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Cynthia Pothier, CSSS Pierre-Boucher

NURSES INITIAL TRAINING THE FIQ PROPOSES A UNIFYING MODEL

Because of the importance of the latest work by the interministerial-partners committee on the nurses' initial training file, the delegates agreed on a model that, according to them, will allow the impasses created by the OIIQ model to be satisfactorily addressed.

To date, the FIQ has not been able to obtain a commitment from all the decision-makers concerned on its essential conditions. Various reasons were given, some said they did not have a mandate allowing them to commit, particularly on the funding associated with this project either for the adaptation of the education network or that of the health network. Yet, the issue of funding is crucial for a new standard for nurses training to be put into effect satisfactorily.

To succeed in increasing the number of nursing staff while upgrading the level of training, without aggravating the nursing shortage and its harmful

consequences identified by the FIQ, a strict and responsible planning of the steps in the change is required, along with a common desire of the partners and substantial investments (financial, material and human) in the education and health networks at both the local and regional level and the provincial level.

THREATS ON THE HORIZON

For the FIQ, there are two threats that can be seen in the hypothetical eventual upgrading of the entrance standard for the nursing profession for the next generation, which are a weakening of higher education at the college level and a weakening of the

labour and job market. With the project from the *Ordre des infirmières et infirmiers du Québec (OIIQ)*, the college diploma in nursing would become the only college technical training for which the diploma would not give access to practice the trade or profession on the job market. Such a project is incompatible with the present structure of the college teaching programmes and the collateral damages predicted for both the students and education, health and the population are too significant.

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UNITED TO ENHANCE THE LICENSED PRACTICAL NURSE PROFESSION

After hearing the report from the licensed practical nurses ad hoc committee, the delegates unanimously backed the recommendation from the Executive Committee for the work of the licensed practical nurses to be recognized and appreciated.

The very first meeting of the licensed practical nurses ad hoc committee took place on April 25. Created with the goal of offering a forum for discussion and dialogue, the committee was able to develop several courses of action to respond to the licensed practical nurses concerns.

At the microphone: 1. Geneviève Watters-Gouge, IUCPQ 2. Denis Nadeau, MUHC

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WORD FROM THE PRESIDENT

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BUDGET CUTS AGAINST A BACKDROP OF CORRUPTION AND MISMANAGEMENT

Régine Daurand

What a pleasure to join the delegates of the Federation in this magnificent location that is Rimouski! What a privilege to spend a few days, all together, in this region in order to discuss the important files of our organization and their repercussions on the nurses, licensed practical nurses, respiratory therapists and perfusionists!

Taking advantage of their time in the region, the members of the FIQ Executive Committee visited the institutions of *La Pocatière, Rivière-du-Loup, Trois-Pistoles* and *Amqui* with the goal of informally talking with the healthcare professional members and get an update on the situation they are dealing with every day.

The high point of this visit to the Lower Saint Lawrence: the demonstration at the *Hôpital régional de Rimouski*, another institution affected by the wave of cuts presently being imposed. In fact, there are countless disclosures of plans for budget cuts in the health

institutions. Remember that last March, at the Federal Council held in Montréal, the delegates also went and supported their colleagues at the McGill University Hospital Centre where \$50M in cuts had just been announced.

How can these cuts be made and thus, weaken the health network while irregularities and allegations of fraud and poor management are growing? How can we really think that the healthcare professionals will turn a blind eye to the situations that can compromise the health and safety of the people they care for? The administrators of the institutions are responsible for the quality and

the safety of the care given to the population. Sometime they seem to forget this and make attaining a balanced budget their priority.

The public denunciation of the too many examples of lax and mismanagement of the health institutions are part of an action plan that the delegates of the Federation adopted last March. The healthcare professionals cannot always do more with less and they intend to be heard. It is crucial to maintain the pressure, this is the best example of solidarity, common strength, mobilization and commitment to the action in it! ■

THE DELEGATION VISITS THE LOWER SAINT LAWRENCE

At the opening of the Federal Council, the FIQ Executive Committee thanked the Regional Action and Consensus Building Table of Bas St-Laurent-Gaspésie-Îles-de-la-Madeleine for the warm welcome to the region of Rimouski shown to the delegation. Remember that within the context of the 25th anniversary activities of the FIQ, the decision-making meetings of the Federation are being held outside the large urban centres in order to give the delegates the opportunity to get closer to their colleagues from the regions.

