

## 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 seven meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Antigonish, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

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## Community Report: Antigonish

### Meetings in Zone 3 – Eastern

Location	Date	# of physicians
Inverness – Inverness Consolidated Memorial Hospital	May 30	2
Sydney – Cape Breton Regional Hospital	May 30	10
Glace Bay – Glace Bay General Hospital	May 31	9
Sydney – psychiatry	May 31	5
North Sydney – Northside General Hospital	June 1	7
Port Hawkesbury – Maritime Inn	June 1	2
Antigonish – St. Clare Meeting Place	June 8	26
<b>TOTALS</b>	<b>7 meetings</b>	<b>61 physicians</b>

### Issues in Antigonish

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

#### Collaborative care

- Physicians believe that the new collaborative practices are mostly about co-location. They believe the Nova Scotia Health Authority (NSHA) should help everyone understand true collaboration. The NSHA should also focus on educating the members of collaborative teams about how to integrate the care provided by all health-care providers so that the right health-care provider is delivering the right care to the patient at the right time.

#### College of Physicians and Surgeons

- Some physicians are having issues with the types of licenses being used. Many pediatricians at the IWK are not doing research or teaching yet they are on academic licenses.

- There are also problems regarding the defined license issue. There are a number of physicians in the area on defined licenses, and Cape Breton has more than 20 physicians on defined licenses. These numbers are very concerning.

#### Department of Health and Wellness

- Government's plan to move to a single health authority is not working. It was designed to save money because of fewer executive positions, but the problems that have been caused have not been worth whatever small savings may have been realized. There is confusion over roles within the NSHA and several physicians have encountered employees of the NSHA who also do not seem to know who does what within NSHA.

#### Emergency department

- Emergency physicians are seeing fewer patients now because they have to spend longer with each patient; because the patient population requires more complex care. Twenty percent of patients leave the emergency department before they are seen by the physician. Much of this is the result of people not having family physicians so they go to emergency departments for basic care. Other patients are suffering as a result. The NSHA should be working with physicians to fix this.

#### Nova Scotia Health Authority

- Physicians believe there is very little local input or control in decision-making and there is no one to go to with any power or authority or local budget to help resolve issues.
- The NSHA claims to be recruiting many physicians, but the group believes there are many physicians who want to come to the area but are being rejected by the NSHA.
- Processes that used to work smoothly in this community before the formation of the NSHA no longer work well. For example, hiring and coverage is no longer handled locally. It is all done in Halifax and that is not working.
- Ten years ago, the Guysborough-Antigonish-Strait Health Authority (GASHA) was the highest-rated District Health Authority (DHA) for making changes for improvement. Physician leaders who used to be able to show innovation locally to improve the health-care system for patients are not being encouraged to continue doing so. Local decision-making and influence at the NSHA seems to be missing, so physicians are unable to influence and work with local NSHA staff to find innovative solutions to the complex issues in Antigonish. The situation is very demoralizing for physicians right now. The group believes GASHA worked much better than the current NSHA.
- Physicians felt that the NSHA seems to share information with their zone staff but not with the physicians who are affected.

### Physician stress/burnout

- It is very demoralizing for physicians when the government states there is “no health care crisis” when physicians feel they are working in a crisis situation every day.
- Many doctors cannot take time off because there are no replacements or locums to cover their practices.

### Practice transition

- Many senior physicians would love to work with new physicians, helping them take over their practice, teaching them how the practice runs and letting them get to know the patients. This overlap is not allowed at this time, but it would allow a senior physician approaching retirement to start to wind down from their practice at the same time that a new physician taking over the practice is winding up.
- The NSHA does not know who is going to retire and when. The group believes the NSHA should not be solely deciding who will be coming in to take over practices of retiring physicians.

### Recruitment/retention

- Physicians believe the NSHA’s recruitment efforts are not robust or proactive enough. Local physicians are more than willing to work with the NSHA to help with recruitment and retention.
- Physicians think it might be helpful if the medical education system were to change criteria to have doctors practice as family physicians first before they are allowed to move into a speciality.
- Rural specialists are at a disadvantage, particularly for coverage and replacements. There are issues with the Canadian Residence Matching Service that puts specialists behind family practice, therefore making it difficult to recruit anyone to rural areas. Dalhousie seems to be making little effort to encourage residents to work in rural settings.
- The group provided numerous examples in many areas of practice demonstrating how care across different specialties, including family practice, is at risk and is not sustainable for the physicians left trying to provide the care, given the physician shortage in certain areas.
- There are many patients without family physicians because of a failure to put in place a robust recruitment and retention program that works with local physicians to attract new physicians to the area.

### [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:

- Doctors Nova Scotia will engage the NSHA to inform them of the issues raised during the community meeting and will advocate for local physician engagement in helping shape solutions to local problems.
- Doctors Nova Scotia will continue to reach out to the NSHA to be kept up to date on the health services planning progress.

## 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).