



# EN ACTION

Vol. 34 | No. 6 | June 2021

REGROUPEMENT DES FIQ | [fiqsante.qc.ca](http://fiqsante.qc.ca) | [fiqp.org](http://fiqp.org)

Special Provincial Council - Negotiations  
on June 15



## THE FIQ AND FIQP DELEGATES APPROVE THE TENTATIVE AGREEMENT WITH THE GOVERNMENT



Meeting in a Special Provincial Council - Negotiations on June 15, the FIQ and FIQP delegates approved the global tentative agreement reached with the Québec government, on both working conditions and salaries.

The long negotiation that is ending has taken place in a context never seen before: that of a pandemic that did not spare Québec and that hit nurses, licensed practical nurses, respiratory therapists and clinical perfusionists hard by radically changing their working and practice conditions.

With this tentative agreement, the FIQ achieved its main objectives: enhance the care professions, ensure salary recognition of the healthcare professionals' expertise, and introduce a culture of stability in the health network. Hence, the gains are both financial and structural and will help start the reconstruction of the health network.

will lead to significant increases in remuneration.

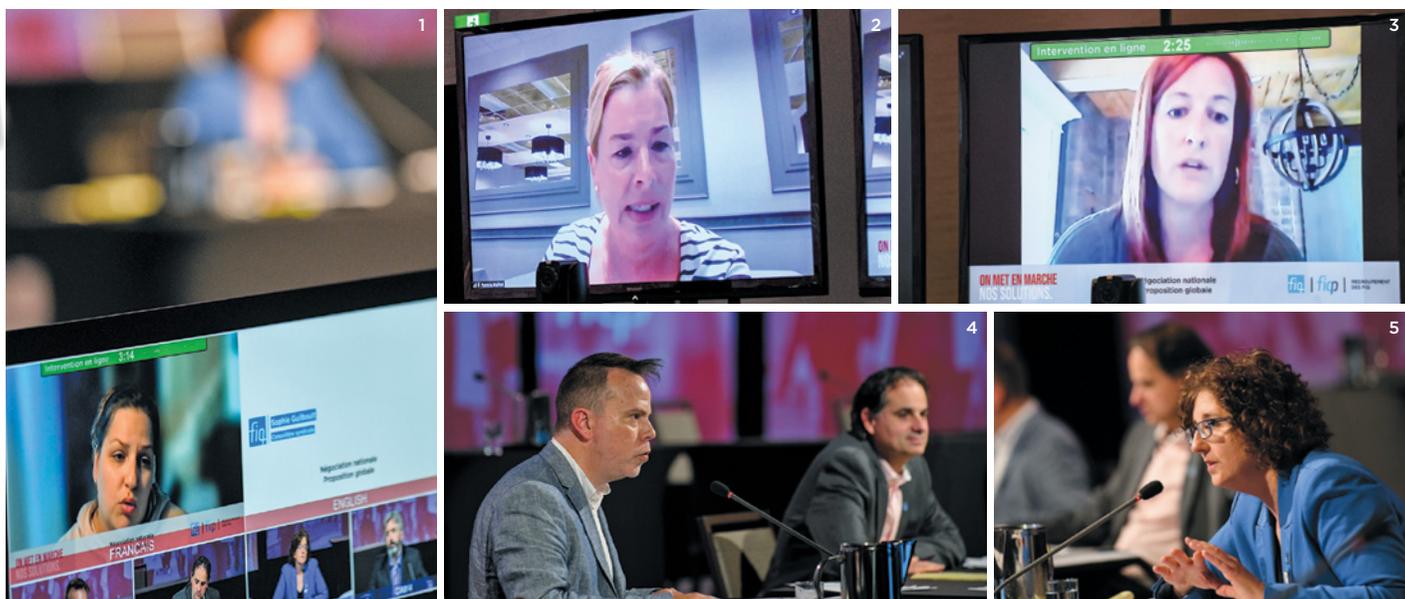
During these negotiations, messages on the urgency of reducing the work overload, reducing healthcare professional-to-patient ratios, especially in CHSLDs and EPCs, making full-time positions more attractive and recognizing the healthcare professionals' expertise resonated throughout Québec. The agreement reached will now give healthcare professionals access to the tools for restoring the work teams, combatting the work overload and ensuring the continuity of care and services for the population. These gains would never have been obtained without mobilization and the strong public positions taken. ■

