



On the Right Side

The side of social services and healthcare workers



Consultation booklet Sectoral demands

2023 CSN public sector bargaining round

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On the side of social services and healthcare workers

The time has already come for us to collectively decide on the sectoral issues and demands we want to bring to the bargaining table for the renewal of the national collective agreement.

Although we signed the collective agreement on November 4, 2021, it expires in less than a year, on March 31, 2023. The legal framework for our bargaining process requires us to submit our sectoral demands to the government by the end of October 2022, making this one of the shortest inter-round periods in our history.

To meet the deadline, we are conducting this consultation on the issues specific to the health and social services network, based on the results of the member survey carried out in winter 2022.

Following the survey and meetings with the unions affiliated with the Fédération de la santé et des services sociaux-CSN, we drew up a list of five major orientations for the next bargaining round:

- Humanize care and services
- Value personnel and increase their sense of belonging
- Address wrongs and injustices
- Take care of workers
- Protect and decentralize public services

FSSS-CSN unions then adopted the sectoral proposals set out in this document: 26 unifying, targeted proposals based on solidarity with all the workers in the network! To turn the page on the government's authoritarian management which excluded many job titles from different recognition measures that it unilaterally implemented, the bargaining committee believes it is important that all personnel classes be involved in the proposals submitted to you today.

In view of the current situation, the unions in the Federation also believe that we must try to form the broadest possible alliances. An active effort is currently underway to build alliances with other union organizations in the health and social services network prior to submitting our demands in October.

The 110,000 public sector members of the Fédération de la santé et des services sociaux-CSN are currently being consulted on these 26 proposals. We are confident that they will give rise to a productive debate on the demands we will together bring to the table in the next round of bargaining.

On the side of all health care and social services workers!

On the side of solidarity!

Here's to a fruitful discussion!

Your bargaining committee and negotiating team

BARGAINING COMMITTEE AND NEGOTIATING TEAM OF THE FSSS-CSN

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Orientation #1

Humanize care and services

Improving the knowledge transfer and professional support mechanisms provided for in the collective agreement is a vital issue for attracting and retaining staff. We need to put in place solutions to ensure that, among other things, employees feel supported and are able to develop the knowledge and skills they need to provide quality care and services. Measures that recognize experienced employees who support their coworkers must also be agreed upon. If these efforts are to be successful in the long term and benefit users, time and money will have to be invested.

For example, when experienced workers retire, or there are planned absences, it is imperative that a knowledge transfer to their replacement be planned. An adequate knowledge transfer period, and recognition of the work involved in forms such as additional leave, are among the solutions to be considered.

PROPOSAL #1

1

That we include measures to promote knowledge transfer and professional support in the collective agreement.

Notes

The issue of professional autonomy is central to the work of staff in the health and social services system. However, our collective agreement contains very few provisions in this regard. At the same time, the decompartmentalization of tasks demands a review of the duties of the job titles so that the tasks and responsibilities assigned under current legislation (such as the *Act to amend the Professional Code and other legislative provisions as regards the health sector*¹) are taken into account in the organization of work.

Strengthening professional autonomy also means that all employees should be actively involved in choosing the work methods and tools that are necessary and appropriate to their practice. Humanizing care and services sometimes demands that professionals take the initiative in the choice of methods and tools, taking into account the clientele and the type of intervention, care and service to be provided. All members of the work team must be involved, regardless of the class of personnel to which they belong. In our view, it is the multidisciplinary nature of the teams that makes it possible to exercise professional autonomy to its full potential.

As well, the FSSS-CSN has long been fighting Lean-style management tools and management methods that originated in the manufacturing sector. This management style, which creates competition among workers through methods such as performance criteria and work timing, is wholly unsuited to the delivery of care and services in a health and social services setting.

PROPOSAL #2

2

That we enhance and encourage professional autonomy.

