



**NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION**

**Annual Report**

*2013*

**Sheraton Hotel Newfoundland  
St. John's  
June 8**

## **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



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## **IN MEMORIAM**

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

Dr. John Pierce Hand	St. John's, NL	June 6, 2012
Dr. Richard Douglas Fagan	St. John's, NL	June 14, 2012
Dr. Colin Michael S Calder	Burgeo, NL	June 15, 2012
Dr. Kennedy Joseph O'Brien	St. John's, NL	September 23, 2012
Dr. Liborio C Garcia	Saint-Laurent, QC	October 9, 2012
Dr. Lily Immanuel Anjilvel	Marystown, NL	January 29 2013
Dr. Marc Alexander Thorp	Corner Brook, NL	February 22, 2013
Dr. John Reginald Martin	Ottawa, ON	April 29, 2013

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 87<sup>TH</sup> ANNUAL GENERAL MEETING

LECTURE THEATRE A, MUN FACULTY OF MEDICINE

HEALTH SCIENCES CENTRE, ST. JOHN'S

JUNE 2<sup>ND</sup>, 2012, 2 P.M.

### 1. Official Opening

CMA President Dr. John Haggie officially opened the 87<sup>th</sup> AGM at 2:00 p.m. on Saturday, June 2.

### 2. Call to Order

The speaker, Dr. Lydia Hatcher, called the meeting to order and led delegates in the singing of "O Canada". She advised delegates that the resolutions committee would accept resolutions from the floor until 2:45 p.m.

### 3. AGM Agenda

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

### 4. Minutes of the 2011 AGM

It was moved by Dr. Mike Cohen, seconded by Dr. Roger Butler, that the minutes of the 2011 AGM be approved as circulated. **Passed**

### 5. Actions on Resolutions Arising from the 2011 AGM

It was moved by Dr. Susan King, seconded by Dr. Mike Cohen, that actions arising from the 2011 AGM be received for information. **Passed**

### 6. Approval of Resolutions Committee

It was moved by Dr. Sandra Luscombe, seconded by Dr. Chris Kovacs to approve the Resolutions Committee, consisting of Drs. Elizabeth Callahan (Chair), Mike Cohen and Lonzel Button. **Passed**

### 7. Appointment of Resolutions Committee as Scrutineers

It was moved by Dr. Chris Kovacs, seconded by Dr. Roger Butler, to formally approve the resolutions committee consisting of Drs. Elizabeth Callahan, Mike Cohen and Lonzel Button as scrutineers. **Passed**

### 8. Presidential Address – Dr. Sandra Luscombe

Dr. Sandra Luscombe began by expressing her gratitude for the opportunity to serve as the NLMA's 86th President. She said that although the past year was a relatively quiet one in the public arena, the Association was very busy behind the scenes. She explained that the year was shaped by the Association's continued efforts to implement the MOA and progress was made on a number of fronts. The micro-allocations process was launched, as were reviews of the on-call payment program, Category B Emergency Services and the MCP preamble. The NLMA was also in the preliminary stages of a review of the province's APP arrangements. Dr. Luscombe explained that dedicated funding was also allocated from the Clinical Stabilization Fund to back several physician-led initiatives that will have positive results for the province's health care system. She also said that following a very arduous negotiation with the former administration in 2010, she was encouraged that the tone of the NLMA's more recent engagements with government was one of cooperation and respect. As the NLMA begins preparations for the next round of formal negotiations, she urged the Association to continue to nurture a meaningful dialogue with the provincial government. However, Dr. Luscombe also noted that the NLMA is more than just a negotiation body for members and the Association intends to build a strong, more relevant, unified and engaged NLMA. She explained that many of her conversations with



physicians throughout the province during the President's Tour helped develop the NLMA's position on key governance issues. She explained the ongoing governance review and strategic planning efforts will be a major priority of the Association in the coming year. She reported that the Association launched planning sessions, online surveys, regional focus groups, workshops, interviews and research in order to build an organization that is inclusive, collaborative and accountable to physicians. She also pledged her commitment to continuing to work with the NLMA Board of Directors in her capacity as Past President.

#### **9. Stewardship Report – Mr. Robert Ritter**

NLMA Executive Director Mr. Robert Ritter advised delegates that the Stewardship Report highlights the work completed over the past year and that it could be found on pages 8 to 13 in the Annual Report. The most important initiative that was launched over the past year, which will take at least another year to complete, is the governance review and strategic planning process. The NLMA launched the governance review to guide the Association through the next decade. He explained that initial planning began in summer 2011 with the creation of the Governance Steering Committee to oversee the review and guide the strategic planning process. The committee included co-chairs Dr. Patrick O'Shea and Dr. Brendan Lewis, as well as Dr. Eric Stone, Dr. Vicky Crosbie and Mr. Ritter. Their work involved redefining the mission of the NLMA and the values that drive the organization.

Mr. Ritter explained that this will be followed by a review of the Association's current governance arrangements and mechanisms for representation, including an examination of the organizational structures, internal relationships and ways to strengthen the role of the Board of Directors. He advised that the proposed new board structure includes a shift from the current representational model to a smaller, at-large board that is policy and strategy oriented with broader functionality. This does not equate to less representation. Rather, the new structure allows for enhanced member engagement and increased participation. He then presented members with an organizational chart outlining a proposed board comprised of nine (9) voting members that include the president, vice-president, past president and six (6) at-large directors, all of whom will be elected not nominated. The new board will also include three ex-officio members, including a board chair, a resident and medical student. The current Executive Committee would be disbanded and the Board alone would make all future governance decisions. All members would be eligible to vote for the candidate(s) of their choice either through a secret mail-in or electronic ballot system. To further strengthen member engagement and ensure input from the grassroots of the Association, Mr. Ritter explained there would be more frequent provincial tours to meet face-to-face with members (3 per annum); regular province-wide meetings using tele-and video-conferencing to encourage discussion and feedback on issues of the day; and, rotating board meetings outside of St. John's.

To ensure that members in all areas of the province have opportunities to be involved with NLMA decision making, he proposed the creation of four standing committees and several councils and ad hoc committees to represent members' interests. The Governance and Policy Committee will manage strategic and operational performance, CEO performance, succession and ethics. It will be responsible for ensuring that NLMA by-laws are up to date and that policies are modernized. The Finance Committee will oversee budgeting, financial control, auditing, management of capital assets and risk management. The External Relations Committee will address such issues as compensation and working conditions; professional, facility and technological resources; patient care and advocacy; public relations and marketing; and, strategic alliances. Finally, the Membership Support Committee will work to address physician wellness; professional development and leadership; conflict resolution; technological and innovative support; and, the needs of IMGs and rural physicians.

Mr. Ritter advised that the terms of reference and composition of these committees will be flushed out as part of the NLMA's consultation with members in the coming months. He advised that he planned to tour the province over the summer and visit as many physician sites



as possible to talk about these ideas and hear from people at the frontlines. Based on those discussions, the NLMA will revise and refine the proposed governance structure and strategic plan. He said the NLMA would then conduct another tour with the President in the fall to present the revisions and refinements to be concluded by a special general meeting. Ultimately, the decision on whether or not to accept the proposed changes will rest with members through a referendum.

