



**NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION**

Annual Report

2015

**Sheraton Hotel Newfoundland
St. John's
June 6**

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. Charles Urquhart Henderson	St. John's, NL	June 10, 2014
Dr. Leslie Arnett Wells	St. John's, NL	July 27, 2014
Dr. Dattu Gorakh Patil	Eastport, NL	November 30, 2014
Dr. Sidney Lawrence W. Breckon	Prince George, BC	December 8, 2014
Dr. Angus James Neary	St. John's, NL	December 28, 2014
Dr. Benvon Cramer	St. John's, NL	January 2, 2015
Dr. Richard George Huntsman	Norfolk, UK	March 7, 2015
Dr. Paul Jan Peter Pillar	Gander, NL	April 11, 2015
Dr. Jabez (Jave) Macpherson Norman	St. John's, NL	April 30, 2015

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 89TH ANNUAL GENERAL MEETING

MEMORIAL UNIVERSITY FACULTY OF MEDICINE, ST. JOHN'S
JUNE 7, 2014, 2 P.M.

1. Official Opening

CMA President Dr. Louis Hugo Francescutti officially opened the 89th AGM at 2:00 pm on Saturday, June 7, 2014.

2. Call to Order

The speaker, Dr. John Haggie, called the meeting to order and led delegates in the singing of "O Canada". He advised delegates that the Resolutions Committee would accept resolutions from the floor until 3:30 pm.

3. AGM Agenda

It was moved by Dr. Mike Cohen, seconded by Dr. Brendan Lewis, to approve the AGM agenda as circulated. **Passed**

4. Minutes of the 2013 AGM

It was moved by Dr. Christopher Cox, seconded by Dr. Cathy Vardy, that the minutes of the 2013 AGM be approved as circulated. **Passed**

5. Actions on Resolutions Arising from the 2013 AGM

It was moved by Dr. Cathy Vardy, seconded by Dr. Shoaib Sheikh, that actions arising from the 2013 AGM be received for information. **Passed**

6. Approval OF Resolutions Committee

It was moved by Dr. Mike Cohen, seconded by Dr. Tony Gabriel, to approve the Resolutions Committee, consisting of Drs. Susan King, Brendan Lewis, and Cathy Vardy. **Passed**

7. Presidential Address – Dr. Yordan Karaivanov

Dr. Karaivanov began by expressing his gratitude for the opportunity to have served as the NLMA's 88th President. Dr. Karaivanov explained that his inauguration at the 2013 AGM marked the implementation of the NLMA's new governance model. He said it was a successful exercise and that the operations of the Association have become very efficient as a result. In March, the NLMA launched its first online general election. His first day as president marked the disbanding of the Executive Committee and a move to a smaller, more nimble Board of Directors. The Board moved from regional to provincial representation and a strong emphasis was placed on active engagement. He noted that the Association committed to more contact with members throughout the province, and it delivered by holding meetings in Corner Brook, Clarenville and Grand Falls-Windsor, each of which included town hall sessions with local members. Dr. Karaivanov reported that the past year also marked the launch of new physician wellness programs aimed at improving the health and well-being of members. In July, NLMA launched its inConfidence program that provides confidential counselling services to members and their immediate families. It also launched the MDLink program in November, which connects physician-patients with physician-providers. Another key development in 2013 was the hiring NLMA Executive Director, Mr. Robert Thompson. Dr. Karaivanov explained that the majority the Association's time and efforts over the past year were focused on preparing for negotiations with the provincial government. The development of the Association's mandate and its position on key issues involved an extensive consultation with members. He said that before the contract expired in September, 2013, members were asked to send the NLMA their top three negotiations priorities along with their suggestions on how to improve sustainability of the system. That information was used to facilitate discussion during the President's Tour, which included stops in eleven communities. Based on this input, and with the benefit of additional sector consultations, the Association developed themes to guide the NLMA in negotiations. This included the adoption of primary health care renewal as a negotiations



priority. He reported that the NLMA spent the past year working with the Department of Health and Community Services through the Physician Services Liaison Committee to lay the groundwork for this kind of change. This included a joint review of primary health care renewal initiatives in other jurisdictions and a joint delegation was sent to British Columbia to learn about innovations in that province. He also noted that the NLMA had begun working with the Department to advance a system-wide EMR initiative. Dr. Karaivanov then thanked the Board of Directors, committee members and all those who he had served with during the past year. He concluded by expressing his commitment to working with the Association in his capacity as past president.

