

Proceedings

166th Annual General Meeting
Saturday, October 17, 2020
Virtual meeting via Zoom



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.



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1. Procession

The 166th Doctors Nova Scotia Annual Meeting began with the introduction of Dr. André Bernard, Chair of the Board; Dr. Robyn MacQuarrie, President; Dr. Heather Johnson, President-Elect; Dr. Ann Collins, Canadian Medical Association President and Nancy MacCready-Williams, CEO, Doctors Nova Scotia.

2. Call to Order

2.1 Opening of the Annual Meeting

The chair called the meeting to order and declared the 166th Annual General Meeting in session. He started the meeting with a land acknowledgement that we all live and work in Mi'kma'ki, the ancestral, unceded territory of the Mi'kmaq people. He noted that the term “unceded” is important because it indicates that the Mi'kmaq did not give up their rights to their land or resources despite Colonization. As Settlers in Mi'kma'ki, we are grateful for the Treaties of Peace and Friendship with the Mi'kmaq people, which set out long-standing promises, mutual obligations, and benefits for all parties involved. Mi'kmaq rights are also affirmed in our Canadian Constitution and by the Supreme Court of Canada. Treaties are about rights and about how to build peaceful, long-term relationships with each other.

At Doctors Nova Scotia (DNS), we honour and respect the Indigenous people of this land. We also recognize that we have much more to learn and do to embrace the Calls to Action from the Truth and Reconciliation Commission.

The chair invited those who are interested in learning more to reach out to any DNS staff member on the Equity, Diversity and Inclusion (EDI) Committee, research Indigenous history, or visit an Indigenous cultural centre.

2.2 Review Conduct of Meetings

Dr. Bernard reviewed the conduct and rules of order for the meeting. He noted that it was Doctors Nova Scotia's first fully virtual Annual General Meeting. While every effort has been made to ensure a smooth meeting, sometimes

technology can be unpredictable, therefore participants were asked for patience if any technical issues were experienced during the meeting.

2.3 Approval of Agenda

The agenda was approved as presented.

The following motion was moved by Dr. Alf Bent and seconded by Mr. Bright Huo:

Resolution – Agenda

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approve the agenda for the Oct. 17, 2020, meeting. CARRIED

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

3. Proceedings of 2019 Annual General Meeting

A copy of the proceedings from the 2019 AGM were distributed to delegates in advance of the meeting. There were no questions or comments regarding the record of those proceedings.

4. Moment of Silence for Deceased Members

Dr. Bernard read the names of those members who have passed away since the last AGM: Dr. Murdock A. Smith, Dr. William “Bill” Snow, Dr. Anita Foley, Dr. Charles Murchland, Dr. Vahdettin Ketene, Dr. Laszlo Fried, Dr. Daniel Glasgow, Dr. Colin Dyack, Dr. Nadine MacIntosh, Dr. Matthew Ntambazi, Dr. Alexander Brand, Dr. Robert Mahar, Dr. James Smith, Dr. Richard Kydd, Dr. Joe Dooley, Dr. David Fraser, Dr. Zbigniew Marek Knott, Dr. Roland Langille, Dr. Vernon Bowes, Dr. Sai-Tao Chui, Dr. Magdalena Nestel, Dr. G. Bruce Montgomery, and Dr. Katharine Worton.

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

5. Approval of Annual Report

A copy of the 2019-20 Annual Report was included with the registration package that was distributed to delegates in advance of the meeting.

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There were no questions or comments regarding the report.

The following resolution was moved by Dr. Gary Ernest and seconded by Dr. Leo Fares:

Resolution – Annual Report

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting accept all narrative portions of the 2019–20 Annual Report. CARRIED

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

6. Canadian Medical Association Address

Dr. Ann Collins, CMA President, thanked everyone for the warm welcome and for the opportunity to attend and address the AGM. She began by acknowledging that the land on which she spoke from in Fredericton, New Brunswick is the traditional unceded territory of the Wolastoqiyik (Maliseet Peoples).

She noted that it has been almost 20 years since the CMA had a president from New Brunswick, and expressed how grateful she was to have the opportunity to bring an understanding of the challenges of smaller province practice to a national scale.