#### **10. Treasurer's Report – Dr. Shawn Tiller**

NLMA Honorary Treasurer Dr. Shawn Tiller presented the 2011 audited financial statements to AGM delegates for consideration and approval. The audited statements were also circulated in the Annual Report. He provided members with a snapshot of the Association's fiscal position and explained noteworthy variances. Dr. Tiller explained that a \$300 levy imposed on the 2011 membership fee, in part, allowed the NLMA to increase its reserve by half a million dollars. Despite favorable growth in the reserve in 2010, protracted negotiations that came on the heels of the extraordinary legal fees associated with the Cameron Inquiry, resulted in the reserve being \$300,000 below its target of one year's operating budget. To meet this target, which was recommended by the NLMA's auditors, the Association approved a one-time \$300 levy to membership fees in 2011. During the 2012 AGM, Dr. Tiller was pleased to report that since then, the reserve has risen to a solid financial position and now stands just above one year's operating expenses. He explained that a conservative investment strategy of less than 25% in equities will continue to protect this investment. He proceeded to explain variances in actual expenditures compared with budget forecasts, which occurred for the communications and honoraria categories, due to negotiations-related expenses budgeted for, but not required to be spent in 2011. He noted that legal fees increased in 2011 as the NLMA began to realize costs associated with the governance review. Also of significance is the increase in finance costs, driven by fees for the NLMA to accept credit card payments. The NLMA is currently investigating ways to control this cost, which is a concern shared by similar organizations.

#### **11. Approval of the Auditor's Report**

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

#### **12. Appointment of Auditors**

It was moved by Dr. Shawn Tiller, seconded by Dr. Chris Kovacs, that the auditing firm of Deloitte & Touche be re-appointed as NLMA auditors for the fiscal year 2012. **Passed**

#### **13. MD Physician Services Presentation**

This session was conducted by Ms. Joan McCarthy, one of four consultants at the St. John's office of MD Physician Services. Ms. McCarthy provided a general overview of MD Physician Services as well as key highlights over the past year. She explained that MD provides objective financial advice to 105,000 financial services clients, which represents almost three-quarters of all CMA members. She reported that as of March 31, 2011, MD had \$29.5 billion in assets under administration and more than \$170 million in net reserves. In 2011-12, MD Physicians Services was recognized as a leader in customer satisfaction with a score of 770 out of a possible 1,000 in the 2011 Canadian Full Service Investor Satisfaction Study by JD Power and Associates. This was well above the average industry score of 733. For the second consecutive year, MD also received five out of five power circle ratings from JD Power, which equates to among the best in overall satisfaction ratings for full service investment firms. Furthermore, MD Private Investment Counsel, the discretionary management arm of MD Physician Services, was ranked #1 in asset growth among the 10 largest private investment counsel firms in Canada. This growth saw MD Private Investment Counsel surpass \$10 million in assets under management, a significant milestone for a company that exclusively services physicians. Ms. McCarthy advised that as part of MD's financial service offering, the firm launched the two new portfolios, the MD Precision Balanced Income Portfolio and MD Precision Moderate Growth



Portfolio. Both portfolios offer an enhanced asset allocation strategy engineered to achieve clients' objectives over the long term. MD also took steps to improve its product performance, by launching a currency management strategy to manage currency exposure for all of its mutual funds. MD also made significant strides toward improving advice and service through more effective teaming between clients' primary MD advisors and other MD specialists, as well insurance and wealth management alliances with financial specialists in other provinces. Ms. McCarthy reported that MD also went live with its Advisory Service Team to offer a more convenient way for early career physicians, residents and medical students to do business with MD.

#### **14. OMA Insurance Presentation**

This session was conducted by Ms. Una Barnes, OMA Service Consultant. Ms. Barnes brought greetings from OMA Insurance and provided an update on insurance plans. She explained that OMA Insurance is a physician-centric organization providing comprehensive plans, competitive pricing and insurance advice to its 21,959 members, 3,825 of whom reside in Atlantic Canada. She explained that OMA programs are focused on providing a high level of service at the time members apply for coverage and when members have a claim for benefits. Ms. Barnes advised that the OMA's insurance plans operate on a not-for-profit basis and that plans have been structured in a manner that allows annual premium refunds to be paid to insured members whenever the total of all claims and expenses is less than premiums collected. She advised that group insurance plans cover life insurance; disability insurance; professional overhead expenses; health care and dental; and, accidental death and dismemberment. Individual plans are also offered through OMA's alliance with MD Physicians Services, which provides life, disability, critical illness and long-term care insurance. Ms. Barnes presented delegates with premium volumes based on plan type and their refund history, as well as claim activities reported in 2010. The total premiums collected in 2010 was \$69.6 million and programs refunded to members was a combined 58.3 per cent of the total premium. She explained that there are about 350 active claimants each year and that as of August 31, 2010, about \$16 million in benefits was paid for disability and professional overhead expense claims, with an additional \$10.3 million paid for life insurance claims.

#### **15. Nominating Committee Report**

Dr. Brendan Lewis, Chair of the Nominating Committee, presented the committee's report. Dr. Lewis explained that the deadline to nominate members of the Board and Executive closed on February 28, 2012. Unfortunately, no nominations were received for the position of President-Elect. The Nominating committee then recommended a number of potential candidates; however, none were willing to let their names stand. Following an exhaustive effort to find a willing candidate, the matter was referred the NLMA Board. The Board then approved the Nominating Committee's report and disbanded the committee. The Board then recommended Dr. Yordan Karaivanov for the position of President-Elect. Dr. Lewis said members of the committee were very appreciative that he would accept. He then asked delegates for any nominees and, seeing none, he declared the following slate of officers and board members for 2012-2013 duly elected:

##### **Executive:**

President	Dr. Tony Gabriel, FFS FM	Central
President-Elect	Dr. Yordan Karaivanov, Sal FM	Labrador-Grenfell
Honorary Treasurer	Dr. Sean Tiller, FFS FM	Central East
Honorary Secretary	Dr. Bridget Fernandez, Sal Spec	St. John's
Immediate Past-President	Dr. Sandra Luscombe, Sal Spec	St. John's



**Board Members:**

**Proposed:**

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

**16. Resolutions**

**Resolution # 1**

Moved By: Dr. Patrick O'Shea

Seconded by: Dr. Brendan Lewis

That the NLMA adopt in principle a new governance model that would include:

- A revised mission statement: To represent and support a united medical profession and provide leadership in the provision of excellent health care in Newfoundland and Labrador.
- A smaller Board of Directors comprised of nine directors.
- Directors would be "at large", not representing specialist groups or geographic regions.
- The Executive Committee would be disbanded; the whole Board would make all governance decisions.
- Four standing committees to support Board governance in the areas of: governance and policy, finance and administration, external relations, and member support.
- In addition to standing committees, ad hoc committees would be created for specific tasks or issues as required.
- Advisory councils will be established to support Board efforts in the following specific areas: physician wellness, rural issues and IMG support.
- An enhanced membership engagement process that would include more frequent provincial tours to meet face-to-face with members (3 per annum); rotating board meetings outside St. John's; more frequent special general meetings using tele- and video-conferencing technology; and, other outreach initiatives.