Aline Boucher, CSSS de Kamouraska
 Johanne-Sylvie Charron, CSSS des Basques
 Marie Béliveau, CSSS de Rimouski-Neigette
 Pascale Annick Gignac, CSSS de La Matapédia
 Valérie Bastille, CSSS de La Matapédia
 Nancy Gaudreau, CSSS de La Haute-Gaspésie
 Édith Samson, CSSS de Rivière-du-Loup
 Nancy Langlais, CSSS de Rimouski-Neigette
 Julie Ouellet, CSSS Alphonse-Desjardins - SPSQ
 Daniel Gilbert, Vice-President FIQ
 Michel Simard, Union Consultant FIQ
 Karine Pelletier, Union Consultant FIQ



SUPPORT FOR THE HEALTHCARE PROFESSIONALS AT CSSS DE RIMOUSKI-NEIGETTE

More than 400 delegates marched from the *Centre des congrès* to the *Hôpital régional de Rimouski* to denounce the plan of budget cuts approved by the institution's board of directors and the risky management that this will entail.

Accompanied by members of the FIQ Executive Committee, Solange Tremblay, President of the *Syndicat des professionnelles en soins infirmiers et cardiorespiratoires (SPSICR) du Centre de santé et de services sociaux de Rimouski-Neigette*, addressed the demonstrators.

A plan to reduce expenses to the tune of \$5.7M was adopted and more than 20 healthcare professional positions will be affected by these cuts while nearly a hundred healthcare professionals from the CSSS are likely to retire within five years without counting the staff who will leave on maternity leave during this period.

The healthcare professionals in the region are demanding a stop to the measures voted on by the board of directors and the setting up of a working committee responsible for identifying the measures that would have the least impact on the supply of services to the population.

INITIAL TRAINING

**Nurses initial training (CONT'D)
OHS Week 2013**



Maryse Laflamme, CSSS du Haut-Saint-François

NURSES INITIAL TRAINING

(CONT'D)

The OIIQ project also seems to ignore or under-evaluate the potential outcomes linked to the status of intern. Contrary to what the OIIQ alleges, the future interns would not be able to fully help their colleagues in the network or compensate for the chronic lack of human resources on the care teams, as their scope of practice would be limited (they could not practice, for example, in mental health, critical care, community health, geriatrics or in *info-santé*) and limited in the activities they would be entitled to do over a long period (36 months), thus increasing the risk of interruption of services in the scopes of practice already badly affected by the nursing shortage and the massive departures for retirement of 15,000 experienced nurses in the near future.

For the FIQ, preliminary work is required before there is any potential upgrade of the entrance standard for the practice of the nursing profession.

wisely dispensed throughout the cégep network in Québec and must continue its development. This vast college teaching network promotes access to nursing training in the regions and must be reinforced.

It is important to carry out a reform of the cégep and university programmes and their link with each other before working on implementing any new standard for access to the nursing profession.

nurses with a bachelor degree does not include imposing the obligation to have a bachelor degree on the next generation of nurses in order to practice nursing, but rather to set up appropriate measures for facilitating, promoting and accelerating an increase in the number of nurses who hold a bachelor degree. It mobilizes all those concerned with the issue of initial training of nurses and respects the Québec institutions without weakening the health and social services network and that of higher education.

For the delegates, this model respects the value and the diversity of the training acquired by all the nurses in Québec, which contributes every day to better care for the Québec population. ■

