

166th Annual General Meeting - Halifax
Saturday, October 17, 2020 – 10:00am

AGENDA

Dr. André Bernard, Chair, Doctors Nova Scotia Board of Directors

Members joining by webinar must be logged on by 9:50 am in order to vote

- 1. Procession**
- 2. Call to Order** 15 mins
 - 2.1 Opening of Annual General Meeting
 - 2.2 Review Conduct of Meeting
 - 2.3 Approval of Agenda
- 3. Proceedings from June 8, 2019 Annual General Meeting**
- 4. Moment of Silence in Memory of Deceased Members**
- 5. Approval of Annual Report**
- 6. Canadian Medical Association Address**..... 20 mins
- 7. Audit Committee Report - Dr. Gerard MacDonald, Chair, Audit Committee**..... 30 mins
 - 7.1 Review Audited Financial Statements for 2018/19
 - 7.2 Dues Increase effective September 2021
- 8. Nominating Committee Report – Dr. Robyn MacQuarrie, Chair, Nominating Committee** 10 mins
 - 8.1 President-Elect
 - 8.2 2020-21 Board of Directors
- 9. Approval of New Sections**..... 5 mins
 - 9.1 Section of Clinical Associates
 - 9.2 Section of Indigenous Health Physicians
- 10. 2019-20 Award Recipients**
- 11. Other Business**
- 12. Announcements**
- 13. Adjournment**

The Members' Forum will begin immediately following the business meeting.

**Annual General Meeting
October 17, 2020**

Meeting Conduct

This will be Doctors Nova Scotia's first fully virtual Annual General Meeting. Every effort has been made to ensure a smooth process; however, sometimes technology can be unpredictable, so we ask for your patience if there are issues.

- Participants must register for the meeting and use their own unique join URL. Join URLs are linked to the person who registered so they should not be forwarded to other participants.
- Participants should join the meeting from their own device in order to vote. If multiple participants are together, only the registered, named participant can vote.
- In order to participate in the AGM you must be online by 10:10 a.m. Those who attempt join later may not be admitted to the meeting.
- All participants must join the meeting via computer, tablet, or smartphone device to see the slides, use the chat features, and participate in polls.
 - To hear the audio, participants can connect via the device audio or dial into a toll-free conference number provided with the meeting ID and audio pin when joining the meeting via your device.
 - If connecting via the computer, a USB headset is strongly recommended. Connecting with a cell phone headset tends to cause interference on the line.
- All participants will be automatically muted by the administrator to prevent background noise from interfering with the audio.
- The number of people online will determine if participants will join the discussion by voice or by typing questions/comments to the moderator via the chat function.
- If you have a question or would like to join the discussion, indicate via the chat feature on your screen.
 - If participating by voice is an option, the administrator will turn off the mute function and ask the participant to proceed with the question or comment.
 - If participating by voice is not an option, the participant will type the question/comment and the moderator will state the member's name and read it to the meeting.

Important: Please find a quiet place during this time. If there is background noise you may not be heard.

- The Chair will be checking with the staff administering the webinar frequently to ensure you have an opportunity to participate. If, however, at any time you find the meeting is moving too quickly for adequate online participation, please indicate and every effort will be made to accommodate.

- When it is time to vote, a poll question will appear on the screen. Everyone will have 10 seconds to vote. The options will be "in favour", "against" or "abstain", then select "submit".
- Please cooperate fully in the efficient use of time in the conduct of business.

Following the meeting, you will receive a **meeting evaluation** by e-mail. Please take some time to complete it. Having feedback will be very important for determining the success of the on-line platform and providing valuable information for making improvements for future meetings.

Motions & Members' Forum

As a reminder, there are no motions from the floor. All motions for the AGM must be submitted in advance according to the *Guidelines for Preparing Motions for the Annual General Meeting*. A 'call for motions' went out to the membership in January and again in August 2020. The deadline for submitting motions was August 14. No member motions were submitted this year.

Anyone wanting to raise something for discussion can do so at the Member's Forum that immediately follows the business meeting. Instead of having motions from the floor, this session provides an open and informal forum for members to dialogue with the DNS Board Executive and senior staff on any key activities and/or issues that are of interest and relevant to them. Formal motions are not required. A summary of the discussions will be reviewed by the Board of Directors following the AGM. The Board will determine at that time if further consideration or action is required on any matters discussed (see attached Guidelines for Members' Forum).

	BOARD POLICY
Subject:	Guidelines for Members' Forum
Date Approved by Board:	January 23, 2015

Background

Based on a recommendation from the Governance Committee, and approved by the Board of Directors, the association has added a Members' Forum to the day of the annual general meeting (AGM).

Purpose

This session provides an open and informal forum for members to dialogue with the DNS Board of Directors and senior staff on any key activities and/or issues that are of interest and relevant to them.

Objectives

To provide an opportunity for DNS members to engage in an open dialogue with, and ask questions of the DNS Board of Directors and senior leadership team to gain a better understanding of:

- 1) members' views on key health care issues;
- 2) members' opinions and questions regarding DNS activities;
- 3) members' perceptions of DNS; and
- 4) how DNS may represent members more effectively.

The session may also provide an opportunity to inform, clarify and update members on DNS activities.

Session Outline and Process

Moderator: Chair, DNS Board of Directors
DNS representatives Board of Directors and members of the DNS senior leadership team

Part 1 Introduction and session expectations (Chair of the Board)

Part 2 Question-and-answer session (moderated by the Chair of the Board)

- Inter-active session that allows members to discuss items of interest, including off-site members who are participating via live webcast.
- Session topics to be driven by the members.
- Brevity is appreciated; the moderator will monitor the time allotted to one speaker/topic to ensure everyone wishing to speak has an opportunity to do so.

- Formal motions are not required. A summary of the discussions will be reviewed by the Board of Directors. The Board will determine at that time if further consideration or action is required.

Part 3 Next steps and closing remarks

- Following the AGM the Board of Directors will review the notes from the Members' Forum and determine if any action is required by the Board or the association as a result of those discussions.

Proceedings

165th Annual General Meeting
Saturday, June 8, 2019



MISSION STATEMENT

To maintain the integrity and honour of the medical profession, to represent all members equitably, and to promote high quality health care and disease prevention in Nova Scotia.



AGM 2019 - PROCEEDINGS

PROCEEDINGS

1. Call to Order

1.1 Opening of the Annual Meeting

Dr. Bernard called the meeting to order and declared the meeting in session.

1.2 Introduction of Procession

The 165th Doctors Nova Scotia Annual General Meeting (AGM) began with a parade through Chambers to the head table by Dr. André Bernard, Chair of the Board; Dr. Tim Holland, President; Dr. Gary Ernest, President-elect; Dr. Gigi Osler, Canadian Medical Association President; and Nancy MacCready-Williams, CEO, Doctors Nova Scotia. This year the procession was led by piper Dr. John Hamilton.

The chair took a moment to introduce and welcome the students & residents from the Sponsorship program attending the conference as special guests. The program was introduced two years ago to enable medical students and residents to attend and participate in the conference, as well as network with their colleagues and Board members.

1.3 Review Conduct of Meetings

Dr. Bernard reviewed the conduct and rules of order for the meeting. Members who could not be in attendance were able to participate and vote via webinar. It was noted that three persons were online via the webinar.

1.4 Approval of Agenda

The following resolution was moved by Dr. James Clarke and seconded by Dr. Gerard MacDonald:

Resolution – Agenda

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the agenda for the June 8, 2019, meeting. CARRIED

The Chair put the resolution to a vote, and declared the resolution carried.

2. Proceedings of 2018 Annual General Meeting

A copy of the proceedings from the 2018 AGM were distributed to delegates in advance of the meeting. There were no questions or comments regarding the record of those proceedings.

3. Deceased Members

Dr. Bernard read the names of those members who had passed away since the last AGM: Drs. Dewenten Fisher, Donald Scott, Shu Yoon, Paul Joseph, Lalia Johnston, Gerald Klassen, Shailini Rani Sarwal, Beverley Trask, David White, Marjorie Smith, Alexander Allen, Charles Brown, Graham Matthew Stewart, Winston Parkhill, Shariful Huq, Mehmet Erdogan, Alexander Richman, Richard McLaren, Stephen Couban, Anthony Atkinson, Paul Landrigan, J. Allan Myrden, Richard Cain, James Kenneth LeBaron Little and Murdock Smith.

A member rose to add the name of Dr. William Snow, an ophthalmologist in Sydney NS, who passed away a few days prior to the Annual General Meeting.

A moment of silence was observed in memory of the association's deceased members.

4. Approval of Annual Report

A copy of the 2018–19 Annual Report was included with the meeting package that was distributed to delegates in advance of the meeting.

The following resolution was moved by Dr. Michael Fleming and seconded by Dr. Heather Johnson:

Resolution – Annual Report

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting accept the narrative portions of the 2018–19 Annual Report. CARRIED

AGM 2019 - PROCEEDINGS

The Chair put the resolution to a vote, and declared the motion carried.

5. Canadian Medical Association Address

Dr. Laurent Marcoux, CMA President, and Dr. Jeff Blackmer, CMA Vice President of Medical Professionalism, addressed the assembly. Dr. Blackmer took the opportunity to speak to members about CMA's recent announcement on the sale of MD Financial Management to Scotiabank and the rigorous process that was involved in that decision to ensure everything was done above board.

The project operated under two primary principles:

- In 2019, the CMA began holding regional member forums to connect with members in four designated regions. Physician health and wellness was raised as a critical issue for members. Members are advocating for changes at the system level to foster healthy workplace environments.
- The CMA has created a Physician Health and Wellness department under the leadership of Dr. Caroline Gérin-Lajoie. Their first project is building a physician wellness hub in virtual space, with resources available 24/7. This will be shared across Canada and internationally. Additionally, a Canadian Conference on Physician Health and Wellness will be held in St. John's this Fall. The PTMAs are also tackling this issue.
- Other issues that the CMA is working on are the supply and demand/recruitment and retention of physicians, potential for national licensure and virtual care.
- The CMA and PTMAs recently co-signed a joint statement taking action on virtual care, and the CMA has appointed a Virtual Care Task Force, in conjunction with the

Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, to help develop national strategies. The CMA will also be hosting a session on virtual care at their Health Summit in August.

- A Task Force is looking into national licensing to address locum needs and has a hard deadline for recommendations by the end of this year. Those recommendations will be shared with the PTMA's in early 2020.
- An online engagement platform was launched by the CMA so members can connect with the association and each other. Conversations around virtual care and the upcoming federal election have been occurring.
- Getting health on the national agenda is a focus of the CMA for this year's federal election.