In this devastating context for the health network, but also for all of Québec society, the healthcare professionals, however, were able to do well at the intersectoral table by obtaining the largest monetary offer from the government in the last 20 years. The measures put in place to attract and retain healthcare professionals in remote and northern regions are also the first concrete action by the government in years on the often forgotten issue of regional disparities.

Thus, the agreement includes unprecedented specific gains for the FIQ and FIQP members as well as better salaries for everyone without any conditions. In March 2023, healthcare professionals will earn at least 11.5% more than they do now, not to mention the effect of the increase in the workweek to 37.5 hours for all healthcare professionals, extending access to certain existing premiums and access to new premiums, which

### LOCAL GENERAL ASSEMBLY

To learn all about the global agreement, be sure to attend your local general assembly in the coming weeks. Keep an eye out for meeting notices from your union and follow posts on social media.



1. Brigitte Petrie, CISSS de la Montérégie-Est
2. Patricia Mailhot, CIUSSS de la Mauricie-et-du-Centre-du-Québec
3. Véronique Bouchard, Institut de cardiologie de Montréal
4. Jérôme Rousseau and Roberto Bomba, Political officers for the provincial negotiations
5. Sophie Guilbault, spokesperson for the provincial negotiations

**WORD FROM THE PRESIDENT**

En Action, Vol. 34, No. 6, Juin 2021 | Published by the Communication Service | **Distribution:** 76,000 copies | **Graphic layout:** Josée Roy | **Photography:** Paul Doumit | **Printing:** Numérix | Reprint of any article or excerpt must indicate "reprint from the *FIQ en Action*" | 100% recycled paper | If you wish to receive only the electronic version of FIQ publications, send a request to [info@fiqsante.qc.ca](mailto:info@fiqsante.qc.ca) | ISSN 1913-1755 (Print) | ISSN 1913-1763 (Online) | [fiqsante.qc.ca](http://fiqsante.qc.ca) | [info@fiqsante.qc.ca](mailto:info@fiqsante.qc.ca)



**THE END OF THE MARATHON**

*Dany Béland*

On June 15, we crossed the finish line for provincial negotiations. A strong majority of the FIQ and FIQP delegates at the virtual special provincial council - negotiations ratified the proposed global agreement.

Before recommending that the delegation approve the agreement, we took time on the provincial Executive Committee to analyze everything on the table based on our negotiation objectives and priorities. These were our guides for each of the demands submitted to the employer party, and our points of reference when we had to make difficult decisions.

No negotiation is perfect. There were some things we had to grieve along the way. However, it was essential that no one was left out. We made major progress, and for other aspects, we laid the groundwork for the next provincial negotiations.

Negotiations are first and foremost a major democratic process for a labour organization like ours. The consultations conducted among each one of you helped the negotiation team, supported by your representatives on the Negotiation Council, to pinpoint the priority aspects, aspects that are consistent with your reality in the field.

Our strength came from working as a team throughout. At each

step, we consulted, informed, and made decisions with the support of the delegates, your elected representatives. All of our resources in local and provincial structures, especially for information and mobilization, worked for months to land these negotiations.

We can be proud of the great feat we accomplished together. Every negotiation is different, but I won't deny that this one was unique.

We had to live our democratic life differently. Because of the pandemic, we had to rethink our way of doing things, create new discussion spaces, and reinvent ourselves by learning how to do things virtually. The context and pandemic also influenced the outcome of negotiations. However, they didn't stop us from staying on course with our priorities.