THE RELEVANCY OF THE CÉGÉPS AND THE UNIVERSITIES

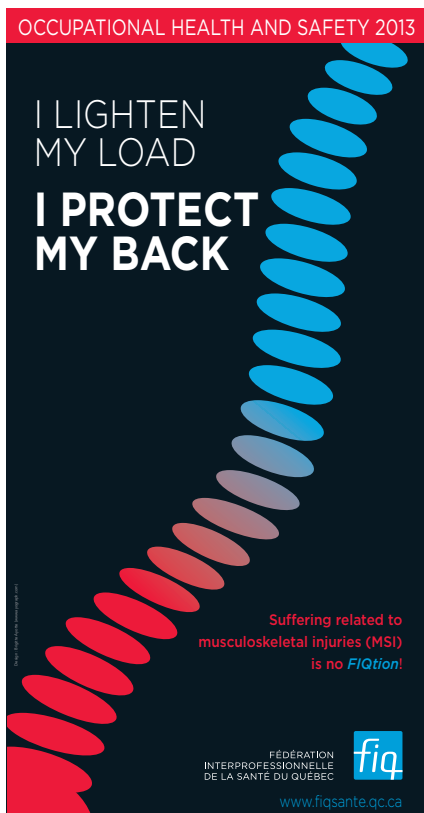
For the FIQ, there is presently no question of changing the structure of the nurses training programmes in Québec. Access to nurses training must remain at the college level (DEC in nursing of three years and DEC in natural sciences of two years) and at the undergraduate level in university (initial Bachelor of Science in Nursing, professional improvement bachelor degree and the integrated DEC-BAC bachelor degree). The DEC in nursing of three years is

THE FIQ INTEGRATED QUÉBEC MODEL

To better respond to the partners' consensus, to the particularities of the Québec higher education system and the glaring needs of the health and social services network for nurses that are more and more qualified, the FIQ decided to propose its own model: the integrated Québec model for nurses training.

The FIQ model is patterned after that of States and countries where the strategy for upgrading the number of

For the FIQ, a significant increase in the number of nurses with a bachelor degree is not necessarily or primarily achieved by imposing a standard such as a mandatory bachelor degree.



The poster to mark the 2013 Occupational Health and Safety Week was revealed to the delegation. This year, the prevention message is "I lighten my load, I protect my back - Suffering related to musculoskeletal injuries is no FIQtion!" This theme aims to make the healthcare professionals aware of this type of employment injury which is the most frequent type that occurs in the health sector, of the resulting physical and psychological suffering and the means to prevent them. The rest of the 2013 OHS Week material will be distributed to the members during the month of October.

THE FIQ INTEGRATED QUÉBEC MODEL RESTS ON THE FOLLOWING GUIDELINES:

- Maintain all the present paths of nurses training (DEC, retraining of licensed practical nurses, DEC in nursing, integrated DEC-BAC in nursing sciences, initial Bachelor of Science in Nursing and a professional improvement bachelor degree);
- Government commitment for investments (financial, material and human) to support the objective of significantly increasing, the number of nurses with a bachelor degree in the short term;
- Adherence and involvement of the partners for putting in place facilitating conditions for increasing the number of nurses with a Bachelor of Science in Nursing;
- Implementation of a real partnership between the education and health networks and the communities (local, regional and provincial);
- Maintain and reinforce access to the bachelor degree or to the DEC-BAC in nursing sciences in all regions of Québec to insure accessible quality care and services and to promote the retention of the nurses in their region of origin;
- Improvement of the college training in nursing so that it remains and becomes more qualifying for both the labour market and to facilitate the integration into a university programme in nursing sciences;
- A revision and improvement of the contents of the DEC in nursing programmes and the Bachelor of Science in Nursing so that there is a real integration to better meet the current and future challenges of professional practice in the workplaces;
- Development of a real college and university partnership to share their resources, increase their accessibility and insure the mission of training nursing students.



2012 FINANCIAL STATEMENTS THE FIQ MAINTAINS CONTROL OF ITS FINANCES

On several occasions during 2012, the Internal Audit Committee, composed of Jérôme Rousseau, Carl Picard and Pascal Beaulieu, had the opportunity to work with the Federation and to question the significant differences in the financial statements in order to insure a prudent management of the FIQ assets.

The committee feels that the balance sheet for the 2012 fiscal year is very positive despite some shortcomings in the financial forecasts. Over the next year, the committee hopes to maximize the services given directly to the members in particular, and focus more attention on setting up the action priorities adopted at the Federation decision-making meetings.

The delegates learned about the FIQ financial statements for 2012, presented by the treasurer, Roberto Bomba. They were thus able to share a common vision of the amounts allocated to the different budget items and have a specific assessment of the costs related to the different activities of the organization.

The finances of the FIQ are always subject to rigorous financial management. In fact, an administrative follow-up of the different budget items is done every month in order to prevent or anticipate any cost overruns. In addition, a quarterly review is done by the Executive Committee of the Federation in such a way that they can make the necessary adjustments to attain the fiscal targets.

