



Gerard Farrell, MD

President's Tour highlights issues facing members; Update on negotiations

Dear Colleagues:

It was a pleasure to meet with so many of you during my President's Tour last month. As you know, we postponed the traditional in-person fall President's Tour because it coincided with our transition to the new Executive Director and the start of negotiations. Even though this year's tour had a condensed, virtual format, we received much valuable feedback from members. I want to personally thank everyone who participated in our discussions and for the critical role you play every day in the delivery of medical care to the people of this province.

Unfortunately, it was clear to me during our conversations that providing quality care to patients has become increasingly difficult due to the constraints of working within a health care system under great strain from widespread physician shortages and an aging population requiring higher levels of care. In every region of the province, I heard examples of how physician vacancies are putting strain on our members. The shortages are creating environments that are contributing to physician burnout and putting patient safety at higher risk.

Emergency departments continue to grapple with reoccurring closures. This means diversions for patients and increased pressure on the emergency departments that remain open. We also heard that emergency departments are often forced to take over inpatients and rounding due to the shortage of internal medicine specialists and hospitalists. We heard that ER physicians at some rural sites are being scheduled to work consecutive 24-hour shifts, which puts patients and physicians at risk. Some emergency departments are completely dependent on locums to sustain the service, often at great financial cost to the system. Members also told us they are concerned about patients who are forced to travel on diversion, the increasing number of patients leaving ERs without being seen and that unnecessary deaths have occurred resulting from lack of local ER coverage. During our discussions, members agreed that virtual ERs can provide some access for patients, but it is not a solution to the province's ER crisis, and it is not a replacement for in-person doctors stationed inside the hospital.

Others raised issues like the excessive call burden and the need for clearer language around call obligations. This is especially difficult for members who are working as solo physicians at sites with vacancies. Many doctors, including community-based family physicians, told us they have not been able to attract a locum for years.

Decreasing access to family medicine was discussed at each meeting. Members were clear that unless we have an adequate number of community-based family physicians, we are not going to solve the problems in our emergency departments. No matter how efficiently the ER is running, it is not able to deliver longitudinal primary care that the people of this province need, particularly given our genetics, our demographics, and our high rates of chronic disease. We need family physicians in communities working with patients and their families over time and generations. Without that, the health status of our population will continue to decline.

We heard loud and clear that community-based family medicine is no longer regarded as a viable business model. Increasing operating costs means physicians must see more patients to meet overhead demands. This means they cannot spend the time they want with patients. It means they are working longer hours at the expense of their personal lives. Many are completing administrative paperwork outside of office hours and the complexity of the paperwork is growing. Adding to this administrative burden is the growing number of interactions with MCP, which often results in reduced or rejected payment for services rendered.

I heard from multiple physicians who said they no longer bill for certain services they provide to patients because they know the TADs from MCP will only add to their workload and frustration. Many of you told us you are feeling undervalued, and your concerns are not being understood by decision makers.

We also heard from members that the province's recruitment efforts will fail unless equal attention is given to retention. Concerns were expressed over how special deals in one community can create pay disparities in others, making it harder for them to recruit and creating stress between physician groups.

I heard from several members who felt their decision on whether to stay and practice in the province will be determined by the outcome of our current round of negotiations. I appreciate that a lot is riding on the next agreement, and I want to assure you that the NLMA continues to raise your issues with the government. We are committed to seeking solutions at the negotiations table to stabilize the physician workforce and to address systemic challenges that create barriers to delivering high quality health care.

Negotiations Update

As you know, the NLMA gave notice to trigger negotiations on June 1, 2023, prior to the expiry of the MOA on September 30. Our goal is to get the MOA closer to a four-year cycle again following years of delayed negotiations.

In developing our mandate, we considered member survey responses received last spring when we first asked for input into this round of negotiations, as well as written submissions from individuals and physician groups, feedback from past member engagements, and outstanding issues from our previous negotiations.

An overall theme of our negotiations is improved competitiveness for sustainable recruitment and retention. Some of the areas identified by members included such topics as national parity for all disciplines, an improved compensation model for rural and remote family medicine and emergency medicine, reducing administrative burden, addressing issues that impact on work-life balance, locum recruitment, an improved role for physicians within the new health authority, and improved patient access, among other important issues.

Given the tight timeline, the NLMA Board of Directors met over the summer and fall to prepare the negotiations mandate, which was signed off in early winter. We now have more than 27 proposals and have been tabling them at the bargaining table throughout January and February.

While the NLMA is in contract talks, I ask that you please consult with us prior to raising negotiations-related issues in the media or with elected officials. I also want to remind members that physicians forfeited the right to withdraw insured services in exchange for binding arbitration in our agreement ([MOA Schedule N – page 65](#)). These are the first negotiations in our history that we can use binding arbitration if we are not able to reach an agreement after 12 months. This right can easily be lost for all members should a group or an individual withdraw, or threaten to withdraw, insured services for economic gain. It is vital that as we present our issues to government, we do so with one, unified voice.

In closing, it was brought to my attention from multiple members following the President's Tour that our engagement sessions must remain professional and respectful. Therefore, I would like to share a copy of the [NLMA Respectful Workplace Policy](#), which applies to all NLMA meetings. You may find it useful as a template should you wish to adopt a similar policy in your own workplace or should you ever encounter behaviour issues in your workplace.

Sincerely,



Gerard Farrell
President
