

## Doctors Nova Scotia's Community Listening Tour

Physicians in Nova Scotia are under pressure. Faced with large patient rosters and limited resources, they are worried about their patients, their practices and their personal lives. That's why this spring, members of Doctors Nova Scotia's (DNS) senior leadership team embarked on a province-wide listening tour. They attended 29 meetings with a total of 235 physicians in 24 communities – learning about the challenges of practising medicine in Nova Scotia from people who are experiencing them first-hand.

Doctors Nova Scotia held six meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Annapolis Royal, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

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## Community Report: Annapolis Royal

### Meetings in Zone 1 – Western

Location	Date	# of physicians
Liverpool – Queen's General Hospital	May 9, 2017	8
Yarmouth – Yarmouth Regional Hospital	May 11, 2017	13
Bridgewater – South Shore Regional Hospital	May 16, 2017	15
Annapolis Royal – Annapolis Collaborative Practice	May 26, 2017	6
Clare – Clare Medical Centre	May 29, 2017	8
Kentville – Valley Regional Hospital	June 15, 2017	14
<b>TOTALS</b>	<b>6 meetings</b>	<b>64 physicians</b>

### Issues in Annapolis Royal

The physicians who participated in the Annapolis Royal community meeting expressed concerns about the following issues. Here's what we heard:

#### Alternative Payment Plan (APP) contracts

Physicians raised numerous issues about APP contracts, including:

- A request to treat rural physicians the same as urban physicians when it comes to medical teaching.
- APP contract deliverables for medical education should be recognized, so there is no expectation that physicians provide medical education as an altruistic activity. The group members estimated they are providing four hours per week in medical education, which is of real value to patient care. This effort should be recognized in the same way that it is for the AFP groups. The issue is not necessarily about being paid more; rather, it is about having the time that physicians expend on medical education recognized in their deliverables and giving them the resources they require to support the provision of medical education.

- The success of medical education in the zone was noted. Eighteen of 20 residents have stayed in the zone, which is a testament to the value of the education provided within the zone.

#### Compensation/fees

- Physicians asked about the status of the incentive programs and new fee codes. Doctors Nova Scotia explained that the incentive programs are being transitioned into fee codes. In the interim, however, physicians should continue to fill out all individual incentive applications, and continue reporting billings as in the past.
- It was noted by the group that it seems somewhat disingenuous to be abandoning incentive programs related to collaborative practice.

#### Recruitment/retention and mentoring

- Physicians expressed concern about the need to support new physicians who come to practice in Digby. They suggested that previous physicians have left Digby due to a lack of local support and lack of control over the practice structure. If Digby does not successfully retain physicians, Annapolis Royal will bear extra burden in trying to support Digby patients. Adequate support and mentoring is essential for new graduates going into rural communities like Digby.
- The physicians who were formally in Digby did their medical training in Halifax, not in a rural setting. By contrast, the physicians in Annapolis Royal had someone provide mentorship by working with them for 1.5 months. The group suggested that the new physicians going into Digby in the fall will be challenged unless they are provided with a similar support network.
- Physicians indicated that the current recruitment climate is a sellers' market, but the Department of Health and Wellness (DHW) does not seem to recognize this reality based on their tone and approach to dealing with physicians in this area.
- The changing workforce needs to be recognized. Not all physicians want to work in the same type of practice as their predecessors. This area needs a "community of physicians, treating a community of patients."

#### Return of service contracts

- The group criticized return of service contracts. The process supports physicians to learn in specific geographical areas of need, but then the NSHA won't allow them to practise where they trained. This approach does not make sense, especially from a recruitment perspective.
- The reason the former physicians in Digby left the community was partially attributed to those physicians feeling like they were being abused because of issues with their return of service contracts and their status as international medical graduates.

## Addressing the issues in your community

Doctors Nova Scotia staff members tracked the issues and action items that arose from each community meeting and have assigned staff members to certain action items. The actions that arose from your community meeting are:

- Medical education deliverables are not in the current APP contract. Doctors Nova Scotia staff will bring this issue to the next APP Working Group meeting and request a revision so that medical education is included as a deliverable in the contract.
- Physicians would like to have more direct contact with new medical graduates. Doctors Nova Scotia will work with physicians to identify early opportunities to support medical residents and new graduates.

## Issue themes across the province

Many of the issues discussed in your community reflect concerns DNS has heard from physicians across the province. These concerns can be grouped into five themes:

### Fragility of the physician workforce

- Including the shortage of physicians in Nova Scotia, persistent recruitment and retention concerns, lack of succession planning, lack of support for new physicians, and physician stress and burnout

### Loss of professional autonomy and satisfaction

- Stemming from a loss of local authority and decision-making at the Nova Scotia Health Authority (NSHA), a lack of clarity about how, why and by whom decisions are made, a feeling of disconnection from the NSHA, and a loss of connection within the physician community itself

### Demise of comprehensive family medicine

- Including excessive workloads, the fact that comprehensive family practice is increasingly an unsustainable business model, unintended incentives away from comprehensive family practice, and the absence of viable alternatives to the fee-for-service payment model

### Unsustainability of rural specialty services

- Including unsustainable call schedules, recruitment and retention challenges, lack of succession planning and loss of local authority and decision-making

### Lost opportunities to leverage technology

- Including the new non-face-to-face fee codes, which many physicians feel are cumbersome, and lack of compensation for physicians using MyHealthNS

Most of these themes reflect broad, systemic issues that are beyond the association's ability to resolve independently. However, even if DNS can't resolve the issue directly, the association can help members by ensuring that key health-system leaders understand the importance of resolving these issues in a timely manner.

#### Provincial next steps

- **Provincial report and recommendations** – Doctors Nova Scotia staff members are preparing recommendations on how best to address each of the themes identified above. In many cases, these recommendations will be based on solutions suggested by physicians. These recommendations will be outlined in more detail in the in-depth provincial community meeting report, which will be shared with physicians and key health-system leaders in September.
- **Advocacy** – Doctors Nova Scotia will continue its advocacy efforts on these priority issues that require collaboration with and leadership from other stakeholders, including the NSHA, the IWK, Dalhousie Medical School and the provincial government.
- **Community-specific issues** – Doctors Nova Scotia staff will continue to carry out any action items that are within the association's scope of work, and to advocate for resolutions to issues that are specific to individual communities.

#### Community support

These community meetings were a first step in the association's work to improve communication and connection with its members. Starting in September, each zone will have a dedicated DNS staff member. Their job will be to help DNS better understand your practice and community needs, and to help you solve problems and better navigate the system. This dedicated staff person will be your connection to DNS. If your concerns aren't reflected in this report, your dedicated DNS staff member will be available to listen, advise and help you resolve the issue.

Your dedicated staff member is:

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## Follow up

If you have any questions or comments on anything included in this report, please email [community.outreach@doctorsns.com](mailto:community.outreach@doctorsns.com).