



NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION

# ANNUAL REPORT

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2024/2025





NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION

# WHO WE ARE

## Vision

A healthy physician workforce providing equitable access to quality care for all.

## Mission

As the voice of Newfoundland and Labrador's physicians, we advocate for the well-being of our members and empower them as effective enablers of change in health care transformation.

## Values

**Well-being:** We strive to create an environment that prioritizes and facilitates physician health and well-being.

**Evolving:** As an evolving organization, we embrace innovation for continuous improvement and excellent service to our members.

**Compassion:** We foster an individual and organizational culture of caring for physicians, patients, and each other.

**Accountability & Transparency:** We listen - to understand and to connect. We are genuine and candid in our interactions and hold ourselves accountable.

**Respect:** We treat everyone with dignity and value diverse experiences.

**Equity:** In a culturally safe manner, we seek fairness and balance among physicians, physician groups, and with our health care partners.

# IN MEMORIAM

The Newfoundland and Labrador Medical Association recognizes the members who passed away since the publication of the last Annual Report.

Dr. Peter Blackie	Gander, NL	February 13, 2024
Dr. Douglas Simms	Corner Brook, NL	May 2, 2024
Dr. Thomas Sullivan	Carbonear, NL	July 21, 2024
Dr. Johan Booyesen	New Minas, NS	July 26, 2024
Dr. Michael Paul	St. John's, NL	September 10, 2024
Dr. Donald Hodder	Grand Falls-Windsor, NL	September 24, 2024
Dr. Charles Boddie	St. John's, NL	October 19, 2024
Dr. Paul Patey	St. John's, NL	October 22, 2024
Dr. Peter Hollett	St. John's, NL	November 21, 2024

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

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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 reports, 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 99TH ANNUAL GENERAL MEETING

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Virtual Zoom Meeting

June 8, 2024 | 2:00 p.m. NT

01

## Official Opening

NLMA Board Chair Dr. Tracey Bridger opened the 99<sup>th</sup> AGM at 2:00 p.m. NT on Saturday, June 8, 2024. Dr. Bridger read a land proclamation, and the details of participation in the virtual format were outlined. The meeting was called to order.

02

## AGM Agenda

Poll voting was used to pass the call for motion to approve the AGM Agenda. The poll showed 96% approval for the agenda as circulated.

**PASSED**

03

## Minutes of the 2023 AGM

Poll voting was used to pass the call for motion to approve the minutes of the 2023 AGM. The poll showed 96% approval for the minutes as circulated.

**PASSED**

04

## Actions on Resolutions Arising from the 2023 AGM

Poll voting was used to pass the approval of actions arising from the 2023 AGM. The poll showed 97% approval for the actions arising from the 2023 AGM be approved.

**PASSED**

# 05

## **Pathways NL Presentation - Brennan Antle**

Brennan Antle, Project Manager, Pathways NL introduced a presentation on the Pathways NL initiative. With him were Jayme Buckingham, Pathways NL Administrator, and Dr. Bolu Ogunyemi, member of the Pathways Steering Committee. Dr. Ogunyemi described the Pathways NL initiative, a web-based resource adapted from the Pathways initiative designed and implemented in BC by physicians, for physicians. Pathways NL is an “information bridge” that facilitates efficient referrals and supports optimal patient care by providing consultants’ consultation requirements, areas of practice and limitations, and referral wait times. Dr. Ogunyemi spoke of this as an area where physicians can help each other send and receive more appropriate referrals, benefiting patients. Mr. Antle noted that this month and throughout the summer the Pathways team is asking NL consultants to reach out to the Pathways team to complete their online profile. Pathways NL will be implemented to family physicians starting in Fall 2024. Mr. Antle described the organizational structure of Pathways NL as an initiative of the Family Practice Networks, with a Project Steering Committee consisting of two family physicians, two consultants, two Family Practice Network Executive Directors, two Newfoundland and Labrador Health Services representatives, one Department of Health and Community Service representative, one Newfoundland and Labrador Medical Association representative and one Family Practice Renewal Program representative.

# 06

## **President’s Address - Dr. Gerard Farrell**

Dr. Farrell began his address by thanking participants for taking the time to attend the NLMA Annual General Meeting and expressed his deep gratitude for the opportunity to serve as President of the Association. He said much of his time as president was dedicated to preparing for, and engaging in, negotiations with the provincial government, adding that delays in the previous negotiations put the NLMA four and a half years behind schedule. Dr. Farrell said negotiations for a new contract were triggered in June 2023 and the central theme of negotiations was enhancing competitiveness for sustainable recruitment and retention. He said the NLMA developed its mandate and position on key issues through extensive consultation with members, including survey responses, written submissions, feedback from past engagements, and unresolved issues from previous negotiations. Members identified several critical areas, including national competitiveness, improving compensation models, reducing administrative burden, addressing work-life balance, among others. He said valuable feedback was also received during the President’s Tour, where it was clear that delivering quality patient care has become

## President's Address - Dr. Gerard Farrell

increasingly challenging due to the immense pressure on our health care system, exacerbated by widespread physician shortages. He said members voiced concerns about excessive call burdens, difficulties in attracting locums, and increasing administrative tasks and that in every region, President's Tour attendees heard examples of how physician departures are straining physicians' ability to provide care and that physician vacancies are putting patient safety at risk. He said members were loud and clear that the province's recruitment efforts will fail unless equal emphasis is placed on physician retention. Dr. Farrell stated the NLMA was actively seeking solutions at the negotiation table to address these concerns and stabilize the physician workforce and began tabling its positions in early 2024. Because the parties were not able to reach common ground, Dr. Farrell emphasized the importance of previously securing binding arbitration as a dispute settlement mechanism and stated since a year had passed since the NLMA provided notice to the government to start negotiations, the NLMA is able to activate binding arbitration at any time. He said the Board would review the decision carefully and let members and the public know promptly before preparing the Association's submission to the arbitrator. Dr. Farrell then described the work being done on the blended capitation model for family physicians. He stated that close to 100 physicians are at some stage of enrollment in the model and that progress is ongoing. He said the NLMA is listening to member feedback and is taking careful stock of issues so the Association can demonstrate to the government areas of the model that need improvement. Dr. Farrell said the NLMA continues to meet jointly with the government, the health authority, and the Family Practice Networks on the planning and rollout of family care teams, addressing that the Association has continually voiced member concerns to NLHS and the government about the lack of meaningful involvement of physicians in planning of their local teams. Dr. Farrell then addressed the issue of Physician Administrative Burden, highlighting the NLMA's bi-monthly meetings with NLHS senior leadership and its application for grants to develop administrative solutions for EMR users. He also talked about the development of a new Physician Health Collaborative, a partnership of key health system stakeholders, including the Department of Health, NLHS, Family Practice Networks, and the Faculty of Medicine. He said the NLMA's Physician Health Program started a new Physician Peer Support Program in partnership with Well Doc Canada, with Emergency Medicine and Pediatrics as the first groups to receive peer support training. He said in the year ahead the NLMA would work on a new Strategic Plan for 2025-27 and a Governance Review, and that the negotiations team would work

# 06

## **President's Address - Dr. Gerard Farrell**

diligently to secure the best possible agreement for members that can achieve improvements in compensation and workforce stability. He said the NLMA will hold the government accountable for a fair and reasonable contract for all disciplines because it's about ensuring the health care system can meet the needs of patients. In conclusion, Dr. Farrell acknowledged and thanked the Board Members completing their terms, Dr. David Flusk and Dr. Bolu Ogenyemi, and expressed his gratitude to the staff of the NLMA and highlighted the transition to a new Executive Director, Gertie Mai Muisse. He thanked outgoing Past-President Dr. Kris Luscombe and stated that Dr. Luscombe would continue to serve the profession as the NLMA's Medical Director overseeing the Association's physician monitoring program and contributing to our Physician Health Program. Dr. Farrell welcomed incoming President Dr. Steve Major before thanking his family for their support as well as the members of the NLMA for showing up each day to make a difference for the patients in this province and the interests of the medical profession. He also welcomed members interested in becoming involved in the NLMA to consider running for a position on the Board of Directors in the next election.

