



**NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION**

Annual Report

2014

**Memorial University - Faculty of Medicine
St. John's
June 7**

Mission Statement

The Newfoundland and Labrador Medical Association
represents and supports a united medical profession
and provides leadership in the provision
of excellent health care
in Newfoundland and Labrador



IN MEMORIAM

The Newfoundland and Labrador Medical Association remembers its members who have passed away since the publication of the last Annual Report.

Dr. Augustus Taylor Rowe	Toronto, ON	July 20, 2013
Dr. Maurice Arthur McVicker	St. John's, NL	September 6, 2013
Dr. William H. Marshall	Portugal Cove-St. Phillips, NL	September 19, 2013
Dr. Michael Charles Nurse	St. John's, NL	October 1, 2013
Dr. Arthur Maxwell House	St. John's, NL	October 17, 2013
Dr. Charles Joseph Hutton	St. John's, NL	November 4, 2013
Dr. Rufus Gerard Dominic	St. John's, NL	November 28, 2013
Dr. Denis Anthony O'Connor	Corner Brook, NL	January 6, 2014
Dr. John Maxwell Edgecombe	Conception Bay South, NL	January 30, 2014
Dr. Richard Ernest Taor	Channel-Port aux Basques, NL	March 1, 2014
Dr. John Bertram Jenkins	Paradise, NL	March 6, 2014
Dr. Richard F. Kennedy	St. John's, NL	April 11, 2014

A donation in memory of each member has been made to the Physician's Legacy Foundation.



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CONDUCT OF ANNUAL GENERAL MEETING

It shall be the responsibility of the Speaker to decide upon the relative order of all business to be presented to the meeting.

An agreed time limit will apply, per speaker or per agenda item, as determined prior to the start of the meeting.

Voting shall be by a method to be decided by the Speaker with the meeting's approval.

Decisions and voting shall be reached on the basis of merit after hearing the discussion.

The Chair will try to recognize speakers in their turn.

The best authority for the Speaker is the judgment of the meeting.

Reports

After the presentation of each report, there will be an opportunity to ask questions.

Motions

A speaker can speak once to a motion and once to any proposed amendment to a motion.

The mover of a motion may speak a second time and in so doing will close debate. A brief remark or answer to a question put will not be considered a second speech by the mover.

Only a member in attendance can speak to a motion. A proxy does not convey a right to the holder to speak a second or greater number of times.



PROCEEDINGS OF THE 88TH ANNUAL GENERAL MEETING

SHERATON HOTEL, ST. JOHN'S

JUNE 8, 2013, 2 P.M.

1. Official Opening

CMA Past President Dr. John Haggie officially opened the 88th AGM at 2:00 p.m. on Saturday, June 8.

2. Call to Order

The speaker, Dr. Lydia Hatcher, called the meeting to order and led delegates in the singing of "O Canada". She advised delegates that the resolutions committee would accept resolutions from the floor until 3:10 p.m.

3. AGM Agenda

It was moved by Dr. Susan King, seconded by Dr. John Haggie, to approve the AGM agenda as circulated. **Passed**

4. Minutes of the 2012 AGM

It was moved by Dr. Brendan Lewis, seconded by Dr. John Haggie, that the minutes of the 2012 AGM be approved as circulated. **Passed**

5. Actions on Resolutions Arising from the 2012 AGM

It was moved by Dr. Brendan Lewis, seconded by Dr. John Haggie, that actions arising from the 2012 AGM be received for information. **Passed**

6. Approval of Resolutions Committee

It was moved by Dr. John Haggie, seconded by Dr. Bryar Smith to approve the Resolutions Committee, consisting of Drs. Susan King (Chair), Lonzel Button and Brendan Lewis. **Passed**

7. Appointment of Resolutions Committee as Scrutineers

It was moved by Dr. Norah Duggan, seconded by Dr. John Haggie, to formally approve the resolutions committee consisting of Drs. Susan King (Chair), Lonzel Button and Brendan Lewis as scrutineers. **Passed**

8. Presidential Address – Dr. Tony Gabriel

Dr. Tony Gabriel began by expressing his gratitude for the opportunity to serve as the NLMA's 87th President. Dr. Gabriel explained that his year as President was shaped by the Association's continued efforts to implement outstanding issues under the MOA. He reported that progress was made in a number of areas. The NLMA worked in conjunction with the Department of Health to complete the micro-allocation process that determined the costs of all fee codes and addressed priority areas. It was the most extensive exercise of its kind in the last 20 years. A review of Category B Emergency Services compensation arrangements was also completed and a new payment mechanism was put in place in January 2013. The NLMA also used one-time funds from the Clinical Stabilization Fund to support several physician-led initiatives to improve health care delivery in the province, including a one-year pilot project to implement tele-psychiatry, a feasibility study for using telephone services to improve the on-call program and the creation of a new fund to enable the development of innovative primary care practice models. Dr. Gabriel reported that during his term, the Association also revamped its Physician Wellness Advisory Committee to expand the scope of the NLMA's current program beyond just crisis intervention. This was supported by qualitative research that was commissioned to determine what members see as critical components of a health and wellness program.



Dr. Gabriel explained that these initiatives are all in line with the NLMA's Strategic Plan, which was released in September 2013. The five-year plan serves as a compass to guide the direction of the NLMA, with the ultimate goal of ensuring that the Association stays relevant and thrives amid changing societal trends and new economic realities. Another major theme during Dr. Gabriel's term was Association governance. During his term, NLMA members voted to ratify a new governance model. He explained that the new governance model is flexible enough to effectively respond to the challenges of the changing medico-political landscape, while at the same time serving members better. In closing, Dr. Gabriel thanked NLMA Executive Director Rob Ritter, who after 12 years of service, will retire on September 1. Dr. Gabriel said Mr. Ritter has been a tremendous asset to the NLMA, leading the Association through some very difficult times. He wished Mr. Ritter all the best in his retirement. Dr. Gabriel then pledged his commitment to continuing to work with the NLMA Board of Directors in his capacity as Past President.