These reviews have made it possible to respect the majority of the financial forecasts and to end the 2012 fiscal year with a slight budget deficit of \$57,999 while a deficit of \$733,894 was forecasted.

LABOUR RELATIONS

The Labour Relations Sector represents the most significant budget item at the FIQ. In addition to seeing to the general application of the collective agreement, 2012 was marked primarily by different contestations and action plans related to the critical care premium, the rotation premium, the overlap premium for the licensed practical nurses, the expenses for kilometres

and the payment of back pay. In addition, a merger of institutions has resulted in a negotiation process of the 26 matters in the local collective agreement in several institutions.

Numerous interventions were also carried out to combat the hiring of healthcare professionals by the intermediate resources and the non-institutional resources, and to contest the organization of work projects by outside firms such as *Proaction*.

The 2012 fiscal year demonstrates the importance that the FIQ gives to the services offered to its affiliated unions and its members.

DEFENDING THE MEMBERS

In addition to pursuing the fight against independent labour during 2012, the FIQ legal team piloted several files some of which will continue during 2013, in particular regarding mandatory overtime and the intensive care premium for the

respiratory therapists under the previous collective agreement. The OHS team at the FIQ opened 424 new work accident and employment injury files. It must be pointed out that there are always a considerable number of challenges by the employers in these files and that they regularly subject the members to medical expert opinions.

A SATISFACTORY BALANCE SHEET

The 2012 financial year shows all the importance that the FIQ gives to the services offered to its affiliated unions and its members. The priorities established by the FIQ are reflected in the investment of human and financial resources necessary to achieve them. The FIQ has been through an acceptable fiscal year and it will continue to work to improve its forecasts for the expenses and income for the next year.

The delegates unanimously adopted the 2012 financial statements. ■

REVENUE AND EXPENSES FOR THE PERIOD AND BALANCE OF ALL FUNDS AS OF DECEMBER 31, 2012

	Union Defence Fund	Administration Fund	Negotiation Reserve	Solidarity Reserve	F.C. and Convention Reserve	Total
BALANCE AS OF DECEMBER 31, 2011	2 803 833	14 272 582	1 854 515	122 012	333 355	19 386 297
Adjustment	0	0	0	0	0	0
Balance after correction as of December 31, 2011	2 803 833	14 272 582	1 854 515	122 012	333 355	19 386 297
Income for the 2012 period	1 027 911	28 372 566	1 600 175	167 920	2 275 000	33 443 572
Expenses for the 2012 period	253 587	28 430 565	540 708	145 568	2 249 069	31 619 497
Excess for the 2012 period	774 324	(57 999)	1 059 467	22 352	25 931	1 824 075
BALANCE AS OF DECEMBER 31, 2012	3 578 157	14 214 583	2 913 982	144 364	359 286	21 210 372
Assigned surplus-movables/equipment		1 446 889				
Assigned surplus-head office		7 970 991				
Assigned surplus-computer		4 292 901				
Accumulated surplus-not assigned		503 802				

Note: Difference is due to rounding off of decimals

FINANCES

2012 financial statements (CONT'D)

RESERVE FOR NEGOTIATIONS	2012 (12 months)	2011 (12 months)
<i>ADMINISTRATION FUND CONTRIBUTION</i>		
Regular dues	1 600 000	1 600 000
Additional dues	0	0
Other revenue	<u>175</u>	<u>425</u>
Total contribution	1 600 175	1 600 425
<i>NEGOTIATIONS</i>		
Salaries and fringe benefits	306 991	364 925
Travelling expenses	51 406	81 784
Rental expenses	5 383	24 338
Printing expenses	0	80 626
Courier and communications	0	21 468
Professional fees	107 206	60 664
Publications	7 761	0
Admission and membership fees	2 983	1 033
Federal Council meetings	0	(2 505)
Other expenses	58 977	67 929
Private sector negotiations	<u>0</u>	<u>0</u>
Total for negotiation expenses	540 707	700 262
EXCESS OF REVENUE OVER EXPENSES	<u>1 059 468</u>	<u>900 163</u>

