

Doctors Nova Scotia's Community Listening Tour

Physicians in Nova Scotia are under pressure. Faced with large patient rosters and limited resources, they are worried about their patients, their practices and their personal lives. That's why this spring, members of Doctors Nova Scotia's (DNS) senior leadership team embarked on a province-wide listening tour. They attended 29 meetings with a total of 235 physicians in 24 communities – learning about the challenges of practising medicine in Nova Scotia from people who are experiencing them first-hand.

Doctors Nova Scotia held seven meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Glace Bay, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Glace Bay

Meetings in Zone 3 – Eastern

Location	Date	# of physicians
Inverness – Inverness Consolidated Memorial Hospital	May 30	2
Sydney – Cape Breton Regional Hospital	May 30	10
Glace Bay – Glace Bay General Hospital	May 31	9
Sydney – psychiatry	May 31	5
North Sydney – Northside General Hospital	June 1	7
Port Hawkesbury – Maritime inn	June 1	2
Antigonish – St. Clare Meeting Place	June 8	26
TOTALS	7 meetings	61 physicians

Issues in Glace Bay

The physicians who participated in the Glace Bay community meeting expressed concerns about the following issues. Here's what we heard:

Compensation/fees

- Physicians indicate they need more incentive for physicians to stay in the periphery (for example, to stay in Glace Bay instead of going to Sydney). Many are either not prepared to consider an area like Glace Bay or, worse, are leaving these areas for better compensation elsewhere.

Inadequate resources in Glace Bay and area

- There are high numbers of orphaned patients.
- It is the experience of the physicians in the area that the Nova Scotia Health Authority (NSHA) does not support physicians who would like to relocate to better serve low-income patient populations.

- There is little to no access to mental health services in Glace Bay because most of the psychiatrists have left; the one remaining psychiatrist is preparing to leave in the next few months. Physicians indicated that most family physicians do not even try to do referrals anymore. The wait-times for psychologists, psychiatrists and social workers are all too long for the referrals to be of any practical use to their patients.
- Physicians believe Glace Bay needs at least three new family physicians just to meet current patient needs.
- The group believes the steady decrease in services available in Cape Breton (such as mental health, vascular surgery and so on) is a significant issue, not only for patient safety and patient care, but also because it further erodes the chances of successfully recruiting new physicians to the area.

Recruitment/retention

- The NSHA's approach to recruitment seems lacklustre. For example, there does not appear to be any proactive outreach to physicians from the area and NSHA does not seem to be very responsive to physicians who might be interested. The steady decrease in services available in Cape Breton because of physicians leaving makes it more difficult to convince people to come practise medicine in Glace Bay.
- One physician present at the meeting is halfway through a two-year Return of Service agreement. She has reached out to the NSHA recruiter with some questions as she is actively considering her options at the end of her contract. She has not had a return call from anyone at NSHA.
- The NSHA has disbanded the physician-led recruitment committee in Glace Bay, which had been active and quite successful for years. The committee was aware of where the Cape Breton medical students were training and doing their residencies and was successful at recruiting them to return to Cape Breton to practise.
- Glace Bay physicians are interested in targeting recruitment efforts at Cape Breton physicians who have studied medicine elsewhere and are keen to return to the area. It is believed that islanders are far more likely to settle and stay in Cape Breton in the long-term.
- The retention of residents training in Sydney used to be quite high, but now not many of them are staying. Cape Breton medical students studying abroad are not able to come here even though they are the most likely to stay and practise in Cape Breton for their entire careers.

Succession planning and mentoring

- Physicians would like to see better succession planning (including the ability to phase out of their practice as new physicians are phasing in). For example, one physician in the group met with NSHA for help with succession planning but received no support in

establishing a transition plan. He has 2,200 patients and has been practising for 40 years; he wants to slow down and then retire.

- In another example, a new-to-practice physician started with a patient load of 1,600 patients, all of whom were new to her and many of whom had been without a GP for some time. She was completely overwhelmed and without meaningful support. Some form of mentoring or phase-in would have been very helpful.

Sustainability of comprehensive family practice

- There are very few five-minute appointments anymore. Patients are older and require more complex care, which means family physicians need to provide far more management than episodic care. This pays poorly.
- A lot of the community's family physicians would like to transition to Alternative Payment Plans (APP) to match the payments they receive with the level of care they are providing and to create a more sustainable business model.

Issue themes across the province

Many of the issues discussed in your community reflect concerns DNS has heard from physicians across the province. These concerns can be grouped into five themes:

Fragility of the physician workforce

- Including the shortage of physicians in Nova Scotia, persistent recruitment and retention concerns, lack of succession planning, lack of support for new physicians, and physician stress and burnout

Loss of professional autonomy and satisfaction

- Stemming from a loss of local authority and decision-making at the Nova Scotia Health Authority (NSHA), a lack of clarity about how, why and by whom decisions are made, a feeling of disconnection from the NSHA, and a loss of connection within the physician community itself

Demise of comprehensive family medicine

- Including excessive workloads, the fact that comprehensive family practice is increasingly an unsustainable business model, unintended incentives away from comprehensive family practice, and the absence of viable alternatives to the fee-for-service payment model

Unsustainability of rural specialty services

- Including unsustainable call schedules, recruitment and retention challenges, lack of succession planning and loss of local authority and decision-making

Lost opportunities to leverage technology

- Including the new non-face-to-face fee codes, which many physicians feel are cumbersome, and lack of compensation for physicians using MyHealthNS

Most of these themes reflect broad, systemic issues that are beyond the association's ability to resolve independently. However, even if DNS can't resolve the issue directly, the association can help members by ensuring that key health-system leaders understand the importance of resolving these issues in a timely manner.

Provincial next steps

- **Provincial report and recommendations** – Doctors Nova Scotia staff members are preparing recommendations on how best to address each of the themes identified above. In many cases, these recommendations will be based on solutions suggested by physicians. These recommendations will be outlined in more detail in the in-depth provincial community meeting report, which will be shared with physicians and key health-system leaders in September.
- **Advocacy** – Doctors Nova Scotia will continue its advocacy efforts on these priority issues that require collaboration with and leadership from other stakeholders, including the NSHA, the IWK, Dalhousie Medical School and the provincial government.
- **Community-specific issues** – Doctors Nova Scotia staff will continue to carry out any action items that are within the association's scope of work, and to advocate for resolutions to issues that are specific to individual communities.

Community support

These community meetings were a first step in the association's work to improve communication and connection with its members. Starting in September, each zone will have a dedicated DNS staff member. Their job will be to help DNS better understand your practice and community needs, and to help you solve problems and better navigate the system. This dedicated staff person will be your connection to DNS. If your concerns aren't reflected in this report, your dedicated DNS staff member will be available to listen, advise and help you resolve the issue.

Your dedicated staff member is:

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Follow up

If you have any questions or comments on anything included in this report, please email community.outreach@doctorsns.com.