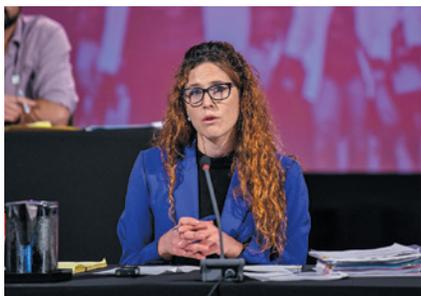
The negotiation process marks a labour organization. We know where we came from but never know exactly where we will end up. It's a big challenge because throughout the journey, there are 1,000 possible routes you could take to get there.

All year long we drove home the message that the health network needed a change of culture and that a serious push was needed to address the quickly deteriorating working conditions. During the pandemic, we hit a wall. We now need to put our energy into rebuilding the network on more solid ground.

It is time to wrap up this extremely important democratic process. The next step is up to you. In the coming days and weeks, general assemblies will be organized in all of your institutions to present the proposed global agreement. Participate in your assemblies, ask your representatives questions, express yourselves! Next, you will be called to vote on August 4 and 5 at a referendum by electronic vote.

This tentative agreement will mark the end of the negotiation marathon, but not the end of our battles. The next negotiations are not far off and we are ready to continue the battle together. In the meantime, it's time for you to have your say! ■

**To consult the documents and watch the videos about the tentative agreement and voting process, visit [fiqsante.qc.ca/nego2020](http://fiqsante.qc.ca/nego2020) and follow the FIQ's and affiliated unions' social media accounts.**



Émilie Gauthier, Union Consultant

**A RELIABLE AND SECURE ONLINE REFERENDUM PROCESS**

The pandemic has had many impacts on union life over the last several months. The digital shift transformed FIQ and FIQP meetings, as well as local general assemblies. And so, in October 2020, delegates adopted recommendations to mandate the FIQ to set up an electronic voting platform to hold an online referendum vote in compliance with health measures. The platform meets the highest security and confidentiality standards. In the spring, union teams were trained on how to use the platform and they are now ready to deploy the referendum tools.

In the coming weeks, the content of the tentative agreement will be presented in detail to the 76,000 FIQ and FIQP members in the local general assemblies organized by the affiliated unions.

Next, members will be called to vote via the electronic voting platform on August 4 and 5, 2021 on the tentative agreement.

Each member in good standing with the FIQ or FIQP affiliated unions will receive a letter in the mail with their voter code and password in July. It is very important to keep this letter safe because the information in it will allow you to identify yourself so you can vote.



## NEGOTIATIONS

## RECOGNIZING THE HEALTHCARE PROFESSIONALS' SPECIFIC EXPERTISE

To understand the effects of the salary increases, FIQ premium, increase in the workweek to 37.5 hours and improvement of certain premiums, here are examples of the evolution of the total remuneration between 2020 and 2023 for a full-time employee.

- 1) Licensed practical nurse working the night shift or night rotation in medicine or surgery

**In echelon 1**

From \$42,582 on March 31, 2020 to \$55,040 on March 31, 2023, which is 29.3% additional remuneration, excluding retroactivity

**In echelon 12**

From \$57,417 on March 31, 2020 to \$67,277 on March 31, 2023, 17% additional remuneration, excluding retroactivity.

- 2) Respiratory therapist working the evening shift or evening rotation in a respiratory therapy 24/7 centre of activities or on two continuous different shifts

**In echelon 1**

From \$44,675 on March 31, 2020 to \$60,979 on March 31, 2023, which is 36.5% additional remuneration, excluding retroactivity.

**In echelon 12**

From \$69,990 on March 31, 2020 to \$83,166 on March 31, 2023, which is 18.8% additional remuneration, excluding retroactivity.

- 3) College diploma nurse working on the day shift in an obstetrical unit (mother-child) where services are provided 24/7

**In echelon 1**

From \$49,956 on March 31, 2020 to \$66,924 on March 31, 2023, which is 42.5% additional remuneration, excluding retroactivity.

**In echelon 12**

From \$76,050 on March 31, 2020 to \$89,795 on March 31, 2023, which is 18.1% additional remuneration, excluding retroactivity.

## INTERSECTORAL MATTERS

## RECOGNIZING THE HEALTHCARE PROFESSIONALS' SPECIFIC EXPERTISE

After the FIQ and FIQP Conventions on June 7, 9, and 10, the negotiating team began a bargaining blitz with the employer party.