8. Stewardship Report – Mr. Robert Thompson

Mr. Thompson advised delegates that he came to the NLMA nine months prior to the AGM. Much had happened during that time, which was captured in the Book of Reports. Mr. Thompson explained that he was hired by the NLMA just prior to the expiry of the MOA and just in time for the President's Tour. During the tour, he was struck by a number of things including the diversity of physician circumstances, not just urban and rural, generalist and specialist, FFS and salaried, but also the great differences in technology, CME, physical space, and personal time. One theme that was common to all physicians was their relationship with their regional health authorities and the general disconnect between the world of physicians and RHA management. He told delegates that breathing new life into this relationship and exerting more influence in public policy are strategic priorities of the NLMA. Mr. Thompson also reported that the Association was financially healthy and stable with excellent staff and physician leadership. He also said the NLMA had a solid strategic plan, with priorities that reflect the real concerns of members. He reported that the Board had provided him with clear direction about priorities as the NLMA heads into negotiations with the provincial government, which has been formulated through consultation with members. He said it was clear that the Association must maintain competitiveness, focus more on retaining physicians and modernizing the MOA to ensure the Association has partnership with government in the delivery of medical care. Mr. Thompson advised that a major theme for the year ahead will be rebuilding the NLMA's relationship with government to achieve partnership in a meaningful way, especially with regard to the governance of the new EMR system and new initiatives that support primary care reform. He noted that physicians will not work in settings where the quality of care and major decisions are imposed on them. If the NLMA has a respectful, collaborative relationship with government, better decisions will result that reflect the interests and priorities of members. He said the Association can attain this new equal footing with government if it remains strong and united, within the NLMA. He then thanked Dr. Karaivanov and all departing Board members for their exemplary leadership over the past year.

9. Treasurer's Report – Dr. Tony Gabriel

Finance and Administration Committee Chair Dr. Tony Gabriel presented delegates with the audited financial statements for the fiscal year ending December 31, 2013. He explained that senior staff and the Finance and Administration Committee thoroughly reviewed these statements, which the Board of Directors subsequently approved. He informed delegates that the NLMA's reserve stood just above \$2.4 million dollars, a decrease of about \$100-thousand from the previous year due to some additional expenses resulting from the executive director search and employment overlap, extensive roof restoration at NLMA House and a revitalized governance structure. However, this still exceeded the Association's one-year operating budget of \$2.1 million, a reserve balance recognized as best practice by the NLMA's auditors. He noted that the Association's investment strategy continued to protect this investment while offering returns at or better than industry benchmarks. As of the AGM, more than \$2.7 million dollars was received from the provincial government under the Clinical Stabilization Fund. More than \$1 million had been invested in projects to address a wide range of health system issues including on-call, performance improvement, physician health, primary care reform and recruitment. Dr. Gabriel noted that the Annual Report also included the budget for 2014. The budget projected a shortfall of \$134,000 primarily due to increased human resource capacity in the area of primary care policy and research. Dr. Gabriel explained that this priority requires that the NLMA be ready and able to engage with government and the regional health authorities to build a better primary care system for the future. As a result, a fee increase of \$100 was necessary in 2015 to maintain this capacity within a



balanced budget position. He reported that the last NLMA membership fee increase was in 2004. He also noted that the Association is continually examining its expenses to ensure good stewardship of membership dollars.

10. Appointment of Auditors

It was moved by Dr. Gabriel, seconded by Dr. Christopher Cox, that the auditing firm Deloitte be appointed as NLMA auditors for the fiscal year 2014. **Passed**

11. Full Membership Category Fee Increase

It was moved by Dr. Gabriel, seconded by Dr. Christopher Cox, that the 2015 full membership category fee be increased to \$1,700. **Passed**

12. By-Law Amendments

Dr. Karaivanov presented delegates with a motion to accept amendments to the NLMA By-laws, as previously circulated. He explained that the proposed amendments had been prepared by the NLMA's legal counsel in consultation with NLMA Secretariat, to align the existing by-laws with the new governance structure. Recommendations from the Ad Hoc Bylaw Review Committee were also considered in the drafting of the new by-laws, which included Dr. Jonathan Greenland, Dr. Cathy Vardy, Dr. Joe Coffey and Dr. John Haggie.

