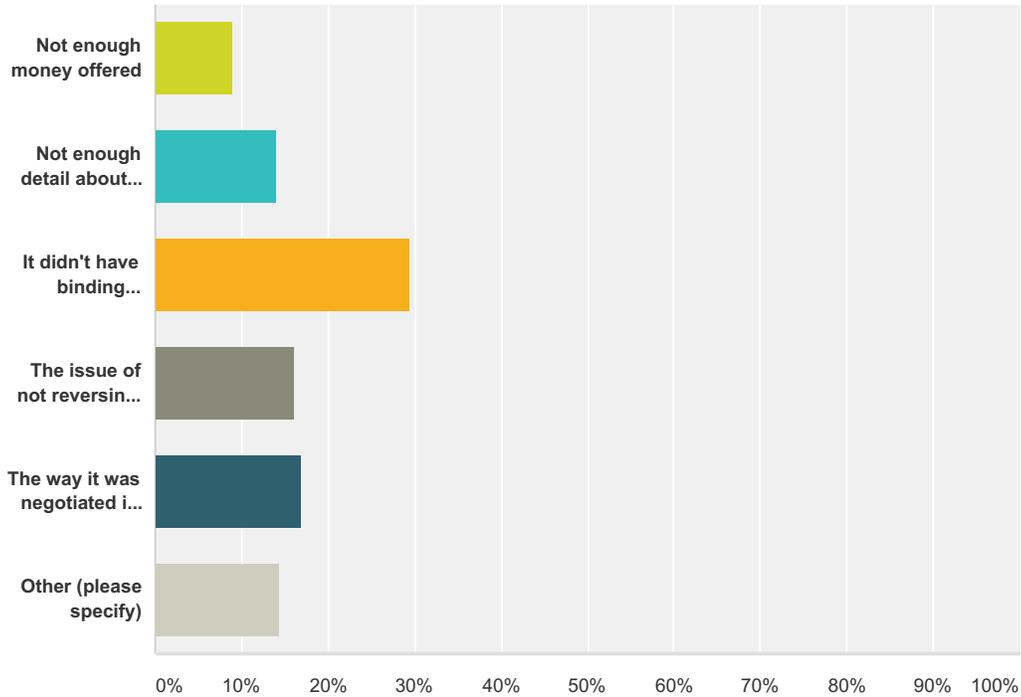


### Q1 What bothered you MOST about the tentative Physician Services Agreement (tPSA) that was voted down last summer?

Answered: 200 Skipped: 4



Answer Choices	Responses
Not enough money offered	9.00% 18
Not enough detail about whom would be cut or benefited	14.00% 28
It didn't have binding arbitration	29.50% 59
The issue of not reversing prior unilateral government cuts	16.00% 32
The way it was negotiated in secret	17.00% 34
Other (please specify)	14.50% 29
<b>Total</b>	<b>200</b>

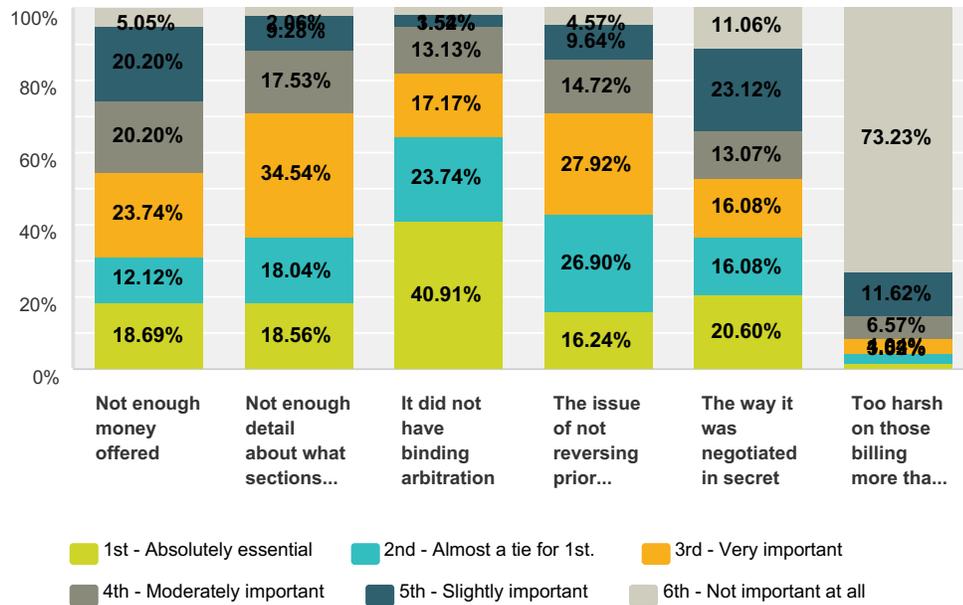
#	Other (please specify)	Date
1	I voted for the tPSA	1/24/2017 11:52 PM
2	It didn't address the monetary disparity between hard working high stress (gen surg) and 9 to 5 high rollers. The OMA continues to try to protect "all physicians together" instead of doing the right thing for health care.	1/24/2017 7:00 PM
3	The OMA has not addressed variations in income between specialties and allows itself to be controlled by the strongest self interest groups within the OMA.	1/24/2017 3:07 PM
4	Hard Cap on physician services budget	1/22/2017 11:05 PM
5	It legitimized the notion that physicians bear the responsibility for the rising costs of healthcare.	1/21/2017 2:53 PM
6	making physicians responsible for population growth and increasing health care needs of aging population	1/20/2017 5:02 PM

