



**NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION**

Annual Report

2016

**Memorial University - Health Sciences Centre
St. John's
June 4**

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. Jabez Macpherson Norman	Bonavista, NL	April 30, 2015
Dr. Ramon Jauregui	Etobicoke, ON	May 5, 2015
Dr. Alok Sood	Abbotsford, BC	May 9, 2015
Dr. Alvin Robert Mercer	St. John's, NL	July 7, 2015
Dr. Douglas C. Simms	St. John's, NL	August 5, 2015
Dr. Edward Leo Sharpe	St. John's, NL	September 19, 2015
Dr. Albert Reginald Cox	Cobble Hill, BC	October 14, 2015
Dr. Thomas Munden Cummings	Westborough, MA	December 3, 2015
Dr. Richard Cyril Condon	Calgary, AB	January 22, 2016
Dr. Melvin Leon Webster Parsons	Glovertown South, NL	February 13, 2016
Dr. Azad Singh Guron	Stephenville, NL	March 6, 2016
Dr. Catherine Christine Ryan	Toronto, ON	March 25, 2016
Dr. William David Parsons	St. John's, NL	April 12, 2016

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



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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 90TH ANNUAL GENERAL MEETING

SHERATON HOTEL, ST. JOHN'S
JUNE 6, 2015, 2 P.M.

1. Official Opening

Newfoundland and Labrador Representative to the CMA Board and Honorary Treasurer Dr. Brendan Lewis officially opened the 90th AGM at 2:00 pm on Saturday, June 6, 2015.

2. Call to Order

The speaker, Dr. Pat O'Shea, called the meeting to order. Dr. Ashley Miller provided a physician wellness moment to start the meeting. Dr. O'Shea introduced Honored Guest Dr. David Cram, President of Doctors Manitoba. He then advised delegates that the Resolutions Committee would accept resolutions from the floor until 3:30 pm.

3. Approval of Resolutions Committee

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

4. AGM Agenda

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

5. Minutes of the 2014 AGM

It was moved by Dr. Lynn Dwyer, seconded by Dr. Jackie Elliott, that the minutes of the 2014 AGM be approved as circulated. **Passed**

6. Actions on Resolutions Arising from the 2014 AGM

It was moved by Dr. Susan King, seconded by Dr. Gerard Farrell, that actions arising from the 2014 AGM be received for information. **Passed**

7. Presidential Address – Dr. Wendy Graham

Dr. Graham began by expressing her gratitude for the opportunity to have served as the NLMA's 89th President. Dr. Graham noted that during her term the Association completed the on-call data collection exercise to measure the intensity of interactions for all call rotas. Over 95% of all rotas participated in the exercise and about two-thirds of all call-days were captured. She also noted that the Association hired Dr. Susan King as the new Medical Director of the NLMA Physician Health Network to oversee programs, develop policies and provide treatment plans for members in need of assistance. Work was initiated to expand NLMA's programs to include things like crucial conversations workshops and a partnership with the College of Physicians and Surgeons to deliver interventions and referrals. Dr. Graham explained that her year was predominantly shaped by the Association's efforts to reach a new Memorandum of Agreement with the provincial government, which included developing and presenting negotiations proposals. She advised that the development of negotiating proposals on key issues involved an extensive consultation with members. Dr. Graham also reported that NLMA was involved in the planning of the provincial EMR program and physicians contributed to the vendor selection and the design of the specifications to ensure the EMR meets the needs of both physicians and patients. Dr. Graham reported that the NLMA also presented at this year's pre-budget consultations to promote innovative strategies that promote primary health care reform in the province. Dr. Graham welcomed incoming President Dr. Jonathan Greenland and expressed her commitment to continuing to work with the Association in her capacity as Past-President.



8. Stewardship Report – Mr. Robert Thompson

Mr. Thompson advised delegates that the Stewardship Report could be found on pages 9-12 of the Annual Report. He then provided delegates with an overview of the status of NLMA operations. He reported that throughout the past year, the Association has remained a healthy, financially stable organization, with no significant risks to its operational performance. Over the past year, the NLMA worked extensively on negotiating a new MOA, negotiating a new electronic medical record framework, strengthening the new physician health program, completing the new on-call compensation framework, and advancing the cause of primary health care renewal. Mr. Thompson then provided an analysis of the Strategic Plan theme on “Meaningful Physician Leadership in Health Care Planning, Service Delivery and Policy Development.” He reported that according to member feedback from across the province, the physician voice in health planning and policy has been diluted over a period of years. There is a prevailing view that as regional health authorities have become larger and more complex, and the more that control has been centralized in the Department of Health, the narrower the influence that physicians have had on key decisions. The NLMA has taken on the challenge of improving mechanisms for physicians to have a meaningful voice inside the health system. This includes advocating for improved contract governance within the MOA, such as dispute resolution mechanisms and a governance structure that brings together senior government leaders and NLMA to discuss strategic directions and policy matters. The Association is also calling for joint governance structures with respect to the provincial EMR program and the primary care renewal initiative, which includes the creation of regional family practice networks and a mandate for the RHAs to collaborate with these networks. In the coming year, he advised that NLMA will focus its efforts on finalizing negotiations and restructuring the role of physicians in the areas of health planning and policy.