It was moved by Dr. Yordan Karaivanov, seconded by Dr. Jonathan Greenland, that, the proposed amendments to the By-laws of the Newfoundland and Labrador Medical Association are hereby approved without variation so that the current By-laws of the Newfoundland and Labrador Medical Association as set out in "Schedule A" are hereby revised and amended so as to conform with new wording for the By-laws of the Newfoundland and Labrador Medical Association as set out in "Schedule B". **Passed**

13. MD Physician Services Presentation

This session was conducted by Mr. Paul Mason, VP technology and Operations, MD Physician Services. Mr. Mason explained that the sole purpose of MD Physician Services is building financial security for doctors. He advised that as a subsidiary of CMA, MDPS is unique in that it is not a profit maximizing organization; rather, it exists to support its 44,000 members across the country by building their financial health with the help of advisors who are not commissioned. He reported that MDPS had a healthy governance structure, an independent Board, no debt and a healthy reserve. Mr. Mason also reported that MDPS recently crossed the \$37 billion number in terms of assets that physicians have entrusted MDPS to manage, which has grown from just over \$21 billion in the previous five years. This has allowed MDPS to negotiate very good deals with world-class money managers that help manage the money that is invested in MDPS mutual funds. Again this year, MDPS earned five out of five power circle ratings from JD Power, making MDPS the only organization in the country to receive this rating for the previous four years in a row. He advised that the largest growth in investment had been the private investment council, which is discretionary money that is managed on behalf of clients making MDPS the fifth largest organization, and the largest independent organization, with assets close to \$17 billion. Unlike other financial institutions which are focused on multiple market segments, MDPS is focused solely on physicians. This has allowed it to take a lifecycle approach primarily focused on students, residents, practicing physicians and retired physicians. This has allowed MDPS to provide financial advice and build a holistic wealth plan through products and services members need at specific times in their lives (e.g. debt reduction, financial management and planning, minimizing taxes, growing assets through investments and retirement planning). Mr. Mason noted that MDPS has a close working relationship with the Canadian Medical Association and it recently assisted the CMA in the design and development of its new website. He concluded that MDPS will continue to focus on the specialized needs of its clients by incorporating new technologies to connect with them.



14. OMA Insurance Presentation

OMA Insurance Advisor Kelly Budden 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 as a benefit of membership with the NLMA. All of the OMA's insurance plans have been built on a not-for-profit basis by the OMA Board of Directors. It works exclusively for medical students, residents and practicing physicians, as well as their families. Through its alliance with MD Physician Services, it works to ensure clients have a secure future through solid financial and insurance planning. She noted that the OMA's salaried, non-commissioned insurance team provides education, advocacy and advice without using high-pressured sales tactics. Its main focus is to ensure that members have all the information they need to make decisions about insurance planning. She explained that what sets OMA Insurance apart from other providers is that it has a true insight and fundamental understanding of what a physician's insurance needs are. OMA Insurance offers a portfolio of insurance options tailored for the unique needs of its members including life; disability insurance; critical illness, professional overhead expense; extended health care and dental; and, accidental death and dismemberment, long-term care and travel insurance. Ms. Budden advised that more than 31,200 physicians and their families are enrolled with OMA Insurance. Because OMA Insurance plans operate on a not-for-profit basis, the 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. The total premiums collected in 2013 was \$85.8 million and members benefited from a combination of discounted rates and premium refunds totaling more than \$40 million. She explained there were about 532 active claimants at the end of the previous fiscal year, resulting in \$17.7 million paid to members for disability and professional overhead expense claims. An additional \$8.4 million was paid for life insurance claims.

15. Nominating Committee Report

Dr. Sandra Luscombe, Chair of the Nominating Committee, presented the committee's report. She explained that nominations were sought in March to fill four Director At-Large positions – two rural and two urban – on the NLMA Board of Directors. Nominations were also sought for the position of President-elect. Three nominations were received for the rural at-large seats and three nominations were received for the urban at-large seats. This triggered an election, using online voting during the period March 31-April 4. One nomination was received for the President-Elect position, and this nominee was acclaimed to the position. A full report to the membership was issued at the conclusion of online voting on April 7. She then presented the following slate of elected officers and Board Members for 2014-2015.

Executive:

President	Dr. Wendy Graham
Immediate Past-President	Dr. Yordan Karaivanov
President-Elect	Dr. Jonathan Greenland

New Directors At-Large:

Dr. Jared Butler, rural
Dr. Sonny Collis, urban
Dr. Lynn Dwyer, urban
Dr. Gabriel Woollam, rural

Remaining Directors At-Large:

Dr. Christopher Cox, urban
Dr. Shoaib Sheikh, rural



16. Resolutions

Resolution # 1

Moved By: Dr. Yordan Karaivanov

Seconded By: Dr. Wendy Graham

That, Mr. Robert Thompson be confirmed as Executive Director of the NLMA.