## OAGS: 2017 Contract Negotiations/Job Action Survey

7	I am not practicing	1/20/2017 3:59 PM
8	No funding for endoscopy clinics	1/20/2017 11:13 AM
9	hard cap as a group with cuts coming post hoc.	1/20/2017 6:51 AM
10	All above & suggested controls by government including increased usage responsibility.	1/20/2017 6:35 AM
11	Does not address the main issue of an flawed fee schedule	1/20/2017 4:04 AM
12	two and five	1/20/2017 3:42 AM
13	the entire deal was unacceptable. Both the binding arbitration and the reversal of the unilateral cuts were the most important issue	1/19/2017 11:16 PM
14	Physicians ultimately responsible beyond hard cap	1/19/2017 10:30 PM
15	All of the above	1/19/2017 10:00 PM
16	it made health expenditures our responsibility	1/19/2017 9:57 PM
17	The fact that the cost of increased utilization would be absorbed by the provider, me, even though I have no control of the demand.	1/19/2017 8:22 PM
18	it still made physicians ultimately responsible for increased physician needs of the population	1/19/2017 7:54 PM
19	Shortfalls in the physician services budget will be covered by service providers (physicians) rather than consumers of physician services	1/19/2017 7:20 PM
20	A cap on the global physician budget. MDs cannot be help responsible for all the reasons that this cap may be exceeded.	1/19/2017 7:04 PM
21	I voted in favour of the TPSA	1/19/2017 6:35 PM
22	I was in favor of it...	1/19/2017 6:23 PM
23	It was a reasonable agreement negotiated in good faith by the OMA and I would have accepted it.	1/19/2017 5:36 PM
24	I voted to accept it	1/19/2017 5:25 PM
25	the government's lack of "respect" for the process and physicians in general	1/19/2017 5:17 PM
26	NO confidence that long standing issues of inequity confronting General Surgeons would be solved by the agreement. No confidence that the OMA has the capability to do so.	1/19/2017 5:00 PM
27	No funding for endoscopy clinics	1/18/2017 6:14 PM
28	And not enough money	1/18/2017 10:26 AM
29	I was not troubled by its vagueness. I saw that as a strength. Income inequality is the issue that needs to be tackled and is why the OMA is being ripped apart	1/17/2017 6:48 PM