Dr. Osler concluded her address by thanking the AGM for the opportunity to speak and offered to take any questions during the Members' Forum.

6. Address from Department of Health and Wellness

Dr. Tom Marrie, newly appointed Interim Deputy Minister of Health and Wellness, was welcomed to the meeting.

He provided some background, noting that he is a former Dalhousie University Dean of Medicine and previously worked in infectious diseases and research.

When Dr. Marrie was approached by the Premier to take on this role, he accepted because he has concerns about the health care system. He has been given a mandate with terms of reference to build stronger relationships with the Nova Scotia Health Authority, the IWK, Doctors Nova Scotia, Community Health Boards and the Department of Health and Wellness executive. He stressed the

AGM 2019 - PROCEEDINGS

need to work together to build stronger connections with and between all those partners.

Government needs to see if course corrections are required while maintaining what is working well. Through discussions with stakeholders, Dr. Marrie will be identifying gaps in the system and will work with others to mitigate the gaps as appropriate. He is open to hearing new ideas and will be reaching out to Doctors Nova Scotia.

The chair thanked Dr. Marrie for his address.

7. Audit Committee Report

7.1 Review Audited Financial Statements for 2017/18

Dr. Mike Wadden, Chair of the Audit Committee, presented the audited financial statements for the year ending August 31, 2018. The detailed audited statements were included in the distributed registration package and were also available on-line prior to the meeting. He explained that the DNS fiscal year runs from September to August which doesn't align well with the Annual General Meeting dates; however, more up-to-date information will be presented.

Dr. Wadden outlined the Committee's objectives and reported that the association is currently on track with projections for the current fiscal year (September 2018–August 2019). He also noted that the association's 2017-18 audit, performed by KPMG, found no errors or omissions resulting in an unqualified opinion that the financial statements fairly represent the financial position of Doctors Nova Scotia in accordance with Canadian accounting standards for not-for-profit organizations. These statements were presented to the Board of Directors in December of 2018 and were approved as presented.

Dr. Wadden explained that the association has two main funding sources; Operations and the Recruitment and Retention fund (also known as the Member Benefits fund). Operations are fund-

ed by annual dues from members, staff recoveries from DHW and payments from third parties for magazine advertising and sponsorships. Payments from DHW are provided via the Master Agreement to cover the cost of member benefits including Health and Dental, Professional Support, Parental Leave and other specific, targeted projects as identified by DHW and DNS.

7.2 Approval of Auditors for 2019-2023

The By-laws state that the AGM is responsible for appointing the external auditors. In 2013 the AGM appointed KPMG as the association's auditors for 2014–2018, and that term has just ended. The Audit Committee is recommending that KPMG be appointed for the upcoming five years. The selection process and rationale for the recommendation were outlined in the briefing note distributed prior to the Annual General Meeting.

The following resolution was moved by Dr. Mike Wadden, and seconded by Dr. Gerard MacDonald:

Resolution – Appointment of Auditors

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approve the appointment of KPMG as the external auditors for the years ending Aug. 31, 2019 to Aug. 31, 2023. By-laws as presented at the June 9, 2018 meeting. CARRIED

The Chair put the resolution to a vote, and declared the motion carried.

The Chair thanked Dr. Wadden for his presentation and for his continued work on the audit Committee.

8. By-Laws Revisions

Dr. Kathy Gallagher, member of the Governance Committee, presented the Committee's proposed revisions to the by-laws. The revisions were suggested by the Governance Committee and have been reviewed by DNS legal counsel and the Board of Directors. Copies of the proposed revisions were distributed to delegates in advance

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of the meeting, and a notice of the amendments was posted to the Doctors Nova Scotia website, as required by Section 17.2 of the By-laws.

The revisions primarily affect Section 6.4 (Membership) and 15 (Removal from the Board or Committees). The revision in Section 6.4 (Membership) involves changing the membership category from “Emergency Members” to “Temporary Members” in keeping with the College of Physicians and Surgeons of Nova Scotia’s membership licence for those emergency situations such as a crisis or pandemic. The revision in Section 15 (Removal from the Board or Committees) is to include the new Board and Committee Attendance Policy that was recommended by the Governance Committee and approved by the Board of Directors.

The following resolution was moved by Dr. Kathy Gallagher and seconded by Dr. Kelly Dakin-Hache:

Resolution – By-Laws

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the revised By-laws as presented at the June 9, 2018 meeting. CARRIED.

The Chair put the resolution to a vote, and declared the resolution carried.

9. Suspending Member Dues for Short-term Locum Placements

Dr. Amanda MacDonald presented the rationale for the proposed change. Finding out-of-province locum coverage is one of the many issues facing members. Locums report that they are challenged by the fees and administrative burden. Therefore, the Board of Directors is asking the AGM to approve the waiving of membership dues for any physician who holds a temporary license with the College to provide locum coverage in Nova Scotia for six weeks or less. The Board is also asking to set dues for locums who provide coverage for

more than six weeks at the pro-rated monthly rate for full members as is keeping with current practice.

The following resolution was moved by Dr. Amanda MacDonald and seconded by Dr. Cindy Marshall:

Resolution – Suspending Member Dues for Short-term Locum Placements

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves waiving dues for physicians holding a temporary license with the College of Physicians & Surgeons of Nova Scotia to provide locum coverage in Nova Scotia for a period of six weeks or less; AND THAT locums holding a temporary license for more than six weeks will pay a pro-rated monthly rate based on full member dues. CARRIED

The Chair put the resolution to a vote, and declared the resolution carried.

10. Nominating Committee Report

10.1 President-elect

Dr. Tim Holland, President, and Chair of the Nominating Committee explained that the Committee is responsible for reviewing the nominations for President-elect and recommending a candidate for the Board’s endorsement and for approval at the Annual General Meeting (AGM).

This year the Nominating Committee recommended Dr. Robyn MacQuarrie. Dr. Holland noted that Dr. MacQuarrie is an Obstetrician Gynecologist and a women’s health advocate. She is a strong candidate who welcomes this opportunity to work with Doctors Nova Scotia and physicians in Nova Scotia for positive change. She understands the healthcare landscape and how each of the unique players (Department of Health & Wellness, NSHA, IWK, politicians and DNS) can contribute to positive change in health services in this province.

AGM 2019 - PROCEEDINGS

She has served as Section Chair for the Obstetrics and Gynecology Section since 2015 and has been the Section Forum Chair and a member of the DNS Board of Directors since 2016. Dr. MacQuarrie is a physician leader in her own right who has strengthened her skills with formal leadership development over the past several years.

Dr. MacQuarrie is currently the NSHA Department Head for Maternal and Child Health in the Northern Zone. Although she and the Nominating Committee are confident that any potential conflict of interest could be managed if she continued in that position, Dr. MacQuarrie has decided to take a leave of absence from her NSHA role for the year she serves as President.

The Board of Directors passed a motion at its April 5, 2019 meeting to endorse the committee's nomination of Dr. MacQuarrie. Dr. MacQuarrie was unable to be at the Annual General Meeting in person but joined the webinar to answer any questions raised.

As there were no questions raised, the following resolution was moved by Dr. Tim Holland and seconded by Dr. Alf Bent:

Resolution – President-elect

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approve Dr. Robyn MacQuarrie as President-elect for 2019-2020.
CARRIED

The Chair put the resolution to a vote, and declared the resolution carried.

10.2 2019-20 Board of Directors

Dr. Holland reported that elections were held in March/April to fill three vacant seats on the Board of Directors. As a result of the election, the Board is pleased to welcome two new members and one returning member, all for three-year terms:

- *Dr. Gehad Gobran, a family physician in Halifax (elected by acclamation);*
- *Dr. Tammy Keough-Ryan, a nephrologist in*

Halifax; and

- *Dr. Alf Bent, obstetrician and gynecologist in Truro (returning to the Board for second term).*

The Board also welcomes three new regional representatives, approved by the Board for a one-year term:

- *Dr. Colette Sauveur, a family physician in Springhill;*
- *Dr. Gerard MacDonald, an otolaryngologist in Amherst (returning for a second one-year term); and*
- *Dr. Stephanie Langley, a family physician in Sydney.*

Also new to the Board this year:

- *Dr. Mary Gorman, a family physician in Antigonish, as Section Forum Chair;*
- *Dr. Leo Fares, Maritime Doctors representative; and*
- *Mr. Neetin Prabhu, student representative.*

A complete list of the 2019/20 Board of Directors can be found on the website.

Additionally, on behalf of the association a huge thank you is extended to those Board members who will be leaving the Board this year:

*Dr. Manoj Vohra, Past President
Dr. Kathy Gallagher
Dr. Scott Mawdsley
Dr. Mandat Maharaj
Dr. Leisha Hawker
Dr. Caitlin Lees (resident)
Mr. Kyle Kilby (student)*

Donations will be made in each person's name to Hospice Cape Breton, which is currently fund raising for a family-friendly 10-bed hospice residence.

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11. Approval of New Section

The Board of Directors reviewed an application for a new Section, the Section of Physician Leaders/Administrators, and is satisfied that the requirements set out in the Rules & Regulations have been met. The Board endorsed the application at the April 5, 2019 Board of Directors meeting. Annual General Meeting approval is required for this Section to be recognized.

Dr. Crawford asked if this new Section could potentially include members who are employees of the Nova Scotia Health Authority. The Chair responded that the Sections are self-governing and can appoint as they see fit. They have an obligation and opportunity to manage conflict-of-interests. All members must adhere to the rules and regulations of their Sections.

The following resolution was moved by Dr. Rod Wilson and seconded by Dr. Ashley Miller:

Resolution – Approval of New Section

*BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Physician Leaders/Administrators.
CARRIED*

The Chair put the resolution to a vote, and declared the resolution carried.

12. Other Business

There was no other business.

13. Announcements

The Chair advised that a meeting evaluation form is available on-line to be completed. A special thank you was given to Telus Health for sponsoring the morning break.

14. Adjournment

The 165th annual meeting of Doctors Nova Scotia was adjourned at 10:19 am.

