



News Release

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Specialist Negotiations End Without Contracts

YELLOWKNIFE (June 3) – Minister of Health and Social Services J. Michael Miltenberger has announced that negotiations with physician specialists, as a group, have ended with specialists declining the offer by the Government of the Northwest Territories to resolve differences through binding arbitration.

The GNWT has offered specialists a 27 per cent pay increase over two years. Specialists are asking for 57 per cent pay increase over two years. The GNWT proposed arbitration because it felt that the difference separating the two parties is too great and would not be resolved through the negotiation process before July 1st, 2003.

In March, twelve specialists from the Stanton Territorial Health Authority served notice to the GNWT that on July 1, 2003, they would: *terminate their contracts of employment and cease to provide any medical services unless a negotiated settlement is reached.*

Binding arbitration would have required both parties to accept the recommendation of an independent arbitrator.

“It became apparent, during the final round of negotiations, that each party believed their proposal was fair, reasonable and competitive,” Mr. Miltenberger said. “An independent arbitrator could have assessed the proposals and identified what they considered to be fair, reasonable and competitive. We were prepared to accept that independent assessment.”

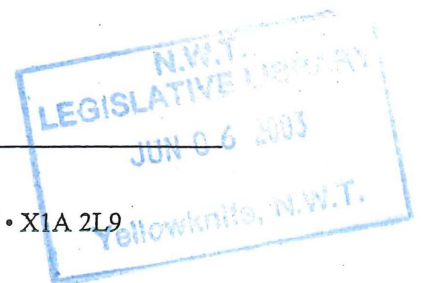
The Minister said he’s extremely disappointed that negotiations were unsuccessful. He says the GNWT proposal included a comprehensive package of pay and benefits that offered specialists, as salaried employees, a means to ensure a better balance of professional and family/personal interests.

As is its standard procedure, when there is a vacancy in the health profession, the Stanton Territorial Health Authority will take the necessary steps to ensure NWT residents continue to have access to specialist services, with a priority on cases requiring urgent care.

Physician Specialists in the Northwest Territories sign individual employment contracts. “We value our specialist workforce and the services they provide,” Mr. Miltenberger said. “The process of bargaining with the specialists as a group has been unsuccessful. It is now up to each specialist to decide whether or not they wish to stay in the Northwest Territories and address their individual employment situation with the government.”

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Backgrounder Physician Specialist Contract Renewal

June 2, 2003

Highlights of GNWT and Specialists Proposals

The Stanton Territorial Health Authority (STHA) is funded for 18 physician specialists, excluding three positions recently approved in the *Interim Health Profession Plan*. The following table presents the compensation and benefits under:

1. the existing contract;
2. a revised contract proposed by the GNWT/Stanton negotiating team; and
3. a revised contract proposed by the Physician Specialists negotiating team.

	Current Contract	GNWT/STHA		Physician Specialists	
		2002/03	2003/04	2002/03	2003/04
Number of positions	18	18	18	18	18
Direct payments (Note 1)	4,335,004	5,060,999	5,692,494	5,243,897	7,326,993
Benefits (Note 2)	1,328,804	1,415,265	1,492,725	1,499,190	1,566,194
Total compensation	5,663,808	6,476,264	7,185,219	6,743,087	8,893,187
Annual increase		14.34%	10.95%	19.06%	31.89%
Increases compounded over two years			26.86%		57.02%
Leave entitlements	56 to 61 days	36 to 46 days		56 to 66 days	
Locum requirements (Note 3)	800,000	378,000	378,000	796,500	796,500
Total cost to GNWT/STHA	6,463,808	6,854,264	7,563,219	7,539,587	9,689,687

Note 1: Direct payments include base salary, signing bonuses, recruitment bonuses, retention bonuses, and payments for on-call.

Note 2: Benefits included Northern Allowance; professional fees; continuing medical education; medical texts; pension and retirement payments; dental, health and life insurance benefits; and professional insurances. In addition to these benefits, physician specialists receive moving allowances, and may be eligible for severance payments.

Note 3: Locums tenens are physician specialists hired on a daily basis to ensure ongoing coverage of specialist services at times when employed physician specialists may be unavailable due to vacation, medical education, or other planned absences. Leave entitlements for specialists have a direct impact on the number of locums required to ensure coverage.