# 07

## **Executive Director's Address – Gertie Mai Muisse**

NLMA Executive Director Gertie Mai Muisse began her address by stating the NLMA is in good health for a 100-year-old organization and that an overview of the NLMA's activities is available in the Annual Report. She then acknowledged the Board of Directors, and in particular the Past-Elect, President, and Past-President, for their ongoing support and direction in the first several months of her tenure as NLMA Executive Director. She said she and Dr. Gerard Farrell re-established a regular monthly meeting with the Health Minister on the NLMA/DHCS Shared Agenda. She said they were able to re-learn and share together the importance of standing strong on all the tough issues while being respectful to the people charged with helping improve physician relations and work environment across government, NLHS and within community care settings. She said incoming President Dr. Major is a dedicated family physician, passionate about patient access to timely and high-quality care, and she is looking forward to collaborating with him during his presidency. She stated that while the NLMA consists of a small staff, they are experienced and go above and beyond in addressing the numerous issues brought to them by membership. She stated that since beginning her role at the NLMA, she and the team have been working diligently towards negotiating a new MOA with the province, adding it has been her top priority. She said they have made a strong case for being nationally competitive, addressing the "pain points" that cause physicians to leave the province, making community-based family medicine an attractive option again, and re-establishing a respectful relationship with government. Ms. Muisse explained that the strategy for this round of negotiation was to abandon the old "fee code"

## Executive Director's Address – Gertie Mai Muisse

method of comparing ourselves with the Maritime Provinces, and adopting a national methodology developed for us by Deloitte, grounded in CIHI's national database of payments to physicians. She said this new model continues to underly our negotiating position and creates a very credible measure of where we stand against the competitive jurisdictions across the country, not just in our own region.

She said if the Board decides to use arbitration, it will mean taking a calculated risk that an arbitrated deal will be a better one than accepting the government's position. It will also mean we control the timing of a deal, which has been a problem over the last 15 years dealing with the government. She said the negotiations team has done outstanding work in preparing a solid set of comprehensive proposals that are solidly grounded in evidence and our financial calculations are detailed and reflective of the stellar work completed by staff at the NLMA. She said she didn't want to understate the challenges being faced in bringing negotiations to a successful conclusion, but that she remains optimistic that the team will get there in a timelier manner than in the past, while resolving priority issues in physician compensation and work life.

She said no organization can survive and thrive over 100 years without continually renewing itself through ongoing reflection of its purpose and mandate, adding that the Board is interested in change and renewal to better align with the realities on the ground and support physicians to navigate the complex set of changes occurring throughout the health care system. She said completing the NLMA's Strategic Planning Process and Governance Review will help the Association be very clear about where we are and where we want to go, calling it an essential first step in preparing the NLMA for renewal and ongoing viability. She said the process has been underway for the past four months with the members, Board Members, NLMA Key Stakeholders and NLMA Staff, adding that another critical piece of strategic planning is a careful review of capacity and resources. She said staff work diligently to address priorities established by the Board and deal with numerous requests from physicians struggling to deal with the enormous administrative burden that comes from working in a complex, underfunded and archaic health care system. She stated she has been working with the Board and staff to better understand the NLMA's staff complement, skillsets and has started planning for future HR growth and succession planning.

In closing, Ms. Muisse acknowledged the NLMA's physician members for remaining dedicated to providing the best care despite facing enormous constraints. She said physician retention is a key priority for the Association and that the NLMA is working diligently to make that a key aspect of the new MOA, and the NLMA's work is entirely on behalf of its members so member feedback is welcome.

## Finance Report - Dr. David Harvey

Dr. David Harvey, Chair of the Finance & Administration Committee, presented the audited financial statements for the fiscal year ending December 31, 2023. He noted the statements were presented to the Finance & Administration Committee and senior staff by auditor Deloitte, and the Board of Directors subsequently approved them on May 27. The NLMA experienced a loss in 2023 of \$47,000 when a \$57,000 surplus had been forecasted. While revenue did not decrease, expenses across the board did. He said these expenses were driven by negotiations and other consulting fees, legal fees for ongoing legal proceedings, inflation, and the creation of one new position. Dr. Harvey said it was important to note the \$47,000 loss was after accounting for administrative fee revenue from the Family Practice Renewal Program, amortization of capital assets, and recording of an unrealized gain on NLMA investments. In actuality, general operating expenses in 2023 exceeded revenue by \$447,000. Despite this loss, the NLMA's reserve continues to meet its one-year operating expenses target for now. He noted that the budget for 2024 forecasts a loss of \$670,000 under general operations. While \$186,000 of this is due to an allocation to the Physician Health Program, until such time as new funds are negotiated, he said the remainder is a result of revenue not keeping up with expenses, particularly in recent years. Dr. Harvey said Membership fees constituted about three-quarters of revenue in 2023 and, had it kept up with inflation since 1992, the fees would be about \$2,068 today (not the current \$1,700). He said the NLMA has also identified a requirement for two additional employees to help address ongoing staffing gaps due to increased workload, as well as to support objectives anticipated from this year's strategic planning process. For these reasons, it is recommended that the 2025 membership fee be set at \$2,250. Dr. Harvey said this would be the first increase since 2015 and only the fourth since 1992, and added it is estimated that members have saved an average of \$120 per year since 1992 due to fee increases not keeping up with the cost of inflation. He also noted that a \$2,250 fee would place the NLMA just above that of Nova Scotia and just \$50 above New Brunswick, despite these two associations having a much higher physician population and membership fee base and therefore a greater capacity to deliver on their mandates. He also added that \$2,250 would place the NLMA's membership fees significantly below those of PEI. Dr. Harvey said it is also proposed that responsibility for determining the fee after 2025 rest with the Board of Directors, which would require a by-law amendment. However, he said it would facilitate more comprehensive and responsive budgeting, with in-depth review by the Finance Committee and approval by the Board in late fall (versus by the general membership in June, some six months before implementation). In closing, Dr. Harvey said he, NLMA Executive Director Gertie Mai Musie, and a representative from Deloitte would answer questions from members and then requested approval on three motions: one to appoint the auditors for 2024, one to set the fees for 2025, and a third to amend the by-laws to assign membership fee responsibility to the Board of Directors for 2026.

09

### **Appointment of Auditors**

It was moved by Dr. David Harvey and seconded by Dr. Steve Major that the auditing firm of Deloitte be appointed NLMA auditors for the fiscal year 2024.

**PASSED**

10

### **Adjustment of Membership Fees**

It was moved by Dr. David Harvey and seconded by Dr. Steve Major that the membership fee be set at \$2,250 for 2025.

**PASSED**

11

### **Appointment of NLMA Board of Directors to set Membership Fees**

It was moved by Dr. David Harvey, seconded by Dr. Steve Major that every member of the Association shall pay to the Association the annual fee set by the Board (versus at the Annual General Meeting or at a special meeting of the Association called for that purpose).

**NOT PASSED**

12

### **Introduction of New Board Members**

AGM Speaker and Board Chair Dr. Tracey Bridger welcomed incoming President Dr. Steve Major, new President-Elect Dr. Cynthia Slade, new urban director at large Dr. Lanny Li, and new rural director at large Dr. Amer Qureshi. She stated the new Board Members will join current members Dr. David Harvey, Dr. David Metcalfe, Dr. Heather O'Dea, and Dr. Desmond Whalen, as well as resident rep Dr. Ali Beydoun and student rep Tiffany Furneaux.

# 13

## Resolutions

### Resolution #1

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Felicia Pickard

That the NLMA increase transparency and lead time to all disciplines in the creation of compensation/parity goals for MOA negotiations.

**PASSED**

### Resolution #2

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Alex Mathieson

That the NLMA advocate for an amendment to the current MCP Preamble that the current BMI  $\geq 40$  (Premium Code 04 for surgeons and fee code 90042 for Anesthesiologists) restriction, be changed to BMI  $\geq 35$ .

**PASSED**

### Resolution #3

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Shoaib Sheikh

That the NLMA advocate for the establishment of a surgical premium billable in addition to surgical procedures for Oncology-related surgeries, regardless of patient age, and all surgical procedures on patients aged  $\geq 75$ .