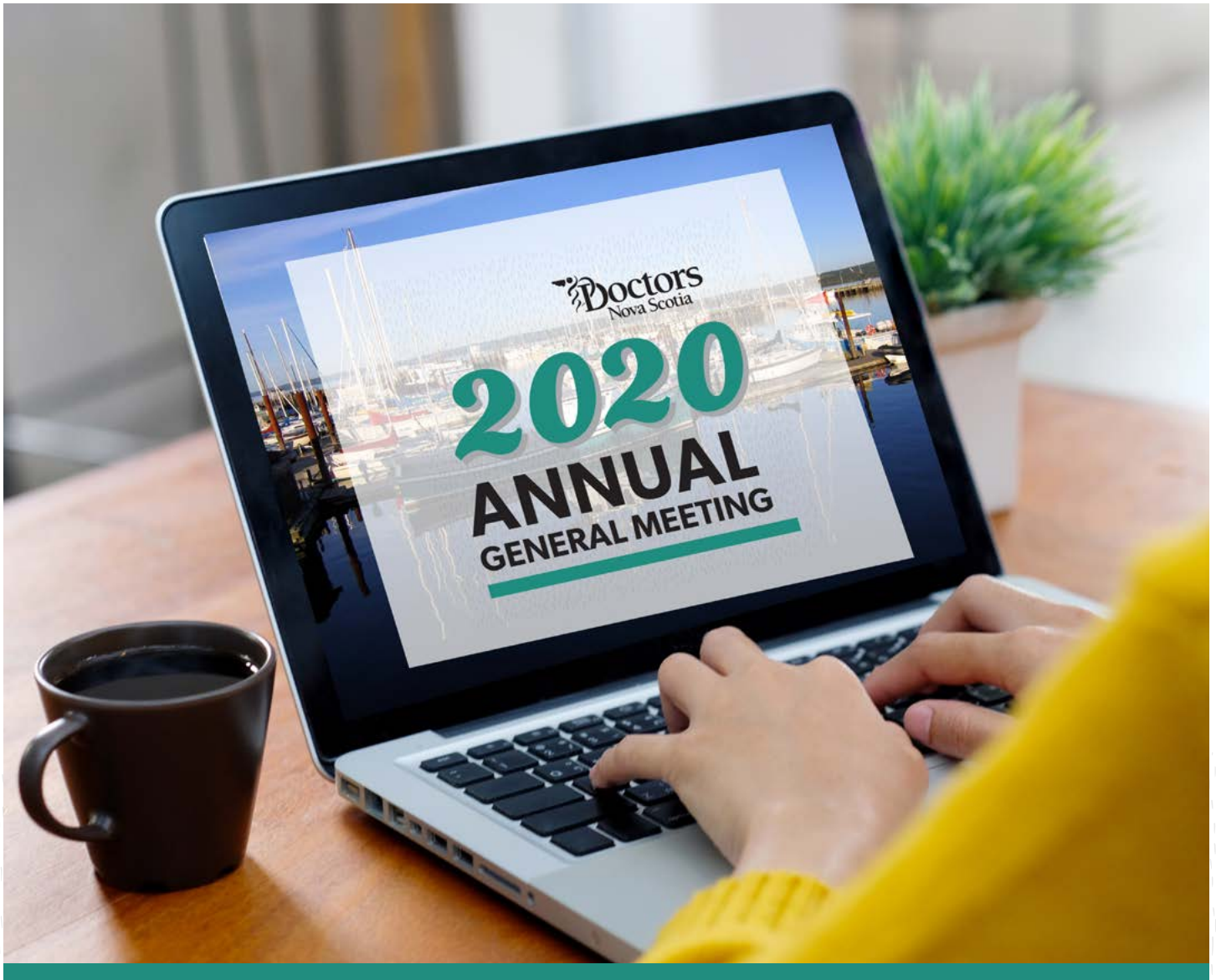
The following resolution was moved by Dr. Mike Wadden and seconded by Dr. Mike Fleming:


Resolution – Adjournment

*BE IT RESOLVED THAT the 165th Doctors Nova Scotia Annual General Meeting be adjourned.
CARRIED*

The Chair put the resolution to a vote, and declared the resolution carried.

Approved by the Board of Directors: Sept. 20, 2019




2020
ANNUAL
GENERAL MEETING

SATURDAY, OCTOBER 17, 2020

ANNUAL REPORT

TO COUNCIL 2019-20

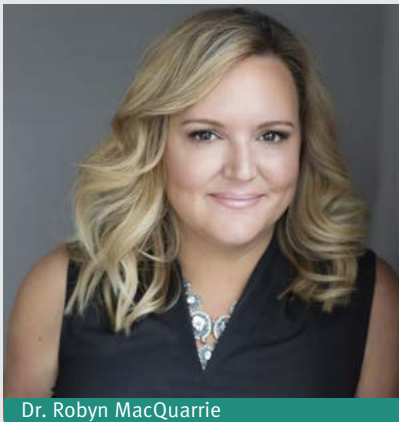


ANNUAL REPORT TO COUNCIL 2019-20

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Leadership Message



Dr. Robyn MacQuarrie



Nancy MacCready-Williams



Dr. André Bernard

This year, physicians in Nova Scotia have faced more challenges than could have ever been predicted. The COVID-19 pandemic demanded the very best from physicians across the globe. In Nova Scotia, the physician community worked together to solve problems in a rapidly changing environment and modified their practices to respond to the needs of patients and the broader health-care system.

Doctors Nova Scotia (DNS) has been focused on keeping physicians well and supporting them as they deliver exceptional care to Nova Scotians. The association's priority has been to nurture a strong, stable physician workforce. We're pleased to report that DNS has made progress on all the key recommendations in the report, *Road Map to a Stable Physician Workforce*. One critical achievement was negotiating an investment of \$135 million in new physician funding contracts to help stabilize some of the most critical services in our health-care system.

The new agreements address several big issues, including compensation, physician engagement, the MSI billing audit process and DNS's role as the sole bargaining agent for physicians.

The Master Agreement was ratified by 94% of voting members and the Clinical/

Academic Funding (C/AFP) contract was ratified by 96% of voting C/AFP physicians and 12 of 12 departments. In total, 68.9% of eligible members voted during ratification.

At the end of the four-year contracts, family physicians, anesthetists and emergency physicians will be the top paid in Atlantic Canada. Psychiatry and obstetrics/gynecology will come very close. While the contracts don't solve every problem in the system and don't make every speciality nationally competitive, they do reflect a significant investment in the future of our health-care system.

Doctors Nova Scotia has also made progress on improving the work environment for physicians in Nova Scotia. Physicians are burdened by a significant amount of process and paperwork, taking time away from patient care. Much of this work is unpaid. Doctors Nova Scotia is working with the Office of Regulatory Affairs and Service Effectiveness to reduce administrative burden on doctors.

In addition, DNS is working with the Department of Health and Wellness (DHW) to improve the audit process in Nova Scotia. Physician audits have been unnecessarily punitive and have contributed to low physician morale. Doctors Nova Scotia and the DHW are working to ensure that first-time audits will be primarily for the purposes of education. >



At the beginning of the COVID-19 pandemic, DNS announced improved fee codes to support synchronous virtual care (care provided by telephone and videoconferencing). More than 1,100 family doctors and other specialists used Zoom for Healthcare, Medeo, Health Myself or Telus EMR Virtual Visit. Even more physicians provided care over the telephone. Doctors Nova Scotia continues to advocate that government extend the codes for several months, until an evaluation of the program is complete.

Shortly after, DNS announced an income stabilization program to stabilize the supply of physicians to meet the demands of the health-care system during the pandemic. As we now prepare for a possible second wave of COVID-19, DNS continues to work closely with the DHW to ensure support remains in place for physicians who face the pressures of the pandemic.

The DNS Professional Support Program joined forces with Nova Scotia Health to provide enhanced support to physicians by offering weekly Zoom meetings on coping with COVID-19. Through webinars, weekly touchpoints, new resources and extended availability, Drs. Jaqueline Kinley and John Chiasson helped Nova Scotia physicians manage the stress of the pandemic.

Keeping members informed about COVID-19 was a key priority for DNS. The association provided regular member updates, an online information hub, a range of physician tool kits and a series of webinars, helping members stay in the loop about important information to keep themselves and their patients safe.

A strong and vibrant physician workforce is critical to a high-functioning health-care system, and we will continue to work to support physicians in all aspects of their practice. Read more about our recent work in the following pages.

Dr. Robyn MacQuarrie
President

Nancy MacCready-Williams
CEO

Dr. André Bernard
Chair

Doctors Nova Scotia

2019–20

Board of Directors

Eighteen physicians, one medical resident and one medical student serve as Doctors Nova Scotia's Board of Directors. The Board provides the association with its overall strategic direction. The Board is a diverse representation of general practitioners and specialists practising throughout the province. The majority of Board members are elected through a member-wide election; three members are appointed to help ensure optimal member representation.

EXECUTIVE

Dr. Gary Ernest, *President*

Dr. Tim Holland, *Past President*

Dr. Robyn MacQuarrie *President-elect*

Dr. André Bernard, *Chair of the Board*

Dr. Mike Wadden, *Audit Committee chair*

FAMILY PHYSICIANS IN HALIFAX REGIONAL MUNICIPALITY

Dr. Gehad Gobran

Dr. Cindy Marshall

FAMILY PHYSICIANS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

Dr. Colette Sauveur (*regional representative*)

Dr. Stephanie Langley (*regional representative*)

Dr. Amanda MacDonald

Dr. Mike Wadden

SPECIALISTS IN HALIFAX REGIONAL MUNICIPALITY

Dr. Tammy Keough-Ryan

Dr. Kelly Dakin-Hache

Dr. Alex Mitchell

SPECIALISTS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

Dr. Todd Stoddart

Dr. Alfred Bent

Dr. Gerard MacDonald (*regional representative*)

SECTION FORUM CHAIR

Dr. Mary Gorman

MARITIME RESIDENT DOCTORS REPRESENTATIVE

Dr. Elias (Leo) Fares

DALHOUSIE MEDICAL STUDENT SOCIETY REPRESENTATIVE

Neetin Prabhu

CANADIAN MEDICAL ASSOCIATION REPRESENTATIVE

Dr. Celina White

Financial Report (Sept. 1, 2018 to Aug. 31, 2019)



Dr. Michael Wadden

Audit Committee chair

THE AUDIT COMMITTEE OVERSEES the accuracy of Doctors Nova Scotia's financial statements by reviewing the effectiveness of accounting policies, internal controls and risk management practices.

The financial statements were audited by KPMG and no errors or omissions were reported.

The Aug. 31, 2019 year-end financial statements were approved by the Audit Committee and the Board of Directors. The statements are prepared in accordance with generally accepted Canadian accounting principles.