It was then clear that the negotiations could not be settled at zero cost and the government had to make additional investments. Because the serious labour shortage impacts all care professions, without exception, the offers needed to reflect the specificity of the healthcare professionals' expertise and given to everyone, without any conditions.

In this respect, the FIQ's objectives were achieved because the gains in overall remuneration include salary increases, a premium exclusively for the healthcare professionals and broader recognition of the hours worked from April 1, 2019 to March 31, 2021 thanks to lump sums, ultimately representing 11.5% and 12.5% for all healthcare professionals.

This increase includes:

- Salary increases for all government employees of 2% a year
- 1% additional increase for employees in health and social services in the first nine salary echelons for 2022-2023
- A specific FIQ premium of 3.5% for all healthcare professionals, without any conditions
- Two lump sums of \$0.33 per paid hour for April 1, 2019 to March 31, 2020 and from April 1, 2020 to

March 31, 2021. This represents an amount of a little more than \$1,200 for a full-time employee, the equivalent of a 2% gain

Moreover, to recognize their expertise and responsibilities, specialty nurse practitioners (SNP) and specialty nurse practitioner candidates go from ranking 26 to ranking 28, the highest ranking for Class 1 employees. This change in ranking is retroactive to January 25, 2021, the date Bill 6 went into effect which broadens the SNP's powers.

Clinical perfusionists will receive a lump sum of \$4,000 or \$6,000 (according to region) linked to full time work during the period the ministerial orders were applied.

**REGIONAL DISPARITIES**

During the final weeks of negotiations, the idea of finding regional solutions to the labour shortage problems caused by the creation of a huge CISSS and CIUSSS in certain regions took hold. Even employers admitted they had no leverage for attracting and retaining healthcare professionals.

Hence, for the first time in years, concrete improvements will be made to the regional disparities regime:

- The location and retention premium is expanded to all healthcare professionals working in the Far North and there will be

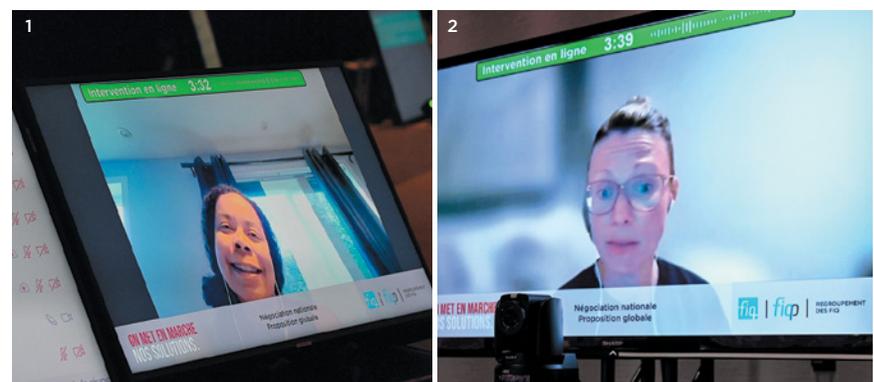
compensation for the tax prejudices linked to the 3<sup>rd</sup> and 4<sup>th</sup> trips out

- The presence of two nurses in northern clinics at all times will also be ensured, a major victory in occupational health and safety
- A provincial joint committee, with a \$5.29 million budget, will be put in place to address the attraction and retention problems caused by the creation of huge CISSSs and CIUSSS in the same region
- A budgetary envelope of \$3 million will be reserved to respond to the specific labour shortage issues in Abitibi-Témiscamingue over the next 18 months. The local parties will ensure that the available money is used to solve the problems identified

Two inter-union joint committees will also be created to analyze the issues linked to retirement and parental rights and make recommendations to the employer and union parties before the next round of negotiations begin. ■