**Passed**

**Resolution # 2**

Moved by: Dr. Patrick O'Shea

Seconded by: Dr. Dr. Brendan Lewis

That the adoption of a new governance arrangement will be subject to a mail-in majority vote of the entire NLMA membership, to be preceded by the distribution of a comprehensive package of information to be sent to all members and a special general meeting to discuss the new model and transition plan.

**Passed**

**Resolution # 3**

Moved by: Dr. Patrick O'Shea

Seconded by: Dr. Roger Butler

That the NLMA work with the provincial government to develop and implement innovative practice models for enhanced home care services, in order to meet the anticipated needs and wishes of our aging population to stay at home rather than enter nursing homes or acute care hospitals.

**Passed**



**Resolution # 4**

Moved by: Dr. Roger Butler

Seconded by: Dr. Isabel Martins

In response to the WHO report *Dementia: A public health priority*, that the NLMA collaborate with the Alzheimer's Society of NL to advocate that the provincial government make Alzheimer's Disease and related dementias a health care priority. **Passed**

**Resolution # 5**

Moved by: Dr. Roger Butler

Seconded by: Dr. Isabel Martins

In response to the WHO report *Dementia: A public health priority*, that the NLMA collaborate with the CMA to advocate that the federal government make Alzheimer's Disease and related dementias a health care priority. **Passed**

**Resolution # 6**

Moved by: Dr. Sandra Luscombe

Seconded by: Dr. Tracey Bridger

The NLMA urges the Government of Newfoundland and Labrador to evaluate the current health resources available to adults with developmental disabilities to identify gaps in these resources, and to work with the NLMA, regional health authorities, patients and caregivers to provide timely accessible, barrier-free services to this population. **Passed**

**Resolution # 7**

Moved by: Dr. Sandra Luscombe

Seconded by: Dr. Tracey Bridger

The NLMA urges the Government of Newfoundland and Labrador to work collaboratively with the NLMA and other health care providers to ensure reasonable compensation to reflect the unique complexity and time needed to provide health care to adults with developmental disabilities. **Passed**

**Resolution # 8**

Moved by: Dr. Joe Coffey

Seconded by: Dr. Tony Gabriel

The NLMA urges the Government of Newfoundland and Labrador to ban the use of artificial tanning equipment for people under the age of 18 and increase regulation for owners and operators of artificial tanning equipment, including registration and training. **Passed**

**Resolution # 9**

Moved by: Dr. Susan King

Seconded by: Dr. Tony Gabriel

That NLMA write the Minister of Health and urge the completion and implementation of the compensation arrangement regarding the GP micro-allocation process for complex disease management. **Passed**

**17. Adjournment**

It was moved by Dr. Sandra Luscombe, seconded by Dr. Susan King, to officially adjourn the meeting at 3:40 p.m. **Passed**



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## **ACTIONS ARISING OUT OF THE 2012 ANNUAL GENERAL MEETING**

### **Action on Resolutions**

#### **Resolution #1**

That the NLMA adopt in principle a new governance model that would include:

- A revised mission statement: To represent and support a united medical profession and provide leadership in the provision of excellent health care in Newfoundland and Labrador.
- A smaller Board of Directors comprised of nine directors.
- Directors would be “at large”, not representing specialist groups or geographic regions.
- The Executive Committee would be disbanded; the whole Board would make all governance decisions.
- Four standing committees to support Board governance in the areas of: governance and policy, finance and administration, external relations, and member support.
- In addition to standing committees, ad hoc committees would be created for specific tasks or issues as required.
- Advisory councils would be established to support Board efforts in the following specific areas: physician wellness, rural issues and IMG support.
- An enhanced membership engagement process that would include more frequent provincial tours to meet face-to-face with members (3 per annum); rotating board meetings outside St. John's; more frequent special general meetings using tele- and video-conferencing technology; and, other outreach initiatives.

*The new mission statement and values were adopted by the Board of Directors and shared with the membership through the distribution of the new Strategic Plan in December 2012. The physician wellness, rural physicians and IMG advisory councils were established. Implementation of the new board structure, including rotating board meetings outside St. John's, and other member engagement strategies will commence with the new 2013-14 board.*

#### **Resolution #2**

That the adoption of a new governance arrangement will be subject to a mail-in majority vote of the entire NLMA membership, to be preceded by the distribution of a comprehensive package of information to be sent to all members and a special general meeting to discuss the new model and transition plan.

*A special general meeting and province-wide teleconference was held on March 19 to outline the new governance model. An online membership vote on the new governance model was held in late March-early April, with votes tabulated on April 11. Approximately 95% of members who voted were in favor of the new model, with almost 400 members (23%) casting their vote.*



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**Resolution #3**

That the NLMA work with the provincial government to develop and implement pilot projects for enhanced home care services, in order to meet the anticipated needs and wishes of our aging population to stay at home rather than enter nursing homes or acute care hospitals.

*Budget 2013 included \$1.6 million for the continued implementation of a pilot project for Community Rapid Response Teams, which will expand to four sites from two this year, providing enhanced health services and home support to seniors in their homes reducing the need for admissions to a hospital. In addition, one-time funding of \$650,000 has been allocated from the Clinical Stabilization Fund in fiscal 2012/13 to support projects for primary care and seniors' care.*

**Resolution #4 and #5**

In response to the WHO report "Dementia: A public health priority", that the NLMA collaborate with the Alzheimer's Society of NL to advocate that the provincial government make Alzheimer's Disease and related dementias a health care priority.

In response to the WHO report "Dementia: A public health priority", that the NLMA collaborate with the CMA to advocate that the federal government make Alzheimer's Disease and related dementias a health care priority.

*This resolution was brought to the CMA General Council and was adopted unanimously. It was subsequently endorsed by the Alzheimer's Society of Canada.*

**Resolution #6**

The NLMA urge the Government of Newfoundland and Labrador to evaluate the current health resources available and gaps to adults with developmental disabilities, and to work with patients and their caregivers to provide barrier-free, accessible services to this population.

*The NLMA was represented on an advisory committee tasked with reviewing the spectrum of services for people with autism. That process resulted in recommendations to government to improve services for patients with a range of developmental disabilities.*

**Resolution #7**

The NLMA urges the Government of Newfoundland and Labrador to ban the use of artificial tanning equipment for people under the age of 18 and increase regulation for owners and operators of artificial tanning equipment, including registration and training.

*The provincial government announced legislation to ban the use of artificial tanning equipment for people under the age of 18 in June 2012. The legislation, An Act to Regulate the Personal Services Industry, regulates the personal services industry including tattooing, body piercing establishments and indoor tanning facilities in Newfoundland and Labrador.*



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## NLMA STEWARDSHIP REPORT

### MOA Implementation

#### *Upcoming Negotiations*

The Association is now in the last year of the current agreement. A committee structure will be established in the coming months to begin negotiations planning for a new MOA. The NLMA has been trying hard to work with government in a constructive way since the last round of antagonistic negotiations. The current MOA represents a period of transition where both parties are attempting to realign and correct a number of issues. However, for various reasons there have been many delays. During the next round of negotiations, the NLMA will strive to achieve the maximum benefits in a climate of budget restraint. Issues like physician wellness, improving the call program, addressing the complex management of chronic disease, EMR implementation and funding for CME, continue to be priorities for the Association. The NLMA may also ask Treasury Board to align the MOA with government's fiscal schedule. The Department of Health has also indicated its preference to operate on the same fiscal cycle to avoid confusion and potential mistakes. The NLMA will hold more provincial meetings over the coming year to consult with and inform the membership about the negotiating climate.

