



Vol 27 | No 1 | February 2014

Special Federal Council of February 17, 18 and 19

ENACTION

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC | fiqsante.qc.ca



Louise Gilardeau, CHSLD Gouin Inc. - SRPSQ

INITIAL TRAINING FOR THE NEXT GENERATION OF NURSES THE WORK CONTINUES

The latest developments in the file on the initial training for the next generation of nurses were presented to the delegation. Despite a lack of consensus among the interministerial-partners focus group, in which the FIQ participated, its chairman tabled his report on December 20, 2013 with the Minister of Health and Social Services. This report was made public on January 8, 2014.

It is important to point out, that as stated in this report, it does not bind the Minister of Health and Social Services, that it is not representative of its orientations and that it is only the opinion of the chairman of the focus group. The FIQ opposed the tabling of this report and registered its dissidence.

Given the lack of consensus, Minister Hébert did not endorse the request from the *Ordre des infirmières et infirmiers du Québec* (OIIQ) to make the bachelor degree mandatory for the next generation of nurses. Instead, he announced the setting up of a process that includes work to be done that is likely to provide precious information needed for taking an enlightened

decision on the initial training needed in the future for access to the nursing profession.

Thus, the work identified by the Minister is:

1. Starting a prospective sectoral analysis in order to confirm the needs of the health and social services network for the respective skills that the different members of the nursing team need to have; this will allow the identification of the positions where a college education is sufficient and those where a university education is required;
2. An analysis of the profession to complete the prospective sectoral

analysis; this analysis will make it possible to consult the professionals on the care team and to draw up a complete picture of their work;

3. Producing a staffing plan regarding the critical mass of nursing professionals necessary for delivering safe, quality care; an analysis of the current positions in the network and their staffing will be done;
4. Performing an impact study in order to validate the capacity for implementation and, if applicable, the inherent strategies for implementation.

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POSTE-PUBLICATION
Convention 40007983

(adresse de retour)
FIQ Québec | 1260, rue du Blizzard,
Québec (Qc) G2K 0J1



LICENSED PRACTICAL NURSES AD HOC COMMITTEE

The delegation was given a follow-up on the work of the Licensed Practical Nurses ad hoc Committee. An inquiry into the professional reality of licensed practical nurses is in progress with the FIQ local union teams until the end of February.

A questionnaire was given to all the local union teams in order to gather different information on the work of the licensed practical nurse members. Up to now, the preliminary results have given us access to some interesting data on their practice settings and their professional activities.

At the microphone:

1. Sophie Séguin, CSSS de la Haute-Yamaska
2. Lynda Lessard, CSSS de la Vieille-Capitale - SPSQ

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WORD FROM THE PRESIDENT

FIQ en Action, Vol. 27, No. 1, February 2014 | Published by the Communication-Information Service after each FIQ Federal Council and Convention meeting | **Distribution:** 60,000 copies | **Translation:** Susan Millroy, Union Consultant, Translation Service | **Graphic layout:** Josée Roy | **Photography:** Jacques Lavallée | **Cover photo:** Michel Desautels, *Hôpital Rivière-des-Prairies - AIM* | **Printing:** Solisco | Reprint of any article or excerpt must indicate "reprint from the publication *FIQ en Action*" | 100% recycled paper | To only subscribe to the electronic version of FIQ publications, send a request to info@fiqsante.qc.ca | ISSN 1913-1755 (Print) | ISSN 1913-1763 (Online) | fiqsante.qc.ca | info@fiqsante.qc.ca



FOR CARE ON A HUMAN SCALE

Régine Laurent

This Special Federal Council was an opportunity to officially launch the new models that we have been working on for more than three years now and which concern the fields of front-line care and accommodation of seniors in particular.

You might remember that at our 2011 Convention we came to the conclusion that we must now "dare, act and influence" in order to give a jolt to the healthcare system, both in our interest, as healthcare professionals, and with the goal of offering accessible and quality health care and services to the population.

We have known for a long time that we could do more for our patients, if only we had the means for doing it. This is what the FIQ is proposing with the implementation of these new models of care, an innovative way of enabling the healthcare professionals to fully occupy their scope of practice and to have Quebec families benefit from all of their expertise.

