



WHAT WE HEARD

Insights from the 2026 Member Listening Tour

DOCTORS NOVA SCOTIA | MAY 2026

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Introduction

Throughout the winter and spring, we have travelled across Nova Scotia to listen to our members and ensure your experiences and priorities continue to guide the work of Doctors Nova Scotia (DNS).

During our province-wide Member Listening Tour, we met with physicians in every type of practice setting and at every career stage. These conversations were candid, at times difficult, and always insightful. Members spoke openly about the realities of practising medicine today. We heard about your frustrations and pressure points, your ideas and your enduring pride in your work.

At the same time, we led an Equity, Diversity, Inclusion, (Reconciliation) and Accessibility, or EDI(R)A, * Engagement Tour, meeting with physicians and community members serving Mi'kmaw, Black, immigrant, refugee and other equity-deserving communities. These discussions deepened our understanding of the persistent barriers to culturally safe care, equitable representation and meaningful inclusion within our healthcare system. They also reinforced the importance of sustained relationship-building and ensuring that lived experiences directly inform the association's advocacy and actions.

We also heard from many members through our recent survey on expectations for the 2027 Physician Agreement and C/AFP Agreement. Together, these conversations and survey insights give us a more detailed understanding of what is working well, where the system is falling short, and what changes are needed to better support you and your patients.

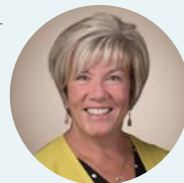
This report brings together what we heard across all these efforts. It reflects the themes, challenges and opportunities you identified – from workload and burnout to recruitment and retention, from system strengths to areas in urgent need of change. Most importantly, it reflects your commitment to your patients and to the future of our healthcare system.

What you shared with us will not sit on a shelf. Your insights are already shaping the association's strategic decisions, informing our advocacy and guiding the priorities we are advancing this year, including our approach to the next round of contract negotiations. In many areas, work is already underway. In others, you will see progress in the months ahead.

We are grateful to everyone who shared their time, experiences and perspectives. Your voices are essential to this work. You have our commitment that they will continue to guide us as we move from listening to action.



Shelly McNeil
President, Doctors Nova Scotia



Nancy MacCready-Williams
CEO, Doctors Nova Scotia

*A note on reconciliation

Doctors Nova Scotia recognizes that Truth and Reconciliation is distinct work and must be guided by respect, accountability and Indigenous self-determination. The parenthesis around reconciliation in Equity, Diversity, Inclusion, (Reconciliation) and Accessibility, and EDI(R)A, are one way we acknowledge that reconciliation is not a subset of EDIA work, but a distinct and vital commitment.



CONTEXT

Doctors Nova Scotia hosted 48 listening sessions, the majority in person, along with several virtual meetings, including two province-wide sessions. These conversations brought together family physicians and specialists, physicians practising in urban and rural settings, academic physicians and groups historically underrepresented in medicine.

In addition to regional sessions, we held targeted discussions with specific communities and groups, including internationally trained physicians (ITPs), women physicians, the Section for Indigenous Health, the Section of Black Physicians and physicians who are new to practice. These focused conversations created space for more in-depth dialogue on shared experiences and unique challenges.

Engagement extended beyond formal sessions. Physicians contributed their thoughts through emails, direct outreach and conversations with DNS Physician Advisors, ensuring that those who were unable to attend sessions still had opportunities to be heard.

Across all formats, members shared a wide range of perspectives on the current state of medicine in Nova Scotia: what is working well, where challenges persist, and what changes are needed to better support physicians and patients.

Doctors Nova Scotia appreciates the strong member engagement shown throughout the tour. Whether you participated in person, joined a virtual session or shared your thoughts in writing, your input is helping shape the association's planning, member supports and advocacy priorities.

2026 Negotiations Member Survey insights

More than 800 members responded to the 2026 Negotiations Member Survey, which concluded March 10, sharing their priorities for the upcoming contract negotiations. Look for **member survey insights**, which are highlighted in pink speech bubbles, throughout this document.

MEMBER INPUT AT A GLANCE

- 48 total sessions held across Nova Scotia
- Representation across all career stages and major practice types
- Targeted engagement with equity-deserving and underrepresented groups
- Additional input gathered through email and direct outreach
- 832 responses to Negotiations Member Survey (21% response rate)
- Several additional and ongoing discussions with physicians in particular sections and specialty areas to gather additional information to inform negotiations



WHAT'S WORKING WELL

Physicians consistently described strong collegial environments, with meaningful peer support and a shared commitment to high-quality care. Many emphasized a continued sense of purpose and fulfilment in their work, grounded in positive relationships with patients. Participants also highlighted the value of DNS Physician Advisors, noting their practical support in navigating payment models and system complexity. The association's efforts to engage directly with members in their communities were widely recognized and appreciated.