#### *Micro-allocations*

The micro-allocation process is now complete. Micro-allocation is the process whereby fee-for-service sections apportion their negotiated funds to specific fee codes within the MCP Payment Schedule. Over the past year, NLMA Health Policy & Economics staff worked in conjunction with the Department of Health to determine the costs of all fee codes and address priority areas. It has been the most extensive of its kind undertaken in the last 20 years. While there were delays, the work progressed reasonably well with both the NLMA and the Department agreeing to much needed changes in many areas. All draft costings were endorsed by each FFS section in early March. In conjunction with this work, NLMA staff met with MCP to oversee editorial changes and amendments related to those costings. The new MCP Payment Schedule received Ministerial approval in May and came into full effect on June 1, 2013.

#### *Salaried Blended Payment Model*

To date, government has made no attempts toward implementing a blended salary payment model for salaried physicians. Increases applicable to all salaried physicians will continue to be paid out on a quarterly basis until a blended payment model is mutually agreed upon and implemented.

#### *Rural Fee-for-Service Retention Bonus*

Although the FFS Retention Bonus was established with good intentions, it has become a frustrating exercise. The bonus was established to recognize and provide incentives for physicians who provide services in challenging areas. The fundamental aim of the program is to strike a balance between recognizing the important contribution that rural physicians make to the province and their joint obligation with their RHA to meet the needs of the public. In order to receive the retention bonus, government expects FFS physicians in rural areas to meet specific service benchmarks as a minimum requirement. Given that challenges vary by RHA and community, the onus is on the health authorities to communicate their areas of need to government and physicians. At the time the MOA was signed, there were no terms of reference and government developed interim criteria for physicians to qualify for the bonus. The criteria continued to evolve over the span of the agreement and it has created much confusion among the membership. Years 1 and 2 have been dealt with and the criteria for Year 3 have been received. A revised policy will be applied to Year 4 effective October 1, 2012 to September 30, 2013. It is doubtful that the program will be fully operational prior to the start of the next agreement.



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### ***On Call Payment Review***

Four million dollars was added to the existing \$11 million call budget under the current MOA. This included an agreement between the NLMA and government to work together to streamline the province's call program. The purpose of this exercise was to provide some incentives for people whose frequency and intensity of call is greater than the minimum requirement. The Department of Health maintains it is committed to developing viable call rota scenarios. In February, the NLMA Board agreed to a set of principles for call rotas, which in conjunction with the consultant's report, were used to develop an On-Call Strategy and Action Plan. The action plan was presented to the Vice-Presidents – Medical of the four RHAs who were all satisfied with the general direction of the principles. The issue has also been discussed with government at the PSLC level and options are currently being explored. On April 9, the new funding that was held pending the review was paid out to physicians who provided call services for the fiscal year ending March 31.

### ***Category B Emergency Services Review***

The review of Category B Emergency Services compensation arrangements is now complete. The intent of the review was to simplify and streamline the current model of payment for off-site coverage. A new payment mechanism was put in place on January 11 to fully utilize the new funding available for Category B services. Fee-for-service physicians practicing in Category B emergency departments can now charge a \$73 sessional rate per hour for after hours services. If they experience an intense call shift, they can also bill the approved rate of \$41.18 per hour (an increase from \$31.83) plus FFS. There is also a new blended arrangement in place for salaried Category B physicians, who will also be able to bill \$73 per hour after-hours. Funding that was held in reserve up to January 11, was paid out to Category B physicians on April 23, 2013.

### ***Alternative Payment Plan (APP) Review***

The APP review is progressing and will ultimately define the obligations of the RHAs and APP physicians. The consultant for this project has met with physician and RHA representatives from APPs in the province. Work is continuing in terms of revising drafts of the service descriptions and metrics based on feedback that has been received to date. A new policy framework will be finalized in 2013, including new principles and practices. The review will ensure that all APPs have deliverables and that accountability is clear and defined for all parties signatory to the agreement.

### ***Preamble Review***

A comprehensive review of the MCP Preamble was deemed to be a priority by the membership at the 2011 AGM. Seven meetings have been held to date with the most recent meeting held on May 9. The Preamble Review Working Group (PRWG) has prioritized a list of issues to be addressed with the limited funding that will remain in the clinical stabilization fund after other priority issues have been dealt with. The detailed review of the preamble text is ongoing.

### ***Clinical Stabilization Fund***

The Clinical Stabilization Fund (CSF) was established under the MOA to address several areas of medical care delivery that warrant additional resources. The allocation of the CSF is subject to consensus between government and the NLMA. To ensure that any unallocated funds did not lapse following the end of each fiscal year of the agreement, government agreed to transfer the funds on a one-time basis to the NLMA to fund several physician-led initiatives that will have a positive impact on the province's health care system. For the fiscal year 2012-13, funds were allocated to fund a one-year pilot project to implement tele-psychiatry to enhance the province's delivery of mental health services; implement an operational workflow review to reduce wait times and improve access and efficiency in specific specialties; conduct a feasibility study for utilizing a telephone service to help with the on-call program; and, establish a fund to enable and encourage much needed activities that support the development of innovative primary care models in the province to improve access, decrease dependency on emergency departments, improve care for seniors and foster interdisciplinary and collaborative practice. Remaining CSF funds from Year 3 were held in trust with the Health Boards Association in 2012 to be managed



jointly by government and the NLMA and used to provide signing bonuses for new physicians in hard to recruit areas. However, the Health Boards Association was recently dissolved following the announcement of this year's provincial budget. The NLMA and the Department are now examining an alternate entity to maintain the funding in trust.

#### **WHSCC**

The previous WHSCC agreement expired on September 30, 2012. A new MOA was negotiated with WHSCC and approved by the WHSCC Board of Directors in December. The final document has recently been signed and retroactive payments are forthcoming.

#### **Representation & Reform**

##### ***Governance Review***

On April 11, physicians from across the province voted in favour of ratifying the new NLMA governance model. The online vote concluded with 5.3% opposed and 94.7% in favour of the new model. A total of 396 physicians participated in the vote representing 23.4% of eligible voters. The Association will now begin implementing the governance changes, which includes a reorganization of the NLMA's committee structure. The new Board of Directors moves away from the current representational model and towards a model that is policy and strategy oriented with broader functionality. Rather than represent a specific specialty, payment modality or geographic region, board members will be driven by the interests of the entire medical profession in the province. The Executive Committee will be disbanded and the Board alone will make all future governance decisions. The new board structure is comprised of nine voting members that include the president, vice-president, past president and six at-large directors. The new board also includes three ex-officio members, including a board chair, a resident and medical student. To ensure equal distribution of the six at-large board members, no more than 3 members will be elected from the St. John's metro region (St. John's, Mount Pearl, Paradise, CBS and the North East Avalon). To accommodate the transition to the smaller board no new board members, excluding the President-Elect, will be nominated at this year's AGM. The seats of nine members whose term ends in June 2013 will not be replenished. The remaining board members will stay on to fulfill their terms to bridge the transition. This ensures that corporate memory and succession planning is not impacted. The positions of the new board structure (excluding the Past-President) will then be filled through a general election in 2014, with all members having the opportunity to vote.