9. Stewardship Report – Mr. Robert Ritter

NLMA Executive Director Mr. Robert Ritter advised delegates that the Stewardship Report detailed the work completed over the past year and could be found on pages 10 to 17 in the Book of Reports. He recounted his 12 years as NLMA Executive Director, noting that when he first arrived in the province he was confronted by a job action that lacked unity among NLMA members. This led to a withdrawal of services that lasted an unprecedented 17 days. In the end, NLMA was offered arbitration, which was seen as a victory. Mr. Ritter explained how the success of this effort ignited a renewed sense of empowerment among physicians in the province. He said it led to a valuable lesson that unity and speaking with one voice is essential to successful advocacy – a principle that was tested repeatedly in subsequent years. Mr. Ritter said the Association has been very successful in positioning physicians so they are competitive and able to compete with the rest of Atlantic. He reported that the number of physicians in the province increased by about 33 per cent since 2001 with the average income increasing by 75 per cent on a per physician basis. In terms of compensation, he said the province has never been as well-positioned on the Canadian playing field as it is today. However, maintaining a competitive edge is about more than just compensation. Mr. Ritter said what the medical profession needs more than anything is to have the right number and type of physicians (or health other health professionals) in the right places in order for the system to remain viable. Mr. Ritter explained that in preparing for his departure, he set three concrete goals. The first was to prepare a well-defined roadmap for the next five years. This was accomplished with the release of the NLMA's Strategic Plan that set tangible goals that could be achieved by 2018. The second and related objective was to modernize and realign the Association's governance model so that it would be better equipped to meet the needs and challenges of the coming decade. This was accomplished when NLMA members overwhelmingly voted in favor of ratifying the Association's new governance model. Finally, he set out to ensure that a suitable successor was in place to guide the Association into the future. He was pleased to report that the Association was in the concluding stages of engaging a new executive director and that an announcement would be made in the near future. In closing, Mr. Ritter said it had been a pleasure and a privilege to represent the physicians of the province. He thanked those who had served on the NLMA Board, the NLMA staff and all past NLMA Presidents for their support and dedication.

10. Treasurer's Report – Dr. Shawn Tiller

NLMA Honorary Treasurer Dr. Shawn Tiller presented the 2012 audited financial statements to AGM delegates for consideration and approval. The audited statements were also circulated in the Book of Reports. He provided members with a snapshot of the Association's fiscal position and explained noteworthy variances. Dr. Tiller told delegates that the Association had never before been in a better financial situation. He explained that as of March 31, 2013, the Association's reserve was \$2.5 million, an increase of more than \$350 thousand from the previous year. He said the reserve was equal to one year's operating expenses, including membership fee transfers to the CMA, a target comfortably above the auditors'



recommendation. He noted that a conservative investment strategy continues to protect this investment. Dr. Tiller explained that material variances occurred due to consolidation of duplicated expense accounts under the communications and office supplies line items. Other variances stemmed from income and related expenses associated with funding from the provincial government for project-specific work. To date, over \$425 thousand out of the total \$850 thousand received from government had been invested in projects related to on-call, mental health, performance-based compensation, medical referral, and physician health and wellness. Dr. Tiller explained that an additional \$1.36 million was recently received from government to continue and expand on this work. He noted that travel and honoraria claims had increased in part due to CMA General Council being held in Yellowknife.

11. Approval of the Auditor's Report

It was moved by Dr. Sandra Luscombe, seconded by Dr. Tony Gabriel, that the Auditor's Report be accepted. **Passed**

12. Appointment of Auditors

It was moved by Dr. Tony Gabriel, seconded by Dr. Norah Duggan, that the auditing firm of Deloitte & Touche be re-appointed as NLMA auditors for the fiscal year 2013. **Passed**

13. MD Physician Services Presentation

This session was conducted by Mr. Brian Peters, President and CEO of MD Physician Services. Mr. Peters provided a general overview of MD Physician Services as well as key highlights over the past year. He noted that MD sold its EMR business to TELUS. As a result, TELUS Health is now the largest EMR provider in Canada. It will assume responsibility for all service level agreements and all MD employees who worked for its EMR business. Mr. Peters then commented on the mission, the model and the mindset of MD Physician Services. He explained that the mission of MD is to enhance the CMA/PTMA membership experience by assisting members throughout their lifetime to achieve financial well-being, and rewarding practices that deliver quality health care. The model of MD is the same today as it was 40 years ago – a company set up by physicians for physicians with a unique focus on their unique needs. He explained that while other profit-driven financial institutions are ultimately working for the benefit of its shareholders, MD is working for the benefit of its clients. The goal is to keep the prices low and offer better value to its members. The return is just enough to cover the future growth and refurbishment of the business. This model has earned MD five out of five power circle ratings from JDPower, which equates to among the best in overall satisfaction ratings for full service investment firms. Finally, the mindset at MD has allowed staff to focus solely on physicians, which has attracted a unique group of people who are primarily focused on making a difference in the lives of physicians. This has allowed MD to foster good relationships that members value.

14. OMA Insurance Presentation

OMA Service Consultant Ms. Una Barnes brought greetings from OMA Insurance and provided an update on insurance plans. She explained that OMA Insurance is a physician centric organization that provides comprehensive plans, competitive pricing and insurance advice to physicians from the time they are medical students and throughout their career. She advised that group insurance plans cover term life; disability insurance; critical illness; professional overhead expense; extended health care and dental; and, accidental death and dismemberment. Individual plans are also offered through OMA's alliance with MD Physician Services, which provides term life, permanent life, critical illness, disability income and long-term care. She explained that OMA programs are focused on providing a high level of service at the time members apply for coverage and when members have a claim for benefits. Ms. Barnes advised that the OMA plans operate on a not-for-profit basis and that plans have been structured in a manner that allows annual premium refunds to be paid to insured members whenever the total of all claims and expenses is less than premiums collected. Ms. Barnes presented delegates with



premium volumes based on plan type and their refund history, as well as claim activities reported in 2012. The total premiums collected in 2012 was \$78.2 million and programs refunded to members was approximately 48% per cent of the total premium. She explained there were about 345 active claimants at the end of the last fiscal year, resulting in \$17.2 million paid to members for disability and professional overhead expense claims. An additional \$10.2 million was paid for life insurance claims. In closing, Ms. Barnes informed delegates that she will retire in April and she introduced Ms. Kelly Budden as her replacement.