**PASSED**

### Resolution #4

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Wayne Gulliver

That the NLMA pursue further transparency on the methodology and calculations arising from the 2024 Deloitte National Parity analysis.

**PASSED**

# 13

## Resolutions

### Resolution #5

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Rick Bhatia

That the NLMA advocate for resolution of MCP fee code disputes within three months following the 90-day claims submission deadline.

**PASSED**

### Resolution #6

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Rick Bhatia

That the NLMA advocate to government that the Payment Schedule Review Committee (PSRC) adopt a process whereby a decision is made by PSRC on New Tariff Request Applications within 6 months of receiving the application.

**PASSED**

### Resolution #7

**Moved:** Dr. Paul Johnston

**Seconded:** Dr. Felicia Pickard

That the NLMA advocate to revise the current MCP Preamble to reduce the 42-day post operative billing rule in line with other provinces.

**PASSED**

### Resolution #8

**Moved:** Dr. Mo Yu Lanny Li

**Seconded:** Dr. James Quinlan

WHEREAS the health and well-being of our community is of utmost importance, and ensuring high standards of medical care is essential for maintaining public trust in the healthcare system; WHEREAS physicians undergo extensive education and training to develop a high level of expertise in diagnosing and treating complex medical conditions;

WHEREAS nurse practitioners (NPs) provide valuable support in the healthcare system, particularly in primary care and underserved areas, but their training and scope of practice are not equivalent to that of physicians;

WHEREAS nurse practitioners (NPs) provide valuable support in the healthcare system, particularly in primary care and underserved areas, but their training and scope of practice are not equivalent to that of physicians;

# 11

## Resolutions

WHEREAS there has been a trend towards increasing the scope of practice for NPs, which may lead to concerns about the quality and consistency of care provided, particularly in complex medical situations; WHEREAS it is vital to invest in the continuous education, training, and support of physicians to maintain the highest standards of medical care and to ensure that physicians remain the primary providers of comprehensive medical care of the population;

BE IT RESOLVED THAT:

1. The NLMA advocate for government to commit to physician investment: This assembly advocates for increased investment in the education, training, and professional development of physicians to ensure that they are well-prepared to meet the evolving needs of the healthcare system. Funding should be allocated to support residency programs, continuing medical education (CME), and ensuring sustainability of medical practice to retain and recruit physicians
2. Support for Collaborative Practice: While recognizing the valuable contributions of nurse practitioners, this assembly supports collaborative practice models where physicians and NPs work together, with physicians providing oversight and handling more complex medical cases. Investment in team-based care approaches should be prioritized to ensure a coordinated and comprehensive healthcare delivery model.
3. Regulatory and Policy Advocacy: This assembly calls for advocacy at the local, state, and national levels to maintain clear and distinct scopes of practice for physicians and nurse practitioners, ensuring that patient care standards are upheld. Efforts should be made to engage with policymakers to create and enforce regulations that protect the role of physicians in providing complex medical care.
4. Public Awareness and Education: A public awareness campaign should be launched to educate patients and the community about the differences in training and scope of practice between physicians and nurse practitioners. Emphasis should be placed on the importance of consulting with a physician for complex medical conditions and the value of physician-led care teams.

**TABLED**

# 12

## Adjournment

It was moved by Dr. Gerard Farrell, and seconded by Dr. Lanny Li, to officially adjourn the meeting.

**PASSED**

# ACTIONS ARISING FROM THE 2024 ANNUAL GENERAL MEETING

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## **Resolution #1**

Moved: Dr. Paul Johnston

Seconded: Dr. Felicia Pickard

That the NLMA increase transparency and lead time to all disciplines in the creation of compensation/parity goals for MOA negotiations.

**This matter will be considered during the next round of MOA negotiations, as the goals for the current period were established prior to the 2024 Annual General Meeting.**

## **Resolution #2**

Moved: Dr. Paul Johnston

Seconded: Dr. Alex Mathieson

That the NLMA advocate for an amendment to the current MCP Preamble that the current BMI  $\geq 40$  (Premium Code 04 for surgeons and fee code 90042 for Anesthesiologists) restriction, be changed to BMI  $\geq 35$ .

**Over the past year, both the NLMA and HCS have been primarily focused on MOA negotiations, which has limited activity related to fee codes. The submitted resolutions will be deferred to the next round of allocation arising from funds negotiated under the 2023 – 2027 MOA (Note: the allocation of funds from the 2017 – 2023 MOA are near completion).**

## **Resolution #3**

Moved: Dr. Paul Johnston

Seconded: Dr. Shoaib Sheikh

That the NLMA advocate for the establishment of a surgical premium billable in addition to surgical procedures for Oncology-related surgeries, regardless of patient age, and all surgical procedures on patients aged  $\geq 75$ .

**Over the past year, both the NLMA and HCS have been primarily focused on MOA negotiations, which has limited activity related to fee codes. The submitted resolutions will be deferred to the next round of allocation arising from funds negotiated under the 2023 – 2027 MOA (Note: the allocation of funds from the 2017 – 2023 MOA are near completion).**

**Resolution #4**

Moved: Dr. Paul Johnston

Seconded: Dr. Wayne Gulliver

That the NLMA pursue further transparency on the methodology and calculations arising from the 2024 Deloitte National Parity analysis.

**In January 2024 (prior to the 2024 AGM), the NLMA held consultation meetings with physician leaders, including section executives, during negotiations on the National Parity methodology. Specialty-specific data was shared at that time. Further consultation occurred in preparing for mediation.**

**Resolution #5**

Moved: Dr. Paul Johnston

Seconded: Dr. Rick Bhatia

That the NLMA advocate for resolution of MCP fee code disputes within three months following the 90-day claims submission deadline.

**Both the NLMA and HCS have been focused on MOA negotiations over the past year and activity on fee codes has been limited. This resolution will be added to the PSRC agenda.**

**Resolution #6**

Moved: Dr. Paul Johnston

Seconded: Dr. Rick Bhatia

That the NLMA advocate to government that the Payment Schedule Review Committee (PSRC) adopt a process whereby a decision is made by PSRC on New Tariff Request Applications within 6 months of receiving the application.

**Both the NLMA and HCS have been focused on MOA negotiations over the past year and activity on fee codes has been limited. This resolution will be added to the PSRC agenda.**

**Resolution #7**

Moved: Dr. Paul Johnston

Seconded: Dr. Felicia Pickard

That the NLMA advocate to revise the current MCP Preamble to reduce the 42-day post operative billing rule in line with other provinces.

**NLMA tabled this item at negotiations as part of its position on preamble review and the issue is deferred to PSRC.**

## **Resolution #8**

Moved: Dr. Mo Yu Lanny Li

Seconded: Dr. James Quinlan

WHEREAS the health and well-being of our community is of utmost importance, and ensuring high standards of medical care is essential for maintaining public trust in the healthcare system; WHEREAS physicians undergo extensive education and training to develop a high level of expertise in diagnosing and treating complex medical conditions;

WHEREAS nurse practitioners (NPs) provide valuable support in the healthcare system, particularly in primary care and underserved areas, but their training and scope of practice are not equivalent to that of physicians;

WHEREAS nurse practitioners (NPs) provide valuable support in the healthcare system, particularly in primary care and underserved areas, but their training and scope of practice are not equivalent to that of physicians;

WHEREAS there has been a trend towards increasing the scope of practice for NPs, which may lead to concerns about the quality and consistency of care provided, particularly in complex medical situations; WHEREAS it is vital to invest in the continuous education, training, and support of physicians to maintain the highest standards of medical care and to ensure that physicians remain the primary providers of comprehensive medical care of the population;

### **BE IT RESOLVED THAT:**

1. **The NLMA advocate for government to commit to physician investment:** This assembly advocates for increased investment in the education, training, and professional development of physicians to ensure that they are well-prepared to meet the evolving needs of the healthcare system. Funding should be allocated to support residency programs, continuing medical education (CME), and ensuring sustainability of medical practice to retain and recruit physicians
2. **Support for Collaborative Practice:** While recognizing the valuable contributions of nurse practitioners, this assembly supports collaborative practice models where physicians and NPs work together, with physicians providing oversight and handling more complex medical cases. Investment in team-based care approaches should be prioritized to ensure a coordinated and comprehensive healthcare delivery model.
3. **Regulatory and Policy Advocacy:** This assembly calls for advocacy at the local, state, and national levels to maintain clear and distinct scopes of practice for physicians and nurse practitioners, ensuring that patient care standards are upheld. Efforts should be made to engage with policymakers to create and enforce regulations that protect the role of physicians in providing complex medical care.
4. **Public Awareness and Education:** A public awareness campaign should be launched to educate patients and the community about the differences in training and scope of practice between physicians and nurse practitioners. Emphasis should be placed on the importance of consulting with a physician for complex medical conditions and the value of physician-led care teams.

