

Montréal, **mon doc**

Votre voix, votre soutien



Newsletter - May 2026

Message from the president



Dear colleagues,

We continue to actively pursue our representational work, notably during the *Commission des présidents* last Friday, your association's *Caucus des délégués*, and at the *Conseil de la FMOQ* held on Saturday. Early yesterday evening, we also took part in a *Comité de suivi* meeting for details on the registration modalities related to the target of 500,000 new patients (*inscriptions*).

Here are the main updates arising from these meetings.

Target of 500,000 new registrations – Adjustments to agreement modalities

Since its launch, many of you have contributed to the collective effort to reach the target of 500,000 newly registered patients by June 30th. In light of the issues raised regarding the LE 398, the FMOQ and the government have now agreed on the following adjustments:

From now on, registration requests via LE 321 will no longer require patients to return a form within 30 days. Targeted patients will instead be automatically registered with the physician once they are entered into the EMR and the information is transmitted to the RAMQ.

In the event of refusal, patients will be able to follow an opting-out procedure.

These changes are retroactive to February 1st. Patients who have already received a letter will soon receive a communication indicating that they no longer need to return the form. It was confirmed yesterday evening that patients identified via LE 321 can now be entered into your EMRs and submitted to the RAMQ. If your EMR does not allow this, registration must be completed via the RAMQ website.

LE 399

Individual registration of a patient initially registered collectively now provides access to *forfaits de prise en charge*. For commitments made between February 1st and March 31st, 2026:

- Patient registered collectively **before** November 15th and transferred to individual registration via LE 321: *forfait* of \$231
- Patient registered collectively **after** November 15th and transferred to individual registration via LE 321: *forfait* of \$131

Note: These conditions apply provided that the transferred patient is replaced by a new patient in collective registration. Close collaboration with your local CMLs is therefore essential.

Update on the new remuneration model in first-line care (*première ligne*: 50%-30%-20%)

The FMOQ continues its modelling work and is paying particular attention to the following elements:

- **Active patient status:** reflections are underway to remove time limits and to allow the active status to be maintained without a medical visit
- **Mandatory exclusions:** specific practices (home care/SIAD, palliative care, addiction, homelessness, etc.), fixed fees and certain mixed models
- **Requested exclusions:** MAiD, musculoskeletal care, pregnancy follow-up, abortion, vasectomy, CNESST, and others to be determined
- **Optional exclusions:** physicians aged 60 and over, certain mixed models (including GMF-U, except CLSC-based care), new billers and temporary changes in practice
- **Capitation weighting:** under discussion based on age, sex and vulnerability (priority: vulnerable in individual care > non-vulnerable in individual care > collective care provision)

- **Simplification of visit codes:** under consideration given the high number of current billing codes

Regarding timelines, the FMOQ is aiming to reach an agreement with the government by June 2026 on modalities and quantum. The new remuneration model will therefore not be implemented in June: current billing practices will remain in place until the RAMQ is ready.

Regarding the hourly rate component (20%), there's only 5 days left to respond to our 3-minute survey: <https://survey.zohopublic.ca/zs/Z0DLXi>

Remuneration increases – Secondary care

The FMOQ has confirmed that funding is planned for secondary care sectors. Work is ongoing, particularly regarding the hourly rate and specific practices.

To those of you working in secondary care: we have heard you and are actively representing your concerns at the FMOQ level. The Federation has acknowledged our requests for clarification regarding amounts and timelines.

We recognize your need for more concrete information regarding the remuneration planned in both primary and secondary care sectors. Your expectations are entirely legitimate. We continue to advocate on your behalf, particularly regarding the need to provide you with simulation tools (calculators) to help prepare for upcoming changes. The FMOQ has indicated that it is receptive to these requests. In the meantime, please do not hesitate to share your questions, comments, or suggestions with us.

Other files: Ultrasound, DAAMM, SAAQ, CNESST

Follow-ups have been conducted, and negotiations are ongoing. Further details will follow.

Navig

Some of you have raised confidentiality concerns in relation to the Navig tool. We consulted the FMOQ's legal experts. Key points include:

As part of the GMF program, the use of Navig is mandatory. When used in accordance with MSSS/Santé Québec directives and the [Lettre d'entente no 396](#), civil, professional, and technological liability (including system-related confidentiality incidents) is assumed by the MSSS. However, GMFs must continue to meet their usual professional obligations, particularly with respect to confidentiality.

In the event of misdirection, technical failure, or confidentiality incidents, responsibility lies with the Minister, and the MSSS must assume legal defence and associated costs. However, this protection does not extend to deontological complaints.

