



NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION



2018

# ANNUAL REPORT



## **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 recognizes the members who have passed away since the publication of the last Annual Report.

|                                |                           |                    |
|--------------------------------|---------------------------|--------------------|
| Dr. Rudolph Lewis Ozere        | Halifax, NS               | April 18, 2017     |
| Dr. Edwin Llewellyn Parsons    | Stephenville Crossing, NL | May 24, 2017       |
| Dr. Asadul Hoque               | St. John's, NL            | September 6, 2017  |
| Dr. Alexander Bowie            | British Columbia          | September 30, 2017 |
| Dr. Dermot Feore               | Paradise, NL              | October 7, 2017    |
| Dr. Peter Giles Fernandez      | St. Catharines, ON        | October 25, 2017   |
| Dr. Sotiria Govatsos           | St. John's, NL            | December 11, 2017  |
| Dr. Michael H. J Bense         | St. John's, NL            | December 12, 2017  |
| Dr. Raymond Anthony Duffy      | St. John's, NL            | January 2, 2018    |
| Dr. Michael George Bottomley   | Conception Bay South, NL  | January 31, 2018   |
| Dr. James Declean Crowley      | New Castle, NB            | February 12, 2018  |
| Dr. Dzintra Fernandez          | St. John's, NL            | February 13, 2018  |
| Dr. Doodwith Reginald Ragnauth | Whitbourne, NL            | February 15, 2018  |
| Dr. Ronald Kenneth Delaney     | St. John's, NL            | February 19, 2018  |
| Dr. Norman John Lush           | St. John's, NL            | May 11, 2018       |
| Dr. Gordon Mathieson           | St. John's, NL            | May 17, 2018       |
| Dr. George Richard Seviour     | St. John's, NL            | May 16, 2018       |

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 92<sup>nd</sup> **ANNUAL GENERAL MEETING**

**Main Auditorium, Health Sciences Centre, St. John's  
June 3, 2017, 2:00 p.m.**

## **1. Official Opening**

CMA President-Elect Dr. Laurent Marcoux officially opened the 92nd AGM at 2:00 p.m. on Saturday, June 3, 2017.

## **2. Call to Order**

The speaker, Dr. Pat O'Shea, called the meeting to order. He then advised delegates that the Resolutions Committee would accept resolutions from the floor until 3:15 p.m.

## **3. Approval of Resolutions Committee**

It was moved by Dr. Lynn Dwyer, seconded by Dr. Tracey Bridger, to approve the Resolutions Committee, consisting of Drs. Brendan Lewis (Chair), Susan King and Gerard Farrell.

**Passed**

## **4. AGM Agenda**

It was moved by Dr. Jerry McGrath, seconded by Dr. Paul Moorehead, to approve the AGM agenda as circulated.

**Passed**

## **5. Minutes of the 2016 AGM**

It was moved by Dr. Norah Duggan, seconded by Dr. Lynn Dwyer, that the minutes of the 2016 AGM be approved as circulated.

**Passed**

## **6. Actions on Resolutions Arising from the 2014 AGM**

It was moved by Dr. Michael Cohen, seconded by Dr. Lynn Dwyer, that actions arising from the 2016 AGM be received for information.

**Passed**

## **7. Keynote Address – Dr. Patrick Parfrey**

Dr. Parfrey spoke to delegates about the Quality of Care NL program, which was established to evaluate care and identify interventions that would get the right treatment to the right patients at the right time. Quality of Care NL created two arms: one with projects focused on care within hospitals, nursing homes and in the community; the other focused on projects done in partnership with Choosing Wisely Canada (CWC) using their recommendations. There are currently 32 ongoing projects that deal with quality of care in the areas of laboratory testing, drug use, prevention of hospitalization and hospital interventions. While the work for establishing the

guidelines had been completed by CWC, Quality of Care NL set out to implement those guidelines. This created the need for evidence on the current utilization of resources within the province to compare best practice to current practice. The next step was to engage with patients, identify initial targets for intervention and work with NLMA and IBM on a process to reach physicians individually and confidentially (electronically) to provide peer comparison data. Email campaigns on peer comparisons were sent to physicians and face-to-face sessions were conducted by Dr. Parfrey, Dr. Brendan Barrett and Dr. Stephen Darcy. By providing physicians with new data, there has been less unnecessary ordering of tests. For example, there were 43% less blood urea testing than creatinine ordered between November 2016 and April 2017. On average, there were 9,638 tests less per month ordered. Targeted email campaigns are also currently underway to educate physicians, allied providers and the public about things like antibiotic use, ordering of CT scans and other tests.

#### **8. Presidential Address – Dr. Christopher Cox**

Dr. Cox began by expressing his gratitude for the opportunity to have served as the NLMA's 91st President. He advised that a year ago, after taking office, the NLMA unveiled the Association's NLMA's Strategic Plan, which was presented to delegates of the 2016 Annual General Meeting. The Plan defined the vision, mission and objectives that the Association would pursue over five years. One of the goals of the Strategic Plan was to advance the sustainability of the health care system through effective involvement in health policy, health system design and innovation. A year later, Dr. Cox said he was happy to report on progress in this area. In October, the NLMA partnered with the Leslie Harris Centre and the Centre for Applied Health Research of Memorial University to host a Forum on the Need for a Review of Health Facilities and Services. The Forum brought together more than 130 health care stakeholders, including providers, unions, professional associations, regulators, educators, researchers, advocacy groups, municipalities, RHAs, and government. It also featured presentations from provincial, national and international experts, and was widely reported on by the media. Following the conference, NLMA developed a proposal entitled Rebuilding NL Health, which provided a proposed Terms of Reference outlining the scope and process for how a review should be conducted. NLMA proposed that the review identify the existing and projected demand for all health services in the province in order to determine the minimum and optimum volume standards at each site. The results of the review would then be used to create a clinical services plan that would identify the most suitable locations for each service. At the core of the proposal was the recommendation that the review be headed by an independent office that has the freedom to engage patients and the public in a transparent, non-partisan, and evidence-based way. Unfortunately, instead of capitalizing on this high level of non-partisan support, the provincial government informed the NLMA that a review will not occur. Instead, the government will undertake modifications to the

health care system based on its existing knowledge and evidence. Dr. Cox advised that despite this, NLMA's advocacy efforts were successful in positioning the NLMA as an opinion leader in the province. He said the Association will continue to advocate for a more comprehensive review because fundamental reform to the structure of health care cannot take place unless we have an inclusive and transparent process. Dr. Cox reported that NLMA also provided advice and proposals to the government on utilization management and the provincial coordination of services. Dr. Cox reported that while many elements of the MOA had been implemented over the past year, the document remained unsigned. NLMA reached agreement on the terms of the MOA and the wording of the legal draft; however, the continued delay was a result of issues with the binding arbitration provisions. On a positive note, he said that the Association had achieved progress on other elements of the MOA, including the Family Practice Renewal Program, which continues to design new initiatives to support primary care renewal in the province. The co-governed EMR program eDOCSNL also made significant progress with more than 200 physicians either using the EMR or in the process of adoption. Dr. Cox advised that the e-Consult demonstration project was also launched and he extended an invitation to family physicians and other specialists to participate in this innovative project, which will lead to reduced wait times for participating specialties; reduced non-urgent referrals; and, enhanced communication between family physicians and specialists. He concluded that the most enjoyable experience during his term was the President's Tour, which was expanded to include visits to community clinics and hospitals in 22 communities, in addition to 3 Board town hall meetings, in an effort to meet more members in person. Finally, he thanked Dr. Pat O'Shea who had joined the Board in 2006 and had served as a Director At-Large, Honorary Treasurer, President-Elect, President, Past-President, Board Chair and AGM Speaker. The 2017 meeting marked his last as AGM speaker and Board Chair. Dr. Cox welcomed incoming President Dr. Lynn Dwyer and expressed his commitment to continuing to work with the Association in his capacity as Past President.