The unrestricted operating fund has a balance of \$2,366,993 (\$2,490,650 at Aug. 31, 2018). The operating fund reported a deficit of \$155,517 against a budgeted deficit of \$435,043 for a positive variance of \$279,526. This positive budget variance was made up of the following components:

- \$29,628 revenue – sponsorship funds exceeded budget
- \$80,365 expenses – one departure and two maternity leaves reduced staff costs below budget
- \$126,697 investments – unrealized gains from market value adjustments exceeded budget
- \$42,836 depreciation expense – new ERP system from future commitments fund deferred to 2020

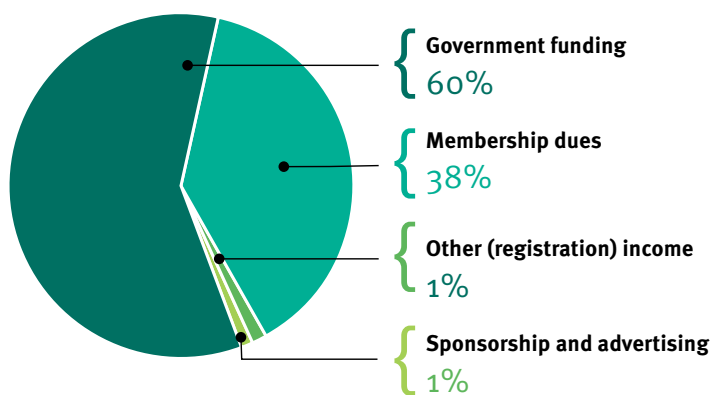
The association invested \$215,625 in capital assets (\$348,651 in 2018). This included new board-room audio visual equipment and electrical improvements, computer hardware and software upgrades, President's office furniture and initial planning for an ERP system replacement.

In accordance with the current Master Agreement with the Department of Health and Wellness, Doctors Nova Scotia received \$6.572 million in funding toward the cost of member benefits (recruitment and retention) programs. This funding was distributed to the various benefit programs as follows:

- \$4,300,194 – health and dental (65% of total plan costs; 35% paid by plan members)
- \$701,000 – parental leave
- \$73,099 – professional support
- \$1,198,000 – targeted projects
- \$299,999 – benefits administration

Overall, the association has a healthy balance sheet and continues to perform well against targets set annually.

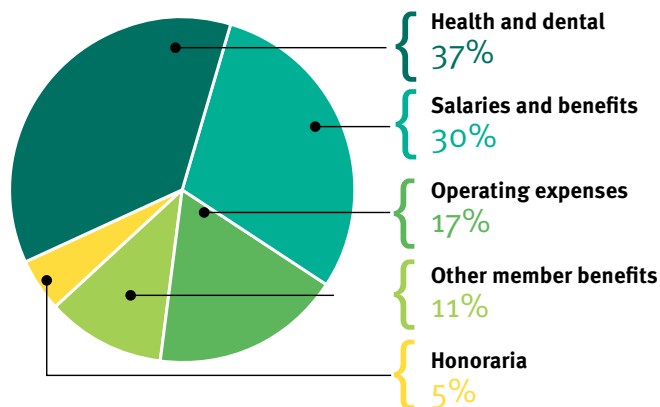
Summary of Funding



Government funding	\$6,572,292
Membership dues	\$4,250,818
Other (registration) income	\$153,249
Sponsorship and advertising	\$100,310

CMPA Funds received and disbursed in 2018–19 totaled \$0 (\$0 in 2017–18).

Summary of Expenses



Health and dental	\$4,300,194
Salaries and benefits	\$3,505,069
Operating expenses	\$2,085,156
Other member benefits*	\$1,297,238
Honoraria	\$583,129

*The "other member benefits" category includes parental leave, EMR, Business of Medicine, bursaries and CME.



2019–20 Achievements

Doctors Nova Scotia reflects on the resolve of physicians from across Nova Scotia who have demonstrated unflappable leadership in the midst of a global pandemic. Here are some achievements of the last year.



CONTRACTS RATIFIED

Following 11 months of negotiations between Doctors Nova Scotia (DNS) and the provincial government, tentative agreements were reached in October for both the Master Agreement and Clinical/Academic Funding Plan contracts. To ensure that all members understood the contracts and the ratification process, DNS launched a website, a special interest publication and a toll-free number dedicated to the proposed contracts. Doctors Nova Scotia staff also phoned all DNS members, held webinars and met with physicians at over 35 meetings in communities across Nova Scotia.

In late November, 68.9% of members voted to ratify the contracts, securing physicians \$135 million over four years, plus improvements to their work environment. Five priority specialties received targeted investments: family physicians, anesthesiologists, emergency physicians, psychiatrists and obstetricians/gynecologists.

BLENDED CAP WORKING GROUP

The 2019 Master Agreement provides funding to create a new blended capitation payment model for primary care physicians. The model will promote and support comprehensive family medicine, greater attachment, access and quality for patients, and greater recruitment, retention and professional satisfaction for physicians. The Master Agreement Management Group (MAMG) is now finalizing the terms of reference and project plan to guide a working group that will be asked to finalize the model. Physician representatives and staff from DNS, the Department of Health and Wellness (DHW) and Nova Scotia Health will form the working group.

ALTERNATIVE PAYMENT PLAN WORKING GROUP

The 2019 Master Agreement includes a commitment to develop a new framework for contracting physicians on alternative payment plans (APP) that ensures consistency and fairness, administrative ease of contracting, accountability and care tailored to the needs of the community. The MAMG is in the process of finalizing the terms of reference and project plan for this work as well. Physician representatives and staff from DNS, the DHW and Nova Scotia Health will form the working group.



DR. ROBERT STRANG GAVE KUDOS TO PROVINCE'S DOCTORS

In June, Dr. Robert Strang spoke to the Board of Directors about the provincial response to COVID-19. He thanked the province's doctors for their unwavering commitment to the care of Nova Scotians and recognized the personal sacrifices many on the front lines made as they rose to the challenge.

AUDIT INITIATIVE

The 2019 Master Agreement includes a commitment that first-time audits (for example, an audit of a physician for the first time on a given fee code) will be primarily for the purposes of education. The MAMG is developing a work plan to review the current audit process and make recommendations on the criteria that should govern first-time audits and administrative penalties to be levied in the event of documentation and/or administrative errors in billing. While the contract requires this work to be completed within six months of contract execution, the MAMG has agreed that this deadline must be extended to accommodate the system's necessary focus on the COVID-19 pandemic.

GRASSROOTS COMMUNITY OUTREACH

Recognizing that Nova Scotia communities play a key role in successful physician recruitment and retention, DNS fostered relationships with organizations and community groups across the province that are working hard to recruit doctors. For many communities, lack of funds to host social events and other activities has been a barrier to physician recruitment. The DNS Community Physician Hospitality grant program provided 24 grants to groups to help support grassroots physician recruitment efforts and initiatives.

MEDIA COVERAGE

Media coverage was a cornerstone of DNS's presence in 2019. Over the past year, DNS staff have managed 322 media requests, connecting physician spokespeople and DNS staff with journalists from local, national and international media outlets. Not only has the media coverage helped voice the important issues facing Nova Scotia physicians, patients and the health-care system overall, but it has also been an opportunity for physicians to offer their own solutions to the problems and to pressure decision-makers to take meaningful steps to improve Nova Scotia's health-care situation. In sharing their stories publicly, physicians have brought forward insightful, trusted perspectives that have helped usher in positive change.

INCOME STABILITY FOR FEE-FOR-SERVICE PHYSICIANS

The arrival of COVID-19 in Nova Scotia has asked the a lot of the province's physicians. Many experienced disruption in their practices, many had redeployed to help with the fight, and others had already been in the trenches, and have been for months, planning and providing front line care to Nova Scotians. To support physicians through this unprecedented time, the income stability program compensated fee-for-service physicians who committed to be available for redeployment as needed during the pandemic.

PROFESSIONAL SUPPORT PROGRAM AND COVID-19

The Professional Support Program (PSP) is a confidential peer-to-peer support comprised of five physician counsellors from across the province. They stepped up to support physicians during COVID-19. Drs. John Chiasson and psychiatrist Jackie Kinley collaborated to leverage resources within the Nova Scotia Health's Mental Health and Addictions Program to complement the PSP's offerings.

STRATEGIC PLAN PROGRESS REPORT

STRATEGIC PRIORITY 1: Connect the profession

Commitment	Actions
Connecting physicians with each other	<ul style="list-style-type: none"> • Provided ongoing support to Medical Staff Associations (MSAs). Ensured MSAs were connected to each other, monitored their needs and respond as needed • Developed a new mentorship program to support physician leadership development • Developed a pilot program for a new online member discussion forum called Doctors Lounge
Connecting physicians with DNS	<ul style="list-style-type: none"> • Developed a new welcome package for new DNS members • Through the Health System Physician Coordination Council, developed a draft pathway to support physicians on defined licences • Implemented recommendations from a Dalhousie in Communities event focused on supporting learners in communities • Development of a framework for a new member engagement strategy • Developed a framework for supporting DNS sections
Connecting physicians with the system	<ul style="list-style-type: none"> • Physician Leadership <ul style="list-style-type: none"> • Implemented recommendations from physician leadership sessions • Implemented Physician Leadership Institute events • Supported the development and operation of the new Section of Physician Leaders • Developed a new physician wellness strategy focused on restoring joy to the practise of medicine • Ongoing development of Memorandum of Agreement Implementation Plan. Established the process for system partners to engage DNS on decisions that will affect physicians; established the process for DNS to engage physicians in system decisions

STRATEGIC PRIORITY 2: Advocate for the profession

Commitment	Actions
<p>Help make positive changes in population health and health-care policy through collaboration with government, Nova Scotia Health/ IWK</p>	<ul style="list-style-type: none"> • Hosted a symposium on reviving comprehensive primary care and began implementing recommendations • Continued to advocate for changing practice models in response to community needs and physicians' interests • Secretariat for the Health System Physician Coordination Council; implemented recommendations from evaluation • Key partner in provincial e-health initiatives, including: virtual care benefits evaluation; strategy development and compensation planning; EMR migration and new add-on product introductions; physician engagement in privacy and security planning for One Person One Record • Supported the creation of the Section for Indigenous Health • Active member of Nova Scotia Health's Recruitment and Retention Advisory Committee working group; detailed process map to identify the recruitment journey, improve the physician recruitment process and engage partners • Created and distributed 10 hospitality grants to physicians worth \$5,000 each to help support physician recruitment and retention activities in communities across the province • Co-sponsored and continued work implementing Choosing Wisely Nova Scotia • Supported DNS's Healthy Tomorrow Foundation to develop a new strategic plan and launch a new program aimed at getting more Nova Scotians moving • Supported enhanced collaboration between physicians and other providers given changing scopes of practice, specifically pharmacists and physician assistants • Provided feedback on the expanding scope of practice of allied health care providers • Focused government relations efforts on negotiations priorities, while building and nurturing relationships with government, Nova Scotia Health and the IWK Health Centre • Developed an election strategy for the federal election
<p>Pursue fair compensation for physicians by negotiating provincial and local agreements</p>	<ul style="list-style-type: none"> • Concluded a successful negotiation for the Master Agreement and C/AFP contracts with significant new investment, bringing physician compensation in Nova Scotia to a more competitive position for recruitment and retention • Restored the role of sole bargaining agent for DNS through a contractual Memorandum of Agreement • Successfully ratified the new Master Agreement and C/AFP contracts • Ongoing implementation of commitments contained in the new agreements (improved audit process, blended capitation funding model, APP working framework)

STRATEGIC PLAN PROGRESS REPORT

STRATEGIC PRIORITY 2: Advocate for the profession (cont.)

