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A project on the place of women at the FIQ P. 8



fiq

Vol **29** | No **3** | May-June **2016** Federal Council of May 31, June 1 and 2



From left to right: the spokespersons for the negotiations, Nancy Bédard and Daniel Gilbert, and the team for the coordination of the negotiations of the FIQ, Daniel David and Serge Prévost

ENACTION

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

PROVINCIAL NEGOTIATIONS THE FIQ SIGNS THE NEW COLLECTIVE AGREEMENT

This Federal Council was an opportunity for the delegates to find out about the progress of the work on the writing of the texts of the new collective agreement for healthcare professionals. However, an agreement was reached on the texts in the week following the Federal Council. The collective agreement has now been signed and it will go into effect this July 10.

There were many discussions on the texts, many questions were asked and in certain cases, there have been improvements to the tentative agreement. In other cases, there was agreement on major similarities. These are additional gains for healthcare professionals.

PROGRESSIVE RETIREMENT AND NEW TERMS AND CONDITIONS FOR RETIREMENT

The new provision on progressive retirement now stipulates that:

An employee who has started a progressive retirement agreement before the bill resulting from the intersectoral agreement is tabled in the National Assembly, is not affected by the amendments regarding the increase in the percentage of the actuarial reduction and the new criterion of 61 years of age;

It is the same for any employee who begins an agreement on a reduction in work time within 120 days of the date the bill is tabled. The bill was tabled in the National assembly on May 11 of this year, thus starting the 120day period. Therefore, a progressive retirement agreement must be in effect before September 8, 2016.

NEW TERMS AND CONDITIONS FOR THE TWO "LUMP SUM AMOUNTS"

The new provisions on the "lump sum amounts" (additional remuneration)

now stipulate that, for purposes of calculating these amounts to be paid, the following will be taken into consideration:

- The hours paid during the period (therefore, this includes overtime);
- The hours paid for which the employee receives maternity, paternity or adoption leave benefits, indemnities stipulated in parental leaves, salary insurance benefits including those paid by the CNESST and by the SAAQ as well as those paid by the employer for work accidents, if applicable.

CONT'D P. 3



At the microphone: 1. Nancy Fortin, CSSS de l'Énergie 2. Stella Larochelle, Hôpital Santa Cabrini - AIM 3. Denis Provencher, CSSS des Pays-d'en-Haut

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WORD FROM THE PRESIDENT

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A PLACE FOR PRIVATE SUBSIDIZED INSTITUTIONS



We had a very busy Federal Council! The future remains ours to build. The delegates enthusiastically voiced their approval for the creation of a Federation that would defend and represent the healthcare professionals working in private subsidized institutions (EPC).

We are proud to allow healthcare professionals working in the private sector to unionize. This Federal Council was an opportunity for us to give a provincial voice to healthcare professionals from private subsidized institutions (EPC). They now have the means to come together and shift the power balance to their advantage against their employer and the Association of EPCs, the only employer association.

Because of Bill 10 and the resulting mergers, professionals working in EPCs found themselves without a voice, spread out across every corner of Quebec. With the creation of this Federation, the FIQ will give them the voice they need to defend their members by considering their unique reality. This is a major decision in the construction of the FIQ of tomorrow. We commend this decision because it strengthens our organization's position as the main defender of the rights of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists in all areas of care.

BE VIGILANT ABOUT OVERTIME

AND COMPULSORY OVERTIME! Summer is approaching fast and we are very concerned about what we have been hearing from institutions regarding the abusive use of overtime and compulsory overtime. According to what we have heard, our members will likely be called upon to do a lot of compulsory overtime this summer. Certain employers have already thrown in the towel and will not even try to prepare a schedule that will respect the employees' vacations and other needs; instead, they will offload the problem by using compulsory overtime. Some have even mentioned making CPNPs do compulsory overtime. We ask that you remain vigilant and that you report these situations to your local union teams. thrown in the towel and will not even in our public network and in our patients' rights, we are providing you with a Safe Staffing Form, w will be available on the Federation website. This form will allow you to confidentially report any aberrations or situations wherein your work or your patients' care and safety is compromised. This represents yet another step towa