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

Mr. Thompson advised delegates that the Stewardship Report could be found in 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. He reported that the Association had opened up some additional revenue sources by providing administrative support for programs such as the parental leave program, and the Family Practice Renewal Program (FPRP). NLMA had also maintained its reserves at a healthy level. He explained that the Association's major program initiatives are the FPRP, the electronic medical records program, the parental leave program, and the physician health program. All of these programs are

now established, but NLMA continues to apply extra energy to these areas so that they become firmly rooted, consistent with physician and patient interests. Another major area of focus for the NLMA over the past year was the completion of the final arrangements to start implementing the 2013-2017 Memorandum of Agreement with the provincial government. Although not signed, several parts of the agreement were started based on good faith, such as micro-allocation discussions. The Physician Services Liaison Committee also started to operate, overseeing the contents of the MOA. The exchange of MCP data also started, which the NLMA was assessing to get ready for the next round of negotiations. A terms of reference to explore how to move select services from hospitals into physician offices was also developed. And, most significantly, the FPRP began its work with staff and operating resources. He explained that raises negotiated for 2016 and 2017 and the integration of quarterly payments with bi-weekly pay would occur retroactively when the agreement is signed, which had been delayed due to the unresolved binding arbitration clause. Mr. Thompson advised that the Board would discuss whether there was a way to sign the agreement and continue to work on the arbitration issue after it is signed in order to secure benefits negotiated under the MOA. He advised that once the MOA is signed the Association will again start negotiating the next MOA. The preparation for negotiations will include gathering issues from specialty and sector groups, and discussing priorities during the President's Tour. Goals will be guided by the needs of the profession and the health care system, but also constrained by the province's fiscal situation. He said that this preparatory process will be one of the main priorities for the year ahead.

#### **10. Treasurer's Report – Dr. Paul Moorehead**

Finance and Administration Committee Chair Dr. Paul Moorehead presented delegates with the audited financial statements for the fiscal year ending December 31, 2016. 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 not only was the budget balanced for 2016, but a surplus of \$265,000 was realized after accounting for capitalization of assets and return on investments. Dr. Moorehead advised that revenue from membership fees, which makes up 85 per cent of total revenue, remained steady at about \$2.2 million. Other revenue sources also remained constant year-over-year. For the most part, expenses also remained constant. Exceptions were noted under Communications and Travel & Hospitality, driven in part by a budget consultation last spring and the health sustainability conference last fall. The NLMA Parental Leave Allowance provided over half a million dollars to eligible members in 2016. In addition, the physician health program continued to receive financial support of \$150,000 from the provincial government. He advised that almost \$1.7 million dollars from the Clinical Stabilization

Fund had been invested in projects to address a wide range of health system issues; \$470,000 in 2016 alone. Dr. Moorehead informed delegates that the budget for 2017 was available in the Annual Report.

### **11. Appointment of Auditors**

It was moved by Dr. Paul Moorehead, seconded by Dr. Jerry McGrath, that the auditing firm Deloitte be appointed as the NLMA's auditors for the fiscal year 2017.

**Passed**

### **12. Notice of Consequential Change to By-Laws**

Dr. O'Shea advised delegates that revisions to the Articles of Incorporation of the NLMA were approved by the membership at the June 2016 AGM. Restated Articles of Incorporation were forwarded to the Registrar of Companies (the "Registrar") for filing. A Restated Certificate of Incorporation was issued by the Registrar on September 16, 2016 at which time the revisions to the Articles became effective. Restated Articles of Incorporation supersede the original Articles of Incorporation and all amendments thereto. Pursuant to section 428 of the Corporations Act, the directions of a corporation may make by-laws, not being contrary to this Act or the articles of the corporation, respecting, inter alia, the admission of persons and unincorporated associations as members and as members by virtue of their office, and the qualifications of and the conditions of memberships. Therefore, effective September 16, 2016, the membership provisions of the by-laws of the NLMA are deemed to be those set out in the Restated Certificate of Incorporation and the consequential change has been made to the NLMA by-laws.

### **13. NLMA Physician Health Program Presentation – Dr. Susan King**

Dr. King informed delegates that the Physician Care Network is a benefit that is available to all members including their spouses and dependent children. She reported that NLMA is one of only a few member organizations across Canada that offer a 24/7 assistance by phone and online to their members. InConfidence offers a basket of services, which the NLMA covers and it is completely confidential. Counselling services can be arranged by InConfidence in a member's community, a nearby community or over the phone. She also advised that the MDLink programs helps physicians find family physicians. Dr. King also shared her contact information with members in case they have questions or need advice.

#### **14. MD Physician Services Presentation**

This session was conducted by Ms. Susan Brenner, Regional Manager. She advised delegates that MD Financial Management is owned by the Canadian Medical Association. It has been dedicated to the financial well-being of physicians and their families for more than 45 years. MD also ensures it looks after physicians from the time they are students, residents, practicing and retired all the way through their careers. They have specialized advisers dedicated to meeting members' individual goals. MD also has salaried financial advisors, which means they are not compensated by commissions to ensure they are always objective in offering solutions and work in the best interests of clients. MD is the wealth management company most trusted by Canadian physicians. MD has also hit the \$21 billion mark for private investment counsel, which means it is the largest non-bank-owned private investment counsel company in Canada. In total, there are \$46 billion in assets across the organization. Ms. Brenner advised delegates that the lease for the current MD office in St. John's is coming to an end in September. MD will continue to have an office in St. John's and a make use of a meeting room at the NLMA. She said that MD will use this as an opportunity to introduce flexible ways of communicating with clients. MD Advisors will work directly with clients to determine where and when they'd like to meet, whether that's at MD's new office location in St. John's or somewhere else – like their home, surgery, hospital office or other location that's most convenient for them. Ms. Brenner also informed delegates that as part of MD's commitment to corporate social responsibility and to represent the interests of its members, CMA, in partnership with MD and Joule™, were pleased to announce the launch of the CMA Foundation. The CMA Foundation is working directly with physicians, medical associations, affiliates and business partners, with the goal of providing impactful grants to registered Canadian charities that directly support physicians. Finally, Ms. Brenner noted that new industry regulations require Canadian financial institutions to disclose total investment fees and compensation to their clients once a year. MD is going beyond the minimum disclosure requirements and providing members with information about all the fees they pay.