NEIGHBOURHOOD CLINICS

Look at a mother waiting in Emergency with her child who has a cold or a little cut or scrape and nothing can be done to help her when we know that we have the knowledge and skills to do it... This has probably happened to all of us! The neighbourhood clinics proposed by the FIQ will be a new door to front-line care. A place where it is the healthcare professionals who can resolve minor health problems, promote good health and prevention and perform follow-ups on chronic diseases and pregnancies.

Concretely, these neighbourhood clinics will be installed in the heart of the neighbourhoods, in medium-sized regions, in such a way as to be close to people, and the services offered will be developed according to an assessment of the specific needs of the population being served.

SMALL HOMES FOR SENIORS

I have always been told that you don't uproot a mature tree because of the risk of weakening or breaking it. Why then, do we accept to move seniors based on the changes in their condition and their loss of autonomy? Shouldn't the healthcare system adapt and follow the patient? The small homes for seniors, thought of by the FIQ, are intended to be safe environments in which seniors can live as long as they want and where they can take part in the decisions that concern them and participate in the daily activities.

Anchored in the communities, these small homes will be the result of collaboration between healthcare professionals, community bodies and organizations stemming from social economy.

JOINTLY BUILD A UNION POWER IN HEALTH

The approach that led the Federation to the creation of these new models has enabled us to

recognize that this major project cannot be carried out in a vacuum. In fact, in order to succeed with this major change which will surely rock the traditional way of doing things in the network, we have to unite our forces and create a new alliance with all medical professionals.

This turnaround must necessarily involve the creation of a new labour organization that we hope to build jointly with all the medical professionals while respecting the identity and autonomy of each one.

At the FIQ, we have never been afraid of forging ahead. Our struggles and our gains prove this! We have always fought for our working conditions and to maintain our gains, always considering the well-being of our patients.

Today, we are the pioneers of a new era in health care. We are fighting for a shift to care on a human scale, for all the professionals working in health care in Québec as well as for the entire population. ■



WITH YOUR SUPPORT, IT'S POSSIBLE!

The Federation officially launched the "Care on a human scale" campaign on February 18 and introduced its new models of healthcare and services. At a press conference, Régine Laurent presented the outlines of the neighbourhood clinics and the small homes for seniors as well as an array of tools for promoting this, including two promotional clips that are circulating in the social media and on the internet and have already been watched more than 30,000 times!

To see the clips and obtain more information on the ongoing campaign, go to www.sortonsducadre.info/echelle-humaine/?langue=en.

GROUP INSURANCE

**Group insurance contract – Results of the consultation
“A flavourful TRAC”**



At the general assemblies on the consultation of the group insurance contract, the majority of the members (74%) voted to keep the current structure which meets their expectations.

GROUP INSURANCE CONTRACT RESULTS OF THE CONSULTATION

At this Federal Council, the delegates learned about the results of the consultation with the members held last fall regarding the FIQ group insurance contract.

Remember that at the June 2013 Federal Council, the delegates learned about a first consultation (mail survey) conducted by a polling firm with 8,000 members the results of which indicated that the members were equally divided between keeping the current structure and the introduction of a modular structure. The delegation then opted to hold a second consultation directly in the institutions before taking a position.

The initial project was changed to take into account the fact that one of the two new structures proposed, the two-plan modular structure, received very little interest during the survey. The purpose of the

consultation of the members in the institutions was therefore to determine their preference between keeping the current structure, where all the coverage is mandatory, and the introduction of a three-plan modular structure where certain individual choices are possible.

THE CURRENT STRUCTURE IS STILL LIKED

A total of 4,462 members attended the general assemblies in 108 institutions across Québec. The results are representative of all the regions that the FIQ represents with a rate of overall participation of 7.2% and a margin of error of 1.43%. This second consultation in one year leads to the conclusion that keeping

the current insurance contract structure is preferred by a majority, that is 74% of the members who voted and 78% of the institutions and that the FIQ has a very good group insurance plan.

Faced with these conclusive results, the delegates decided to keep the current structure provided in the group insurance plan for the basic drug insurance, Extended Plan III and Extended Plan I (dental care) without any modifications and according to the membership and participation rules described in the contract. ■



“A FLAVOURFUL TRAC”

The members of the *Table régionale d’action et de concertation Mauricie et Centre-du-Québec – FIQ* (Regional Action and Consensus-Building Table of the Mauricie and Centre-du-Québec) (TRAC) proudly welcomed the delegation to Trois-Rivières for this Federal Council. They distributed more than 500 copies of the recipe book “*La TRAC en saveur*”, put together for the less fortunate as an extension of the distribution of Christmas 2012 food baskets. The delegates could give a donation on a voluntary basis, which resulted in an amount of \$953.10 being collected which will be given to a group of *Centres d’aide et de lutte contre les agressions à caractère sexuel* (CALACS).