## Q2 Please rank the following in terms of importance "to you" as to why the 2016 tPSA failed.

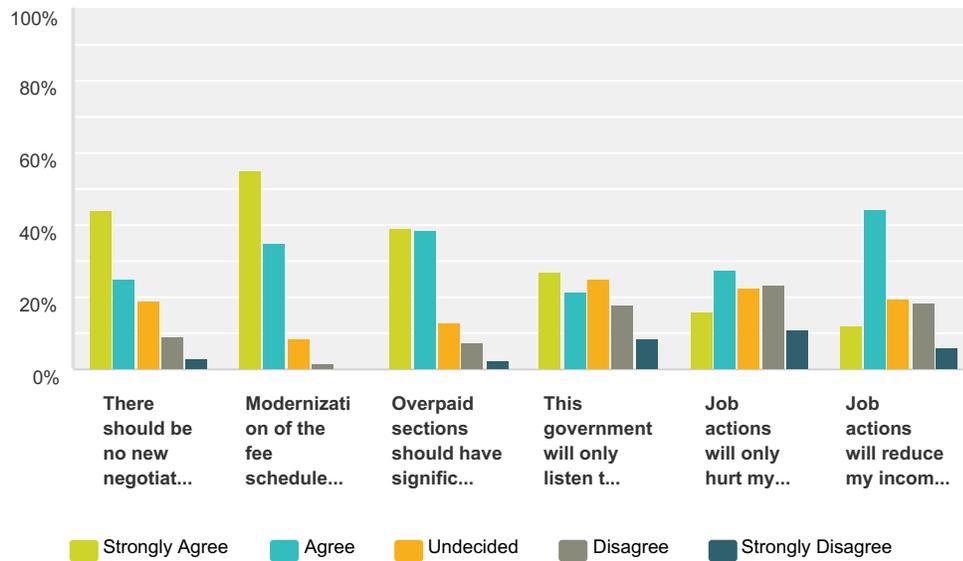
Answered: 200 Skipped: 4



	1st - Absolutely essential	2nd - Almost a tie for 1st.	3rd - Very important	4th - Moderately important	5th - Slightly important	6th - Not important at all	Total	Weighted Average
Not enough money offered	18.69% 37	12.12% 24	23.74% 47	20.20% 40	20.20% 40	5.05% 10	198	3.26
Not enough detail about what sections would be cut or benefited	18.56% 36	18.04% 35	34.54% 67	17.53% 34	9.28% 18	2.06% 4	194	2.87
It did not have binding arbitration	40.91% 81	23.74% 47	17.17% 34	13.13% 26	3.54% 7	1.52% 3	198	2.19
The issue of not reversing prior unilateral government cuts	16.24% 32	26.90% 53	27.92% 55	14.72% 29	9.64% 19	4.57% 9	197	2.88
The way it was negotiated in secret	20.60% 41	16.08% 32	16.08% 32	13.07% 26	23.12% 46	11.06% 22	199	3.35
Too harsh on those billing more than \$1 Million	1.52% 3	3.03% 6	4.04% 8	6.57% 13	11.62% 23	73.23% 145	198	5.43

### Q3 Do you agree or disagree with the following statements:

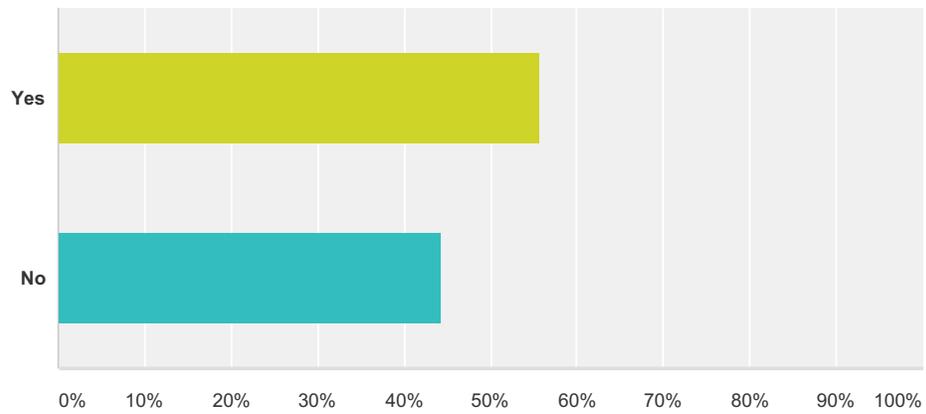
Answered: 202 Skipped: 2



	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total	Weighted Average
There should be no new negotiations without a precondition of binding arbitration.	44.06% 89	25.25% 51	18.81% 38	8.91% 18	2.97% 6	202	1.65
Modernization of the fee schedule with both fee increases and fee decreases to reflect modern practice is an important goal of the next tPSA.	55.22% 111	34.83% 70	8.46% 17	1.49% 3	0.00% 0	201	1.46
Overpaid sections should have significant paycuts in the next tPSA	38.81% 78	38.31% 77	12.94% 26	7.46% 15	2.49% 5	201	1.69
This government will only listen to us if we take job action	27.23% 55	21.29% 43	25.25% 51	17.82% 36	8.42% 17	202	1.91
Job actions will only hurt my patients and will not impact this government	15.84% 32	27.72% 56	22.28% 45	23.27% 47	10.89% 22	202	2.07
Job actions will reduce my income and save the government money	11.88% 24	44.55% 90	19.31% 39	18.32% 37	5.94% 12	202	2.06