In order for us to be able to intervene, we must be informed. We must not carry the weight of the budget cuts imposed upon the healthcare network by the liberal government because, regardless of what Minister Gaétan Barrette says, these liberal cuts have a direct impact on our working conditions as well as on the quality and safety of care. We must not lose sight of the true intentions of this minister and his government: they want to privatize the public health network. The information you will provide us with will allow us to put an end to this operation of destruction.

in our public network and in our patients' rights, we are providing you with a Safe Staffing Form, which will be available on the Federation's website. This form will allow vou to confidentially report any aberrations or situations wherein vour work or vour patients' care and safety is compromised. This represents yet another step towards a greater culture of advocacy among healthcare professionals. It is in this spirit that we announced to the delegation of the Federal Council that, this fall, we would hold an International Symposium on Safe Health Care. This symposium, organized by the FIQ, will allow us to continue our work towards a more efficient and humane healthcare system.

In conclusion, I would like to encourage you to remain active and to get involved. This is the only way we will change things for the better.



THE DELEGATION VISITS THE OUTAOUAIS REGION

This Federal Council was an opportunity for the delegates to visit the Outaouais region. Some of the Federation's decision-making meetings take place outside the larger cities in order to allow the delegates to get to know the regions of some of their colleagues. It is with great pleasure that the FIQ unions from the Outaouais region gave a warm welcome to their colleagues in Gatineau.

Syndicat des professionnelles en soins infirmiers et cardio-respiratoires du CSSS de Gatineau Syndicat des professionnelles de la santé du réseau Papineau Syndicat des professionnelles en soins de santé du Pontiac Syndicat des infirmières et infirmiers du Centre de réadaptation La Ressource Syndicat des infirmières et infirmières auxiliaires du Centre Champlain de Gatineau Syndicat régional des professionnelles en soins de santé du Québec - EPC-Vigi



Marianne Use, *Résidence Sorel-Tracy Inc. –* AIM

(CONT'D)

THE PREMIUMS AND SALARY **SUPPLEMENTS**

A new provision stipulates that the premiums and supplements expressed in dollars in effect on April 1, 2019, will be increased by 2%. This percentage represents the average increase following the salary relativity of the salary scales at the top of the scale.

In the FIQ collective agreement, the premiums and supplements which will be affected by this increase are:

- The split shift premium (9.06);
- The professional improvement premium for the licensed practical nurse (9.07);
- The annual isolation and remote premium in the case of regional disparities (29.02);
- The psychiatry premium (34.02);
- The AIS and AHN supplement payable to the nurse who temporarily replaces the head nurse or the immediate superior for a complete shift, when there is no AHN or AIS on duty in the centre of activities (7.06).

TRANSITIONAL MEASURE FOR THE PERIOD FROM APRIL 2, 2018, TO APRIL 2, 2019, FOR THE NURSE PROMOTED TO THE JOB TITLE OF ASSISTANT-HEAD-NURSE (AHN) OR ASSISTANT TO THE IMMEDIATE SUPERIOR (AIS) As of April 2, 2018, the salary scale of the nurse will go from a scale of 12 echelons to a scale of 18 echelons. But the salary scale of the AHN or the AIS will remain at 12 echelons for 2018-2019. It is only on April 2, 2019, that it will go to a scale of 18 echelons. So, the rules of promotion stipulate that a nurse promoted to AHN or AIS is integrated into the same echelon as the one she had. In this context, how is a nurse promoted to AHN on June 1, 2018, integrated, for example, when she will be in the 16th echelon?

The new provisions: A transitional measure has been agreed on for the period from April 2. 2018. to April 1, 2019. This stipulates that the nurse promoted to the job title of AHN or AIS during this period will receive a percentage of additional salary at the time of her promotion

to compensate for the lack of echelons in the salary scale for the promotion job. This percentage goes from 3.28% for the nurse in the 1^{st} echelon to 10.41% for the nurse in the 18th echelon. This percentage will be taken into account on April 2. 2019, in the integration into the new AHN or AIS scale of 18 echelons which goes into effect at that time. Remember that the integration will be done into a salary rate equal to or superior for this job title.