Notes

1. ACT TO AMEND THE PROFESSIONAL CODE AND OTHER LEGISLATIVE PROVISIONS AS REGARDS THE HEALTH SECTOR [HTTP://WWW2.PUBLICATIONSDUQUEBEC.GOUV.QC.CA/DYNAMICSEARCH/TELECHARGE.PHP?TYPE=5&FILE=2002C33F.PDF](http://www2.publicationsduquebec.gouv.qc.ca/dynamicsearch/telecharge.php?type=5&file=2002C33F.pdf)

Orientation #1

Humanize care and services

When the Liberal government made deep budget cuts and passed Bill 100² under closure, forcing the institutions to slash their operating expenses by not replacing retiring clerical and administrative staff, the effect was to significantly reduce clerical support for clinical staff.

As a result of the elimination of positions held by administrative staff, many employees, particularly in class 1 and 4 job titles, are now required to perform administrative tasks that were previously done by their class 3 coworkers. This has impacted their work: too much time devoted to clerical duties compared with the duties that are the essence of their jobs. They are now overwhelmed with administrative tasks and cannot take the necessary time to provide quality, humane care and services.

It is therefore important to better support the interdisciplinary team and to have the right people doing the right job, especially at a time of staff shortages. We believe the contribution of each member of the work team must be recognized. At the same time, there appears to be a need to relieve some job titles of clerical tasks that should be performed by administrative support staff. The delivery of adequate

services to the public depends on it. Obviously, adding administrative staff and reviewing administrative procedures would be ways to achieve this goal.

PROPOSAL #3

3

That methods be introduced to reduce the administrative work for employees who work with users so they can spend more time providing care and services.

Notes

2. AN ACT TO IMPLEMENT CERTAIN PROVISIONS OF THE BUDGET SPEECH OF 30 MARCH 2010, REDUCE THE DEBT AND RETURN TO A BALANCED BUDGET IN 2013-2014 (ASSENTED TO ON JUNE 12, 2010) [HTTP://WWW2.PUBLICATIONSDUQUEBEC.GOUV.QC.CA/DYNAMICSEARCH/TELECHARGE.PHP?TYPE=5&FILE=2010C20F.PDF](http://www2.publicationsduquebec.gouv.qc.ca/dynamicsearch/telecharge.php?type=5&file=2010C20F.pdf)

After years of cutbacks, service reorganizations and the impact of the COVID-19 pandemic, the fact that we lack the resources to provide users with quality care and services has been made plain for all to see. The under-staffing, even when everyone is present at work, has undermined conditions of practice and created excessive workloads, psychological and physical distress, and situations that endanger the users of our cherished public health and social services system.

Coroner Géhane Kamel's recent report³ on 53 deaths in long-term care during the first wave of the COVID-19 pandemic in Québec is damning to say the least. The coroner's recommendations are consistent with many of the demands we have been making for years. Among other things, Kamel concluded that safe care-worker-to-resident ratios should be applied at CHSLDs. Of course, she was looking specifically at the catastrophic situation experienced by seniors and workers in some private and public residential and long-term care facilities.

We therefore believe it is time to improve the quality of care and services in order to provide Quebecers with the services they have a right to expect, and also to enable employees to perform their duties more humanely and safely. We believe it is imperative that ratios be included in the collective agreement, that take the severity of cases into account, for some services and job titles, and for various classes. Ratios exist in some sectors in Québec, such as schools and daycare centres. They have been legislated for hospitals in some jurisdictions, such as California.

Ratios increase the availability of staff for users of the system, improve the quality of care and services, and increase safety for both employees and the public in the delivery of care and services.

PROPOSAL #4

4

That we introduce ratios for certain job titles or services.