Longitudinal Family Medicine payment model

The 2023 Physician Agreement included the Longitudinal Family Medicine (LFM) payment model, which offers competitive compensation and enhanced accountability through a blended payment that is calculated based on hours worked, panel size and services delivered.

LFM by the numbers:

- close to 550 family physicians are under LFM, about 100 of whom converted from fee for service
- average service encounter ratio of 3.3
- average annual contracted hours of 1,473
- increased evening and weekend hours
- increased panel sizes
- 8 new fee codes
- 5 major fee code revisions, and more to come

Physicians now being paid through the LFM report higher earnings and overall improved satisfaction with the model.

MEMBER SURVEY INSIGHT

72% of survey respondents say they're satisfied with their current payment model, across all payment models, including LFM, FFS, C/AFP, APP, etc. (Note: this reflects the structure of how they are paid, not the amount of compensation earned)

Virtual care and its benefits for patients

Physicians spoke positively about the role of virtual care in improving access and convenience for patients. It is seen as particularly valuable for follow-ups, chronic disease management and patients in rural or underserved areas. Participants noted that virtual options can reduce travel time and missed appointments, while supporting continuity of care. Many physicians emphasized the importance of maintaining virtual care as a complement to in-person services.

Centralized eReferral system for family physicians

The centralized eReferral system is widely recognized by family physicians as a meaningful improvement in coordinating patient care. While the initial Ocean eReferral implementation was a challenge that had a negative and lasting impact on some physicians, family physicians noted the tool has streamlined referral processes, improved transparency and reduced administrative burden. It also supports more timely access to specialist care by enabling better tracking of referrals. Overall, it was seen as a step toward a more efficient and connected system. Feedback from specialists outside of family medicine was more mixed. Physicians expressed the need to make the system more user-friendly through streamlining processes and integrating the tool into EMRs and One Person One Record (OPOR).

MEMBER SURVEY INSIGHT

57% of survey respondents say compensation for the adoption and use of and/or migration to new technology to support their practice was an important priority for the next round of contract negotiations.

Improved precepting supports

Enhanced supports for preceptors and assessors is viewed as a positive and necessary investment in the future physician workforce. Physicians welcomed the increased remuneration and incentives within the 2023 Physician Agreement, noting these changes better recognize the time and effort required to teach and mentor learners. Participants indicated this may encourage more physicians to take on teaching roles. Strengthening preceptorship was seen as critical to training and retaining the next generation of physicians.

Cape Breton Medical Campus

The development of the Cape Breton Medical Campus is viewed as a promising step toward addressing regional workforce needs. Physicians noted that training learners in rural and regional settings increases the likelihood they will choose to practise in those communities. It is seen as an important investment in building a sustainable, locally rooted workforce. While it was noted that in the short-term the campus puts additional strain on the current physician workforce to teach and train learners, participants expressed optimism about its long-term impact on recruitment, retention and access to care.

Ability to bill prolonged visits for family physicians

The ability to bill for prolonged visits was highlighted by family physicians as a meaningful improvement in aligning compensation with patient needs. Physicians noted it better reflects the complexity and time required to care for patients with multiple or chronic conditions. This change was seen as supporting more thorough, patient-centred care without financial disincentive. Other specialists highlighted the limitations of not being able to bill prolonged visits and consults, which means that much of their work goes unrecognized.

AI scribes

Physicians identified AI scribes as a valuable tool in reducing administrative burden. They reported that these tools save time, allowing more focus on patient care during and after visits. Improved efficiency in documentation was also noted, which enhances the quality and completeness of chart notes. Many saw this as a promising innovation to support physician workflow and well-being.

MEMBER SURVEY INSIGHT

41% of survey respondents consider funding for innovation and quality improvement initiatives to be an important compensation outcome for the next Physician Agreement.

Camaraderie and support among physician colleagues

Strong collegial relationships were consistently identified as a key strength. Physicians described a culture of mutual support, collaboration and shared problem-solving. This sense of camaraderie is seen as critical in managing workload pressures and maintaining morale. Participants emphasized the importance of preserving and fostering these supportive environments.

MEMBER SURVEY INSIGHT

53% of survey respondents say the longevity of their practice is at risk because of the level of burnout they are currently experiencing.

51% of survey respondents say they would like to practise in a collaborative model with non-physician healthcare providers.

Nova Scotia Physician Retirement Fund

The introduction of the Nova Scotia Physician Retirement Fund was welcomed as an important step in supporting long-term financial security. Physicians noted it helps address a longstanding gap in retirement planning supports within the profession. It is seen as a positive signal of recognition for physicians' contributions. Participants indicated it may also support recruitment and retention over time.

