



NLMA responds to Minister's statements

Dear Colleagues:

The frustration we have experienced making progress on recruitment and retention of physicians was exemplified last week in the Health Minister's response to the NLMA's [August 24th news release](#) on the new Nova Scotia government's plan to address physician recruitment.

Minister Haggie [advised the media](#) that the new Nova Scotia government's plan mirrors many of the efforts this province already has in place. He says Nova Scotia's plan lines up with Newfoundland and Labrador's approach. The Nova Scotia plan is available [here](#) if you would like to read it for yourself, but allow me to make the comparison. (And sorry for the length of this letter.)

Recruitment Strategy

The new Nova Scotia government says that every region of the province needs a clinical health services plan that compares current resources to patient needs and demands. Each clinical health services plan will include succession planning that recognizes the age of physicians and takes into account their retirement plans. Local leadership teams will be established and supported in each region to complete their clinical health services plans. Once the clinical services plans are established, working groups and communities will have access to a dedicated pot of funding for physician recruitment.

Despite [calling for a physician health human resource plan for years](#) (and [here](#)) (and [here](#)) the NLMA has never seen a government-prepared physician human resource plan or a recruitment and retention strategy. Last week, the Minister of Health informed the media that there were regional health authority recruitment strategies that will be integrated within the Department of Health to make them provincial in scope. Our members have informed us that RHA physician recruitment efforts focus mainly on urgent vacancies and locums for hospitals, with insufficient resources to focus on MUN Med or other Canadian provinces.

Minister Haggie says there has been a bursary program for IMGs for years. This program is actually for medical learners, some of whom may be IMGs. While this program is beneficial, it has not changed in many years and therefore is not solving our ongoing recruitment and retention problem. Despite still being listed on the government's [website](#) at the time of writing this letter, the [Provincial Physician Signing Bonus Program](#) is no longer available as funding lapsed in March 2018. This removed an important tool from the province's recruitment toolkit. It is also worth noting that the Department of Health and Community Services opened a [Provincial Physician Recruitment Office](#) in 2001 that was embedded within the MUN Medical School. This strategic location lent itself well to nurturing a healthy relationship with medical students throughout their training. In addition, the recruitment office provided information to potential candidates nationally and internationally regarding practice opportunities throughout the province. This office was closed several years ago.

Residency Positions

The new Nova Scotia government says it plans to increase residency seats by targeting areas of specialty and need across the province. It says this is "absolutely essential to our recruitment."

The Minister of Health has made no announcements of a similar effort in this province.

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Foreign-trained Physicians

The new Nova Scotia government says foreign-trained physicians receive little to no support from either the government or the province's medical school. To address this, the NS government says it will ensure foreign-trained physicians wishing to practise medicine in Nova Scotia are given an opportunity to do so under a new Clinical Associate Program. This will allow them to provide service to an area and assist physicians who are currently practising. They will receive mentorship in conjunction with improving their skills to meet Canadian standards. The program will facilitate training and preparation for the Royal College exams and will include a return-of-service requirement after they pass the exam.

The Clinical Skills Assessment and Training or "CSAT" program was once a pathway to licensure in Newfoundland and Labrador by providing training and evaluation to international medical graduates (IMGs). That program is now retired. As of July 1, 2019, IMGs applying for a provisional license are required to complete a [Practice Ready Assessment \(PRA\)](#). Unlike the proposed program in Nova Scotia, the PRA Program in Newfoundland and Labrador IS NOT a training program. Rather, the PRA Program is a 12-week clinical field assessment where candidates are assessed for readiness for practice under a provisional license. The PRA requirement is in place in six other provinces (including Nova Scotia). While the PRA Program ensures that physicians entering the province meet Canadian standards, the government did not prepare for how the elimination of the CSAT program would affect the flow of IMGs coming into the province despite having two years to plan for this interruption. This has contributed to serious shortages at multiple sites across the province and has forced some rural emergency departments to become virtual because of a lack of doctors in positions that have normally been staffed by IMGs.

