



Negotiations 2023

Member consultation report

Doctors Nova Scotia | January 2023

Table of Contents

- 2 Message from the President
- 3 Key Themes & Priorities
- 4 Master Agreement Priorities
- 7 C/AFP Priorities
- 9 Interest-based Negotiations
- 10 2023 Negotiations: An overview



Message from the President

As you read this, we're just 10 weeks away from the expiration of our current contracts. With the current Master Agreement and C/AFP Agreement set to expire at the end of March 2023, the focus of much of Doctors Nova Scotia's work over the last several months has been preparing to head to the negotiation table.

Over the past several months, I've had the opportunity to converse with physicians and physicians-in-training from across the province in a series of virtual meetings. I joined Doctors Nova Scotia (DNS) staff members, including the association's lead negotiator, Alana Patterson, Director of Physician Compensation and Practice Supports, at 10 meetings with physicians in communities across the province, as well as a series of targeted group meetings with women physicians, Black physicians, physicians who practise in Indigenous communities, residents (through the Board of Maritime Resident Doctors) and physicians in their first 10 years of practice, and a province-wide webinar. The association also held meetings with physicians working within the 12 Clinical/Academic Funding Plan (C/AFP) departments and the three fee-for-service academic departments in Halifax, and conducted a member-wide survey.

Our goal for the meetings and the survey was the same: to learn your priorities for

the next contract negotiation and to better understand the most pressing issues facing physicians and how best to support our members in delivering exceptional patient care. More than 300 physicians joined meetings to share their experiences and their priorities and hopes for the next contract, while close to 800 members completed the survey.

The information that physicians shared has been summarized in the following pages. What we learned will be used to determine the association's priorities for the upcoming contract negotiations.

We'll be sharing more about the negotiations process by email, e-newsletters, in the magazine and online. Check in online any time at tinyurl.com/DNS-Negotiations2023 or email your questions and comments to negotiations@doctorsns.com.

Sincerely,

Leisha Hawker, MD, CCFP-AM
President

INSIGHTS
Find highlights from our member consultations and environmental scans throughout this publication.

IN YOUR WORDS

Quotes from physicians who attended one of the 30+ virtual meetings held with members across the province in autumn 2022.

DATA POINT

Insights into the state of Nova Scotia's health-care system, taken from survey results and reports compiled by Doctors Nova Scotia.

SURVEY SAYS

Highlights from the member survey on negotiations priorities conducted by Narrative Research in October 2022. A total of 777 (23%) Doctors Nova Scotia members shared their priorities for the next contract.

Key Themes & Priorities

KEY THEMES

A few themes came up in almost every consultation session. These concerns were reflected in the physicians' negotiation priorities, no matter their location, specialty or payment model.

RETENTION AND RECRUITMENT

The retention and recruitment of physicians to Nova Scotia – especially family physicians – is top of mind for Nova Scotian physicians. More physicians are needed to address the volume of patient care required in the province today.

REMUNERATION MODELS

Physicians in Nova Scotia need a variety of different payment models to choose from. Different payment models work best for different forms of care, and physicians need access to the model that will best support care for their patients.

OVERHEAD

Physicians need financial supports outside of remuneration for the services they provide to patients. Physicians who practise in community clinics outside hospital settings are responsible for paying their overhead costs out-of-pocket. This represents a significant financial burden and professional responsibility, and a deterrent to office-based practice.

PHYSICIAN AND SYSTEM BURNOUT

Nearly three years of managing the COVID-19 pandemic have left health-care providers burnt out and facing depleted resources, mounting system issues and ever-more-complex patients. In addition, the past few years have also seen longstanding health system inequities acknowledged, revealing the extent of provider and patient discrimination in health care.

DATA POINT

Retention vs. recruitment

There is an important distinction between retention and recruitment. **Retention is more complex**, and requires the health system to deliver on promises made about practice environment and pay during recruitment. Successful physician retention is grounded in flexible policies and practices that meet the needs of all different types of physicians, regardless of career stage, patient community or personal circumstances. Physicians who do not feel adequately supported may leave for other regions or may leave practice altogether.

