

**Attn. OAGS Members & General Surgeons of Ontario**  
**From: Ontario Association of General Surgeons**  
**Date: September 5, 2017**  
**Re: OMA Relativity Survey**

Dear Colleagues,

**The Ontario Medical Association is undertaking a much-needed review of relativity.** However, we have significant concerns about the process. They have undertaken a survey to get information about hours of work and overhead expenses, which are significant components of the CANDI formula. CANDI (Comparison of Average Net Daily Income) is the method used for deciding which specialties are targeted for fee increases and fee cuts. Each of you should have or soon will be receiving the survey request by email from the OMA.

**The OMA Section on General Surgery and the OAGS executives have significant reservations about this methodology being used to establish the relativity of fees for each specialty.** In particular, the use of unverified self-reported data on the number of hours worked per week cannot be a way for a \$50 million organization to decide on the disbursement of \$12 billion per annum. Self-reported data is scientifically unsound – the data can easily be gamed for advantage or contain biases due to different response rates from different specialties.

We lobbied that this survey not go out, and we recommended more scientifically rigorous and robust measures of work hours and overhead costs be sought. We feel that self-reported data is unreliable and highly likely to be gamed, since the stakes are very high. When a similar process occurred in 2011, the results lacked face validity. The data did not pass any sort of reality check.

General Surgeons have a pretty good idea of whose cars are in the physicians' parking lot at the beginning of the day and whose cars are the last to leave. There is little doubt that the last survey results did not reflect our true work hours. According to the last survey, General Surgeons work the least of all surgical specialties! In that survey, each *minute* of extra time worked per average day would have corresponded to about \$1,000 per year in income, and an extra hour would have increased income by 15% had CANDI had been fully implemented. **As a Section we are completely opposed to the CANDI methodology. We consider it unfair and inappropriate.** Nevertheless, we need to be practical. As many specialties win big with CANDI, it is unlikely to go away. So, as we continue to lobby for a better method of establishing relativity, **we should still participate in the process for the time being.**

**THEREFORE, WE RECOMMEND THAT GENERAL SURGEONS OF ONTARIO COMPLETE THE SURVEY.** It may be the only opportunity for the time being to speak out about our work hours. It is unclear whether this survey data will ever be incorporated into a funding model or updated CANDI methodology. Nevertheless, we encourage full time General Surgeons to participate and fill it out accurately, but also be mindful and fastidious that every minute may count.

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It is important to **include in your work hours all clinical activities, not just hours involved in direct patient contact.** For example, address administrative work such as: billing, dictating, reviewing test results, patient correspondence that is done at the end of the day or in the evening should be included. Test results are often reviewed at later times and routine hospital visits are often done outside the CANDI definition of a day which is 7AM to 5PM. Travel time between different hospitals or hospital sites are also part of the clinical workday. **Please ensure that you include all time spent in all aspects of clinical care in your survey responses.** Also make certain that all overhead expenses are fastidiously included.

We will continue to lobby that the CANDI model will be rejected and a new methodology that respects complexity and intensity of work be adopted.

For your review, we have also attached on the next page an excerpt of the last relativity survey results (2011). Please note that despite very low participation (many sections had single digit participation), that alone would have rendered any academic survey results uninterpretable due to poor science. Nevertheless, the results were used and were an integral part of the CANDI formula over the past 5 years!!

**Other Sources:**

- CANDI methodology - <http://www.oags.org/relativity.html>
- The Cutting Edge, Issue 33, 2012 - "Relativity data 'inaccurate and unreliable'" – [download \(gated\)](#)

Sincerely,

Dr. Alice Wei, President  
Ontario Association of General Surgeons

Dr. Chris Vinden, Section Chair  
Section on General Surgery

CV/AW/lq

**Results of Previous CANDI/Relativity Survey in 2011**

OHIP Specialty	Survey Sample	Mean Hours of Work	Overall Mean (=7.3/Mean Hours)
00 Family Practice and Practice in General	439	7.1	1.03
01 Anaesthesia	119	8.2	0.89
02 Dermatology	27	7.7	0.95
03 General Surgery	40	7.8	0.94
04 Neurosurgery	7	8.1	0.90
05 Community Medicine	4	7.1	1.03
06 Orthopaedic Surgery	30	8.7	0.84
07 Geriatrics	9	7.5	0.97
08 Plastic Surgery	8	8.8	0.83
09 Cardiac Surgery	4	8.2	0.89
12 Emergency Medicine	92	8.2	0.89
13 Internal and Occupational Medicine	62	7.4	0.99
18 Neurology	14	6.9	1.05
19 Psychiatry	114	6.8	1.07
20 Obstetrics and Gynaecology	33	8.0	0.92
22 Genetics	5	7.0	1.04
23 Ophthalmology	8	8.2	0.89
24 Otolaryngology	15	7.7	0.95
26 Paediatrics	50	7.2	1.01
28 Laboratory Medicine	36	7.5	0.97
31 Physical Medicine and Rehabilitation	9	7.5	0.98
33 Diagnostic Radiology	5	7.3	1.00
34 Radiation Oncology	12	6.7	1.09
35 Urology	28	8.7	0.84
41 Gastroenterology	25	8.3	0.88
47 Respiratory Disease	14	7.9	0.93
48 Rheumatology	8	7.0	1.04
60 Cardiology	14	7.1	1.03
61 Haematology	4	7.1	1.03
62 Clinical Immunology	2	7.1	1.03
63 Nuclear Medicine	2	7.1	1.03
64 General Thoracic Surgery	6	9.2	0.80
All Physicians	1,245	7.3	1.00

Source: The Study of Physician Income, Hours of Work and Overhead Expenses for the Ontario Medical Association, PricewaterhouseCoopers, October 2011, Tables 2 and 3.