Pay Inequity

The new Nova Scotia government explained that a pay differential between hospitalists and community-based physicians in the tens of thousands of dollars is a disincentive to enter community practice. To address this, the NS government will level the playing field with respect to remuneration and pay family doctors at a higher rate. "This will likely mean an increase in the rate of many billing codes to account for the increase in salary," explains the NS government's plan.

According to the [Canadian Institute for Health Information \(page 28\)](#), family physicians in Newfoundland and Labrador already have the lowest average gross clinical payments in Canada. Since the NLMA's last contract expired in 2017, family medicine and a number of specialty disciplines have fallen below the Atlantic Canadian average. The new funding announced for family medicine in Nova Scotia will drive Newfoundland and Labrador even further below the Atlantic average, which will affect our ability to recruit.

Retirement Savings

The new Nova Scotia government says it will match a portion of retirement savings contributions for full-time physicians who practise patient-facing services. The NS government says "not only will this help to retain our doctors, it will act as a tool for recruitment as well...A pension plan for physicians who practise patient-centred care will show a much-needed sign of respect to doctors that not only is their service valued, but they are wanted here."

No equivalent program exists in Newfoundland and Labrador.

Respect and Value for Health Care Providers

The new Nova Scotia government says it is committed to restoring a positive relationship with family doctors. Its new plan states “the culture must change to one of respect and recognition of gratitude. We, as a province, need to take care of the people we are asking to take care of us...We cannot engage in a bidding war with other provinces and other countries over physicians, but we can and should pay family doctors fair, comparable rates that demonstrate that they are valued. We have to show them that not only can they live in the most spectacular place in the world, but they can earn an excellent living in an environment where their dedication is respected and valued.”

In Newfoundland and Labrador, rather than letting physicians know they are valued and respected, there has been a lack of attention to physician issues, including four years without a new Memorandum of Agreement. We have called attention before to the Minister’s lack of engagement on the serious issues facing physicians, and this approach now stands in contrast to the more receptive environment in Nova Scotia.

Misleading Statements

Last week, Minister Haggie [informed the media](#) that “there’s \$9 million dollars at the NLMA’s disposal for funding family health networks (Family Practice Networks)...Looking at exactly how they can develop primary care services in those areas.”

In reality, these funds are not for Family Practice Networks. They are for family practice fee codes which should have been allocated to family physicians in the years they were originally budgeted. These funds are jointly managed by the Department of Health and Community Services, and the NLMA has been working hard to unlock these funds for the benefit of family physicians.

The Minister also informed the media that, with regard to family doctors, the province is seeing “a steady increase in numbers year over year and in actual fact we have had a significant increase in numbers. That hasn’t translated, though, into any change at all in either access to family physicians or indeed in terms of health outcomes.”

There are currently 591 practising family physicians in the province. In 2020, there were 598 practising family physicians. In 2019, there were 596. In 2018 there were 592. Not only are these numbers not a “steady increase,” but they are also not all full-time family physicians.

Moreover, by focusing on physician numbers, the Minister is disregarding the plight of the more than 90,000 people in this province without access to a family doctor.

By definition, a large unattached patient problem means there are not enough family doctors and primary care teams. We have been raising the alarm on this issue for years. As a past president of the NLMA, Minister Haggie knows this. The impact is not only on the patients who have no family doctor, which is significant, but also on crowded ERs, longer ER wait times, longer wait times for patients with their own family doctors, rural ERs that cannot function properly, rural hospitals that struggle to fill shifts and doctors everywhere that struggle to find locums.

In closing, the NLMA is also very aware that specialist physicians have significant needs. These needs feature in our advocacy regarding recruitment and retention and at the negotiating table. Our heavy emphasis on family medicine issues in public communications is necessary at this time due to the enormous problems in that discipline and the need for a breakthrough with government.

As always, I appreciate your feedback on these issues. You can reach me at president@nlma.nl.ca.

Sincerely,



Susan MacDonald
President



**Newfoundland &
Labrador Medical
Association**
164 MacDonald Dr.
St. John’s, NL
A1A 4B3
(709) 726-7424
Or 1-800-563-2003
Fax: (709) 726-7525
www.nlma.nl.ca
president@nlma.nl.ca