Notes

3. RAPPORT D'ENQUÊTE CONCERNANT 53 DÉCÈS SURVENUS DANS DES MILIEUX D'HÉBERGEMENT AU COURS DE LA PREMIÈRE VAGUE DE LA PANDÉMIE DE LA COVID-19 AU QUÉBEC [HTTPS://WWW.CORONER.GOUV.QC.CA/FILEADMIN/ENQUETES_PUBLIQUES/2020-EPO0265-9.PDF](https://www.coroner.gouv.qc.ca/fileadmin/enquetes_publicques/2020-EPO0265-9.pdf)

Orientation #2 | Value personnel and increase their sense of belonging

The list of job titles, job descriptions and salary rates and scales in the health and social services system constitutes an integral part of the collective agreement. It is therefore important to regularly review its content and make appropriate changes, especially considering the constant evolution of the various job titles' duties, responsibilities and requirements. In addition, changing roles may require the creation of new job titles. Particularly at a time of labour scarcity, the requirements for the job must be specified in order to prevent arbitrary decision-making by the employer, eliminate disparities and improve access to positions.

In some cases, the ranking needs to be reviewed so that workers are paid a fair salary. For example, job titles which the national jobs committee has not yet ranked, or for which there is a disparity with similar jobs in the education or health system, must be ranked fairly at last.

PROPOSAL #5

5

That we modify and improve the list of job titles, job descriptions and salary rates and scales to adapt it to the new realities in the health and social services network, correct salary inconsistencies, facilitate access to positions and improve recognition of additional education.

Notes

Valuing staff who help onboard new coworkers is essential in order to attract and retain personnel. We must therefore establish optimal working conditions to encourage mentoring, promote training and recognize the tasks involved in initiating and orienting new employees. In addition, all too often, the employees charged with these tasks do not have the time to perform their duties properly. This is a critically important demand in order to develop employee skills and give recognition to the employees who perform these tasks.

PROPOSAL #6

6

That fair monetary compensation be given to employees who are required to perform initiation, orientation, training and mentoring duties and that they be given the necessary time to perform those duties.

Notes

Orientation #2 | Value personnel and increase their sense of belonging

Because of specific conditions or challenges in certain workplaces and situations, special measures are needed to attract and retain employees who work there. For example, staff working with clients with severe behavioural disorders⁴ are found in continuous-assistance residences (RACs), in long-term care,⁵ in prison settings, in critical care⁶, in the Far North⁷ and in border areas of the Outaouais. Although the collective agreement already provides for special conditions for certain employees working in these workplaces, these need to be enhanced and access to them must be improved, among other things by expanding access to the measures so that they “follow” the patient.

As well, the situation in the health and social services system, where care and services must be provided 24/7, makes for less attractive schedules for workers. It is therefore imperative to agree on conditions that will help retain employees, particularly those working on evening, night and weekend shifts.

PROPOSAL #7

7

That we improve and enhance measures relating to work in challenging workplaces and situations for which there are attraction and retention issues.

Notes

4. LETTER OF AGREEMENT #33 REGARDING EMPLOYEES WORKING WITH CLIENTS PRESENTING SERIOUS BEHAVIOURAL DISORDERS

5. PARAGRAPH 9.19 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT; LETTER OF AGREEMENT #40 REGARDING EMPLOYEES IN THE CLASS OF HEALTH AND SOCIAL SERVICES TECHNICIANS AND PROFESSIONALS WORKING WITH CLIENTS IN RESIDENTIAL AND LONG-TERM CARE CENTRES; AND ANNEXE T (SPECIAL CONDITIONS FOR EMPLOYEES OF RESIDENTIAL AND LONG-TERM CARE CENTRES WORKING IN A SPECIFIC UNIT)

6. PARAGRAPHS 9.16 TO 9.19 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

7. LETTER OF AGREEMENT #37 REGARDING EMPLOYEES WORKING FOR AN INSTITUTION IN THE FAR NORTH

Orientation #2 | Value personnel and increase their sense of belonging

Staff recognition must also include recognition of each employee's work beyond regular working hours. In view of the current labour shortage, without this extra work by employees, the health and social services system would not be able to provide Quebecers with care and services. We therefore believe that the provisions of the collective agreement regarding overtime and standby duty beyond regular working hours should be improved and enhanced.