15. NLCHI PRESENTATION

Dr. Susan King, chair of NLCHI's Clinical Working Group, presented an overview of the iEHR Labs Project to NLMA delegates. She explained that over time, the iEHR will give physicians authorized access to clinical reports from the Health Sciences Centre in St. John's, including patient medication profiles, lab results, diagnostic imaging and other relevant health information. Dr. King explained that the EHR Viewer, also known as HEALTHe NL, is a web-based interface that will provide access into the provincial EHR to view the clinical information. Through the EHR Viewer, clinicians will have access to more complete information for decision making and care delivery. She said that province-wide timely access to additional health information will create a more comprehensive clinical profile for Newfoundlanders and Labradorians. The Viewer has two components, a Shared Health Record (SHR) that will provide access to medication profiles and a Jurisdictional Lab Information System (JLIS) that will allow access to lab results and select clinical information. These two components will be operational by 2014. Over time, information in the SHR and JLIS, as well as the existing Pharmacy Network, Provincial Archiving Communications System, and client and provider registries, will be accessible virtually once connected to the EHR Viewer. This will provide one viewer through which clinicians can access all patient information collected in all EHR repositories and registries. The vision for the future is to build on the EHR foundation by including information from the remaining facilities within Eastern Health and the remaining three regional health authorities. HEALTHe NL is scheduled for deployment as a pilot project later in 2013. The deployment plan includes RHA facilities (emergency, acute care, long-term care, cancer care) and community clinics (family physicians, other clinics connected to the HIN). NLCHI will conduct a performance test with volunteer RHA facilities and community physician clinics to ensure the system can handle the anticipated volume. Dr. King requested volunteers from the audience who might be interested in participating.

16. CPHI PRESENTATION

Dr. Derek Puddester, director of the Canadian Physician Health Institute (CPHI) and CMA Past-President Dr. John Haggie presented on the work of CPHI. Dr. Haggie explained that physician mental health and well-being is an important issue with indications far beyond physicians themselves. He said that the few available studies that look at physician health indicate that doctors are quite healthy physically. However, the same studies highlight that mental health issues are suffered by some physicians. In 2008, the Canadian Physician Health Survey found that one-third of physicians feel depressed; one-third admit that work causes significant stress; one-half feel they lack control over their practice; and, almost two-thirds feel their workload prevents pursuit of personal interests or family time. A range of programs were available prior to the creation of CPHI for physicians who required help. However, these programs were primarily focused on intervention. Recognizing that quality patient care and physician health and well-being are linked, the CMA, the Canadian Medical Foundation (CMF) and the PTMAs felt that more could be done. The CMA and the CMF partnered to create the Canadian Physician Health Institute to provide a full spectrum of services that cover prevention, promotion and treatment. The institute compliments the work of provincial physician health programs already in place. The institute is governed jointly by the CMA, the CMF and the PTMAs. The CMA contributes funding for administration, while the CMF contributes special project funding from its fundraising efforts. During the presentation, Dr. Derek Puddester unveiled CPHI's first ever promotional video, which depicts physicians



experiencing mental duress and underscores why the collective work of the institute is so important. He explained that the video is intended to inspire physicians to learn more about the institute and encourage all physicians to support each other, which first starts with reducing the stigma that comes with asking for help. Dr. Puddester also announced that recipient of CPHI's first grant competition is the NLMA to support the development and launch of the Association's *MDlink* program. The program will link physician patients with physician providers in their community or a neighboring one and will provide training to providers on delivering care to their peers.

17. Nominating Committee Report

Dr. Patrick O'Shea, Chair of the Nominating Committee, presented the committee's report. He explained that attrition would be used to facilitate the transition to a new nine-member at-large Board. Thus, vacancies left by departing board members who completed their terms as of June 8, 2013 would not be filled. AGM delegates were asked to vote only on the position of President-Elect. Dr. O'Shea then asked delegates for any nominees for President-Elect from the floor and, seeing none, he declared the following slate of officers and board members for 2013-2014 duly elected:

Executive:

President	Dr. Yordan Karaivanov, Sal FM	Labrador-Grenfell
Immediate Past-President	Dr. Tony Gabriel, FFS FM	Central
President-Elect	Dr. Wendy Graham, FFS FM	Western

Board Members:

Remaining:

Dr. Joseph Coffey, FFS Spec	St. John's
Dr. Jonathan Greenland, Sal Spec	St. John's
Dr. Andrew Rossiter, FFS FM	St. John's
Dr. Cathy Vardy, Sal Spec	St. John's
Dr. Tracey Wentzell, FFS Spec	Western
Dr. Margo Wilson, Sal FM	Labrador

16. Resolutions

Resolution # 1

Moved By: Dr. John Haggie
Seconded by: Dr. Lydia Hatcher

That the Association thank Mr. Rob Ritter for his commitment and valuable service to the physicians of the province over the last 12 years. **Passed**

Resolution # 2

Moved by: Dr. Charlene Fitzgerald
Seconded by: Dr. Dr. Norah Duggan

That the NLMA work with the College of Family Physicians of Canada and other stakeholders on the provincial implementation of "The Patient's Medical Home" model of primary care. **Passed**

17. Adjournment

It was moved by Dr. John Haggie, seconded by Dr. Norah Duggan, to officially adjourn the meeting at 4:00 p.m. **Passed**



ACTIONS ARISING OUT OF THE 2013 ANNUAL GENERAL MEETING

Action on Resolutions

Resolution # 1

That the Association thank Mr. Rob Ritter for his commitment and valuable service to the physicians of the province over the last 12 years.

Mr. Ritter was thanked by the Board of Directors and members and recognized for his valuable services to the physicians of the province at a Retirement Dinner held in his honor on September 28, 2013.

Resolution # 2

That the NLMA work with the College of Family Physicians of Canada and other stakeholders on the provincial implementation of “The Patient’s Medical Home” model of primary care.

The NLMA sponsored a multi-disciplinary one-day workshop with the NL Chapter of the College of Family Physicians of Canada in November 2013 to build on the vision of the Patient’s Medical Home to advance primary care renewal in the province.