Support provided by DNS Physician Advisors

Doctors Nova Scotia's Physician Advisors were consistently praised for their accessible, practical support. Physicians value their guidance in navigating payment models, contracts and system processes. Their responsiveness and understanding of local practice realities were highlighted as key strengths. The association's outreach efforts to engage directly with physicians in their communities was also widely appreciated.



OPPORTUNITIES TO EFFECT CHANGE

Physicians were candid about the significant pressures they are facing, describing growing strain in their day-to-day work and areas where the system is not meeting their needs. Many reported feeling stretched and, at times, stuck within processes that are complex and difficult to navigate. At the same time, their commitment to patients and to improving the system remains strong. Participants offered thoughtful, practical suggestions aimed at addressing current challenges and strengthening patient care for the future.

Timely access to specialty care

Family physicians and other specialists highlighted excessive wait times for access to specialty care as a major concern. Delays in consultation and treatment were described as negatively impacting patient outcomes and continuity of care. Both family physicians and other specialists agree that these barriers contribute to significant moral distress, as they are unable to secure timely care for their patients and patient conditions worsen unnecessarily. The issue was seen as systemic, requiring coordinated solutions to improve access and flow across the continuum of care.

Emergency medicine

Physicians described emergency medicine as being in a state of crisis, driven by persistent staffing shortages and ongoing recruitment and retention challenges. Concerns were raised about unsafe nurse-to-patient ratios, periodic department closures and poor patient flow, all of which are placing unsustainable pressure on all providers. Participants also pointed to a lack of viable alternatives to the emergency department for urgent care needs, further compounding demand. The absence of clear oversight and data to inform FTE requirements was seen as a critical gap, contributing to burnout and a sense that the system is at risk of further destabilization.

MEMBER SURVEY INSIGHT

76% of survey respondents say emergency department closures and overcrowding is an important healthcare system improvement for the next Physician Agreement.

Palliative medicine

Palliative care physicians reported significant challenges related to recruitment and retention, alongside growing burnout and demoralization within the specialty. Participants emphasized that compensation inequities, particularly in comparison to other areas of practice, are a key contributing factor. These pressures are affecting both workforce sustainability and the ability to meet increasing patient needs. Physicians expressed concern about the long-term viability of the specialty without targeted support and policy attention.

MEMBER SURVEY INSIGHT

- 83% of survey respondents believe specialist wait times have a high impact on the overall quality of care for their patients.
- 86% consider timely access to specialty care a top priority for the next Physician Agreement.
- Neurology and gastroenterology are considered the most challenging physician services to access, followed by psychiatry, endocrinology, emergency medicine and gynecology.

Unnecessary administrative burden

Excessive and unnecessary administrative burden continues to negatively affect patient care, physician well-being, healthcare costs and system efficiency, despite the provincial government’s considerable efforts to alleviate the problem. More work is required, specifically in the space of assessing all new healthcare initiatives through the lens of administrative burden to avoid introducing new burden into the system. The issue of the administrative burden imposed on physicians after providing service to patients with expired health cards was a common example.

MEMBER SURVEY INSIGHT

- 55% of respondents spend 10 to 25% of their clinical time on unnecessary administrative tasks.
- Administrative burden is the main factor propelling physicians to reduce their hours or retire early.

Billing codes

Physicians identified ongoing challenges with billing codes as a persistent source of frustration. Delays in establishing codes for new procedures and services were noted to limit timely adoption and appropriate compensation. Participants also raised concerns about gender-based inequities in billing structures, as well as inconsistencies in consult and other codes across specialties. These issues were seen as contributing to dissatisfaction and a lack of alignment between work performed and remuneration.

Longitudinal Family Medicine payment model enhancements

Family physicians highlighted several areas where the LFM payment model could be strengthened. Participants suggested extending the timeframe for new physicians to achieve a full patient panel to longer than one year to better reflect the realities of building a practice. Additional recommendations included introducing a billing code for patient no-shows, increasing flexibility around uncontracted time and adjusting the model to better support physicians working within health homes. Participants also recommended revising service encounter ratios to better consider patient complexity and practice patterns.

Long-term care and goals of care

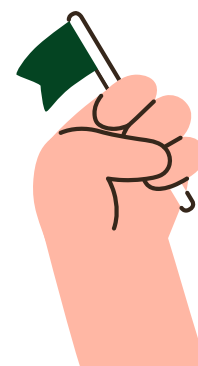
Physicians providing care in long-term care settings and those supporting goals of care discussions indicated a need for greater support. Participants described this work as time-intensive and complex, requiring thoughtful communication and coordination with patients and families. Physicians feel the current structures and resources are insufficient and that the complexity of this work isn’t fully recognized by the system. Strengthening supports in these areas is viewed as important to ensuring quality care for vulnerable patient populations.