Work teams need attractive new voluntary measures to be able to staff under-staffed shifts and eliminate the use of mandatory overtime and mandatory on-call. The imposition of mandatory overtime and mandatory on-call on workers against their will is an unacceptable practice that must be curtailed immediately. Often, the use of overtime reflects underlying problems in work organization, staff assignments and management methods on the part of the employer. Workers shouldn't be the ones to pay for this. We should therefore demand that overtime be paid at double time and additional compensation for shifts accepted or imposed at the last minute.

As well, employees who take time out of their personal lives for the benefit of the employer by being on standby outside their regular working hours must be compensated much more handsomely. The standby allowance⁹ should be doubled to give employees 2 hours of pay at straight time for every 8 hours on standby.

Also, employees are too often called upon to work with reduced staff in their departments. There is therefore a need to put measures in place to recognize the contribution of employees who find themselves in this situation.

Moreover, we cannot ignore the inequalities between job titles when it comes to overtime rules. At a time of labour shortages, professionals in classes 1, 3 and 4 cannot obtain full compensation for working overtime. They must, for the most part, take the hours back as time off at the regular rate. As a matter of equity and to discourage the imposition of overtime on professionals in these personnel classes, all work done beyond normal working hours should be paid at a premium.

PROPOSAL #10

10

That we improve and enhance the rules and remuneration for overtime and standby duty, and measures for employees called upon to work in reduced-staff situations.

Notes

9. PARAGRAPH 19.06 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

Orientation #2 | Value personnel and increase their sense of belonging

Valuing personnel must also mean support for knowledge and skills development. While the current collective agreement provides for budgets for this purpose, we believe improvements are called for.

First, there are disparities between the human resources development budgets for different personnel classes.¹⁰ In particular, the amounts for classes 2 and 3 must be increased.

One can never devote too much effort and too many resources to onboarding, support in the workplace, continuing training and skills development. But the budget for professional supervision of newly hired class 1 personnel expires on March 30, 2023¹¹, as does the budget for training and skills development for specialty nurse practitioners.¹² We believe that these dedicated budgets should be permanently incorporated into the collective agreement.

Finally, for other specific budgets related to skills development¹³ for classes 1 and 4, any unused amounts in one year should be rolled over to the following year, as they are in the case of human resources development budgets.¹⁴

PROPOSAL #12

12

That we improve and render permanent, if necessary, the amounts and the terms and conditions of human resources and professional development budgets.

Notes

10. PARAGRAPH 13.01 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

11. LETTER OF AGREEMENT #30 REGARDING PROFESSIONAL SUPERVISION OF NEWLY HIRED NURSING AND CARDIO-RESPIRATORY CARE PERSONNEL

12. LETTER OF AGREEMENT #55 REGARDING TRAINING AND SKILLS DEVELOPMENT OF SPECIALTY NURSE PRACTITIONERS

13. LETTERS OF AGREEMENT #30 AND #55, AND PARAGRAPH 13.03 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

14. PARAGRAPH 13.01 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

PROPOSAL #13

13

That we agree on guidelines for telework.

Over the past two years, telework has become more common in many job titles and sectors. When the pandemic broke out, the FSSS-CSN made a demand concerning telework and an inter-round committee¹⁵ is looking at the matter. It was not until February 2022 that the MSSS proposed a framework policy to the institutions, and that policy is clearly incomplete and also shuts the union out of the process of determining the conditions for telework. We note that in the case of the vast majority of unions, no agreement has been reached with the employer on conditions for teleworking, which is an important matter. We need to ensure, for example, that telework remains voluntary and available where the nature of the work permits, and that employees perform their duties in a safe environment with appropriate equipment and tools, provided and maintained by the employer. Rules and conditions for telework should be agreed upon and written into the collective agreement.

Notes

15. LETTER OF AGREEMENT #50 REGARDING THE CREATION OF A NATIONAL WORKING COMMITTEE ON PROBLEMS WITH THE WORKFORCE, ATTRACTION, RETENTION AND JOB RECOGNITION

Orientation #3

Address wrongs and injustices

The judicialization of our labour relations is a matter of concern, as it was in the last round of bargaining. Workers who face situations that give rise to legal disputes and grievances must wait months if not years for their cases to be resolved. Unfortunately, the employers do not seem to realize that it is also in their interest to quickly find solutions to these problems.