NLMA STEWARDSHIP REPORT

Upcoming Negotiations

The NLMA Board of Directors has been busy preparing for upcoming negotiations with the Government of Newfoundland and Labrador. In August 2013, members were asked to send the NLMA their top three negotiations priorities, in order of preference, along with their suggestions on how to improve sustainability of the system. The information received was consolidated to facilitate discussion during the President's Tour. Based on this input, and with the benefit of additional sector consultations, the Board of Directors has developed themes that will guide the NLMA in negotiations: maintaining competitiveness, primary care renewal, modernizing the MOA, greater fairness among physician groups and health system sustainability. The 2009-13 Memorandum of Agreement expired on September 30, 2013. The terms of the 2009-2013 MOA will remain in effect until a new agreement has been negotiated. If an agreement is not concluded within 12 months after negotiations commence, binding arbitration can be triggered. Access to arbitration was one of the major achievements of the 2009-13 MOA and the upcoming negotiations will be the first opportunity to see how it adds discipline to the process. NLMA staff met with Finance Minister Charlene Johnson on May 22, 2014. The minister indicated that government was committed to finalizing the terms of reference for arbitration prior to the start of the next round of negotiations.

Strategic Plan and Governance

The past year was the first full year for implementation of the NLMA's new strategic plan and reformed Board structure. The plan contained 19 priorities to be addressed over a five-year period. The Board of Directors identified four of these priorities to be the focus of staff work in the first year: competitive compensation; electronic medical record; fairness among groups; and physician human resource plan. The Board of Directors also operated under its new, streamlined structure in 2013-14, with nine elected members, no executive committee, no regional representation, and an emphasis of active engagement by all Board members. The Board also committed to more contact with members throughout the province, and delivered on this commitment by holding three board meetings outside St. John's (Corner Brook, Clarenville and Grand Falls-Windsor), each of which included town hall sessions with local members.

Primary Care Renewal

Over the past year, the NLMA has participated in and witnessed a renewed interest in primary care renewal. The NLMA Board has adopted primary care renewal as a negotiations priority based on member consultations and feedback. Primary care renewal will address multiple priorities outlined in the Association's Strategic Plan. NLMA believes primary care renewal can improve health outcomes for patients and make health care delivery more sustainable. A better primary care system can also reduce wait times, improve patient and provider satisfaction, promote interdisciplinary care, increase physician collaboration on population health, increase the comprehensiveness of care by physicians, and create a better environment to attract and retain Memorial University family practice graduates. The Association will bring forward a number of proposals in the MOA negotiations to help build a framework and a starting point. The NLMA and the Department of Health and Community Services have also dedicated funding for primary care innovation projects under the Clinical Stabilization Fund to advance renewal measures. Over the past year, the NLMA and DHCS collaborated on two fact-finding ventures including commissioning a review of the evidence — what works and what does not work — from primary care renewal initiatives in other jurisdictions, compiled by the Primary Health Research Unit (PHRU) at Memorial University. NLMA and DHCS also sent a joint delegation to British Columbia in April to better understand primary care initiatives implemented by the BC Government, regional health authorities and Doctors BC. The NLMA, DHCS and the provincial



chapter of the College of Family Physicians have also agreed to work together to create a multi-stakeholder committee to develop the vision and principles of a primary care model for Newfoundland and Labrador.

Electronic Medical Records (EMR)

Newfoundland and Labrador is the last province to begin a system-wide EMR initiative. The Newfoundland and Labrador Centre for Health Information (NLCHI) has initiated a new process to select a vendor and begin a program for EMR support. The NLMA has been engaged on the vendor selection committee and is represented by three family doctors and one specialist. The NLMA is pleased with the approach that government and NLCHI has exhibited to date on EMR collaboration. NLMA's objective is to ensure that the process moves forward in a spirit of true partnership, reflected in clear rules for joint planning and shared decision-making on the EMR.

President's Tour

The President's Tour provides NLMA members throughout the province an opportunity to meet the president and executive director of the Association; receive an update on important issues; identify their concerns; and network with colleagues. Overall, the 2013 tour was well-received and it was an excellent opportunity to engage with members. Eleven President's Tour meetings were held throughout the province with more than 100 members in attendance, representing almost 10% of the membership. The focus of the tour was to solicit members' feedback on negotiation priorities. Among the common themes identified by members was the need to remain competitive; internal equity; primary care renewal; compensation for telephone consultations; on-call rates that appropriately remunerate frequency and intensity; better CME allowances and management of CME funds; better incentives for recruitment and retention; a provincial locum strategy; and, improved orientation for IMGs. Members also felt it was critical that the province develop a physician human resource plan and to include physicians in more RHA/hospital decision-making.

New NLMA Executive Director

Mr. Robert Thompson was appointed to the position of Executive Director of the NLMA on September 1, 2013. The NLMA hired the firm Knightsbridge Robertson Surette to oversee the search and selection process for a new executive director. The firm screened all potential candidates and presented final recommendations to the NLMA. The NLMA Selection Committee consisted of Drs. Tony Gabriel, Yordan Karaivanov, Sandra Luscombe, Alan Goodridge, Brendan Lewis, Elizabeth Callahan and Mr. Robert Ritter. Prior to his appointment as NLMA Executive Director, Mr. Thompson served as the Clerk of the Executive Council and Secretary to Cabinet for the Government of Newfoundland and Labrador. Mr. Thompson succeeded Mr. Robert Ritter, who retired on September 1.

Leadership development

In 2013, the CMA made financial contributions to each PTMA to support new physician leadership initiatives for the next three years. These initiatives were developed in collaboration with each provincial/territorial medical association (PTMA). Each PTMA will receive annual funding to select offerings they wish to provide to their members. The NLMA's pro rata allocation for leadership development was \$28,850. A call for expressions of interest was issued in 2013 in order to select physicians to attend a five-day leadership course in British Columbia. After deducting the costs for the course, the NLMA used the remaining \$14,000 to offer coaching to Board Members to help them reach their leadership potential and add value to the Association.

