

## 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 Yarmouth, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

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## Community Report: Yarmouth

### 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 Centre	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 Yarmouth

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

#### College of Physicians and Surgeons of Nova Scotia

- Physicians in this area are having problems with the College of Physicians and Surgeons of Nova Scotia (CPSNS) regarding defined licenses. There currently seems to be no pathway for physicians on defined licenses to get full medical licenses. Allowing these physicians to be grandfathered in would be the most appropriate option, but the CPSNS's rules are particularly strict compared to other places (for example, Alberta).

#### Compensation/fees

- Physicians who employ audiologists have had some of their billing claims disallowed by MSI/Department of Health and Wellness (DHW).

## Nova Scotia Health Authority

- Physicians expressed frustration that it is not clear how the Nova Scotia Health Authority (NSHA) and zones work, particularly who they should go to or what process they should follow when there is an issue.
- There is a lack of local decision-making. For example, patient discharges are no longer done locally and this has resulted in delays in clearing beds, which then causes cancelled surgeries. The removal of a number of department heads as a cost-saving measure has resulted in a lack of timely decision-making.
- There is no consistency with department head stipends between rural and urban areas. Halifax department heads are paid more than department heads in the rest of the province, but the roles and responsibilities are the same in all areas.
- The group believes that zone chiefs have no authority and/or they are not effective.
- Physicians feel that the NSHA does not want to engage physicians or DNS in any decisions or issues.
- There is a serious need for a tertiary care centre for women. With the move of much of women's care to the IWK, there is nowhere to treat women who might need specific types of tertiary care.

## Recruitment/retention

- This area is experiencing recruitment issues for pediatrics, radiology and obstetrics/gynecology. Physicians believe the NSHA executive in Halifax is making decisions unilaterally. There used to be one recruiter for Southwest and now there is one recruiter for three different zones. This gives physicians the impression that the government and the NSHA are not truly committed to recruiting physicians.
- Physicians in this region gave the NSHA more than one year's notice about the loss of pediatric coverage, but neither the NSHA nor the IWK were able to come up with any solutions. This now means that children and their families have to travel to Halifax to have their pediatric care needs met.
- The new residency program has been very successful. The Residence Centre is able to take on more residents but the provincial government will only guarantee funding for the first year. It is hard to find preceptors with such limited funding. The program is much better than Clinician Assessment for Practice Program (CAPP) as most CAPP physicians move away after four years.

## 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 action that arose from your community meeting is:

- Doctors Nova Scotia staff will inform the anesthesia group in Yarmouth on the process to become a formal DNS section.

## 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).