

## Quebec's specialists see better days ahead

Quebec specialists took heart on Valentine's Day when the Fédération des médecins spécialistes du Québec (FMSQ) announced that it had ratified an agreement that will provide better pay, a fairer distribution of specialists and better working conditions. The 7500-member federation, which represents 35 groups of medical and surgical specialists, accepted the offer days before a 3-day series of rotating study sessions was to begin.

Besides the 2% wage hike offered to all public-sector employees in March 2002, specialists will receive an extra 5% increase. Overall, Health Minister François Legault will pump an additional \$220 million into MD salaries to offset the imbalance in average pay rates between Quebec and other provinces. The province plans to rectify the wage

disparity over the next 4 years to alleviate a province-wide shortage of 1000 specialists.

Under the new plan, specialists will be compensated for some previously unpaid work, including teaching. Both parties have pledged to negotiate several key issues, including parental leaves of absence and a pension fund.

Starting June 1, specialists will no longer be penalized financially for practising in urban areas. Instead, the government will work with the FMSQ to devise a more lucrative pay scale to attract specialists to remote areas. The 2-year agreement achieves the objectives but effectively exempts specialists from Bill 142, the law requiring private practice MDs to work in public institutions to ensure adequate care.

A joint committee will be created to

study working conditions and identify practice problems and planning snags, and then recommend solutions.

"If the committee doesn't have enough teeth, we're going to fight," says FMSQ Vice-President Francine Mathieu-Millaire. "Practice-related problems are most important to our members."

Legault has promised the FMSQ that he will use new federal funds to shorten patient waiting lists and pay for more hospital beds, operating-room time, hospital resources and medical equipment.

"This is only a beginning," added FMSQ President Yves Dugré. "It certainly is a first step in the right direction, [and it is] an encouraging sign for patients and for medical personnel that the health care environment is about to improve." — *Heather Pengelley*, Montreal

### PULSE

## How many MDs take call? How are they paid?

The CMA's 2002 Physician Resource Questionnaire (PRQ) found that 74% of Canadian physicians take call or share call. Among those who take it, remaining within a specified area and carrying a phone or pager is the most common form of duty (94%), followed by scheduled on-site call (56%) and

checking with an answering service or for voice-mail messages (25%). Just over half of physicians who take call (52%) do scheduled on-site duty in addition to being available by phone or pager. Overall, 58% of physicians who take call are involved in 2 or more types of call duty.

Among physicians who take call, 52% do so on behalf of their own patients, 54% on behalf of a group of physicians and 76% on behalf of a facility or community. Less than half of those who take call (44%) are involved in a single type of call arrangement, while most (56%) engage in 2 or more arrangements.

Less than half of physicians who take call (45%) are paid for making themselves available in off hours. Rural doctors are much more likely to be paid than their urban colleagues (75% vs. 42%), and FPs are more likely to be paid (50%) than medical specialists (38%) and surgical specialists (44%).

As for payment methods, 46% of physicians who take call receive regular fee-for-service (FFS) payments, and another 4% are paid special FFS rates.

Nineteen percent of physicians who take call are paid by a combination of payment methods. — *Shelley Martin*, Senior Analyst, Research, Policy and Planning Directorate, CMA