Although an inter-round committee is currently working on the issue, we believe it is important to make it clear at this time that we consider improvements to the collective agreement to resolve disputes more quickly to be a matter of urgency.

To improve access to justice, we should demand:

- the establishment of a mandatory mediation-arbitration mechanism
- a requirement to disclose evidence prior to arbitration
- the establishment of a mechanism for handling employee reclassification requests
- better access to the information the union needs to fulfil its responsibilities and effectively reach and represent its members

- mandatory establishment of local ad hoc grievance mediation committees upon the coming into force of the collective agreement.

PROPOSAL #14

14

That we improve access to justice in order to facilitate and expedite the processing and resolution of disputes and grievances.

Notes

No one should have to pay to work. With the sharp rise in the Consumer Price Index (CPI) and the soaring cost of gasoline, we believe that reimbursement of travel expenses needs to be improved in several ways, including:

- increase the mileage allowance
- eliminate the reduction after 8,000 km
- add a minimum allowance for each day a personal motor vehicle is used
- increase meal allowances during travel outside the institution
- eliminate parking fees for all employees at the employer's facilities

In addition, we believe that specific measures to encourage green transportation should be included in the collective agreement.

PROPOSAL #15

15

That we enhance and improve travel allowances.

Notes

Orientation #4

Take care of workers

Taking care of employees means, among other things, creating conditions that make it easier to balance work and personal life.

While we believe that significant progress was made on work-life balance in previous bargaining rounds, including the plan for leave for family-work-studies balance¹⁶, there is still room for improvement.

Employees need more flexibility to deal with the demands of family, work and personal life. We believe that access to the plan for leave for family-work-studies balance should be broadened, for example by allowing employees to take leave to fulfill obligations related to the care and education of their children, their spouse's children, or their grandchildren. In addition, it would be important to extend access to these measures to employees who do not hold positions.

Also, the local family-work-studies balance committees¹⁷ have not been set up. We must therefore demand the mandatory establishment of these committees at our institutions.

Finally, we believe that two of the ten family leave days¹⁸ stipulated in the *Act respecting labour standards*¹⁹ should be paid.

PROPOSAL #16

16

That we enhance and improve family-work-studies balance measures.

Notes

16. LETTER OF AGREEMENT #39 REGARDING THE PLAN FOR LEAVE FOR FAMILY-WORK-STUDIES BALANCE WITH PAY AVERAGING

17. LETTER OF AGREEMENT #15 REGARDING FAMILY RESPONSIBILITIES AND STUDIES

18. PARAGRAPH 25.08 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

19. SECTION 79.7, ACT RESPECTING LABOUR STANDARDS [HTTPS://WWW.LEGISQUEBEC.GOUV.QC.CA/FR/DOCUMENT/LC/N-1.1](https://www.legisquebec.gouv.qc.ca/fr/document/LC/N-1.1)

While some aspects of disability insurance were enhanced in the last round of bargaining, certain provisions need to be improved in order to better support employees who are on disability. Among other things, we would like to see better guidelines for gradual return to work after the first 104 weeks of disability.²⁰ We also want to look at the requalification period when there is a new disability, particularly when the employer was slow to bring an employee back to work.²¹

In addition to being in a state of physical and psychological vulnerability, employees on disability are under significant financial pressure. We need to address the employers' incessant demands for supporting documents or additional information and have the employer shoulder the costs of these demands.

Finally, we believe that the transfer of employee files to the insurer for long-term disability claims must be better regulated to avoid any interruption in benefits.

PROPOSAL #17

17

That we improve certain provisions of Article 23 (life, health and disability insurance plans) to better support employees who are on disability.

