



Steve Major, MD

Update on MOA Negotiations

Dear Colleagues:

Since our last update during the AGM in June, the NLMA has held multiple negotiating sessions with the provincial government. Negotiating a new Memorandum of Agreement (MOA) is critical for addressing systemic challenges that are driving instability within our medical workforce.

A key goal of these negotiations is to achieve national competitiveness for physician compensation. Atlantic parity is no longer sufficient and has not addressed the longstanding vacancies and consistent physician turnover, which are causing long wait times and reduced access for patients.

Additional key goals in this round of negotiations are to fix family medicine and stabilize the physician workforce. The provincial government's regularized use of short-term, interim solutions, like Teledoc and Fonemed, will not solve the widespread physician shortages. These only offer limited, episodic care to Newfoundlanders and Labradorians. The habitual use of "special rates" outside of our MOA has also caused inequities, disruption, and inconsistency. These stop-gap solutions will not solve the family medicine crisis in the province or address the ongoing challenges we have with physician recruitment and retention.

Despite our best efforts to get to a negotiated deal in a timely, efficient manner and some progress at the table, negotiations have moved at a very slow pace and the positions of the parties remain far apart. On July 10, the NLMA Board of Directors met to discuss the option of triggering interest arbitration. This would initiate a process whereby both parties present their proposals to an arbitration board that will make final decisions after hearing from both parties. Arbitration can be triggered by either party after 12 months of negotiations. Thirteen months have now passed since the NLMA gave notice to start negotiations.

After careful consideration, the NLMA Board has given the NLMA Negotiations Team authority to trigger the arbitration process in the coming weeks under *Schedule N* of our MOA.

I wish to remind members that the right to use arbitration to complete a new agreement was secured after many years of effort. The NLMA learned from the 2001 physician strike and the 2010 service withdrawal that an alternative was needed to avoid creating a crisis to achieve progress in negotiations. Now that we have the right to arbitration, and though it is not without risk, we must deploy it when our interests and the interests of our patients cannot be properly advanced in negotiations with the Government.


The Board believes sincerely that our positions are strong, our evidence and arguments are compelling, and that arbitration will produce a better deal for our patients and the health system than continued negotiation. We will keep you informed of new developments as this process unfolds.

As always, we appreciate your feedback on these matters.

Sincerely,



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President



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