Competitive compensation

Physicians in all specialty areas noted the importance of paying competitively to position the province to successfully recruit and retain the physicians Nova Scotia needs. Physicians noted barriers ranging from antiquated and uncompetitive fee codes to contract rates not keeping pace with other provinces.

MEMBER SURVEY INSIGHT

- 73% of survey respondents identified nationally competitive compensation as essential to the stability of medical care in their regions.
- 79% of survey respondents identified increases consistent with today’s cost of living increases as essential to sustain their practices.





SYSTEM CHALLENGES

Physicians raised several system-level challenges that fall outside the association’s direct mandate but significantly impact their ability to deliver care. In these areas, participants emphasized that the most effective role for DNS is to act as a strong and consistent advocate, bringing forward physicians’ experiences and perspectives directly to decision-makers and health authority leadership to support meaningful change.

MEMBER SURVEY INSIGHT

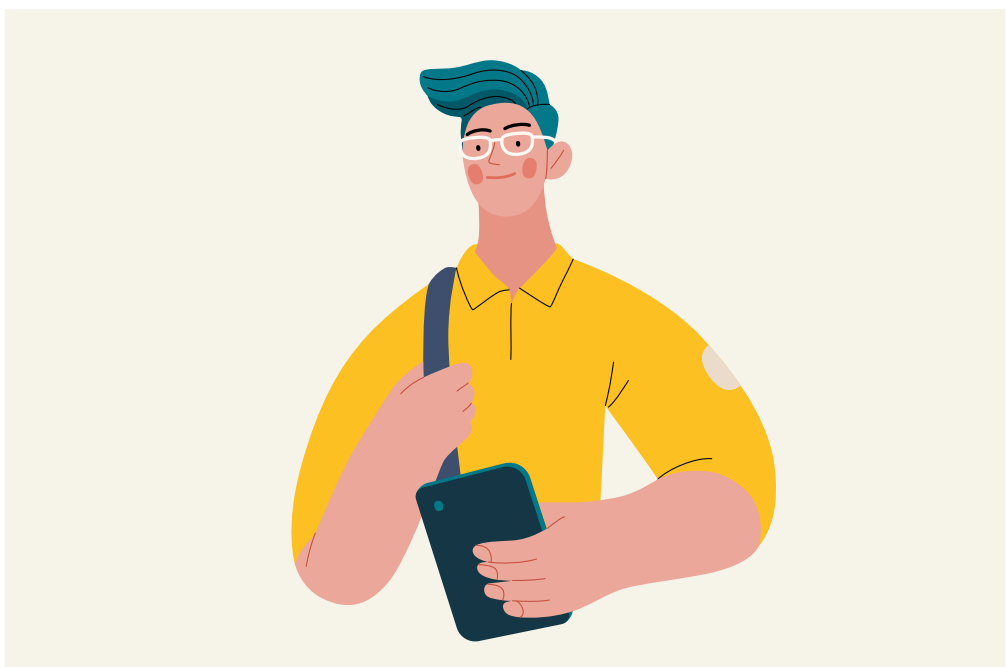
- 57% of survey respondents say improvements to NSH administrative issues (scheduling issues, administrative staff issues, etc.) are a priority.
- Less than 20% of survey respondents feel adequately supported by NSH and/or IWK Health.

Concerns related to Nova Scotia Health (NSH) operations were prominent. Physicians described limited local authority to resolve issues, unclear decision-making pathways and difficulty navigating layers of bureaucracy, all of which contribute to inefficiencies and delays. As more physicians take on work within NSH-run family medicine clinics, mixed experiences are emerging. Some reported challenges with onboarding, inadequate quality of operational supports (including billing, scheduling and task management), and high staff turnover, as well as limited (or no) support for evening and weekend clinics. At the same time, others noted that preferential terms within NSH-run clinics, such as reduced overhead and focused recruitment and onboarding supports, can create disparities for physicians practising outside these settings.

Recruitment and onboarding remain significant concerns across practice environments. Physicians described situations where newly recruited colleagues experience delays of days or weeks before being able to see patients due to incomplete onboarding processes, clinic readiness issues or scheduling gaps. These challenges result in lost clinical capacity at a time of high patient need. Infrastructure limitations, including a lack of available clinic and hospital space in some communities, and little to no support with setting up practice in hospital, were also identified as barriers to recruitment and retention. These challenges are particularly pronounced in rural areas, where attracting physicians remains difficult, especially when competing with urban centres.