Notes

20. PARAGRAPH 23.17(C) OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

21. PARAGRAPH 23.04 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

Orientation #4

Take care of workers

We are concerned about the health and safety of workers. These concerns were heightened during the public health crisis, particularly in light of the lack of personal protective equipment and the psychological impact of the crisis itself. The effects of excessive workloads, combined with difficult working conditions, the violence in many workplaces and the lack of adequate equipment demand that we find solutions, collectively, so that workers can stay healthy.

We believe this should be an area of particular importance in the next round of bargaining. Specifically, improvements are needed to the provisions on psychological harassment, closer cooperation between unions and management, the sharing of information between the parties, prevention mechanisms written into the collective agreement, the availability of appropriate work tools, the introduction of specific measures to deal with outbreaks, epidemics and pandemics, based notably on the precautionary principle, and of course improved measures in the

collective agreement following the adoption of Bill 59 (*An Act to modernize the occupational health and safety regime*), which was assented to on October 6, 2021.²²

On this last point, the mandates of the joint local health and safety committee should be expanded in several respects and provisions concerning the safety representative should be added.

PROPOSAL #18

18

That we improve the health and safety provisions in the collective agreement to better protect workers and address problems of physical and psychological violence.

Notes

22. BILL 59, ACT TO MODERNIZE THE OCCUPATIONAL HEALTH AND SAFETY REGIME [HTTP://WWW2.PUBLICATIONSDUQUEBEC.GOUV.QC.CA/DYNAMICSEARCH/TELECHARGE.PHP?TYPE=5&FILE=2021C27F.PDF](http://www2.publicationsduquebec.gouv.qc.ca/dynamicsearch/telecharge.php?type=5&file=2021C27F.PDF)

In the last round of bargaining, we made a number of demands related to environmental protection. Unfortunately, the government did not seem to understand the urgency of acting on this issue in our workplaces.

We continue to see massive use of unrecycled, single-use materials in the institutions in the public network, with no regard for their harmful impact on the environment. The COVID-19 pandemic further demonstrated the importance of buying local, among other things.

PROPOSAL #19

19

That the local parties set up a joint working committee on the environment and sustainable development.

Notes

Orientation #5

Protect and decentralize public services

The labour shortage and the loss of expertise in the public system are leading public institutions to turn to private enterprise. The use of private services in any area within public institutions inhibits the development of our own expertise. Unfortunately, the Legault government recently doubled down and said it wants to further develop the role of the private sector.

Yet, in the 2015 round of bargaining, the parties agreed to add a statement of principle to the collective agreement on recognizing, promoting and preserving public services.²³ We must now demand more than statements of principle and force the government to walk the talk. The quality and safety of the services provided to the public are at stake.

Among other things, we should demand an immediate plan to bring resources back to the public system, for all care and services, and measures to eliminate independent labour.

PROPOSAL #20

20

That we demand measures to eliminate all forms of privatization of care and services, to eliminate public-private partnerships, and that we force the return of our expertise and of already privatized services to the public system.

Notes

23. PARAGRAPH 3.10 OF THE 2021-2023 NATIONAL COLLECTIVE AGREEMENT

In recent years, a number of service centralization projects have been carried out, particularly in food, laundry and laboratory services. Unfortunately, these centralizations can have negative impacts on local care and services for the public, in addition to devastating impacts on the working conditions of all staff. All too often, when these reorganizations are carried out, the unions are presented with a fait accompli.

It should also be noted that these centralizations can have environmental impacts. The centralization of some services can create more travel at the expense of local operations, increasing their carbon footprint. Examples include the centralization of procurements, kitchens and other services that require transportation over long distances.

As we emerge from the public health state of emergency, we should demand a moratorium to allow us to study the effects of the planned centralizations on workers and also on the quality and safety of local care and services for Quebecers.

PROPOSAL #21

21

That a moratorium be put in place on local, regional and provincial centralization projects until the analysis and impact assessment of these projects has been completed.

