Ontario doctors angry over government's proposal for primary care

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rimary care physicians reacted with shock and anger when they saw the Ontario government's final arbitration position on primary care in the new Physician Service Agreement.

The proposal, identical to the one under the previous Liberal government, would require more work for less pay from family doctors. The proposal is "devastating to practitioners' morale and to primary health care in Ontario," said Dr. Kati Ivanyi on Twitter. "Seriously contemplating the nearest exit for the first time ever in 25 yr career."

Also on Twitter, Dr. Scott Wooder said the proposal would result in "A lot less money. A lot more work. A lot more paperwork," and Dr. Adam Stewart said it "will KILL family medicine in Ontario."

The government's proposals for minimum working hours for Family Health Organizations would leave doctors at the one where Stewart works sitting around with nothing to do, he said, because they already balance supply and demand for care. That would cut into the time that some primary care doctors have for other work, such as palliative care or working in hospital emergency rooms. "They won't be able to do it because the government says they must sit in their office all day," he said. "The logistics are illogical."

The Ontario Medical Association (OMA) had asked for a reversal of the 6.7% unilateral fee cut that the government imposed in 2015, and fee increases of 2% per year for the four years of the agreement, after fees had been frozen for the past five years. The government proposed a further two years of fee freezes, with 1.2% increases in the third and fourth years of the agreement, as well as a one-time \$715 million signing bonus.

"After the unilateral slashing of fees by 6.7% in 2015 and five years of no raises, it's disappointing to see the new government revert back to the former government's punitive arbitration position," said Dr. Nadia Alam, president of the OMA. "The further cuts this government is seeking will see more doctors working even longer hours, and for less pay. In the meantime, doctors are already going the extra mile to work around hallway medicine and other shortfalls in Ontario's health care system in order to get the best possible outcomes for their patients."

The OMA chose to trigger binding arbitration in September after failed negotiations and mediation over a new Physician Service Agreement. The arbitration will take place in two phases. The first will deal with big-picture issues, such as setting fees, determining what the physician service budget will be and whether it will be capped, and how that budget will grow based on demographic factors. The second phase will cover how to allocate that budget within the medical profession.

The process is highly structured. The first phase is set to conclude on Dec. 22, with the primary care section due to be discussed in mid-December. It is unlikely that the government's unpopular position will survive in its current form. Each side submits its positions and makes arguments to a threeperson arbitration board. The board



There is a new government in Ontario but the contentious relationship with the province's physicians hasn't changed.

will consider both sides and decide on a final, binding compromise.

"We're working hard to demonstrate that the government's position is not only profoundly unfair but is not in the best long-term interests of patients or Ontario's ability to attract and retain the next generation of physicians," said Alam. In a statement, Ontario's Ministry of Health and Long-Term Care said: "We listened to what doctors have to say, that they want to be partners in creating a patient-centered and sustainable health care system. We have put forward a truly innovative offer that would create significant financial incentives for physicians to

drive the responsible change Ontario needs. The OMA has chosen to trigger arbitration. As we work together through this process, the arbitration board will play an important role in achieving a fair agreement."

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