9. Treasurer’s Report – Dr. Chris Cox

Finance and Administration Committee Chair Dr. Chris Cox presented delegates with the audited financial statements for the fiscal year ending December 31, 2014. 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 \$2.5 million dollars, an increase of about \$100,000 from the previous year due entirely to investment performance. He noted that the Associations’ investment strategy continues to protect this investment while offering returns at or better than industry benchmarks. This strategy is reviewed by the Finance & Administration Committee and approved by the Board annually. Notable variances on the revenue side occurred under Membership Fees. Because the NLMA followed a very conservative approach to forecasting member growth in 2014, actual membership revenue was \$192,000 above forecasted. On the expense side, material variances occurred under Honoraria, driven by a new governance structure and claim policies, and Legal and Consulting, driven by 2013 billings received in 2014. Other variances were the result of account reclassification, and negotiations-related expenses budgeted for, but not required in the fiscal year. About, \$2.75 million dollars was also received from the provincial government under the Clinical Stabilization Fund. Almost a million dollars has been invested in projects to address a wide range of health system issues, including, on-call, performance improvement, physician health, primary care, and recruitment. Dr. Cox concluded by advising members that the Annual Report contained the 2015 Budget, which was approved by the Board of Directors earlier in the fall. It was a balanced budget with no projected surplus or deficit at year end.

10. Appointment of Auditors

It was moved by Dr. Chris Cox, seconded by Dr. Lynn Dwyer, that the auditing firm Deloitte be appointed as NLMA auditors for the fiscal year 2015.

Passed

11. By-Law Amendments

Dr. Wendy Graham presented delegates with a motion to accept amendments to chapters 14 and 15 of the NLMA By-Laws, as previously circulated to members on April 30, along with the opportunity to submit proxies. Dr. Graham explained that the proposed amendments were drafted to clarify wording of the by-laws governing the replacement of a Board member unable to complete their term and to fine-tune the annual Board of Directors election timeline. For Chapter 14 on Board Vacancy, the Board felt it



would be clearer to say that the Board may appoint someone to fill a vacancy if there is six months or less in their term, rather than six months or less in advance of the AGM. The second proposed amendment related to the Nominating Committee in Chapter 15. The previous by-laws stated that the Nominating Committee shall submit a report of its “nominees” to the Board at least two (2) months prior to the AGM. Given that delegates no longer “elect” board members at the AGM, rather they are “presented” at the AGM following the spring election, it was felt that 30 days in advance of the AGM would suffice rather than two months. This would allow NLMA to extend the period prior to the vote, rather than “rushing” the nomination and campaign period. It was moved by Dr. Wendy Graham, 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 are hereby revised and amended. **Passed**

12. MD Physician Services Presentation

This session was conducted by Ms. Allison Seymour, Vice-President, Partners & Alliances, MD Financial Management. Ms. Seymour reported that MDPS currently has more than \$40 billion entrusted to MDPS to manage. In addition to mutual fund and investment options, Ms. Seymour provided delegates with an overview of the MD Expert Office, a team-based approach to financial advice and planning, as well as Doctors Funding Doctors, an investment fund that students and residents can borrow from to fund their medical education at a low interest rate.

13 OMA Insurance Presentation

Mr. Bruce Palmer, Managing Director at OMA Insurance provided an update on insurance plans. Mr. Palmer advised that 974 physicians and their families in Newfoundland and Labrador 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 refunds paid in 2014 was more than \$37 million. More than \$47 million was paid to claimants at the end of the previous fiscal year.

14. Nominating Committee Report

Dr. Tony Gabriel, Chair of the Nominating Committee, presented the committee’s report. He explained that nominations were sought in March to fill two Director At-Large positions — one rural and one urban — on the NLMA Board of Directors. Nominations were also sought for the position of President-Elect. This triggered an election, using online voting. A full report to the membership was issued at the conclusion of online voting on April 17. Dr. Gabriel then presented the following slate of elected officers and board members for 2015-2016.