THE RESPIRATORY THERAPIST **PROMOTED TO THE JOB TITLE OF ASSISTANT-HEAD RESPIRATORY THERAPIST, RESPIRATORY THERAPY CLINICAL INSTRUCTOR OR RESPIRATORY THERAPY TECHNICAL COORDINATOR**

As of April 2, 2018, the salary scale of the respiratory therapist will continue to have 12 echelons. despite the change in rankings, whereas those of the promoted respiratory therapy jobs will now have 18 echelons. So, the current rules of promotion stipulate that a respiratory therapist who is promoted is integrated into the same echelon that she had. The fact that these two scales exist. as well as the introduction of the new salary scales in April 2019. creates problems and distortions (for example a lower salary) which should be corrected.

The new provisions: The solution retained creates a new permanent rule. Thus, the respiratory therapist who is promoted as of April 2, 2018, to the respiratory therapy promotion job titles will henceforth be integrated into the echelon of the promotion job corresponding to the years of experience in the job title that she is leaving.

AN EMPLOYEE BENEFITTING FROM THE ADDITIONAL **REMUNERATION FOR HER POSTGRADUATE TRAINING**

An employee receives additional remuneration when she has reached the top of the scale and her postgraduate training is recognized. So, what happens with this additional remuneration when an employee in the $12^{\mbox{\tiny th}}$ echelon integrates a scale with 18 echelons? In reality, she will not be at the top of the scale.

The new provisions: An employee receiving additional remuneration (removal of the ceiling) at the time of the change in ranking on April 2, 2018, or when there is an integration into the salary scales resulting from the salary relativity on April 2, 2019. will be guaranteed this remuneration even if she is no longer at the top of the new salary scale. In other words, she will continue to benefit from the percentage of the additional remuneration associated with her postgraduate training.

A MONETARY CONTRIBUTION FROM THE GOVERNMENT TO THE INSURANCE PLAN

The parties have agreed on a monetary contribution from the government to the group insurance plan for the employees affiliated to the FIQ. For each annual period included between April 1, 2016, and March 31, 2020, the government will deposit a maximum amount of \$7.31 M with the insurer in a fund for the employees affiliated to the FIQ. The government will deposit this amount for each annual period subsequent to the expiration of the collective agreement.

This money must be used for the sole purpose of insurance, in particular for granting premium holidays or reductions for the insured, by improving the coverage of the group insurance plan and by leaving the amounts on deposit with the insurer to, for example, protect against future cost increases. The use of these amounts will therefore be the subject of discussions at a future Federal Council.

For more information, especially on the retroactivity of certain clauses, please contact your local union representatives.



Celebrating 20 years of partnership!

The Personal, a home, auto and business group insurer. celebrated its 20 years of partnership with the FIQ. For the occasion, they treated us to a cocktail hour at the adjournment of the Federal Council on June 1. In this photo, we have Régine Laurent, Brigitte Hébert, account manager for The Personal general insurance, and Nicole Philippon from the CSSS de Québec-Nord (SPSQ), the delegate who won the draw for an iPad mini. The agreement negotiated between the FIQ and The Personal gives you access to the advantages and savings of a group insurance.

For more information: http://www.lapersonnelle. com/p-qc/EN/Pages/home. aspx?MCA=P&LNG=EN

FINANCES



The Internal Audit

Committee, composed of Jérôme Rousseau, Pascal **Beaulieu and Nathalie** Gilman, presented its 2015 report to the delegation. The Committee is satisfied with the Federation's 2015 financial statements, despite certain discrepancies with the budget estimates. The large sums that were invested enabled the FIQ to come out on top of these negotiations, but the Committee is of the opinion that we must already begin replenishing the negotiation reserves in order for them to be at an optimal level for the next negotiations. In the upcoming year, the Committee would like to see the beginning of a reflection concerning the grievance procedure in order to optimize the FIQ's efforts made in defending the members.

