

 **Doctors**
Nova Scotia

2019
ANNUAL
CONFERENCE

JUNE 7 & 8, 2019, HALIFAX
HALIFAX MARRIOTT HARBOURFRONT

ANNUAL REPORT

TO COUNCIL 2018-19



ANNUAL REPORT TO COUNCIL 2018-19

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Leadership Message



Dr. Tim Holland



Nancy MacCreedy-Williams



Dr. André Bernard

It's been a busy year for Doctors Nova Scotia (DNS). Guided by the 2017–21 Strategic Plan, the association continues to work to help physicians to thrive and have a positive impact on their patients' lives, individually and at the system level.

Over the past 12 months, DNS has been involved in a range of work tied together by a common thread: stabilizing Nova Scotia's physician workforce.

A strong, stable physician workforce is the keystone to a high-functioning health-care system – but Nova Scotia has a long way to go. Physicians across the province are facing heavy workloads, while hospitals, health-care facilities and community practices face chronic physician staffing shortages. Retention and recruitment are an ongoing challenge – high workloads are impossible to sustain long-term, and low pay means that it's hard to recruit physicians to fill empty positions. Burnout continues to be a problem for doctors across the province.

Solving these problems will take work, and the cooperation of all health-care stakeholders. We have taken every opportunity to make a stable physician workforce our top priority, not only in our day-to-day work, but also in all of our interactions with health-care stakeholders, elected officials, the media and members of the public.

In September 2018, DNS published *We Asked, You Answered: Doctors Nova Scotia Members' Negotiation Priorities*, a document that gathered the results of months of consultation with physicians regarding their priorities for the next round of contract negotiations. A significant portion of the association's work in late 2018 and early 2019 was focused on developing and executing its negotiation strategy. This strategy is focused on moving Nova Scotia's physician compensation to be the highest in Atlantic Canada, with the goal of helping to stabilize the province's physician workforce and create a healthy work environment for all physicians in Nova Scotia.

In January 2019, we published a groundbreaking position paper that unequivocally stated that family physicians are vital to the health-care system. The publication of *The Backbone of Primary Health Care: The role and value of family physicians* marked the first time a medical association in Canada had successfully tackled the topic, and the paper became a vital component of the association's advocacy work.

Building physicians' leadership capabilities and providing opportunities for physicians to be engaged in health-system change have been two other areas of focus for DNS over the past year. The second cohort of the intensive six-month Physician Leadership Development Program graduated in April. The association also co-sponsored several Physician Leadership Institute courses and co-ordinated networking events to build connections among physicians.

In an effort to further support physician leadership development and physician engagement at a grassroots level, in May 2019 DNS published a suite of resources aimed at fostering the growth of medical staff associations (MSAs). The resources include a primer, a tool kit and a grant program that offers MSAs a one-time grant of up to \$10,000 to support their work.

The Health System Physician Coordination Council (HSPCC), an initiative started by DNS following the publication of the 2018 paper *Healing Nova Scotia: Recommendations for a thriving physician workforce* paper, has completed its first year working to resolve complex systems issues. A particular focus has been on determining the system supports needed to help physicians on defined licenses move to full licensure.

At DNS, we know that a stable physician workforce is the secret to a high-functioning health-care system, and we will continue to work to support our members in all aspects of their practice. Read more about our recent work in the following pages.

Dr. Tim Holland
President

Nancy MacCreedy-Williams
CEO

Dr. André Bernard
Chair



**Doctors Nova Scotia
2018–19 Board of
Directors**

Back row, left to right:

Dr. André Bernard (Board Chair), Nancy MacCready-Williams (CEO), Drs. Cindy Marshall and Dr. Kathy Gallagher

Middle row, left to right:

Drs. Amanda MacDonald, Kelly Dakin-Hache and Leisha Hawker

Front row, left to right:

Drs. Alex Mitchell, Michael Wadden, Mandat Maharaj,

Gary Ernest (President-elect), Tim Holland

(President) and Manoj Vohra (Past President)

Missing from photo: Drs.