##### ***Strategic Planning***

In September, the NLMA presented members with the *Strategic Plan 2013-2018* booklet. The document serves as a compass that will map the direction of the Association for the next five years. It contains five priorities with a subset of goals that will be translated into specific, measurable operational objectives. The five streams of strategic priorities outlined in the plan include: enduring public trust and confidence in the medical profession; meaningful physician leadership in health care planning, service delivery and policy development; adequate and sustainable health service resources to meet the medical needs of all residents; a culture of innovation and timely availability and best use of modern technology for doctors and patients; and, services and benefits that NLMA members value. The ultimate goal of the strategic plan is to ensure that the NLMA stays relevant and thrives amid new economic realities and changing societal trends.

##### ***President's Tour***

The President's Tour provides NLMA members throughout the province with an opportunity to meet the president and executive director of the Association; receive an update on important issues; identify their concerns; and, network with colleagues. Overall, the 2012 tour was well-received and it was an excellent opportunity to engage with members. Concerns about the rural FFS retention bonus and the call program were the dominant issues raised by members.



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### ***Physician Advisory Councils***

While formal approval of the membership at large was required to authorize the new governance structure, the NLMA by-laws allowed the Association to move forward with the introduction of new committees. To that end, and in response to the clear and urgent needs facing both rural physicians and international medical graduates (IMGs), the Rural Physicians Advisory Council and the IMG Advisory Council were formed. Inaugural meetings of the councils were held in December to determine their role and identify priority areas.

### ***Rural Physician Advisory Council***

The Rural Physicians Advisory Council's mandate is to provide leadership on issues affecting rural physicians and their patients. At its first meeting, the council considered the results of the survey of rural physicians conducted in November and set priorities based on that feedback. Lack of specialist back-up and referral pathways were the main issues identified in the survey, followed closely by inability to access CME, difficulty accessing locums to enable time off, and issues around call. The council agreed that referral pathways and timely access to consultations was the most pressing issue, one they would tackle in the coming months. The council will identify which specialty areas are of most concern and survey urban specialists on barriers to responding to requests for specialist consults from rural physicians. The council also agreed to make recommendations to the Board regarding the call program; survey CME policies of the regional health authorities; survey rural physicians on their CME needs; and, survey rural physicians on barriers to accessing specialists consults.

### ***IMG Advisory Council***

The IMG Advisory Council's mandate is to provide leadership on issues affecting International Medical Graduates in Newfoundland and Labrador. The council considered the results of a survey of IMGs conducted in November at its first meeting. The survey showed that the most pressing issues affecting IMGs include the need for an improved orientation for new international graduates entering practice in the province; improved access to CME supporting preparation for the LMCC and CCFP exams; overcoming cultural and other barriers to integration in the province; and, availability of residency positions for non-Canadian graduates. As its first priority, the Council will review existing orientation programs and materials developed by the NLMA, the College of Physicians and Surgeons of Newfoundland and Labrador, the regional health authorities and the Department of Health. It will then make recommendations for improvements. In the longer term, the council will research and develop a mentoring program for new IMGs; survey spouses and other family members of IMGs practicing in NL on challenges and solutions to integration; and, explore opportunities to deliver improved preparation for LMCC and CCFP exams in the province.

### ***Peer Review***

The NLMA cost-shares the Atlantic Provinces Medical Peer Review (AMPR) budget with the medical associations and the regulatory colleges of New Brunswick and PEI. Peer review is required under the province's *Medical Act*. The NLMA and the other participating Atlantic Provinces have agreed to evaluate the AMPR program over the coming year.

### ***Executive Director Search***

Mr. Robert Ritter will retire as NLMA Executive Director in the fall of 2013. The NLMA hired the firm Knightsbridge Robertson Surette to oversee the search and selection process for a new executive director. The firm was successful in recruiting CEOs for the medical associations of Nova Scotia, New Brunswick and Manitoba. Approximately 40 applications were received for the position. The firm screened all potential candidates and presented final recommendations to the NLMA. The NLMA Selection Committee consisted of Drs. Tony Gabriel, Yordan Karaivanov, Sandra Luscombe, Alan Goodridge, Brendan Lewis, Elizabeth Callahan and Mr. Robert Ritter. The announcement of the successful candidate will be announced in June. Onboarding will then take effect in September. There will be a two- to three-month overlap with the two CEOs to help the successful candidate transition into the role.



### ***CMA General Council***

In August, delegates attending CMA's General Council in Yellowknife unanimously passed a resolution put forth by the NLMA delegation calling on the CMA to support the development of a national dementia strategy. The NLMA's motion urged CMA to lobby the federal government to prepare for the impending impact that dementia will have on Canadian Society and to improve support for individuals and their families. The CMA resolution stemmed from motions presented by St. John's family physician Dr. Roger Butler at the 2012 AGM, which called on the Association to work with the Alzheimer Society and the CMA to lobby governments to make dementia a health care priority.

### ***Physician Leadership***

In 2012, NLMA members were invited to submit expressions of interest to participate in the Atlantic In-House Physician Leadership Program, which was launched in Halifax last fall. The five-module program was developed in collaboration with the CMA and the Atlantic medical associations. The program helps current and future physician leaders initiate, lead and support system-level change, while also providing for a stronger medical association.

### ***Polling***

The NLMA continues to conduct a polling program with Corporate Research Associates (CRA) to develop a reputation index for physicians. The most recent polling results from 2012 found that 75% of the people of the province reported a positive opinion of doctors in Newfoundland and Labrador. This represents a negligible decrease from 76% in 2011. CRA polling in 2012 also determined that the people of the province believe there is still a need for government to hire more doctors, with 93% of respondents indicating they felt that Newfoundland and Labrador has too few doctors. The overall physician reputation index in 2012 was 74.5%, virtually unchanged from 74% in 2011.