The FMOQ has raised these concerns with Santé Québec. In case of issues:

- inform the person responsible for Navig in your GMF and copy your local DTMF
- if the issue persists, follow up with the DTMF and inform the FMOQ

We remain available to support you in this matter.

CaRMS

Lastly, your association has raised concerns regarding the troubling results of the second CaRMS iteration. More than 90% of unfilled family medicine positions in Canada are located in Quebec. This reflects deep systemic issues. The AMOM stands in solidarity with rural and intermediate regions that have been particularly affected.

We are advocating for:

- a more coherent organization of care
- better recognition of the breadth and complexity of family medicine
- a significant reduction in administrative burden
- improved access to technical platforms and support services

All warning signs are present: it is time to revalue our profession.

Thank you for your important contribution. We will continue our efforts to represent you with rigor across all areas of practice, without exception.

In solidarity,
Dr. Geneviève Chaput

The AMOM in action

Welcome Evening for New Billers – May 21, 2026

On May 21, the AMOM will be hosting a welcome evening for new graduates in family medicine and physicians who have been in practice for one year or less. This initiative aims to provide new billers with guidance as they begin their

practice, encourage exchanges with experienced physicians, and help them build their first professional network in Montreal.

Registration is open until May 11. If you know any recent graduates or physicians who have been practicing for one year or less, please feel free to encourage them to register.

[See details and registration](#)

Do not miss

Save the date!

Wellness Day – September 25, 2026

The Engagement and Wellness Committee is actively working on organizing the AMOM's next Wellness Day, which will take place on September 25.

This day is designed to be both engaging and practical for clinical practice, featuring a morning training session followed by an activity that encourages interaction, all under the theme:

“Let food be thy first medicine.”

This edition will include reflections and practical tools related to metabolic health and its impacts, presented in an accessible and applicable way for everyday practice.

Further details about the program will be shared soon.

AGM and Annual Conference – November 20, 2026

The AMOM will hold its annual conference in the morning, followed by its Annual General Meeting (AGM) in the afternoon, on November 20 at the Centre Mont-Royal.

This day will feature training sessions on practical and clinically relevant topics, including:

- liver enzyme abnormalities, particularly in relation to fatty liver disease, diabetes, obesity, and dyslipidemia
- the assessment of vertigo in primary care

Further details will be shared after the summer, including the full program and registration information.

AMOM's 65th Anniversary – November 20, 2026

This year, the AGM will have a very special feel.

Following the meeting, we invite you to extend the moment by staying with us for a friendly cocktail reception, held in celebration of the AMOM's 65th anniversary.

Beyond the assembly itself, this will be an opportunity to connect in a different way, exchange with colleagues, and celebrate together the journey of our association—and of those who bring it to life every day.

Prize draws and a few surprises will also be part of the evening.

We sincerely hope you will join us for this meaningful and unifying moment.

Supporting Continuing Education

AQMSE Annual Conference 2026

AQMSE

CONGRÈS
ANNUEL 2026

LA SANTÉ DE L'ATHLÈTE FÉMININE SOUS TOUS SES ANGLES



ENTOURAGE-SUR-LE-LAC, LAC-BEAUPORT
30 ET 31 MAI 2026

On May 30 and 31, take part in the AQMSE Annual Conference, which will be held at Entourage-sur-le-Lac in Lac-Beauport.

This year's edition will highlight women's athletic health from every perspective, through engaging conferences and discussions among professionals. The activity is accredited by the FMOQ and provides 6 hours of recognized continuing education (Category A).

[Learn more and register](#)

CAN-TOX 2026

We would like to bring to your attention the CAN-TOX 2026 Symposium, a pan-Canadian event dedicated to evidence-based approaches for managing treatment-related toxicities, particularly in oncology.

This forum will bring together clinicians and experts to share the latest scientific advances and best clinical practices. It is part of a continuing professional development perspective and offers a valuable opportunity to update your knowledge and engage with peers.

Continuing Education – Building a High-Performing Primary Care Practice

A continuing education session offered by Dr. Elizabeth Dougherty, Vice-President of the AMOY, will soon be available online (60 to 90 minutes, via Teams).

Titled "*Bâtir une première ligne performante : un modèle de pratique applicable et évolutif*," this session presents a practical example of a multidisciplinary primary care setting, with a particular focus on task distribution within the team, including the roles of licensed practical nurses and registered nurses.

Members who are interested are invited to contact Dr. Dougherty directly at: edougherty.ed@gmail.com

Continuing Medical Education

At the AMOM

- May 12 : 99854 – Family Medicine Rounds - Plaque Psoriasis in Adults - Update 2026 | Workplace Health : Supporting Patients Through Sick Leave and Return to Work

[View all training sessions](#)

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