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

Dr. Wendy Graham, Chair of the Nominating Committee, prepared the committee's report for Delegates. Nominations were sought in March to fill the position of President-Elect on the NLMA Board of Directors. This triggered an election, using online voting. Dr. Tracey Bridger was elected to the position of President-Elect. A full report to the membership was issued at the conclusion of online voting. The following slate of elected officers and Board Members for 2017-2018 was presented to delegates of the AGM.

**Executive:**

President: Dr. Lynn Dwyer

Immediate Past-President: Dr. Christopher Cox

President-Elect: Dr. Tracey Bridger

**Directors At-Large:**

Dr. Charlene Fitzgerald, rural

Dr. Jerry McGrath, urban

Dr. Paul Moorehead, urban

Dr. Lynette Powell, rural

Dr. Amer Qureshi, rural

Dr. Christina Templeton, urban

**16. Resolutions****Resolution # 1**

**Moved By** Dr. Lynn Dwyer

**Seconded By** Dr. Lynette Powell

That, the NLMA call on the provincial government to rescind its decision to de-list fee code 54650 "Influenza immunization of target population."

**Passed**

**Resolution #2**

**Moved By** Dr. Lynette Powell

**Seconded By** Dr. Lynn Dwyer

That, the NLMA undertake a comprehensive review of challenges and expenses for community based-family physicians to help inform negotiations.

**Passed**

**Resolution #3**

**Moved By** Dr. Wendy Graham

**Seconded By** Dr. Lynn Dwyer

That, the NLMA work with family physicians and other specialists to ensure that administrative tasks such as advising patients of an appointment with a specialist are appropriately managed by the specialist's administrative staff and not transferred to the staff of family physicians.

**Passed**

**Resolution #4**

**Moved By** Dr. Wendy Graham

**Seconded By** Dr. Sarah Clancy

That, NLMA facilitate education and communication between fee-for-service physicians to clarify the requirement for referral letters for specialty care in accordance with the MCP Payment Schedule preamble.

**Passed**

**Resolution #5**

**Moved By** Dr. Lynette Powell

**Seconded By** Dr. Charlene Fitzgerald

That, the NLMA review the All-Party Committee Report on Mental Health and Addictions for consideration of formal endorsement by the NLMA. If endorsed by the NLMA, the NLMA leadership will work with its membership and government to ensure that physicians are an integral part of the implementation plan and that physicians will be adequately consulted, resourced and supported during the implementation.

**Passed**

**17. Adjournment**

It was moved by Dr. Gerard Farrell, seconded by Dr. Susan King, to officially adjourn the meeting.

**Passed**

# ACTIONS ARISING OUT OF THE 2017 ANNUAL GENERAL MEETING

## **Actions on Resolutions**

### **Resolution # 1**

**That, the NLMA call on the provincial government to rescind its decision to de-list fee code 54650 “Influenza immunization of target population.”**

*The NLMA wrote to the Minister of Health to express physicians’ concerns with the government’s decision to de-list the flu shot, including the potential impact on vaccination rates, patient outcomes and health system spending. NLMA also met with members of the opposition parties. A joint news conference was held on Sept. 7, 2017 with NLMA President Dr. Lynn Dwyer, Dr. Dave Thomas, President of the Newfoundland and Labrador Chapter of the College of Family Physicians, pediatric cardiologist Dr. Christina Templeton, and St. John’s family physician Dr. Jillian Parsons. NLMA also conducted multiple follow-up interviews. A flu shot campaign was launched on Thursday, September 7, 2017, which included the web site flunl.ca, a social media strategy, paid advertising and an online petition. FFS family doctors also received posters for their offices and encouragement to ask patients to sign the online petition. The goal of the campaign was to reverse the government’s position on the flu shot fee code. The campaign received extensive coverage on all media channels. The Minister of Health insisted that government’s decision to cut the flu shot was about scope of practice; however, NLMA released documents obtained through Access to Information which showed that the reason for the decision was to find savings. The campaign lasted about four weeks. As expected, the government did not change its decision. It deployed extra resources through the RHAs to provide community flu shot clinics. The public relations campaign exposed the weaknesses in government’s position and it demonstrated that NLMA will respond to issues that impact physicians and patients.*

### **Resolution #2**

**That, the NLMA undertake a comprehensive review of challenges and expenses for community based-family physicians to help inform negotiations.**

*To better understand members’ concerns, NLMA commissioned Corporate Research Associates (CRA) to undertake a Fee for Service (FFS) Family Physician Qualitative Research Study. Primary research objectives included identifying and exploring*

*the rising practice costs and non-compensated activities of fee-for-service (FFS) family physicians. CRA developed a discussion guide and conducted two focus groups – one rural, one urban. CRA recruited a representative sample of FFS family physicians based on demographics such as gender, age and time in practice. Results of the survey revealed that while participants enjoyed the autonomy afforded with the FFS model, rising overhead costs is cause for concern. FFS family physicians are having to increase their workloads and see more patients than before to offset the escalating costs they are incurring. This, in turn, is making it difficult for them to take time off work to spend with their families, attend to their own health needs, pursue academic interests and/or serve on regional health authority (RHA) committees. These working conditions are making it increasingly challenging to attract and retain FFS family physicians. As might be expected, salaries and ongoing clinic costs (i.e., rent and/or maintenance) represent the greatest costs for FFS family physicians. Participants also reported spending up to 25 hours a week on non-billable activities, with most spending between five to 10 hours per week. In particular, they are reporting high volumes of paperwork including filling out a variety of forms and requisitions. Regarding negotiations, participants felt that addressing compensation disparities within the system was a negotiations priority. Establishing fee codes that enable FFS family physicians to be adequately compensated for the time required to manage complex patients, providing remuneration for achieving preventative targets, ensuring provincial fee codes are consistent with the national mediums, and exploring blended payment options for primary care were seen as priority areas. In an effort to be well informed for the next round of negotiations, the NLMA also commissioned Deloitte to conduct a physician overhead survey (see Stewardship Report).*

### **Resolution #3**

**That, the NLMA work with family physicians and other specialists to ensure that administrative tasks such as advising patients of an appointment with a specialist are appropriately managed by the specialist’s administrative staff and not transferred to the staff of family physicians.**

### **Resolution #4**

**That, NLMA facilitate education and communication between fee-for-service physicians to clarify the requirement for referral letters for specialty care in accordance with the MCP Payment Schedule preamble.**

*Just as NLMA provides a billing guide for non-insured services, it was agreed that the Association would provide advice for members on making appointments and referrals. Two guidance documents were developed entitled “Responsibility for notifying patients about a specialist appointment” and “Advice for Physicians Regarding Referrals, Consultations and Missed Hospital Appointments,” which were circulated to the general membership.*

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*These guideline documents are based on consultations and dialogue with members, including a Focus Group of family physicians and specialists, and, where relevant, interpretation of the MCP Preamble. The guidelines are suggested for use in private offices and are not a substitute for the policies of regional health authorities or the aforementioned organizations. This guidance is based on the principle that effective communication between referring and consulting physicians and their staff is essential to the quality and safety of patient care. Professional communication between physicians should always serve the best interest of patients and should be respectful, collegial and collaborative. Both documents are available on the Practice section of the NLMA website under the Physicians menu.*