Commitment	Actions
Foster a strong and stable physician workforce	<ul style="list-style-type: none"> • Appealed to the Nova Scotia Court of Appeal to overturn the decision of the Supreme Court of Nova Scotia regarding DNS’s role as sole bargaining agent for physicians in Nova Scotia. Appeal was successful in part • Developed and implemented income stability program to support fee-for-service physicians during the COVID-19 pandemic • Developed and implemented new fee codes to enable physicians to use synchronous virtual care tools during the COVID-19 pandemic • Continued to develop the blended capitation payment model • Implemented new Community Hospital Inpatient Program and Primary Maternity Compensation payment models • Established key contract governance bodies, including the Master Agreement Management Group (MAMG) and C/AFP Management Group and related working groups and committees • Conducted ongoing work to finalize details of new teaching stipends
Enhance the reputation of physicians and of DNS as their professional association	<ul style="list-style-type: none"> • Worked actively with the Office of Regulatory Affairs in support of a pilot project to reduce unnecessary physician administrative burden • Continued to support members in fee applications and billing audits • Developed and implemented public relations and digital marketing strategies to enhance trust and confidence in doctors • Launched social media campaign for Doctors Day recognizing Nova Scotia’s physicians and their commitment to exceptional patient care. Included a thank-you video from doctors to Nova Scotians to motivate compliance of public health recommendations during COVID-19 • Launched public awareness campaigns during COVID-19 pandemic: understanding and using virtual care; supporting and implementing personal public health measures, such as mask wearing, hand hygiene and social distancing

STRATEGIC PRIORITY 3: Serve the profession

Commitment	Actions
Provide practice supports to assist with the business side of practising medicine	<ul style="list-style-type: none"> • Supported physicians through various issues and conflicts impacting their ability to practise effectively, including support with contract matters, help navigating system processes and securing decisions, support with billing and audit appeals, support with retirement planning and the orientation of new physicians • Provided enhanced e-health, privacy and security support to physicians through the E-health Committee, strategic e-health support and an e-health advisor • Published two new tool kits: <i>Care During COVID-19</i> and <i>Getting Started with Virtual Care</i>
Foster a healthy physician workforce	<ul style="list-style-type: none"> • Held more than 15 CPD-accredited webinars to support physicians during the COVID-19 pandemic • Enhanced the Professional Support Program by offering new physician wellness line through collaboration with the CMA, collaborating with Nova Scotia Health to offer enhanced programming, including webinars and online resources • Physician Advisory Team and staff supported members in need of support dealing with unhealthy workplace behaviors such as bullying and discrimination • Developed a strategy for inclusivity, equity and diversity in the medical profession and established internal working group to guide the association's work in this space for the coming year

To be successful in these priorities, we also need to build or strengthen the organizational foundations that support the advancement of our strategic priorities.

OPERATIONAL

Commitment	Actions
Ensure financial sustainability	Finalized long-term financial framework with a view to financial stability
Enhance organizational structure, capacity and systems	<p>More appropriately resourced the organization to support health policy, government relations and physician wellness initiatives</p> <p>Initiated records management project (scanning and storage of archived files) for enhanced privacy and security of DNS records</p>
Enhance member communications	Developed and implemented an organizational communications strategy

In Memoriam (May 11, 2019 – June 5, 2020)

Dr. Murdock A. Smith, 78

May 11, 2019, in Sydney, N.S.

Dr. Nadine MacIntosh, 98

Sept. 26, 2019, in Halifax

Dr. Zbigniew Marek Knott, 63

Feb. 26, 2020, in Sydney Mines, N.S.

Dr. William “Bill” F. Snow, 72

May 24, 2019, in Sydney, N.S.

Dr. Matthew Ntambazi, 61

Oct. 14, 2019, in Yarmouth, N.S.

Dr. Roland A. Langille, 84

March 27, 2020, in Tatamagouche, N.S.

Dr. Anita A. Foley, 76

May 25, 2019, in Guysborough, N.S.

Dr. Alexander A. Brand, 92

Oct. 15, 2019, in Antigonish, N.S.

Dr. Vernon Bowes, 78

April 19, 2020, in Halifax

Dr. Charles A. Murchland, 88

June 28, 2019, in Halifax

Dr. Robert K. Mahar, 66

Dec. 10, 2019, in Halifax

Dr. Sai-Tao Chui, 82

May 7, 2020, in Lower Sackville, N.S.

Dr. Vahdettin Ketene, 93

June 30, 2019, in Halifax

Dr. James A. Smith, 84

Jan. 18, 2020, in Halifax

Dr. Magdalena Nestel, 61

May 13, 2020, in Bridgewater, N.S.

Dr. Laszlo A. Fried, 89

July 8, 2019, in Halifax

Dr. Richard W. Kydd, 64

Jan. 22, 2020, in Hebbville, N.S.

Dr. G. Bruce E. Montgomery, 63

May 21, 2020, in Enfield, N.S.

Dr. Daniel F. Glasgow, 71

July 17, 2019, in Sydney River, N.S.

Dr. Joe Dooley, 70

Feb. 1, 2020, in Halifax

Dr. Katharine S. Worton, 55

June 5, 2020, in Port Williams, N.S.

Dr. Colin Dyack, 82

Sept. 8, 2019, in Scotsburn, N.S.

Dr. David B. Fraser, 87

Feb. 15, 2020, in Halifax



Financial Statements of

DOCTORS NOVA SCOTIA

And Independent Auditors' Report Thereon

Year ended August 31, 2019



KPMG LLP
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Halifax Nova Scotia B3J 3N2
Canada
Telephone (902) 4926000
Fax (902) 4291307

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Doctors Nova Scotia

Opinion

We have audited the financial statements of Doctors Nova Scotia (the "Entity"), which comprise:

- the statement of financial position as at August 31, 2019
- the statement of revenues and expenditures for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at August 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian Accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "**Auditors' Responsibilities for the Audit of the Financial Statements**" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

Halifax, Canada
December 13, 2019

DOCTORS NOVA SCOTIA

Statement of Financial Position

August 31, 2019, with comparative information for 2018


	2019	2018
Assets		
Current assets:		
Accounts receivable (note 2)	\$ 5,956,760	\$ 5,707,427
Prepaid expenses and deposits	48,266	44,665
	<u>6,005,026</u>	<u>5,752,092</u>
Investments (note 3)	6,636,155	7,302,949
Property and equipment, net of accumulated amortization (note 5)	1,524,907	1,516,446
	<u>\$ 14,166,088</u>	<u>\$ 14,571,487</u>

Liabilities and Net Assets


Current liabilities:		
Bank indebtedness (note 6)	\$ 531,389	\$ 416,960
Accounts payable and accrued liabilities	1,229,917	850,926
Deferred revenue - other	24,658	116,658
Deferred revenue - membership dues	147,519	529,627
Deferred revenue - health insurance premiums	1,666,794	1,517,095
	<u>3,600,277</u>	<u>3,431,266</u>
Deferred contributions - expenses of future periods (note 7)	4,697,378	4,697,378
Net assets:		
Internally restricted:		
Property and Equipment Fund (note 8)	1,524,907	1,516,446
Doctors Nova Scotia Benefits Trust Fund	500,000	500,000
Future commitments (note 9)	1,451,974	1,910,062
Unrestricted operating	2,366,993	2,490,650
Restricted Funds (note 10)	24,559	25,685
	<u>5,868,433</u>	<u>6,442,843</u>
Employee future benefits (note 13)		
Commitments (note 14)		
	<u>\$ 14,166,088</u>	<u>\$ 14,571,487</u>

See accompanying notes to financial statements.

On behalf of the Board:



Director



Director

DOCTORS NOVA SCOTIA

Statement of Revenues and Expenditures

Year ended August 31, 2019, with comparative information for 2018

	2019	2018
Revenues:		
Provincial funding	\$ 6,572,292	\$ 6,202,457
Membership dues	4,250,818	4,217,651
Registration fees	153,249	170,058
Advertising revenue	53,305	56,131
Annual meeting, publication and sponsorship	45,955	85,604
Other income	1,050	1,575
	<u>11,076,669</u>	<u>10,733,476</u>
Expenditures:		
Health and dental, net (note 11)	4,300,194	4,072,347
Salaries and benefits	3,610,272	3,728,173
Honoraria fees	694,092	530,995
Physician and student expenses	895,899	560,669
Building expenses	178,158	173,380
Insurance	16,675	13,520
Professional fees	952,218	857,295
Office expenses	144,367	145,608
Dues, fees and subscriptions	35,772	29,524
Advertising and promotions	71,255	96,142
Computer expenses	142,464	140,296
Donations and sponsorship	102,419	71,330
Bank charges and interest	175,560	154,277
Magazine costs	58,786	59,929
Annual general meeting	38,362	18,007
Travel, meals and meetings	354,293	323,809
	<u>11,770,786</u>	<u>10,975,301</u>
Excess of expenditures over revenue before the undernoted	(694,117)	(241,825)
Amortization	(207,164)	(197,382)
	<u>(901,281)</u>	<u>(439,207)</u>
Investment income, net (note 4)	326,871	439,897
Excess of (expenditures over revenue) revenue over expenditures	<u>\$ (574,410)</u>	<u>\$ 690</u>

See accompanying notes to financial statements.