Recruitment requires attractive options for practice with competitive remuneration, opportunities for collaborative practice and the promise of work-life balance (including supports for spouses and children in the community). It hinges on proactive, responsive communication with potential recruits – whether they are new graduates from residency programs or licensed physicians from other provinces or countries. There should be clear lines of communication between physicians and health system administration.

PHYSICIANS' PRIORITIES

Physicians across the province were united in their top priorities for the 2023 contract negotiations. These priorities reflect the key themes identified above and have been heavily informed by the challenging practice environments of the last several years, especially as physicians and the greater health-care system try to navigate the fall-out of the ongoing COVID-19 pandemic.

FAMILY MEDICINE

Almost all of the physicians who attended a meeting, regardless of their specialty, advised that stabilizing family medicine, particularly office-based, longitudinal family medicine, must be priority number one for these negotiations.

REMUNERATION

In 2023, improving physician remuneration includes working toward competitive

compensation for all physicians, in particular office-based family medicine, as well as overhead support for physicians who bear overhead costs related to running a community-based practice, appropriate compensation for after-hours work and competitive benefits (including parental leave). Providing a variety of payment models and the option for income protection were also common topics.

SYSTEM AND PRACTICE SUPPORTS

It will take more than just better physician remuneration to improve the situation for physicians in Nova Scotia, including investing in physician wellness; fostering connected, supportive practice environments; enabling team-based care; and ensuring a reasonable call burden (for rural specialists in particular). More proactive physician recruitment and

onboarding, as well as more robust practice supports, are also required to ensure success.

WHO SPOKE UP?

Doctors Nova Scotia hosted meetings with practising physicians across the province, including fee-for-service, alternative payment plan, sessional and clinical/academic funding plan physicians in both rural and urban practice. The association also hosted sessions targeted to women physicians, Black physicians, physicians who practise in Indigenous communities, physicians in the first 10 years of practice and physicians in training. Nearly every specialty was represented, including family medicine, emergency medicine, palliative medicine, addictions medicine, hospitalists, obstetrics and gynaecology, pediatrics, radiology, general surgery, plastic surgery, orthopaedic surgery, urology, internal medicine, psychiatry, radiation oncology, critical care, pathology and anesthesia.

Master Agreement Priorities

In member consultations and an online survey, hundreds of physicians across Nova Scotia told us what matters to them when it comes to negotiating the next Master Agreement: stabilizing family medicine, improving remuneration, and investing in system and practice supports.



Stabilize family medicine

Almost all of the physicians and residents who met with DNS, regardless of their specialty, location or time in practice, advised that stabilizing family medicine – particularly office-based, longitudinal family medicine – must be priority number one for the 2023 contract negotiations.

Stabilizing family medicine will require financial investments in and practical supports for both compensation and work environment.

Family physicians need assistance with the burdens associated with running office-based practices, including:

- the financial burden of overhead and technology costs
- the business burden of owning or leasing space, dealing with building maintenance, and hiring and managing office staff
- the clinical burden of after-hours care, lack of back-up support for vacation/sick days, paperwork and unpaid obligations, responsibility to rostered patients, inability to access timely specialty care, lack of team supports
- the emotional and personal burden physicians feel when they are unable to meet patient needs (due to elements such as limited access to specialty care, social work supports and services)

IN YOUR WORDS

“Administrative burden is huge for specialists as well as family physicians – all patients are complex now.”

IN YOUR WORDS

“Patient-centred care is not valued in payment. It’s a different kind of expertise to effectively review patient care and follow-up plans.”

Improve remuneration

COMPETITIVE COMPENSATION

The 2019 Master Agreement helped ensure that some Nova Scotia physicians in targeted specialties are compensated more competitively compared to other Atlantic provinces. The 2019 Master Agreement focused on improving compensation for physicians practising family medicine, emergency medicine, anesthesia, psychiatry, and obstetrics and gynecology.