### ***Membership Services***

#### ***Member Engagement & Communication Qualitative Study***

Results of the 2012 NLMA Membership Survey were used to help staff determine departmental priorities. There were no major variances from this year's results and the levels of satisfaction were consistent with previous years. To provide a more in-depth look at members' needs and expectations, the NLMA commissioned Corporate Research Associates (CRA) to conduct qualitative research to further examine how the NLMA could enhance the value of membership through communication and engagement activities. The primary objective of this research was to understand overall impressions of the NLMA; perceptions of value of NLMA membership and how it can be enhanced; and, how NLMA members want to be engaged. Two in-person focus groups were conducted in St. John's, one with general practitioners and the other with specialists. The remaining two focus groups were conducted with rural members using Netfocus™, which involved discussions with participants via a telephone conference call with the addition of simultaneous online input. For the most part, participants commended the NLMA for representing the needs and interests of its membership in the most recent negotiation process; however, contract negotiation is considered only one function of the NLMA. Participants would like the NLMA to take a more proactive role in bringing attention to issues that affect public health and patient care. While participants recognized that members should ideally be actively engaged in their Association, many were unsure how they could be more actively involved. Having the membership identify the priority areas was deemed an effective means to increase membership engagement. Participants were also asked to rate their opinion and satisfaction of the NLMA based on a 10 point program. Physicians who ranked the NLMA at 7 or higher felt the Association represents physicians well in negotiations, listens to their concerns, is responsive and supportive of their requests. Those who ranked the Association at 5 to 6.5 felt the NLMA was doing many good things, but that negotiations and conflict with government has prevented other initiatives from moving forward. Others wanted more interaction during periods when the Association is not in negotiations. There were no scores less than 5.



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### ***Expanded Physician Health Program***

In fall 2012, the NLMA launched the Physician Health Program to expand the scope of the current Professionals' Assistance Program beyond crisis intervention to include more wellness and health promotion. A committee has been struck and expert counsel retained to oversee the further development of the program. Consultations have been held with the College, the Faculty of Medicine, Eastern Health and the Law Society. The NLMA also commissioned Corporate Research Associates to conduct qualitative research to examine what the membership see as the critical components of a physician health program and to gauge membership interest in such an offering. Focus groups were conducted with physicians practicing in rural and urban locations; family physicians and specialists; and, residents and medical students. To better determine members' needs and wishes, an online survey was also distributed to all members to provide them an opportunity to voice their opinions about their health needs and concerns. Overall, those interviewed liked the idea of an expanded program, felt it was within the mandate of the NLMA, and they supported the NLMA providing health promotion and prevention programs in addition to the current crisis service. Members identified a number of key factors that should be addressed in a physician health program, including offering assistance in areas related to nutrition and physical activity, dealing with mental health and encouraging physicians to take care of their own physical health. Those providing services under the program will ideally be physicians trained in treating colleagues and if not, they must be trained specifically in delivering programs to physicians. The NLMA has also committed funding in support of a study on the needs of aging physicians to discuss their views on physician wellness, their educational needs as they age, and the supports which might encourage them to stay in practice as they age. The study is being led by Memorial University's Faculty of Medicine and the University of Saskatchewan's College of Medicine.

### **Information Technology**

#### ***Electronic Medical Records (EMR)***

EMR has become the standard of practice in most of the Western World; however, Canada is lagging the farthest behind when it comes to EMR implementation, and Newfoundland and Labrador is lagging far behind most provinces. The NLMA continues to encourage government to implement an EMR system as part of the NLMA's Strategic Plan. In November 2012, representatives from NLCHI and the Department of Health met with the NLMA to discuss the foundational elements of the province's proposed EMR program. The goal is to have an EMR framework that will eventually provide linkages to the Pharmacy Network, Meditech and community health programming. This will enable better decision making and will allow doctors to evaluate their own practice patterns. However, until Meditech is one system throughout all RHAs, linkages and information contained in the EMR will be limited to a physician's respective RHA. The proposed program includes a single vendor with a centrally-located server for all EMRs. The single vendor option is the most cost effective and will simplify the adoption of provincial standards, integration and technical support. The program will be phased in beginning with community-based FFS GPs. It may also include the remaining FFS GPs, salaried GPs and FFS specialists, where applicable and subject to funding availability. It was proposed that physicians will receive the EMR application, change management training and ongoing technical support. Clinics will also undergo assessments to determine their individual needs. There will be a minimum financial contribution for physicians, which may include paying for hardware (computers and printers), networking and internet access. It will be up to individuals to decide how their clinic is set up, the location of computers and whether they use desktop computers or mobile tablets. Representatives from the Department of Health explained that the cost of the EMR program is not connected to the provincial budget; however, they have not yet provided the NLMA with any information about cost-sharing arrangements, integration for early adaptors or a timeline for the launch of the program.



### ***Website Redesign***

The NLMA is currently in the process of redesigning the websites of the NLMA, *Nexus Online* and the Physicians' Legacy Foundation. The intent is to improve functionality and usability by providing members with a more user-friendly and interactive website that is in line with modern web standards. In 2012, the NLMA also joined Twitter to enhance its social media presence. This comes as follow up to the NLMA Facebook page and YouTube channel, which have proved to be useful tools for communicating with the public. The Association's social media is not used for communicating official NLMA business. Its primary function is to engage community partners, the media and the public.

### **Advocacy**

#### ***Tobacco Cessation***

Newfoundland and Labrador is one of only two provinces in Canada that do not offer some form of assistance for tobacco cessation therapies. In November, the NLMA released a position paper calling on the provincial government to fund tobacco cessation medications and nicotine replacement therapies (NRTs) for low-income residents as a benefit under the Newfoundland and Labrador Prescription Drug Program (NLPDP). There has not been a significant decline in the province's smoking rate since 2003. It currently stands at about 20 per cent of the population or about 87,000 people over the age of 15. The NLMA's *Position Paper on Coverage for NRTs and Tobacco Cessation Medications* recommended that the tobacco cessation medications varenicline and bupropion be covered by NLPDP and distributed through pharmacies for smokers who have a prescription from a physician. The NLMA also proposed that smokers who meet the NLPDP's criteria should receive a free supply of NRTs for up to 12 consecutive weeks in a single calendar year to be distributed by the Smokers' Helpline. The NLMA contended that the cost of subsidized tobacco cessation therapies could be funded by increasing provincial tobacco sales tax and would result in savings for the province's health care system. Representatives from the NLMA met with Health Minister Susan Sullivan in May 2013, to further discuss the Association's recommendations. The Minister indicated that there was no funding available in the province's current health budget to fund a cessation program. However, the Minister agreed to establish a committee comprised of Departmental staff and stakeholders that endorsed the NLMA's position paper to look at potential funding and delivery models for such a program.

#### ***Media Relations***

In March, the NLMA responded to the lack of expert input into health care decisions imposed by government and the potential impact on patients, including the unilateral cuts to laser treatment for vascular skin lesions and unilateral cuts to the province's adult dental program. The news conference prompted a meeting with the Minister of Health who agreed to further dialogue with physicians and that no further changes would be made to any insured services without appropriate consultations with physicians. In September, NLMA President Dr. Tony Gabriel took part in a public forum on the current state of health care in Canada and the federal government's role in health care delivery. The forum was hosted by St. John's East NDP MP Jack Harris and included Vancouver East MP and federal NDP health critic Libby Davies and Kathleen Connors, chair of the Canadian Health Coalition and former long-time president of the Canadian Federation of Nurses Unions. Dr. Gabriel spoke about issues ranging from social determinants of health to the role that physicians play in addressing health equity. He explained that physicians across the country share a common concern about the federal government's disengagement from its policy-setting role in health care.