### Q4 Should Ontario physicians engage in job action?

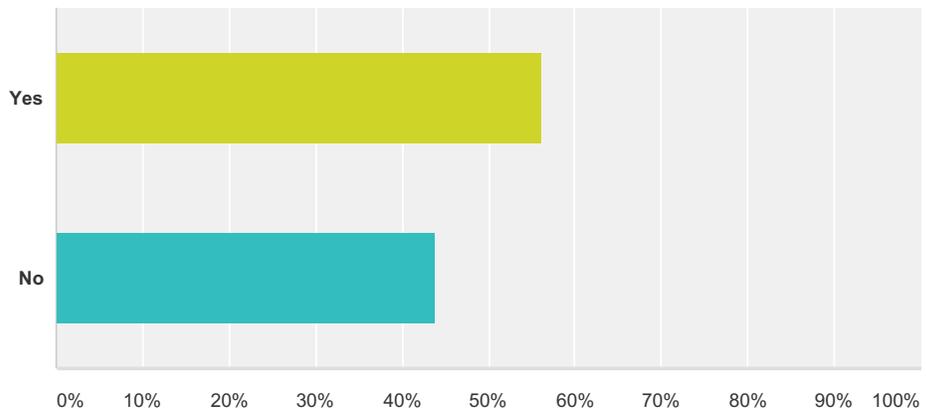
Answered: 201 Skipped: 3



Answer Choices	Responses
Yes	55.72% 112
No	44.28% 89
<b>Total</b>	<b>201</b>

### Q5 Would "YOU" be willing to participate in a job action?

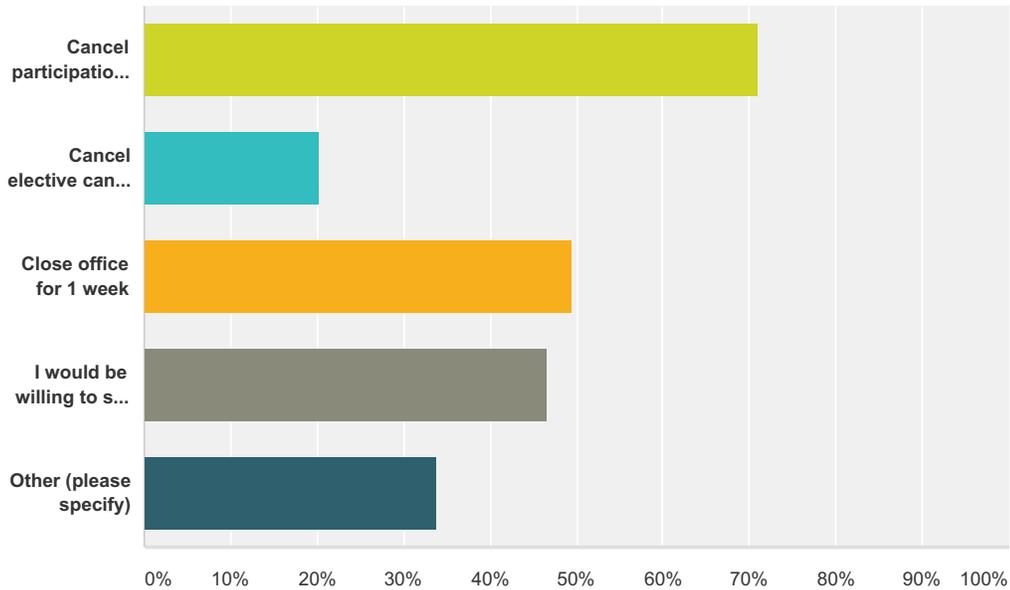
Answered: 198 Skipped: 6



Answer Choices	Responses	
Yes	56.06%	111
No	43.94%	87
<b>Total</b>		<b>198</b>

**Q6 Which job actions would have any impact on the government...and that you would be willing to partake? (check ALL that apply)**

Answered: 172 Skipped: 32



Answer Choices	Responses
Cancel participation in all committee meetings (i.e. hospital, CCO, LHIN, etc.)	70.93% 122
Cancel elective cancer surgery for 1 week	20.35% 35
Close office for 1 week	49.42% 85
I would be willing to stop accepting referrals for 1 week	46.51% 80
Other (please specify)	33.72% 58
<b>Total Respondents: 172</b>	

#	Other (please specify)	Date
1	none I do not support job action	1/24/2017 11:52 PM
2	This will backfire and only reflect poorly on us. Been there in the 80's	1/24/2017 3:07 PM
3	none	1/23/2017 1:28 PM
4	stop WTS and QBP data entry now !!	1/23/2017 10:06 AM
5	regular days where no elective work is done	1/23/2017 9:46 AM
6	I will not partake in job action	1/22/2017 10:02 PM
7	Cancel all elective surgery for 2 weeks or more if necessary	1/20/2017 10:42 PM
8	Immediately STOP documenting wait times	1/20/2017 6:44 PM
9	Good Hunting to you all	1/20/2017 3:59 PM
10	Cancel on call duties	1/20/2017 11:00 AM

