

# THERE'S A LIMIT



## Filing

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THE FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU  
QUÉBEC—FIQ

TO THE

BUREAU DE LA NÉGOCIATION GOUVERNEMENTALE  
(SECRETARIAT OF THE TREASURY BOARD)

AND THE

COMITÉ PATRONAL DE NÉGOCIATION DU SECTEUR DE LA  
SANTÉ ET DES SERVICES SOCIAUX (CPNSSS)

October 9, 2023

# DEMANDS

## Remuneration

The nurses, licensed practical nurses, respiratory therapists and clinical perfusionists need significant salary increases, as inflation affects everyone. The premier and CAQ MNAs gave themselves 30% salary raises. Healthcare professionals deserve no less than the MNAs.

The demands on remuneration cover salary, retirement, inconvenient shifts, overtime and regional disparities.

### 1. Salary

The FIQ healthcare professionals are demanding a 6% salary upgrade on April 1, 2023, a 4% salary increase in each rate and scale on April 1 of each year from 2023 to 2025 and a permanent annual salary adjustment mechanism to protect their purchasing power, without any reduction in salary.

The FIQ healthcare professionals demand that the salary for all their job titles is higher than the beneficiary attendants' salary and that the 3.5% premium related to the class of nursing and cardio-respiratory personnel be integrated into the collective agreement and increased to 6%.

### 2. Retirement

The FIQ healthcare professionals demand that the value of years worked after age 65 be increased for the purposes of pension calculations.

### 3. Inconvenient shifts

The FIQ healthcare professionals demand that the regular salary between 4 pm on Friday and 8 am on Monday be the salary set out in the salary scale, increased by 50%. This condition replaces the weekend premium set out in clause 9.04 of the provincial provisions of the collective agreement.

### 4. Overtime

The FIQ healthcare professionals demand that when they work overtime, it will be paid at double time of their regular salary or paid at time and a half, at their choice, while accumulating 3.75 hours of annual vacation for every shift of overtime, up to a maximum of 5 days of additional annual vacation.

They also demand that all employees with a university degree are paid for overtime worked after the regular workday or regular workweek at the overtime rate set out in Article 19 of the provincial provisions of the collective agreement.

Moreover, they demand a review of the framework and improvement of all the conditions associated with the use of on-call duty.

### 5. Regional disparities

The FIQ healthcare professionals demand that the whole administrative region of Abitibi-Témiscamingue, the MRC d'Antoine-Labelle and the municipality of La Tuque be put in Sector I and that the municipalities of Témiscamingue, Ville-Marie, Senneterre and the MRC d'Abitibi-Ouest are put in Sector II.

## Personal life-work balance

Healthcare professionals can no longer sacrifice their personal and family life for their work. It's high time women's voices were heard. They demand a decent quality of life and a better balance between their personal and professional lives. These demands cover access to better organization of work time, access to leaves adapted to their needs and an update of annual vacation based on today's reality.

### 6. Organization of work time

The FIQ healthcare professionals demand:

- ▶ Improved evening and night premiums;
- ▶ Providing for the conversion of some or all of these improved premiums;
- ▶ That access to reducing working time by converting the premium no longer depends on the local Employer.

As such, an employee with a full-time evening or night status is entitled to reduce her work time per two weeks, while continuing to benefit from the advantages of full-time status.

At the employee's request, work time is reduced as follows:

- ▶ An employee working a permanent night shift: work 8 or 9 shifts per two weeks.
- ▶ An employee working a permanent evening shift: work 9 shifts per two weeks.

Moreover, the healthcare professionals demand an increase and improvement in access to organization of work time for all full-time day, evening, night and rotation employees.

## 7. Annual vacation

The FIQ healthcare professionals demand that the 5<sup>th</sup> week of annual vacation is obtained before 10 years of service, that a 6<sup>th</sup> week of annual vacation is added before 15 years of service and that the remuneration for annual vacation is calculated on total salary, for both full-time employees and part-time employees.

## 8. Quality of life – Access to leaves adapted to the healthcare professionals' needs

The FIQ healthcare professionals demand that the following leaves are added to the collective agreement:

- ▶ To grant employees who are victims of domestic violence ten days off, consecutive or not, without a loss in salary;
- ▶ That the employee with a dependent child, with specific needs or who acts as a caregiver may have a full-time leave or part-time leave without pay for the time she needs;
- ▶ That the employee who is studying may have a deferred leave of three, four or five months.