Executive:

President	Dr. Jonathan Greenland
Immediate Past-President	Dr. Wendy Graham
President-Elect	Dr. Christopher Cox

New Directors At-Large:

Dr. Paul Moorehead, urban
Dr Amer Qureshi, rural

Remaining Directors At-Large:

Dr Sonny Collis, urban
Dr. Lynn Dwyer, urban
Dr. Richard Lush, rural
Dr. Gabriel Woollam, rural



15. Resolutions

Resolution # 1

Moved By: Dr. Paul Bonisteel

Seconded By: Dr. Mary Watson

That, the NLMA find and further a mechanism to enhance intra-professional collaboration among family physicians and specialists.

Passed

Resolution # 2

Moved By: Dr. Elizabeth Callahan

Seconded By: Dr. Mary Watson

That, the NLMA work with the appropriate departments of the Government of Newfoundland and Labrador to explore mandatory driver's testing for persons over 80 years of age in Newfoundland and Labrador.

Passed

Resolution # 3

Moved By: Dr. Elizabeth Callahan

Seconded By: Dr. Mary Watson

That, the NLMA work with the Government of Newfoundland and Labrador to have driver's testing for seniors greater than 80 be occupational therapy based (as it is currently at the Miller Centre in St. John's) and that it be available throughout the province at no cost to the senior.

Passed

16. Adjournment

It was moved by Dr. Gerard Farrell, seconded by Dr. Chris Kovacs, to officially adjourn the meeting at 4:18 p.m.

Passed



ACTIONS ARISING OUT OF THE 2015 ANNUAL GENERAL MEETING

Action on Resolutions

Resolution # 1

That, the NLMA find and further a mechanism to enhance intra-professional collaboration among family physicians and specialists.

In fall 2015, NLMA began a series of CPD workshops for members on topics related to medical professionalism (e.g. Disruptive Behaviour and Crucial Conversations). Also, NLMA has sponsored, via CSF, a pilot project to bring e-Consult to Newfoundland and Labrador, with an aim to improve professional relations between family physicians and specialists. In Ontario, the Champlain BASE eConsult service has demonstrated excellent potential as a tool to help address the waitlist problem by minimizing unnecessary referrals, and ensuring a more effective referral when it is deemed necessary. This secure web-based service enables family doctors to submit a clinical question to a specialist who replies within seven days. By providing advice directly to the provider, a referral may be avoided or at least enhanced while the patient remains on the specialists' waitlist. In 40% of all cases in Ontario, a face-to-face referral which was originally considered, was no longer necessary as a result of the service. The CSF proposal is to replicate the program in Newfoundland and Labrador. The program could reduce wait lists, achieve savings and fundamentally improve relations between GPs and specialists by eliminating referral issues between both groups.*

Resolution # 2

That, the NLMA work with the appropriate departments of the government of Newfoundland and Labrador to explore mandatory driver's testing for person over 80 years of age in Newfoundland and Labrador.

See Resolution # 3, below.

Resolution # 3

That, the NLMA work with the government of Newfoundland and Labrador to have driver's testing for seniors greater than 80 be occupational therapy based (as it is currently at the Miller Centre in St. John's) and that it be available throughout the province at no cost to the senior.

Before accepting the resolutions, the Board directed NLMA staff to prepare an environmental scan of drivers' testing requirements in other provinces, as well as available assessment tools. The Board also asked staff to consult with occupational therapist Michelle Osmond at the Miller Centre and Dr. Roy Lilly, medical consultant for the Department of Motor Vehicles and Registration. These consultations and the report prepared by staff were used to inform the Board's final decision. Regarding Resolution #2, the Board considered that the province has a program in place that requires drivers aged 75 and older to submit a medical report, which a medical practitioner employed by the Department of Motor Vehicles and Registration uses to determine if further assessment is required. If further assessment is required the driver may be required to complete either the on-road driver's test or the occupational therapy based functional assessment or both, depending on the individual. Family physicians can also refer patients to the program at any time for a functional assessment if they feel it is appropriate. The Board also considered that the Canadian Medical Association's Driver's Guide and the Canadian Council of Motor Transport Administrators' Medical Standards for Drivers Guide both assert that



determining fitness to drive through driver's testing should be based on a driver's functional ability and not age alone. Regarding Resolution # 3, the Board considered that not all drivers over the age of 80 require occupational therapy-based assessment. In some cases, an in-car driving test will suffice. This is left to the determination of the medical consultant and Service NL. The Board also considered that with only one occupational therapist in the province who is certified to administer the occupational-based driver's assessment, there is insufficient capacity to deliver this program to all residents over 80. It is believed that requiring all persons in the province over the age of 80 to receive this assessment would create a bottleneck and increase wait times to access the program. For these reasons, the Board voted to overrule Resolutions 2 and 3. On a related note, concern was expressed at the AGM about Motor Registration's Medical Examination Report Concerning a Person's Ability to Drive and the requirement for physicians to indicate on the form whether they believe the driver "is fit" or "is not fit to safely operate a motor vehicle." Upon further investigation, NLMA learned that this question has been removed from the Medical Examination Report since 2012; however, some physicians continued to receive the old form in the mail and from patients presenting with it. NLMA then contacted the Department of Motor Vehicles and Registration to advise them that some physicians continue to receive the outdated form.



