokesperson for the official opposition for Quebec City.



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