### **Resolution #5**

**That, the NLMA review the All-Party Committee Report on Mental Health and Addictions for consideration of formal endorsement by the NLMA. If endorsed by the NLMA, the NLMA leadership will work with its membership and government to ensure that physicians are an integral part of the implementation plan and that physicians will be adequately consulted, resourced and supported during the implementation.**

*The NLMA partnered with the Department of Health to issue a call for expressions of interest to seek physicians from across Newfoundland and Labrador to serve on project teams designed to implement the recommendations in the report of the All-Party Committee on Mental Health and Addictions entitled "Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador". Eight project teams were established on September 29, 2017 in the areas of Mental Health Promotion/Prevention; Wait Times Reduction; Inclusion; Health in Correctional Settings; Health in Schools; Provincial Services; Service Redesign; and, Indigenous Health. Physicians are represented on seven of the eight teams (excludes the Indigenous Health team, where team composition is determined in consultation with Indigenous partners). The Service redesign team includes three sub-working groups, all of which have physician representation. Furthermore, a Provincial Implementation Team oversees the work of the eight teams, which has representation from all psychiatry clinical chiefs in the province and a representative from family medicine. Each team receives administrative support from the RHAs. The All-Party Committee has committed to consulting with the NLMA when there are opportunities for stakeholders to provide feedback. NLMA will continue to monitor recommendations of the Committee.*

## STEWARDSHIP REPORT



**FAMILY MEDICINE AWARENESS DAY** On May 22, the NLMA released a joint paper with the Newfoundland and Labrador College of Family Physicians (NLCFP) and Memorial University's Discipline of Family Medicine titled Family Medicine in Newfoundland and Labrador: A Ten Year Vision. A provincial Family Medicine Awareness Day was held to launch the paper, which coincided with World Family Doctor Day celebrated on Saturday, May 19th. During the morning of May 22, NLMA President Dr. Lynn Dwyer, NLCFP President Dr. Nicole Stockley, and Dr. Katherine Stringer, Chair of the Discipline of Family Medicine at Memorial University, met with Liberal, PC and NDP officials at the Confederation Building to present the paper. The NLMA then hosted a luncheon at Memorial University's Faculty of Medicine for students, residents and faculty to hear about the vision paper. A news conference was held at NLMA House in the afternoon. The vision paper received endorsement from the opposition parties. While there were no commitments from the Department of Health, government officials were very engaged and expressed interest in our ideas. NLMA's next step will be to continue this dialogue with government and other stakeholders to begin implementing these recommendations as soon as possible.

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**NEGOTIATIONS UPDATE** In late December, following the signing of the MOA, the NLMA received official notice from the Department of Finance to commence negotiations for a new agreement. Beginning in February 2018, the NLMA held 11 province-wide negotiations consultation meetings with all physician groups in addition to the President's Tour and Board Town Halls. Members provided feedback about the issues and challenges they face in their medical practice, which the NLMA used to develop its negotiations mandate. Initial meetings with government negotiators are expected to begin in the summer of 2018.



**PRESIDENT'S TOUR** This year, NLMA President Dr. Lynn Dwyer met with members around the province during the annual President's Tour. She and NLMA Executive Director Robert Thompson made 14 stops during September and October to discuss the 2013-2017 Memorandum of Agreement (MOA), as well as the next round of negotiations and other important issues. The meetings in Botwood, Grand Falls-Windsor, Twillingate, Gander, St. Anthony, Happy Valley-Goose Bay, Bonavista, Clarenville, Carbonear, Burin, Port aux Basques, Corner Brook, Stephenville, and St. John's were well-received and well-attended.



**MICRO-ALLOCATIONS NEARING COMPLETION** Following consultations with NLMA Fee-for-Service (FFS) section representatives, proposals were finalized, forwarded and debated with Department of Health and Community Services (DHCS). As of May 2018, 13 of 17 sections had signed off with several others very near to completion. Once all sections sign off the entire package of adjustments will be taken to the Minister of Health for approval and then the MCP system will be programmed. A new payment schedule is expected for the fall of 2018.



*\*Top left photo courtesy of CBC*

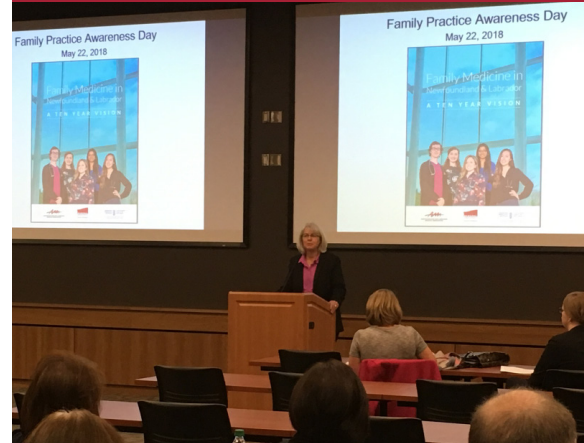
**FAMILY PRACTICE RENEWAL PROGRAM**

The Family Practice Renewal Program (FPRP), with an annual budget allocation of \$4.5 million, is part of an Agreement between the Newfoundland and Labrador Medical Association (NLMA) and the Department of Health and Community Services (DHCS). Updates on the FPRP’s three core initiatives are outlined below:

1) Family Practice Networks (FPNs): As physician-governed structures, FPNs provide a mechanism through which physician groups can address issues facing family medicine in their communities, as well as local population health needs, in collaboration with their Regional Health Authorities (RHAs). FPNs will provide real influence to family physicians at the regional level. There are currently three FPNs across the province in Western, Central, and St. John’s, with discussions ongoing in other areas. We have seen interest in FPNs grow significantly over the past year, and 25 physician leaders are now working with program staff to grow and develop these new entities across the province.

2) Fee Code Initiative: Enhancements to the fee-for-service schedule, through a Fee Code Initiative program, are being designed to achieve patient, physician, and health system benefits such as comprehensive care, collaboration with other providers, and improvements in patient access. The first two new codes, for release soon, are: (i) a Shared Care Code, which will provide participating physicians with compensation for two-way collaborative conferencing with other health care providers for development of a patient care plan; and, (ii) a Patient Care Telephone Code, which will provide participating physicians with compensation for two-way telephone communication between the physician (or other health care provider employed within the physician’s office) and the patient (or the patient’s medical representative).

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On May 22, 2018, Dr. Katherine Stringer, Chair of the Discipline of Family Medicine at Memorial University, was one of the speakers – along with NLMA President Dr. Lynn Dwyer and NLCFP President Dr. Nicole Stockley – at a luncheon for students and residents about *Family Medicine in Newfoundland and Labrador: A Ten Year Vision* at Memorial University’s Faculty of Medicine. The vision paper was a joint effort between NLMA, NLCFP and Memorial University’s Discipline of Family Medicine.

**GIFTING CAR SEATS FOR 30+ YEARS**



Physicians in Newfoundland and Labrador have been providing safe rides home for New Year’s babies for more than 30 years! The NLMA once again donated car seats to the families of each of the first babies born in 2018 at the 10 hospitals that perform routine deliveries across the province.

Pictured above: (left) Stephanie Harding, Andy Harding (holding baby Alyssa Joy) and Dr. Lynn Dwyer.