## **Resolution #8**

Moved: Dr. Mo Yu Lanny Li

Seconded: Dr. James Quinlan

The NLMA was already working towards fulfilling several of these recommendations at the time of the AGM (i.e. investment in compensation and benefits for practicing physicians to ensure recruitment and retention, and for funding for CME/CPD as part of MOA negotiations). While NLMA was advocating for increased payment for preceptors as part of MOA negotiations, this is the mandate of the Faculty of Medicine, which also recently submitted its own proposals to the government for increased compensation for preceptors. NLMA does not advocate for funding for residency positions as part of negotiations. The need for funding for residency positions typically requires a proposal submitted by the Faculty of Medicine to Memorial and the provincial government based on its training program needs and faculty availability. Following the conclusion of negotiations, the NLMA will approach Memorial about its funding needs for residency positions and whether it wants assistance with advocacy to the provincial government for increased funding. The NLMA supports collaborative practice models where physicians and NPs work together. In 2021, the NLMA conducted a series of consultations with members to help inform the development of five briefs that were submitted to each of the Health Accord's Sub-Committees. With the subsequent release of the Health Accord's proposed framework, the NLMA conducted a second round of consultations on the proposed restructuring. Two-thirds of the membership supported the concepts of 34 community teams based on the premise that every resident of the province have consistent and timely access to a family physician. NLMA also advised that the model being proposed was a system care model as opposed to patient centric model, and it did not address how to meet the needs of patients in a patient centric way. In 2022, the NLMA advocated for changes, including that the Health Accord must recognize the role of FPs (and NPs) as Most Responsible Providers for the comprehensive and continuous care of individual patients. It was noted that a community care "team" cannot be the MRP. NLMA acknowledged that FPs (and more recently NPs) are the only type of providers that provide comprehensive primary care through all life stages based on continuous attachment. This role should be supported in a team context, not diminished. Team building must support the MRP role while also providing access by patients to additional types of providers and care. This will ensure that patients are seen by the right providers at the right time. A team of allied health providers is beneficial to patients, but the team does not replace the need for a MRP to provide comprehensive continuous care. Similar concerns regarding the model of care within FCTs were recently communicated to NLHS, the Department of Health and the Premier. The NLMA acknowledges that both family physicians and nurse practitioners practice independently within their scope. Following approval of this resolution, the NLMA, in its discussions with government and NLHS, reinforced its support for the principle that the model for which health professionals practice within a team must be determined by the team members, and centered around patient and local population health needs, to ensure the best outcomes. The NLMA also reinforced its support for referral pathways to be developed within Family Care Teams for when care is required that is outside a team member's scope of practice. Scope of practice for physicians is determined by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the College of Physicians

and Surgeons of NL, provincial legislation and regulations, as well as the individual's education, training, certification, and is linked to their liability insurance. Likewise, an NP's scope of practice is determined by the College of Registered Nurses Newfoundland and Labrador, the Canadian Nurses Association (certification), the Canadian Association of Schools of Nursing, provincial legislation and regulations, as well as the individual's education, training, certification, and is linked to their liability insurance. The creation and enforcement of regulations that protect the role of physicians in providing medical care is the role of the CPSNL and its corresponding legislation. Likewise, this role is fulfilled by the College of Registered Nurses for nurses. Similar to the NLMA, the Registered Nurses Union (RNUNL) does not determine scope of practice. Nurse practitioners can work independently without a supervising physician. When negotiations are concluded at the MOA is signed, the NLMA will develop a position paper with recommendations when considering modifications to any health care professional's scope of practice. The position paper is to be developed with the understanding that it is not the NLMA's mandate to determine or regulate any health professional's scope of practice. It was noted that NLMA should avoid messaging to the public about "the importance of consulting with a physician for complex medical conditions" as the patient may not have the health literacy skills to determine when their health issue is complex or how "complex" is defined. Furthermore, it may not be realistic for patients without a FP. In some cases, a patient may only have access to a NP if there are no FPs taking new patients. While in other cases, a patient may see a FP and a NP who work together as part of a private or NLHS team. It is the responsibility of the NP to determine whether the care their patient requires is within or outside their scope. If it is outside their scope, they should make the appropriate referral, similar to a family physician who may refer a patient to a consultant or another FP. Furthermore, it is not appropriate to over burden physicians with complex issues that can be addressed by other professionals if it is in their scope of practice, which the patient may not be able to determine on their own. The NLMA supports the concept that all citizens of the province should have access to a longitudinal family physician if they want one. Unfortunately, there are not enough physicians in the province taking new patients to accommodate the number of unattached patients who want access to a FP. The NLMA's official position has been that both FPs and NPs are distinct, self-regulating and autonomous health care professionals, and they are both integral components of the health care system and Family Care Teams. One provider can never be a substitute for another, regardless of FP shortages. Nurse practitioners and family physicians come from different training backgrounds and, as such, both are required providers regardless of scope overlap. The NLMA will use the upcoming provincial election as an opportunity for the NLMA (and potentially the Nurse Practitioner Association and other health professional organizations) to call on the leadership candidates to make a commitment to address the shortage of both doctors and nurse practitioners (and potentially others). This will include messaging about the need to address shortages in both professions. From a health human resource perspective, both providers are required in correct numbers in the province to meet the needs of the patient population. Following the conclusion of negotiations, the NLMA will also develop an advertising campaign about the value proposition of family physicians. The campaign will demonstrate the unique role that family physicians play in the health care system and the impact they have on the lives of patients. The campaign will avoid comparisons with other professionals, but it will focus on the critical role that family physicians play in the health care system that cannot be substituted by other health care professionals.

# STEWARDSHIP REPORT

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## Negotiations

After about 18 months of extensive negotiations and mediation with the assistance of an arbitration panel, the NLMA reached a tentative agreement with the provincial government on a new contract for physicians in March 2025. The mediation took place under the interest arbitration provisions of the NLMA's contract. The NLMA held two virtual information sessions to answer questions from members before voting to ratify the agreement. On April 4, 2025, the NLMA informed members that the membership voted to ratify the new Memorandum of Agreement (MOA) with 84.4 per cent of members voting in favour of accepting the tentative agreement with the provincial government (15.6 per cent voted against). A total of 903 members participated in the vote, representing 59.4 per cent of the 1519 eligible voters. The NLMA Board of Directors formally accepted the membership ratification at its April 12, 2025 meeting.

Key achievements of this MOA include:

- Increases in Year 2 of the agreement (this year, Oct. 1, 2024 - Oct. 1, 2025) for all disciplines and payment modalities that ensure Newfoundland and Labrador is a competitive jurisdiction in Canada. All physicians will also receive across-the-board increases in Year 3 and Year 4 of the MOA to maintain competitiveness.
- A new payment model to rebuild Category B sites, similar to the Nunavut model.
- Increases for Category A ER, including after-hours premiums for the first time.
- Compensation for cancellation of surgical procedures for fee-for-service physicians when the cancellation is beyond their control.
- Funding for continuing professional development (CPD) for all doctors.
- Increases for eConsult, the salaried physician RRSP, the Physician Wellness Program, parental leave, as well as the Family Practice Renewal Program.
- A landmark dispute settlement clause enshrined in the contract, which includes binding arbitration, thus avoiding future court cases over interpretation and enforcement of the MOA.

The NLMA legal team and Government are working on the legal contract. Once the updated MOA is signed, the NLMA will work with the government to implement compensation increases, including retroactive payments starting from October 1, 2024.