2015 FINANCIAL STATEMENTS THE FIQ IS IN CONTROL OF ITS FINANCES

FIQ Treasurer Roberto Bomba presented the 2015 financial statements to the delegates. They now share common knowledge of the amounts spent on various budget items as well as a precise evaluation of the costs incurred by the organization's various activities.

The finances are the result of political choices and decisions made by the decision-making bodies of the Federation. In addition, all the budget items undergo a monthly administrative follow-up in order to prevent or anticipate any cost overruns. The organization's finances have always been subject to rigorous management, 2015 being no exception.

Furthermore, these financial statements are a testament to how much the Federation values the services offered to its members and its affiliated unions. Although the Labour Relations Sector is usually the largest budget item, 2015 was marked by the negotiations for the new collective agreement for healthcare professionals. Significant amounts had to be invested by the Federation in order to support this negotiation. Nevertheless, the year ended with a surplus of \$913,979, despite an expected deficit of \$349,590.

Regardless of this positive outcome, proper management of all budget items is necessary in order to preserve the FIQ's financial health. Indeed, the current climate remains uncertain and its financial impacts are hard to predict. It is vital that the Federation continue to soundly manage its finances.

OHS 379 442 392 885 Task and Organization of Work 619 083 405 628 Social Security 246 152 253 028 Total for the sectors 17 560 354 16 665 583 SERVICES 116 665 583 116 665 583 Education-Animation 615 856 727 930 Union Organizing 898 230 819 636 Communication-Information 1169 905 1053 053 Translation and Web 350 389 363 618 General Administration (including computer) 7 345 531 7 180 818 Human Resources 1 370 908 1 208 756 Total expenses 31 280 841 30 236 417	ADMINISTRATION FUND	2015 (12 months)	2014 (12 months)
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Total for the services 3 034 380 2 964 237 General Administration (including computer) 7 345 531 7 180 818 Human Resources 1 370 908 1 208 756 Total expenses 31 280 841 30 236 417	Communication-Information	1 169 905	1 053 053
General Administration (including computer) 7 345 531 7 180 818 Human Resources 1 370 908 1 208 756 Total expenses 31 280 841 30 236 417	Translation and Web	<u>350 389</u>	<u>363 618</u>
Human Resources 1 370 908 1 208 756 Total expenses 31 280 841 30 236 417	Total for the services	3 034 380	2 964 237
Total expenses 31 280 841 30 236 417	General Administration (including computer)	7 345 531	7 180 818
	Human Resources	<u>1 370 908</u>	<u>1 208 756</u>
	Total expenses	31 280 841	30 236 417
LACESS OF REVENUES 213 5/3 /03 643	EXCESS OF REVENUE OVER EXPENSES	<u>913 979</u>	<u>763 843</u>

The delegates adopted the 2015 financial statements unanimously.

REVENUE AND EXPENSES FOR THE PERIOD AND BALANCE OF ALL FUNDS AS OF DECEMBER 31, 2015

	Union Defence Fund	Administration Fund	Negotiation Reserve	Solidarity Reserve	F.C. and Convention Reserve	Total
BALANCE AS OF DECEMBER 31, 2014	2 969 992	15 483 958	1 087 197	194 700	(790 423)	23 035 133
Adjustment	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Balance after correction as of December 31, 2014	2 969 992	15 483 958	1 087 1 97	194 700	(790 423)	18 945 424
Income for the 2015 period	1161760	32 194 820	1 600 000	178 977	2 615 000	37 750 557
Expenses for the 2015 period	<u>310 614</u>	<u>31 280 84 1</u>	<u>7 596 686</u>	<u>187 108</u>	<u>2 360 804</u>	<u>41 736 053</u>
Excess for the 2015 period	851146	913 979	(5 996 686)	(8131)	254 196	(3 985 496)
BALANCE AS OF DECEMBER 31, 2015 Assigned surplus-movables/equipment	<u>3 821138</u>	<u>16 397 937</u> 1 208 676	<u>(4 909 489)</u>	<u>186 569</u>	<u>(536 227)</u>	<u>14 959 928</u>
Assigned surplus-head office		7 300 889				
Assigned surplus-computer		3 705 603				
Accumulated surplus-not assigned		4 182 77 1				
Note: Difference is due to rounding off of desimals						

