

# President's Letter

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## Update on Negotiations Status

Dear Colleagues,

I am writing to provide you with an update on the status of MOA negotiations. Meetings are ongoing. The NLMA Board of Directors met on June 6<sup>th</sup> to discuss negotiations progress and strategy. The NLMA Negotiations Committee continues to meet in between board meetings. Our last negotiations meeting with the provincial government was held on July 15<sup>th</sup>. Meetings will resume after a break for summer vacations.

The normal path of negotiations is to table all proposals, allowing time for presentations, questioning, and feedback. Once the process to table new proposals closes, the bargaining process begins in an effort to reach a deal.

While I cannot get into specifics of our negotiations, I can tell you that we are asking government to collaborate in resolving systemic problems, tackle recruitment and retention, address competitiveness with other provinces, and address the severe challenges within family medicine. We need systemic changes that will improve patient care and make the province a more attractive place for new physicians.

Unfortunately, we have the worst record in the country for holding on to our medical graduates. The province has simply not been able to attract enough MUN graduates to meet our current physician workforce shortages.

The problem is particularly acute in family medicine. Many prospective family doctors come to learn that they will have the lowest earning potential in the country if they stay here, and they cannot work within the same payment models or primary health care teams that are in place in other provinces. Too much effort is spent by government and RHAs filling gaps with band aid solutions rather than fixing the longer-term physician supply.

More and more we are hearing about diversions of patients due to lack of physicians, the inability of RHAs to recruit hospitalists to provide inpatient care, unsustainable call demands due to physician vacancies, doctors in the community being pressured to absorb orphaned patients because there are no physicians to take them, resulting in increased wait times, diminished access for existing patients, and physician burnout.

Virtual care has helped address patient needs during the pandemic and is particularly beneficial for patients unable to travel or leave their homes. But virtual care alone is not the solution. We are now learning that some RHAs are contemplating virtual emergency departments due to a lack of physicians. Such measures are no substitute for solid recruitment and retention strategies. Stop-gap measures do nothing to address our physician shortages over the long-term.

Now is the time to solve the problems in the health sector and we will remain committed to that throughout the course of our negotiations. I will continue to update members of any new developments.

Sincerely

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President

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