BALANCE SHEET AS OF DEC. 31, 2012	Union Defence Fund	Adminis- tration Fund*	Total
CURRENT ASSETS			
Cash	1 737 651	5 559 856	7 297 507
Temporary investments	1 794 886	4 433 594	6 228 480
Advances to Administration Fund	29 437	0	29 437
Advances to Parity Ins. Comm. Fund	0	12 750	12 750
Advance to Union Defence Fund (FDS)	0	0	0
Debtors	16 183	1 121 535	1 137 718
Expenses computable on next period	0	182 880	182 880
Deferred expenses	0	7 970 991	7 970 991
Fixed assets	<u>0</u>	<u>5 739 790</u>	<u>5 739 790</u>
TOTAL ASSETS	<u>3 578 157</u>	<u>25 021 396</u>	<u>28 599 553</u>
CURRENT LIABILITIES			
Suppliers and accrued liabilities	0	1 221 050	1 221 050
Deferred income	0	0	0
Human resources development	0	473 190	473 190
Debt coming to term within a year	0	0	0
Accounts payable	<u>0</u>	<u>5 665 505</u>	<u>5 665 505</u>
	<u>0</u>	<u>7 359 745</u>	<u>7 359 745</u>
Advance from FDS	0	29 437	29 437
Long-term debt	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL LIABILITIES	0	7 389 182	7 389 182
MEMBERS' EQUITY			
Accumulated surplus not assigned	3 578 157	503 802	4 081 959
Assigned surplus movables/equipment	0	1 446 889	1 446 889
Assigned surplus computer	0	4 292 901	4 292 901
Assigned surplus-head office	0	7 970 991	7 970 991
Surplus reserved for negotiations	0	2 913 982	2 913 982
Surplus reserved for solidarity	0	144 364	144 364
Surplus reserved for FC and Conv. meetings	<u>0</u>	<u>359 285</u>	<u>359 285</u>
	<u>3 578 157</u>	<u>17 632 214</u>	<u>21 210 371</u>
LIABILITIES AND EQUITY	<u>3 578 157</u>	<u>25 021 396</u>	<u>28 599 553</u>

* negotiations, solidarity, head office and Conv. & F.C. meetings reserves

SOLIDARITY RESERVE	2012 (12 months)	2011 (12 months)
REVENUE		
Administration Fund Contribution	166 920	164 919
Other revenue	<u>1 000</u>	<u>455</u>
Total contribution	167 920	165 374
EXPENSES		
Solidarity	<u>145 568</u>	<u>125 708</u>
EXCESS OF REVENUE/EXPENSES	<u>22 352</u>	<u>39 666</u>

RESERVE FOR CONVENTION & F.C.	2012 (12 months)	2011 (12 months)
REVENUE		
Contribution from administration fund	2 235 000	2 066 667
Other revenue	<u>40 000</u>	<u>29 000</u>
Total contribution	2 275 000	2 095 667
EXPENSES		
Meetings (including Equalization)	<u>2 249 069</u>	<u>2 464 838</u>
EXCESS (DEF) OF REVENUE/EXPENSES	<u>25 931</u>	<u>(369 171)</u>

RESERVE FOR HEAD OFFICE	2012 (12 months)	2011 (12 months)
REVENUE		
Contribution from administration fund	0	0
EXPENSES		
Head office	<u>0</u>	<u>0</u>
EXCESS OF REVENUE/EXPENSES	<u>0</u>	<u>0</u>

ADMINISTRATION FUND	2012 (12 months)	2011 (12 months)
REVENUE		
Regular Dues	28 120 540	27 498 309
Interest	150 116	157 628
Grants	47 713	49 450
Other revenue	<u>54 197</u>	<u>118 697</u>
Total revenue	28 372 566	27 824 084
EXPENSES		
Meetings and elected union officers	<u>1 925 191</u>	<u>1 937 769</u>
SECTORS		
Labour Relations	13 366 071	12 943 222
Sectors and Services	690 989	874 827
Sociopolitical	519 545	571 502
Status of Women	358 009	339 711
Occupational Health and Safety (OHS)	291 562	230 472
Task and Organization of Work	493 493	324 259
Social Security	<u>240 601</u>	<u>226 541</u>
Total for the sectors	15 960 270	15 510 534
SERVICES		
Education-Animation	574 627	768 349
Union Organizing	613 843	599 551
Communication-Information	821 593	950 598
Translation and Web	<u>295 827</u>	<u>186 206</u>
Total for the services	2 305 890	2 504 704
General Administration (including computer)	6 950 177	6 405 733
Human Resources	<u>1 289 036</u>	<u>929 625</u>
Total expenses	28 430 564	27 288 365
EXCESS OF REVENUE OVER EXPENSES	<u>(57 998)</u>	<u>535 719</u>