## Legal Updates

In February 2025, the NLMA received a settlement offer from the Province regarding the legal dispute over Family Medicine fee code 127 (Chronic Disease Management of patients under 75). The Board of Directors carefully reviewed the offer with legal counsel and voted to accept. Fee code 127 can be claimed when a family physician sees a patient under 75 for at least 15 minutes in an office setting to manage one or more documented chronic conditions. In 2022, the NLMA raised concerns that MCP was routinely rejecting or reducing claims for this code, causing frustration among family physicians. Unable to resolve the issue, we filed an originating

## Legal Updates (continued)

In February 2025, the NLMA received a settlement offer from the Province regarding the legal dispute over Family Medicine fee code 127 (Chronic Disease Management of patients under 75). The Board of Directors carefully reviewed the offer with legal counsel and voted to accept. Fee code 127 can be claimed when a family physician sees a patient under 75 for at least 15 minutes in an office setting to manage one or more documented chronic conditions. In 2022, the NLMA raised concerns that MCP was routinely rejecting or reducing claims for this code, causing frustration among family physicians. Unable to resolve the issue, we filed an originating

In November 2024, we met with both then-Premier Andrew Furey and then-Health Minister John Hogan and requested settlement discussions in light of the court's postponement. In February 2025, the Province offered the NLMA an out of court settlement as a measure of good faith and to strengthen the collaborative relationship with physicians. The NLMA then provided written notice to accept the settlement and withdraw our Supreme Court application.

### Key Terms of the Settlement:

- Section 7.6 of the MCP Payment Schedule will be revised to remove references to “complex care” and “management.” This change will take effect on a date agreed upon by the parties and will be outlined in a forthcoming MCP newsletter.
- The Province will repay all past adjustments for disputed fee code 127 claims made through the Claims Monitoring System (CMS).
- The Province will also cease all ongoing recovery efforts from audits based on the former language of fee code 127.

These terms go beyond what could have been achieved through a Supreme Court hearing, which sought a declaration from the court on the interpretation of fee code 127. This resolution not only secures financial restitution for affected family physicians but also strengthens protections against unilateral fee changes by MCP with respect to the 127 fee code, ensuring that allocated MOA funds are protected.

Additionally, the NLMA remains committed to resolving the ongoing GFT legal dispute, and we are hopeful that a settlement can be reached in that case as well, but are preparing to advance our legal strategy in the event that a timely settlement is not reached.

NLMA President Dr. Steve Major talking to MUN Medical Students



## Micro-allocations

The 2017-2023 NLMA/GNL MOA had \$22.6M of new FFS funding to be allocated across 12 FFS disciplines. At the time of writing, the NLMA and HCS have reached a tentative agreement on allocating most of these funds. Pending further consultation with HCS and/or NLMA FFS Section Representatives, the process will be finalized in the coming weeks through regularly scheduled meetings between the parties. Until the allocations process is finalized, these specialties will continue to receive a biweekly specialty-specific percentage increase as a financial adjustment on all claims paid. Following completion of the current allocation (2017-2023 MOA), HCS will prepare and publish an updated MCP Payment Schedule, and the across-the-board percentage increases will be discontinued.

## Blended Capitation

The blended capitation billing system launched on April 29, 2024. As of May 30, 2025, 22 groups comprising 81 physicians have been accepted into the Blended Capitation Model (BCM). Of those accepted, 18 groups comprising 66 physicians have onboarded and are billing under the blended capitation model, with over 76,000 patients rostered. Fifteen groups are in the eastern-urban zone, two are in the eastern-rural zone, one is in the central zone and four are in the western zone. Seven additional groups comprising 26 physicians are moving through various stages toward acceptance into the model. Since May 2024, 42 physicians have received their second Annual Quality of Care Stipend and 43 physicians have qualified for their first Procedures Bonus.



2024 President's Dinner and 100<sup>th</sup> Anniversary Celebration - June 8, 2024

NLMA PRESIDENT'S DINNER AND 100<sup>TH</sup> ANNIVERSARY CELEBRATION JUNE 8, 2024







## Affiliation Agreement with Family Care Teams

In September, the NLMA announced the development of an Affiliation Agreement for family physicians who wish to partner with Family Care Teams (FCTs). Private community-based family physicians can formally partner with FCTs by signing the **Affiliated Practice Letter of Offer and Agreement** with NL Health Services (NLHS). The goal is to enable interprofessional collaboration and enhanced communication with other members of the FCT in their community. To formalize this partnership, the NLMA, the Department of Health and Community Services and NLHS have developed the **Affiliating with Family Care Teams NL: Governance and Policies Guide** for affiliating community practices. The guide ensures strategies are in place to support effective collaboration, co-governance, and best practices for team-based care. Family practices that choose to affiliate will share in the governance, planning and implementation of FCTs, and will work collaboratively to design clinical pathways to care. NLHS will provide honoraria to affiliated physicians for their time spent on FCT planning activities, consistent with the Family Practice Renewal Program's honoraria policy.

Affiliation with FCTs is completely voluntary. Community-based family physicians who choose to affiliate their practices with a FCT will continue to maintain their autonomy in their own operations and will serve as the most responsible provider for their patients. Practices that choose not to affiliate can still work with FCTs informally and will continue to have access to the services of FCT members through established referral processes.

To meet the recommendations of the Health Accord, the Government of Newfoundland and Labrador and NLHS created FCTs. Twenty-three FCTs have been approved at sites across the province and are in various stages of development. These teams will primarily be staffed by NLHS employees and can include salaried and affiliated physicians, NPs, RNs, LPNs, clinical and social navigators and administrative staff, among others.

## Advocacy

### Administrative Burden

The NLMA continues to work with health system partners including NLHS, DHCS, and the Family Practice Networks in an effort to identify and implement collaborative solutions to reduce unnecessary physician administrative burden. Our priority list includes, but is not limited to: sick notes, unnecessary paper copies of diagnostic imaging reports, duplicate dictated reports, requirement for re-referrals for missed appointments and follow-up appointments, medical forms and MCP issues.

The Department of Health and Community Services has confirmed the MCP system is scheduled to be replaced as part of the OCIO's mainframe replacement project. The topic of administrative burden is highlighted in regular meetings with the Minister as a Shared Agenda item between the NLMA and DHCS.

## Advocacy (continued)

### *MCP Claims Monitoring System Pausing Compliance Program TADs*

The provincial government has agreed to pause the Compliance Program under the MCP Claims Monitoring System (CMS). The Department has also agreed to work with the NLMA on a review of the CMS Compliance Program prior to its relaunch to ensure it complies with its intended objective of providing proactive feedback and education. As of November 19, 2024, outstanding CMS TADs are no longer required to be submitted. All claims outstanding in both the Compliance Program and Verification Program of the CMS will also be released for payment. While the CMS Compliance Program remains paused effective November 19, 2024, the Verification Program component of the CMS will remain in effect. Any TADS related to this program after November 19, 2024, must still be submitted.

On May 30, 2025, the CMS Verification Program was relaunched. The CMS Verification Program has been enhanced to ensure physicians receive more thorough and informative feedback to inform billing practices and help reduce the incidence of claims proceeding to comprehensive audit. HCS has made technical adjustments so more detailed comments on turn around documents (TADs) produced by CMS can be provided. This aligns with the educative intention of the CMS Verification Program. No other changes to the CMS Verification Program have been made. While the CMS Compliance Program remains paused, any unacceptable records in the CMS Verification Program (VP1 or VP2) will not result in additional records being selected for examination through the CMS Compliance Program. Development of enhancements to the CMS Compliance Program are underway.