Alfred Bent, Caitlin Lees (resident representa-

tive), Gerard MacDonald,

Robyn MacQuarrie, Scott Mawdsley, Todd Stoddart,

Celina White and Kyle Kilby (medical student representa-

Doctors Nova Scotia

2018–19 Board of Directors

Eighteen physicians, one medical resident and one medical student serve as Doctors Nova Scotia’s Board of Directors. The Board provides the association with its overall strategic direction. The Board is a diverse representation of general practitioners and specialists practising throughout the province. The majority of Board members are elected through a member-wide election; three members are appointed to help ensure optimal member representation.

EXECUTIVE

- Dr. Tim Holland, *President***
- Dr. Gary Ernest, *President-elect***
- Dr. Manoj Vohra, *Past President***
- Dr. André Bernard, *Chair of the Board***
- Dr. Michael Wadden, *Audit Committee chair***

FAMILY PHYSICIANS IN HALIFAX REGIONAL MUNICIPALITY

- Dr. Kathy Gallagher**
- Dr. Leisha Hawker (*regional representative*)**
- Dr. Cindy Marshall**

FAMILY PHYSICIANS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

- Dr. Amanda MacDonald**
- Dr. Michael Wadden**

SPECIALISTS IN HALIFAX REGIONAL MUNICIPALITY

- Dr. Scott Mawdsley**
- Dr. Alex Mitchell**
- Dr. Kelly Dakin-Hache**

SPECIALISTS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

- Dr. Gerard MacDonald (*regional representative*)**
- Dr. Alfred Bent**
- Dr. Todd Stoddart**
- Dr. Mandat Maharaj**

SECTION FORUM CHAIR

- Dr. Robyn MacQuarrie**

MARITIME RESIDENT DOCTORS REPRESENTATIVE

- Dr. Caitlin Lees**

DALHOUSIE MEDICAL STUDENT SOCIETY REPRESENTATIVE

- Kyle Kilby**

CANADIAN MEDICAL ASSOCIATION REPRESENTATIVE

- Dr. Celina White**

Financial Report (Sept. 1, 2017 to Aug. 31, 2018)



Dr. Michael Wadden
Audit Committee chair

THE AUDIT COMMITTEE OVERSEES the accuracy of Doctors Nova Scotia's financial statements by reviewing the effectiveness of accounting policies, internal controls and risk management practices.

The financial statements were audited by KPMG and no errors or omissions were reported.

The Aug. 31, 2018, year-end financial statements were approved by the Audit Committee and the Board of Directors. The statements are prepared in accordance with generally accepted Canadian accounting principles.

The unrestricted operating fund has a balance of \$2,490,650 (\$2,491,564 at Aug. 31, 2017). The operating fund reported a surplus of \$157,894 against a budgeted deficit of \$196,983 for a positive variance of \$354,877.

Net operating expenses were below budget by \$310,000. \$202,000 of this relates to a budgeted allowance for unanticipated expenditures which were ultimately not incurred. Other operating costs were under budget by a combined \$108,000 due to the deferral of some promotional campaigns to next year and continued conservative spending practices. Investments ended the year \$17,400 below budget with overall earnings of \$432,600. Lastly, depreciation expense of \$197,400 was under budget by \$62,600.

The association invested \$348,649 in capital

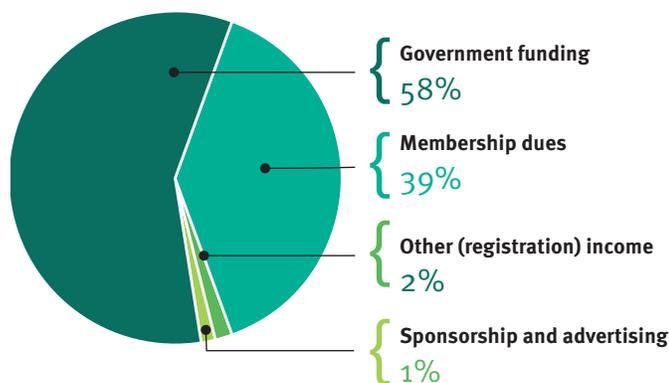
assets (\$137,676 in 2017). This included an LED lighting upgrade and new parking lot for the building and property, new website development, computer upgrades, and minor furniture replacements.