NLMA STEWARDSHIP REPORT

President's Tour

The NLMA President and Executive Director met with members throughout the province during the President's Tour in September, which was well-attended and well-received. The focus of the Tour was on the tentative agreement with the provincial government which was presented to members prior to the ratification vote held in mid-October. In addition to the President's Tour, the NLMA Board continued to hold regular rotating member town halls throughout the year with meetings held in Corner Brook, Grand Falls-Windsor and Clarendville.

Strategic Plan Update

While the strategic plan is supposed to guide NLMA through 2013 to 2018, a significant number of priorities have now been attained. The priority on maintaining competitiveness has been addressed through the negotiation of a new MOA. The priority on improving the PSLC has also been achieved given that the PSLC has now been established as the official oversight committee of the MOA. The priorities involving the establishment of programs for EMR and primary health care reform have also been achieved. The priority related to professionalism was advanced through a select number of professional development opportunities (some of which will be delivered in 2016). Human resource planning and engagement with RHAs did not receive adequate attention during 2015, though seeds have been sown for progress in the coming years. Given that the strategic plan no longer provides comprehensive forward guidance and the fact that the environment has changed, the Board initiated a process to review the plan, with the goal of putting forward a new plan for 2016-2019. The process included an environmental scan, an assessment of internal strengths and weaknesses, interviews with all board members and senior staff, a membership survey, and a board planning day in conjunction with the February Board Meeting. After an extensive planning process, the Board identified four strategic priorities to form the basis of the new strategic plan. These strategic priorities focus on system sustainability, health promotion, physician leadership and professional practice, and physician resources. The NLMA believes the focus on these four priorities will allow the members of the Association to contribute meaningfully to the transformation of our health care system and support the continued well-being and health of individual patients, families, and communities.

Negotiations Update

In October, 94% of voters in the NLMA ratification vote accepted the proposed agreement with the Provincial Government, which addressed our need to maintain competitiveness and supported our vision for a better primary health care system. The new agreement adds a 4.6% increase to the Physician Services Budget. Highlights of the agreement included \$15.4 million for compensation increases to be distributed according to an equal dollar amount per full-time equivalent physician; \$4.5 million to support primary health care renewal initiatives; a mutually agreed terms of reference for the future use of binding arbitration; and, a commitment to fund a parental leave benefits program through a permanent allocation from the Clinical Stabilization Fund. The Agreement now has an oversight committee known as the Physician Services Liaison Committee (PSLC) to ensure that commitments made in the Agreement are acted upon. The PSLC will have equal appointees by government and the NLMA, and its decisions are made by consensus. Our next step is finalizing the legal text of our *Memorandum of Agreement*. The NLMA submitted its first draft to the Department in October 2015. The Department sent back a substantially edited text on January 5, 2016. NLMA responded with further edits on January 27, 2016.



Arbitration

The remaining final step in finalizing the rules of arbitration is to seek an amendment to the College of Physicians and Surgeons' by-laws. The amendment would make a work stoppage a disciplinary matter should the work stoppage, or threat of the same, have the intention of exerting economic pressure on government or NLMA for a change in the benefits under the MOA. The NLMA has made a proposal to the College that is currently under consideration.

Micro-allocations

With regard to the fee-for-service fee code allocation process, internal work with our member specialty representatives is proceeding well. The first set of meetings with specialty representatives began on March 15, 2016 to develop allocation proposals. Meetings with government are ongoing and it is NLMA's goal to conclude this process in the coming months so that the new MCP payment schedule can be implemented on October 1, 2016.

On-Call Review

In April, the NLMA announced that the on-call rate review process was completed and that a new rate structure had been established for inclusion as an appendix to the *Memorandum of Agreement*. The final assignment of disciplines to the four-tiered rate structure treats all physicians in the same discipline, wherever they are located in the province, on the same tier. The key benefit of using this approach is that it will ensure doctors in the same specialty will receive the same on-call payment levels wherever they practice in the province. Regardless of tier assignment, all groups going forward will be receiving more than the \$174 per on-call shift that had been previously available. This result also provides a solid foundation for future development. The final tier assignments can be found on the NLMA website at www.nlma.nl.ca/Physicians/Practice/.