### *Update on Sick Notes*

In 2023, the NLMA submitted a brief to the Ministers responsible for the Department of Health and Community Services; the Public Service Commission; Labour & Workplace NL, advocating for legislative amendments following new legislation in Nova Scotia on sick notes. In October 2024, we reengaged the government again following the release of the [Canadian Medical Association's new policy on sick notes](#), which included contributions from the NLMA. The NLMA proposed amendments to the province's *Labour Standards Act* to permit employers to request a medical certificate only when an employee is on sick leave for five or more consecutive days, and to permit employees to obtain a medical certificate from any regulated health care practitioner in the province (beyond physicians) if it was within their scope of practice. The NLMA also requested amendments to the *Act* that permit employers to only request a medical certificate for the purposes of facilitating an employee's return to work (e.g. providing an opinion on functional abilities or medically indicated restrictions) and to preclude employers from requesting medical certificates (sick notes) for short-term, self-limiting minor illnesses. In November 2024, the provincial government issued a notice to all government employees advising that as of December 1, 2024, there will be changes to sick leave documentation requirements effective for a one-year trial period. Medical certificates will be required when "an employee has used eight or more consecutive working days of leave for sick purposes; or (when) an employee has used leave for sick purposes that totals 10 or more sick leave days in a fiscal year." Employees may still be required to submit sick leave documentation outside of those parameters (e.g. as per language set out in union collective agreements). This is a positive step forward and NLMA will continue to press for the recommendations we submitted. We will continue to monitor this issue and will report back once we've received a fulsome response from the government to our brief.

## Advocacy (continued)

### *Duplicate Paper Copies of Reports*

Select Medical Imaging and Departmental Reports will no longer be mailed on paper to eDOCSNL physicians and will only be received in Med Access. eDOCS is in the process of making the change in each EMR as the change cannot be rolled out by Telus.

Paper results will continue to be delivered for:

- Any results from the Epiphany system which include, but are not limited to:
  - Sleep studies
  - Stress studies
  - Pulmonary function tests
- FIT Test summaries (which are developed in MS Word)
- Mammogram program summaries (which are developed in MS Word)
- Heart Failure Program summaries (which are documented exclusively in EMR)
- Summary letters from specialists that are not dictated into Meditech
- Some Cancer Care program summary letters

### 2024 MUN Resident Orientation



## Advocacy (continued)

### *Update on the Health Care Unburdened Grant Program*

As reported in June 2024, funding for the NLPDP-EMR Integration Project was made possible by the Canadian Medical Association, MD Financial Management Inc. and Scotiabank as part of the Health Care Unburdened Grant program.

With this funding the NLMA is working with eDOCSNL and the Newfoundland and Labrador Prescription Drug Program (NLPDP) in the Department of Health and Community Services to integrate the new NLPDP online portal with the provincial Med Access EMR. NLPDP will provide information about the NLPDP Provider Portal closer to the launch date.

This project will be executed in two phases. The first phase will bring the drug and patient criteria information into Med Access, thereby significantly reducing the time physicians spend looking for this information. This work is expected to be completed in June 2025.

The second phase of the project will begin when the NLPDP Provider Portal goes live for physicians later this year. Phase two creates a single sign-on from Med Access. The full scope of the pre-population of special authorization forms is still to be determined but will be limited to the information within Med Access.

While not currently in scope for the CorCare (Epic) project, all of the NLPDP-EMR Integration Project work considers possible integration with CorCare in the future.

Both these phases of the project will save time and improve efficiency for physicians.

For more information about the Health Care Unburdened Grant program, [click here](#).



## Advocacy (continued)

### Launch of PathwaysNL

On May 19, World Family Doctor Day, the Family Practice Networks (FPNs) launched PathwaysNL, a web-based resource designed by physicians, for physicians. It acts as an information repository for referral processes and clinician tools across the province, including specialty specific resources that can be used to help guide patient care. All Physicians, Nurse Practitioners, MOA's and other clinical administrative staff and health care professionals can access PathwaysNL.

PathwaysNL is populated with the following information from NL consultants and central intakes:

- Areas of expertise/sub-specialty services
- Contact information
- Physical location & clinic readiness directions
- Any relevant referral forms and/or requirements to be included with referral
- Information to help guide patient expectations including wait times, how patient will be contacted and other relevant patient instructions
- Printable information and resources for patients that can also be emailed from a no-reply email address



NLMA Past-President Dr. Gerard Farrell presenting the piece of artwork purchased by the NLMA from the submissions to the *Art of Medicine: Celebrating 100 Years of the NLMA* award. The piece is titled *Where Once They Stood* by artist Jennah Turpin.

## Digital Health

### eDOCSNL

The EMR Program in Newfoundland and Labrador is a mature program with growth limited to new physicians to the province. The Program is now focused on improving the physician experience with Med Access. Physicians were offered a one-year subscription to OceanMD or Pomelo by Telus Health for online appointment management. The Practice360 initiative helps leverage the intelligent features of the EMR to support and evaluate guidelines based and preventive care, presenting providers with the information they need for best practice decision making. Provincially deployed Practice360 tools include Diabetes, COPD, and Heart Failure tools, Preventative Care Plans, Provincial Screening Triggers, WorkplaceNL Physician's Report, Documenting Gender in NL, Choosing Wisely Antimicrobial Rx Template, FPRP Cognitive Assessment Template, and Unified Chronic Disease Short Form.

### Engagement with NLHS Digital Health Initiatives

NLHS has several digital health initiatives. In some cases, NLHS has asked the NLMA to represent physicians; in others, individual physicians are asked to provide input directly. Some projects proceed without physician or NLMA engagement. The NLMA may be invited to participate at any stage of an initiative and we do our best to represent all physicians in these engagements. The NLMA is currently representing members' interests in the following initiatives:

- CorCare - representing community-based physicians
- MyHealthNL
- Central Intake – supporting the Family Practice Network (FPN) engagement

The NLMA has also informed NLHS and the Department of Health and Community Services of the importance of including the Association in the design of the MCP information system redevelopment.



As part of the September 2024 NLMA Board of Director's meeting, the Board received a tour of the new Western Memorial Regional Hospital in Corner Brook organized by Past-President Dr. Brendan Lewis.

## Digital Health

### CorCare

NLMA is also engaged on the project to replace Meditech with Epic, known locally as CorCare. While the NLMA supports the overall initiative, we have concerns regarding a proposal to transition community-based fee-for-service (FFS) family physicians currently using Med Access to CorCare. At this time, the NLMA has not taken an official position on this proposed transition.

In 2025, NLHS has actively engaged the NLMA in discussions that focus primarily on clinical functionality and workflows of CorCare as they relate to family physicians. However, many important policy issues have yet to be addressed. The NLMA is committed to strengthening its engagement with both NLHS and the Department of Health and Community Services (DHCS) throughout the remainder of 2025 to ensure these issues are adequately considered.

To support this work, the NLMA has established an advisory committee of physicians involved in the governance of eDOCSNL to contribute to the NLHS engagement process.

### AI Scribe

A new tool now available to help reduce administrative burden is AI scribe. AI scribe is used to record and summarize an encounter with a patient. This summary can be shown in a SOAP note or other template and included in the patient's record. Canada Health Infoway – a federally funded not-for-profit organization dedicated to advancing digital health - offers a program that provides primary care clinicians with a one year subscription to AI scribe. As part of this initiative, Newfoundland and Labrador will receive 200 one-year subscriptions for community based family physicians and nurse practitioners. Interested family physicians can sign up at [AI Scribe | Canada Health Infoway](#).

## NLMA Governance Review

In June 2024, the Board identified a number of governance policy development priorities. BoardWorks Consulting Inc. was invited to submit proposals for two phases of prioritized policy development. Those proposals were considered and approved by the Board in September 2024.

Maureen Reid, of BoardWorks, has researched current governance best practices for organizations like the NLMA as well as the governance policies of other PTMAs.