In accordance with the existing Master Agreement, Doctors Nova Scotia (DNS) received \$6.191 million in provincial government funding (\$6.526 million in 2017). Another \$170,058 was received from members participating in the physician leadership programs. Costs for member benefit programs (health and dental, parental leave, professional support) and benefits administration totalled \$4.993 million. Targeted project costs of \$1.198 million accounted for the remainder of provincial funding received.

In October 2017, the Department of Health and Wellness approved a payment of \$293,847 from the year-end transfer fund to reimburse DNS for targeted project costs incurred during the 2017 fiscal year. With this payment, the year-end transfer fund is now depleted to zero.

Overall, the association has a healthy balance sheet and continues to perform well against targets set annually.

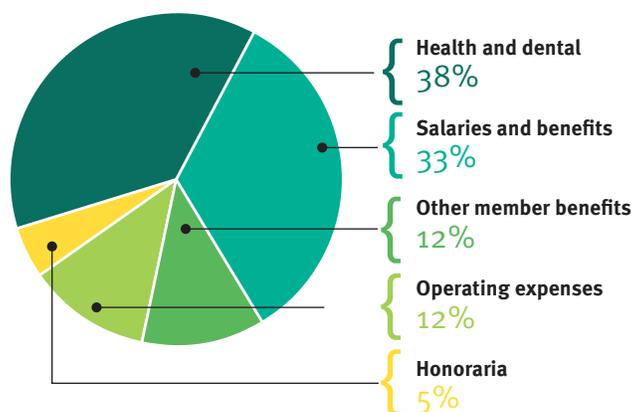
Summary of Funding



Government funding	\$6,190,631
Membership dues	\$4,217,651
Other (registration) income	\$170,058
Sponsorship and advertising	\$143,310

CMPA Funds received and disbursed in 2017-18 totaled \$0 (\$3,906,172 in 2016-17).

Summary of Expenses



Health and dental	\$4,072,347
Salaries and benefits	\$3,622,970
Other member benefits*	\$1,297,238
Operating expenses	\$1,285,103
Honoraria	\$526,485

*The "other member benefits" category includes parental leave, EMR, Business of Medicine, bursaries and CME.



2018–19 Achievements

Doctors Nova Scotia owes its success to the work of dedicated physicians from across the province who help advance its strategic plan. Here are some achievements of the last year.

SUPPORT FOR PHYSICIANS

With burnout and job dissatisfaction posing serious challenges for Nova Scotia physicians in all specialties and all parts of the province, Doctors Nova Scotia (DNS) continued to strengthen its support programs for members. The Physician Advisory Team provided ongoing assistance, with team members in each zone working directly with physicians to help them solve practice or systemic problems and to help create a network of physicians who can mentor one another—all goals aligned with DNS's strategic plan. In addition, the association's Professional Support Program continued to provide confidential peer support to members dealing with professional and personal issues.

MEMBER SATISFACTION SURVEY

The latest DNS Member Satisfaction Survey results illustrated the disillusionment most Nova Scotia physicians are experiencing. While the vast majority of respondents said that a collaborative relationship with government and the health authorities is needed, just 10% of respondents agreed that the current government supports and values physicians' contributions to the health-care system, and only 20% agreed that the Nova Scotia Health Authority and IWK value their contributions. Respondents indicated that they continue to be generally satisfied with DNS, with 60% of members stating that they are as engaged as they want to be with the association.

AGENTS FOR CHANGE



Doctors Nova Scotia held its second Physician Leadership Development Program. The intensive six-month program saw 22 physicians honing their leadership skills so they can help influence health-system change and find solutions to complex problems. Project themes covered inpatient care, medical assistance in dying and undergraduate medical education. In addition, DNS co-sponsored Physician Leadership Institute courses and hosted networking events to build connections among physician leaders.

GRASSROOTS OUTREACH

To encourage more grassroots collaboration among physicians, DNS created resources to support medical staff associations (MSAs) across the province. The resources included a primer, a tool kit and a grant program. In addition, DNS President Dr. Tim Holland crisscrossed Nova Scotia meeting with physicians in communities hit hard by physician shortages, discussing recruitment and retention strategies.

