

Members' Forum
June 8, 2019 at 11:00 am
Halifax Marriott Harbourfront Hotel, Halifax NS
NOTES

For the fourth year, Doctors Nova Scotia (DNS) held a Members' Forum following the Annual General Meeting. Each year at the meeting the Board of Directors holds an open and informal forum for members to dialogue with the DNS Board of Directors and senior staff on any key activities and/or issues that are of interest and relevant to them.

Dr. André Bernard, chair of the Board of Directors and facilitator for the Forum, opened the floor to questions from members in attendance.

Physician Concerns

A member spoke to how the amalgamation of the nine district health authorities into one provincial health authority has undermined and eroded the partnership relationship physicians and their colleagues in the healthcare system had enjoyed for years. She identified three areas of concern:

1) Harassment

Physicians are experiencing harassment from both leaders and fellow physicians with no place to turn. If a complaint is brought forward, the College becomes involved which could potentially have repercussions for the person bringing the complaint forward. Physicians need a safe haven where they can speak openly and in confidence.

Ms. MacCready-Williams agreed that this is a very important topic. It was acknowledged that physician harassment is difficult to solve. Doctors Nova Scotia does have a physician support program, but Nova Scotia does not have a place where conflict issues can be resolved. DNS has reached out to other provinces. Alberta has a WellDoc initiative with an ombudsman to resolve conflict. British Columbia has something in their Master Agreement for three independent counsel to ensure conflict is resolved.

Dr. Osler noted that one of the system and culture changes that CMA is engaged in is the new physician health department which focuses on a psychologically safe workplace, free from harassment. CMA is committed to working with the PTMA's and would welcome participating in a physician engagement strategy if that would help.

2) Restriction of Privileges

The Health Authority is restricting where physicians can practice and, in some instances, not permitting them to order tests.

It was noted that the NSHA has stated that resolving this is one of their strategic directions and there does appear to be some momentum in this regard.

3) Exit Interviews

At one time, when a physician left a health authority, he/she was given an exit interview. The NSHA does not do this. There is valuable information a departing physician could impart but there is no venue to allow this to happen.

It was noted that Doctors Nova Scotia is starting to do exit interviews, however, DNS is restricted on what they can do with the information. The information is being compiled where possible.

Emergency Overcrowding

In early March the Valley Regional Hospital's Emergency Department had 24 admitted patients in the 20-bed department. A few physicians became frustrated that no one was trying to fix this ongoing situation and started a Go Fund Me page for three long-term care beds within their community to draw attention to the issue and bring back physician voices at the ground level. The public has been very supportive.

These physicians want to keep issues at the forefront and have developed a fact sheet, copies of which were circulated to members. The group has tried to summarize the issues as follows:

- 1) The group wants to keep raising the issues facing healthcare but stresses that there must be member unity—Doctors Nova Scotia is the voice for physicians and needs to be loud, proud and dignified on behalf of members. They suggested that DNS should push for a forensic audit of NSHA. Members need to “circle the wagons” and stop making side deals which weaken both the Master Agreement and the collective voice of DNS.
- 2) They feel strongly that there are leaders who may be in conflict of interest situations because they wear more than one hat (i.e. DNS, DHW, NSHA/IWK) when they attend various meetings.
- 3) While members are relieved that Dr. Tom Marrie is now the Interim Deputy Minister of Health, Doctors Nova Scotia must keep advocating for its members.

The Chair concurred that physician unity is necessary—DNS's strength depends on it. While there may not always be agreement, members must strive to come together when needed. He added that the physician leader community in Nova Scotia is small which is why leaders often wear more than one hat. He believes that most physician leaders try to be unbiased and fair-minded and will recuse themselves in situations that could potentially present a conflict-of-interest. He suggested to all members in attendance that if they want to effect change, they should get involved and become leaders.

The President thanked Kim Bottomley and Barb Johnson for their ongoing efforts to keep member issues in the media. They have established good relationships with the media which allows DNS to keep things in the public light.

Physician Pensions

Most Canadian physicians do not have pension plans. The ability to offer some sort of pension plan/matched RRSP's could help with physician recruitment and retention. Is this an issue that is on the radar, particularly with the sale of MD?

It was acknowledged that this is not an issue that is being pursued by Doctors Nova Scotia or through the negotiations process at this point. The main concern to be addressed through negotiations is the ability to retain and recruit physicians through fair compensation.