BoardWorks Consulting Inc. has completed Phase 1 of the governance policy development project. This included the following policies:

- Board Charter (approved by the Board in February)
- Board-ED Roles Analysis (pending review by Governance Committee)
- Position descriptions for the President, Past-President, President-Elect, and the Board Chair (the latter three have been approved by the Board; the first one was approved in principle but with proposed amendments to be revisited by the Governance Committee with the consultant)
- Evaluation and feedback for Elected Officials and Board Chair (approved by the Board in February)
- Position descriptions for Directors and Committee Chairs (approved by the Board in February)
- Nominations Policy for Directors and the President-Elect (approved by the Board in February)
- The Selection Process for the Board Chair (approved by the Board in February)
- Delegation of Authority Policy (draft developed in consultation with ED and Finance Officer; to be reviewed by Governance Committee on June 17)

## NLMA Governance Review

The consultant has begun Phase 2 of the governance policy development project as follows:

- Annual board macro agenda (draft prepared by consultant in consultation with Corporate Secretary; to be reviewed by Governance Committee on June 17)
- Board Committee Structure (approved by the Board in February)
- Board Committee Terms of Reference (drafts ready for review by Governance Committee on June 17)

Additional Phase 2 work can include the following, subject to budgetary limitations:

- Communications Policy
- Template for committee reports to the Board
- Updated by-laws
- Code of Conduct and Conflict of Interest Policy for Board and Staff
- Respectful Workplace Policy
- Disclosure of Wrongdoing Policy
- Diversity, Equity and Inclusion Policy
- Risk Management Policy



Clockwise: CMA Honorary Life Membership Award Recipient Dr. David Morgan with NLMA Board Chair Dr. Tracey Bridger | NLMA Honorary Life Membership Award Recipient Dr. Geoff Higgins with NLMA Board Chair Dr. Tracey Bridger | NLMA Honorary Life Membership Award Recipient Dr. Faith Stratton with CMA President Dr. Kathleen Ross | NLMA Honorary Life Membership Award Recipient Dr. David Morgan with Dr. Tracey Bridger

## NLMA President's Tour 2024/25

Dr. Steve Major's NLMA President's Tour included stops in St. John's, Carbonear, Burin, Clarenville, Gander, Grand Falls-Windsor, Springdale, Corner Brook, Stephenville, Happy Valley-Goose Bay, and a Provincial virtual meeting, as well as a meeting with MUN medical students. More than 80 members attended the in-person tour (over eight meetings) and about 50 members attended the virtual meeting. The tour highlighted member issues including NLHS work environment, recruitment and retention, the rural health care crisis, implementation of Family Care Teams (FCTs), virtual care services, EMR, administrative burden, gender and specialty-based disparities, and calls for advocacy and public engagement.

## NLMA Strategic Planning

In January 2025, the NLMA released its Strategic Plan 2025-27, developed through a collaborative process involving the Board of Directors, staff, key stakeholders, and member input. The plan outlines the priorities that will guide the direction of our Association, based on this feedback, and focuses on the critical matters facing physicians, patients, and the health care system today. Over the next three years, we will focus on actively participating in health care system transformation, engaging and supporting our membership, and creating a supportive environment that promotes member well-being and empowers physicians as leaders.

With specific, measurable goals guiding operational objectives, the plan positions the NLMA to respond to current challenges and opportunities in health care. It reflects a renewed mission and values, and will remain flexible to adapt to emerging needs. Advancing these priorities will allow us to build on our achievements, seize new opportunities, meet the evolving needs of our membership, and strengthen our collective impact on the health care system in Newfoundland and Labrador.



2024 MUN Student Orientation



## Physician Health

### Physician Health Collaborative

The NLMA, in partnership with the Department of Health and Community Services, Memorial University Faculty of Medicine, Newfoundland and Labrador Health Services and the Family Practice Networks, have established the Physician Health Collaborative (PHC).

The PHC is a leadership-driven initiative designed to serve as a strong, collective voice to address issues impacting physician health and well-being, while working in collaboration with health care system partners.

Currently, the PHC is focusing its energies and efforts on:

- Soliciting ideas from physicians practicing in NL on the topics and issues they would like the PHC to consider. A request for physician input to help identify priority areas for the PHC was issued in May. The feedback provided is currently being analyzed and will help guide the work and direction of the PHC.
- Consolidating information, resources, supports and initiatives pertaining to physician health and well-being with multiple access points of entry via the PHC partner websites.
- Hosting activities in each of the health zones aimed at promoting and encouraging physician well-being.
- Developing a Memorandum of Agreement between the NLMA, NLHS and the Faculty of Medicine regarding the shared management of physicians and learners who are in need of support and accommodation relating to illness.

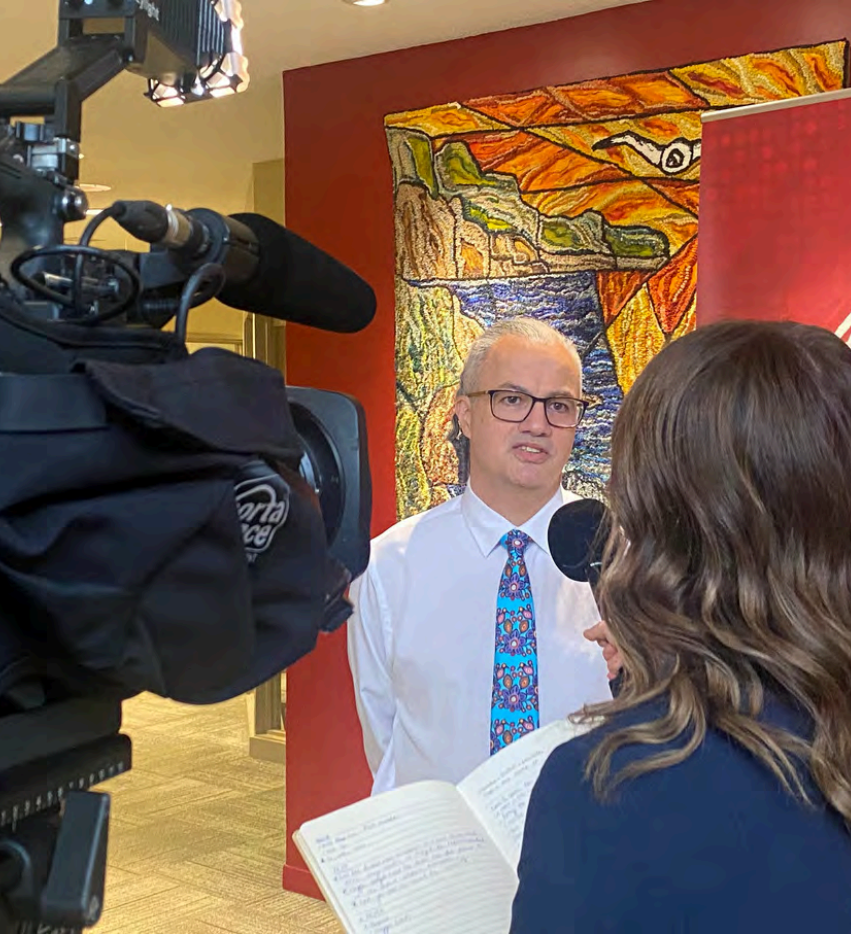
For more information on how to access the NLMA's various physician health initiatives, please visit [nlma.nl.ca/physician-wellness](https://nlma.nl.ca/physician-wellness).

### Physician Care Network

The Physician Care Network (PCN) and College of Physicians and Surgeons of NL (CPSNL) have a joint governance committee that meets twice annually. This Committee has been reviewing the processes of the PCN and the PCN Clinical Advisory Committee. Through this process, they have strengthened confidentiality by ensuring clinical information is shared only with individuals directly involved in monitoring decisions, while maintaining high standards in the decision-making process.

In 2024, there was an increased rate of referrals to the PCN, pertaining to Post Graduate Medical Learners. This is prompting increased coordination between Memorial University and the NLMA.

Discussions are also ongoing for a possible future MOU between the NLMA and NLHS to streamline future processing of Monitoring Agreements for physicians with impairments.



Top L-R: NLMA President Dr. Steve Major speaking to media | Dr. Steve Major with Board Member Dr. Heather O'Dea during the President's Tour stop in Happy Valley-Goose Bay | Bottom: Dr. Major speaking to students at the MUN Medical Student Orientation

## Physician Health

### MDLink Program

The MDLink Program helps NLMA members gain access to primary care by connecting physician-patients with family physicians in their own community or a neighboring community. Thanks to the many family doctors who participate in the Program, we have been able to fulfill all requests received this past year.

For more information on how to access the NLMA's various physician health initiatives, please visit [nlma.nl.ca/physician-wellness](https://nlma.nl.ca/physician-wellness).