## OAGS: 2017 Contract Negotiations/Job Action Survey

11	None of these would have any impact on govt	1/20/2017 10:55 AM
12	province wide cancellation of clinical work for one day to protest at queen's park (except for emergency services)	1/20/2017 9:36 AM
13	no forms, sick notes, paperwork. Cancel ALL elective work one day per month.	1/20/2017 9:13 AM
14	Cancel elective surgeries	1/20/2017 8:22 AM
15	Hold an anti slavery demonstration in ottawa	1/20/2017 7:47 AM
16	as a cancer surgeon, I couldnt do a job action that affects patient care	1/20/2017 6:51 AM
17	None	1/20/2017 4:04 AM
18	decrease patient load in office	1/20/2017 3:42 AM
19	refuse to cancel offices to dash to the OR, book urgent cases at nights and wkds instead of cancelling out elective surgeries to accomodate the hospital administration's budget	1/20/2017 12:40 AM
20	Admit all patients that are seen in Emerg. All patients can wait in hospital for care. System would bog down in hours. Does not reduce service - in fact we are over servicing the patients.	1/19/2017 11:43 PM
21	stop accepting referral except for cancer	1/19/2017 11:20 PM
22	Stop reporting wait times and other metrics used to punish without evidence	1/19/2017 11:18 PM
23	I am retired	1/19/2017 10:12 PM
24	I would not be willing to delay cancer care, however would be willing to close my office to other (nonurgent) services	1/19/2017 10:02 PM
25	cancel day by day rather than a week at a time, "work to rule"	1/19/2017 9:57 PM
26	DELAY ROUNDING IN HOSPITAL UNTIL END OF DAY	1/19/2017 9:55 PM
27	demonstration, political action	1/19/2017 9:50 PM
28	1 day strike and protest @queens park	1/19/2017 9:38 PM
29	threaten to withdraw emergency coverage	1/19/2017 9:35 PM
30	Ask all patients on surgical waiting lists to ask to visit their MPP office and vent their frustration	1/19/2017 8:34 PM
31	Government says utilization is too high so decrease utilization. Close offices and clinics one day a week. And explain why!	1/19/2017 8:22 PM
32	I feel the above options are unfair to patients. I would say cancel all elective non cancer surgery for 1-2 weeks. Patients don't realize committee involvement and don't care. Closing office for a week will be equivalent to me being on vacation for a week. I have a 6 month waitlist for no referrals so that will no impact for my patients. I think two weeks of non cancer surgery will piss off the public. I cancelled a hemorrhoid case yesterday and immediate complaint to public relations for the inconvenience not cancelling cancer surgery or emergency surgery shows empathy which will keep the public respecting us.	1/19/2017 8:02 PM
33	None of these will work...need to do it for longer.	1/19/2017 7:58 PM
34	Refusal of frivolous elective and emergency referrals that have been assessed by a physician	1/19/2017 7:31 PM
35	willing to cancel new patients but not willing to cancel ORs booked	1/19/2017 6:53 PM
36	Stop teaching. This had a huge impact when they did it in Quebec and it really worked.	1/19/2017 6:44 PM
37	Not take call	1/19/2017 6:33 PM
38	None would help just kill off patient support or allow lihn to do whatever without physician input	1/19/2017 6:24 PM
39	Rotating on-call in ER between the 3 hospitals in our region. The public unfortunately needs to be inconvenienced enough that they will notice and complain. The action has to be intense enough to be short lived so that those with financial concerns will still participate knowing it won't go on for too long.	1/19/2017 6:22 PM
40	No cimment	1/19/2017 6:16 PM
41	stop accepting new patients until the government negotiates in good faith.	1/19/2017 6:14 PM
42	job actions will make a permanent stain on the profession as it did in 1986! continue to serve patients. when resources run out, tell them. they will stick up for you if you stick by them. we can weather the government siege without job action.	1/19/2017 5:56 PM
43	I don't agree with job action.	1/19/2017 5:46 PM

## OAGS: 2017 Contract Negotiations/Job Action Survey

44	cancel elective surgery ie hernia's/screening endoscopy etc	1/19/2017 5:44 PM
45	None are likely to move government.	1/19/2017 5:36 PM
46	Day of action and protest at Queens Park & meet local MPP	1/19/2017 5:36 PM
47	"Work to rule" 9-5 just like the bureaucrats. With a 1 hour lunch. Delay rounds and discharging patients to create gridlock. Patients still being monitored and not in danger. Stop providing efficiency to the system which is already at a breaking point. If work not done by 5 pm, the rest will be done tomorrow.	1/19/2017 5:32 PM
48	Stop all elective surgeries	1/19/2017 5:25 PM
49	Protest day	1/19/2017 5:19 PM
50	Only provide essential / emergency services	1/19/2017 5:15 PM
51	Office closures, OR cancellations, and not accepting referrals for a week all happen every time I go on holiday	1/19/2017 5:04 PM
52	Stop all training....Medical Students, Residents, Nursing, physician assistant, paramedics etc. We need to not affect patients and seriously affect another group that will force the government's hand. It may be cruel but will quickly lead to action by this government. We could set a date.....ex. by April 1st all teaching will stop unless government comes back to the table and starts negotiating.	1/19/2017 5:02 PM
53	I would stop all elective practice and meetings for a long time...until government agrees to negotiations or BA	1/18/2017 10:26 AM
54	None	1/17/2017 8:53 PM
55	None	1/17/2017 8:31 PM
56	I cancel surgery and close the office all the time - holidays, meetings, etc.	1/17/2017 7:29 PM
57	Refuse filling all insurance/benefits forma	1/17/2017 7:20 PM
58	None	1/17/2017 7:19 PM

