

Members' Forum
June 4, 2022, at 11:00 a.m.
via Zoom
NOTES

Physician Engagement

A member indicated disappointment with the low attendance numbers at the annual general meeting (AGM) and suggested that more needs to be done to increase member engagement.

Staff noted that attendance numbers are consistent with previous years. In addition, the AGM is only one of many touchpoints we have with members throughout the year. Doctors Nova Scotia (DNS) strives to engage with members in ways that are meaningful to them, and for some members that may not include attending the AGM. As well, it's important to note that lack of engagement does not necessarily mean that members are unhappy. Through our regular member surveys, members have generally indicated that they are as engaged as they want to be, or as much as their time allows them to be.

Preventing Covid Hospitalizations and Deaths

A member made some suggestions around ways that vulnerable individuals can be vigilant in preventing COVID-19 hospitalizations and death. He suggested that rather than the government communicating the same public health guidelines for the general population, they should focus on targeted messaging to those most at risk to encourage them to get their fourth vaccination whenever they are eligible, maintain social distance, and to use N95 masks for when they are out in high-risk environments, such as crowded restaurants. Although the fatality rate from COVID-19 has dropped, there are still too many preventable deaths as a result of people not taking the necessary precautions.

Medical Education

Dr. David Anderson, Dean of Medicine at Dalhousie University, took the opportunity to commend DNS and physicians for their support of medical education over the past year. In particular, he pointed to the success of this year's rural week, where students receive training in rural settings and experience what it's like to be a physician in community settings outside of Halifax. Some students have reported that rural week is the best week of their medical school training. It often makes the prospect of rural practice much more appealing to students.

Senior Pharmacare

A member raised the issue of senior physicians being automatically switched from the DNS health plan to the Senior Pharmacare plan at the age of 65. The member expressed concerns about this, saying the coverage through Pharmacare is not as good and doesn't cover as many

medications, and often provides generic medications that are not as good as the brand name versions. With a large number of members who are over the age of 65, the member suggested this is something that DNS should look into. The member also suggested that the provincial government should look at this as a way to encourage physicians to continue practising beyond age 65. If all physicians who are over 65 decide to retire from practice, that would add additional strain on the health-care system.

Staff noted that this issue has been raised with the government at the negotiations table in the past. The DNS health plan is 65% funded by government and 35% by physicians themselves. Doctors Nova Scotia is not at liberty to make changes to the current health-care plan, and government has been very firm on the current program as it is on par with what is offered to civil servants.

Financial Literacy Education

A member shared that Dalhousie has started to offer a six-week financial literacy program for students. He noted that there is an opportunity for DNS to get involved, possibly incorporating this into its physician leadership courses. The member suggested it would be beneficial to discuss this with the Dalhousie Medical Student Society (DMSS) and Maritime Resident Doctors to explore how DNS can get involved with this work. We do not necessarily need to reinvent the wheel, but rather supplement the work that they're already doing in this space.

Dr. Anderson explained that this was a student-led initiative. Students had expressed concerns with the previous financial programming work that was being offered through the medical school, and they wanted to create a bias-free curriculum. They did a wonderful job on developing the program. Dr. Anderson indicated that he would welcome the opportunity to discuss collaboration with DNS on this front.

Staff added that DNS is working to develop a leadership program for residents, which will be the first of its kind. There may be an opportunity work this into that program and/or the Business of Medicine program.

Specialist Careers, Primary Care Gaps and Retirement

A member spoke about the need to find ways to extend the careers of specialists. For many specialists, such as surgeons, that line of work is often hard to sustain past the age of 65, so it would be beneficial to find ways to repurpose those specialist resources.

Currently, the only way to shift career paths as a specialist is to retrain entirely as a family physician. The member suggested consideration should be given to another route that would allow specialists to be repurposed to help address the current primary care gaps.

Adjournment

The Member's Forum adjourned at 11:30 a.m.