Passed

Resolution # 2

Moved By: Dr. Tony Gabriel

Seconded By: Dr. Christopher Cox

That, the auditing firm of Deloitte be appointed NLMA auditors for the fiscal year 2014.

Passed

Resolution # 3

Moved By: Dr. Tony Gabriel

Seconded By: Dr. Christopher Cox

That, the 2015 full membership category fee be increased to \$1,700.

Passed

Resolution # 4

Moved By: Dr. Yordan Karaivanov

Seconded By: Dr. Jonathan Greenland

That, the proposed amendments to the By-laws of the Newfoundland and Labrador Medical Association are hereby approved without variation so that the current By-laws of the Newfoundland and Labrador Medical Association as set out in "Schedule A" are hereby revised and amended so as to conform with new wording for the By-laws of the Newfoundland and Labrador Medical Association as set out in "Schedule B".

Passed

Resolution # 5

Moved By Dr. Lynn Dwyer

Seconded By Dr. Jonathan Greenland

That, the NLMA advocate that males be included in the provincial immunization schedule for HPV vaccination.

Passed

Resolution # 6

Moved By Dr. Terry O'Grady

Seconded By Dr. Lynn Dwyer

That, the NLMA advocate to government for the funding of IVF and a provincial IVF program.

Passed

19. Adjournment

It was moved by Dr. John Haggie, seconded by Dr. Yordan Karaivanov, to officially adjourn the meeting at 4:00 p.m.



ACTIONS ARISING OUT OF THE 2014 ANNUAL GENERAL MEETING

Action on Resolutions

Resolution # 1

That, Mr. Robert Thompson be confirmed as Executive Director of the NLMA.

Mr. Thompson confirmed as Executive Director.

Resolution # 2

That, the auditing firm of Deloitte be appointed NLMA auditors for the fiscal year 2014.

Deloitte appointed auditors for fiscal year 2014.

Resolution # 3

That, the 2015 full membership category fee be increased to \$1,700.

Membership fee increase approved and implemented for January 2015 membership renewal.

Resolution # 4

That, the proposed amendments to the By-laws of the Newfoundland and Labrador Medical Association are hereby approved without variation so that the current By-laws of the Newfoundland and Labrador Medical Association as set out in "Schedule A" are hereby revised and amended so as to conform with new wording for the By-laws of the Newfoundland and Labrador Medical Association as set out in "Schedule B".

Bylaw amendments approved and published on the NLMA website.

Resolution # 5

That, the NLMA advocate that males be included in the provincial immunization schedule for HPV vaccination.

The resolution was deferred to External Relations Committee for further study. The External Relations Committee conducted research that considered the public health burden of HPV; the impact of vaccinating males compared to that of maintaining and improving the high vaccination coverage rate among females; the cost-effectiveness of including males; and, equity issues associated with males who may not benefit from vaccine herd immunity. Current literature demonstrates that including young males in an HPV vaccination program is unlikely to be cost-effective in the Newfoundland and Labrador

context; that the incidence of diagnosed HPV-related cancers among men is lower than the female population; that males will benefit from herd immunity when coverage of the female population is moderate to high (NL has the highest immunization coverage rate in Canada at 90.8% as of June 2013); and, that the most effective way to achieve reduction in the population prevalence of HPV infection among both men and women is by improving the female vaccination rate. In the context of the current evidence, the Board agreed by consensus to overrule the AGM resolution. NLMA will ask the Government of Newfoundland and Labrador to consider options for making the vaccine available to the MSM population.



Resolution # 6

That, the NLMA advocate to government for the funding of IVF and a provincial IVF program.

The resolution was deferred to External Relations Committee for further study. The NLMA consulted other provincial and territorial medical associations (PTMAs) across Canada, as well as the Regional Program Director of Children's and Women's Health at Eastern Health who is researching the requirements (costs, equipment, facilities, HR component, etc.) necessary for establishing a publicly-funded IVF program in the province. This research includes an environmental scan of what's occurring in Canada and an evaluation of IVF programs in the European Union. The research, once completed, will be shared with the NLMA Board for consideration prior to taking any action.



NLMA STEWARDSHIP REPORT

President's Tour

The NLMA President and Executive Director met with members throughout the province during the President's Tour in October, which was well-attended and well-received. The focus of the Tour was on negotiations issues. The Association presented the themes of the negotiations mandate to attendees and provided an update on the work the Association is doing with respect to primary health care reform and EMR. A resounding theme reported by members at each site was the lack of engagement with their regional health authorities and the need to reverse the erosion of physician influence. In addition to the President's Tour, the NLMA Board continued to hold rotating member meetings throughout the province with town halls held in Stephenville, Carbonear and Gander.

