**New MD Process: Past, Present, and Future**

**History of the New MD Process:**

The New MD Process began in Nova Scotia in 2013 at the request of then Deputy Minister of Health Kevin McNamara. This exclusive DHW process was instituted across the province and applied to both community based and hospital based physicians in all districts (except for community based physicians in Capital Health). At that time, a request for a physician to start practice (whether New or Replacement) required a request from the CEO of the relevant District Health Authority (DHA) to the Deputy Minister. The request was reviewed by the DM and a team from within DHW and letters of approval or denial were then forwarded onto the relevant DHA. The purpose of the process was to assess the needs of the population and attempt to match the physician recruitment to the perceived needs. The process was intended to consider both population needs and fiscal responsibility.

In 2015, major transformation of the health system occurred with nine previous DHAs becoming one (Nova Scotia Health Authority). The New MD committee at DHW expanded its membership to include representation from both NSHA and IWK (VPs Medicine). The intention was to create a transitional New MD Process until the bulk of the responsibility could be transferred over to the NSHA/IWK.

New Medical Staff Bylaws for both IWK and NSHA were created and included the provision that in order to utilize the services of the IWK or NSHA, a physician must be privileged within that organization. This necessitated that all requests for physicians starting in practice who required the use of those services must have an approved position in either NSHA or IWK. The New MD process was then applied across the province including community based physicians in the former Capital Health District Health Authority.

The breadth of application of the New MD process in April 2015 created a slowing of the New MD process from weeks to months. The process was reviewed by the New MD committee, efficiencies identified, and the process was modified to allow for more responsive turnaround times.

During the review of the process, several issues were identified. The New MD process had to be revenue neutral. A request for a true “new” position could not be accommodated within this process and had to obtain funding support via a separate mechanism. The New MD process could not be used as a tool to fundamentally change the system. For example, if an MD in a solo Family Practice chose to retire, a replacement position could not be denied even if it was more desirable to place that position in a collaborative practice. The natural tension that was identified was between developing and planning a new way to provide primary care while maintaining the current system during that transition.

In order to have an effectively functioning committee, several principles were agreed upon. The first was that all physicians will be replaced. If a physician retires or leaves, then that position will be approved as a vacancy. The FTE assignment to that vacancy would be based on historical Fee for Service or shadow billings. The second was that fiscal responsibility is a critical factor in the accountability of this process and that the process must be revenue neutral. Finally, the number and locations of all provincial vacancies required monitoring and tracking and this responsibility was assigned to NSHA Physician Services.
New MD Process:
Past, Present, and Future

Current New MD Process:

The New MD committee currently in place has been renamed the “Replacement MD Committee”. This committee deals only with MD replacement positions. The committee is co-chaired by the VPs Medicine of the IWK and NSHA and the committee membership includes Executive Director Health and Human Resources and Supply Management DHW, Manager of Strategic Physician Initiatives HHR SM DHW, Director FFS/Master Agreement HHR SM DHW, DHW Physician Advisor, Physician Services supports from NSHA and VPs medicine NSHA/IWK.

The committee meets biweekly and the turnaround time is less that 4 weeks. Stakeholder feedback from multiple sources supports this process as it is now structured.

This committee does not deal with new positions.

One aspect of the Replacement MD process that has been problematic is the lack of flexibility of the process particularly as it relates to Family Practice. The process as it was initially designed identifies a vacancy and that vacancy is assigned as a specific position: e.g. If a Family physician retires from a practice at 3 Main Street Halifax, the subsequent vacancy is “assigned” to that exact location. This has not allowed the adjustments that will be necessary to move onto a new model of care. After discussions with DHW, the process with empty Family Practice vacancies will change, effective immediately. All current empty Family Practice vacancies will now be provincial without specific assignments. Vacancies can be used to place Family Physicians in area of identified need by the Family Practice Department Heads and will not be restricted to specific locations. Tracking of the vacancies will be done by NSHA and reported monthly to DHW.

The second change in the Replacement MD process is the support for “overlap” in Family Practice. Training in Medicine has always been based on apprenticeship and now there is support for new physicians to overlap with senior physicians for a maximum of three years. A specific date for retirement must be documented prior to the approval of the overlap.

The Replacement MD Committee will continue as it is currently functioning for the foreseeable future and is a Joint committee of the NSHA/IWK and DHW.
New MD Process: 
Past, Present, and Future

Future State:
During AFP and Master Agreement negotiations, funding was allotted to support new MD positions where none had existed before. These limited funds would support both Family Practice and Specialty positions. A steering group was formed to develop a proposed process to allocate these monies for new positions.

After significant deliberations, the approved process for new positions is a two-step process. Allocation of the monies will occur twice a year, with up to half of the funding being allocated each time. A “Priority Setting Committee” will rank the applications using a decision making framework which is based on strategic directions of the NSHA/IWK, population health, wait times and other metrics that are relevant to the position. The committee will rank all the positions, separating Family Practice from Specialty requests. Terms of reference and committee membership are attached.

Once the ranking is completed, the list will be referred onto the “Funding committee” which will decide, based on funding available, the positions that will be funded. Terms of reference attached.