However, in order to successfully position the province to recruit and retain physicians in Nova Scotia, especially as other jurisdictions also implement creative new solutions to attract physicians, the province must continue to improve physician compensation.

Physician recruitment requires effective, implementable incentives that will help doctors set up a sustainable practice. Physicians in an established practice need remuneration options that recognize the varied facets of their work, including direct patient care, administration, teaching and mentorship. Comprehensive, office-based family medicine in particular requires recognition through remuneration models and fee codes that account for complex patient care across the lifespan (including long-term care, mental health and addictions care) as well as the administrative time required to support patient care in a longitudinal family practice.

OVERHEAD

Overhead support is important for community-based physicians. Rising costs for clinic space make it challenging for physicians to manage the financial demands of community practice, especially for early-career physicians building their practice. Overhead support includes not just office space and staff, but also the costs associated with leveraging the technologies that support efficient office practice.

AFTER-HOURS WORK

Appropriate recognition and pay for after-hours work was also raised as a concern. Given the pressures in the system right now, physicians are increasingly being called upon to provide care after hours and on weekends, taking them away from their families, friends and hobbies. Many physicians are finding ways to do so (often at their own expense), but payment models need to recognize and value that work at a premium rate, given the sacrifices involved.

BENEFITS

Competitive benefits, including the CMPA rebate, CME support and parental leave, are important both in terms of the overall competitive compensation package available in Nova Scotia, and also in terms of physician wellness and work environment.

AREAS OF PARTICULAR CONCERN

Physicians told us that focused attention is needed to address persistent retention and recruitment issues in other areas, including geriatrics and long-term care, palliative care, general internal medicine and ICU, addictions medicine, emergency medicine, psychiatry and anesthesia.

DATA POINT

Money matters

Nova Scotia physicians have seen good increases over the current Master Agreement compared to most provinces in Canada but continue to lag behind most provinces in overall compensation.

– *2023 Master Agreement Negotiations Economic Landscape, Doctors Nova Scotia*

PAYMENT MODEL FLEXIBILITY

Physicians require a diverse range of payment models to meet their needs and to accurately compensate them for the work they do. Physicians practising in nearly all specialties showed growing interest in moving toward alternatives to fee-for-service, including things like alternative payment plans (APPs), blended capitation or something similar to British Columbia's new payment model for family medicine.

Alternative payment plans are attractive to physicians because they offer flexibility and support the care of patient populations whose care needs are not well-represented in the *Physician's Manual* (that is, fee codes). Alternative payment plans also allow physicians to incorporate variety into their practice, such as working at targeted clinics; this variety helps mitigate burnout. However, APP contracts do present challenges, including their reliance on shadow-billing despite its limitations as a meaningful measure of physician productivity or quality, limited time off for vacation and sick time, and, in some cases, reduced physician autonomy.

Despite the increasing appeal of APPs, many physicians are still working under fee-for-service (FFS) arrangements and enjoying the independence and flexibility this model offers. Fee-for-service work requires continued updating of fee codes to reflect the realities of practice, and appropriate income protections, such as the income stabilization program offered at the beginning of the COVID-19 pandemic.

SURVEY SAYS

80%

of family physicians and learners say they would practise or continue to practise comprehensive family medicine if overhead costs were covered.

DATA POINT

New funding model in B.C.

British Columbia recently announced it will roll out a new funding model for family doctors in 2023. Under this new model, full-time family doctors will be paid about \$385,000 a year, up from \$250,000 on average currently. Moving away from fee-for-service billing, payment under the new model will be based on total hours spent at work (including up to 10% clinical administrative time), total number of patients rostered to a physician, and total number of visits conducted. The model aims to address a number of issues in B.C. that persist in Nova Scotia as well, including the disparity in pay between family physicians in office-based practice versus those working in an area that does not involve significant overhead expenses (that is, hospitalist work), and payment for historically unpaid administrative time.