Physician Services Liaison Committee

The Physician Services Liaison Committee (PSLC) was established in 2002 to help formalize the relationship between the NLMA and the DHCS. The Committee serves as a mechanism through



which medical issues of mutual concern can be addressed collaboratively from a policy, systemic and strategic perspective. The Committee consists of senior members selected by the DHCS and the NLMA President, Past President, President-Elect and the Executive Director. In February 2013, the PSLC took part in a retreat, which focused on cultivating the relationship between NLMA and DHCS and defining the strategic direction of the committee. Four mutual priority areas were identified, including primary care renewal, EMR, physician resource plan and clinical efficiencies.

Clinical Stabilization Fund

The Clinical Stabilization Fund (CSF) was established under the MOA to address several areas of medical care delivery that warrant additional resources. The allocation of the CSF is subject to consensus between government and the NLMA. To date, the CSF has been used to fund several physician-led initiatives that will have a positive impact on the province's health care system. A Joint CSF Management Committee comprised of representatives from the NLMA and the DHCS has also been established to provide oversight, review project plans and set priorities for the future. The committee has agreed to hire a 0.5 FTE manager to administer the CSF.

On-Call Payment Review

On March 25th, 2014, the NLMA Board of Directors and the DHCS agreed to a new methodology for distributing the unallocated funding to physicians that remained at fiscal year-end under the provincial On-Call Payment Program. This new methodology recognizes interaction intensity within approved call rotas providing 24/7/365 coverage. This was an improvement over the way these funds were allocated over the previous three years. The 2009-13 MOA included an increase of \$4 million to the existing \$11.5 million call budget. Previously, at the end of each fiscal year, unallocated funds were redistributed to on-call physicians based solely the amount of time they were available for on-call. This year, the unallocated funds were distributed based on two factors: 1) availability; and 2) intensity of interactions while on-call. A four-tiered scale was used to classify each rota according to its level of intensity. Data used to determine a rota's intensity level was based on the On-Call Data Collection Survey that was distributed to all call rotas in the province. Lack of recognition of call intensity was an issue that was raised repeatedly by NLMA members during the President's Tour and sector-specific consultations. The work of the joint On-Call Review Committee is ongoing and it will continue to consult with members to strengthen the linkage between intensity of call and the level of compensation. The intensity scale will continue to be adjusted this year based on improved data and it is the intent to settle on a fixed intensity scale that will be re-visited every two to three years.

Provincial Physician Signing Bonus Program

A new Provincial Physician Signing Bonus has been developed jointly by the DHCS and the NLMA through a one-time allocation of \$2.5 million from the Clinical Stabilization Fund. The program will provide signing bonuses to newly recruited physicians who agree to practice in a position that is defined as "difficult-to-fill". The bonuses will be available with a location-specific service agreement with amounts determined by a position's level of rurality and past occupancy challenges. A representative from the DHCS and the NLMA will jointly review bonus applications.

Physician Care Network

The NLMA launched the Physician Care Network in July, which offers health and wellness programs to physicians. The Network was created in response to a member survey, which revealed that 80% of physicians felt that accessing confidential counselling supports delivered by qualified providers was of great importance. The provincial government has approved a permanent allocation of \$150,000 from the Clinical Stabilization Fund to support Physician Care Network programs. A committee has also been struck to develop policies and guidelines for all programs.



***inConfidence* Employee and Family Assistance Program**

The *inConfidence* Employee and Family Assistance Program was introduced in July as the first program of the Physician Care Network. The *inConfidence* program is provided by Medavie Blue Cross, and counselling and information services are provided by Cerdian Canada, Ltd. The program provides completely confidential services at no cost to members or their immediate family members. Services are available toll-free 24 hours a day. Members have a choice of skilled and highly-trained counsellors who are available in their community, in a neighboring community, by telephone or online. In addition, the *inConfidence* website offers extensive educational resources, podcasts, online seminars and more.

MDLink

In November, the NLMA launched *MDLink*, a program that connects physician-patients with physician-providers in their own community or a neighboring one. The Association surveyed members on the 2013 membership renewal form to determine interest in providing care to a colleague. NLMA followed up with those who responded “yes” to that question to confirm their participation. Physician-providers may have unique needs and face particular challenges in working with this specific population. That is why *MDLink* supports physician-providers by offering orientation and continuing professional development. A free CPD program was also offered to physician providers with workshops in several communities. *MDLink* CPD curriculum was developed with the support of the Canadian Physician Health Institute.

Safe Harbour: A physician wellness retreat

In July 2014, the NLMA will host *Safe Harbour: A Physician Wellness Retreat*. The retreat will give physicians an opportunity to step back from the stresses of everyday life to learn about techniques and practices that will lead to a fulfilling career and balanced life. Set amidst the scenic backdrop of Trinity Bay at the world-class Fishers' Loft, renowned physician health experts will lead participants through a series of interactive workshops.

IMG Research

The NLMA commissioned Corporate Research Associates to conduct a study on the orientation needs of IMGs. The study revealed that IMG members envision an orientation program that helps them integrate both professionally and personally within the context of the broader community. Members felt orientation of IMGs and their families should be a joint responsibility of the RHAs and the NLMA. Recommendations included a more formal IMG orientation package; partnership with RHAs; an enhanced support system to ensure IMGs remain in the province; a mentorship program; and, implementation of exit interviews when IMGs leave the province. The NLMA's IMG Advisory Committee is working to implement these recommendations.

Senior and Retired Physicians Section

For years, the Association has hosted the Retired Physicians Committee, which meets bi-monthly at NLMA House. The committee is largely social in nature and some retired members approached the Association with an interest in setting up a more formalized “section” that could cater to the needs and channel the energies of physicians aged 60 and over, both practicing and retired. In April, the NLMA Board of Directors approved the creation of the Section for Senior and Retired Physicians. While the mandate for the section has not yet been developed, it has been proposed that the section could include information sharing with the RHAs (i.e. exit interviews) and mentoring for both young and senior physicians on the “pipeline to retirement”. The Section could also explore the development of a locum registry; identify the health needs of senior physicians; advocate on behalf of seniors; provide recommendations to the NLMA Board on nominating honorary life award recipients; and, provide social networking for senior members. The section will hold its inaugural meeting in September 2014.