FPRP is also working on the next fee code for development, for enhanced care of patients with Chronic Obstructive Pulmonary Disease (COPD). Evidence shows that a code focused on COPD carries significant opportunity for improvements in patient care in our province.

3) Practice Improvement Program: This program will provide physician practices with education and support to help address clinical and workflow issues. During consultations this past year, physicians identified priority areas for Practice Improvement, including practice management and access improvement, chronic disease management education and support, collaborative team-based care, care of older adults, mental health, and the essentials of starting a practice. FPRP will begin rolling out a program in response to these priorities in the fall of 2018.

FPRP is administered by a joint governance committee known as the Family Practice Renewal Committee (FPRC). The FPRC has an equal number of appointees from NLMA and DHCS, as well as representatives from each of the RHAs. The NLMA appointees to the FPRC are Drs. Wendy Graham, Steve Major and Annette McCarthy. FPRP also regularly consults with a Clinical Advisory Group (CAG) consisting of 10 physician members, representative of fee-for-service, salaried, academic, resident, and rural/urban family physicians. Their feedback informs key decisions and provides valuable input on the practicality of programs and concepts.

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**ELECTRONIC MEDICAL RECORD** On October 30, 2015, 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. eDOCSNL, as the provincial EMR Program is known, is governed by a management committee of six voting members, three of whom are physicians. There are also two sub-committees, the Data Governance Advisory Committee (DGAC), which advises the Management Committee on matters related to EMR data, and the Clinical Advisory Committee, which advises the Management Committee on matters related to the use of the EMR.

eDOCSNL is tasked with deploying EMRs to 300 fee-for-service physicians by March 31, 2020 and, to date, it has met or exceeded all of its incremental milestones. As of May 22, 2018, 190 physicians and six Nurse Practitioners have joined eDOCSNL, and 126 physicians have registered for enrolment in the program.

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Since the inception of eDOCSNL, the Department of Health and Community Services has included the deployment of the EMR program to the Primary Health Care Teams and the physicians in these teams are included in these numbers. The salaried physicians joining eDOCSNL are over and above the original 300 physicians being funded through the initial agreement. More than 150,000 unique patients in Newfoundland and Labrador have a chart in eDOCSNL.

As part of the 2015 MOU, data from the EMR will be available to NLHCI for secondary use. Physicians sitting on DGAC have been discussing which data elements will be used and an information management framework to direct the work of NLCHI that will increase the transparency of these activities.

.....

**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. The CSF is currently providing financial support to the following active projects and initiatives:

- » Evidence-Based Back Pain Management Resource Development
- » After-hours Primary Care Clinic
- » Knowledge Exchange Warehouse/Forms Management
- » Group Based Prenatal Care
- » Substance Abuse Disorder CME Development and Delivery
- » Medical Assistance in Dying (MAiD) CME Development and Delivery
- » Improving After-hours Care in Rural NL
- » Integrated Fracture Clinic
- » Group Appointments for Diabetic Patients
- » Patterns of Avoidable Utilization and Interventions to Address Them
- » Improving Data Quality to Inform Primary Care Reform
- » Palliative Care
- » eConsult

.....

**eCONSULT** The CSF has provided funding for the NL BASE™ eConsult Developmental Project. NL BASE™ is a secure web-based service that enables family doctors to submit a clinical question to a specialist who replies within seven (7) days.

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<sup>1</sup> BASE – Building Access to Specialist through eConsultation

By providing advice directly to the provider, a referral may be avoided or at least enhanced. The NL BASE™ eConsult service was launched in September 2016 and since then it has grown to include more than 180 family physician/nurse practitioner users who have generated more than 1,400 patient eConsults.

Family physicians consistently rank the value of the NL BASE™ eConsult service to both themselves and their patients as being extremely high. Participating specialists also provide positive feedback on the service. The evaluation results of eConsult developmental project from September 2016 to December 31st, 2017 show impressive results and demonstrate a strong business case. During this time frame, 831 eConsults were initiated and closed. For 37 per cent (306) of these cases, a face-to-face referral was avoided. In one-quarter (202) of the eConsult cases, a referral was deemed necessary, but through specialists' directions a more effective and efficient consult visit was anticipated – often the result of diagnostic procedures that could be performed prior to the first visit. However, if the 306 cases where a referral was avoided is examined in the subset where a referral was intended (508), the percentage of referrals avoided increases to 60 per cent. In addition, in 33 per cent (274) of the eConsults initiated, the Primary Care Providers (PCP) reported they were able to receive specialist advice that enabled them to manage their patients with more confidence.

About 88 per cent (727) of PCPs consistently ranked the value of eConsult to their patients as “excellent” as well as high for themselves personally (89 per cent). In an end-of-study survey, all PCPs agreed eConsult is a feasible way to improve patient care. Ninety per cent contend it is a faster way to provide advice and that eConsult should be expanded. An estimated 155 cases were identified that avoided travel because of eConsult. For vehicle travel of between four (4) and 20 hours, the average costs avoided are \$625 per consult, totalling nearly \$97,000 (not including such factors as time off work, the need for accompanied travel for some patients, weather conditions, required rest time, lodging, etc.) As well, for the 15 Labrador eConsult cases that avoided a referral, a \$15,000 cost was avoided for air travel alone.

Plans are underway to migrate the NL BASE™ eConsult service to the Health NL Viewer and to incorporate the service within the provincial EMR.

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Participating eConsult specialties include:

- » Addictions Medicine
- » Cardiology
- » Chronic Pain
- » Clinical Pharmacy
- » Dermatology
- » Endocrinology and Metabolism
- » Gastroenterology
- » Hepatology
- » HIV Provincial Program
- » Internal Medicine
- » Infectious Disease
- » Medication Therapy Services Clinic
- » Nephrology
- » Neurology
- » Obstetrics/Gynecology
- » Opioid Dependency
- » Orthopedics
- » Palliative Care
- » Pediatrics
- » Psychiatry (adult and child)
- » Respiriology
- » Sports Medicine
- » Surgery
- » Urology
- » Wound Care

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**AFTER-HOURS CLINIC** The NLMA, in partnership with Eastern Health, opened an After-hours Primary Care Clinic on May 22. The clinic provides services to improve access for patients and avoid unnecessary trips to emergency departments. Only the patients of family physicians participating in the after-hours clinic can avail of this service and physicians provide shared care to anyone who is a patient of a participating physician. Patients are seen by appointment only during clinic hours of Monday to Friday from 6 p.m. to 9 p.m. and on Saturday, Sunday and holidays from 9:30 a.m. to 12:30 p.m. The clinic is located at the Major's Path Clinic in St. John's. Services are provided as part of a shared care model and any updates to patients' medical records are sent directly to the primary family physician. There are currently there 28 family physicians and 28 emergency department physicians participating in the clinic. NLMA's goal is to increase that number so more patients can avail of this service. Plans are also under way to expand this model of after-hours care with other clinics outside of St. John's.

