Members' Forum Notes
June 6, 2026
Delta Dartmouth Hotel/Zoom

Negotiations update

Alana Patterson, Director of Physician Compensation and Negotiations, provided an overview of the upcoming physician contract negotiations, with a focus on the changing political and economic context. The current agreements expire in March 2027, with negotiations expected to begin this fall. Ms. Patterson shared that while the provincial government has significantly increased healthcare spending over the past five years, its focus has recently shifted toward economic growth due to global uncertainty, meaning funding in the next round is expected to be more constrained due to a tighter fiscal environment.

Ms. Patterson provided a high-level summary of the extensive consultation process with physicians across the province, which identified key concerns such as the need for competitive compensation to support recruitment and retention, growing pressure on emergency medicine, long wait-times for specialty care, and increased demand in long-term, palliative and elderly care. Physicians also raised ongoing issues such as insufficient staffing, outdated fee structures and heavy administrative burdens, along with gaps in compensation models.

Ms. Patterson explained that negotiations priorities are shaped by combining physician input with data, system needs, and alignment with government and health authority priorities, since alignment is essential to achieving progress at the table. Early discussions with government suggest negotiations may start earlier than expected, likely at a single table covering all agreements, with shared focus areas including emergency care, specialty wait times, and care for elderly patients. Government is also expected to emphasize accountability and show interest in expanding blended payment models.

A large focus of the presentation was around the interest-based negotiation approach, which differs from traditional adversarial bargaining by bringing all parties together to collaboratively solve problems with the support of a neutral facilitator. This approach encourages more meaningful dialogue, more creative solutions and stronger relationships, although it can appear less confrontational and requires full commitment from all participants. Ms. Patterson highlighted the success of this approach in the 2023 negotiations, which resulted in a significantly larger investment, a much faster process and better implementation of agreed changes.

Looking ahead, next steps include submitting initial priorities to government, finalizing the physician negotiating team, continuing preparation work, setting timelines and maintaining ongoing communication with members.

Discussion

Following the negotiations presentation, delegates had the opportunity to ask questions and engage in discussion with leadership. The discussion highlighted significant pressure points in the healthcare

system, especially rural access, pediatric care and fair compensation, while emphasizing the importance of thoughtful negotiation strategies and innovative care models to address them.

Key discussion themes included:

Negotiations approach: The pros and cons of an interest-based negotiation (IBN) process were discussed, including lessons learned from past negotiations. Overall, it was seen as a means of improving collaboration and increasing the likelihood of timely implementation of negotiated commitments, though it is not a guarantee. In response to an inquiry, it was confirmed that final offer arbitration is still available to Doctors Nova Scotia (DNS) after being temporarily removed in 2015.

Access to care and wait times: Long specialist wait times were raised as a major concern. Suggestions include expanding travel clinics, where specialists visit rural areas to reduce patient travel, costs and no-shows while improving care coordination. Doctors Nova Scotia is having conversations with the Division Heads of divisions that have the longest wait times to determine what might be most helpful to address the issue.

Rural healthcare challenges: Rural regions face persistent shortages, especially in pediatrics. There were calls for better investment in pediatric services, new care models and recognition of the added burden on physicians serving multiple communities.

Pediatrics advocacy: Pediatric care is under-resourced in many areas across the province and is not currently classified as a core specialty, which has an impact on staffing and planning. Delegates emphasized both the health and economic benefits of investing in child and youth care. While pediatrics has not been identified as an emerging priority for negotiations, DNS is doing a deeper dive on where the pain points are to determine what changes might be pursued.

Compensation and billing issues:

- Concerns about inequities in billing structures, especially for physicians working in focused or complex care areas. It was noted that new and upcoming billing changes aim to better compensate family physicians providing specialized services.
- Prolonged visit/consult codes are being considered more broadly to reflect time spent on complex cases. This is currently only available to family physicians and select specialty areas but should be expanded to all physicians.
- There is a lack of accessible billing education and tools, particularly for specialists and new recruits.

Workforce and system inefficiencies:

- Limited locum availability continues despite negotiated funding.
- Variability in clinic resources and staffing impact physician workload and care quality.
- Need to better account for complexity (patient population, rurality, lack of supports) in compensation models.
- High rates of stress and burnout continue in the healthcare workforce.

System improvement ideas:

- Empower family physicians to manage more conditions and procedures to reduce specialist demand.
- Develop more flexible, hybrid compensation models while maintaining accountability.
- Improve onboarding and training around billing and system navigation.

Leadership shared that the amount of change and investment in the provincial health system under the current government's mandate over the last five years has been promising and is unique in Canada. There are some concerns that government has shifted its attention to managing economic impacts, despite there still being so much work left to do in healthcare. Doctors Nova Scotia will continue to work with decision makers to focus on moving this important work forward.