The *TRAC Mauricie et Centre-du-Québec* is under the political responsibility of the treasurer of the Federation, Roberto, Bomba, and is composed of the *Syndicat des professionnelles en soins du CSSS de l’Énergie*, the *Syndicat des professionnelles de la santé Bécancour-Nicolet-Yamaska* and the *Syndicat des professionnelles en soins infirmiers et cardiorespiratoires du CSSS Drummond*.



Guillaume Hébert, from the *Institut de recherche et d'informations socio-économiques*

THE TRUTH ABOUT PUBLIC FINANCES IN QUÉBEC

At this Federal Council, the delegates listened to a presentation from Guillaume Hébert, Researcher at the *Institut de recherche et d'informations socio-économiques* (IRIS), which enabled them to debunk the misleading economic myths that are deeply ingrained in the subconscious of Quebecers.

In the weeks preceding the announcement of the provincial budget, the mass media and the right wing think tanks on political and economic thought dug out their alarmist propaganda on the precariousness of public finances, like they do every year. But, according to the data collected and presented by the IRIS, this disaster comes more from ideology than from neutral and detailed research.

IS QUÉBEC REALLY IN THE RED?

Very often, Québec's debt is brandished as a scare tactic in order to justify the budget cuts in the healthcare system and various social programmes. But is the situation of public finances as dramatic as that? According to Mr. Hébert, when the share of the debt is put in perspective with the gross domestic product (GDP) of Québec, we find that the province is doing quite well.

In fact, Quebec's debt represents 54.7% of its GDP, compared to all of Canada for whom the debt represents 49.5% of its GDP and in France and Great Britain, the percentage goes up to 94.8% and to 95.3% of their GDP respectively.

In short, and without minimizing the importance of Québec's debt, it is necessary to emphasize that it is an expense the evolution of which is controlled and for which a large part of the recent increase is attributable to an increase in interest rates than bad management.

ARE QUEBECERS REALLY THE MOST TAXED PEOPLE IN NORTH AMERICA?

To better understand the tax structure, Mr. Hébert made the point that it is important to consider net taxation, that is, to take into account federal and provincial income taxes, mandatory social contributions as well as the benefits paid by the administrations. When all these factors are taken into account, we find that the taxation burden is directly influenced by the type of household that is analyzed and its family income. Thus, a single Quebecer with a salary higher than the average Québec salary will be taxed more than a single living elsewhere in Canada or the United States with a comparable financial situation. On the other hand, a single-parent family with a lower income than the average salary will receive more in tax benefits than she pays in income taxes, in a higher proportion to similar families in the rest of Canada.

However, the slide of the tariff revolution currently taking place in Québec endangers the principles of this distributive taxation in favour of the user-pay principle. By increasing, for example, consumption taxes and by imposing a health tax that is not progressive, the weight of taxation for the less fortunate households is disproportionately compounded.

WILL THE HEALTH-CARE BUDGET EXPLODE?

There is often a tendency to retain the numbers that the media

circulate to make headlines and according to which the healthcare budget represents 50% of government expenses. However, this specific method obscures some important facts. First, in Québec, the expenses for health and social services are counted under the same major heading. So, social services represent about 30% of the total expenses. Thus, we cannot compare Québec's situation with that of the other Canadian provinces because some of them do not count these programmes in the healthcare budget.

In addition, when the growth of public expenses in health care is put into perspective with the global economic growth over the last 30 years, it must be pointed out that the trend is very reasonable. And, a large part of the increase in expenses is attributable to expenses related to the private sector intervening in health care.

WHO PROFITS FROM A RISE IN PRODUCTIVITY?

In analyzing the distribution of wealth in Québec, the research by the IRIS shows that we are currently seeing a significant increase in the inequality between the richest and the poorest. In fact, the income after taxes of the 1% of the richest has seen a quick and steady growth since the 1980's while the income of 99% of the population has had a tendency to stagnate. ■

Mr. Hébert stated that means exist to turn the ship around and put in place another type of tax structure that is more equal. Therefore, the right wing rhetoric that wants everyone to believe that Québec's public finances are on the verge of collapse and that there are no other ways to avoid the disaster than to start on austerity measures must be dismantled. Measures that, unfortunately, have devastating consequences on the less fortunate in our society.