## 9. Quality of life – Special leaves

The FIQ healthcare professionals demand that the special leaves set out in Article 22 of the provincial provisions of the collective agreement be improved in order to increase the number of days for pregnancy-related medical appointments, from a maximum of four days to as many days as the pregnant employee's condition requires and include the whole assisted reproduction process, including the preparatory phase.

## Workload

Our working conditions are the care conditions for the patients.

We need to break the vicious circle created by poor organization of work and its irritants, which lead to work overload and accelerate the exodus of healthcare professionals.

It is imperative that the value of the care team be enhanced in order to attract new recruits to the profession, retain existing professionals at work so that the necessary human resources are available, and safe, quality care can be provided. To achieve this, we need to put forward a clear vision for the future of the health network, based on safe healthcare professional-to-patient ratios.

These demands include introducing safe healthcare professional-to-patient ratios, introducing tools to fight the excessive workload, abolishing mandatory overtime (MOT) and its disastrous consequences, and enhancing the value of the care team.

### 10. Safe ratios

The FIQ healthcare professionals demand that a law on safe healthcare professional-to-patient ratios be passed.

### 11. Tools for fighting the excessive workload

To facilitate the deployment of An Act limiting the use of personnel placement agencies' services and independent labour (IL), the FIQ healthcare professionals demand that a mechanism be put in place to gradually eliminate the use of labour from private employment agencies, in particular by setting up a provincial monitoring committee.

Moreover, they also demand that the terms set out in Article 13 of the provincial provisions of the collective agreement regarding the committee on care be improved to better defend the healthcare professionals' rights. In addition, should any changes result from a possible merger of certifications, Article 13 of the provincial provisions of the collective agreement should be updated for consistency.

## **12. Eliminate the irritants linked to the workload**

The FIQ healthcare professionals demand that it be specified that the use of overtime may not be a systematic practice for replacing absences and that these hours must be voluntary and not mandatory, except in urgent and exceptional situations. In this case the Employer has the burden of proof. Moreover, the employee may, upon her request, have her following shift reorganized so she can have a reasonable rest period or have an authorized leave. In witness whereof, the parties may enter into an agreement to settle all outstanding grievances on the subject.

The FIQ healthcare professionals demand that employees be able, on a voluntary basis, to go temporarily help at a remote facility or isolated site or with workforce challenges, in their institution or elsewhere in the health network. To do this, she must be given monetary incentives and retain all the rights and benefits of her position, as if she were at work. The preceding terms also apply to clinical perfusionist activities.

They also demand that a salary supplement be paid to every healthcare professional for the duration of a shift in a centre of activities where an absence has not been replaced.

## **13. Enhancing the value of the care team**

The FIQ healthcare professionals demand the provincial joint committee in Article 35 of the provincial provisions of the collective agreement study the specialized nurse practitioner's (SNP) task and organization of work and the impact of changing their roles and responsibilities.

They also demand that the clinical perfusionist assistant to the immediate superior job title be created. Also, that the licensed practical nurse team leader job title be given to the licensed practical nurse working alone with one or more beneficiary attendants on a centre of activities.

Furthermore, they demand that the premiums set out in clauses 9.05 and 9.06 of the provincial provisions of the collective agreement be paid for a full shift, regardless of the time spent on the unit, that these premiums cannot be divided up based on the sub services of the same centre of activities and that the employee incumbents of a position on the centre of activities covered by these premiums receive them at all times, even

when they work outside the physical locations. And they demand that the terms and conditions applicable to penal settings be accessible to all the job titles.

They demand that a list of recognized post-graduate study training/certificates said to be required and that give access to additional remuneration for licensed practical nurses, respiratory therapists and clinical perfusionists be added to Appendix 11.

Moreover, they demand that the employee who is required to use her automobile does not pay for parking at her home base.

Lastly, they demand that the licensed practical nurses and respiratory therapists who assume the responsibilities linked with the orientation and clinical training of employees and student interns are paid a 5% premium.

## General conditions

In accordance with standard practice, matters not covered by this proposal will be maintained as the status quo of the provincial provisions of the 2021-2023 collective agreement, subject to the letters of understanding and letters of intent that will be reviewed by the parties prior to the conclusion of a tentative agreement. In addition, the higher gains and benefits that will be agreed on in the other collective agreements in the health and social services sector will be integrated into the next provincial collective agreement.

### 14. Union leaves

The FIQ healthcare professionals demand that a minimum of 25 union leaves per year be stipulated for the institutions with less than 50 members. Subject to changes in the union structure as a result of an eventual merger of certifications, Article 6 of the collective agreement will be updated for consistency.

### 15. Recourses

The FIQ healthcare professionals demand that the payment of the grievance arbitration costs be restored to the pre-2006 practice.