INCOME PROTECTION

Income stabilization became important at the beginning of the COVID-19 pandemic, as the health system reoriented to meet urgent, unknown needs. Uncertainty in the health system has persisted, with resource constraints (such as health-care provider shortages) leading to operating room closures. Payment models that accommodate these fluctuations, coupled with income stability for physicians who remain FFS, will be needed to help physicians navigate health system shifts.

Invest in system and practice supports

RECRUITMENT AND ONBOARDING

Newly recruited physicians and residents provided ample feedback about their recruitment and onboarding experiences. They identified significant room for improvement, making the following suggestions:

- more proactive outreach from Nova Scotia to residents at Dalhousie and in other programs
- more timely responses to inquiries from potential new recruits
- more support and onboarding for new recruits upon arrival
- more flexibility and more clarity about payment models and recruitment incentives
- more flexibility about where physicians are able to practise

Recruitment also hinges on positive medical education experiences, which are facilitated by both C/AFP and non-C/AFP physicians alike. Formal and informal mentorship can assist in retirement planning for physicians looking to leave practice but maintain care for their patients. Time spent teaching must be valued as an investment in the future of the medical workforce in the province.

PRACTICE SUPPORTS

Physicians need more than money to make their medical practices work for their patients and themselves. Meeting attendees identified key practice supports that would help facilitate efficient, patient-centred care, including:

- adequately planning for and compensating virtual care, including asynchronous virtual care, to recognize its importance to physicians' practice now and in the future
- using medical scribes to assist with physicians' administrative work and cut down on time they spend outside direct patient care
- providing enhanced access to funds and centralized coordination for locums, who are essential to maintaining the physician workforce and helping individual physicians to achieve work-life balance
- greater use of physician extenders

IN YOUR WORDS

"Strong teams that work well together **are key to recruitment and retention.**"

SURVEY SAYS

72%

of family physicians and learners say they would definitely practise or be likely to practise comprehensive family medicine **if they were able to practise in a team-based environment.**

PHYSICIAN WELLNESS

Physicians are experiencing record high levels of burnout and moral injury. The pressures of practising medicine during the COVID-19 pandemic have exacerbated pre-existing struggles with resourcing and integration throughout the health system. A concerning number of physicians, both early and late career, reported that burnout has them considering leaving the profession. To support physician wellness, investments are needed in:

- peer support programs
- conflict resolution mechanisms
- upstream prevention of physician burnout (such as mentoring and leadership programming)

WORK ENVIRONMENT

Physicians in Nova Scotia want to practise in connected, supportive environments. This means investing in team-based care, with robust support for teaching and mentorship. Physicians want to practise within networks of their peers, both to support diverse patient care needs and to ensure that the work is distributed across multiple providers. Collaborative practice also helps physicians develop shared experiences and informal support networks.

Building successful collaborative practice teams requires the right conditions, including:

- successfully retaining the physicians who are practising in the province, and recruiting more to join them
- dedicated time for collaborative engagement and team building; sharing of best practices and resources between practices

A positive and productive work environment is essential to both retention and recruitment of physicians. If physicians practising in Nova Scotia enjoy their practice experience, this contributes to a positive reputation for Nova Scotia when potential new recruits are exploring practice here. Physicians shared a number of ideas that could help:

- additional support for APPs and administrative deliverables, with achievable billing thresholds and non-punitive audits
- funding to help physicians develop and implement their own solutions to improve their work environments and workflow
- ensuring reasonable and sustainable call burden for rural specialists

IN YOUR WORDS

"Variety in practice is key to avoiding burnout.

There are problems everywhere, but if you do different things across different settings, you deal with different problems all the time."

STAY UP TO DATE

To ensure you're receiving the latest updates and any future communication about negotiations, including voting information, contact DNS to update your membership profile. It's quick and easy! Contact membership@doctorsns.com today.

C/AFP Contract Priorities

Consultations with physicians belonging to 12 C/AFP departments, three FFS academic departments and the Committee of C/AFP Department Heads highlighted the following issues: recognizing the unique role of academic physicians, improving remuneration, and investing in system and practice supports.



