
President's Letter

November 27, 2019



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President

NLMA releases family physician human resource forecast

Dear Colleagues:

In my President's Letter of [September 3](#), I informed you that the NLMA had commissioned a family physician human resource forecast in light of the increasing number of unattached patients and physician retirements. Since then, the NLMA has released public polling data conducted by Narrative Research, which shows that as many as 99,000 people in the province do not have a family doctor. As the provincial government does not have a family physician human resource plan, the NLMA stepped in to fill this gap.

Today the NLMA released a 10-year family physician human resource forecast developed by Dr. David Peachey of the Nova Scotia health care consulting firm Health Intelligence Inc. Dr. Peachey is an experienced human resource planner and family doctor who has done similar work in many Canadian provinces.

The forecast confirms an extraordinary deficit of family physicians to address the medical needs of the population. The report suggests that 60 additional full-time family doctors are needed in 2020, and an average of 20 more per year over the following nine years. These needs are in addition to the recruitment of doctors to replace those who may retire or leave the province.

The main factors contributing to the deficit and future needs are the number of patients who currently have no family doctor, the older average age of our population with complex medical needs, the generally poorer health status of all age groups compared to the rest of Canada, and the unmet needs of older adults to address frailty and palliative care.

This research is based on interviews with family doctors, and data from the NLMA, the four regional health authorities, the Newfoundland and Labrador Centre for Health Information, the Department of Health and Community Services, and national databases.

The results should come as no surprise to family doctors in this province. They have been sending signals in recent years that a crisis exists in family medicine. The mounting needs of older patients and the burden of illness in the province, on top of many retiring doctors and declining physician recruitment, has meant too much work for too few remaining doctors.

Our challenge is, therefore, twofold. We need to recruit and retain significantly more of our Memorial University family medicine graduates into community-based family practice. We also need to do a better job of retaining our current physician workforce.

The potential exists to retain 25 or 30 Memorial graduates per year in family medicine, but recent experience is that between eight and 15 of the graduating classes are retained. Even then, many of these graduates opt to practice emergency medicine or become locums, rather than establish a community family practice. Therefore, solutions are needed to make community family practice more appealing to the career aspirations of these doctors.

Changes are not only needed in the number of doctors, but also the way MCP requires family doctors to work. Our members tell us that we need to reinvent family medicine. New doctors want to work alongside other health care providers in collaborative teams. They want to move away from traditional, solo practices based on fee-for-service (FFS) payments, and have diversified types of work that combine office, home and institutional care. FFS medicine is less and less viable when doctors must spend much more time with each patient and see fewer patients each day.

The provincial government has acknowledged the need for change. Now we need to see action behind these words. The patients and doctors of the province cannot wait any longer.

In September, Health Minister John Haggie asked the NLMA to work on solutions with his officials that would increase capacity quickly, while longer-term solutions are being developed. The NLMA provided new proposals to the government this week on expanding physician practices with other health care providers, incentivizing more family medicine residents to take up practice in the province, and setting up special collaborative clinics for unattached patients.

Longer-term solutions require the government to begin negotiations with the NLMA. The last contract expired over two years ago, yet the government is not ready to come to the negotiating table. Critical long-term measures such as a new blended capitation payment model can only be advanced through negotiations, yet the government has not yet agreed on a start date for negotiations.

We have asked the government to name a date so these critical discussions can begin. We also called on the government to use the new forecast to develop a family physician human resource plan for the province. Finally, we called on government to approve our proposals so that the job of attaching patients to family doctors can begin without delay.

Sincerely,



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President



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