Notes

Orientation 5

Protect and decentralize public services

Working in the private sector is particularly attractive for certain professions. The often difficult working conditions and conditions of practice in the public system, combined with poor remuneration, push many people to start or continue their careers in the private sector, hoping for more advantageous, less arduous and more flexible conditions. We believe that measures should be put in place now for certain professions to stem this exodus to the private sector. This would have a positive impact on both attraction and retention, as well as the labour shortage and workloads.

PROPOSAL #22

22

That we agree on specific measures to stem the exodus to the private sector in the most-affected job titles.

Notes

Long before the COVID-19 pandemic, the health and social services network was ill-prepared to deal with mounting labour shortage problems. These problems could have been mitigated if the Ministry of Health and Social Services and the institutions in the network had engaged in a serious workforce planning process. With data, including staff demographics, turnover rates and forecasts of future needs, we would be able to see which sectors and job titles are most vulnerable.

We therefore believe that a joint union-management workforce planning process would enable us to anticipate short-, medium- and long-term workforce needs and foresee any necessary adjustments to staffing, based on Québec's demographics. A joint union-management structure would make it possible to negotiate solutions for key sectors, including linkages with the education system for pre- service training and recognition of prior learning, which would benefit all of us collectively.

PROPOSAL #23

23

That a provincial joint union-management committee be set up on workforce planning in the health and social services network.

Notes

Other demands

The last national collective agreement provided for various work to be done with the employer during the inter-round period. Given the very short inter-round period and its overlap with preparations for the next bargaining round, it is foreseeable that we may need to incorporate into our demands the recommendations made by the unions upon completion of the various inter-round processes.

Appendix I contains a list of the letters of agreement in the collective agreement to which this proposal refers.

PROPOSAL #24

24

That when formulating its demands, the FSSS-CSN should consider the recommendations made by the unions at the working committees and other inter-round processes set up after the 2020 bargaining round.

This demand is based on some general principles, including what is known as the trailer clause, and is made at every renewal of the collective agreement.

PROPOSAL #25

25

That the following items be agreed upon in the new collective agreement:

- Make all the monetary measures provided for in or outside the collective agreement permanent;
- Automatically include any gains and higher monetary benefits that have been or may be agreed to in other collective agreements in the health and social services sector;
- Renew all sums and measures currently provided for in or outside the collective agreement, with the exception of those which the parties agree to modify.

Notes

In the last round of bargaining, we agreed with the government on some temporary working conditions with expiry dates. We regard these expiry dates, falling in the middle of the collective bargaining process, as an obstacle in our talks. It is important to agree as soon as possible on extending these measures until the next collective agreement comes into effect, so that our members do not lose benefits before we can agree on new working conditions.

PROPOSAL #26

26

That we demand that all premiums, allowances, increases and other amounts or budgets ending on March 30 or September 30, 2023 be extended until the new collective agreement comes into effect.

Notes

Appendix I

LIST OF LETTERS OF AGREEMENT IN THE 2021-2023 COLLECTIVE AGREEMENT RESPECTING INTER-ROUND WORK AND COMMITTEES

- **Letter of agreement #10** regarding the creation of a national inter-union committee to review the procedure for modifying the list of job titles, job descriptions and salary rates and scales in the health and social services network;
- **Letter of agreement #31** regarding a pilot project on standardized testing to evaluate the required qualifications for positions with certain job titles in the class of office personnel and administrative technicians and professionals;
- **Letter of agreement #32** regarding the development of a reference framework and task descriptions for certain job titles in the class of office personnel and administrative technicians and professionals;
- **Letter of agreement #35** regarding the addition of staff, upgrading of positions to full-time, incumbency, certain terms and conditions for making full-time attractive and for the use of overtime, availability outside normal working hours and independent labour for nursing and cardio-respiratory care personnel;
- **Letter of agreement #41** regarding parking expenses;
- **Letter of agreement #50** regarding the creation of a national working committee on problems with the workforce, attraction, retention and job recognition;
- **Letter of agreement #51** regarding the creation of a national working committee on stabilization of teams of beneficiary attendants working in residential and long-term care centres (CHSLDs) and of health and social services aides providing in-home support;
- **Letter of agreement #53** regarding the creation of a national working committee on workloads in the class of health and social services technicians and professionals;
- **Letter of agreement #56** regarding the forum on employees' general health;
- **Letter of agreement #59** regarding the updating and modernization of the collective agreement;
- **Letter of agreement #64** regarding additional staff, stabilization of teams, support and recognition of case workers working with clients in youth centres;
- **Letter of agreement #65** regarding the implementation of certain local pilot projects;
- **Letter of agreement #66** regarding the creation of a national working committee on improving dispute resolution mechanisms, settlement of grievances and arbitration and medical arbitration;
- **Letter of agreement #67** regarding the creation of a national working committee on employees working in certain regions with labour shortages.