**MOA SIGNED** In December, the NLMA signed the 2013-2017 Memorandum of Agreement (MOA) with the provincial government and retroactive payments were made by the end of the calendar year. An Agreement in Principle was reached in 2015, and ratified by a vote of the membership in October of that year. When the vote closed 94% of participants voted in favour of the agreement. The new agreement added 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. Other improvements negotiated in the MOA included new fee code initiatives developed for the Family Practice Renewal Program; a fee code review process; a new data-sharing agreement with the Department of Health; a review of the Rural FFS Retention Bonus program for family physicians; maintenance of the CMPA reimbursement; and, development of criteria and methodology for transitioning hospital-based services to private offices. Quarterly payments for salaried and APP members were also incorporated into their biweekly pay.

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**PHYSICIAN HEALTH** The provincial government permanently allocated \$150,000 annually from the Physician Services Budget to support the NLMA Physician Care Network, which oversees 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.

In December 2017, the NLMA Physician Care Network signed a Memorandum of Understanding with the College of Physicians and Surgeons of Newfoundland and Labrador to deliver a Substance Use Disorder Monitoring Program to facilitate successful and sustained recovery for physicians with substance use disorders. The College will refer physicians to the program and physicians may self-refer.

To learn more about the programs of the NLMA Physician Care Network, visit the Wellness section of [www.nlma.nl.ca](http://www.nlma.nl.ca).

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**2017 SAFE HARBOUR PHYSICIAN WELLNESS RETREAT** Safe Harbour 2017 was a successful event with many participants reporting they enjoyed the sessions and the venue. This year, the retreat focused on the theme of life-long well-being and health. Workshops examined aspects of "blue zones", the science of longevity, a coaching-based approach to resiliency and creating a happy life plan.

**NLMA RESPONDS TO FEDERAL TAX CHANGES** The federal Department of Finance released a set of proposals on July 18 for amending the tax rules that apply to private corporations. The changes affect all independent professionals across Canada who have set up as private corporations, including physicians. Meetings were held between the NLMA and federal MP Hon. Seamus O'Regan, as well as the Hon. Tom Osborne, provincial Minister of Finance. Letters were also sent to the Federal Minister of Finance and all NL Members of Parliament. A template letter for NLMA members was provided so they could send direct input to the federal minister or their MPs. NLMA also conducted a member survey to reinforce the lobbying effort. The survey was intended to gauge how members would be affected by the proposed tax changes. Almost half (45%) of incorporated members completed the survey. If the proposed tax measures were implemented, 83% said they would consider reducing the number of hours they currently work to avoid higher taxes, while 62% said they would consider leaving Newfoundland and Labrador to practice elsewhere. The proposed tax changes will compromise the ability of these physicians to use earnings of their corporations to invest in their medical practice, expand their offices, hire staff, or plan for their retirement. The NLMA released the findings of the survey to the media and the provincial government. The results were also shared with federal Finance Minister Bill Morneau on September 28. The NLMA remained in contact with the CMA as they put forth arguments at the national level.

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**FLU SHOT CAMPAIGN** The NLMA launched a Flu Shot Campaign in September in response to the provincial government's decision to eliminate the fee code for administering the influenza vaccine. The campaign included the web site [flunl.ca](http://flunl.ca), a social media strategy, paid advertising and an online petition. NLMA President Dr. Lynn Dwyer also asked members to write to Health Minister John Haggie requesting he reverse the decision, contact members of the House of Assembly, encourage patients to visit [flunl.ca](http://flunl.ca), and spread the campaign's message through social media and the hashtag #FLUnl. FFS family doctors also received posters for their offices and encouragement to ask patients to sign the online petition. The NLMA also released documents obtained through Access to Information which showed that the reason for the decision was to find savings. The campaign lasted about four weeks and received extensive coverage on all media channels. NLMA also met with members of the opposition parties and a joint news conference was held with NLMA President Dr. Lynn Dwyer, Dr. Dave Thomas, then President of the Newfoundland and Labrador Chapter of the College of Family Physicians, pediatric cardiologist Dr. Christina Templeton, and St. John's family physician Dr. Jillian Parsons. As expected, the government did not change its decision. It deployed extra resources through the RHAs to provide community flu shot clinics. The public relations campaign exposed the weaknesses in government's position and it demonstrated that NLMA will respond to issues that impact physicians and patients.

**CUTS TO GFT COMPENSATION** On March 15th, GFT physicians received notice from Eastern Health that they were receiving a 9% reduction in pay as the provincial government believes they were receiving double benefits from Eastern Health and Memorial University. NLMA maintained that this unilateral decision by government to roll-back benefits that are founded in the MOA is a violation of our contract. NLMA held a meeting on April 3rd with about 35 GFTs and is now collecting contracts for about 90 GFT physicians. NLMA is looking at all avenues to address the matter, including a legal challenge.

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**NLMA RECOMMENDATIONS ON MARIJUANA LEGALIZATION** In August, the NLMA provided a recommendations paper to the provincial government on reducing harms associated with recreational marijuana in a legalized environment. Research was later conducted on the possible medical implications of legalization with respect to patient harm. Frontline family physicians and emergency physicians were surveyed to determine the impact they are currently seeing on patients in their practices with respect to marijuana use. This research is being used to develop a public awareness campaign about the risks of using marijuana, which will be released around the time of legalization. The campaign will educate the public about risks associated with marijuana use, dispel myths, demonstrate that doctors care about their patients' health and reinforce that it is OK to talk to their doctor about their marijuana use.

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**REVISED NON-INSURED SERVICES GUIDE** A new, revised Non-Insured Services Guide has been released. The previous recommended hourly rate of \$280 had been in place since 2008, and there had been no revisions to the rates or the content of the guide in the intervening years. A Working Group of family physicians and specialists met and drafted a 2018 edition of the guide to assist physicians and their staff with billing uninsured services. The revised guide covers primarily non-procedural medical services such as the completion of forms and related examinations, and information on medico-legal services. For the hourly rate, the Working Group recommended a low end of \$350 with \$500 at the upper end.

**OVERHEAD SURVEY** In March, the NLMA enlisted the work of Deloitte to conduct a confidential survey on fee-for-service overhead costs. The survey is an essential tool for the NLMA in preparation for negotiations. With outlier specialties removed, medical and surgical specialties reported comparable overhead expenses. Medical specialties reporting the highest average of \$202,923 annually (\$275,102 for community-based and \$58,567 for hospital-based). Surgical specialties reported annual average overhead expenses of \$114,342 (\$163,903 for community-based and \$68,593 for hospital-based).

The average overhead expenditure for fee-for-service, community-based family doctors in NL was \$82,496. This expenditure represents one-third of the average income of FFS family physicians. Overhead expenses were higher in rural areas: \$94,532 as compared to \$76,556 in urban areas. Average overhead expenses for hospital-based family physicians was \$59,444 annually.

Incorporated physicians reported higher overhead expenses across each grouping. While overhead expenses for hospital-based physicians were similar across both urban and rural locations, rural community-based physicians reported considerably higher expenses than physicians in urban areas. In total, physicians with 10 or more years of active practice reported higher overhead expenses.