OAGS: 2017 Contract Negotiations/Job Action Survey

**Q7 Additional Comments:**

Answered: 42 Skipped: 162

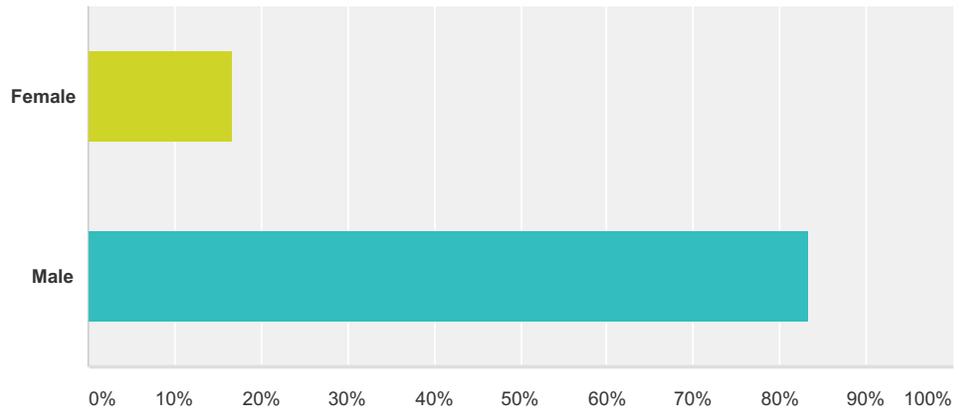
#	Responses	Date
1	A neutral arbitrator/committee --arms length from the gov't and OMA--that has the power to change the fee schedule and family health teams.	1/24/2017 7:00 PM
2	Just like teachers have PA days, we should have days where everything except emergencies shuts down	1/23/2017 9:46 AM
3	Unfortunately, any job action punishes the patient. Minister Hoskins knows how to divide the profession. We must stay united.	1/21/2017 2:53 PM
4	There are professional negotiators who understanding government language. We need to find someway to get the"ear" of the government. Strong push to show how financial restrictions are killing our health system, flamed on by a weak government not able to make any decision except hiring more committees to share and defuse the"blame".	1/21/2017 7:49 AM
5	Need to expedite the arbitration lawsuit.	1/20/2017 5:14 PM
6	I doubt that job action works. I am not sure it is morally acceptable. I doubt there is much more money available. there should be more focused on alternatives, like salaries, like pensions, this of course would be more expensive to the government, but I think that time, his right to push this. Having said this, there probably is no place in the system for a publicly-alleged physician to be billing one million-dollars plus, there are problems on our side also.	1/20/2017 4:30 PM
7	I am PGY 64	1/20/2017 3:59 PM
8	Educate public more aggressively about what it cost to run a practice.	1/20/2017 7:47 AM
9	Correcting the fee schedule for overpaid specialties is the issue I find is most important.	1/20/2017 7:42 AM
10	In general surgery, there are hospital pressures and policie as well that might get enforced in terms of what job action is possible without losing privileges.	1/20/2017 6:51 AM
11	I would not be willing to participate in any kind of job action. It does not sit well with my ethic as a doctor	1/20/2017 4:04 AM
12	Every job action we do should be Patient focused, not physician focused, even if it costs the system	1/20/2017 12:40 AM
13	there is great inequity in OHIP which must be addressed.	1/19/2017 11:20 PM
14	OMA needs to engage in an aggressive public relation/ patient education campaign whereby the effects of these draconian cuts have on patients services are fully explained.	1/19/2017 11:16 PM
15	Any job action must address CPSO regulation involving disciplinary measures for job stoppage. Do we want to revolt against gov't, OMA and CPSO all at once?	1/19/2017 10:30 PM
16	"Modernization" of the fee schedule is appropriate. However, gradual (or graduated) cuts to overpaid specialties, as opposed to an immediate and drastic change, may have less of an impact on specialists leaving or closing practices.	1/19/2017 10:02 PM
17	There are definitely ways to get the government's attention such as reduced emergency coverage at selected hospitals so patients would be redirected. Noone gets harmed but inconvenience will attract attention.	1/19/2017 9:35 PM
18	Have to be careful to not hurt patients	1/19/2017 8:52 PM
19	Scapegoating of physicians for rising service demands while requiring them to maintain standards when the system cuts back in other areas (nursing, beds etc) is unacceptable. Nonetheless, if the medical community does not rope in unreasonable compensation from the public purse (high billing specialties with little quality control beyond avoid lawsuits) it will have no credibility with the public or government now or in the future. This is long overdue.	1/19/2017 7:20 PM
20	Cancelling ORs affects so many good people and there is already so much back log. You can't cancel people's cancer surgery.	1/19/2017 6:53 PM
21	This is a very difficult question and I am very undecided. I think the only way they will listen is with job action. But I feel like by doing it, i would definitely hurt my patients and myself (decreased income) for potentially no benefit.	1/19/2017 6:44 PM
22	Job action will be a public relations disaster and play into the government's hands	1/19/2017 6:30 PM
23	OMA will have to 'educate' the public as to why the job action is happening well in advance. The Coalition of concerned excessive billers needs to let the OMA handle this. If they want to speak on behalf of me they should run for positions in the OMA leadership and get voted in. The Government is going to exploit the 'division' in our ranks and we will all be worse off.	1/19/2017 6:22 PM