Recognize the unique role of academic physicians

Clinical/academic physicians play a critical role in growing Nova Scotia's future physician workforce while also providing world class tertiary and quaternary services to meet the complex health care needs of patients living within Nova Scotia and the Atlantic region. The tertiary hospitals in the province are resourced primarily by C/AFP physicians who deal with high complexity and high acuity patients, and increasing demand for clinical services, while also trying to train tomorrow's doctors and conduct research that improves tomorrow's clinical care. It is an imperative that the integration of the clinical and academic roles, relationships and services be valued, encouraged and supported.

PHYSICIAN RESOURCES

The C/AFP physicians receive fixed funding for clinical, academic and research services, but face ever-increasing demand for services, with no mechanism in place to adjust the FTE resources or funding in step with increases in service utilization. It's also worth noting that innovation and new technology to produce better health care outcomes may necessitate an increase in physician resources to deliver services that become the new standard of care.

Given the inadequacy of the New MD funding and process to align with utilization of health services, there is a need for an enhanced C/AFP block funding model that will respond to increased volumes, especially in light of the projected "blitzes" to address the backlogs brought about by COVID-19. As well, C/AFP Emergency Medicine physicians were emphatic in expressing their frustration with the Murray Hybrid model, noting it requires a major review of its deficiencies.

ACADEMIC MANDATE

With an inadequate focus, and lack of resources, to support the academic and research needs, physicians perceive that the academic mandate and role of the C/AFP physicians within the health system in Nova Scotia is undervalued. Academic demands continue to grow, which places a significant demand on C/AFP physicians who provide undergraduate and post-graduate training. Furthermore, there is little to no additional funding or protected time available to enable exemplary teaching of our future workforce.

A prime example of insufficient funding for medical teaching resources is in the C/AFP Department of Family Medicine, whose mandate is to provide the leadership and support to oversee more than 10 teaching sites. With the recent addition of 10 family resident seats, it is also noteworthy that upwards of 50% of the resources required to teach these Family Medicine residents is dependent on resources being provided from the other C/AFP departments (with no additional funding).

Another example is the FFS academic departments (Urology, Diagnostic Imaging and Ophthalmology), whose physician members continue to provide teaching and research services without preceptor or other funding to do so.

IN YOUR WORDS

Academic physicians are asking, **“What is the best way to meet the increasing clinical demands for tertiary/quaternary services provided by C/AFP physicians and enable them to excel at teaching and conducting research that improves tomorrow’s clinical care?”**

Nova Scotia’s health-care system must be designed and resourced to both meet the clinical demands of today, and train tomorrow’s doctors.

ACCOUNTABILITY

Innovative service delivery models are under-valued and unrecognized because they are often not shadow-billable, resulting in inadequate metrics to assess the productivity and performance of C/AFP Departments. The C/AFP physicians proposed core accountability metrics for consideration in the 2015 and 2019 contracts. Unfortunately, neither were welcomed for discussion at the negotiations table.

Relieving administrative burden is also a priority for C/AFP physicians. The C/AFP physicians also noted that a more streamlined process for accountability reporting would free up physician time to provide more health care vs. time spent submitting the same information to different stakeholders at different times, resulting in duplication of effort and an administrative make work project. The continued use of shadow-billing as the key C/AFP performance metric is disheartening.

Improve remuneration

COMPETITIVE COMPENSATION

Meeting the demand for C/AFP physicians requires competitive compensation with their specialty peers working at Academic Health Science Centres across Canada. Historically, funding to address retention and recruitment issues has included a combination of global across-the-board increases and C/AFP Targeted Funding for income disparity by specialty, based on the specialty’s distance from its national mean.

Several C/AFP departments identified a need for funding to stabilize the C/AFP departments that are subsidizing unfunded FTEs (and have been for more than a decade) to sustain the services they are providing. Funding is also needed to support recruitment efforts for C/AFP specialties considered “difficult to recruit to,” due to national and global shortages, and/or small critical mass of FTEs for a specialty/sub-specialty.