It has been a difficult year for physicians and their patients; the pandemic really exacerbated many of the weaknesses that have existed in the system for years, including difficulties around accessing care. While virtual care is something that is new to many, it is already evident how it can help reduce some of the barriers to access. In the Atlantic provinces, particularly with older populations, rural communities and often harsh weather, virtual care can help serve patients well by enabling them to access care and reduce isolation, all while allowing vulnerable groups to stay safe at home. From the CMA's perspective, the shift toward increased virtual care is

incredibly promising. Dr. Collins noted that she was very thankful to personally be able to turn to virtual care in her own practice and to keep that connection going with her patients during such an uncertain time. Over the last several months, the CMA has published how-to guides, as well as other resources to support physicians with the use of virtual care in their practices. They also continue to call for a coordinated and consistent approach to be implemented across the country. Building on the recommendations from the virtual care taskforce report issued just prior to the pandemic, it is important to ensure that we're not seeing fragmentation in care, that all Canadians are getting equitable access, and that physicians are being duly compensated for the services they are providing. The CMA is pleased to be providing funding to support the Atlantic provincial and territorial medical associations with the development of virtual care compensation recommendations. This initiative is a great example of the collaboration between the Atlantic provinces and the CMA.

Dr. Collins also spoke about access to appropriate senior's care. When considering the tragedies seen in long term care homes across the country during the pandemic, it's become clear that we've failed to adequately protect many of our most vulnerable citizens. To close this gap, the CMA is asking the federal government to provide additional health-care funding for seniors to develop a national senior strategy and introduce a needs-based benefit for seniors and caregivers. In addition, the CMA also would like to see more federal, provincial, and territorial government funding to modernize long-term care models across the country. Seniors require more support to age at home.

Dr. Collins explained that the past seven months have been incredibly difficult, but physicians should be proud of how they've stepped up to care for Canadians, often at great personal risk. The CMA continues to highlight the risks that physicians are facing in its advocacy with govern-

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ment. There are still physicians across the country who are struggling to access PPE or having to pay for it out of their own pockets. This is something that has been raised directly with the federal minister of health and will continue to be a priority, especially in the wake of a potential second wave.

Now that many health-care services have resumed, the CMA is also calling for support to ensure that we can work through the backlogs of surgeries and procedures and help clinics to manage this demand. They are also keenly aware of the financial impacts of the pandemic; their goal has been to provide physicians with financial guidance and advocate for changes to federal support programs to ensure physicians are covered. The federal government implemented the CMA's recommendations and expanded eligibility to the emergency wage subsidy so that physicians in cost-sharing arrangements would qualify. In addition to financial supports, the CMA also wants to ensure that physicians are getting the mental and emotional support they need. The CMA recently launched several new wellness programs to complement the services offered through Doctors Nova Scotia (DNS). For example, through the wellness connection, physicians can access free peer-to-peer support and wellness training on the wellness hub, as well as have access to a range of wellness tool kits, research articles and data. Lastly, through the new physician wellness initiative with Scotia Bank and MD Financial Management, the CMA will be providing \$15M to meet physicians' health and wellness needs, \$1M of which will be allocated to DNS over four years to meet its specific membership needs.

Dr. Collins shared that she has been in medicine for over 30 years, and she understands first-hand just how hard physicians work for their patients, colleagues, and their communities. They've been there for one another, and for Canadians throughout this pandemic and beyond. Dr. Collins made a commitment to continue supporting the Atlantic provinces at the national level and working towards achieving change that will benefit the

profession collectively.

In closing, Dr. Collins thanked the delegation for their time, and congratulated Dr. Robyn MacQuarrie on taking the helm as DNS President in June. She also thanked Dr. Gary Ernest, Past-President, for his work and leadership throughout this term. She looks forward to continued collaboration with DNS to help physicians navigate the long-lasting implications of the pandemic.