Note: Difference is due to rounding off of decimals

RESERVE FOR NEGOTIATIONS	2015 (12 months)	2014 (12 months)
ADMINISTRATION FUND CONTRIBUTION		
Regular dues	1 600 000	1 600 000
Additional dues	0	0
Other revenue	<u>0</u>	<u>0</u>
Total contribution	1 600 000	1 600 000
NEGOTIATIONS		
Salaries and fringe benefits	1 514 203	775 712
Travelling expenses	586 502	180 591
Rental expenses	18 125	6 695
Printing expenses	43 921	14 863
Courier and communications	31 579	7 471
Professional fees	84 486	78 679
Publications	331 458	167 228
Admission and membership fees	0	4 829
Federal Council meetings	2 423 496	1161 397
Other expenses	179 228	349 391
Ads/surveys/campaigns	2 383 688	1 741 920
Private sector negotiations	<u>0</u>	<u>0</u>
Total for negotiation expenses	7 596 686	4 488 776
EXCESS OF REVENUE OVER EXPENSES	<u>(5 996 686)</u>	<u>(2 888 776)</u>

UNION DEFENCE FUND	2015 (12 months)	2014 (12 months)
REVENUE		
Administration Fund Contribution		
BENEFITS		
Regular dues	374 710	359 085
Donations	20	0
Interest	<u>20 548</u>	<u>13 368</u>
	<u>395 278</u>	372 453
UNION ORGANIZING		
Regular dues	749 421	718170
Interest	17 061	29 740
Other revenue	<u>0</u>	<u>0</u>
	766 482	747 910
Total income	1161760	1120 363
EXPENSES		
BENEFITS		
Union Defence Fund Committee	1662	4 1 5 2
Salaries and fringe benefits	0	0
Fines and legal expenses	0	0
Professional fees	8 050	9 104
Interest and bank charges	0	0
Other expenses	17 466	34 179
Financial aid	<u>10 176</u>	<u>834</u>
	<u>37 354</u>	<u>48 269</u>
UNION ORGANIZING		
Salaries, union leaves & fringe benefits	80 484	1 247 231
Travelling expenses	9 820	304 645
Rental expenses	0	7 072
Printing expenses	12 624	14 192
Courier and communications	0	2 473
Professional fees	0	14 722
Other expenses	<u>170 332</u>	<u>550 006</u>
	273 260	<u>2 140 341</u>
Total expenses	310 614	2 188 610
EXCESS OF REVENUE OVER EXPENSES	<u>851 146</u>	<u>(1 068 247)</u>

SOLIDARITY RESERVE	2015 (12 months)	2014 (12 months)
REVENUE		
Contribution from Administration Fund	178 977	174 834
Other revenue	<u>0</u>	<u>575</u>
Total contribution	178 977	175 409
EXPENSES		
Solidarity	<u>187 108</u>	<u>136 748</u>
EXCESS OF REVENUE/EXPENSES	<u>(8 131)</u>	<u>38 661</u>
RESERVE FOR CONVENTION & F.C.	2015 (12 months)	2014 (12 months)
REVENUE		

REVENUE		
Contribution from Administration Fund	2 615 000	2 315 000
Other revenue	<u>0</u>	<u>34 000</u>
Total contribution	2 615 000	2 349 000
EXPENSES		
Meetings (including equalization)	<u>2 360 804</u>	<u>3 284 190</u>
EXCESS OF REVENUE/EXPENSES	<u>254 196</u>	<u>(935 190)</u>

RESERVE FOR HEAD OFFICE	2015 (12 months)	2014 (12 months)
REVENUE		
Contribution from Administration Fund	0	0
EXPENSES		
Head office	<u>0</u>	<u>0</u>
EXCESS OF REVENUE/EXPENSES	<u><u>o</u></u>	≙