FINANCES

**2012 financial statements (CONT'D)
Pay equity audit 2015
“In everyone’s interest”**

2012 FINANCIAL STATEMENTS

(CONT'D)

UNION DEFENCE FUND	2012 (12 months)	2011 (12 months)
REVENUE		
Administration Fund Contribution		
<i>BENEFITS</i>		
Regular dues	331 159	968 966
Donations	0	0
Interest	8 483	10 942
	<u>339 642</u>	<u>979 908</u>
<i>UNION ORGANIZING</i>		
Regular dues	662 319	0
Interest	25 950	27 837
Other revenue	0	0
	<u>688 269</u>	<u>27 837</u>
Total income	1 027 911	1 007 745
EXPENSES		
<i>BENEFITS</i>		
Union Defence Fund Committee	3 017	1 697
Salaries and fringe benefits	0	0
Fines and legal expenses	0	205 000
Professional fees	35 358	156 264
Interest and bank charges	0	0
Other expenses	210 672	703 017
Financial aid	600	3 334
	<u>249 647</u>	<u>1 069 312</u>
<i>UNION ORGANIZING</i>		
Professional fees	3 940	11 664
Other expenses	0	0
	<u>3 940</u>	<u>11 664</u>
Total expenses	253 587	1 080 976
EXCESS (INSUFFICIENT) OF REVENUE OVER EXPENSES	<u>774 324</u>	<u>(73 231)</u>



CALL TO EMPLOYERS FOR A MORE PRUDENT FINANCIAL MANAGEMENT

The professional fees of the expert physicians in OHS always surpass the FIQ’s financial forecasts for this budget item even though particular attention is paid to this item and means have been taken to control this rise.

The FIQ has seen an increase in the number of files dealt with and the number of expert medical opinions since 2008. A tactical committee was therefore created to study the issue of medical expert opinions in the disputed files at the FIQ on the political, legal and financial aspects. This committee, composed of two union representatives, presented its report to the delegation and proposed possible solutions in order to act on the costs while maintaining this type of service for the members.

The FIQ will also carry out a pilot project with the institutions where the files are settled quickly in order to implement their good practices in other institutions dealing with a considerable number of OHS files.

In the photo, from left to right: Roberto Bomba, Treasurer, union reps Guylaine Boulanger from the CHU de Québec and Richard Beauregard from the CSSS Richelieu-Yamaska, and Michel Mailhot, Vice-President of the FIQ

PAY EQUITY AUDIT 2015

The work for carrying out the 2015 pay equity audit and the salary relativity continues in the inter-union with the *Conseil du trésor*. A bank of union leaves has been negotiated by the union reps committee of each one of the labour organizations in this context. The FIQ committee is composed of Claude Boucher from CSSS de Bécancour-Nicolet-Yamaska, Shirley Dorismond from CSSS Jeanne-Mance, Ludovic Gauthier from CHUM and Francine Sigouin from CSSS Dorval-Lachine-LaSalle.

“IN EVERYONE’S INTEREST”

It was in November 2012, in Durban, South Africa, that the Public Services International (PSI) Congress was held. The president, Régine Laurent, and Brigitte Fauteux, Vice-President and Pierre Desnoyers, Union Consultant from the Union Organizing Service at the FIQ, attended this Congress.

During this meeting, representatives were heard on the 2013-2017 PSI Action Plan. Among the objectives of the plan are the motion made to the labour movement to deploy efforts that will allow young people specifically affected by unemployment throughout the world, to be in the labour market more and those to develop national and international union solidarity. Participants were also heard on the importance of promoting the implementation of a “social protection floor” ensuring a minimum income and universal access to quality essential public services at affordable prices, as well as the need to fight against gender inequalities. “Public services embody the respect that we have for one another”, stated Dave Prentis, PSI President.