## OAGS: 2017 Contract Negotiations/Job Action Survey

24	No comment	1/19/2017 6:16 PM
25	I do not think we should impact patients with action. We will lose their support	1/19/2017 6:08 PM
26	A loss of the public's confidence is a permanent change that. It is a blow to our identity as a profession. Do not support it, do not do it. Fight job action. Do not fight the government by using your patients as clubs. They will never forget it and you will never feel the same.	1/19/2017 5:56 PM
27	we cannot stop 1.seeing ill patients, 2.taking call, 3. urgent surgeries. Only non urgent/ elective things should be postponed	1/19/2017 5:44 PM
28	OMA should attack Ont gov't for money wasted in bureaucracy and taken from frontline care; OMA should join nursing unions in attacking healthcare cuts	1/19/2017 5:36 PM
29	Remember when Doctors withdraw all but emergency services the death rate falls. Look it up, it has been universally true in every country where that sort of action has been tried.	1/19/2017 5:36 PM
30	Need more information about rebalancing fee schedule prior to considering job action. Who would be cut? By how much? Who would gain? Job action would have to be across the board to be effective. Close to 100% participation. Have to think like a union if we wish to be treated as one. I don't think family md's should be negotiating for general surgeons. Consider general surgeons having their own union and negotiating separately from the OMA. We are collectively one of the workhorses of the system. The system depends on us working efficiently. Stop cooperating with a government which will not cooperate with us.	1/19/2017 5:32 PM
31	survey biased against tPSA and for job action	1/19/2017 5:25 PM
32	I would like to preserve my income at the present time. Furthermore, any changes to the PSA would favourably affect some surgeons while others take a pay cut - no way around that	1/19/2017 5:19 PM
33	I have recently retired, but still licenced and a member of OMA/CMA. I am answering this survey as if I were a general surgeon in active practice. I have been through this before.	1/19/2017 5:17 PM
34	Need to propose capitation/salary for specialists	1/19/2017 5:16 PM
35	I am retired.	1/19/2017 5:09 PM
36	There are many general surgeons without permanent full time work and this issue does not seem to be addressed at all in these negotiations.	1/19/2017 5:04 PM
37	Stopping all teaching is the only way that the job action would be aggressive enough to warrant action by the government, would absolutely not affect patient care and impact patients and also would not really affect our incomes.	1/19/2017 5:02 PM
38	OMA needs to get back to the table with MOH and start negotiating modernization of the OHIP fee schedule. This will require some cuts for some procedures in certain specialties, but get on with it! The coalition has been very divisive to our physician group, and it seems that the Coalition is self-serving, self-preserving their own specialties. The Coalition has no authority and it should be rebuked and dismissed.	1/18/2017 2:58 PM
39	None	1/17/2017 8:53 PM
40	All doctors do important work. Radiologists , gastroenterologist, etc...are no more important or responsible than the rest of us. How much we get paid should mostly reflect how hard we work, not what speciality we are in. The current arrangement is insulting to those of us who work hard in lower paying specialties. I am pretty sure that if the OMA went into negotiations with that in mind, government would be quite happy to negotiate.	1/17/2017 8:31 PM
41	These negotiations are the opening shots of major changes in health care delivery in Ontario and should be viewed as such. Getting obsessed details instead of major reform will leave physicians on the sidelines	1/17/2017 7:19 PM
42	Job action on the part of physicians will always be viewed negatively by public	1/17/2017 6:48 PM

### Q8 Gender (optional)

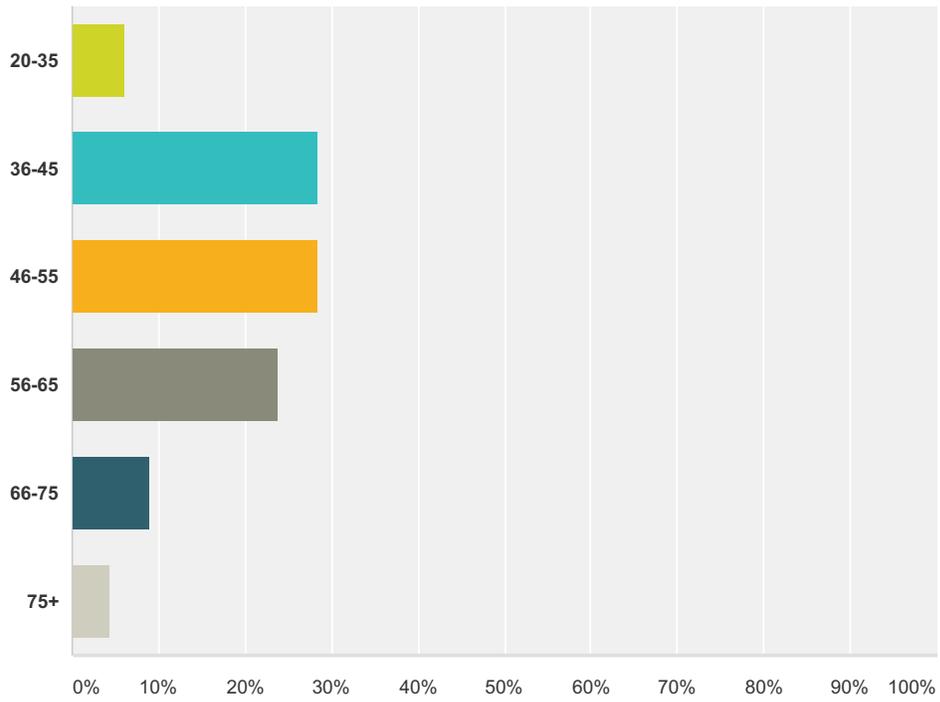
Answered: 198 Skipped: 6



Answer Choices	Responses
Female	16.67% 33
Male	83.33% 165
<b>Total</b>	<b>198</b>