BALANCE SHEET AS OF DEC. 31, 2015			
	Union Defence Fund	Adminis- tration Fund*	Total
CURRENT ASSETS			
Cash	1901036	693 397	2 594 433
Temporary investments	2 270 404	4 813 623	7 084 027
Advances to Administration Fund	0	0	0
Advance to Parity Ins.Comm.Fund	0	440 257	440 257
Advance to Union Defence Fund	0	350 302	350 302
Debtors	0	1 954 093	1 954 093
Expenses computable on next period	0	172 740	172 740
Deferred expenses	0	7 300 889	7 300 889
FIXED ASSETS	<u>0</u>	<u>4 914 278</u>	<u>4 914 278</u>
TOTAL ASSETS	<u>4 171 440</u>	<u>20 639 579</u>	<u>24 811 019</u>
CURRENT LIABILITIES			
Suppliers and accrued liabilities	0	2 436 516	2 436 516
Deferred income	0	0	0
Dev't of human ressources	0	380 625	380 625
Debt coming to term within a year	0	0	0
Accounts payable	<u>0</u>	<u>6 683 727</u>	<u>6 683 727</u>
	<u>0</u>	<u>9 500 868</u>	<u>9 500 868</u>
Advance from AF	350 302	0	350 302
LONG-TERM DEBT	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL LIABILITIES	<u>350 302</u>	<u>9 500 868</u>	<u>9 851170</u>
MEMBER'S EQUITY			
Accumulated surplus not assigned	3 821138	4 182 771	8 003 909
Assigned surplus movables/equipment	0	1 208 676	1 208 676
Assigned surplus computer	0	3 705 603	3 705 603
Assigned surplus-head office	0	7 300 889	7 300 889
Surplus reserved for negotiations	0	(4 909 489)	(4 909 489)
Surplus reserved for solidarity	0	186 569	186 569
Surplus reserved for FC and Conv. meetings	<u>0</u>	(536 308)	<u>(536 308)</u>
	3 821138	<u>11 1 38 711</u>	<u>14 959 849</u>
LIABILITIES AND EQUITY	4 171 440	20 639 579	24 811 019

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

ORGANIZATION OF WORK

TO ACT



At the microphone: Caroline Lamothe, Grou lain Inc. - SRPSQ

The FIQ has produced several brochures on the organization of work. You can consult them on the website of the Federation in the zone membres/fascicules en organisation du travail (members zone/leaflets in organization of work).

BILL 90 AND COLLABORATION THE FOUNDATIONS OF **PROFESSIONAL PRACTICE**

At this Federal Council, the delegates learned about the results of the nurse, licensed practical nurse, respiratory therapist and clinical perfusionist commissions held in December and discussed the actions which will be deployed by the FIQ at the provincial, regional and local levels to respond to the concerns and the recommendations submitted by the commissions.

The actions strategically chosen by the Federation are aimed at combatting the main obstacles which interfere with the practice of healthcare professionals and supporting the interventions undertaken at the local, regional and provincial levels aimed at improving the professional practice, the organization of work, the care and services and the working and living conditions at work.

Here are the main obstacles identified which were a consensus in the commissions:

FIELD OF PRACTICE

- Difficulty in satisfactorily carrying out all the reserved activities;
- Obvious lack of knowledge and recognition of the nature and the scope of the respective fields of practice of the healthcare professionals:
- Notable disparity intra/inter institution in the deployment and application of Bills 90 and 21, the collective prescriptions, care protocols, institution rules and the TNPs.

2016 OHS Week

ORGANIZATION OF WORK, CARE AND SERVICES

- Roles, tasks, duties and responsibilities of the healthcare professionals not clearly defined or respected (conflicts or ambiguities of roles);
- Lack of professional leadership and support;
- Problems in planning, administration, communication, coordination and collaboration.