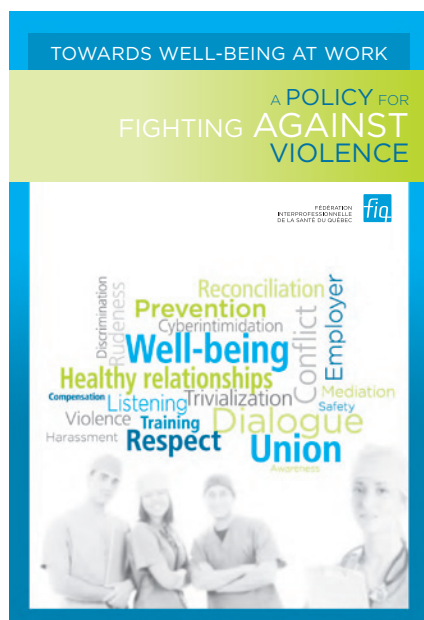


At the microphone: Sylvie Boulet, *Hôpital Maisonneuve-Rosemont - UHCP*



STATUS OF WOMEN

Policy for fighting against workplace violence The FIQ participates in a research project on work-family balance



POLICY FOR FIGHTING AGAINST WORKPLACE VIOLENCE

The most recent FIQ publication, entitled “Towards well-being at work, a Policy for fighting against violence”, was introduced at this Federal Council. This new policy is a follow-up to the one entitled “Working in dignity: zero tolerance” and is a result of a consultation of the union reps on the Status of Women, Education-Animation, Youth and Occupational Health and Safety Committees of the Federation.

In 1994, the reflection on the violence in society and at work was done with the women’s movement and was a drop in the bucket. It did contribute to breaking the silence surrounding this phenomenon and made it possible to denounce its unacceptable nature. Since then, we have seen the phenomenon of workplace violence evolve with the multiplication of the management methods of productivity. At the same time, a new vocabulary appeared for describing violence as harassment and psychological violence.

The first inquiry carried out by the FIQ 20 years ago, highlighted that the health and social services domain was an at-risk area. Today, an analysis of this violence and the solutions for correcting it have been refined. However, the union representatives asked the same

questions, a culture of silence persisted, and the latter have to assist the people in difficult situations who come to the union office and are suffering. However, violence is not a part of work, and it is imperative that solutions be found to eliminate it.

In this publication is found an analysis of the work context and a summary of the different forms of violence that can occur and the situations that can generate violence, such as conflicts and hyperconflicts.

Focusing on prevention is proposed, which is the primary responsibility of the employer, and on the quality of the assistance for those people having problems with workplace violence. Different means available to the union reps like those already written in the collective agreement

and alternatives to a grievance like mediation in the case of disputes, are also presented in the publication.

Thus, the members and the union reps should be in a better position to understand this phenomenon and act and react when they are witnesses or victims. Acting on workplace violence is first an employer responsibility, but also a collective responsibility.

The delegates responded very favourably to this new policy and confirmed that workplace violence is one of the important factors that contribute to the deterioration of the working and health conditions of the healthcare professionals.

The FIQ invites you to get a copy of this policy from your local union team. ■



Amira Daklaoui, from the *École des sciences de l'administration à la TÉLUQ*

THE FIQ PARTICIPATES IN A RESEARCH PROJECT ON WORK-FAMILY BALANCE

Amira Daklaoui, a post-doctoral researcher on work-family balance and well-being at work policies, presented this Federal Council with a research project¹ at TÉLUQ which aims to better understand work-family balance in the health-care sector.

Work-family balance is a primary socioeconomic concern for employers. In fact, demographic changes, a labour shortage, the evolution of the young generation’s perception regarding work and the issues of management linked to work-family balance implies that this issue be addressed by the organizations.

International research has highlighted that an imbalance between private and professional life increases

stress and a deterioration in the climate at work, and results in employees being demobilized.

This reality affects all the healthcare professionals and forces some of them to make difficult choices and to sacrifice their professional ambitions. In addition, the healthcare professionals are called upon to take on the role of caregiver, which adds to the importance of implementing work-family balance measures in the health-care area.