Doctors Nova Scotia immediate action

Doctors Nova Scotia will bring these themes and detailed physician feedback to NSH leaders with a request for a coordinated action plan to address identified challenges. This will include advocating for improvements in decision-making structures, onboarding processes, operational supports and infrastructure improvements. Doctors Nova Scotia will monitor progress and maintain ongoing dialogue with NSH to support accountability. Regular updates will be shared with members on the response from NSH and the progress achieved, or where further action is required.



CLINICAL/ACADEMIC PHYSICIANS

This section reflects input from academic physicians across 14 departments, who shared their perspectives on what is working well, where challenges persist and how the system can be improved. Participants spoke to the unique balance of clinical care, teaching, research and administrative responsibilities that define academic practice. While many described strong collaboration and a continued commitment to advancing care and training the next generation, they also identified growing pressures and structural barriers. Their feedback offers insights on how to better support clinical/academic physicians and strengthen the broader health system.

Competitive compensation

Clinical/academic physicians emphasized that competitive compensation remains a foundational requirement for recruitment and retention. Participants noted increasing competition from other jurisdictions and practice settings, making it difficult to attract and keep talent without appropriate remuneration. Compensation was also seen as a key signal of how academic work is valued within the system. Addressing gaps in this area was identified as critical to sustaining a strong academic workforce.

MEMBER SURVEY INSIGHT

79% of clinical/academic physicians who responded to the survey identified across-the-board increases to all C/AFP departments and targeted funding for those furthest from national mean as important compensation priorities for the next C/AFP Agreement.

Physician FTE needs

Participants consistently highlighted the need for additional physician FTEs to meet growing patient demand. While recent allocations have helped, they were described as largely keeping pace with population growth (and in some cases not even that) while waitlists continue to expand. This mismatch is placing strain on existing physicians and limiting timely access to care. Expanding FTE capacity was seen as essential to improving system responsiveness.

MEMBER SURVEY INSIGHT

76% of clinical/academic physicians who responded to the survey said that funding for new FTE resources is an important compensation priority for the next C/AFP Agreement.

After-hours work

There was strong interest in better recognizing and incentivizing after-hours work, particularly for on-site services provided while on call. Physicians noted that these demands are often intensive and disruptive, yet not consistently or adequately compensated. Improved recognition was seen as important for fairness and sustainability. Participants indicated this could also support coverage and reduce burnout.

MEMBER SURVEY INSIGHT

79% of clinical/academic physicians who responded to the survey said that compensation for call/after-hours work is an important compensation priority for the next C/AFP Agreement.

Work beyond block funding

Physicians expressed interest in mechanisms to compensate work that exceeds what is covered under existing block funding arrangements. Many noted that they regularly take on additional clinical responsibilities to meet patient needs, often without corresponding remuneration. Recognizing and paying for this work was viewed as support for those willing to contribute extra time and effort. It was also seen as a potential lever to improve access to care.

Administrative and operational supports

Longstanding gaps in administrative and operational supports were identified across academic departments. Physicians described insufficient infrastructure to manage scheduling, coordination and other essential functions. These gaps can reduce efficiency and shift non-clinical burdens onto physicians. Strengthening these supports was seen as a practical way to improve both productivity and physician experience.

Recognition of academic medicine

Participants expressed a strong desire to ensure that the value of academic medicine is clearly understood and protected. While expectations related to teaching, research and clinical care continue to grow, resources have remained largely static. This imbalance is seen as unsustainable over time. Physicians emphasized the need for deliberate investment to maintain the quality and impact of academic work.

Specialist wait times

Specialist wait times were identified as a significant and ongoing concern. Clinical/academic physicians noted that increasing demand, coupled with limited capacity, is contributing to delays in care. These pressures affect both patient outcomes and provider workload. Addressing wait times will require coordinated system-level solutions.

Fee codes

Antiquated fee codes were described as not adequately reflecting the complexity of modern medical practice. Physicians noted that current structures often fail to capture the time, expertise and multidisciplinary nature of care being delivered. This misalignment can lead to gaps in appropriate remuneration. Updating fee codes was seen as necessary to better align incentives with current practice realities.

One Person One Record administrative burden

Physicians reported that OPOR implementation is introducing a significant increase in administrative workload. While physicians recognize the intended benefits of the clinical information system, participants noted that the added demands are affecting clinical efficiency as many administrative tasks previously done by others must now be completed by physicians. If efficiencies cannot be found and workflow improved, this will necessitate additional physician FTEs.

MEMBER SURVEY INSIGHT

70% of clinical/academic physicians who responded to the survey said that additional administrative support for physicians/departments is an important health-care system improvement for the next C/AFP Agreement.