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## **TRANSITION OF HOSPITAL-BASED SERVICES TO PRIVATE CLINICS**

The MOA calls for a new committee to examine proposals from physicians to have selected hospital-based services transferred to private physician offices should they meet the tests of cost sustainability, safety, quality, etc. The NLMA has appointed Dr. Sonny Collis and Dr. Brett Williams to this committee. The first step in the process is the development of program guidelines, an application form, and an assessment model. The NLMA and the government jointly engaged Deloitte to provide expertise and modelling in support of this step. The Committee received a report from Deloitte on November 29 on how to establish a framework for this initiative. A committee has now established a process to begin accepting proposals from members. The Committee will ensure there are good quality assurance processes in place and that savings, or at least cost neutrality, will be achieved by each proposal. A non-hospital regulatory system will also be established.

**APPROPRIATENESS COMMITTEE** Government launched an Appropriateness of Care Committee which is based in part on the recommendation of the NLMA in 2016 that a well-resourced effort is needed to identify the areas of over-utilization of resources and develop campaigns and rules to modify usage. The committee is focused on utilization management of tests, services, prescriptions and procedures. The committee includes representatives from the NLMA, NLCHI, the RHAs, Choosing Wisely NL, the ARNNL, the CPSNL and a pharmacy representative. Sub-committees have been established in the areas of pharmaceutical services; acute care bed utilization; clinical/laboratory; diagnostic Imaging; and, MCP.

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**NLMA PHYSICIAN LEADERSHIP PROGRAM** The NLMA has partnered with the Faculty of Medicine's Office of Professional Development (OPD) in the development of an NLMA leadership program to establish a recruitment system for future NLMA leaders; provide educational opportunities relevant to NLMA issues; and, provide experiential opportunities through long-term or temporary appointments within the committee structure or on ad hoc projects. The program will include online self-learning accredited courses that members can complete at their own pace. NLMA will offer in-kind support in developing the curriculum, sourcing presenters and promoting the program. The program may be offered once or twice a year, and will help build a pool of members interested in participating in leadership roles and support succession planning for NLMA committees and the Board.

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**LEARNER/EARLY IN PRACTICE ENGAGEMENT** A Medical Learner, Resident and Early in Practice Engagement Working Group was developed in response to the Strategic Plan objective to "review and seek opportunities to retain new-to-practice physicians, as well as engage students and residents in the activities of the Association." The working group will undertake research and consultation to identify priority interests/issues of each subgroup and their expectations related to NLMA engagement, as well as to find out what each group wants from the NLMA. The findings will be used to develop engagement strategies and initiatives that encourage learners, residents and early in practice physicians to become involved with the NLMA. It will also be used to inform development or enhancement of NLMA value-added products and services, and to contribute to policy and negotiations positions to attract and retain this cohort.

**NLMA CAR SEAT PROGRAM** A New Year tradition for the NLMA is the annual car seat program. For more than 30 years, physicians in Newfoundland and Labrador have been providing safe rides home for newborns at hospitals around the province. Again this year, the NLMA donated a car seat to the first baby born in 2018 at 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 the hospital as newborns. To date, more than 350 car seats have been presented to families of newborns.

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**COUNT YOUR CUBES CHALLENGE** Last spring, the NLMA partnered with the Heart & Stroke Foundation, the Newfoundland and Labrador Dental Association, Newfoundland and Labrador Dental Hygienists Association, and Canadian Cancer Society NL in the promotion of a healthy living campaign called the Count Your Cubes Challenge. This month-long challenge aimed to educate the public about how much sugar is in commonly consumed beverages with the goal of reducing sugary drink consumption. During the first week of the challenge, participants were asked to record the sugary drinks they consumed each day without making any changes to their diet. In the following three weeks, participants are challenged to make healthier beverage choices each day by consuming fewer sugar "cubes" than they recorded during week one. A news conference was held at NLMA House to raise awareness about how sugar is linked to obesity and chronic disease.



APPENDICES TO THE  
**NLMA ANNUAL REPORT**

**Appendix 1 – Financial Statements**

*Available to members upon request*

## **Appendix 2 – 2018 Budget**

*Available to members upon request*

# REPORT OF THE NOMINATING COMMITTEE

## Dr. Jonathan Greenland, 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 general election and subsequent by-election vote of the membership, the Committee is pleased to put forward the following slate of officers and board members for 2018-2019:

|                          |   |                             |
|--------------------------|---|-----------------------------|
| President                | Dr. Tracey Bridger, Sal <sup>1</sup> Spec | Portugal Cove-St. Phillip's |
| President-Elect          | Dr. Charlene Fitzgerald, Sal FM           | Happy Valley-Goose Bay      |
| Immediate Past-President | Dr. Lynn Dwyer, FFS <sup>2</sup> FM       | St. John's                  |

## Board Members

|  |       |
|--|-------|
| Dr. David Flusk, APP <sup>3</sup>      |       |
| Dr. Paul Johnston, FFS Spec            | Rural |
| Dr. Jerry McGrath, FFS Spec            | Urban |
| Dr. Lynette Powell, FFS FM             | Urban |
| Dr. Lauren Smithson, Sal Spec          | Rural |
| Dr. Christina Templeton, FFS Spec      | Rural |
| Dr. James Quinlan, PARNL <sup>4</sup>  |       |
| Ms. Jillian McCarthy, MSS <sup>5</sup> |       |

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<sup>1</sup> Salaried

<sup>2</sup> Fee-for-Service

<sup>3</sup> Alternate Payment Plan

<sup>4</sup> Professional Association of Residents of Newfoundland and Labrador

<sup>5</sup> Medical Students' Society

2017-2018

## BOARD OF DIRECTORS, STAFF, CMA REPRESENTATIVES

### NLMA Board of Directors

#### Officers

**President** - Dr. Lynn Dwyer

**President-Elect** - Dr. Tracey Bridger

**Past-President** - Dr. Christopher Cox

#### Directors At-Large

Dr. Charlene Fitzgerald

Dr. Jerry McGrath

Dr. Paul Moorehead

Dr. Lynette Powell

Dr. Amer Qureshi

Dr. Christina Templeton

#### Non-Voting

**Board Chair** - Dr. Arthur Rideout

**Resident** - Dr. James Quinlan

**Medical Student** - Ms. Jillian McCarthy

#### NLMA Staff

|                        |  |
|------------------------|--|
| Mr. Robert Thompson    | Executive Director                                       |
| Ms. Lynn Barter        | Associate Executive Director                             |
| Mr. J. David Mitchell  | Director, Administration & Membership                    |
| Ms. Suzan Izquierdo    | Membership Administrator                                 |
| Ms. Donna Osmond       | Executive Assistant                                      |
| Mr. Jonathan Carpenter | Director, Communications & Public Affairs                |
| Ms. Anna Delaney       | Communications Coordinator                               |
| Mr. Scott Brown        | Director, Health Policy & Economics                      |
| Ms. Tamie L. White     | Senior Compensation & Benefits Analyst                   |
| Dr. Susan M. King      | Medical Director, NLMA Physician Care Network            |
| Ms. Jean Cook          | Clinical Stabilization Fund Project Coordinator          |
| Ms. Lucy McDonald      | Senior Advisor, Health Information                       |
| Ms. Glenda Nash        | Program Director, Family Practice Renewal Program (FPRP) |
| Mr. Ian Hodder         | Senior Program Consultant, FPRP                          |
| Ms. Paula Hanrahan     | Practice Improvement Advisor, FPRP                       |
| Ms. Dawn Mason         | Administrative Assistant, FPRP                           |