From the perspective of better representing its members and promoting the particularities of the condition of working women within the scope of the next round of negotiations, the FIQ is participating in this research the results of which will enable the union reps to get involved with this issue and to then promote the facts. The data collection will be from March 3, to April 30, 2014. ■

1. Research conducted under the direction of Diane-Gabrielle Tremblay, Ph.D., CRHA

PAY EQUITY

Conciliation of complaints linked to the pay equity audit
A story to pursue and to follow



Marie-Josée Forget,
CSSS du Haut-Saint-François - SPSE

CONCILIATION OF COMPLAINTS LINKED TO THE PAY EQUITY AUDIT

The delegation was given a follow-up on the pay equity audit file. In April 2013, the Pay Equity Commission met with the unions to propose a conciliation process aimed at settling the 7,000 complaints filed during the 2010 pay equity audit by June 2014.

Focus groups were set up and the FIQ is working jointly with the FSSS-CSN, the FTQ and the CSQ to find an outcome to all the complaints concerning the nurse, licensed practical nurse and respiratory therapist job categories.

2015 AUDIT, EQUITY OR THE 12 WORKS OF ASTERIX

Following the complaints generated by the 2010 pay equity audit being done only by the employer, the Treasury Board called upon the FIQ and the other labour organizations

to jointly start the work for the 2015 pay equity audit.

The work started with the creation of tools for evaluating jobs and determining the sampling (number of people for the investigation). But after more than six months of discussions and proposals for an agreement on the job categories to investigate, the Treasury Board decided to go it alone and ended the exploratory work of the joint committee.

There is no guarantee that the Treasury Board will follow the rules established by the unions and it is possible that the employees will be asked to complete the survey questionnaires outside work hours.

The FIQ asks the members to inform their local union team of the methods that the institutions will be using to carry out this exercise. ■

A STORY TO PURSUE AND TO FOLLOW

The mobilization in an inter-union to carry out the equity and the many obstacles that women have battled to be able to participate in the work and achieve pay equity represent one of the more significant and admirable battles. The fundamental issue of access to equity by the improvement of economic autonomy, that battle is never over.

Again recently, the FIQ had to contest the modifications introduced in 2009 and that penalized the employees, because they were not entitled to a salary adjustment retroactive to the date when the change in their job was noticed. After a long battle, Judge Édouard Martin found in favour of the Federation in part. However, the government has decided to appeal this decision, a file to follow.

It is crucial to remain vigilant with governments which are always looking to slow down the application of this historic law in the history of women.



INITIAL TRAINING

**Licensed Practical Nurses ad hoc Committee (CONT'D)
Initial training for the next generation of nurses (CONT'D)**



Guillaume Carette, CHUS

LICENSED PRACTICAL NURSES AD HOC COMMITTEE

(CONT'D)

The Committee notes however, a reluctance of some employers to fully use their skills despite the fact that Bill 90 has given them new professional activities.

JOB INSECURITY

The Federation also gathered information this fall on the job insecurity for the licensed practical nurses. The compilation of that inquiry is nearly completed, but already a large proportion of part-time positions has been noticed. The FIQ intends to attack this problem.

DAY FOR THE LICENSED PRACTICAL NURSE UNION REPRESENTATIVES

The Licensed Practical Nurses ad hoc Committee is organizing a meeting with the FIQ licensed practical nurse union representatives on March 25, for a special day of discussions.

A GREAT VICTORY!

The delegates applauded the victory of the *Syndicat des professionnelles en soins de Québec* (SPSQ), affiliated to the FIQ, which

won an important arbitration decision for the licensed practical nurses at the *Centre d'accueil St-Joseph de Lévis inc.* As a result, the employer has to comply with the collective agreement and pay them the salary of the best-paid function when they work in replacements for at least half of their normal workweek. Talk to your local union team for more specifics on this decision. ■

Several of the demands and proposals that the FIQ recommended throughout the work done in this file were heard.

INITIAL TRAINING FOR NURSES

(CONT'D)

The Minister of Health and Social Services even reminded everyone that Québec is fortunate to be able to count on competent and devoted nurses who play a key role in the daily delivery of care to the population and in reinforcing the front-line.

The delegates said they were satisfied with the process proposed by Minister Hébert which includes several of the demands, claims and proposals that the FIQ recommended throughout the work done in this file. They reiterated the importance of the FIQ continuing to play its role as leader and one of influence in the continuing work for a successful conclusion in this file, which is of utmost importance not only for the healthcare professionals but for the entire Québec population.