Questions

A member of the delegation noted that the pandemic has highlighted the lack of financial support available for doctors that become ill with COVID-19 and are required to self-isolate. Generally, physician disability insurance payments require up to 30 days of illness before becoming accessible. What steps has the CMA taken to advocate for physicians in this space or to assist in creating a short-term illness benefit that doctors can access if and when affected by COVID-19?

Dr. Collins explained that the CMA is not in a position to distribute money directly to physicians due to various tax rules and non-profit laws, however they do continue to lobby and look at alternative ways in which to support physicians financially or through their financial well-being, not just during the pandemic but beyond. They will continue to look for innovative ways to provide that support wherever possible. The pandemic is a fluid situation, and this is something that will continue to be monitored as things move forward.

A member of the delegation noted that the dependency ratio in Nova Scotia is expected to reach 73% by 2036. What is the CMA doing to advocate

for demographic dependency ratio-based distribution of federal transfers for health care?

Dr. Collins explained that this is something that the CMA is acutely aware of, and through the last election campaign, the CMA advocated for

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increased health funding particularly for provinces where there is a high demographic need. This year, the CMA has asked for an initiative or a fund to help with the backlog that is being experienced across the country to get things kick-started again. This will continue to be advanced at every opportunity possible. A few meetings with members of parliament took place recently to discuss this and we have also asked that the minister of health advocate for it, recognizing the implications of added care and cost in provinces where there is an older population.

The chair thanked Dr. Collins for attending the meeting to address the delegation. Dr. Collins invited delegates to reach out to her with questions or comments at any time.

7. Audit Committee Report

Dr. Gerard MacDonald, Chair of the Audit Committee, presented the Audit Committee report, which included an overview of the audited financial statements for the year ending August 31, 2019; an update on how the association is trending for the year 2019-20, and; a motion for a proposed dues increase to take effect in September 2021.

He noted that from a governance perspective, the Audit Committee is responsible for ensuring that internal controls are in place and executed properly. It represents the Board by overseeing the establishment and implementation of accounting policies and internal controls which promote good financial stewardship, managing overall risk including investment policies, tax compliance, adequate insurance and overseeing that compliance is adhered to.

7.1 Review Audited Financial Statements for 2018-19

Dr. Dr. Gerard MacDonald, Chair of the Audit Committee, presented the audited financial statements for the year ending August 31, 2019. The detailed audited statements were included in the

distributed registration package and were also available on-line prior to the meeting. He noted that DNS's fiscal year, which runs from September to August, and the timing of the Annual meeting don't align well which makes the reporting less timely. This is especially evident this year with the postponement of the AGM from June to October.

Dr. MacDonald explained that the association had an operating deficit of \$156K. He noted that this deficit was planned as per the Board approved business plan. The original budgeted deficit was \$435K, however that amount decreased as a result of the following:

- *costs associated with contract voting (digital vs. paper and postage) were lower than budgeted;*
- *revenue from the Department of Health and Wellness (DHW) for the staff component of targeted projects was higher than budgeted; and*
- *ongoing efforts to manage spending.*

The Board recognized that there was and continues to be important work that DNS needed to do to support physicians in Nova Scotia. That work included everything from negotiating new contracts, helping physicians navigate the newly formed Nova Scotia Health Authority, advocating for system change, to investigating the causes of physician burnout and supporting physician wellness programs.

Although the cost of doing that work was eventually going to exceed the organization's revenue, the Board felt that this work was essential and should continue. The Board made the strategic decision to proceed with the work outlined in the five-year financial strategy despite the deficit, with the intention of managing the additional costs through fiscal prudence on the part of DNS staff, and drawing down on DNS' net assets fund. This was part of a multi-year strategy that would eventually lead to a dues increase.

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KPMG successfully performed the annual audit and found no errors or omissions resulting in an unqualified opinion. The financial statements are presented in accordance with Canadian accounting standards for not-for-profit organizations. The Audit Committee reviewed the audit process and resulting statements with KPMG. The statements required no adjustments, so a recommendation was made to the Board of Directors for approval. KPMG presented the audited financial statements to the Board of Directors in December of 2019 and they were approved as presented.

The association has two main ongoing sources of funds: Operations and the Member Benefits fund. Operations are funded by annual dues from members, staff recoveries from DHW and payments from third parties for magazine advertising and sponsorships.