Strategic Plan Update

The Board recently decided to pursue "Professionalism" as the next of the NLMA's Strategic Plan. The objective is to revitalize the principles and practice of professionalism at all stages of medical education and professional development. The Association will begin by launching a series of regional workshops on topics related to professionalism that will culminate in an NLMA policy. This will support the NLMA's strategic priority of an "enduring public trust and confidence in the medical profession". The Board has also placed emphasis on "meaningful engagement with RHAs". The objective is to ensure an improved voice for physicians on medical and health-related issues in RHAs. NLMA will also build and maintain an ongoing, meaningful engagement with RHAs through primary health care reform initiatives and regular relationship building meetings with CEOs and VPs Medical. More attention will be placed on these priorities following the conclusion of negotiations, arbitration, EMR and the on-call exercise.

Negotiations Update

The current memorandum of agreement (MOA) with government expired on September 30, 2013. The NLMA is currently involved in negotiations with the provincial government for a new MOA. The Board has adopted a negotiating mandate based on consultations with members over the past year. It has also appointed a Negotiations Committee consisting of the NLMA President, Past President, President-Elect and a Board Member At-Large. Given that Newfoundland and Labrador has one of the most expensive health care systems in Canada, the Association intends to collaborate with government to advance long-term, sustainable solutions to ensure we are using our resources in the most effective way possible to get the most value for our health care dollars. The priorities guiding the Association in the negotiations process include maintaining competitiveness, primary care reform, modernizing the MOA, greater fairness among physician groups and health system sustainability. The Association has tabled all of its proposals; however, progress at the negotiating table has been slow. The 2009-2013 MOA remains in full force and effect until a new agreement is signed.

Arbitration

Physicians won the right to binding arbitration as a dispute settlement mechanism for future agreements under 2009-13 MOA. That agreement required terms of reference to be developed for how arbitration will work in practice. The terms of reference are the procedural aspects of arbitration such as time limits, the selection of arbitrators, and methods of reporting, that are necessary to delineate in the event that arbitration is necessary after 12 months of negotiation. The NLMA's plan was to finalize the terms of reference for binding arbitration with the provincial government before launching the current negotiations for the next MOA. However, ongoing delays compelled the Board to begin negotiations with a plan to conclude the arbitration terms of reference as a separate discussion. The Association continues to meet with government on this issue but the parties have not yet come to an agreement on all of the terms. Members have been assured that the Association will not trade off progress at one table for progress at the other.



On-Call

On November 18, the NLMA and the Department of Health and Community Services (DHCS) launched the second on-call data collection exercise to measure the intensity of on-call interactions of all approved rotas under the Provincial On-Call Program. This data will be used to determine the level of intensity-based payments for all FFS and salaried physicians who do call. The need for recognition of call intensity in addition to “availability” was an issue that was raised repeatedly by NLMA members during past President’s Tours and specialty specific consultations. Over 95% of all rotas participated in the November data collection exercise and about two-thirds of all call-days were captured. Information was gathered on the volume of interactions, duration of interactions, time of day/night, as well as information on whether the physician had to attend the patient and whether they travelled to a facility to see the patient. The data collected was then analyzed by the Newfoundland and Labrador Centre for Health Information (NLCHI) and used to develop a four-tiered payment scale that will compensate on-call physicians for availability and intensity. The MOA on-call budget is currently \$14.996 million. About \$9.9 million compensates for availability. The Board and the Department of Health and Community Services agreed that the remaining \$4 million that was added in the 2009-2013 MOA and any unallocated balance would be distributed according to this new intensity formula. By the fall of 2015 we expect that DHCS will authorize the setting of the payment rate for the four tiers on a go forward basis. The rates will then be communicated to physicians. The rate structure will follow the principles approved by the Board which include no less than \$200 per day for availability, and an approximate \$40 per day increment for each intensity tier.

Clinical Stabilization Fund

Approximately \$3 million was allocated to the Clinical Stabilization Fund (CSF) under the 2009-2013 MOA in an effort to stabilize various facets of the health care system. The CSF has since proven to be of great value in many joint initiatives between the NLMA and Department of Health and Community Services. A number of projects are now underway in various stages of development. In September, a call for proposals was issued to members interested in undertaking projects or initiatives that will inform and advance primary care renewal in the province. Up to \$250,000 was made available to members for the development of models that encourage innovation and help improve access; decrease dependency on emergency departments; improve care of the elderly; and, foster interdisciplinary collaborative practice. Some primary care projects currently underway or in development include the Frail Elderly Project, Palliative care (LEAP) CPD for family physicians, Advanced Access Scheduling, Family Practice Pharmacist Evaluation and, After Hours Care.