Changes to Conjoint CMA Membership

On September 21, 2013, the NLMA Board of Directors voted to discontinue the requirement that all members of the NLMA must also be members of the Canadian Medical Association. Effective January 1, 2014, membership with the CMA became optional for all NLMA members. The decision of the Board of Directors of NLMA was based on the perspective that CMA should be directly accountable to its members, not through the NLMA. The requirement to be a member of the CMA had been in place since January 2006. While optional, the NLMA continues to support the Canadian Medical Association and members are encouraged to continue their membership with the CMA. Membership with the CMA is still required for members who wish to avail of valued CMA member benefits, including access to MD Physician Services and online clinical tools.

NLMA Polling

In May 2014, the NLMA commissioned Corporate Research Associates (CRA) to conduct a confidential membership survey. Results will be used to help the Board determine NLMA priorities. The NLMA also conducts a public polling program with CRA to develop a reputation index for physicians. The most recent public polling results from 2013 found that the reputation index was 77%, an increase from 74.5% in 2012. Polling also found that 80% of the people of the province reported a positive opinion of doctors in 2013, an increase from 74% in 2012.

New Website

In 2013, the Association unveiled a redesigned corporate NLMA website and a new website for the Physicians' Legacy Foundation. The new NLMA website has an updated look that reflects modern web practices and a simplified interface that improves web navigation. Web content can now be accessed via user-friendly dropdown menus that appear at the top of each page. Each menu directs visitors to various sections and subsections, such as physician wellness or membership. The website has also been optimized for mobile and tablet use, and a new search function allows visitors to find information they need faster and more easily. The most noticeable change to the home page is the new slider section, which features large rotating ads that promote NLMA programs and services. The home page also features two news sections, one that delivers NLMA News content, as well as a Notices & Advisories section for third-party alerts that may be of interest to physicians. Both news sections incorporate social media and each news item can be shared using Twitter and Facebook or via email.

Sick Notes

In February, the NLMA formally adopted the CMA policies on *Short-Term Illness Certificate* (2011) and *Third-Party Forms: The Physician's Role* (2010). Members had reported that they were increasingly being asked by patients for "sick notes" or medical certificates to provide to their employers or schools for short absences due to self-limiting illness. In many cases, patients were presenting in physicians' offices after they had returned to work fully recovered, and the medical certificate was completed based on information provided by the patient and not a medical assessment. NLMA advised employers that attendance to a physician should occur only if the illness requires medical diagnosis, education or intervention. It also advised employers that third parties should only request that a physician complete a medical certificate after a patient has been ill for at least five days. To assist members, the NLMA created a new standard Third-Party Requested Medical Certificate form. Use of the form and adherence to the CMA policies are completely voluntary. The public announcement of the NLMA's new sick notes policy received significant media attention and public commentary. The policy was publicly endorsed by both the NLTA and NAPE. Memorial University also announced that it would revise its sick note policy in light of the NLMA's recommendations.



Tobacco Cessation

In March 2014, Government of Newfoundland and Labrador committed to allocate \$712,000 to subsidize smoking cessation products for people on low incomes. Tobacco tax was also increased by 1.5 cents per cigarette. These actions are in line with recommendations made by the NLMA. In November 2012, the NLMA released a position paper calling on the provincial government to fund tobacco cessation medications and nicotine replacement therapies (NRTs) for low-income residents as a benefit under the Newfoundland and Labrador Prescription Drug Program (NLPDP). The NLMA contended that the cost of subsidized tobacco cessation therapies could be funded by increasing provincial tobacco sales tax and would result in savings for the province's health care system. The NLMA is pleased to see that the announcement in Budget 2014 supports its 2012 recommendations.

Choosing Wisely Canada

On April 2, the NLMA joined with colleagues across the country to support the launch of *Choosing Wisely Canada*. The campaign was initiated by the Canadian Medical Association, in partnership with various national medical specialty societies. It was also formally endorsed by the NLMA Board of Directors, in concert with other Canadian provincial/territorial medical associations. *Choosing Wisely Canada* encourages physicians and patients to engage in conversations about the over use of unnecessary tests, treatments and procedures, to help them make smart and effective choices about their care. The campaign website, www.choosingwiselycanada.org, features educational pamphlets for patients that describe when common tests and treatments might be needed and when they should be avoided. The website also features a series of evidence-based lists for physicians, which include 40 tests, treatments and procedures where there is strong evidence of overuse, waste, or even possible harm to patients. Each list highlights “*Five Things Physicians and Patients Should Question*” and provides targeted interventions to help physicians work with patients to ensure they get the care they need and avoid procedures that are unnecessary. Another 21 national medical societies are working with *Choosing Wisely Canada* to release additional lists for Wave 2 in Fall 2014.

Physicians' Legacy Foundation

Each year, the generosity of NLMA members provides scholarships and financial assistance to medical students attending Memorial University through donations to the Physicians' Legacy Foundation of Newfoundland and Labrador. The Foundation is a registered charity administered by the NLMA and overseen by physicians. Every dollar donated directly supports scholarships that recognize academic achievement, leadership qualities and advocacy. Most importantly, donations help ensure that medical education is accessible to deserving students regardless of their financial means. Individual donations from NLMA members in 2013 totaled \$30,538. This represented a significant increase from \$10,201 in 2012 due, in large part, to a special arrangement whereby any NLMA member attending PMI courses offered by CMA and the Atlantic PTMAs donated \$1,000 to the Foundation. Corporate donations from TD Insurance and the NLMA whenever a member passed totaled \$16,886.

A handwritten signature in purple ink that reads "Robert Thompson".

Robert Thompson
Executive Director

A handwritten signature in purple ink that reads "Yordan Karaivanov".

Yordan Karaivanov, MD
President



REPORT OF THE NOMINATING COMMITTEE

April 12, 2014

*Terms of Reference**

As per the NLMA Bylaws 15.2.2.1: Not less than three months prior to the date of the Annual General Meeting, the Board shall appoint four members of the Association who are not members of the Board and a Past President who shall be chairperson and who shall together constitute a Nominating Committee for the purpose of nominating a President Elect, [Honorary Secretary, Honorary Treasurer] and Members of the Board. The Nominating Committee shall submit a report of its nominees to the Board at least two months prior to the date of the Annual General Meeting of the Association and the Board shall forthwith forward the report of the Nominating Committee to the members of the Association.