CALL FUNDING

Another key contributing factor to C/AFP physician’s unsustainable workload results from the burden of call and after-hours services. Call funding for C/AFP departments represents historical funding for call, negotiated as part of the C/AFP departments’ initial contracts – more than 20 years ago. Most of the C/AFP contracts were negotiated between 1995 and 2007, which means there have been no changes to call funding for more than twenty years (except for two specialties that can bill for providing onsite after-hours services). But the nature of call for many services has changed and it is now far more burdensome than the decades-old funding structure was designed to cover.

DATA POINT

Other issues

Academic and C/AFP physicians identified a number of other issues, which can be broadly classified as follows:

- challenges with retention and recruitment arising from several factors, including:
 - compensation levels below national average of specialty academic peers
 - insufficient physician FTEs and other resources to meet the clinical and academic workload
 - frustration with the block funding model, with no mechanism to adjust for fluctuations in FTE workload
- inadequate accountability measures, with shadow-billing still the default performance metric, resulting in a devaluing effect on the performance of C/AFP physicians
- the need to stabilize family medicine
- C/AFP physicians are providing primary health care services to unattached patients, to support the ongoing deficit of primary health care, resulting in increased specialist and diagnostic wait times
- increasing levels of frustration and burnout, with physician wellness worsening and not rebounding, due to increased strain on health system resources and dysfunction within governance, decision-making, and service delivery processes

These themes echo the themes that arose in conversations with FFS and APP physicians.

Invest in system and practice supports

PHYSICIAN WELLNESS

A lack of resources to address the increasing clinical demands and patient complexity is producing unprecedented levels of burnout and long wait times for clinical services. Workload and work environment are key factors affecting physician well-being.

Funding for non-MD clinical resources (for example, clinical associates, nurse practitioners, physician assistants, administrative assistants and technicians) would ease the workload, allow C/AFP physicians to work to their full scope of practice, and reduce the urgent care wait lists. Also, providing enhanced virtual care access to increase specialty consults/advice will benefit physicians, patients and the health system, with increased access to more timely and appropriate health care.

WORK ENVIRONMENT

Specialists are carrying a significant patient backlog and long waitlists, but a lack of OR time and health provider resources is making those problems difficult to address. The C/AFP departments expressed concerns about the lack of space within the health facilities and its impact on morale, for both physicians and patients.

On a positive note, the provincial restructuring provides an opportunity for C/AFP physicians to support increased mobility and training of physician resources between sites, and better allocation of system resources across sites.

SUCCESSION PLANNING

The inability to fund succession planning, particularly for procedure-based specialties and specialties with small critical FTE mass, has a significant impact on the wait lists and access to mission critical tertiary/quaternary services. The opportunity to recruit surgeons is impeded by an inability to provide bridge funding to cover the pending retirement of the surgeon and the recruit and mentoring of a new incoming surgeon. Other ideas proposed for succession planning included fellowship funding to support the training of subspecialties in Nova Scotia, thereby providing increased opportunities to recruit them to stay.

PRACTICE SUPPORT

The value of C/AFP work is not always understood or valued by the system, limiting the funding to support innovations in health services delivery. This may emerge in the form of a request for a new program, or a change in the flow/process/FTEs to the delivery of existing clinical services. For example, adding resources to free up the emergency department's blockages may require more internal medicine resources to expedite the inpatient flow. Other forms of practice support to address C/AFP physician's workload, include funding for physician extenders, and administrative FTE support (which has had little/no funding in about a decade).

IN YOUR WORDS

"Probably 50-70% of emergency medicine physicians in Nova Scotia have more than one licence, meaning they likely have at least one other province where they'll get paid more for practice. Competitive compensation is still a must if Nova Scotia wants to compete with other provinces."

INTEREST-BASED NEGOTIATIONS

A new way forward

The 2023 contract will be negotiated using a new process: interest-based negotiation.