Primary Health Care Reform

A side table of the NLMA’s negotiations has been focusing exclusively on Primary Health Care Renewal. Both sides have substantial agreement on the goals and principles of primary care reform. The next step is seeking agreement on the structure, processes and funding proposals. NLMA has also been working with government to improve the delivery of primary care outside of negotiations. NLMA and Department of Health and Community Services (DHCS) have collaborated in joint research conducted by the Primary Healthcare Research Unit and Memorial University to learn about innovation in primary care. Funding has also been made available through the Clinical Stabilization Fund to support primary care reforms (as noted above). The NLMA has also partnered with the College of Family Physicians of Canada, the Association of Registered Nurses of Newfoundland and Labrador, and the Pharmacy Association of Newfoundland and Labrador in advocating for change to the primary health care system. The Association is also represented on the Ministerial Primary Health Care Advisory Committee.

Premier’s Health Care Summit

The Premier’s Summit on Health Care was held on January 14, 2015. The government invited more than 250 people to attend the summit from various health professions, advocacy groups, regional health authorities, and a group of interested citizens. The audience included at least 20 physicians from various parts of the province. The NLMA was represented at the Summit by the NLMA President, the Executive Director and the Associate Executive Director. The government’s stated purpose in holding the consultation was to seek ideas and solutions that government it could put into action regarding changes



to primary health care in the province. The NLMA was very pleased with this focus given that it had been consistently advocating for reforms in the primary health care system. The NLMA's assessment of the summit is that government appears to be genuinely committed to a reform process but it is still unclear what shape the reforms will take. The NLMA is represented on the Primary Health Care Advisory Committee, which has been charged with reviewing the ideas raised at the summit and recommending a framework for primary health care renewal in the province.

Provincial Budget Consultation

In March, the NLMA participated in the provincial government's pre-budget consultation process, and coordinated its messages with the Association of Registered Nurses of Newfoundland and Labrador, the Pharmacy Association of Newfoundland and Labrador and the Newfoundland and Labrador Chapter of the College of Family Physicians. The coordinated messages focused on achieving long-term cost avoidance benefits and quality improvements through primary health care renewal. The groups encouraged the government to maintain a commitment to the reform process despite the province's challenging fiscal times.

EMR

In October, the Provincial Government issued a request for proposals to develop a provincial electronic medical record (EMR) system, in partnership with NLMA and the Newfoundland and Labrador Centre for Health Information. The RFP sought to procure software for a single EMR vendor, as well as equipment and professional services necessary to create and implement an EMR system for family physicians. Physicians were involved in the design of the RFP to ensure the EMR vendor meets the needs of both physicians and patients. The RFP closed in December and in April the EMR selection committee narrowed down the proponent group to a shortlist for purposes of product testing. Shortly thereafter a recommendation was made to the government for a final decision. The initial phase of the project will target uptake of up to 300 community-based family physicians. It is hoped that funding will eventually be made available to expand that group to promote even wider adoption. It is the NLMA's position that a functional and widely-adopted EMR is the critical infrastructure on which to achieve primary health care reform. Parallel to this process, the NLMA is involved in negotiating a Memorandum of Understanding with the provincial government on the governance and financing of EMR. Progress has been made towards finalization of this MOU. Any physician in Newfoundland and Labrador who chooses to implement EMR in their practice will do so voluntarily.

Physician Health

The provincial government permanently allocated \$150,000 annually from the Physician Services Budget to support the NLMA Physician Care Network, which oversees the NLMA's physician health programs like *inConfidence*, *MDlink* and *Safe Harbour*. The funding has also supported the hiring of a Medical Director for the program as a .2 FTE. NLMA is happy to report that the Physician Health Advisory Committee recently hired St. John's family physician Dr. Susan King as the Network's Medical Director. Dr. King will oversee the programs, develop policies and provide treatment plans for members in need of assistance. New policies governing the Physician Care Network have recently been developed, including an overarching Privacy, Confidentiality and Disclosure of Personal Health Information Policy. All policies were reviewed by a privacy expert to ensure they are in line with the province's privacy legislation. NLMA is also looking at expanding its programs to include things like crucial conversations workshops and a partnership with the College of Physicians and Surgeons to deliver programs designed to provide interventions and referrals for physicians who need assistance in returning to their optimal health. Physician health expert Dr. Derek Puddester provided the NLMA with an evaluation report on the *Safe Harbour* Physician Wellness Retreat. Feedback from attendees was overwhelming positive. Their input was used to produce recommendations for the 2015 *Safe Harbour* retreat that will take place from June 12-14. NLMA has also established a partnership with TD Meloche Monnex, which has established an annual \$3,000 educational grant for physicians, as well as a \$3,000 scholarship for medical students who have an interest in physician health. In the year ahead, NLMA will launch a series of short video vignettes targeting key membership cohorts to promote NLMA's physician health programs.