MEMBER SURVEY INSIGHT

- Just over 50% of survey respondents report that at least 10% of their administrative workload is attributed to the introduction of new digital health technologies, such as OPOR, YourHealthNS or e-referral.
- When it comes to healthcare system improvements, the highest priority for C/AFP physicians is improved health information systems and integration.

Relativity in earning potential

Some physicians raised concerns about a lack of relativity in earning potential across the profession. Perceived disparities between specialties and roles were described as a source of frustration and a potential barrier to recruitment and retention in certain areas. Participants emphasized the importance of equitable and transparent compensation structures.

MEMBER SURVEY INSIGHT

79% of clinical/academic physicians who responded to the survey said targeted funding for C/AFP physicians who are further from the national mean of peer specialties working at academic health science centres across Canada is an important compensation priority for the next C/AFP Agreement.

Surgical assist capacity

Several departments highlighted the need for increased surgical assist capacity. Limited availability of qualified surgical assistants constrains operating room throughput and contributes to delays in care. Physicians indicated that improving access to surgical assists could enhance efficiency and reduce wait times. This was identified as a practical opportunity to better utilize existing surgical resources.





REFLECTING ON DNS

Physicians who participated in the Member Listening Tour shared generally positive perspectives on the role of DNS, particularly recognizing recent efforts to negotiate a strong 2023 Physician Agreement. Participants clearly valued the support provided by the DNS Physician Advisory Team, especially in navigating contracts, payment models and system complexity. Core benefits and services, including the extended health and dental plan, parental leave and the association's system-level advocacy, were also identified as important supports to physicians in their personal and professional lives. At the same time, physicians offered constructive suggestions for how DNS could further strengthen its member supports, reflecting a desire for continued responsiveness to evolving needs across the profession.

Emergency medicine

Physicians across all regions and specialties emphasized the importance of supporting emergency medicine physicians and advocating for improved emergency medicine working conditions to improve patient care and quality, professional satisfaction, and recruitment and retention of all providers.

DNS IMMEDIATE ACTION Doctors Nova Scotia will support the work and leadership of the Section of Emergency Medicine. Strengthening this partnership is key to advancing solutions that improve working conditions and address ongoing system pressures within emergency medicine.

Administrative burden

Physicians identified unnecessary administrative burden as a significant and growing challenge, noting that new initiatives often introduce additional workload without corresponding supports. This was described as detracting from clinical care and contributing to inefficiency and burnout. Participants emphasized the need for greater accountability in how administrative burden is introduced and managed across the system. Reducing administrative burden was seen as essential to improving both physician experience and patient access.

MEMBER SURVEY INSIGHT

87% of survey respondents say reducing unnecessary physician administrative burden is an important healthcare system improvement for the next Physician Agreement.

DNS IMMEDIATE ACTION Doctors Nova Scotia will advocate for clear government ownership in implementing and operationalizing any negotiations outcomes related to reducing unnecessary physician administrative burden and ensuring that new commitments do not translate into additional administrative work for physicians. In parallel, DNS will advocate for the provincial government to extend its commitment to reducing administrative burden, develop a new reduction target and create an assessment algorithm to evaluate the administrative burden of new initiatives before they are introduced. This approach is intended to promote greater transparency, consistency and accountability in managing system change.

Doctors Nova Scotia will also continue to encourage the Canadian Medical Association to advocate for reducing administrative burden associated with federal forms, processes and programs.

Practice supports

Physicians expressed a strong desire for enhanced support from DNS on the business side of medical practice. This included practical tools and education related to human resources, billing, team-based care and business case development. Participants also identified a need for guidance on integrating artificial intelligence (AI) into practice and operationalizing EDI(R)A principles in clinical and workplace settings. Expanding supports in these areas was seen as an opportunity to strengthen practice sustainability, efficiency and team effectiveness.

DNS IMMEDIATE ACTION Doctors Nova Scotia will explore opportunities to expand education, tools and advisory supports that address the operational and business needs of physicians. This includes developing targeted resources on HR management, billing optimization, as well as practical guidance on AI integration and EDI(R)A principles implementation. Efforts will focus on providing accessible, practice-oriented supports that reflect the evolving realities of modern medical practice.

Enhance supports for internationally trained physicians

Participants highlighted the value of the association's ITP mentorship program in supporting physicians as they navigate the Nova Scotia healthcare system and build practice efficiency. The opportunity for peer connection and shared learning through group mentorship was seen as particularly beneficial. At the same time, physicians showed an interest in strengthening and expanding the program to reach more physicians and enhance its impact. Increasing awareness, access and mentor participation were identified as key opportunities.