Interest-based negotiation is about issues and interests, not personalities and positions. Instead of the typical win-lose outcome of positional negotiation, interest-based negotiation offers the possibility of a win-win outcome, where both parties are able to achieve their goals – in this case, obtaining the best possible outcome for both DNS members and the provincial health-care system. Both the Medical Society of P.E.I. and the Yukon Medical Association negotiated their most recent contracts using this method and found it very effective.

Senior leaders from all health system stakeholders, including DNS, DHW, NSH, IWK and the Faculty of Medicine, attended a full-day interest-based negotiation training session on Dec. 16, 2022. Negotiations will begin in February 2023.

LEARN MORE & CONTACT INFO

Want to find out more about the negotiations process, learn who will be negotiating on your behalf and find all the latest updates? Visit Doctors Nova Scotia's online negotiations information hub at tinyurl.com/DNS-Negotiations2023.

Have questions and comments? Email negotiations@doctorsns.com to reach a member of the negotiations team.

DATA POINT

C/AFP Departments

Anesthesia, Critical Care, Emergency Medicine, Family Medicine, IWK Diagnostic Imaging, Medicine, Pathology, Pediatrics, Psychiatry, Radiation Oncology, Obstetrics & Gynecology, Surgery

FFS Academic Departments

Adult Radiology, Ophthalmology, Urology



2023 Negotiations

An overview

REPRESENTATION AND ADVOCACY

Doctors Nova Scotia is the professional medical association and the sole bargaining agent for physicians in Nova Scotia, and members expect strong public and political advocacy from DNS on their behalf.

Doctors Nova Scotia works hard to advocate through collaboration with the provincial government, thoughtfully and consistently communicating the challenges facing physicians across the province and advocating for solutions.

WHO HAS A SAY?

It's vital that DNS members' concerns are represented accurately during the negotiation process. That's why the association hosted dozens of meetings and conducted a member survey, and it's why the negotiations@doctorsns.com email address exists. The DNS Board of Directors will also play a substantial advisory role throughout the negotiation process.

STAY UP TO DATE

As contract negotiations progress, it will become necessary to keep developments confidential in order to maintain a strong negotiating position. This strategy is the most difficult part of negotiations for many members, but it's critical to achieving a positive outcome.

When available, negotiations updates will be shared by email, e-newsletters, in *doctorsNS* magazine and online. When it comes time to renew your membership with DNS, confirm your email address is up-to-date and your mailing address is accurate to ensure that you receive updates in a timely manner. If you've previously unsubscribed from DNS electronic communication, consider re-subscribing. Just email membership@doctorsns.com to get back on the list.

WHO IS NEGOTIATING ON YOUR BEHALF?

Master Agreement

- **Dr. Alison Wellwood** – Family physician, Wolfville
- **Dr. Heather Johnson*** – Family physician, Bridgewater
- **Dr. James Clarke*** – Radiologist, Halifax
- **Dr. Rod McGory** – Surgeon, Sydney

C/AFP

- **Dr. Christine Short*** – Department head, Medicine
- **Dr. Gail Darling** – Department head, Surgery
- **Dr. James Bentley** – Department head, Obstetrics and Gynecology

**Member of 2019 negotiating team*

Negotiations Timeline

October

Member survey facilitated by Narrative Research garners 23% response rate

October/November 2022

Virtual roadshow connects DNS staff with physicians across province to discuss negotiation priorities

December 2022

Doctors Nova Scotia and provincial government representatives meet for interest-based negotiation training session

December 2022/January 2023

Doctors Nova Scotia and provincial government set dates for negotiation discussions

January 2023

Doctors Nova Scotia shares member feedback, survey results and economic data with membership

February 2023

Negotiations begin

March 31, 2023

2019 Master Agreement expires

RATIFICATION PROCESS

Once a new agreement is reached, the agreement will be presented to the DNS Board of Directors for endorsement. The Board will decide if the contract meets the needs of members and whether it should be sent to the membership for ratification.

Ratification is the official process of accepting the proposed agreements as the new Master Agreement and Master C/AFP Agreement, by way of vote.



Doctors

Nova Scotia

Doctors Nova Scotia | 2023