

Physicians » News

Official says Ontario's government will respect the results of the specialists referendum

WRITTEN BY TRISTAN BRONCA ON NOVEMBER 19, 2018 FOR CANADIANHEALTHCARENETWORK.CA

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Toronto – A senior government source closely involved with negotiations with the Ontario Medical Association has told the *Medical Post* that the Progressive Conservative government intends to respect the results of the upcoming specialist referendum.

In that referendum, thousands of Ontario's specialists are expected vote on whether they want to leave the association and join the newly formed Ontario Specialists Association (OSA).

"Physicians should have the full right to determine who represents them," said the source, who was not authorized to speak on the record. "Until the vote happens, we're not going to have any conversations that are outside the existing legal framework, but if the vote shows a large section of them are unhappy with the OMA we're prepared to begin having that conversation."

The "existing legal framework" is a reference to the representation rights agreement which makes the OMA the sole bargaining agent for all of the province's doctors. But the source said that if the vote shows "a critical mass" of doctors wish to leave the OMA, then they would be open to amending existing laws to allow them to do so.

Notably, however, the source could not say what constituted a "critical mass." There are currently 15 specialty sections—comprised of nearly 7,000 doctors—that are expected to vote in the referendum. Every member of those specialties will receive either an emailed or paper ballot. More than 50% of voting members must ask to leave the OMA for the referendum to pass.

“Physicians should have the full right to determine who represents them.”

But it's unclear how many specialties would need to pass the referendum before the government pursues the necessary legislative changes. The source couldn't say if it was just one, two or 10 sections.

The *Medical Post* attempted to contact the government's media relations department, but they did not respond to multiple requests for an on-the-record comment.

Lead up to the vote

The vote will take place over two days beginning Nov. 25, but the lead up has already been tense.

Last month, following much work from the OMA's relativity advisory committee, council (the OMA's governing body) voted in favour of redistributing a maximum of 1% of funding annually from overvalued specialties in order to level out pay inequities with undervalued specialties—a move that some doctors felt guaranteed the exodus of at least some of these members.

The OSA also appears to have had some trouble attaining the necessary contact information in order to conduct a full vote.

All section communications must go through the OMA's central offices, which holds all physician contact information. But recently Dr. Myron Haluk, a former head of the OMA section on emergency medicine, said that the OMA had been delaying time-sensitive communications from the sections to members, and the OMA has refused to provide full email lists to the section heads themselves, claiming it would violate privacy law.

"They're trying to make it as difficult as possible to vote," Dr. David Jacobs, a radiologist and the chair of the

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OSA, told the *Medical Post*.

Dr. Nadia Alam, president of the OMA, claimed that only 30% to 40% of members have consented to having their emails shared for the purposes of the vote. In order to ensure all members of the interested sections are given the opportunity to vote, Dr. Jacobs said the rest will be sent a paper ballot, since the OMA is obligated by corporate law to provide any member that asks with a mailing address for other members.

While the OMA was not available to comment on the information from the government source, Dr. Alam said in a previous interview that if the referendums showed support for several sections leaving the OMA, it would be “the start of a conversation.”

She has, however, publicly spoken out against the proposed move, suggesting it would be bad for the profession in Ontario. She also suggested the separation would undermine the OMA’s bargaining position in contract negotiations with the ministry of health.

The referendum wording:

Be it resolved that the [_____] Section of the OMA should withdraw from the OMA and join the OSA to permit the OSA to negotiate directly with the Ontario government on behalf of the section.

The sections that will vote, according to Dr. Jacobs:

- Anesthesia
- Cardiac surgery
- Cardiology
- Dermatology
- Diagnostic imaging
- Emergency medicine
- Ophthalmology
- Gastroenterology
- Nephrology
- Neuroradiology
- Nuclear medicine
- Occupational medicine
- Otolaryngology
- Plastic surgery
- Vascular surgery

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Comments (6)

November 20, 6:44 am by SOHAIL.GANDHI.1 (ON)

Let me be completely clear here. The only written statement from the Ontario Premier’s office on the matter (<https://www.oma.org/wp-content/uploads/statement.html>), has clearly stated and acknowledged the OMA as the governments negotiations partner. It’s also very telling that this “insider” refuses to allow himself to be named. Most of these type of leaks to the press are done so individuals can forward their own personal agenda, as opposed to a true government position.

I truly respect and want the best for my specialists colleagues. I understand and respect the frustration many of them feel. But they are being played by the government right now in order for one guy to make himself (? herself) look good and forward his/her career in the government. (“Hey look, the doctors are split, now we can go after whoever we want”).

For more – see here:

<https://justanoldcountrydoctor.com/2018/10/30/specialists-in-ontario-are-being-played/>

 November 20, 10:41 am by DAVID.JACOBS.1 (ON)

No Sohail,

Government didn’t split the OMA. Years of neglect of the needs of specialists has split the OMA. This was compounded by the overwhelming vote by OMA Council to freeze the income of many specialists for the next decade and unilaterally cut other specialists for the next decade has split the OMA.

You know as well as I do that the Medical Post does not print rumors. This is not an op-ed piece.



Thus is a carefully researched article. You may not like what it says, but there is no need to attack the official at the Premier's Office.

The irony is that it is the Representation Rights Agreements that does not allow an open conversation and forces sources to remain unnamed. You know this and should not use it to discredit the source.

November 20, 7:49 am by [ANDRIS.LIELMANIS.1 \(ON\)](#)

Divide and conquer...why wouldn't the powers that be recognize the result of the referendum?

A positive result would mark the end of any "conversation" not the beginning of one....with the ball and chain removed the specialists will make a clean break and look after their interests with the devil taking the hindmost of the ossified remainder.

One wishes that the OMA had managed to remain united ...but the die is cast....the price of decades of mal decisions.

November 20, 8:24 am by [MURRAY.MATANGI.1 \(ON\)](#)

The OMA has been shafting us for decades. The latest OMA relativity fiasco is just the last straw and the OMA can only blame itself for the impending divorce.

I will be shocked if the vote is no. By ridding ourself of the OMA mindset we can determine our own destiny. If we screw it up, at least it will be of our own doing.

November 20, 9:36 am by [ROHIT.KUMAR.1 \(ON\)](#)

For the record, The section of Anesthesia has not decided to hold a referendum vote as of yet, and should not be on this list. Not sure how many of the other sections are listed there that have actually not yet decided to hold a referendum vote, but are considering it.

November 20, 9:49 am by [MIKE.GOODWIN.1 \(ON\)](#)

"Watch what they do, not what they say ..." famous aphorism.

I'm not sure if I would be making any significant investment or professional decision based solely on the unattributed comments of any government "official".

What I do know is that we're now in arbitration, and arbitrators traditionally don't like having the goal posts moved while they have jurisdiction. Not only that, but any "open(ness) to amending existing (labour) laws" by the Ford government is sure to attract the undivided attention of the labour community.

The other thing that stands out for me are the multiple questions around the timing, and the veracity and the strategy of the reported criticisms levelled against the OMA by Drs Jacobs and Haluk. Neither of these colleagues has explained why their sections are different from the other sections in the OMA? Or, more importantly and by extension, why this difference entitles their sections to hold an obviously divisive referendum involving just the "special" sections during a highly sensitive time like arbitration?

I'm a retired "specialist" in family medicine, but haven't yet received my ballot on this "special" referendum. I imagine it's still in the mail?

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