Clinical Stabilization Fund

Approximately \$3 million was allocated to the Clinical Stabilization Fund (CSF) under the 2009-2013 MOA. The CSF has since proven to be of great value in many joint initiatives between the NLMA and Department of Health and Community Services. For example, one of the recent projects to receive funding is the testing of an eConsult service. This secure web-based service enables family doctors to submit a clinical question to a specialist who replies within seven days (average 2 days). By providing advice directly to the provider, a referral may be avoided or at least enhanced while the patient remains on the specialists' waitlist. It is anticipated that the eConsult system will reduce specialist wait times in the participating specialties, and lessen the burden on remote and rural patients travelling for non-urgent referrals. Other projects that have been funded by CSF include the Youth Mental Health Collaborative; Improving After-hours Care; Advance Clinical Access; Integrated Fracture Clinic; Women's Access Clinic; Family Physician Environmental Scan; Group Appointments for Diabetic Patients; Patterns of Avoidable Utilization and Interventions to Address Them; Inpatient Models of Care; and, performance improvement programs in select specialties (e.g. mental health and palliative care).

Primary Health Care Renewal

The new primary health care program with an annual allocation of \$4.5 million, is administered by a joint governance committee known as the Family Practice Renewal Committee (FPRC). The FPRC has equal appointees from NLMA and the Department of Health and Community Services (DHCS) and it makes decisions by consensus. It has a mandate to design new programs and initiatives for spending the allocated funding and thus will become an influential body in the future evolution of the physician role in primary health care in this province. This program will also establish new regional Family Practice



Networks (FPNs) that will be physician-governed non-profit corporations. One of the most important functions of the FPNs will be to participate on Collaborative Services Committees with senior managers in the RHAs to identify and solve problems facing family medicine in each region. The decisions of these committees will also be made by consensus, thereby giving real influence to family physicians at the regional level. FPRC meetings are now occurring on a regular basis. The NLMA appointees to the FPRC are Drs. Wendy Graham, Steve Major and Annette McCarthy. A new Program Director, Ms. Glenda Nash, was hired on March 21. Ms. Nash is now engaged in early planning work to establish the new office located on Major's Path in St. John's and to delineate the program offering.

EMR

On October 30, the NLMA signed a *Memorandum of Understanding* with the Department of Health and Community Services and the Newfoundland and Labrador Centre for Health Information (NLCHI) on the governance and cost-sharing of a provincial electronic medical record (EMR) program for physicians. Also on October 30, NLCHI awarded a vendor contract to TELUS Health Provider Solutions to deliver the provincial program with its Med Access EMR product. Physicians representing the NLMA were involved in the search, evaluation and selection of the EMR vendor. The first phase of the project will allow adoption by up to 300 users and will initially target community-based fee-for-service family physicians. Participation will be voluntary. Government will finance the capital costs for the provincial EMR system and is committed to the ongoing investment of 70 per cent of annual program operating fees. Physicians who voluntarily participate will pay the remaining 30 per cent of annual operating fees. The monthly fee for the Med Access EMR program will be highly competitive with other EMR systems, but with the added benefits of robust integration with the provincial electronic health record (EHR), and comprehensive support for physicians' practices. When fully integrated with the provincial EHR, the new EMR program will allow community-based physicians to access information from the Provider Registry, the Client Registry, laboratory results, medical imaging, patient encounters (ADT), and community medication profiles available from the Pharmacy Network. Each element will take time to integrate due to the required programming. An EMR Program Director and staff have now been hired and are located at the NLCHI building on O'Leary Avenue in St. John's. They report directly to the joint EMR Management Committee composed of representatives equally appointed by the NLMA and the Department of Health and Community Services. The NLMA appointees to the Management Committee are Drs. Tony Gabriel, Percy Crocker and Tim Strand. The EMR Management Committee meets monthly and provides oversight to the Program Director who continues to prepare the program for roll-out to physicians.