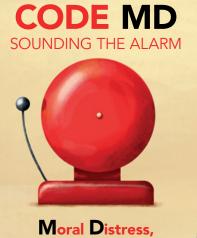
WORKING CONDITIONS AND **WORKING LIVES**

- Lack of human or material resources, and time;
- Unstable and insufficient care teams:
- Excessive workload:
- Inadequate HRDP-PMO exercises;
- Harmful work climate;
- Misunderstanding and underutilization of the structures, operating styles, places of influence and action in the collective agreement or not.

The development or updating of different publications, training sessions as well as the use of the Web and social media will make it possible to highlight the practice of healthcare professionals and its determinants as well as the possible strategies for encouraging greater involvement of healthcare professionals in the various local structures, including the committees on care, the councils of nurses, the committees of licensed practical nurses and the multidisciplinary councils.

Actions are also planned with the Government, employers and professional orders to guarantee a satisfactory practice for all healthcare professionals and to ensure quality care. The FIQ, the local union teams and all the healthcare professionals must occupy the places of influence more and more in order to ensure that their practice fits in with their respective field of practice and that a consistency in the deployment and application of this is done in the healthcare network. The sharing of information, collective enrichment and mobilization will certainly be on the agenda!

OCCUPATIONAL HEALTH AND SAFETY 2016



acknowledging the danger

fiqsante.qc.ca

FEDERATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC

Because of the tasks they must fulfill, healthcare professionals are likely to find themselves in delicate situations. They strive to take care of their patients and loved ones in the best way possible, ensuring that they have everything they need. However, for reasons that are often out of their control, this is sadly not always possible.

Herein resides the risk of suffering from moral distress, which can be described as the risk of suffering when we know what actions need to be taken or what needs to be done, but there are organizational obstacles and restrictions that are preventing us from doing so, or there is too great a distance between the care and services we would like to offer and what we are able to give in reality.

2016 OHS Week, which will be held from October 16 to 22, 2016, is aimed at giving tools to healthcare professionals in order for them to be able to detect moral distress, to know its causes and consequences and to be able to protect themselves from it. By the end of September, posters and pamphlets will be sent to all the local teams and will also be made available on the Federation's website.

International Symposium on Safe Health Care Safe Staffing Form – A tool for the healthcare professionals

Symposium Safe health care

INTERNATIONAL SYMPOSIUM ON SAFE HEALTH CARE

The Federation is organizing an International Symposium on Safe Health Care which will take place this October 26 at the Laval Convention Centre. Under the theme, "Safe Care: recent issues and developments", this event will enable the participants to debate the assessment and the decisions to be made for assuring quality, safe and humane care.

During the most recent negotiations, the FIQ obtained the setting up of a committee with the mandate of deploying pilot projects on the healthcare professional-topatient ratios which will lead to the development of a Québec model. The Symposium will be a golden opportunity to promote this important file with the decisionmakers, in a context of safe care. The ratios are an appropriate response to the problem in the network of meeting the needs of the population. And who better than the healthcare professionals to judge the issues surrounding the quality

and the safety of the care provided in the healthcare institutions! This is why the FIQ, the only 100% healthcare professional labour organization, is at the forefront leading this file.

In addition, because the theme of healthcare professional-to-patient ratios is not discussed much in Québec and Canadian scientific literature, the Federation wants to provide a forum in Québec for the international specialists who, for many years, have conducted studies on this problem. The FIQ hopes to be a pioneer, an agent of change in regards to the ratios. The Symposium will be the proof of this. Don't miss this major event which will bring together the members and the union reps of the FIQ, universities, representatives of labour and community organizations, administrators, patient representatives and representatives of the professional orders, nursing students and the population.

All the details will be available on the FIQ website and on its Facebook page.



SAFE STAFFING FORM A TOOL FOR THE HEALTHCARE PROFESSIONALS

The healthcare network is the target of repeated budget cutbacks. The healthcare professionals personally suffer the consequences and are first-hand witnesses of the disastrous impacts that these cutbacks cause for the patients. Action must be taken.

