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Hands off my CLSC!

Why do we have to mobilize against the transfer of professionals from CLSCs to GMFs?

In recent weeks, hundreds of professionals working in CLSCs throughout Québec have received notice that they will be transferred to family medicine groups (GMFs, for Groupe de médecine familiale), raising fears and concerns. What will happen to CLSCs? Our professional autonomy? Services to the population?

Here is a guide to help you better understand the whole issue of transfers to GMFs. For the CSN, it is important to mobilize to protect our professional practice and the services we provide to an often vulnerable population that does not have any say in this reform. Primary care services must remain accessible, universal and local.

One more step towards privatization

These transfers are part of Health Minister Barrette's reforms. Instead of measures that would consolidate the services provided in CLSCs, he is taking resources out of the public system and shifting them to GMFs, without replacing; the resources transferred. He is taking advantage of the move to intensify privatization and reduce the services offered in CLSCs.

This is part of the way the minister is developing GMFs and super-clinics, a private model of organization controlled by physicians with an approach based on a medical model, even for psycho-social services.

It's still hard to have access to a family doctor. Yet despite this reality, the minister wants services that are currently accessible without a medical consultation to be reserved to people enrolled in a GMF.

Note that one of the factors curtailing the development of primary care services in the public system is the result of how medical practice is organized and how physicians are paid. When CLSCs were created, not many physicians embraced their multidisciplinary approach. They preferred to develop parallel practices in private clinics. Today, instead of solving this problem by encouraging doctors to integrate into the public system, the government is relying on a private model of organization, largely financed out of public funds, and in which both the population and professionals lose.

The two National rendez-vous on the future of the public health and social services system initiated by the CSN brought together more than 400 people

working in the majority of the components of the system. These meetings were an opportunity to identify the priority challenges and potential solutions for the future of the system. We are convinced that the future of the system depends on local public services delivered in accordance with evidence-based data. This is what the government should draw on for the development of social services and primary health care.

Two potential solutions that would help improve services for the population area a review of how physicians are paid and the development of multidisciplinary practices for primary care services in the public system. The solutions identified by components of the public system should be where Health Minister Barrette looks for inspiration.

The information in this guide is based on the "Programme de financement et de soutien professionnel pour les groupes de médecine de famille" (Program of funding and professional support for family medicine groups) published by the Ministry of Health and Social Services (MSSS) in November 2015.

Who is affected by the transfers to GMFs?

- social workers
- nurse clinicians
- other health-care professionals (nutritionists, kinesiologists, physiotherapists, occupational therapists, respiratory therapists, psychologists, etc.)

How will the choice be made to designate who will or won't be transferred and the number of professionals transferred?

According to the MSSS's program, the choice of personnel transferred will be made jointly by the CISSS/CIUSSS and the GMF. This choice must be made "in compliance with the collective agreements in force and the availability of local employees". The criteria governing the choice of the professionals transferred are not indicated in the MSSS document.

The professional resources allocated to the GMF are calculated in full-time equivalents (ETCs) depending on the GMF's level (the number of patients after weighting).

For example:

- one vulnerable patient = 2 patients
- one baby delivered = 3 patients
- one pregnant patient followed = 3 patients
- one patient with a severe loss of independence = 12 patients

So the GMF receives funding from the government, which also funds the institutions to provide employees to the GMF.

Who decides the professional's field of practice and who has authority for it?

It's the GMF that decides the descriptions of professionals' duties. This must be in accordance with the practices listed in Appendix III of the guide, which describes the duties of professionals who may be transferred.

Professionals relocated in GMF offices will be under the "functional authority" of the GMF physicians. The program doesn't define this term.

The professionals who are transferred nonetheless continue to be attached to their institution (CISSS/CIUSSS) for clinical and administrative purposes.

The concern is that these transfers will limit professional autonomy and the multidisciplinary approach found in CLSCs.

If the professional is absent, is he or she replaced?

Contrary to what now happens in various sectors, a professional who is absent from the GMF will be replaced as of the first day of absence if the absence can be shown to have been foreseeable. In the case of an unforeseeable absence, the professional will be replaced as of the 5th week.

Who decides the hours of work?

CISSS and CIUSSS managers are currently visiting GMFs to determine what their scheduling needs are. Our understanding at the present time is that it will be the GMF physician who decides the schedule of professionals working in the GMF.

Does the GMF receive financial benefits for taking in and providing facilities for these professionals?

The GMF is entitled to funding to arrange the necessary facilities, i.e., the cost of taking in professionals and setting up various premises related to the GMF mission. These expenses are $100 per hour used, up to a maximum of 20 hours. Travel expenses cannot exceed $3,000. The amount of the funding related to outfitting the premises must correspond to actual expenses and work carried out, up to $40,000 per GMF.

The government also provides annual funding for the GMF's operations. The amount of this is established on the basis of the GMF's level, ranging from $1,104,401 for level 1 to $293,413 for Level 9.

Are there currently service corridors between GMFs and these professionals in CLSCs?

At the present time, GMF physicians can refer their patients to CLSCs –to social workers via the psycho-social intake services, for example, or to nurses via the health-care intake services. Other professionals are also available through these intake services.

Will the transfers to GMFs have an impact on the accessibility of services for the population?

Yes, they will have a major impact on the accessibility of services. The professionals transferred will only be able to serve patients enrolled with the GMF concerned. And there will be fewer professionals available in what is left of CLSCs in CISSSs and CIUSSSs for patients who don't have an attending physician or whose attending physician doesn't practice in one of the GMFs targeted.

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La privatisation,
c'est la fin de
l'accès pour tous

Waiting lists will be longer for much of the population. Furthermore, we still don't know whether the patient will first have to see the GMF's doctor in order to consult one of the professionals transferred. If this is the case, access to services will be considerably reduced.

The transfer of professionals from CLSCs to GMFs therefore has a direct impact on our professional practice and autonomy, as well as on the basket of services offered to the population. For patients who use CLSC services, these transfers will mean less access to services.

What can we do?

The CSN's Legal Services department has been asked for legal opinions with a view to protecting members' rights and if need be taking the relevant legal action in the event of a notice of transfer or actual transfer.

We suggest that you get in touch with your local union if you are notified that you are to be transferred. As well, a task force will be set up to track the impact of these transfers on our professional practice and the accessibility of services for the population.

You are also invited to sign the CSN's petition to the National Assembly, asking for a moratorium on transfers of professionals from CLSCs to GMFs. You can sign it on line: https://www.assnat.qc.ca/fr/exprimez-votre-opinion/petition/Petition-6033/index.html

Paper versions of the petition will be circulated in your workplaces too. You are invited to help collect signatures.

In the coming weeks, the CSN will speak out to push its request for a moratorium Visibility actions will help make our demands better known.

MON CLSC,

REFUSONS L'AUSTÉRITÉ