Consultations on Safe and Sustainable Health Care

The provincial government's budget crisis is perhaps the largest uncertainty faced by NLMA at the present time. In February, the NLMA unveiled its plan to consult with physicians and patients on building a safe and sustainable health care system for the future. The Association initiated this process in response to the provincial government's multi-year renewal initiative to find savings in the provincial budget. Input received during the NLMA's consultations was used to develop recommendations and action plans in March. The overarching theme that came from members was that cutting costs does not mean cutting the quality of care. Doctors believe that through careful planning, we can reduce the volume of unnecessary or inappropriate tests and procedures, redesign the services offered in our public facilities, and bring doctors closer to their patients through the use of technology. Although the provincial government is seeking immediate and significant cost reductions, NLMA believes that any potential reductions in health care must occur within a framework that also seeks to ensure safety and enhance quality. To develop our advice, we conducted four regional physician town halls, an online physician survey, three patient focus groups, a patient survey with 800 respondents and a provincial conference of physicians. The results of the process were synthesized into six major recommendations



for government that were presented to Ministers Cathy Bennett and John Haggie on March 21. The recommendations were released to the public through a press conference on March 24, followed by a *President's Letter* to members. Our advice was categorized into the following themes: utilization management; role delineation of health care facilities; use of technology; end of life care; system coordination; and, accountability. The purpose of this major effort was to place the NLMA in a position to lead public opinion about the necessity to create a sustainable health system without sacrificing quality of care. The effort also reinforced the professional role of physicians as guardians of the interests of patients and the province's health care system.

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 also supports a 0.2 FTE Medical Director who oversees the programs, develops policies and provides treatment plans for members in need of assistance. Over the past year, the *inConfidence* program saw increased usage. The *inConfidence* website was predominantly used by NLMA members to obtain information related to such topics as life, family, health, finance and work. The *inConfidence* EAP service is typically utilized for face-to-face counselling, telephonic counselling support, management consultation and telecounselling. (Access to the program is completely confidential and identities of users are not shared with the NLMA). On June 25, NLMA Physician Care Network launched the first in a series of videos that promote physician health and well-being. The first video in the series serves as an introduction to the campaign. It will be followed by the release of other short vignettes that explore health-related topics that are relevant to members. The videos feature real physicians and learners in the province who offer their personal perspectives on themes like career impact on health; resiliency and work-life balance; self-awareness and illness recognition; the value in having alternate perspectives; and, the importance of being both a physician's doctor and a physician-patient. To learn more about the programs of the NLMA Physician Care Network, visit the Wellness section of www.nlma.nl.ca. The NLMA's Strategic Plan 2013-2018, identified an "enduring public trust and confidence in the medical profession" as the first strategic priority. To achieve this, the plan recommends revitalizing the principles and practice of "professionalism" at all stages of medical education and professional development. In fall 2015, NLMA began a series of CPD workshops for members on topics related to medical professionalism. This series is ongoing and consists of accredited modules on social media and the digital professional, disruptive behaviour, and generational issues in contemporary medicine. Three members of the NLMA Physician Health Committee have also been trained as Crucial Conversation trainers and they are now able to deliver the program to others. The three trainers, Drs. Sue King, Sandra Luscombe and Tracey Bridger, delivered a crucial conversations workshop for Central Health in September and plan to hold open enrollment workshops for members later in the year. Fees will only be used to cover the event costs so that it is cost-neutral.

Parental Leave Allowance

On January 18, 2016, the NLMA and the Provincial Government officially launched the new NLMA Parental Leave Allowance. The allowance provides partial income replacement for physician parents regardless of their payment modality, who take temporary leave following the birth or adoption of their child. The allowance is effective as of October 1, 2015 and is provided through funding from the Clinical Stabilization Fund. Eligible fee-for-service (FFS) and alternative payment plan (APP) physician parents can apply to receive \$1,200 per week for a total of 17 consecutive weeks. FFS and APP physicians may also bill/earn up to \$1,500 per week while receiving the parental leave allowance in recognition that overhead costs for a private office may continue throughout the period of parental leave. For salaried physician parents, the allowance provides a "top up" to Employment Insurance parental leave benefits



to a combined maximum of \$1,200 per week for a total of 17 consecutive weeks. To date, more than 30 applications for the parental leave benefit have been approved. More information about the program is available at www.nlma.nl.ca/nlma/parental.

OMA Insurance Atlantic Benefits Program

On March 7, NLMA announced the creation of the new OMA Insurance Atlantic Benefits Program for practicing and retired NLMA members. The program includes Health (such as prescription medication, chiropractor, physiotherapy, vision, etc.) and Group Critical Illness, as well as the option to add Dental coverage. Members were offered a one-time, 90-day open enrolment window without medical evidence, if they applied before May 31, 2016. During consultations with our members through the President's Tour and special general meetings, it was brought to our attention that many physicians, particularly those who opted out of the public service pension plan, did not have options to continue their health benefits after retirement beyond shopping the market individually and being subject to providing medical evidence. Part of the NLMA's mandate is to provide benefits that can have a positive impact on our members' lives. Recognizing this gap in coverage, we approached our Atlantic medical association counterparts and together, we approached OMA Insurance about the need for a program for members who lost or were at risk of losing their insurance coverage. OMA Insurance agreed to offer all practicing and retired NLMA members this new bundle of insurance solutions, which combines several benefits into one affordable package and complements existing OMA Insurance products already being offered to NLMA members.