### Physician & Family Assistance Program

The NLMA's Physician & Family Assistance Program, offered in partnership with Doctors of BC, provides confidential, 24/7 support tailored to the unique needs of physicians. Delivered by a dedicated team of physicians and clinicians with expertise in physician wellness, the program offers a confidential helpline, short-term counselling, and referrals to specialized coaches and therapists. As well, NLMA members can avail of one-to-one peer support and peer support groups as part of this comprehensive service.

## Parental Leave Allowance Program

Launched in 2015, the NLMA Parental Leave Allowance program provides partial income replacement for a physician parent who takes a temporary leave from practice for the birth or adoption of a child. The allowance covers Newfoundland and Labrador physicians regardless of their payment modality and provides up to \$1,500 per week for up to 17 weeks. Since the last Annual Report, \$737,500 in benefits have been paid to recipients (\$5,288,000 since the program's inception).



NLMA Board of Directors 2024-2025

# REPORT OF THE NOMINATING COMMITTEE

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## Dr. Steve Major, Chair

A call for nominations was issued to practicing members of the NLMA on April 8, 2025. Nominations closed on April 22, 2025. The Nominations Committee considered all nominations put forward for the NLMA Board of Directors and would like to thank all members who submitted their names.

The Nominations Committee reviewed each candidate's CV, references and statement of intent. Candidates who met the criteria of the Nominations Policy for the Positions of Board Director and President-Elect, as well as the position descriptions for President-Elect and Board Directors (approved by the Board on February 1, 2025), proceeded to interviews by a member of the Nominations Committee.

As only one nominee meeting the criteria outlined in the Nominations Policy and position descriptions was received for each vacant Board position, an election was not required, and all nominees were acclaimed.

The Committee is pleased to put forward the following slate of Officers and Board Directors for 2025-2026:

### Officers

President	Dr. Cynthia Slade (FFS Spec)	Urban
President-Elect	Dr. David Metcalfe, FFS FM	Urban
Immediate Past-President	Dr. Steve Major (FFS FM)	Urban

### Board Members

Dr. Amer Qureshi (Sal Spec)	Rural
Dr. David Harvey (FFS Spec)	Urban
Dr. David Metcalfe (FFS FM)	Urban
Dr. Heather O'Dea (Sal FM)	Rural
Dr. Mo Yu Lanny Li (FFS Spec)	Urban
Dr. Desmond Whalen (FFS EM)	Rural
Dr. Paul Pitts (PARNL)	
Ms. Tiffany Furneaux (MSS)	

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Sal: Salaried  
FFS: Fee-For-Service  
APP: Alternative Payment Plan  
FM: Family Medicine  
Spec: Specialist  
PARNL: Professional Association of Residents of NL  
MSS: Medical Students' Society  
EM: Emergency Medicine

# APPENDICES TO THE NLMA ANNUAL REPORT

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Appendix 1 — Financial Statements  
*Available to members upon request*

# APPENDICES TO THE NLMA ANNUAL REPORT

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Appendix 2 — 2025 Budget

*Available to members upon request*

# 2024-2025 BOARD OF DIRECTORS, STAFF, CMA REPRESENTATIVES

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## Officers

President - Dr. Steve Major  
Past President - Dr. Gerard Farrell  
President-Elect - Dr. Cynthia Slade

## Non-Voting

**Board Chair** - Dr. Tracey Bridger  
**Resident Rep** - Dr. Paul Pitts  
**Medical Student Rep** - Tiffany Furneaux

## Directors At-Large

Dr. Dr. David Harvey  
Dr. Mo Yu Lanny Li  
Dr. David Metcalfe  
Dr. Heather O'Dea  
Dr. Amer Qureshi  
Dr. Desmond Whalen

## NLMA Staff

Gertie Mai Musie	Executive Director
Glenda Nash	Associate Executive Director
J. David Mitchell	Director, Administration & Membership
Sarah Brace	Accounting Specialist
Suzan Izquierdo	Membership Administrator
Donna Osmond	Executive Assistant
Jonathan Carpenter	Director, Strategic Communications & Government Relations
Anna Delaney	Communications Specialist
Scott Brown	Director, Health Policy & Economics
Tamie L. White	Senior Advisor, Physician Compensation & Benefits
Noah Donovan	Compensation & Benefits Analyst
Marsha Wallace	Compensation & Benefits Analyst
Aimee Letto	Legal Counsel

## Contract Advisors

Dr. Kris Luscombe	Medical Director, NLMA Physician Care Network
Jean Cook	Program Consultant
Lucy McDonald	Senior Advisor, Digital Health

## NLMA Representatives on CMA Committees/Forums

Dr. Paula Cashin – Board of Directors  
Dr. Bolu Ogunyemi – Governance Committee, President-Elect

# NLMA COMMITTEES

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## 2024-2025 Standing Committees

### **Governance Committee**

Dr. Steve Major (Chair)

Dr. Gerard Farrell

Dr. Cynthia Slade

Dr. Tracey Bridger

**Secretariat:** Gertie Mai Muise, Aimee Letto

### **Finance & Administration Committee**

Dr. David Harvey (Chair)

Dr. Cynthia Slade

Dr. Des Whalen

Dr. Kris Luscombe

Dr. Heather O'Dea

**Secretariat:** Gertie Mai Muise, David Mitchell

### **Negotiations Committee**

Dr. Steve Major (Chair)

Dr. Gerard Farrell

Dr. Kris Luscombe

Dr. Cynthia Slade

*Subject experts as required*

**Secretariat:** Gertie Mai Muise, Scott Brown

### **Nominating Committee**

Dr. Steve Major (Chair)

Dr. Gerard Farrell

Dr. Cynthia Slade

Dr. Lydia Hatcher

**Secretariat:** Gertie Mai Muise, Aimee Letto, Jonathan Carpenter

# 2024-2025 NLMA SUB-COMMITTEES, AD HOC COMMITTEES & ADVISORY COUNCILS BOARD & GENERAL MEMBERSHIP

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## **Physician Wellness Advisory Council**

Dr. Tracey Bridger (Chair)  
Dr. Kris Luscombe (Medical Director)  
Dr. Rebecca King  
Dr. Sean Dillon  
Dr. Susan King  
Dr. Susan MacDonald  
Dr. Josh Mercer  
Dr. Tara Rector  
**Secretariat:** Glenda Nash, Jean Cook

## **Family Practice Renewal Committee**

Dr. Lynette Powell (Co-Chair)  
Dr. Nicola Penney  
Dr. Francisco Acevedo  
**Secretariat:** Gertie Mai Muisse, Glenda Nash

## **WorkplaceNL Committee**

Dr. David Flusk  
Dr. Stephen Lee  
Dr. Marie O'Dea  
**Secretariat:** Scott Brown, Tamie White,  
Noah Donovan

## **EMR Data Governance Advisory Committee**

Dr. Kris Aubrey-Bassler  
Dr. Marie O'Dea  
**Secretariat:** Lucy MacDonald

## **Health Information Committee**

Dr. Tracey Bridger (Chair)  
Dr. Jonathan Greenland  
Dr. David Metcalfe (Board liaison)  
Dr. Aaron McKim  
Dr. Diane Keating-Power  
**Secretariat:** Lucy McDonald

## **EMR Management Committee**

Dr. Megan Hayes (Co-Chair)  
Dr. Dawn Turner  
Dr. Gavin Duffy  
**Secretariat:** Lucy MacDonald

## **EMR Clinical Advisory Committee**

Dr. Omeshini Morkar (Co-Chair)  
Dr. Melissa Angel  
Dr. Renelle Butt  
Dr. Josh Mercer  
Dr. Mike Gora  
RHA physician members appointed by  
the RHA  
Dr. Dianne Power (Co-Chair)  
**Secretariat:** Lucy MacDonald

# PHYSICIANS' LEGACY FOUNDATION OF NEWFOUNDLAND AND LABRADOR

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The NLMA gratefully acknowledges the generosity of donors to the Physicians' Legacy Foundation of Newfoundland and Labrador. Their contributions help provide scholarships and bursaries to medical students and residents at Memorial University's Faculty of Medicine. 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.



Supporting the doctors of tomorrow.

# ACKNOWLEDGEMENTS

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## CONTACT

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