As a nurse, licensed practical nurse, respiratory therapist or clinical perfusionist, you must reveal the abnormalities that you are faced with and you must be able to do this without fear of reprisals from your employer. You can now move on to action to advocate for the patients. The FIQ is putting the Safe Staffing Form at your disposal, an online form, always available, which will be handled with the utmost discretion. The Federation is asking you to report the situations where your conditions of practice do not allow you to provide quality, safe and humane care, each time that this happens. They can be problems linked to the composition of the teams, to healthcare professionalto-patient ratios, the increased care needs of the patients, etc. Specific interventions, with the administrations of the institutions or any other appropriate body, can be conducted.

It is through the pooling of all these situations that the FIQ, in the name of its 66,000 healthcare professional members, can bring about change.

Participate in the movement by going to fiqsante.qc.ca!



Linda Silas, President of the Canadian Federation of Nurses Unions (CFNU), made a visit to the delegates during their meeting in Outaouais. She wanted to congratulate them for the expertise that they have developed in the professional practice file that will ensure that the healthcare professionals can properly do their work and provide safe care. She commended the initiative of the FIQ in reporting the unacceptable situations. Similar steps taken in British Columbia and Alberta have been a resounding success and have been able to get the government to move.

STATUS OF WOMEN



A PROJECT ON THE PLACE OF WOMEN AT THE FIQ

During this Federal Council, honest discussions and reflections were had about the lowering number of women in places of power within the organization. This led to the delegation adopting by a majority a recommendation to initiate a project on the place of women at the FIQ.

The issue of the representation of women in places of decision-making power or of influence is not new. However, it seems to be resurfacing with considerable emphasis lately. While it has been subject to question within the Federation, it has also been discussed in depth in almost all social spheres, in Quebec and the rest of the world.

Although the FIQ's members are over 90% women, upon observing the participation curves of men and women, one thing is clear: for the past few years, women have become less and less involved in the decision-making bodies of the Federation. Indeed, at the 1988 Convention, women represented 88% of the delegation, whereas the number was down to 62% at the 2014 Convention and 73% during the 2014 Federal Councils.

This observation is cause for concern regarding the proper representation of women and deserves to be studied in greater depth. How can this reduction be explained? Why is it important for women to be involved in their union organization? What obstacles hinder their involvement? What conditions could encourage their participation? What are the particular issues arising from Bill 10? The analysis of these questions and their answers will lead to the committee proposing a policy during a Federal Council which will be geared towards ensuring equitable representation of women in all places of power.

The Federation represents healthcare professionals, both men and women, and believes that each and every one of them must take part in these decisions. Women and men must be represented equitably, and we owe it to ourselves to find clear means by which we can encourage women's involvement and to increase their desire for making their voices heard.



From left to right: the members of the Youth Committee, Shany Saint-Amand, Francis Charbonneau, Claudiane Gélinas, Isabelle Bouchard and Jonathan Germain

THE PLACE OF THE YOUTH AT THE FIQ

In January 2015, the delegation of the Federal Council tasked the Federation with evaluating the place of young healthcare professionals (30 years and younger) within the organization. This evaluation was done by the FIQ Youth Committee. The objectives they had were to diagnose the state of youth involvement in the Federation and to increase their participation and involvement at all levels.

Some observations:

the upcoming years;

Some of the proposed solutions:

- Young healthcare professionals represent 24.27% of the members of the Federation and this proportion is likely to increase in
- The number of young reps elected on local Executive Committees is decreasing (7.48% in 2016 compared to 13.28% in 2012);
- Young reps only represent 2.27% of the members in FIQ committees, including the Negotiating Committee and excluding the Youth Committee.

 Adapt union assemblies to the reality of the youth;

- Increase the number of institutions with a Youth Committee;
- Invite people to speak about the reality of the youth during FIQ meetings;
- Hold regular meetings of the Youth Network to encourage innovation and actions;
- Establish greater collaboration with other FIQ committees in order to integrate the reality of young reps into various cases.

The importance of including and recruiting young reps at all levels of the organization is no longer debateable. Young healthcare professionals are the future. They bring in ideas, creativity and new ways of doing things. They mobilize around actions and enjoy being at the heart of projects. The Federation just needs to adapt its procedures, listen to them, speak with them and give them a place!