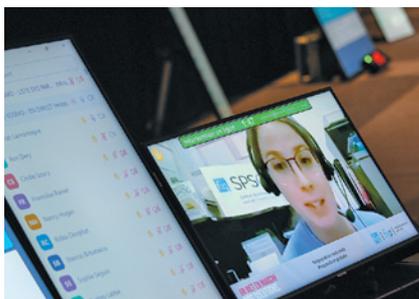
View the table that concerns you and contains the specific information for your job title, shift and practice setting at [fiqsante.qc.ca/nego2020](https://fiqsante.qc.ca/nego2020)

1. Nissa Poisson-Thomas, MUHC  
2. Geneviève Boutin, IUCPQ



**NEGOTIATIONS**

**WE ARE THE SOLUTION.**



Sarah Lamontagne, CISSS de Chaudière-Appalaches



Mohammed Lamraoui, CIUSSS du Nord-de-l'île-de-Montréal

## SECTORAL GAINS AN AGREEMENT ON IMPROVED WORKING CONDITIONS

The sectoral agreement ratified by the delegates in December 2020 clearly puts stability at the heart of the management of the network and stopping the flawed management culture of recent years which has put the network at risk, causing a serious labour shortage.

Over the last few weeks, this sectoral agreement was improved increasing the workweek to 37.5 hours for all healthcare professionals, regardless of centre of activities, ensuring a substantial increase in remuneration for all healthcare professionals for hours which in many cases were already worked. These extra paid hour per week will be eligible for RREGOP and represent more care hours for the patients.

The workweek for specialty nurse practitioners will be increased to 40 hours.

### Monetary Impacts of increasing the workweek for all healthcare professionals to 37.50 hours and to 40 hours for SNPs

Job title with a current workweek of <b>36.25 hours</b>	Impact in %	Maximum annual increase in the last echelon	Annual increase in the pension annuity
Licensed practical nurse	3.4%	\$2,100	\$1,470
Respiratory therapist	3.4%	\$2,560	\$1,792
Nurse	3.4%	\$2,690	\$1,883
Nurse clinician	3.4%	\$3,119	\$2,183
Clinical perfusionist	3.4%	\$3,275	\$2,922
SNP	10.3%	\$12,440	\$8,708

The employees who receive the premium of 2% for no overlap must deduct this value.

### Monetary Impacts of increasing the workweek for all healthcare professionals to 37.50 hours and to 40 hours for SNPs

Job title with a current workweek of <b>35 hours</b>	Impact in %	Maximum annual increase in the last echelon	Annual increase in the pension annuity
Licensed practical nurse	7.14%	\$4,200	\$2,940
Respiratory therapist	7.14%	\$5,122	\$3,585
Nurse	7.14%	\$5,380	\$3,766
Nurse clinician	7.14%	\$6,238	\$4,366
Clinical perfusionist	7.14%	\$6,550	\$4,585
SNP	14.3%	\$16,587	\$11,610

The employees who receive the premium of 2% for no overlap must deduct this value.

Moreover, the last bargaining sessions added another gain to the agreement, the payment of the evening premium as of 2 p.m. under certain conditions.

Here is a reminder of the main gains in the sectoral agreement

- A target of healthcare professional-to-patient ratios in public and private subsidized CHSLDs. For example, a nurse-licensed practical nurse dyad will have 24 or 25 patients under their responsibility for the day
- The addition of 1,500 full-time equivalents, in a CHSLD/EPC and medicine-surgery
- Access to an evening 9/14 schedule for an incumbent of a full-time position as well as other measures for work-family-study balance
- The voluntary upgrading of healthcare professionals incumbents of part-time positions to full-time positions, on their shift and in their centre of activities
- Access to the specific critical care premium up to 7% for healthcare professionals working in an obstetrical unit (mother-child) in a 24/7 centre of activities
- An attraction-retention premium for employees who are incumbents of full-time positions on evenings, nights and rotation can be up to a 4% increase.
- Weekend premium doubled to 8% for full-time employees ■

**KEEP AN EYE ON YOUR MAILBOX**

In the next few weeks, you will receive a letter in the mail with your voter code and password to log onto the electronic platform. Keep this letter safe until it is time to vote. If you have not received your letter within a few days before the vote, contact your local team and they will be able to verify your employment status and send you log in information by email.