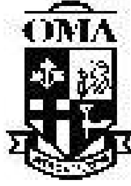

Ontario Medical Association
Section on Rural Practice
Annual General Meeting

Annual General Meeting October 14, 2004
Health Sciences Education Resource Centre
Laurentian University Sudbury

Minutes
The meeting started at 1730h with a buffet meal and circulation of attendance sheet

The precirculated agenda was
Moved By: Peter Hutten-Czapski
Seconded by: Ken Babey
approved

Invited guests were introduced
Dr Ray Dawes - OMA Negotiator, past OMA board member, past chair Section on Rural Practice
Dr Trina Larsen Soles - President Society of Rural Physicians of Canada
Dr Jill Konkin - Associate Dean Northern Ontario School of Medicine and Past President SRPC

Dr Trina Larsen Soles gave general remarks regarding rural practice in Canada and the role that the Society of Rural Physicians plays. Peter Hutten-Czapski thanked Dr Larsen Soles

Peter Englert gave a report on the minutes of the last AGM. The SoRP met in Sudbury on October 16, 2003. Discussed were rural aspects of FHN and FHG's and the UAP review. The section endorsed in principle the NOW alliance plan. Peter Englert was acclaimed as chair of the section for his second term.

The minutes as reported was
Moved By: Ian Park
Seconded by: Karl Stobbe
approved

Peter Englert presented the list of candidates from the nominations subcommittee.

Peter Hutten-Czapski running for chair
Joshua Tepper as member at large
Steven Arif as member at large
Peter Englert as past chair

Peter Englert asked for nominations from the floor. As there were none he asked for endorsement of the slate
Moved by Ian Park

Seconded by Ken Babey
The slate was acclaimed

Ray Dawes gave a 20-30 min presentation regarding the proposed OMA-MoHTLC master agreement. He started with a contextual piece relating to the political climate of these negotiations. Ontario is losing competitive edge with other provinces. The proposed agreement was arrived at after 120 meetings (and 44 subcommittee meetings) with two previous proposals being rejected by the OMA. The MoHLTC insisted that funding was to be targeted to priority areas. However the negotiators were able to implement many changes suggested by the Central Tariff Committee.

Ray Dawes emphasised that the section would be well advised to ensure continued representation to the CTC.

Ray Dawes then went through aspects of the contract that would be relevant to rural practice. This includes, by the end of the agreement, a more than doubling of hospital on call pay for GP's and specialists, new inpatient codes that will make a typical course of hospitalisation worth over $200, and a monthly long term care fee of $83.60 per patient. It has also made it easier for rural doctors to take advantage of primary care reform incentives with Comprehensive Care Payments worth about 22% on office work. Smoking cessation fee, diabetic management fee (for enrolled patients), practice nurse compensation pilots, new form fees are being introduced.

As a result many doctors will, by the end of the agreement, will have had improvements of 20% and some as much as 36% as headlined by that day's Toronto Star. Most rural doctors, by virtue of their practice patterns, will be in that group particularly if they form a FHN or are in a APP.

Rural physicians who have FFS office only or ER/walkin focussed practices will have a much more modest increase in ER-AFA (1% plus an adjustment in Jan 2007 to reflect a 6% increase in H codes) , and A007's (stepwise increased to 9% by 2008) unless they choose to broaden their practice to take advantage of some of the agreements provisions.

Rural specific provisions include protection of the CME locum program with an increase of 30% ($2.5 million). NPRI will continue for another 2 years (and then be reevaluated). A rural gradient will be applied to PCR models over 45 RIO. The NGFP program will be expanded. Flow through to CSC and NGFP communities will occur but the mechanism is unspecified. In Jan 2008 there will be $4M that will need to be distributed to rural doctors. Many of these things will need rural input to properly implement, and hence strong representation from the Section. Is essential.

Discussions ensued.

Dr Peter Hutten-Czapski presented a number of motions prepared by the executive for the AGM.

The Section on Rural Practice wishes to commend and acknowledge the commitment that Ray Dawes has shown in his tireless work for the profession over the years

Moved By: PJ Pace
Seconded by: Ken Babey
approved
a standing ovation occurred

In the context that many of the ideas from the SoRP and those endorsed by the SoRP have, in various forms, found their way into the current agreement

The Section on Rural Practice wishes to commend and acknowledge the role that the OMA has taken in seeking consultation from, understanding of, and supporting the challenges of members who choose rural medicine.

Moved By: Peter Hutten-Czapski
Seconded by: Ian Park
approved

In the context of the difficulty in getting to this agreement, the significant gains to the profession in the context of fiscal restraint in the province, the improvement in service areas under stress, and relativity provisions, as well as the particular benefits that rural members would accrue

Where as the proposed agreement offers improvements for areas in crisis such as inpatient work and long term care, improvement in ER, improvements in hospital on call, harmonisation of rural APPs, increases for deliveries, and enhanced incentives for FFS rostering, and expansion of a precedent of rural indexation, the Section on Rural Practice endorses the proposed MoHLTC-OMA agreement.

Moved By: Ian Park
Seconded by: Karl Stobbe
approved (unanimously)

Ray Dawes was thanked again.

As there was no further business
The meeting adjourned at 1940h