#### NLMA Representatives to CMA Committees/Forums

|                   |                          |
|-------------------|--------------------------|
| Dr. Brendan Lewis | Board of Directors       |
| Dr. Wendy Graham  | Committee on Nominations |

## NLMA COMMITTEES

### 2017-2018 Standing Committees

#### **Governance**

Dr. Lynn Dwyer  
Dr. Tracey Bridger  
Dr. Christopher Cox

**Secretariat:** Robert Thompson, Lynn Barter

#### **Finance and Administration**

Dr. Jerry McGrath (Chair)  
Dr. Tracey Bridger  
Dr. Lynn Dwyer  
Dr. Charlene Fitzgerald  
Dr. Jonathan Greenland  
Dr. Paul Moorehead

**Secretariat:** Robert Thompson, J. David Mitchell

#### **External Relations**

Dr. Lynette Powell  
Dr. Charlene Fitzgerald  
Dr. Amer Qureshi  
Dr. Christina Templeton  
Dr. Nigel Duguid  
Dr. Rebecca Rudofsky

**Secretariat:** Jonathan Carpenter, Anna Delaney

2017-2018

## AD HOC COMMITTEES AND ADVISORY COUNCILS

### Physician Wellness Advisory Council

Dr. Tracey Bridger (Chair)  
Dr. Sonny Collis  
Dr. Steve Darcy  
Dr. Jonathan Greenland  
Dr. Gina Higgins  
Dr. Susan King (Medical Director)  
Dr. Sandra Luscombe  
Vacant (CPSNL representative)

**Secretariat:** Lynn Barter

### Health Information Committee

Dr. Gerard Farrell (Chair)  
Dr. Paul Moorehead (Board liaison)  
Dr. Marcus Hancock  
Dr. Christopher Kovacs  
Dr. Aaron McKim  
Dr. Francois de Wet  
Dr. Todd Young  
Dr. Tony Gabriel (EMR Management Committee liaison)

**Secretariat:** Lucy McDonald

### Negotiations

Dr. Lynn Dwyer  
Dr. Tracey Bridger  
Dr. Christopher Cox

**Secretariat:** Robert Thompson,  
Lynn Barter, Scott Brown

### Physician Services Liaison Committee (PSLC)

Dr. Lynn Dwyer  
Dr. Tracey Bridger  
Dr. Christopher Cox

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

### CPSNL-NLMA Joint Committee

Dr. Lynn Dwyer  
Dr. Tracey Bridger

**Secretariat:** Robert Thompson

### 2018 Nominating Committee

Dr. Jonathan Greenland, Chair  
Dr. Steve Darcy (Eastern)  
Dr. Megan Sherman (Central)  
Dr. Dave Thomas (Western)  
Dr. Kathryn Versteeg (Labrador-Grenfell)

**Secretariat:** Lynn Barter

## PHYSICIANS' LEGACY FOUNDATION OF NEWFOUNDLAND & 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.

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Dr. Francisco Enrique Acevedo    | Dr. Charlene Deirdre Fitzgerald       |
| Dr. Khalil Ahmad                 | Dr. Donald Gerard Fitzpatrick         |
| Dr. Ali Neamah Hameed Al Khafaji | Dr. Wendy Rosalind Graham             |
| Dr. Ali Sa Al-Byaty              | Dr. Jonathan David Greenland          |
| Dr. Geoffrey Albert Bailey       | Dr. Bhagvanth Reddy Gunna             |
| Dr. Peter Blanchard Blackie      | Dr. Kathleen Marie Halley             |
| Dr. David Malcolm Brentnall      | Dr. Sean Francis Hamilton             |
| Dr. Carmel Casey                 | Dr. Elizabeth Jolene Hancock          |
| Dr. Janet Chaytor                | Dr. Marcus Lawrence Jeddore Hancock   |
| Dr. Santhi Chellamuthu           | Dr. Conamara Hapgood                  |
| Dr. Mammen Cheriyan              | Dr. Scott Rodney Harris               |
| Dr. Diane Alison Colbert         | Dr. Megan Joanne Hayes                |
| Dr. David Allison Coleman        | Dr. Kenneth James Henderson           |
| Dr. Thomas George Costello       | Dr. Gilbert Tin Maung Hla             |
| Dr. Christopher Randall Cox      | Dr. Anne Marie Hofner                 |
| Dr. Stephen Darcy                | Dr. David Christopher Giovanni Holden |
| Dr. Mervyn Maynard Dean          | Dr. Wendy Myra House                  |
| Dr. Lesley Maria Doody           | Dr. Glennis Dawn Howse                |
| Dr. Alison Christine Drover      | Dr. Linda Eileen Ivany                |
| Dr. Lynn Elizabeth Dwyer         | Dr. Heather Renee Jackman             |
| Dr. Hendrik Andries Engelbrecht  | Dr. Christopher Eric Jenkins          |
| Dr. Wilhelmina Engelbrecht       | Dr. Katherine Mary Kavanagh           |
| Dr. Fakhruddin Kassamali Essaji  | Dr. Melissa Dawn Kelley               |
| Dr. Jamie Bernard Farrell        | Dr. Susan Matilda King                |

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Dr. Heidi Kravitz  
Dr. Murugesan Kulandaivelu  
Dr. Harry Russell Lake  
Dr. Sheila Marie Lewis  
Dr. Jennifer Joan Lombard  
Dr. Kristopher Dale Luscombe  
Dr. Adrian C. Major  
Dr. Ashok Kumar Manga  
Dr. Peter James Matthews  
Dr. Annette Mary McCarthy  
Dr. Rodney McCarthy  
Dr. Paul Christopher Moorehead  
Dr. William Bertram Moulton  
Dr. Stuart James Murphy  
Dr. Peter James Noel  
Dr. Mary Hannah O'Brien  
Dr. Lachman Das Oad  
Dr. Cora Ogomegbunam Ogbolu  
Dr. David J. Openshaw  
Dr. Perry Alonzo Osborne  
Dr. Steven M. Parsons  
Mr. Arthur Travis Paul Pickett  
Dr. Angela Pickles  
Dr. Calvin Neil Powell  
Dr. Tammy Lynette Powell

Dr. Lorena Marie Power  
Dr. Zaid Omar Ali Ramjohn  
Dr. Devicka Janet Roopram  
Dr. James Thomas Bruce Rourke  
Dr. Carla Nadine Saldanha  
Dr. Jinka Sathya  
Dr. Esmael Mohamed Harron Sebbi  
Dr. John Haworth Sheldon  
Dr. Gillian Ann Sheppard  
Dr. Paul Douglas Skirving  
Dr. Andrew Smith  
Mr. Nicholas Jacob Snow  
Dr. Tina E. Squires  
Dr. Christina Gordon Templeton  
Dr. Mylvaganam Joseph M. Thavanathan  
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Dr. Keith Anthony Vokey  
Dr. Paula Marie Walsh  
Dr. Harold Ross Watts  
Dr. Jeffrey Vernon White  
Dr. Lucinda Anne Whitman  
Dr. Paul G. Wayne Woolfrey  
Dr. Dejun Xu  
Dr. Karim Esmat Amin Youssef

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.

## NOTES



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