Dr. Osler reported that CMA is aware that this is an issue shared by many physicians. With that in mind, CMA has retained an independent third-party institutional investment firm (Mercer) to investigate what might be possible, taking into consideration the different federal and provincial laws and regulations. A report will be tabled at the CMA's Annual General Meeting in August. Following that, the report will be sent to the PTMA's for review and discussion. She noted that British Columbia currently has an RRSP matching program through their Master Service Agreement. Ontario Medical Association has a voluntary savings plan.

Changes to federal tax laws is another consideration, particularly if the federal election brings in a new government that is more open to this approach.

Nuclear Weapons

A member stated that the two long-term world-wide issues of grave concern are climate change and the proliferation of nuclear weapons. On May 10, 2019, a letter was sent to Canada's prominent leaders asking them to sign off on a national campaign to abolish nuclear weapons worldwide.

In 2017 a treaty on prohibition of nuclear weapons was proposed. There are currently 15000 nuclear weapons and it would take only 100 of these create a nuclear winter. The member urged everyone to go to the ICAN (International Campaign to Abolish Nuclear Weapons) website to learn more about this important issue.

The Chair thanked the member for bringing his concerns forward.

Shaping the System

A member noted that DNS is in reactive mode as it tries to resolve issues as they come up, suggesting a multi-sectional committee be struck to look at changes and threats to medicine into the future. It will be important to have a collaborative approach to help shape the system. Nancy MacCready-Williams, CEO, agreed and noted that we once enjoyed a collaborative relationship with our system partners; hopefully we can get back to that.

With regards to an earlier comment about the potential conflict of interest in holding leadership positions with more than one organization, the member noted that in her experience in it can be difficult to manage two leadership roles.

Remuneration Incentives

A member who is an emergency physician spoke to the need to move away from flat rates of remuneration to other models that offer incentives and reward productivity. In most emergency departments in Nova Scotia emergency physicians are paid at an hourly rate which does nothing to recognize productivity. If there was some form of incentive, perhaps emergency rooms could be more productive.

There are challenges with this: 1) Models that encourage volume promote volume but not necessarily quality. 2) The College and NSHA might have issue with incentives for emergency physicians; and 3) this type payment model could be subject to audit to ensure that billing is appropriate.

The Chair commented that the Health System Physician Coordinating Council is comprised of members from Doctors Nova Scotia, Department of Health and Wellness, the Nova Scotia College of Physicians and Surgeons and the Nova Scotia Health Authority. They meet quarterly to create a safe space for all to participate fully with respect for all perspectives. This is a table with a focus on outcomes where difficult conversations can occur.

The President-Elect stated that he and Mr. Chapman from DNS attended a strategic planning session at the College as representatives of DNS. While at the meeting they had an opportunity to deliver a message that the College needs to change how it engages with physicians. They will continue to push that message.

Wearing Different Hats

A member who has served in many roles with CMA, DNS etc. stressed that knowledge is enhanced by the wearing of different hats with different perspectives. It is incumbent upon all leaders who wear many hats to be aware of and declare any conflict of interest in executing the duties of their specific role(s).

Negotiations Update

Ms. Alana Patterson, chief negotiator with DNS, stated that while she couldn't speak to the specifics due to confidentiality concerns, she could provide a high-level update on negotiations.

The DNS Board of Directors is overseeing both the Master Agreement (MA) and Clinical Academic Funding Plans (C/AFP) contract negotiations, with advice and input from two respective Members' Advisory Forums. These Member Forums bring their talent, advocacy skills and commitment to the tables to advise the two negotiating teams which are comprised of DNS staff and three physician members from the respective Members' Forums. Mr. Ron Pink is acting in a consultant capacity for the DNS negotiating teams.

Priorities were identified in two documents—*We Asked, You Answered—DNS Members' Negotiation Priorities* and *Roadmap to a Stable Physician Workforce*. She urged members to become familiar with the documents if they haven't already.

The Board defined negotiating principles which were informed by feedback received from reaching out to members across the Province. There was agreement that the 2019 agreements should improve the ability of the Province to retain and recruit physicians by improved compensation and enhancing both physicians' practice environments and professional satisfaction as well as their engagement in decision making for the healthcare system.

Negotiations began in November 2018. Thus far only 26 days have been spent at the table, with nine additional days scheduled over the summer.

The process has been slower than anticipated with little progress to date. The appointment of the new Interim Deputy Minister of Health and Wellness is seen as a positive step.

If members have any questions, they are encouraged to reach out to DNS staff.

The Members' Forum concluded at 12:01 pm.