More specifically, the FIQ intends to concentrate its efforts on the aspects of the action plan that affect health such as promoting access to public healthcare while addressing the intrusion of the private sector, install minimum standards for the quality of health care services and to establish ratios of patient-s/ nursing staff.

Note that for the first time since the creation of the PSI, over 100 years ago, a woman, Rosa Pavanelli, has been elected to head the organization that represents 20 million members spread across the five continents.

GROUP INSURANCE

**Consultation on the group insurance contract
Indemnity for kilometres
United to enhance the licensed practical nurse profession (CONT'D)**



Sylvie Le Gal, *CSSS Champlain-Charles-Le Moyne*

CONSULTATION ON THE GROUP INSURANCE CONTRACT

At this Federal Council, the delegates learned about the results of the consultation done by the firm, *Repère communication recherche* on the group insurance contract. The firm contacted 8,000 members of the FIQ to answer a survey.

INDEMNITY FOR KILOMETRES

As stipulated by the delegates during the last Federal Council, different actions have been undertaken at the provincial and local level in order to claim a raise from the *Conseil du trésor* in the indemnity for kilometres given to the healthcare professionals in the performance of their duties. Nearly 4,000 petition-letters have been tabled with Madam Édith Lapointe, assistant deputy minister to the Minister of Health and Social Services at the end of April. Faced with stonewalling by the ministry, the Federation will evaluate how to raise this issue in the future.

Since the last consultation was in 2007, now was the perfect time to verify if the coverage and the terms stipulated in the contract still met the needs and expectations of the members.

Group insurance plans have undergone greater premium increases for several years now, particularly in prescription drug insurance. A constant increase in costs related to health care and the arrival of new, very expensive drugs on the market are, in part, responsible for this situation. In addition, one of the impacts of the global economic situation is a major fall in interest rates which deprives insurance plans of the bountiful returns that also has the effect of raising premium rates.

Moreover, joining the group insurance plan is mandatory for the healthcare professionals and the premium that they pay represents a sizeable expense.

These various elements have led the Federation to reconsider certain aspects of its group insurance plan and to verify if the members would support the introduction of a modular-type structure for prescription drug, extended health and dental care coverage.

MEMBERS DIVIDED

Nearly 1,600 members completed the questionnaire, a number that allows the Federation to interpret the results of the survey as very representative of the will of all the members. They had to decide on either maintaining the present

structure where all the coverage is mandatory or to modify it in order to introduce a modular structure where some of the blocks of coverage are optional.

However, an analysis of the results did not indicate a strong trend for one or the other of the structures, because the members decided equally between the present structure and the introduction of a modular structure.

The delegates, therefore, agreed to carry out a second consultation, in the institutions with all the members, in order to obtain a conclusive result on the type of structure that they want to have. The FIQ will inform its members when the time comes to hold this new consultation. ■



Sara Caron-Guay, *CHU de Québec*

UNITED TO ENHANCE THE LICENSED PRACTICAL NURSE PROFESSION

(CONT'D)

The first mobilization was a large number of licensed practical nurses attending the general assembly of the *Ordre des infirmières et infirmiers auxiliaires du Québec* (OIIAQ) on June 14, to bring up for debate, as motions, the recommendation adopted by the delegation at the Federal Council. The Order was also asked:

- To intervene with all the decision-makers in the health network for a better standardization and integration of the reserved activities linked to Bill 90, and to inform the public about the role of licensed practical nurses;
- To reiterate the request to participate on the interministerial-partners committee on the initial training of nurses and other relevant committees in order to make the necessary representations;
- To ask for the recognition of professional experience for the licensed practical nurse during union work.