The FIQ will also continue to ensure the development of the files linked to the initial training of the next generation of licensed practical nurses and respiratory therapists as well as those connected to their respective professional role on the care teams and in the health-care network.

THE MAJOR AND DECISIVE ROLE OF THE FIQ

- The FIQ is the only labour organization to have thoroughly analyzed the ins and outs of every proposal submitted to the focus group (advantages, disadvantages);
- The FIQ is the only labour organization to have submitted a solution that is pragmatic, unifying, realistic and feasible in the short term and likely to satisfactorily rectify the obstacles generated by the OIIQ proposal, the *“Modèle québécois intégré de formation infirmière”* (Integrated Québec Model for Initial Training);
- The FIQ model does not include forcing the next generation of nurses to have a bachelor degree to practice the nursing profession, but instead to set up appropriate facilitating measures for promoting and accelerating an increase in the number of nurses with a bachelor degree;
- The FIQ submitted demands to the focus group for obtaining the essential conditions for any upgrade in the initial training for the next generation of nurses;
- The FIQ can count on the constant support of all of its members, which has enabled it to fully carry out its role of influence throughout the progress and conclusion of this file. ■



At the microphone: Helen Buki, CSSS de l'Énergie

PROVINCIAL NEGOTIATIONS, THEY HAVE OFFICIALLY STARTED!

For the delegates, this Federal Council was the first step in the work calendar surrounding the next round of negotiations of the collective agreement for the healthcare professionals where the union reps for the Negotiating Committee and the federal information and support team were elected.

The union reps elected to the Negotiating Committee will participate in the identification of the priorities for the negotiations and the approval of the draft collective agreement which will be adopted at a Federal Council in the fall. This process will lead to the tabling of the FIQ draft collective agreement on October 31, 2014 with the *Comité patronal de négociation du secteur de la santé et des services sociaux* (CPNSSS).

The *FIQ en Action* is therefore presenting your team for the next round of negotiations, which, being at the heart of the healthcare professionals' concerns and the realities of the workplaces, will, without a doubt, play a major role in the success of the negotiations of your working conditions. Congratulations to the union reps elected!

NEGOTIATING COMMITTEE (from left to right)

Isabelle Robert
Perfusionist
Institut de cardiologie de Montréal
(SPSIC-ICM)

Julie Ouellet
Nurse
CSSS Alphonse-Desjardins
(SPSQ)

Ridza Cléophat
Licensed Practical Nurse
Grace Dart Extended Care Centre
(UCHP)

Caroline Flageol
Respiratory Therapist
CHUM
(SPPSS du CHUM)

André-Luc Deschênes
Nurse
Inuulitsivik Health Centre
(SNII Baie d'Hudson)

Nancy Bouchard
Nurse
CSSS Maria-Chapdelaine
(SPSICR du CSSS Maria-Chapdelaine)

Michel Caron
Nurse
CSSS du Nord de Lanaudière
(SPSS du Nord de Lanaudière)

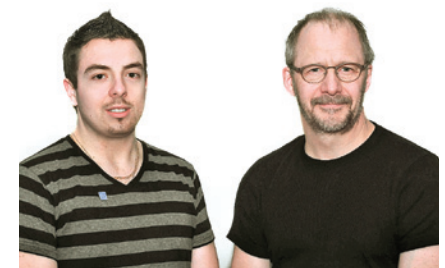
Sonia Bouffard
Licensed Practical Nurse
CSSS de la MRC-de-Coaticook
(SPSICR de Coaticook)

Suzanne Morin
Licensed Practical Nurse
Centre d'Accueil Marcelle-Ferron
(UCHP)

Dave Perkins
Respiratory Therapist
McGill University Health Centre
(UNCCP of the MUHC)

Véronique Foisy
Nurse
CSSS de la Haute-Yamaska
(SPSIR de la Haute-Yamaska)

FEDERAL INFORMATION AND SUPPORT TEAM



Guillaume Girard
Licensed Practical Nurse
CSSS de Chicoutimi
(SPSICR du Centre de santé de Chicoutimi)

Luc St-Laurent
Licensed Practical Nurse
CSSS de Rimouski-Neigette
(SPSICR de Rimouski)