#### ***Seniors Care***

In 2012, the provincial government released a 10-year strategy that will guide and enhance the delivery of long-term care in the province. The strategy included priority directions, goals and actions that, over the next five years that will result in an increase of approximately \$160 million for long-term care and community support services. The strategy is focused on helping people requiring long-term care and community support services achieve optimal independence



and quality of life in their homes and communities. The strategy incorporates many of the recommendations resulting from the NLMA's Seniors Summit and consultation that was initiated a year earlier. NLMA President Dr. Tony Gabriel represented the Association at the news conference to launch the strategy.

#### ***Child Health***

This year marked the 26th anniversary of the NLMA infant car seat program. Each year, physicians of the province provide safe rides home for the first baby born in the New Year at the nine hospitals performing routine deliveries. The intent of the 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 300 car seats have been presented to families of newborns. In keeping with the need to promote child health and safety, the NLMA once again called on government to amend the *Highway Traffic Act* to make helmet use mandatory for bicycle users of all ages as well as users of other wheeled activities, such as scooters, skateboards and in-line skates. Newfoundland and Labrador joins Quebec and Saskatchewan as the only provinces in the country without provincial helmet legislation. An NLMA commissioned poll in 2010 revealed that 87% of residents in the province would support legislation making it mandatory for all cyclists in the province to wear a helmet. In December 2012, Nick McGrath, Minister of Service NL, informed the NLMA that government had no plans to introduce legislation mandating the use of bike helmets. NLMA will continue its efforts to promote injury prevention in children.

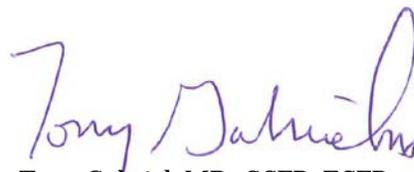
#### ***Physician Legacy Foundation***

Each year, the generosity of NLMA members provides scholarships and financial assistance to medical students attending Memorial University through donations to the Physicians' Legacy Foundation of Newfoundland and Labrador. The Foundation provides an opportunity for members to give back to their profession and their community by investing in the doctors of tomorrow. The Foundation is a registered charity administered by the NLMA and overseen by physicians. It allows donors to give directly to scholarships and bursary programs, and provides options for investors who wish to create a lasting legacy through an endowment fund. Every dollar donated directly supports scholarships that recognize academic achievement, leadership qualities and advocacy. Most importantly, donations help ensure that medical education is accessible to deserving students regardless of their financial means. An endowment allows donors to create a legacy that reflects their personal values by deciding the name and purpose of the endowment. They can also set the criteria for recipients, such as year of study, specialty or practice aspirations.

The Physicians' Legacy Foundation of Newfoundland and Labrador, supported by a new brand and marketing material, saw a measurable increase in individual donations in 2012; from \$8,225 in 2011 to \$9,451 for a 15% increase. In addition, physicians attending the CMA's Physician Management Institute donated an additional \$6,750 as part of their participation in that program. Corporate donations from the Canadian Medical Foundation, TD Insurance and the NLMA itself totaled \$10,814. These donations, along with the Dr. Phyllis H. Madryga endowment, enabled the Foundation to award \$23,796 in bursaries and scholarships to 13 medical students at Memorial's Faculty of Medicine. The Gerry Lynch Memorial Scholarship, valued at \$3,000 and directly awarded by the Canadian Medical Association, was also administered by the Foundation.



Robert Ritter  
CEO



Tony Gabriel, MD, CCFP, FCFP  
President



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## REPORT OF THE NOMINATING COMMITTEE

Dr. Patrick O'Shea, 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.

The Committee is pleased to put forward the following slate of officers and board members for 2013-2014.

### Executive

President	Dr. Yordan Karaivanov	Labrador
President-Elect	Dr. Wendy Graham	Labrador
Immediate Past-President	Dr. Tony Gabriel	Central East

### Board Members

*Remaining	Dr. Joseph Coffey	St. John's
	Dr. Jonathan Greenland	St. John's
	Dr. Andrew Rossiter	St. John's
	Dr. Cathy Vardy	St. John's
	Dr. Tracey Wentzell	Western
	Dr. Margo Wilson	Labrador

*\*Attrition will be used to facilitate the transition to the new at-large Board. Thus, vacancies left by departing board members who have completed their term as of June 8, 2013 will not be filled and no new members will be nominated.*

The membership will be asked to vote on the following position at the AGM: President-Elect

Delegates may nominate a candidate for President-Elect from the floor with a seconder and the permission of the nominee, who must be a registered member of the Newfoundland and Labrador Medical Association. Any nominations from the floor will be added to the above list and voted on by secret ballot.



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**APPENDICES TO THE NLMA ANNUAL REPORT**  
**Appendix 1— Financial Statements**

Provided on request to members only.

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**Appendix 2 - 2012 Budget**

Provided on request to members only.

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## **NLMA BOARD OF DIRECTORS, STAFF, CMA REPRESENTATIVES**

### **NLMA Board of Directors**

#### **Executive Committee**

Dr. Tony Gabriel	President	St. John's
Dr. Yordan Karaivanov	President-Elect	Labrador
Dr. Sandra Luscombe	Past-President	Corner Brook
Dr. Shawn Tiller	Honorary Treasurer	Gander
Dr. Bridget Fernandez	Honorary Secretary	St. John's

#### **Board of Directors**

Dr. Paul Bonisteel	Avalon
Dr. Paula Kennedy	Central East
Dr. Jared Butler	Central West
Dr. Ravi Vaturri	Grenfell
Dr. Margo Wilson	Labrador
Dr. Mahdi Ibrahim	Peninsulas
Dr. Joseph Coffey	St. John's
Dr. Jonathan Greenland	St. John's
Dr. Christopher Kovacs	St. John's
Dr. Cathy Vardy	St. John's
Dr. Karl Bruff	Western
Dr. Tracey Wentzell	Western
Dr. Ashley Miller	PAIRN Representative
Ms. Christina Price	MSS Representative

#### **NLMA Staff**

Mr. Robert Ritter	Executive Director
Ms. Lynn Barter	Associate Executive Director
Mr. J. David Mitchell	Director, Administration & Membership
Mr. Scott Brown	Director, Health Policy & Economics
Mr. Jonathan Carpenter	Director, Communications & Public Affairs
Ms. Tamie White	Senior Compensation & Benefits Analyst
Ms. Dawn Mason	Communications Coordinator
Ms. Suzan Tucker	Membership Administrator
Ms. Donna Osmond	Administrative Assistant

#### **NLMA Representatives to CMA Committees/Forums**

Dr. Brendan Lewis	Board of Directors
Dr. Lydia Hatcher	Committee on Education & Professional Development (Atlantic representative)
Dr. Patrick O'Shea	Forum on General and Family Practice Issues
Dr. Patrick O'Shea	Committee on Nominations
Dr. Susan King	Committee on Appointments & Review
Dr. John Haggie	Committee on Appointments & Review



## **NLMA COMMITTEES**

Listed below is the membership of NLMA standing committees. Special committees have not been listed as they are under review as part of a larger governance review. Ad hoc committees have not been listed, as they are temporary committees and members are co-opted to serve according to the expertise required for the items under discussion.