While direct comparisons are difficult, the NWT specialist physician employment model is competitive to other jurisdiction's physician employment models. Most specialist physicians in Canada are employed through a fee-for-service model where, in order to generate income, physicians must see a large number of patients and perform a significant number of procedures. Fee-for-service physicians are independent business providers, who must pay clinic overhead, staff salaries and benefits, capital costs, insurances and other O&M requirements. A fee-for-service physician loses income when they take time for vacation

or continuing medical education as they self-fund their leave. In the NWT specialist employment model, all of the above are provided to the specialist in a salary and benefit package that includes clinic space.

Specialist Services and Coverage at Stanton

Note: The information presented in this section is subject to change. The following information is based on the best estimate of specialist resources that will be available as of July 1, 2003.

In the event of vacancies in physician specialist positions, it will be necessary to reduce patient services within the hospital and clinics until arrangements are made for locum coverage and recruitment of permanent specialists. The level of service available will increase as staff contract locums or recruit specialists.

1. Medical Clinic and Medical Centre

The Medical Centre and Medical Clinic will be closed for regular specialist appointments in program areas that do not have regular physician specialists or locum coverage. With locum coverage the first priority will be provision of emergency services. The locum physician workload will determine if regular clinic visits can be maintained. Full services at both clinics will be intermittent through July and August.

All physician specialists have long term patients that require regular follow up. The clinic nursing staff and the Medical Director will be coordinating services to ensure that patients requiring regular follow up are seen by the appropriate practitioner in Yellowknife or (in some cases) the Capital Health Authority in Edmonton.

2. Anesthesia

Resources: One physician specialist and four general practitioners with anesthesia skills will provide anesthesia services.

Services: Anesthesia services will be available as required.

3. Ear, Nose and Throat (ENT)

Resources: To date locum services have not been arranged.

Services: Clinic appointments and operating room services will not be available. Emergency cases will be transferred to Edmonton.

4. General Surgery

Resources: Locum services have been arranged for July and August.

Services: Clinic consults will depend on availability of resources and the workload of the locum physician. Initially elective surgery will be cancelled. Emergency surgeries will be performed.

5. Internal Medicine

Resources: Two physician specialist-internists are available. One internist is the Medical Director who will assist with coordinating services.

Services: Initially regular clinic services will be limited. Endoscopic services will continue but may be slightly reduced. The Intensive Care Unit (ICU) will remain open. Chemotherapy and dialysis will continue.

6. Obstetrics/Gynecology

Resources: Locums have been arranged for July and early August. Search for a second locum is underway.

Services: Clinic consults and operating room procedures will depend on the number of locums and workload. Emergency Caesareans and other emergencies will be the priority. If guaranteed emergency coverage for obstetrics is not available, physicians will make appropriate patient care arrangements. The availability of pediatricians directly impacts on the level of obstetrical services that can be offered.

7. Ophthalmology Clinic

Resources: To date locum services have not been arranged. Ophthalmology technicians will be available.

Services: Ophthalmology technicians services require ophthalmologist support in order to continue regular services. There is a possibility of ophthalmologist support via telephone. Emergency services will require transfer to Edmonton. The level of ophthalmology services remains unknown at this time.

8. Orthopedics

Resources: To date locum services have not been arranged.

Services: At this time regular clinic appointments and operating room services will not be available. Emergency cases will be transferred to Edmonton.

9. Pediatrics

Resources: To date locum services have not been arranged.

Services: Clinic appointments and inpatient services will not be available unless we are able to obtain locum physicians. Emergency cases will be transferred to Edmonton. Some high-risk pregnancies may need to be transferred to Edmonton.

10. Psychiatry

Resources: One general practitioner with additional training in psychiatry is available.

Services: Psychiatrist clinic appointments will not be available. The general physician-psychiatry will be available for some consultation and limited emergency services. Patients with severe mental distress will be sent to Edmonton.

11. Radiology

Resources: To date services have not been arranged.

Services: Procedures requiring radiologist services will only be available if we have a radiologist on site. The technologists will provide routine services. General practitioners will provide the initial interpretation for their patients. All films will be sent south for second interpretation by a radiologist.