### Q9 Age (optional)

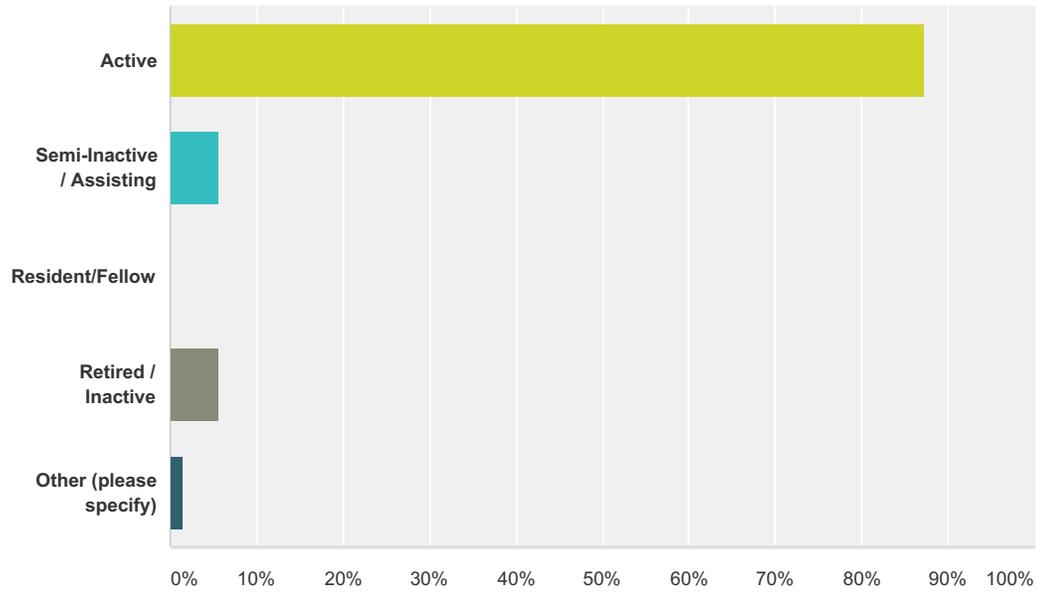
Answered: 201 Skipped: 3



Answer Choices	Responses
20-35	5.97% 12
36-45	28.36% 57
46-55	28.36% 57
56-65	23.88% 48
66-75	8.96% 18
75+	4.48% 9
<b>Total</b>	<b>201</b>

### Q10 Practice Status (optional)

Answered: 197 Skipped: 7

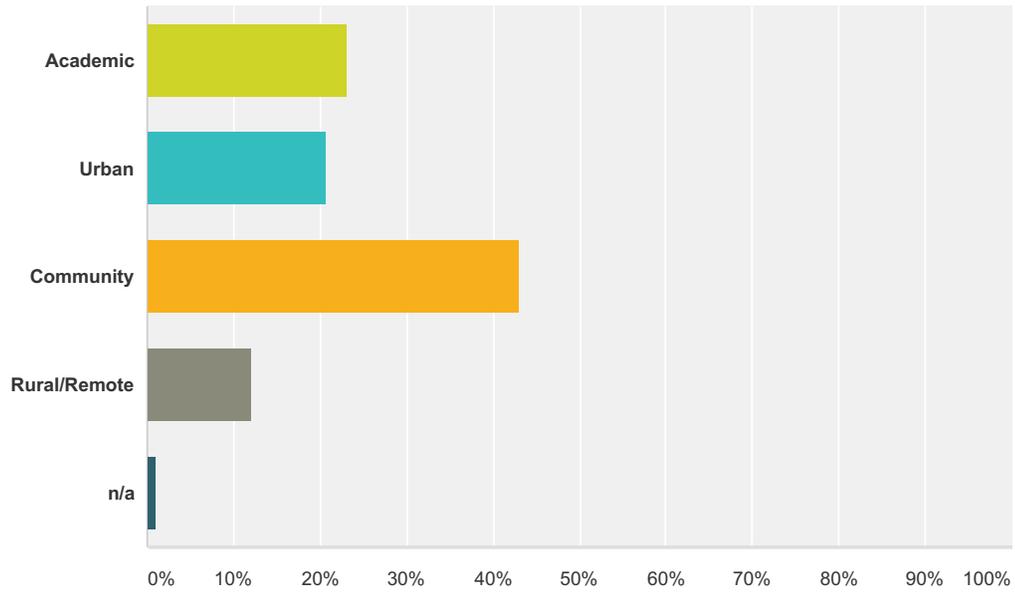


Answer Choices	Responses
Active	87.31% 172
Semi-Inactive / Assisting	5.58% 11
Resident/Fellow	0.00% 0
Retired / Inactive	5.58% 11
Other (please specify)	1.52% 3
<b>Total</b>	<b>197</b>

#	Other (please specify)	Date
1	No comment	1/19/2017 6:16 PM
2	Underemployed	1/19/2017 5:28 PM
3	Unemployed due to lack of jobs	1/19/2017 5:04 PM

### Q11 Type of Practice (optional)

Answered: 198 Skipped: 6



Answer Choices	Responses
Academic	23.23% 46
Urban	20.71% 41
Community	42.93% 85
Rural/Remote	12.12% 24
n/a	1.01% 2
<b>Total</b>	<b>198</b>