DNS IMMEDIATE ACTION Doctors Nova Scotia is revitalizing the ITP mentorship program through Dr. Emmanuel Ajuwon's leadership. A new steering committee has been established to support the enhancement of the program.

MEMBER SURVEY INSIGHT

56% of survey respondents say business management supports for physicians (turn-key offices, scribes, enhanced administrative professional training, etc.) are important healthcare system improvements for the next Physician Agreement.

MEMBER SURVEY INSIGHT

44% of survey respondents say an improved onboarding approach for ITPs is an important healthcare system improvement for the next Physician Agreement.

Specialist wait times and access to care

Physicians identified prolonged wait times for specialist care as a critical issue affecting both patient outcomes and provider well-being. Delays are contributing to moral distress for both family physicians and specialists, as patients often become sicker while waiting for care. Participants also noted broader system impacts, including increased downstream costs and challenges with recruitment and retention in high-demand areas.

DNS IMMEDIATE ACTION Doctors Nova Scotia will work with physicians to explore and advance potential solutions, including those that fall inside and outside the scope of formal negotiations. Advocacy efforts will be informed by focused discussions with affected groups and will likely emphasize the need for better long-term workforce planning and targeted supports for high-need specialties and regions.

Physicians' experiences with the College of Physicians and Surgeons of Nova Scotia

Physicians shared concerns about their experiences with regulatory processes, particularly with College complaints where racism may be an underlying factor. Participants emphasized the need for processes that are fair, transparent and responsive to the realities of discrimination in the practice of medicine in Nova Scotia. There was also a call for stronger supports for physicians navigating complaints, recognizing the personal and professional impact involved. Improving these experiences was seen as important to fostering psychological safety within the profession.

DNS IMMEDIATE ACTION Doctors Nova Scotia will advocate for improved complaint processes to better recognize and address the potential role of racism. At the same time, DNS will strengthen supports available to physicians navigating complaints, including promoting access to programs and resources such as the DNS Professional Support Program, DNS Pathways and the Canadian Medical Protective Association. Efforts will focus on ensuring physicians feel supported and are treated fairly throughout the process.

Racism and discrimination in the health system

Physicians shared experiences of racism, discrimination and inequitable treatment within the health system, highlighting the impact on their well-being and sense of safety. Participants emphasized that these experiences are often difficult to raise and address through existing channels. There was a call for more trusted, independent mechanisms to support physicians facing these challenges. Addressing racism and discrimination is essential to building a more inclusive and equitable health system.

DNS IMMEDIATE ACTION Doctors Nova Scotia will advocate for the establishment of an independent ombudsperson to support physicians experiencing racism, inequity and mistreatment within the health system. This role would provide a confidential, impartial avenue for raising concerns and seeking resolution. Doctors Nova Scotia will also continue to advance broader efforts to address systemic inequities and promote a culture of respect and inclusion across the profession.

MEMBER SURVEY INSIGHT

86% of survey respondents say timely access to specialist care is an important healthcare system improvement for the next Physician Agreement.



OUR CONNECTIONS

Doctors Nova Scotia representatives met with the following groups representing diverse practice and community contexts:

- Wije'winen Health Centre
- Mi'kmaw Health Directors and Tajikeimik
- Sipekne'katik Health Centre
- Newcomer Clinic
- Nova Scotia Brotherhood and Sisterhood
- Digby Health Centre
- African Nova Scotian Affairs Office
- Dalhousie Faculty of Medicine: Promoting Learning in African Nova Scotians and Black Learners Admissions Pathway
- Dalhousie Faculty of Medicine: Keknu'tmasiek Ta'n Tel Welo'ltimk Indigenous Admissions Pathway
- Section of Black Physicians



EDI(R)A ENGAGEMENT TOUR

The EDI(R)A Engagement Tour focused on connecting with communities that have been historically marginalized and underrepresented in medicine, to ensure their experiences meaningfully inform the association's EDI(R)A work. Our time in communities was directly influenced by the commitments made in the DNS EDI(R)A Framework to focus on relationship building, listening and identifying opportunities for action and advocacy related to culturally safe care, equitable representation and meaningful inclusion in healthcare.

Association representatives also met with the NSH EDIRA Team, the Department of Health and Wellness Equity and Engagement Team, and the College of Physicians and Surgeons (Welcome Collaborative).