RECOGNIZING FAMILY PHYSICIANS



Family physicians are the foundation of an effective primary health care system. The association drove that home by publishing the position paper titled *The Backbone of Primary Health Care: The role and value of family physicians*, becoming the first medical association in Canada to define the unique role and value of family physicians. Sparking extensive media coverage and public support, the groundbreaking report solidified the association's ongoing efforts to improve the practice environment and compensation for family physicians in Nova Scotia.

HEALTH SYSTEM PHYSICIAN COORDINATION COUNCIL

The Health System Physician Coordination Council, a group started by DNS in 2018, has finished its first year of work addressing complex systems issues. A forum for health stakeholders to tackle physician-related challenges, the group focused on how to better support international medical graduates (IMGs) who practise under defined licences in Nova Scotia. It's developing a report and recommendations to help IMGs achieve full licensure.

BLENDED PAYMENT MODEL TAKES SHAPE

Following work by the Blended Payment Model Working group, the DNS Board approved a framework for a new primary care blended payment model. Family physicians across Nova Scotia gave input through webinars and a survey.

LEGAL ACTION

Doctors Nova Scotia filed a Notice of Appeal with the Nova Scotia Court of Appeal to overturn the Supreme Court's decision regarding the association's role as sole bargaining agent for physicians in Nova Scotia. This followed the Supreme Court's decision confirming that DNS is the sole bargaining agent for physicians regarding negotiating compensation, but that the government may negotiate directly with physicians regarding contract deliverables. Doctors Nova Scotia does not accept this decision and expects the Nova Scotia Court of Appeal to make a different ruling. The association will continue to fight to protect the rights of physicians and to promote a work environment that encourages doctors to practise in Nova Scotia.

NEGOTIATIONS ONGOING

Negotiations continue between DNS and the Department of Health and Wellness; the existing Master Agreement and Master C/AFP contracts expired on March 31. Doctors Nova Scotia is committed to negotiating until a deal is reached that will help stabilize the physician workforce in Nova Scotia. Providing physicians with competitive compensation and a healthy work environment is essential to improving physician recruitment and retention in the province. After talks failed to reach a solution for inpatient care at community hospitals, the provincial government moved forward with its own model, which does not adequately protect physician interests, without support from DNS.

POSITION PAPERS

After months of discussions with physicians across Nova Scotia, DNS published *We Asked, You Answered: Doctors Nova Scotia Members' Negotiation Priorities*, a report outlining the association's goals and approach for contract negotiations. The association followed it up with *Road Map to a Stable Physician Workforce*, a position paper published in collaboration with Maritime Resident Doctors and the Dalhousie Medical Students' Society. The paper called on the government to take immediate action to stabilize the physician workforce and to boost physician recruitment and retention. In addition, the association published *Healing Nova Scotia Part Two*, a report highlighting the issues facing academic physicians in Nova Scotia. Finally, DNS published a palliative care position paper, offering 10 recommendations to improve palliative care across the province.

STRATEGIC PLAN PROGRESS REPORT

STRATEGIC PRIORITY 1: Connect the profession

Commitment	Actions
Establish community connectors for each zone to support networking and community development throughout the province	<ul style="list-style-type: none"> • Relationship development with stakeholders (NSHA), communities and physicians in each zone • Hosted focused meetings in various communities to support physician members • Completed a President's Tour across Nova Scotia, including many individual and small and large group meetings in various communities
Support growth of Medical Staff Associations (MSAs)	<ul style="list-style-type: none"> • Developed MSA tool kit and primer to support education and establishment of MSAs • Launched MSA grant program to support the establishment and development of MSAs. There is up to \$80,000 available for MSA grants. The grants are one-time allocations of funding worth up to \$10,000 per successful application
Implement peer-to-peer networking and learning opportunities	<ul style="list-style-type: none"> • Work continued on developing an online member forum and a pilot project for members to use the forum to connect with one another around shared interests, committee work and/or general dialogue
Support international medical graduates	<ul style="list-style-type: none"> • Development of an IMG support strategy in collaboration with stakeholders through the work of the Health System Physician Coordination Council