DOCTORS NOVA SCOTIA

Statement of Changes in Net Assets

Year ended August 31, 2019, with comparative information for 2018

	Unrestricted Operating	Future Commitments	Internally Restricted		Restricted Funds	Total 2019	Total 2018
			Equipment Fund Note 8(b)	Property and DNS Benefits Trust Fund			
Balance, beginning of year	\$ 2,490,650	\$ 1,910,062	\$ 1,516,446	\$ 500,000	\$ 25,685	\$ 6,442,843	\$ 6,442,153
Excess of (expenditures over revenue) revenue over expenditures	51,647	(417,767)	(207,164)	-	(1,126)	(574,410)	690
Investment in property and equipment	(175,304)	(40,321)	215,625	-	-	-	-
Balance, end of year	\$ 2,366,993	\$ 1,451,974	\$ 1,524,907	\$ 500,000	\$ 24,559	\$ 5,868,433	\$ 6,442,843

See accompanying notes to financial statements.

DOCTORS NOVA SCOTIA

Statement of Cash Flows

Year ended August 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operations:		
Excess of (expenditures over revenue) revenue over expenditures	\$ (574,410)	\$ 690
Items not involving cash:		
Amortization	207,164	197,382
Change in market value of investments (note 4)	56,701	82,184
Gain on sale of investments (note 4)	(239,078)	(390,157)
Change in deferred contributions - expenses of future periods	-	(334,306)
Changes in non-cash operating working capital (note 12)	(198,352)	(256,310)
	(747,975)	(700,517)
Financing and investing:		
Repayments of obligations under capital lease	-	(15,281)
Net decrease in investments	849,171	543,004
Property and equipment additions (note 8)	(215,625)	(348,651)
	633,546	179,072
Decrease in cash position	(114,429)	(521,445)
(Bank indebtedness) cash position, beginning of year	(416,960)	104,485
Bank indebtedness, end of year	\$ (531,389)	\$ (416,960)

See accompanying notes to financial statements.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

The Medical Society of Nova Scotia is incorporated under the Nova Scotia Companies Act and operates under the name Doctors Nova Scotia (the "Association"). Its stated mission is to maintain the integrity and honour of the medical profession, to represent all members equitably, and to promote high quality health care and disease prevention in Nova Scotia. The Association is a not-for-profit organization and, as such, is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

1. Significant accounting policies:

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Fund accounting:

The Association follows the deferral method of accounting.

The unrestricted operating net assets accounts for the administrative and committee costs and is financed by membership fees, investment and other general income. The Association manages two main functions through the unrestricted operating net assets being the general operations of the Association and recruitment and retention initiatives.

The Property and Equipment Fund reports capital assets of the Association, including land, building, furniture and equipment.

The Doctors Nova Scotia Benefits Trust Fund is a fund established by the Association's Board of Directors to hold, in Trust, the sum of \$500,000 to enable the Association to meet the obligations of winding-up the member insurance plan should that become necessary in the future. This fund is managed by a Board of Trustees.

The Restricted Funds are comprised of the Memorial and Cogswell Library Funds. The Cogswell Library Fund has been established to help support the Dalhousie Kellogg Library. The Memorial Fund of Nova Scotia Physicians has been established for educational purposes for the benefit of medical students.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

1. Significant accounting policies (continued):

(b) Revenue recognition:

Restricted contributions to the Memorial Fund and the Cogswell Library Fund are recognized as revenue of the respective fund in the current period. Restricted contributions related to expenses of future periods are deferred and recognized as revenue in the period in which the related expenses are incurred. Unrestricted contributions are recognized as revenue in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

(c) Investments:

Investments are classified as available for sale and stated at fair value. In determining fair values, adjustments have not been made for transaction costs as they are not considered to be significant.

The fair value of investments are determined as follows:

Fixed income securities and equities are valued at year-end quoted market prices where available. Where quoted prices are not available, estimated fair values are calculated using comparable securities.

Short-term notes, treasury bills and term deposits maturing within a year are stated at cost, which together with accrued interest income approximates fair value given the short-term nature of these investments.

Pooled funds are valued based on reported unit values derived from quoted market values in an actively traded market.

Investment income includes dividends and interest income and realized and unrealized investment gains and losses. Unrealized gains and losses on held for trading financial assets are included in investment income and recognized as revenue in the statement of revenue and expenditures.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

1. Significant accounting policies (continued):

(d) Property and equipment:

Property and equipment are stated at cost, less accumulated amortization. Amortization is based on the estimated useful lives of the assets and is calculated on a straight-line basis at the following rates:

Asset	Rate
Building	40 years
Furniture and fixtures	10 years
Computer software	2 years
Website	2 years

(e) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amount of the general deferred contribution balance, which is subject to a review between the Association and the Department of Health and Wellness as more fully described in note 7. Actual results could differ from those estimates.

2. Accounts receivable:

	2019	2018
Department of Health and Wellness - current year	\$ 1,234,813	\$ 1,100,132
Department of Health and Wellness - prior years (note 7)	4,418,929	4,418,929
Other	303,018	188,366
	<u>\$ 5,956,760</u>	<u>\$ 5,707,427</u>

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

3. Investments:

	2019	2018
Canadian money market funds	\$ 385,556	\$ 383,956
Canadian pooled bonds funds	2,589,559	2,737,446
Canadian corporate bonds	149,981	151,775
Canadian equities	2,203,588	2,547,299
US and Global equities	1,307,471	1,482,473
	<u>\$ 6,636,155</u>	<u>\$ 7,302,949</u>

4. Investment income, net:

	2019	2018
Interest income	\$ 86,775	\$ 123,384
Change in market value of investments	(56,701)	(82,184)
Realized gain on sale of investments	239,078	390,157
Gain on foreign exchange	1,234	874
Dividend income	113,191	81,529
Investment management fees	(56,706)	(73,863)
	<u>\$ 326,871</u>	<u>\$ 439,897</u>

5. Property and equipment:

	2019		2018	
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 183,308	\$ -	\$ 183,308	\$ 183,308
Building	2,688,905	1,646,743	1,042,162	1,099,529
Furniture and fixtures	666,796	493,500	173,296	91,881
Computer software	1,454,595	1,328,454	126,141	141,728
	4,993,604	3,468,697	1,524,907	1,516,446
Assets under capital lease	189,833	189,833	-	-
	<u>\$ 5,183,437</u>	<u>\$ 3,658,530</u>	<u>\$ 1,524,907</u>	<u>\$ 1,516,446</u>

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

6. Bank overdraft:

The Association has a revolving demand credit facility available in the amount of \$1,500,000. The facility is unsecured and bears interest at bank prime plus 0.25%.

7. Deferred contributions - expenses of future periods:

Deferred contributions of \$4,418,929 relate to the Recruitment and Retention Fund and consists of amounts received from the Department of Health and Wellness of the Province of Nova Scotia to fund benefits to the members of Doctors Nova Scotia and amounts provided under the previous Master Agreement that are restricted for special projects, subject to prior approval by the Master Agreement Steering Group.

The Association and the Department of Health and Wellness agreed to undertake a formal review of an appropriate reserve level for the Association. The outcome of this formal review and related negotiations was to determine the amount of general deferred contribution balance of \$4,418,929 from the old master agreement that will be available to the Association. Without concluding this formal review, the Department of Health and Wellness withheld funding for fiscal 2017 totaling the entire \$4,418,929 which the Association believes violates the provisions of the 2016 Master Agreement. The Association continues to recognize the deferred contribution balance of \$4,418,929, which has resulted in a receivable balance in this amount from the Department of Health and Wellness at August 31, 2019. The Association has asked the courts to settle two contract issues with the Province of Nova Scotia, including this matter. These proceedings are ongoing and the outcome is currently not determinable.

Once the courts rule and an appropriate reserve is determined, the amount will be transferred from deferred contributions to net assets and the \$4,418,929 receivable from the Department of Health and Wellness will be adjusted to reflect the amount of the settlement. If any portion of the \$4,418,929 withheld by the Department of Health and Wellness is determined not to be collectible, there will be no impact on the net assets of the Association. Deferred contributions related the the business of medicine in the amount of \$278,449 are deferred until future expenditures per the contribution agreement are incurred.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

8. Property and equipment fund:

(a) The property and equipment fund balance is calculated as follows:

	2019	2018
Property and equipment	\$ 1,524,907	\$ 1,516,446
Less: amount financed by capital leases	-	-
	\$ 1,524,907	\$ 1,516,446

(b) The change in the property and equipment fund balance is calculated as follows:

	2019	2018
Surplus of revenue over expenditures:		
Amortization	\$ (207,164)	\$ (197,382)
	\$ (207,164)	\$ (197,382)
Net change in property and equipment fund balance:		
Property and equipment additions	\$ 215,625	\$ 348,651
Repayments of obligations under capital leases	-	15,281
	\$ 215,625	\$ 363,932

9. Internally restricted - Future commitments:

The future commitment fund relates to internal restrictions imposed by the Board of Directors to ensure sufficient funds are available for future expenditures that have significant cost or are not in the normal course of operations. These future costs include investments in a customer relationship management system, future negotiation costs, unfunded liabilities of the CMA Pension Plan, litigation costs and IT platform upgrades.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

9. Internally restricted - Future commitments (continued):

Future commitments:

	Customer Relationship Management Software	Future Negotiation Cost Plan	CMA Pension	Litigation file	DNS ERP System	Other	2019 Total	2018 Total
Beginning balance	\$ 77,093	\$ 481,795	\$ 87,128	\$ 61,020	\$ -	\$ 1,203,027	\$ 1,910,062	\$ 2,075,837
Transfers	-	200,000	123,280	18,025	350,000	(691,305)	-	-
Less: Expenditures	(40,321)	(312,563)	(105,204)	-	-	-	(458,088)	(165,775)
Ending balance	\$ 36,772	\$ 369,232	\$ 105,204	\$ 79,045	\$ 350,000	\$ 511,722	\$ 1,451,974	\$ 1,910,062

10. Restricted funds:

Restricted funds are comprised of the following:

	2019	2018
Memorial Fund	\$ 12,044	\$ 12,930
Cogswell Library Fund	12,515	12,755
Total restricted funds	\$ 24,559	\$ 25,685

During the year investment income of \$114 (2018 - \$1,387) was earned by the Memorial Fund and donations of \$1,000 (2018 - \$1,000) were made.

During the year investment income of \$60 (2018 - \$732) was earned by the Cogswell Library Fund and donations of \$300 (2018 - \$300) were made.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

11. Health insurance, net:

Doctors Nova Scotia provides health and dental insurance to members as a member benefit. Members contribute 35% to fund the cost of the Health Insurance plan with the remaining 65% funded by the Department of Health and Wellness.