The Member Benefits fund consists of payments from the DHW that are provided via the Master Agreement to cover the cost of member benefits. DNS pays the cost of the various member benefits then invoices DHW to recover an amount equal to spending. Since revenues always equal expenses in this fund, surpluses and deficits do not accumulate from year to year.

Over the past two years, revenue has remained stable. Funding from DHW represents 61% of the total funding received in 2019. Those funds cover the costs of the health and dental, parental leave and professional support programs as well as targeted projects. Membership dues, sponsorships and magazine revenue represents 39% of total funding in 2019.

The Operating fund, supported mainly from membership dues and staff recoveries from DHW funding, pays for the overall running of the association.

DHW paid \$6.7M through the Member Benefits fund in accordance with the Master Agreement. The large majority of this funding was spent on health and dental costs. Total health and dental

costs of \$6.6M were split 65/35 between DHW and members. The remaining funding covered the cost of parental leave benefits, the Professional Support Program, targeted projects and DNS staff time to manage and administer all of the above.

Net income from investments totaled \$326,871. Our investment policy, adhered to by our brokers, dictates a minimum tolerance for risk and reinvestment of earnings. Investment brokers meet annually with the audit committee to review our policy, market conditions and performance.

Overview of Fiscal Year 2019-20

Dr. MacDonald provided a brief overview on how the association is trending for the 2019-20 fiscal year which closed on August 31, 2020. KPMG will perform the audit at the end of October and the audited financial statements will be available for review by the Board at their December 2020 meeting. The statements will be presented at the 2021 AGM.

The Board approved a \$474K Operating Fund deficit for the 2019-20 year. The fiscal year is expected to close with a smaller than budgeted deficit due to reduced expenses resulting from the pandemic, higher revenue from DHW for staff allocation to targeted projects related to COVID-19 work, and funding support from the CMA.

The deficit will be funded using Unrestricted Net Assets and Future Commitments funds as outlined in the five-year financial strategy.

Over the next four years, CMA Affinity funding will support the cost of several initiatives related to COVID-19 such as 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.

7.2 Dues Increase Effective September 2021

Dr. MacDonald explained that 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

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not seen a dues increase since 2015, and prior to that, it was in 2010.

Initially, the Board recommended that the increase become effective September 1, 2020; however, with the onset of the pandemic, the Board revisited this decision and decided on a different approach that considers the current pandemic 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.

Surpluses from previous years accumulate in the Unrestricted Net Assets and Future Commitment funds. As planned in the five-year financial strategy, recent deficit budgets have been managed by reducing those funds as required. Several years ago, the Board determined that to maintain financial stability, the association's unrestricted net asset balance should not go below \$1M. The five-year financial strategy has been developed with this commitment in mind. It is projected that this amount will drop below \$1M during the 2021-22 fiscal year, signaling the need for a dues increase.

The increase will have DNS full member dues remain around mid-range in comparison to other PTMAs, whereas other membership category dues will remain unchanged as they are in line with the other PTMAs. Dr. MacDonald noted that this comparison was done using the 2020 rates of the other PTMAs as they had not set their 2021 rates yet. It's expected that some PTMAs will increase dues in the coming year, moving Nova Scotia closer to the lower end of the scale.

Since the last dues increase in 2015, inflation alone has increased by almost 11%. About 70% 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, DNS expects to remain financially solvent until 2026-27 and would not expect to need another dues increase until that time.

As there were no concerns or questions raised, the following resolution was moved by Dr. Gerard MacDonald and seconded by Dr. Mike Wadden:

Resolution – Dues Increase

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

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

The Chair thanked Dr. MacDonald for his presentation and for his continued work on the Audit Committee.

8. Nominating Committee Report

8.1 President-Elect

Dr. Robyn MacQuarrie, 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. Heather Johnson. The Committee has determined that Dr. Johnson meets the selection criteria.