STRATEGIC PRIORITY 2: Advocate for the profession

Commitment	Actions
Develop collective positions on key policy issues to help advance provincial policy on the highest standard of health promotion and care	<ul style="list-style-type: none"> • Worked with DNS's Policy and Health Issues Committee and the Nova Scotia College of Family Physicians to develop a position paper defining the role and value of family physicians • Together with Maritime Resident Doctors and the Dalhousie Medical Students' Society, DNS released <i>Road Map to a Stable Physician Workforce</i>, which calls on the provincial government to take immediate action to stabilize the physician workforce in Nova Scotia
Pursue fair compensation for physicians by negotiating provincial and local agreements	<ul style="list-style-type: none"> • At the Premier's request, DNS suggested some immediate short-term solutions to the government to help stabilize the primary care system in Nova Scotia, resulting in a \$39.6 million investment into primary care • Completed Master Agreement and C/AFP provincial listening tour and published <i>Healing Nova Scotia Part Two</i> and <i>You Asked, We Answered: Doctors Nova Scotia Members' Negotiation Priorities</i> • Established MA and C/AFP Negotiating Teams, supported by Members' Advisory Forums, each composed of strong physician advocates engaged in negotiations • Began negotiations in November; discussions ongoing

STRATEGIC PRIORITY 2: Advocate for the profession continued

<p>Help make positive changes in population health and health-care policy through collaboration with government, NSHA/IWK (priorities are primary health care, e-health, physician recruitment and retention, and health promotion to improve health at the population level)</p>	<ul style="list-style-type: none"> • Developed and executed government relations strategy focused on moving the association’s negotiations priorities forward • Chaired and provided administrative support to the Health System Physician Coordination Council in its inaugural year • Through the work of the Information Technology Steering Committee, advocated for and achieved new policy allowing some hospital-based physicians and specialties to use EMRs in hospital; provided critical input and feedback to the NSHA and DHW about the importance of physician engagement for moving forward One Person, One Record; supported physicians through necessary EMR migrations; worked with government to implement new technology and virtual care stipends • Published <i>Primary Care Transformation: A collaborative practice tool kit</i>, which provides practical information, examples, and insights from the experiences of Nova Scotia doctors, implications and critical reflection questions to support physicians who are considering collaborative practice • Advocated to the Law Amendments Committee to keep important language in the new <i>Nursing Act</i> that requires established relationships between nurse practitioners and physicians for optimal patient care • Co-sponsored and continued work implementing Choosing Wisely Nova Scotia; held public engagement session to educate Nova Scotians about the campaign • Established the DNS Healthy Tomorrow Foundation – a new charity to own and operationalize the Kids Run Club
<p>Advocate for members’ economic interests (new compensation models, fees, billing audits)</p>	<ul style="list-style-type: none"> • Together with the working group, developed a proposal for a new blended payment model for primary care • Developed and advocated for enhanced funding for family physicians who provide community inpatient care, including payment for call • Advocated to provincial government to implement strategies to mitigate the impact of the federal tax changes that affect Nova Scotia’s physicians
<p>Enhance the reputation of physicians and of DNS as their professional association</p>	<ul style="list-style-type: none"> • Developed and implemented an integrated marketing strategy to enhance the public perception and reputation of physicians, aligned with the priorities of the annual business plan. Strategies include digital marketing, social media and media relations • Ongoing advocacy for community partnerships and physician engagement to support enhanced physician recruitment and retention; enhanced media relations strategies • Launched Doctors’ Day campaign with the theme “Doctors are Vital”; the campaign included digital advertisements in Cineplex theatres and Tim Hortons locations across the province, plus billboards, transit ads and social media advertisements • Monitored public opinion and support through Corporate Research Associates public polling