2014 Nominating Committee

Dr. Sandra Luscombe, Chair
Dr. Tracey Bridger (Eastern)
Dr. Todd Young (Central)
Dr. Amer Qureshi (Western)
Dr. Karen Horwood (Labrador-Grenfell)**

Vacancies

Five members of the Board complete their terms as of June 7, 2014. Departing board members include two at-large rural and two at-large urban representatives. Nominees for President-elect were also sought.

Nominations Received

Three nominations were received for the rural at-large seats and three nominations were received for the urban at-large seats, triggering an election, using online voting during the period March 31-April 4.

One nomination was received for the President-Elect position, and this nominee is acclaimed to the position.

The 2014 Nominating Committee presents the appended report for the information of the Board.

Respectfully submitted by:

Dr. Sandra Luscombe, Nominating Committee Chair
April 12, 2014

**Note that the Committee did not seek nominees for Honorary Secretary and Honorary Treasurer as per the NLMA's new governance structure. The amended Bylaws will reflect the new Board structure, subject to approval at the June 7, 2014 AGM.*

A full report to the members was issued at the conclusion of the on-line voting on April 7, 2014.

*** Dr. Horwood was selected to replace Dr. Patterson, who withdrew from the committee.*



REPORT OF THE NOMINATING COMMITTEE

Dr. Sandra Luscombe, Chair

The Nominating Committee considered all nominations put forward for election to the NLMA Board of Directors and would like to thank all members who allowed their names to stand.

After a vote of the membership, the Committee is pleased to put forward the following slate of officers and board members for 2014-2015.

President	Dr. Wendy Graham, FFS ² FM	Western
President-Elect	Dr. Jonathan Greenland, Sal Spec	St. John's
Immediate Past-President	Dr. Yordan Karaivanov, Sal ¹ FM	Labrador

Board Members

Remaining	Dr. Chris Cox, FFS Spec	St. John's
	Dr. Shoaib Sheikh, FFS Spec	Eastern Rural

Newly Elected	Dr. Sonny Collis, FFS FM	St. John's
	Dr. Lynn Dwyer, FFS FM	St. John's
	Dr. Jared Butler, FFS FM	Central
	Dr. Gabe Woollam, Sal FM	Labrador

¹ Salaried

² Fee for Service

AMM



APPENDICES TO THE NLMA ANNUAL REPORT
Appendix 1— Financial Statements

Provided on request to members only.

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ASAP

A handwritten signature in grey ink, appearing to be 'AAM', is positioned at the top center of the page. A horizontal line is drawn below the signature.

Appendix 2 - 2014 Budget

Provided on request to members only.

ASAP



NLMA BOARD OF DIRECTORS, STAFF, CMA REPRESENTATIVES

NLMA Board of Directors

Officers

President - Dr. Yordan Karaivanov

President-Elect - Dr. Wendy Graham

Past-President - Dr. Tony Gabriel

Directors At-Large

Dr. Joseph Coffey

Dr. Christopher Cox

Dr. Jonathan Greenland

Dr. Shoaib Sheikh

Dr. Cathy Vardy

Dr. Tracey Wentzell

Non-Voting

Board Chair - Dr. John Haggie

Resident - Dr. Ashley Miller

Medical Student – Mr. Dave Jerome

NLMA Staff

Mr. Robert Thompson

Executive Director (September to present)

Mr. Robert Ritter

Executive Director (January to September 2013)

Ms. Lynn Barter

Associate Executive Director

Mr. J. David Mitchell

Director, Administration & Membership

Ms. Suzan Izquierdo

Membership Administrator

Ms. Donna Osmond

Administrative Assistant

Mr. Jonathan Carpenter

Director, Communications & Public Affairs

Ms. Dawn Mason

Communications Coordinator

Mr. Scott Brown

Director, Health Policy & Economics

Mr. Cameron Campbell

Policy & Research Analyst

Ms. Tamie White

Senior Compensation & Benefits Analyst

NLMA Representatives to CMA Committees/Forums

Dr. Brendan Lewis

Board of Directors

Dr. Elizabeth Callahan

Committee on Education & Professional Development
(Atlantic representative)

Dr. Tony Gabriel

Committee on Nominations

Dr. Susan King

Committee on Appointments & Review

Dr. Patrick O'Shea

Forum on General & Family Practice Issues

Dr. Chris Cox

Committee on Health Policy & Economics



NLMA COMMITTEES

2013-2014 Standing Committees, Board & General Membership

Governance

Dr. Yordan Karaivanov, Chair

Dr. Wendy Graham

Dr. Tony Gabriel

Secretariat: Robert Thompson, Lynn Barter

Finance & Administration

Dr. Tony Gabriel, Chair

Dr. Margo Wilson

Dr. Tracey Wentzell

Dr. Chris Cox

Secretariat: David Mitchell

External Relations

Dr. Chris Cox, Chair (Board liaison)

Dr. Shoaib Sheikh

Vacancies to be filled

Secretariat: Jonathan Carpenter

Negotiations

Dr. Tony Gabriel, Chair

Dr. Yordan Karaivanov

Dr. Wendy Graham

Dr. Chris Cox

Subject experts as required

Secretariat: Robert Thompson, Lynn Barter, Scott Brown, Tamie White



2013-2014 Sub-Committees, Ad Hoc Committees and Advisory Councils, Board & General Membership

Physician Wellness Advisory Council

Dr. Gina Higgins (Chair)
Dr. Jonathan Greenland (Board liaison)
Dr. Margo Wilson
Dr. Tracey Bridger
Dr. Sandra Luscombe
Dr. Steve Darcy
Dr. Sonny Collis
Dr. Bob Williams (CPSNL representative)
Dr. Derek Puddester (Physician Health Consultant)

Secretariat: Lynn Barter

Rural Physicians Advisory Council

Dr. Jared Butler (Chair)
Dr. Wendy Graham, Dr. Tony Gabriel (Board liaisons)
Dr. Kris Luscombe
Dr. Gabe Woollam
Dr. Jeewani Irfan
Dr. Amer Qureshi
Dr. Etienne van der Linde
Dr. Francois de Wet
Dr. Todd Young
Dr. Shoaib Sheikh