NLMA Polling

Each year, the NLMA conducts a public polling program with Corporate Research Associates (CRA) to develop a reputation index for physicians. The most recent public polling results from 2014 found that the reputation index is stable at 76.5%, compared to 77% in 2013. Polling also found that 81% of the people of the province reported a positive opinion of doctors in 2014, comparable to 80% in 2013.

Bike Helmets

On April 1, 2015, a new amendment to the provincial Highway Traffic Act came into effect requiring all bicyclists in Newfoundland and Labrador to wear a bicycle helmet when cycling on the province's roadways. The NLMA had lobbied for provincial helmet legislation for all wheeled activities since 2005, given that the province has one of the highest rates of bicycle-related injuries and hospitalizations in the country. The Association partnered with government in making the formal public announcement of the new legislation. In support of the new legislation, the NLMA launched a provincial bicycle safety poster contest for all grade 4 students in the province. *Keep Your Lid On... It's The Law!* invited grade 4 students to express their ideas on bicycle safety and the advantages of wearing a bicycle helmet by designing a poster promoting helmet usage. The prize for the winning poster was a bicycle, a bicycle helmet and printing of the poster for display in all elementary schools across the province. The prize for second and third place posters was a bicycle helmet. NLMA will continue to lobby for legislation that requires users of all wheeled sports to wear a helmet.

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

Robert Thompson
Executive Director

A handwritten signature in blue ink that reads "Wendy Graham".

Wendy Graham, MD, CCFP
President



REPORT OF THE NOMINATING COMMITTEE

April 18, 2015

Mandate

The Committee's mandate derives from the By-laws. As currently stated in Section 15.2.3 Nominating Committee:

15.2.3 Nominating Committee

- 15.2.3.1 Not less than three (3) months prior to the date of the Annual General Meeting, the Board shall appoint a Nominating Committee consisting of four (4) members of the Association who are not members of the Board and a Past President who shall be chairperson, and who shall together constitute the Nominating Committee for the purpose of nominating Officers and members-at-large of the Board. The Nominating Committee shall submit a report of its nominees to the Board at least two (2) months prior to the date of the Annual General Meeting and the Board shall forthwith forward the report of the Nominating Committee to the members of the Association.

2015 Nominating Committee

Dr. Tony Gabriel, Chair
Dr. Cynthia Slade (Eastern)
Dr. Lynette Powell (Central)
Dr. Tracey Wentzell (Western)
Dr. Ravi Vatturi (Labrador-Grenfell)

Vacancies

Three members of the Board complete their terms as of June 6, 2015. Departing board members include one at-large rural and one at-large urban representative. Nominees for President-elect were also sought.

Nominations Received

Two nominations were received for the rural at-large seat and two nominations were received for President-elect, triggering an election, using online voting during the period March 25-April 17.

There were no nominations for the urban at-large seat. As a result, the Nominating Committee recruited a member to the position.

The 2015 Nominating Committee presents the appended report for the information of the Board.

Respectfully submitted by:

Dr. Tony Gabriel, Nominating Committee Chair
April 18, 2015

A full report to the members was issued at the conclusion of the on-line voting on April 21, 2015.



REPORT OF THE NOMINATING COMMITTEE

Dr. Tony Gabriel, 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 2015-2016.

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

Board Members

Remaining	Dr. Sonny Collis, FFS FM	St. John's
	Dr. Lynn Dwyer, FFS FM	St. John's
	Dr. Gabe Woollam, Sal FM	Labrador
	Dr. Richard Lush, FFS Spec*	Central
Newly Elected	Dr. Amer Qureshi, Sal Spec	Western
	Dr. Paul Moorehead, Sal Spec	St. John's

¹ Salaried

² Fee for Service

*Elected in March 2015 By-Election



APPENDICES TO THE NLMA ANNUAL REPORT

Appendix 1 — Financial Statements

Available to members upon request.

AMM



Appendix 2 — 2015 Budget

Available to members upon request.