STRATEGIC PLAN PROGRESS REPORT

STRATEGIC PRIORITY 3: Serve the profession

Commitment	Actions
Foster a healthy physician workforce	<ul style="list-style-type: none"> • Enhanced the Professional Support Program by integrating the intake services of the employment assistance program Morneau Shepell • Physician Advisory Team and staff supported members in need of support in dealing with unhealthy workplace behaviour such as bullying
Provide practice supports to help with business of medicine, including: education on billing, practice transitions, collaborative practice, advanced access and retirement; billing and audit appeal processes; and advice on e-health options and issues	<ul style="list-style-type: none"> • Developed tool kit to help physicians with transitioning to collaborative practice • Provided ongoing enhanced contract support to individual physicians, with specialized attention to APP physicians • Provided ongoing enhanced support for physicians undergoing a billing appeal process, and for physicians interested in pursuing a fee change or with fee interpretation questions • Provided ongoing EMR and e-health support for physicians through EMR Advisors
Advocate that policies implemented by NSHA/IWK/government that impact physicians' practices are fair, transparent and efficient	<ul style="list-style-type: none"> • Ongoing facilitation of resolution processes for members where there are concerns about fairness in the application of policies that impact physicians
Support the development of physician leaders and identify opportunities for physician leaders to provide meaningful and impactful contributions	<ul style="list-style-type: none"> • Concluded the second year of the Physician Leadership Development Program and additional Physician Leadership Institute courses to support the development of physician leaders in Nova Scotia • Hosted a series of networking and educational events for physician leaders to help foster connection and communities of practice

To be successful in these priorities, we also need to build or strengthen the organizational foundations that support the advancement of our strategic priorities.

OPERATIONAL

Commitment	Actions
Ensure financial sustainability	<ul style="list-style-type: none"> • Ongoing management of monthly reporting system
Enhance organizational structure, capacity and systems	<ul style="list-style-type: none"> • Conducted IT Systems Review to explore weaknesses and opportunities in business processes and IT supports
Enhance member communications	<ul style="list-style-type: none"> • Implemented annual member communication strategy, aligned with priorities and activities of the organization (i.e., AGM, magazine, member communications, website, email and e-newsletter, etc.) • Conducted Membership Satisfaction Survey
Improve project management, performance reporting and accountability	<ul style="list-style-type: none"> • Ongoing review and implementation of project management tools (Basecamp, Everhour) for team leads to enhance project management and accountability
Support employees to ensure a high level of satisfaction and engagement	<ul style="list-style-type: none"> • Conflict resolution training, mental health first aid training and resilience training sourced and delivered

In Memoriam (April 26, 2018 – April 20, 2019)

Dr. Dewenten H. Fisher, 95

Peterborough, Ont.
April 26, 2018

Dr. David F. White, 83

Dartmouth, N.S.
Sept. 10, 2018

Dr. Alexander Richman, 90

Halifax, N.S.
Jan. 29, 2019

Dr. Donald J. Scott, 82

Bridgewater, N.S.
April 26, 2018

Dr. Marjorie L. Smith, 92

Halifax, N.S.
Sept. 26, 2018

Dr. Richard G. McLaren, 75

Glen Haven, N.S.
Feb. 8, 2019

Dr. Shu H. Yoon, 89

Dartmouth, N.S.
May 30, 2018

Dr. Alexander C. Allen, 84

Halifax, N.S.
Oct. 25, 2018

Dr. Stephen Couban, 58

Halifax, N.S.
March 19, 2019

Dr. Paul K. Joseph, 67

Halifax, N.S.
June 3, 2018

Dr. Charles A. Brown, 85

Kentville, N.S.
Dec. 13, 2018

Dr. Anthony R. Atkinson, 67

Dartmouth, N.S.
March 28, 2019

Dr. Lalia A. Johnston, 82

Toronto, Ont.
June 11, 2018

Dr. Graham Matthew Stewart, 72

Port Williams, N.S.
Dec. 28, 2018

Dr. Paul L. Landrigan, 93

Halifax, N.S.
March 30, 2019

Dr. Gerald A. Klassen, 85

Halifax, N.S.
Aug. 6, 2018

Dr. Winston S. Parkhill, 76

Halifax, N.S.
Jan. 15, 2019

Dr. J. Allan Myrden, 92

Hammonds Plains, N.S.
April 5, 2019

Dr. Shailini Rani Sarwal, 48

Halifax, N.S.
Aug. 31, 2018

Dr. Shariful Huq, 85

London, Ont.
Jan. 22, 2019

Dr. Richard S. Cain, 77

Dartmouth, N.S.
April 13, 2019

Dr. Beverley C. Trask, 90

Sydney, N.S.
Sept. 9, 2018

Dr. Mehmet Erdogan, 88

Halifax, N.S.
Jan. 29, 2019

**Dr. James Kenneth LeBaron
Little, 91**

Mount Uniacke, N.S.
April 20, 2019