Dr. MacQuarrie reported that Dr. Johnson, a family physician practising in Bridgewater, N.S. 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 (2010-12) and has been elected to the Board for two consecutive terms (2012-15 and 2015-18). She was a member of the IT Steering Committee during her first elected term on the Board, and Chair

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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 Members' Advisory Forum and the Master Agreement Negotiations Team for the 2018-19 negotiations.

The Nominating Committee agreed that Dr. Johnson is a strong physician leader who has extensive knowledge of the governance of the association.

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

Members of the delegation expressed their support for the committee's recommendation, agreeing that Dr. Johnson is an excellent candidate for the role.

The following resolution was moved by Dr. Robyn MacQuarrie and seconded by Dr. Gary Ernest:

Resolution – President-Elect

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approve Dr. Heather Johnson as President-Elect for 2020-21. CARRIED. The Chair put the resolution to a vote, and declared the resolution carried.

9. Approval of New Sections

The Board of Directors reviewed two applications for new Sections; the Section of Clinical Associates and the Section of Physicians for Indigenous Health and is satisfied that the requirements set out in the Rules & Regulations have been met for both. In order to be recognized as Sections of Doctors Nova Scotia, approval at the Annual General Meeting is required.

9.1 Section of Clinical Associates

The Board endorsed the application for the creation of the new Section of Clinical Associates at the December 2019 Board of Directors meeting.

A clinical associate is a physician who practises with either Nova Scotia Health or the IWK Health authority under a clinical assistant licence. The clinical assistant licence is granted to a physician who is licensed to practise 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 the health authority.

The way in which clinical associates practise presents a unique set of opportunities and challenges. Even though they are all employees of either Nova Scotia Health or the IWK, most 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 DNS and other stakeholders.

Some members of the delegation expressed their support for these physicians as well as the creation of the section, indicating that clinical associates contribute a great deal to the health-care system.

Dr. Massoud Shahin, who is a clinical associate, noted that there is a total of 28 clinical associates currently practising in Nova Scotia. The majority practise in the Central Zone, with a few in the Eastern Zone.

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There was a point of clarification requested around the term clinical associates, as it was noted that the College of Physicians and Surgeons changed the name to clinical assistants in 2015. It was unclear what the intent behind this name change was, however, the Chair suggested that staff work with the section to determine the most appropriate name to be used.

The following resolution was moved by Dr. Massoud Shahin and seconded by Dr. Iryna Stubeda:

Resolution – Approval of Section of Clinical Associates

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

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

9.2 Section of Indigenous Health Physicians

The Board endorsed the application for the creation of the new Section of Physicians for Indigenous Health at the April 2020 Board of Directors meeting.

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. The hope is that this section will 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 DNS 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. However, working directly with Indigenous populations is not a requirement to join.

The following resolution was moved by Dr. Tiffany O'Donnell and seconded by Dr. Tim Holland.

Resolution – Approval of Section of Indigenous Health

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

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

10. Award Recipients

This year's awards recipients were recognized and will be invited to accept their awards in-person at a later date.

DNS Awards

- **Distinguished Service Award: Dr. Stephen Couban (posthumously)**
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

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medical director of the medical teaching unit in the Department of Medicine.

- **Dr. William Grigor Award: Dr. Janneke Gradstein**

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**

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 inpatient medical care.

- **Physician Health Promotion Award: Dr. Lisa Barrett**

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**

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.

Dr. Collins, CMA President, recognized the recipients of the CMA Honorary Membership Awards. She noted that CMA Honorary membership recognizes those persons who have distinguished themselves by their attainments in medicine, science, the humanities or who have rendered significant service to the Association, are members of the Association in good standing and have reached the age of 65 years.

This year’s recipients are:

- **Dr. Minoli Amit, pediatrician**

Dr. Amit 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, obstetrician/gynecologist**

Dr. Sally Helme Jorgensen 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, general surgeon**
Dr. Paul van Boxel for exemplifying the CMA’s ideals of integrity and compassion.

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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.

11. Other Business

There was no other business.

12. Announcements

The Chair advised that a meeting evaluation will be circulated to attendees after the meeting and encouraged everyone to provide their feedback. He noted that the Members' Forum will begin immediately following the business meeting.

13. Adjournment

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 motion carried.