AMM



NLMA BOARD OF DIRECTORS, STAFF, CMA REPRESENTATIVES

NLMA Board of Directors

Officers

President - Dr. Wendy Graham

President-Elect - Dr. Jonathan Greenland

Past-President - Dr. Yordan Karaivanov

Directors At-Large

Dr. Ernest (Sonny) Collis

Dr. Christopher Cox

Dr. Lynn Dwyer

Dr. Richard Lush (completed Dr. Jared Butler's term as of March 17)

Dr. Shoaib Sheikh

Dr. Gabe Woollam

Non-Voting

Board Chair - Dr. Patrick O'Shea

Resident - Dr. Ashley Miller

Medical Student – Mr. Michael Curran

NLMA Staff

Mr. Robert Thompson

Ms. Lynn Barter

Mr. J. David Mitchell

Ms. Suzan Izquierdo

Ms. Donna Osmond

Mr. Jonathan Carpenter

Ms. Dawn Mason

Mr. Scott Brown

Mr. Laura Samson

Ms. Tamie White

Executive Director

Associate Executive Director

Director, Administration & Membership

Membership Administrator

Administrative Assistant

Director, Communications & Public Affairs

Communications Coordinator

Director, Health Policy & Economics

Policy & Research Analyst

Senior Compensation & Benefits Analyst

NLMA Representatives to CMA Committees/Forums

Dr. Brendan Lewis

Board of Directors

Dr. Elizabeth Callahan/
Dr. Yordan Karaivanov

Committee on Education & Professional
Development (Atlantic representative)

Dr. Christopher Cox

Committee on Health Policy & Economics

Dr. Tony Gabriel

Committee on Nominations

Dr. Susan King

Committee on Appointments & Review

Dr. Patrick O'Shea

GP Forum



NLMA COMMITTEES

2014-2015 Standing Committees, Board & General Membership

Governance & Policy

Dr. Wendy Graham, Chair
Dr. Jonathan Greenland
Dr. Yordan Karaivanov

Secretariat: Robert Thompson, Lynn Barter

Finance & Administration

Dr. Christopher Cox, Chair
Dr. Tony Gabriel
Dr. Ernest (Sonny) Collis
Dr. Lynn Dwyer

Secretariat: Robert Thompson, J. David Mitchell

External Relations

Dr. Gabriel Woollam, Board Liaison
Dr. Jared Butler
Dr. Shoaib Sheikh

Secretariat: Jonathan Carpenter, Dawn Mason

Negotiations

Dr. Wendy Graham, Chair
Dr. Christopher Cox
Dr. Jonathan Greenland
Dr. Yordan Karaivanov
Subject experts as required

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



2014-2015 SUB-COMMITTEES, AD HOC COMMITTEES AND ADVISORY COUNCILS, BOARD & GENERAL MEMBERSHIP

Physician Wellness Advisory Council

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

Secretariat: Lynn Barter

Rural Advisory Council

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

Secretariat: Lynn Barter

IMG Advisory Council

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

Secretariat: Lynn Barter

Physician Services Liaison Committee (PSLC)

Dr. Wendy Graham
Dr. Jonathan Greenland
Dr. Yordan Karaivanov

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

CPSNL-NLMA Joint Committee

Dr. Wendy Graham
Dr. Jonathan Greenland

Secretariat: Robert Thompson

2015 Nominating Committee

Dr. Tony Gabriel, Chair
Dr. Cynthia Slade (Eastern)
Dr. Lynette Powell (Central)
Dr. Tracey Wentzell (Western)
Dr. Ravi Vatturi (Labrador-Grenfell)

Secretariat: Lynn Barter



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 and bursaries to medical students at Memorial University's Faculty of Medicine. Below is a list of the donors who contributed since the last Annual Report.

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Dr. Esmael Mohamed Harron Sebbi
Dr. Christine Snelgrove
Dr. Kultar Singh Sohi

(continued next page)



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Dr. Eileen Mary St. Croix
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Dr. Asem Suliman
Dr. Thomas J. Sullivan
Dr. Christina Gordon Templeton
Dr. David Michael Thomas

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Dr. Ethelbert Thomas Chudi Ugwoke
Dr. Carel Arnold Vermooten
Dr. Keith Anthony Vokey
Dr. James Hayes Whelan
Dr. Lucinda Anne Whitman
Dr. Dejun Xu

Canadian Medical Foundation
OMA Insurance
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.

A stylized, handwritten signature or logo in grey ink, consisting of several overlapping, curved strokes that resemble the letters 'AAM'.

NOTES

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Design Dawn Mason

Printing Print Three



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