Appendix II

LIST OF PROPOSALS

Proposal #1

That we include measures to promote knowledge transfer and professional support in the collective agreement.

Proposal #2

That we enhance and encourage professional autonomy.

Proposal #3

That methods be introduced to reduce the administrative work for employees who work with users so they can spend more time providing care and services.

Proposal #4

That we introduce ratios for certain job titles or services.

Proposal #5

That we modify and improve the list of job titles, job descriptions and salary rates and scales to adapt it to the new realities in the health and social services network, correct salary inconsistencies, facilitate access to positions and improve recognition of additional education.

Proposal #6

That fair monetary compensation be given to employees who are required to perform initiation, orientation, training and mentoring duties and that they be given the necessary time to perform those duties.

Proposal #7

That we improve and enhance measures relating to work in challenging workplaces and situations for which there are attraction and retention issues.

Proposal #8

That the seniority premium be transformed into a recognition premium, that it be significantly increased and made applicable to all employees, and that other measures be put into place to recognize experience.

Proposal #9

That we move up the 5th week of annual vacation leave and add a 6th week of annual vacation leave.

Proposal #10

That we improve and enhance the rules and remuneration for overtime and stand by duty, and measures for employees called upon to work in reduced-staff situations.

Proposal #11

That the employer reimburse professional membership dues and other fees that must be paid to practice the profession.

Proposal #12

That we improve and render permanent, if necessary, the amounts and the terms and conditions of human resources and professional development budgets.

Proposal #13

That we agree on guidelines for telework.

Proposal #14

That we improve access to justice in order to facilitate and expedite the processing and resolution of disputes and grievances.

Proposal #15

That we enhance and improve travel allowances.

Appendix II

Proposal #16

That we enhance and improve family-work-studies balance measures.

Proposal #17

That we improve certain provisions of Article 23 (life, health and disability insurance plans) to better support employees who are on disability.

Proposal #18

That we improve the health and safety provisions in the collective agreement to better protect workers and address problems of physical and psychological violence.

Proposal #19

That the local parties set up a joint working committee on the environment and sustainable development.

Proposal #20

That we demand measures to eliminate all forms of privatization of care and services, to eliminate public-private partnerships, and that we force the return of our expertise and of already privatized services to the public system.

Proposal #21

That a moratorium be put in place on local, regional and provincial centralization projects until the analysis and impact assessment of these projects has been completed.

Proposal #22

That we agree on specific measures to stem the exodus to the private sector in the most-affected job titles.

Proposal #23

That a provincial joint union-management committee be set up on workforce planning in the health and social services network.

Proposal #24

That when formulating its demands, the FSSS-CSN should consider the recommendations made by the unions at the working committees and other inter-round processes set up after the 2020 bargaining round.

Proposal #25

That the following items be agreed upon in the new collective agreement:

- Make all the monetary measures provided for in or outside the collective agreement permanent;
- Automatically include any gains and higher monetary benefits that have been or may be agreed to in other collective agreements in the health and social services sector;
- Renew all sums and measures currently provided for in or outside the collective agreement, with the exception of those which the parties agree to modify.

Proposal #26

That we demand that all premiums, allowances, increases and other amounts or budgets ending on March 30 or September 30, 2023 be extended until the new collective agreement comes into effect.



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