

November 2007 OMA General Council

BIRT: “The OMA supports parity of remuneration for psychiatric, paediatric, geriatric and internal medicine consultant services in Family Health Team sessional payments.”

[Moved and spoken to by Dr. Sonu Gaiind]

Mr. Speaker,

This motion refers to the family health team model jointly approved by the oma and the ministry. In this model, consultants are paid for a 3 hour service session, with psychiatrists, paediatricians, and geriatricians getting 34% less than internal medicine consultants for the same 3 hour session time.

I spoke against this funding model at the May council meeting, and we have since received well over 400 letters from psychiatrists refusing to participate. There are 2 issues here. First, the process was flawed, and there was no consultation with the sections. Dr. Willett, I do appreciate your forthrightness in acknowledging these process flaws, yet to date this model is still being promoted.

Second, and more relevant to this motion, is the policy issue of this model overtly providing a 34% differential in payment for the same amount of time worked by different consultants.

We’ve talked for years about correcting relativity and fee inequities. Now, when an opportunity comes to bypass arcane fee for service comparisons and achieve not just relativity, but parity of remuneration in a time-based model, the oma bases the new model on the very inequities it has been promising to correct for years. Such disparities effect practice patterns, hurt patient care, and reduce recruitment into specialties.

Even worse, with the simplicity of Occam's Razor psychiatrists, paediatricians, and geriatricians are bluntly being told that our services, our time, and our patients are worth 2/3 everyone else's. It flies in the face of all the talk of relativity, and of the costly "campaign for healthier care", when the oma takes a position devaluing the most marginalized in our society, namely children, the elderly, and the mentally ill. If this organization wants its talk to be anything more than lip service, it needs to advocate parity instead of promoting disparity.

Mr. Speaker, psychiatrists, paediatricians and geriatricians are consultant specialists with the same training as internists, we all see difficult patients, and 3 hours is 3 hours. We should not be considered 2/3s members of this organization. The OMA needs to represent us as full and equal members, or it is not representing us. It simply and transparently is an issue of equal pay for work and time of equal value, and council needs to decide whether it supports that fundamental issue, or not.

[Motion unanimously passed]