

A NEW FMG MANAGEMENT FRAMEWORK BETTER SUITED TO REALITY

Québec, May 26, 2015 — CNW/Telbec – For some time now, the Fédération des médecins omnipraticiens du Québec (FMOQ) has been critical of the management framework governing family medicine groups (FMG). Rigid and unsuited to the reality of Québec’s demographic and territory, the framework created a structure in which many FMGs found themselves unable to adhere to the provincial framework. As well, the “political” race to announce the creation of FMGs resulted in many of these groups being accredited in spite of less stringent contractual objectives than specified in the provincial framework. Though there has been much talk in the media about the obligations of doctors practicing in FMGs, little has been said about the obligations of healthcare institutions, which have not always been respected, particularly with regard to loaning professional staff.

“Since the early 2000s, the FMOQ has always defended the idea that the FMG model was the best model to follow and promote in the organization of primary care services. It’s a good model that has aged well overall, but which has had some hiccups, mostly due to a reference framework that was poorly adapted to the reality of 2015. It was time, therefore, to change and modernize this framework to more adequately meet the needs of the population. That is why, for the past several months, we have been working tirelessly with representatives from the Ministère de la Santé to reach an agreement on implementing a new management framework. We are proud to announce today that these talks have paid off,” said Dr. Louis Godin, President of the FMOQ.

A new FMG management framework is in the works. The framework will take into consideration the specificity of the territory of Québec and within which services could be adapted to the current medical staffing and needs of the population. There will be different categories of FMGs, with funding adapted to and specific objectives outlined regarding opening hours and number of patients enrolled. Rules will also be much clearer for everyone and certainly fairer for family doctors working in FMGs.

“The majority of family doctors today who are responsible for patient care and monitoring do this in an FMG. Family doctors clearly follow the clinical model associated with FMGs. Twelve years after the creation of this model, we have benefited from the experience we have gained. We have developed a new management framework that builds on past successes and setbacks and that is better suited to the reality of today. By implementing this new framework, proof of the will by the FMOQ and the government to work together to continue offering services to Québécois, we are certain of providing a sustainable health care organization model,” added Dr. Godin.

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The FMOQ is an 8,800-member professional union representing the general practitioners of Québec. Its mission is to represent the professional and scientific interests of its members. For more information on the FMOQ, please consult its Web site at www.fmoq.org

Source: Fédération des médecins omnipraticiens du Québec

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