The three motions passed and this fall the committee members will discuss what follow-up must be done in this file. Other medium-term and long-term actions are also scheduled. ■

From left to right:

- Linda Bouchard, Vice-President FIQ
- Jean-François Tremblay, Union Consultant FIQ
- Carole Grant, CHUM
- Sonia Mancier, *Vigi Santé*
- Isabelle Hall, *CSSS de Manicouagan*
- Nicole Boisvert, *Institut universitaire de gériatrie de Sherbrooke*
- Sandra Chiasson, *CSSS Domaine-du-Roy*
- Lynda Lessard, *CSSS de la Vieille-Capitale*
- Katherine Lambert, *CSSS Alphonse-Desjardins*
- Sylvain Allard, *CSSS Dorval-Lachine-LaSalle*
- Guillaume Carette, CHUS



ORGANIZATION OF WORK

THE FIQ, A STRONG VOICE, ACTIONS THAT COUNT

D'AMOURS REPORT ON THE PENSION PLANS

The delegates listened to the presentation of the d'Amours Report on the future of the pension plans that are under the governance of the Québec Pension Plan. The Government and Public Employees Retirement Plan (RREGOP) is administered by the CARRA and was not evaluated by the committee of experts.

The report, entitled "Innovate to perpetuate the pension system" (Innovate to perpetuate the pension system), was made public last April. It makes three major recommendations: the creation of a longevity annuity at age 75, the reinforcement of the defined benefits plans, several of which are in financial difficulty, and an improvement in the position of personal retirement savings.

The committee concluded that the defined benefits pension plans, in particular, insure the best financial security for retirement, because they guarantee an annuity until the death of the retiree. So, RREGOP, to which the healthcare professionals contribute, is one of the defined benefits plans in Québec that insures an excellent protection for its members.

The FIQ will follow the developments from the recommendations in this report which are currently being studied by the *Commission des finances publiques* (Commission on public finances). It must be pointed out that RREGOP is presently in good financial health and is capable of insuring its share of the pension annuity.

To consult the d'Amours Report: www.rrq.gouv.qc.ca/fr/services/publications/avenir_systeme_retraite/Pages/avenir_systeme_retraite.aspx

MENTAL HEALTH, FRONT-LINE AND THE ELDERLY NEW MODELS OF CARE

Mental health care, front-line care and residential accommodation of the elderly are the priority actions fields targeted by the intersectoral committee on the new models of care, set up following the last FIQ Convention, for whom it is urgent to find new strategies for organization of care in order to better respond to the needs of the population.

To develop innovative solutions, the members of the committee asked themselves the following question: "How can we more adequately respond to the needs of the patients?"

Without question, the answer is to humanize the care more and to concentrate on services that are firmly rooted in the community. It is also crucial to take advantage of the expertise of the healthcare

professionals so that the patients can benefit from all their skills.

"We can't wait for the government to find better ways to develop care. The public must be the project manager for this change!"

Régine Laurent, President

On the other hand, the committee reminded everyone of the importance of developing models of care with public funding, and to do this quickly, failing which the private health enterprises will gain ground in the coming years to fill in for the government divesting itself of responsibility.

The delegates said they were very satisfied with the priorities established by the committee. ■

PROACTION: A DUBIOUS METHOD

The interventions in organization of work by the outside firm *Proaction*, has fueled much discontent among the members of the Federation. This is why the FIQ has carried out its own inquiry at 7 institutions that have retained the services of this firm.

The contracts awarded to this firm are for maximizing the performance of the institutions on both the organizational and financial level. It turns out that *Proaction* uses a dubious method that has negative impacts on the organization of work of the healthcare professionals.

This firm demonstrates a lack of understanding of the scopes of practice of the healthcare professionals, the regulation linked to the standards and professional obligations (TNP, late notes), Bills 21 and 90, the Professional Code and the codes of ethics.

The method used by *Proaction*, based on the timing of every act of care, also reveals a simplistic vision of the work done by the healthcare professionals regarding their roles, tasks and duties, and leaves little room for reflection, cognitive work, clinical judgment, autonomy, teaching and prevention. The members have also reported a high level of stress as well as unhealthy competition.

Such a work climate inevitably results in a demobilization of the healthcare professionals and contributes to increasing the risk for accidents as well as cases of

psychological distress and disability.

Faced with this sad state of affairs, the delegates reiterated the importance of intervening when a reorganization of the healthcare professionals' work by a private firm is deemed problematic. They will continue to be vigilant and to keep a close eye on the projects for standardizing of professional practices and their effects.

Other outside firms have also been the subject of an inquiry by the FIQ who will present a complete report to the delegation at a later date. ■



At the microphone:

1. Michel Desautels, *Hôpital Rivière-des-Prairies*
2. Shirley Dorismond, *CSSS Jeanne-Mance*