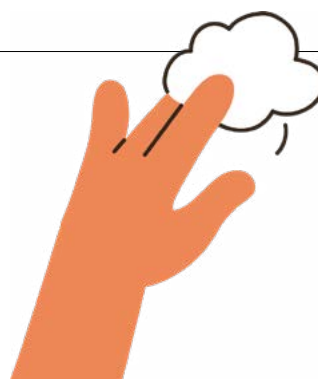
Indigenous health

Participants emphasized that Indigenous health leadership must be included in decision-making structures and processes and that advisory groups or physician sections should not be positioned as substitutes for direct community engagement. There was a call for formalized, recurring and sustainable engagement between physician organizations, Indigenous health authorities and the Mi'kmaw Health Directors.

Participants raised concerns about insufficient supports for Indigenous and equity-deserving learners. Designated pathways or seats in training programs were often described as not being accompanied by adequate academic, cultural or wellness supports, and student support roles were seen as overextended or diluted.

Lack of transparency

A lack of transparency and meaningful engagement in system-level decision-making was a recurring concern. Decisions affecting clinics, recruitment, space, contracts and program design were often perceived as being made with limited or no consultation, advance notice or clear rationale, contributing to mistrust and perceptions that equity-focused work is undervalued.



Administrative barriers

Physicians raised concerns regarding the administrative burden associated with evolving funding models, including increased reporting requirements, third-party forms and duplicative processes. Additionally, administrative and bureaucratic burdens were identified as a significant barrier to sustainable care, disproportionately impacting physicians serving Indigenous communities, newcomers, refugees and patients with complex needs. Members highlighted billing inefficiencies, inadequate administrative staffing and training, duplicative or paper-based processes and rigid regulatory requirements.

System challenges

Participants spoke about gaps in access, continuity and culturally safe care. Concerns included inconsistent use of interpretation services, barriers during transitions between programs or attachment models, patients being declined due to language or complexity, and a lack of clear expectations or accountability related to cultural safety and anti-racism. Consistent concerns about physical and digital infrastructure challenges were shared. Participants described insecure or unsuitable clinic spaces, frequent relocations, excessive travel across multiple sites and persistent issues with records management and information flow. Concerns regarding data governance, privacy and Indigenous data sovereignty were particularly prominent in discussions about emerging digital tools.

Collaborative and community-led health system transformation

Participants highlighted recurring gaps between funding, compensation and accountability models and the realities of equity-oriented community-based care. There was also recognition that work is already underway within DNS to help address these gaps, including efforts to better reflect clinical complexities, relational work, non-traditional forms of attachment and culturally-specific, community-embedded practice. Recruitment and training were identified as key leverage points for advancing equity. Members stressed the importance of community involvement in physician recruitment, clearer expectations for culturally specific and community-informed cultural safety training, and greater clarity around responsibility for delivering and overseeing the training. Participants stressed the importance of alignment across system partners on recruitment efforts, including earlier engagement with recruits prior to licensure, clearer pathways into practice and expanded mentorship opportunities in collaboration with community organizations.

There was also strong interest in strengthening data governance approaches, including collaboration across partners on standardizing demographic data and ensuring appropriate oversight and accountability in College complaints processes.

WHAT'S NEXT?

The insights gathered through the Member Listening Tour and the EDI(R)A Engagement Tour are directly informing DNS business planning, strategic priorities and preparation for negotiations. To build on this input, DNS conducted an online membership survey to gather quantitative data, is participating in ongoing public opinion polling to better understand broader sentiment and will continue engagement through targeted virtual focus groups.

Together, these efforts will help identify where additional professional supports, educational resources, contract enhancements and community-building initiatives are most needed, ensuring the association continues to evolve alongside its members.

Doctors Nova Scotia will also bring forward system-level concerns raised by physicians to decision-makers and leaders who can effect change, ensuring members' perspectives are clearly communicated and action is encouraged. Doctors Nova Scotia remains committed to advocating for physicians, supporting their well-being and driving system change that enables better care for all Nova Scotians.

Members are encouraged to continue sharing their perspectives by emailing feedback@doctorsns.com or connecting directly with their DNS Physician Advisor. Doctors Nova Scotia will also continue the EDI(R)A Engagement Tour throughout 2026 and 2027, with a focus on sustaining in-person dialogue and strengthening relationships. Ongoing engagement will be critical to deepening understanding of lived experiences and ensuring the association's EDI(R)A work remains responsive, accountable and impactful.

FURTHER READING

- 2026 Doctors Nova Scotia Member Survey Results – tinyurl.com/DNS-MemberSurvey2026
- 2027 Physician Agreement Negotiations Economic Landscape – tinyurl.com/DNS-EconLandscape2026
- A New Path Forward: Making the Longitudinal Family Medicine payment model work for you – tinyurl.com/DNS-LFM-Toolkit-2026
- EDI(R)A Framework – tinyurl.com/DNS-EDIRA-framework
- DNS Pathways – dnspathways.com

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