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 2015 found that the reputation index is stable at 75.7%, comparable to 76.5% in 2014. Polling also found that 80% of the people of the province reported a positive opinion of doctors in 2015, comparable to 81% in 2014. Another 92% of respondents said they feel there are too few doctors in the province. NLMA is currently in the field polling these questions for 2016. NLMA also polled patients in 2016 as part of the NLMA's Consultations on Safe and Sustainable Health Care. Most patients — 91% — said they have a family doctor, although a third of that group find it difficult to get an appointment when they need one. One of the problems for people with their family doctors is the high rate of physician turnover, especially in rural areas. Over 40% of patients have been with their family doctor for less than five years and, among this group, the average duration is two years. They say that the main reason for the high turnover is that their doctor moved out of their area. For people who do not have a family doctor, 62% use emergency departments to receive their primary care. To help alleviate the issue of access to family doctors, many patients — 91% — said they are comfortable with receiving some types of health care from other health care providers (e.g., nurses, nurse practitioners, pharmacists) who work on the same team as their family doctor. They are also generally comfortable — 71% — using telehealth as a way to have access to their doctors for some types of appointments. The two most preferred technologies are telephone and video-conferencing. Many patients also realized that travel within the province is an essential part of accessing health care. The average amount of time patients currently travel, one way, to see their family doctor is 25 minutes, and on average they would be prepared to travel 39 minutes. To have a surgery or another hospital procedure, the current average travel time is 48 minutes and patients would be prepared to travel an average of 101 minutes. Patients also recognized that, for certain reasons, a merger or centralization of health care services is supportable. While 41% of all patients supported merging or centralizing as a general concept, this support grows to 71% if it is necessary to recruit and retain doctors and other health care providers, and 74% if it is needed for safer and higher quality care. These survey results show that patients are open to change in the way that health care is delivered or located, but they want to be sure that health system improvements are the reasons for change and not just for cost-reduction purposes.



Physician Assisted-Dying

On January 15, the Supreme Court of Canada granted the federal government a four-month extension to pass physician assisted dying legislation. While NLMA has a limited role in this process, the Association continues to be an active participant on the DHCS' provincial working group on physician assisted death. NLMA has advocated that the CMA's recommendations be considered in the drafting of any provincial policies, regulations or legislation related to physician-assisted dying.

Seniors Care

In October, the NLMA partnered with the CMA and the DHCS to present a public roundtable discussion on the need for a national seniors strategy. NLMA called for a national pharmacare program; more innovative financial support programs; improved institutional and community supports; an appropriate number of long-term care beds; a greater emphasis on rehabilitation upon admission to acute care; better information sharing between hospitals and GPs; a central intake for the frail elderly that uses a multi-disciplinary approach to comprehensive geriatric assessment; better funding for home care; system navigators to serve as seniors' advocates; and, a coordinated palliative care program for the province.

NLMA Car Seat Program

Physicians in Newfoundland and Labrador have been providing safe rides home for newborns at hospitals around the province for 29 years. Again this year, the NLMA donated an infant car seat to the first baby born in 2016 in each of the province's 10 hospitals that perform routine deliveries. The intent of the NLMA's car seat program is to encourage all parents to use approved car seats for their children from the moment they leave hospital as newborns. To date, more than 330 car seats have been presented to families of newborns.

New Member Orientation Meetings

NLMA implemented a new practice of meeting with new IMG members after they meet with the College of Physicians and Surgeons of Newfoundland and Labrador, in order to provide an orientation to the NLMA and the benefits of membership. To date, staff have met with 37 new members, many of whom have identified this process as a positive experience.

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

Robert Thompson
Executive Director

A handwritten signature in blue ink that reads "Jonathan Greenland".

Jonathan Greenland, MD, FRCPC
President



REPORT OF THE NOMINATING COMMITTEE

Dr. Yordan Karaivanov, 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 please to put forward the following slate of officers and board members for 2016-2017.

Executive

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

Board Members

Remaining

Dr. Paul Moorehead, Sal Spec	Urban
Dr. Lynette Powell, FFS FM	Rural
Dr. Amer Qureshi, Sal Spec	Rural

Newly Elected

Dr. Charlene Fitzgerald, Sal FM	Rural
Dr. Jerry McGrath, FFS Spec	Urban
Dr. Christina Templeton, FFS Spec	Urban

¹ Fee for Service

² Salaried



APPENDICES TO THE NLMA ANNUAL REPORT

Appendix 1 — Financial Statements

Available to members upon request.

