

Will arbitration settlement aid MD retention in Newfoundland?

Six months after a 17-day doctors strike crippled medical services in Newfoundland and Labrador, an arbitration board has awarded physicians an additional \$54.2 million over the next 3 years. Although the settlement will place the province's doctors on almost the same financial footing as their East Coast colleagues by the time it ends, it is \$30 million less than the Newfoundland and Labrador Medical Association (NLMA) had been seeking. "We didn't get everything we wanted," acknowledged NLMA President John Haggie, "[but] this is the single largest dollar award to physicians in the province's history."

In the first year of the contract, the province will pay an additional \$27 million to physicians. Finding that money

will not require cuts in any existing health services, said Finance Minister Joan Marie Aylward. During the original negotiations last year before the arbitrator was appointed, the province was offering an additional \$44 million over 3 years, while the doctors were asking for \$56 million. The NLMA upped its ante to \$80 million in arbitration, while the government increased its offer to \$50 million.

The arbitration board also awarded an increase of \$7.7 million to salaried physicians, which translates into an 18% raise, as well as \$5 million to boost on-call payments and \$1 million to improve after-hours emergency coverage in St. Johns. "This decision will, for the first time, give doctors compensation for being on call," said Haggie.

He said it is not clear if the new package will improve recruitment and retention. "Ask me on Sept. 30, 2005."

Other physicians have their doubts. John Kiely, a GP in Deer Lake, told CBC Radio that the award is not enough to entice rural doctors to stay. "I think doctors are going to start looking elsewhere."

There is one significant nonfinancial benefit to the new deal — doctors and the government are talking again. "The lines of communication are open, which is a major improvement," said Haggie. He said a physician liaison committee has been established with government that brings NLMA presidents from the past 3 years together with the deputy minister of health and other senior officials. — *Donalee Moulton, Halifax*

PULSE

What's keeping our FPs busy?

According to the 2001 National Family Physician Workforce Survey conducted by the College of Family Physicians of Canada, 79% of general practitioners and family physicians work in a private office or clinic, and 73% have a private office or clinic as

their main practice setting. Another 7% list a community clinic or community health centre as their main practice setting, and 7% work mainly in hospital emergency departments. Twenty-four percent of GP/FPs spend some time practising in nursing

homes or homes for the aged, but only about 1% state that this is their main practice setting.

A large majority of GP/FPs offer chronic disease management (91%), psychotherapy (89%) and other mental health care (83%). Three-quarters provide some palliative care, and 58% provide sports medicine services. More than one-third (36%) do some surgical assisting, and 2% perform major in-hospital surgery.

GP/FPs work an average of 52.1 hours per week, exclusive of call. Those GP/FPs who take call (74%) have an average of 24.1 on-call work hours per week. Overall, 16% of GP/FPs provide obstetrical call, 46% do call for patients in hospital and 21% do emergency department call.

In the 2 years prior to the survey, 13% of GP/FPs had changed their scope of practice by specializing within an area of family medicine, 40% had decreased their scope of practice and 15% had expanded it. — *Shelley Martin, Senior Analyst, CMA Research, Policy and Planning Directorate*

Canadian GP/FPs in various main-practice settings