Secretariat: Lynn Barter

IMG Advisory Council

Dr. Yordan Karaivanov (Board liaison)
Dr. Altaweel Ziyad
Dr. Ryno Verster
Dr. Ramin Yazdani
Dr. Issam Obeid
Dr. Ichbal Singh
Dr. Ikechukwu Madu
Dr. Carlos Enriquez
Dr. Fiona O'Shea
Dr. Randy Smith

Secretariat: Lynn Barter

PSLC

Dr. Tony Gabriel
Dr. Yordan Karaivanov
Dr. Wendy Graham

Secretariat: Lynn Barter, Scott Brown, Tamie White



CPSNL-NLMA Joint Committee

Dr. Yordan Karaivanov
Dr. Wendy Graham

Secretariat: Robert Thompson

By-Laws Committee

Dr. Jonathan Greenland
Dr. Joe Coffey
Dr. Cathy Vardy
Dr. John Haggie
Bern Coffey, QC (Legal consultant)

Secretariat: Lynn Barter

2014 Nominating Committee

Dr. Sandra Luscombe (Chair)
Dr. Tracey Bridger (Eastern)
Dr. Todd Young (Central)
Dr. Amer Qureshi (Western)
Dr. Karen Horwood (Labrador-Grenfell)



PHYSICIANS' LEGACY FOUNDATION OF NEWFOUNDLAND AND LABRADOR DONORS

The NLMA gratefully acknowledges the generosity of the following donors to the Physicians' Legacy Foundation of Newfoundland and Labrador. Their contributions help provide scholarships to medical students at Memorial University's Faculty of Medicine. Below is a list of the donors who contributed since the last Annual Report.

Dr. Francisco Enrique Acevedo	Dr. Kathleen Marie Halley
Dr. Ahmed Agireb	Dr. Elizabeth Jolene Hancock
Dr. Khalil Ahmad	Dr. Maureen Catherine Hannaford
Dr. Zachary Paul Attwood	Dr. John James Hardy
Dr. Geoffrey Albert Bailey	Dr. Scott Rodney Harris
Dr. Krisztina Ilona Bajzak	Dr. Kenneth James Henderson
Dr. Nancy Elizabeth Barker	Dr. Denise Marie Hickey
Dr. Peter John Bartlett	Dr. Donald Gordon Hodder
Dr. Regina Becker	Dr. Peter Darroch Hollett
Dr. Sunil Bhalla	Dr. Karen Horwood
Dr. Ram Dattatraya Borgaonkar	Dr. Glennis Dawn Howse
Dr. David Malcolm Brentnall	Dr. Linda Eileen Ivany
Dr. Melissa Brockerville	Dr. Augustin Ngalamulume Kalombo
Dr. William Spencer MacDonald Brown	Dr. Susan Matilda King
Dr. Ronald Ford Bursey	Dr. Heidi Kravitz
Dr. Jared Jayed Butler	Dr. Sheila Marie Lewis
Dr. Robert Frederick Butler	Dr. Omid Liaghati-Nasseri
Dr. Elizabeth Anne Callahan	Dr. Jennifer Joan Lombard
Dr. Beverley Anne Mary Carter	Dr. Sandra Joy Luscombe
Dr. Carmel Casey	Dr. Kristopher Dale Luscombe
Dr. Mairi Margaret Chadwick	Dr. Sue Ann MacMaster
Dr. Janet Chaytor	Dr. Barbara Ann Maddigan
Dr. Mammen Cheriyan	Dr. Conor Gerard Joseph Maguire
Dr. Diane Alison Colbert	Dr. Adrian C. Major
Dr. David Allison Coleman	Dr. Ashok Kumar Manga
Dr. Wayne Boyde Collins	Dr. Sarah Amanda Marsh
Dr. Steven Combden	Dr. Gordon Mathieson
Dr. Ruby Roxanne Cooper	Dr. Annette Mary McCarthy
Dr. Thomas George Costello	Dr. Tina Marie McWilliam
Dr. Christopher Randall Cox	Dr. William Bertram Moulton
Dr. Essandoh Kweku Dankwa	Ms. Jacqueline Ann Mouris
Dr. Stephen Darcy	Dr. Katie Eileen Murphy
Dr. Mervyn Maynard Dean	Dr. Mary Hannah O'Brien
Dr. Adriaan Gabriel Diedericks	Dr. Marie Theresa O'Dea
Mrs. Eleanor Dominic	Dr. Steven M. Parsons
Dr. Hendrik Andries Engelbrecht	Dr. Edwin Llewellyn Parsons
Dr. Wilhelmina Engelbrecht	Dr. Christopher J. Peddle
Dr. Karl Akiba Enright	Dr. Angela Pickles
Dr. Fakhruddin Kassamali Essaji	Ms. Allison Claire Pittman
Dr. William Aloysius L. Felix	Ms. Stephanie Power-MacDonald
Dr. Donald Gerard Fitzpatrick	Dr. Devicka Janet Roopram
Dr. Adolphe Albert Giovannini	Dr. Carla Nadine Saldanha
Dr. Jonathan David Greenland	
Dr. Bhagv anth Reddy Gunna	(continued next page)



Dr. Esmael Mohamed Harron Sebbi
Dr. Cynthia Suzette Slade
Dr. Erin Joanne Smallwood
Dr. Andrew Smith
Dr. Christine Snelgrove
Dr. Tina E. Squires
Dr. Eileen Mary St. Croix
Dr. Thomas J. Sullivan

Dr. Christina Gordon Templeton
Mr. Rajiv Stephen Thavanathan
Dr. David Michael Thomas
Dr. Pieter W. Van Heerden
Dr. Thurairajah Vijayaharan
Dr. Keith Anthony Vokey
Dr. Tracey Wentzell
Dr. James Hayes Whelan

TD Insurance

In addition, when a member passes away, the NLMA makes a donation in their memory to the Foundation. Tax-deductible individual donations are accepted during the membership renewal process, or at any time through the Physicians' Legacy Foundation website at www.physicianslegacy.ca or by calling the NLMA at (7 09) 726-7424 or (800) 563-2003.

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NOTES



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Design Dawn Mason

Printing Print Three



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