### **Executive**

Dr. Tony Gabriel  
Dr. Yordan Karaivanov  
Dr. Shawn Tiller  
Dr. Bridget Fernandez  
Dr. Sandra Luscombe

### **Nominating**

Dr. Patrick O'Shea, Chair  
Dr. Percy Crocker  
Dr. Mike Cohen  
Dr. Brendan Lewis  
Dr. Robert Forsey  
Mr. Robert Ritter

### **By-Laws**

Dr. Eric Stone, Chair  
Dr. Donald Hodder

### **Archives**

Vacant, Chair  
Dr. Charles Henderson  
Dr. George Horner  
Dr. Maurice McVicker

### **Ethics**

Dr. Ted Callanan, Chair  
Members - ad hoc



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## 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 helped provide financial assistance to medical students at Memorial University's Faculty of Medicine. Below is a list of the donors who contributed since the last Annual Report.

Dr. Raafat Aziz Abdou Abdel Shahid	Dr. William Aloysius L Felix
Dr. Francisco Enrique Acevedo	Dr. Anthony Gabriel
Dr. Khalil Ahmad	Dr. Adolphe Albert Giovannini
Dr. Tolulola Akindiran Amoo Akinbiyi	Dr. Wendy Rosalind Graham
Dr. Muhammad Farooq Alam	Dr. Jonathan David Greenland
Dr. Geoffrey Albert Bailey	Dr. Bhagvanth Reddy Gunna
Dr. Krisztina Ilona Bajzak	Dr. Kathleen Marie Halley
Dr. Nancy Elizabeth Barker	Dr. Azza Abdel Wahab Hamed
Dr. Peter John Bartlett	Dr. Sean Francis Hamilton
Dr. Juanito S Bautista	Dr. Elizabeth Jolene Hancock
Dr. Dorothy Verona Bautista	Dr. Maureen Catherine Hannaford
Dr. Juanito S Bautista	Dr. John James Hardy
Dr. Michael John Bautista	Dr. Angus John Hartery
Dr. Sunmolu Akinlolu Beckley	Dr. Lydia Bhattacharya Hatcher
Dr. Ziad Nazar Beithoon	Dr. Charles Urquhart Henderson
Dr. Michael H. J Bense	Dr. Daniel Craig Hewitt
Dr. Debra Joanne Bergstrom	Dr. Donald Gordon Hodder
Dr. Ram Dattatraya Borgaonkar	Dr. Karen Horwood
Dr. Rajmayur Brahmhatt	Dr. Glennis Dawn Howse
Dr. David Malcolm Brentnall	Dr. Cheryl Lynn Jefford
Dr. Spencer Moody Bridger	Dr. Emmanuel E. Jones
Dr. Natalie Ann Bridger	Dr. Yordan Stefanov Karaivanov
Dr. William Spencer MacDonald Brown	Dr. Ali Kassim
Dr. Ronald Ford Bursey	Dr. Joseph Erinyunja Kevu
Dr. Peter Joseph Callahan	Dr. Susan Matilda King
Dr. Barbara Anne Carlson	Dr. Sheila Marie Lewis
Dr. Beverley Anne Mary Carter	Dr. Jennifer Joan Lombard
Dr. Carmel Casey	Dr. Wian Hendrik Lotter
Dr. Georgina Claire Chalker	Dr. Sandra Joy Luscombe
Dr. Janet Chaytor	Dr. Kristopher Dale Luscombe
Dr. Mammen Cheriyan	Dr. Robert MacDonald
Dr. Diane Alison Colbert	Dr. Sue Ann MacMaster
Dr. David Allison Coleman	Dr. Ibtihaj H. Mahdy
Dr. Wayne Boyde Collins	Dr. Adrian C. Major
Dr. Steven Combden	Dr. Ashok Kumar Manga
Dr. Thomas George Costello	Dr. Gordon Mathieson
Dr. John Charles Cronhelm	Dr. Peter James Matthews
Dr. Nancy Culleton	Dr. Rodney McCarthy
Dr. Essandoh Kweku Dankwa	Dr. Annette Mary McCarthy
Dr. Stephen Darcy	Dr. Tina Marie McWilliam
Dr. Mervyn Maynard Dean	Dr. David Leonard Metcalfe
Dr. Ghulam Farooq Dogar	Dr. Carl David Moores
Dr. Nigel John Duff Duguid	Dr. William Bertram Moulton
Dr. Evelyn Dorothy Dumka	Dr. Deanna Marie Murphy
Dr. Mary Maureen Dunne	Dr. Katie Eileen Murphy
Dr. Chukwuemeka U N Ejeckam	Dr. Leigh Anne Newhook
Dr. Hendrik Andries Engelbrecht	Dr. Peter James Noel
Dr. Wilhelmina Engelbrecht	Dr. Melanie Ann Noseworthy
Dr. Karl Akiba Enright	Dr. Mary Hannah O'Brien
Dr. Fakhruddin Kassamali Essaji	
Dr. Jamie Bernard Farrell	

(continued next page)



Dr. Julia Elizabeth O'Connor  
Dr. Marie Theresa O'Dea  
Dr. Mary Gertrude O'Keefe  
Dr. Lachman Das Oad  
Dr. Cora Ogomegbunam Ogbolu  
Mr. Boluwaji Ogunyemi  
Dr. Perry Alonzo Osborne  
Dr. Edwin Iyere Ozua  
Dr. Steven M. Parsons  
Dr. Edwin Llewellyn Parsons  
Dr. Melvin Leon Webster Parsons  
Ms. Ashley Mary Paul  
Dr. Christopher J. Peddle  
Dr. Angela Pickles  
Dr. David Alexander Playfair  
Dr. William Gordon Pollett  
Dr. James Guevara Pormento  
Dr. Robert N. Porter  
Dr. Mark Curtis Porter  
Dr. Lorraine Mary Power  
Dr. Mazin Jamil Rassam  
Dr. Sreenivasarao Ravinuthala  
Dr. Nagarjun Rayapudi  
Dr. Syed Azhar Rizvi  
Dr. Carl W. Robbins  
Dr. Elizabeth Ann Roberts  
Dr. Peter Roy Rockwood  
Dr. Devicka Janet Roopram  
Dr. Leslie Lee Rourke  
Dr. James Thomas Bruce Rourke  
Dr. Carla Nadine Saldanha  
Dr. Bashar Mazen Salman

Dr. Jinka Sathya  
Dr. Shane Kenneth Frederick Seal  
Dr. Esmael Mohamed Harron Sebbi  
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Dr. Erin Joanne Smallwood  
Dr. Andrew Smith  
Dr. Christine Snelgrove  
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Dr. Jan Erns Van Wijk  
Dr. Damodar Vinayak Vaze  
Dr. Keith Anthony Vokey  
Dr. Eilish Anne Walsh  
Dr. Kevin Joseph Walshe  
Dr. Tracey Wentzell  
Dr. Jeffrey Vernon White  
Dr. Lucinda Anne Whitman  
Dr. Margaret Olive Woodman  
Dr. Gabriel Woollam  
Dr. Dejun Xu

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 anytime through the NLMA website at [www.nlma.nl.ca](http://www.nlma.nl.ca) or by calling the NLMA at (709) 726-7424 or (800) 563-2003.

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**NOTES**



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**NOTES**

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