	2019	2018
Total health insurance premium expense	\$ (6,615,682)	\$ (6,265,149)
Health insurance premiums paid by members	2,315,488	2,192,802
Health insurance expense	\$ (4,300,194)	\$ (4,072,347)

12. Supplemental cash flow information:

Changes in non-cash operating working capital	2019	2018
Accounts receivable	\$ (249,333)	\$ (498,271)
Prepaid expenses and deposits	(3,601)	(35,960)
Accounts payable and accrued liabilities	378,991	(115,387)
Deferred revenue - CMPA rebate funding and membership dues	(382,108)	221,670
Deferred revenue - other	(92,000)	16,658
Deferred revenue - health insurance premiums	149,699	154,980
	\$ (198,352)	\$ (256,310)

13. Employee future benefits:

The Association contributes 10.5% (2018 - 10.5%), on behalf of its staff, to a multi-employer defined benefit pension plan administered by the Canadian Medical Association ("CMA"). Participation in the plan is mandatory for all full-time employees. Effective January 1, 2019, the Association was required to pay an additional \$8,767/month (2018 - \$8,767/month) as part of their portion of the plan deficit.

Employee future benefit costs recognized in the year, being the employer contributions to the plan, equalled \$245,829 (2018 - \$245,829).

An actuarial valuation of the CMA's defined benefit pension plan is required every three years at a minimum. The latest actuarial valuation was performed as at January 1, 2018 and the next required valuation will be as at January 1, 2021. The Provincial and Territorial Medical Associations' portion of the defined benefit pension plan has a going concern surplus of \$315,400 and a solvency deficiency of \$5,874,900 based on the January 1, 2018 valuation.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

14. Commitments:

- (a) The Association sponsorship commitment for the Scotiabank Blue Nose Marathon is \$30,000 annually until September 2019.
- (b) In September 2017, the Association agreed to continue its \$8,500 annual sponsorship of the Medical History Society with no set end date at this time.

15. Financial instruments:

Risk management relates to the understanding and active management of risks associated with all areas of the business and the associated operating environment. Investments are primarily exposed to interest rate volatility, market, credit and liquidity risk. The Association has set formal investment policies and procedures to establish an asset mix among equity and fixed income investments, requires diversification of investments within categories, and a set limit on the size of exposure to individual investments and counterparties.

(i) Interest rate risk:

Interest rate risk is the risk that the market value of the Association's investments will fluctuate due to changes in market interest rates. The value of the Association's assets is affected by short-term changes in nominal interest rates and equity markets. To mitigate this risk, the Association invests its portfolio primarily in fixed income and income producing instruments including cash, money market securities, longer dated debt securities and high yielding equities, with a modest exposure to capital gain oriented instruments.

(ii) Market risk:

Market risk is the risk that the value of an investment will fluctuate as a result of changes in market prices, whether those changes are caused by factors specific to the individual financial instrument, its issuer or factors affecting all similar financial instruments traded in the market. As all of the Association's investments are carried at fair value with fair value changes recognized in the statement of revenue and expenditures, all changes in market conditions will directly result in an increase (decrease) in excess (deficiency) of revenue over expenditures. The Association's policy to invest in a portfolio based on criteria established in the Association's Investment Policies mitigates the impact of market risk.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2019

15. Financial instruments (continued):

(iii) Credit risk:

Credit risk is the risk that an issuer or counterparty will be unable or unwilling to meet a commitment that it has entered into with the Association. Financial instruments which potentially subject the Association to credit risk consist primarily of cash, accounts receivable and investments. The Association limits the amount of credit exposure with its cash balances by only maintaining cash with major Canadian financial institutions. debtor may not pay amounts owing, thus resulting in a loss. The Association's investments must adhere to specific limitations as outlined in the Association's Investment Policies. Credit exposure is minimized by dealing only with credit worthy counterparties. The Association does not have a significant exposure to any individual counterparty.

(iv) Liquidity risk:

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. Liquidity requirements are managed through the receipt of funds for services provided, income generated from investments, use of available borrowings and the receipt of external funding. The sources of funds are used to pay operating expenses. In the normal course of business the Association enters into contracts that give rise to commitments for future payments which may also impact the Association's liquidity.

DOCTORS NOVA SCOTIA

Operating Fund

Year ended August 31, 2019, with comparative information for 2018

	2019	2018
Revenues:		
Membership	\$ 4,250,818	\$ 4,217,651
Sponsorship	45,955	85,604
Advertising	53,305	56,131
Other income	1,050	1,575
	<u>4,351,128</u>	<u>4,360,961</u>
Expenses:		
Salaries and benefits	2,537,989	2,778,961
Honoraria fees	566,989	374,195
Physician and student expenses	-	3,840
Building	178,158	173,380
Insurance	16,675	13,520
Professional fees	334,449	232,284
Office expenses	140,636	144,154
Advertising and promotions	69,745	93,662
Dues, fees and subscriptions	35,772	29,524
Computer expenses	142,464	140,259
Donations and sponsorship	101,344	59,855
Bank charges and interest	175,560	153,387
Magazine costs	58,786	59,929
Annual general meeting	38,362	18,007
Travel, meals and meetings	229,251	163,302
	<u>4,626,180</u>	<u>4,438,259</u>
	(275,052)	(77,298)
Net investment income	326,699	432,573
Excess of revenues over expenditures before depreciation	<u>51,647</u>	<u>355,275</u>
Amortization expense	(207,164)	(197,381)
Excess (deficiency) of revenues over expenditures	<u>\$ (155,517)</u>	<u>\$ 157,894</u>

DOCTORS NOVA SCOTIA

Recruitment and Retention Fund - General

Year ended August 31, 2019, with comparative information for 2018

	2019	2018
Revenues:		
Provincial funding	\$ 6,572,292	\$ 6,190,631
Other income	153,249	170,058
	<u>6,725,541</u>	<u>6,360,689</u>
Expenses:		
Salaries and benefits	967,080	844,009
Health and dental	4,300,194	4,072,347
Honoraria	16,140	152,290
Physician and student expenses	765,899	556,829
Professional fees	581,336	577,572
Office expenses	3,371	1,454
Advertising and promotions	1,510	2,480
Computer expenses	-	36
Donations and sponsorship	-	10,175
Bank charges and interest	-	891
Travel, meals and meetings	90,011	147,801
	<u>6,725,541</u>	<u>6,365,884</u>
Deficiency of revenues over expenditures before the undernoted	-	(5,195)
Net investment income	-	5,195
Excess of expenditures over revenues	\$ -	\$ -

DOCTORS NOVA SCOTIA

Recruitment and Retention Fund - Physician Manual Modernization Project

Year ended August 31, 2019, with comparative information for 2018

	2019	2018
Revenue:		
Provincial funding	\$ -	\$ 11,828
Expenses:		
Honoraria	-	4,510
Professional fees	-	6,128
Travel, meals, and meetings	-	1,190
	-	11,828
Excess of revenues over expenditures	\$ -	\$ -

Agenda Item# 7.2



Annual General Meeting - Motion Dues Increase

Mover: Dr. Gerard MacDonald, Chair, Audit Committee
Seconder: Dr. Mike Wadden

Rationale:

Earlier this year the Board of Directors agreed that a dues increase would be needed for the association to become structurally balanced. Doctors Nova Scotia has not seen a dues increase since 2015, and before that, it was in 2010.

At that time it was determined that the increase would become effective September 1, 2020; however, with the onset of the pandemic, the Board revisited this decision in April 2020 and decided on a different approach that considers the current environment and financial impact it has had on physicians. The Board, with support from the Audit Committee, decided to defer the increase for a year. The Board is recommending a \$300 increase to full member dues that will take effect in September 2021.

The increase will have DNS full member dues remain around mid-range compared to other provinces, whereas other membership category dues are where they should be in comparison and will not require an increase at this time.

Since the last dues increase in 2015 inflation alone has increased by almost 11%. About 70% percent of the increase will cover the rate of inflation over the past six years, and the other 30% would fund operations and the work identified in the business plan. Implementing the dues increase in 2021 will allow the association to retain its net assets. Unless there are unforeseen circumstances, we expect to remain financially solvent until 2026-27 and would not expect to need another dues increase until that time.

DNS, and all PTMAs, will be receiving CMA affinity funding over the next four years to support the cost of several initiatives related to COVID, professional development, virtual care and physician wellness. This funding is short-term and must be directed to specific projects; it is not to fund operations.

The following motion will be presented:

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves an increase to full member dues, from \$1,650 to \$1,950, effective September 1, 2021.

Agenda Item# 8.1



Annual General Meeting - Motion Approval of President-Elect

Mover: Dr. Robyn MacQuarrie, Chair, Nominating Committee

Second: Dr. Gary Ernest

Rationale:

The Nominating Committee is responsible for reviewing the nominations for President-elect and recommending a candidate for the Board's endorsement and for approval at the Annual General Meeting (AGM).

Any member who meets the criteria can be nominated for President-elect. The Nominating Committee reviews the nominations and recommends a preferred candidate to the Board of Directors for endorsement, and that person's name is brought to the AGM for approval.

This year the Nominating Committee is recommending **Dr. Heather Johnson**. The Committee has determined that Dr. Johnson meets the selection criteria.

Dr. Johnson, a family physician practicing in Bridgewater, has been actively engaged in the association for the past ten years. She was appointed as a regional representative to the Board for two years (2010-2012) and has been elected to the Board for two consecutive terms (2012-2015 and 2015-2018). She was a member of the IT Steering Committee during her first elected term on the Board, and Chair of the Audit Committee for three years during her second term. She represented DNS on the NewMD Committee (2016-2018) and was a member of the Master Agreement Advisory Group and the Master Agreement Negotiations Team for the 2018-19 negotiations. Dr. Johnson currently sits on the DNS Governance Committee.

The Nominating Committee agreed that Dr. Johnson is a strong physician leader who has extensive knowledge of the governance of the association. The Nominating Committee has no hesitation recommending her for the position.

The Board of Directors passed a motion at its April 3, 2020 meeting to endorse the committee's nomination of Dr. Johnson. If approved, she will formally step into the role following the AGM until June 2021 when she will take over as President.

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves Dr. Heather Johnson as President-elect for 2020-2021.

AGM Briefing Note

2020-21 Board of Directors

As a result of the Board election held in March/April, the Board is pleased to welcome the following members for a three-year term:

- Dr. Mike MacDonald, Family Physician, Sydney; and
- Dr. Shelly MacNeil, Infectious Diseases Specialist, Halifax.

The Board also welcomes three regional representatives, approved by the Board for a one-year term:

- Dr. James Clarke, Radiology and Nuclear Medicine Specialist, Halifax;
- Dr. Stephanie Langley, Family Physician, North Sydney (second term); and
- Dr. Colette Sauveur, Family Physician, Springhill (second term).