AMM



Appendix 2 — 2016 Budget

Available to members upon request.



NLMA BOARD OF DIRECTORS, STAFF, CMA REPRESENTATIVES

NLMA Board of Directors

Officers

President - Dr. Jonathan Greenland

President-Elect - Dr. Christopher Cox

Past-President - Dr. Wendy Graham

Directors At-Large

Dr. Ernest (Sonny) Collis

Dr. Lynn Dwyer

Dr. Paul Moorehead

Dr. Lynette Powell

Dr. Amer Qureshi

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

Ms. Tamie White

Ms. Laura Samson

Dr. Susan King

Ms. Jean Cook

Ms. Lucy McDonald

Ms. Glenda Nash

Executive Director

Associate Executive Director

Director, Administration & Membership

Membership Administrator

Administrative Assistant

Director, Communications & Public Affairs

Communications Coordinator, NLMA

/Administrative Assistant, Primary Care Renewal Program

Director, Health Policy & Economics

Senior Compensation & Benefits Analyst

Policy & Research Analyst

Medical Director, NLMA Physician Care Network

Clinical Stabilization Fund Project Manager

Senior Advisor, Health Information

Program Director, Primary Care Renewal Program

NLMA Representatives to CMA Committees/Forums

Dr. Brendan Lewis

Dr. Yordan Karaivanov

Dr. Christopher Cox

Dr. Tony Gabriel

Dr. Susan King

Dr. Patrick O'Shea

Board of Directors

Committee on Education & Professional Development (Atlantic representative)

Committee on Health Policy & Economics

Committee on Nominations

Committee on Appointments & Review

Forum on General & Family Practice Issues



NLMA COMMITTEES

2015-2016 Standing Committees

Governance

Dr. Jonathan Greenland, Chair

Dr. Wendy Graham

Dr. Christopher Cox

Secretariat: Robert Thompson, Lynn Barter

Finance & Administration

Dr. Lynn Dwyer, Chair

Dr. Ernest (Sonny) Collis

Dr. Christopher Cox

Dr. Amer Qureshi

Dr. Paul Moorehead

Secretariat: Robert Thompson, J. David Mitchell

External Relations

Dr. Gabriel Woollam, Board Liaison

Dr. Richard Lush

Dr. Shoaib Sheikh

Dr. Minnie Wasmeier

Secretariat: Jonathan Carpenter, Dawn Mason



2015-2016 AD HOC COMMITTEES AND ADVISORY COUNCILS

Physician Wellness Advisory Council

Dr. Tracey Bridger, Chair
Dr. Ernest (Sonny) Collis
Dr. Steve Darcy
Dr. Jonathan Greenland (Board liaison)
Dr. Gina Higgins
Dr. Sandra Luscombe
Dr. Susan King (Medical Director, NLMA Physician Care Network)
Dr. Bob Williams (CPSNL representative)

Secretariat: Lynn Barter

Health Information Committee

Dr. Gerard Farrell, Chair
Dr. Tony Gabriel
Dr. Aaron McKim
Dr. Peter Seviour
Dr. Susan MacDonald
Dr. Andrew Smith
Dr. Paul Moorehead

Secretariat: Lucy McDonald, Robert Thompson

Negotiations

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

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

Physician Services Liaison Committee (PSLC)

Dr. Wendy Graham
Dr. Jonathan Greenland
Dr. Christopher Cox

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

CPSNL-NLMA Joint Committee

Dr. Wendy Graham
Dr. Jonathan Greenland

Secretariat: Robert Thompson

2016 Nominating Committee

Dr. Yordan Karaivanov, Chair
Dr. Lynette Power (Eastern)
Dr. Shawn Tiller (Central)
Dr. Edwin Mercer (Western)
Dr. Devicka Roopram (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. Adolphe Albert Giovannin	Dr. Brenda Arlene Penney
Dr. Jonathan David Greenland	Dr. Angela Pickles
Dr. Bhagvanth Reddy Gunna	Dr. David Alexander Playfair

(continued next page)



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Dr. Susanne F.G. Price
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Dr. Devicka Janet Roopram
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Dr. Lucinda Anne Whitman
Dr. Dejun Xu

Canadian Medical Foundation
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 NLMA.

A handwritten signature or logo in grey ink, consisting of stylized, overlapping letters that appear to be 'AMM' or similar, positioned above a horizontal line.

NOTES

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Design Dawn Mason

Printing Print Three



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