The members of the 2020-2021 Board of Directors are:

The Executive: Dr. André Bernard, Chair of the Board Dr. Robyn MacQuarrie, President Dr. Heather Johnson, President-Elect Dr. Gary Ernest, Past-President Dr. Gerard MacDonald, Audit Committee Chair	
Family Physicians inside HRM Dr. Gehad Gobran Dr. Cindy Marshall Family Physicians outside HRM Dr. Stephanie Langley Dr. Amanda MacDonald Dr. Mike MacDonald Dr. Colette Sauveur Specialists inside HRM Dr. James Clarke Dr. Kelly Dakin Hache Dr. Tammy Keough-Ryan Dr. Shelly MacNeil	Specialists outside the HRM Dr. Islam Eissa Dr. Todd Stoddart Section Forum Chair Dr. Mary Gorman CMA Board of Directors Representative Dr. Gerard MacDonald Maritime Resident Doctors Representative Dr. Leo Fares DMSS Representative Mr. Bright Huo

Thank you to those Board members who left the Board in June:

Dr. Tim Holland, Past President
Dr. Alex Mitchell
Dr. Mike Wadden

Dr. Alf Bent
Mr. Neetin Prabhu (medical student)

We appreciate their contribution to the association. Donations will be made in each person's name to a local charity.

AGM Briefing Note

Annual General Meeting – Motion Approval of New Sections

The Annual Meeting is being asked to approve two new Sections:

- 9.1 Section of Clinical Associates; and
- 9.2 Section of Physicians for Indigenous Health

Section 2 of the Rules & Regulations (below) outlines the requirements for forming a new Section.

2. SECTIONS

2.1 Creation

- (a) Any group of ten or more members of the Society who are primarily interested in any aspect of the science and/or practice of medicine may be recognized as a Section of the Society with the approval of a formal application at the time of the Annual General Meeting provided that such an application is endorsed by the Board of Directors at a meeting not less than 60 days prior to the Annual General Meeting.
- (b) This application will include:
 - (i) the name of the proposed Section;
 - (ii) the names and signatures of the ten (10) or more Society members sponsoring the proposed Section;
 - (iii) the names of the interim chair and secretary of the proposed Section; and
 - (iv) the reason why the formation of a new Section will benefit both the members of the proposed Section and the Society as a whole.

The Board of Directors reviewed both applications and is satisfied that the requirements set out in the Rules & Regulations have been met. To be recognized as a Section of Doctors Nova Scotia, approval at the Annual General Meeting is required.

The following motions will be presented:

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Clinical Associates.

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Physicians for Indigenous Health.

November 2, 2019 – Application to Doctors Nova Scotia

Proposed Section: Clinical Associates

Rationale

A clinical associate is a physician who practices at either the Nova Scotia Health Authority or the IWK Health Authority under a Clinical Assistant License. The clinical assistant license is granted to a physician who is licensed to practice medicine in another country but is not eligible for full licensure in Nova Scotia. The clinical associate can work in a tertiary care or regional hospital under the supervision of a fully-licensed physician on staff at the hospital and is considered an employee of their respective health authority.

The way in which clinical associates practice presents a unique set of opportunities and challenges. Even though they are all employees of either the NSHA or IWK, most of them do not work together and there are few professional reasons or opportunities for these physicians to meet despite many of them facing the same issues. As a collective they also present unique and often unheard perspectives to help improve our health care system, particularly within the tertiary care setting. A section of clinical associates would allow these practitioners to collectively find solutions to the challenges they face, and to share their ideas for improving the system with Doctors Nova Scotia and other stakeholders.

Interim Chairs: Marek Klimek, Dzenita (Jenny) Hadzimirtezić

Secretary: Narina Aliter

The following members of Doctors Nova Scotia wish to start a section of Clinical Associates:

1. Marek KLIMEK
2. Alafoun
3. Aylerje Ymen
4. Ruwim Jayawanna
5. Dzenita (Jenny) Hadzimirtezić
6. CHAMINDA RANKADU
7. Narina Aliter
8. HIMANTHI DE SILVA
9. Massoud Shakin
10. Moh. E. Alla
11. Dleev Salari
12. Iryna Stubeda
13. José Ramirez

To: Doctors Nova Scotia

Re: Creation of a Section of Physicians for Indigenous Health

We are writing today to request the creation of a Section of Physicians for Indigenous Health. Indigenous Health is increasingly being seen as a specialized focus of primary care and medicine, in general. Indigenous peoples in Canada face unique health challenges. In order to face these challenges, physicians working with Indigenous populations require special knowledge and experience. Further, there are many cultural safety issues that a physician must consider while working with Indigenous patients. Finally, a familiarity with the social determinants of health is essential when working in Indigenous health. By creating this Section, we hope to create a forum where physicians can share knowledge, experience and training in these areas. We hope that this will then lead to better health care delivery to this priority population. While knowledge sharing would be the initial goals of the Section, we would also hope that, in future, the Section would also have the potential to expand to advocacy and/ or research.

The Section will be open to all physicians who hold a membership with Doctors NS and have an interest in Indigenous health. This would primarily include physicians working directly with Indigenous Nova Scotians as well as DNS members who work with Indigenous populations outside Nova Scotia (e.g. physicians working in “the North”). However, working directly with Indigenous populations need not be a mandatory requirement to join. We can foresee great value in a wide spectrum of membership ranging from medical students interested in learning more about Indigenous health to retired members who have a career of experience with Indigenous populations.

Dr. Timothy Holland has volunteered as an interim chair.

Dr. Tiffany O’Donnell has volunteered as an interim secretary.

We have attached a list of 11 members of Doctors Nova Scotia who have signed as sponsors of the Section of Physicians for Indigenous Health.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Tim Holland'.

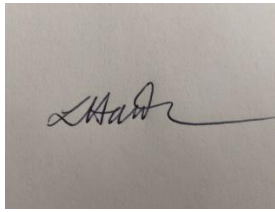
Tim Holland

A stylized handwritten signature in black ink, consisting of the letters 'DM'.

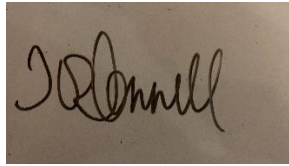
David Martell

A handwritten signature in cursive script, appearing to read 'Shaun MacCormick'.

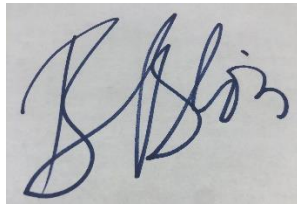
Shaun MacCormick



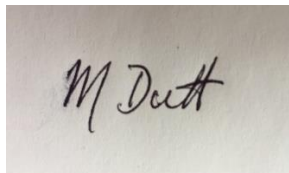
Leisha Hawker



Tiffany O'Donnell



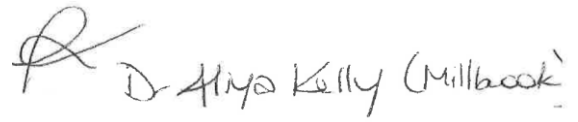
Beau Blois



Monika Dutt



Hali Bauld



Aliya Kelly



Cathy Felderhof



Aruna Dhara

Agenda Item# 10

Annual General Meeting 2020 Award winners

Distinguished Service Award: Dr. Stephen Couban, FRCPC

Dr. Stephen Couban is being honoured posthumously with the Distinguished Service Award. Dr. Couban's career highlights encompassed his many roles at Dalhousie University, including professor in the Department of Medicine, division head of the Hematology Department, director of the Blood and Marrow Transplant Program, and medical director of the medical teaching unit in the Department of Medicine.

Dr. William Grigor Award: Dr. Janneke Gradstein, CCFP(EM) FCFP

Dr. Janneke Gradstein is being recognized with the Dr. William Grigor Award for her efforts to enhance the health and well-being of Nova Scotians. In practice for 14 years, Dr. Gradstein became the Cumberland Regional Health Care physician site lead in 2018—one of many ways in which she has applied her knowledge to maximize resources and meet health care demands.

Rural Physician of the Year Award: Dr. Kelly Morris, CCFP

Dr. Kelly Morris is being honoured with the Rural Physician of the Year award for providing exemplary care to her patients and for her outreach to underserved populations. For 10 years, Dr. Morris has served the community of Amherst, N.S. as a family physician and through the Cumberland Regional Health Care Centre, where she works in prenatal care, obstetrics, neonatal resuscitation, surgical assists and in-patient medical care.

Physician Health Promotion Award: Dr. Lisa Barrett, FRCPC, PhD

Clinician scientist Dr. Lisa Barrett is being recognized with the Physician Health Promotion Award for her research on chronic viral infection and immune function, and how infection can be treated and cured. Dr. Barrett conducts her research in part as the principal investigator with the Senescence Aging Infection and Immunity laboratory at Dalhousie University, which she also established.

Senior Membership Award: Dr. Rebecca Dobson, FRCPC

Dr. Rebecca "Becky" Dobson receives the Senior Membership Award in recognition for her contributions in cardiac radiology. Over the course of her career, Dr. Dobson was a devoted teacher and mentor to hundreds of medical learners and colleagues. She not only taught radiology and cardiac residents, but also physicians in many other specialties, including internal medicine and emergency medicine.

CMA Honorary Membership Awards

Dr. Minoli Amit, FRCP(C), CCPE

Pediatrician Dr. Minoli Amit receives the CMA Honorary Award for her dedication and excellence in the delivery of health care in rural Nova Scotia. Based in Antigonish, N.S., Dr. Amit is a consulting pediatrician and chair of the Department of Children's and Women's Health at St. Martha's Regional Hospital. Over the years, Dr. Amit has ensured that the rural perspective for specialist medical services has been represented locally and nationally.

Dr. Sally Helme Jorgensen, FRCSC

Dr. Sally Helme Jorgensen is being honoured with the CMA Honorary Membership Award in recognition of her contributions in obstetrics and gynecology. Practising for 35 years, she has spent over three decades providing exemplary care to women on Nova Scotia's South Shore. Over her career, Dr. Jorgensen has held leadership positions in both regional and national organizations.

Dr. Paul van Boxel, MBChB, FRCS(C)

Dr. Paul van Boxel is the recipient of the CMA Honorary Award for exemplifying the CMA's ideals of integrity and compassion. Dr. van Boxel has established a legacy of excellence during his 56 years in medicine. In 2002, he joined the Cumberland Regional Health Care and helped build a culture where surgeons assist and support one another, inside and outside the operating room.