

Proceedings

167th Annual General Meeting
Saturday, June 12, 2021
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. Call to Order

1.1 Opening of the Annual Meeting

Dr. André Bernard, Chair of the Board, called the meeting to order and declared the 167th 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 the 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.

In light of the recent discovery of the remains of the 215 children at the Kamloops Indian Residential School in British Columbia, the chair asked the delegation to observe a moment of silence.

The chair also acknowledged that African Nova Scotian history goes back over 400 years to the earliest years of Nova Scotia and that African Nova Scotians are not settlers, and have also experienced systemic racism, oppression and colonialization. The Chair invited those who are interested in learning more to reach out to any Doctors Nova Scotia (DNS) staff member on the Equity, Diversity and Inclusion (EDI) Committee.

The chair introduced Dr. Robyn MacQuarrie, President, Dr. Heather Johnson, President-Elect, and Nancy MacCready-Williams, CEO. He also welcomed guests from the Canadian Medical Association (CMA): Dr. Ann Collins, President, John Feeley, Executive Vice-President, Engagement and Partners, and Marie-Claire Bedard, Strategic Advisor, Stakeholder Partnerships.

1.2 Review Conduct of Meetings

Dr. Bernard reviewed the code of conduct and rules of order for the fully virtual meeting. While every effort is 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.

1.3 Approval of Agenda

The agenda was approved as presented.

The following motion was moved by Dr. James Clarke and seconded by Dr. Alf Bent:

Resolution – Agenda

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approve the agenda for the June 12, 2021, meeting. CARRIED

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

2. Proceedings of Oct. 17, 2020 Annual General Meeting

A copy of the proceedings from the 2020 AGM were distributed to delegates before the meeting. There were no questions or comments regarding the record of those proceedings.

3. Moment of Silence in Memory of Deceased Members

Dr. Bernard read the names of those members who have passed away since the last AGM: Drs. Tarunendu Ghose, Donald Haigh, Carlton Lamont MacMillan, Dennis Klassen, Harmannus G. Walker, Dora A. Stinson, Dale P. McMahon, Caroline P. Scott, Thomas W. Shaw, Jana Wieder, Barry R. Wheeler, Hassan Sayadi, Granville H. Nickerson, Pamela M. Brown, Douglas A. Watt, John M. Gray, David A. Murphy, Brian J. M. O'Brien, David A. Gass, Thomas P. Corkum, Wayne J. Edwards, Harry P. Poulos, Bernard Wm. D. Badley and John Simon McGrail. A donation to the Memorial Fund has been made in memory of each of these physicians.

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

4. Approval of Annual Report

A copy of the 2020-21 Annual Report was distributed to delegates before the meeting. There were no questions or comments regarding the report.

The following resolution was moved by Dr. Chadwick Williams and seconded by Dr. James Clarke:

Resolution – Annual Report

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting accept all narrative portions of the 2020–21 Annual Report. CARRIED

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

5. Canadian Medical Association Address

Dr. Ann Collins, CMA President, thanked everyone for the opportunity to attend and address the AGM. She began by acknowledging that the land from which she spoke, in Fredericton, N.B., is the traditional unceded territory of the Wolastoqiyik.

Dr. Collins commended the sacrifices that physicians have made and continue to make to care for Nova Scotians during the COVID-19 pandemic and acknowledged the tremendous work that DNS has been doing to support physicians. In this time of great uncertainty, physicians have found new ways to lead. By bringing their expertise to the table, physicians have helped shape the country's pandemic response, and have drawn much-needed attention to the ways the health system is working well and the areas requiring improvement.

The CMA has been proud to back DNS's efforts in ways such as providing financial support toward the COVID-19 response, physician wellness programs and physician leadership development.

The CMA Foundation also provided COVID-19 relief to Dalhousie medical school, municipalities, community hospitals, long-term care facilities and frontline care providers.

Dr. Collins noted that the advocacy and collaboration between our respective organizations has made a major difference in helping keep Canadians and health-care providers protected. That work will continue, with a goal of creating a stronger and better future for physicians and their patients. The CMA is currently working with physicians, key partners such as DNS, and others to chart a new course forward with its new strategy, Impact 2040.

As part of the Impact 2040 strategy, the CMA is proposing a series of governance changes to achieve equity and diversity within its leadership. These changes are needed to better reflect the broad range of perspectives within the medical profession, in all levels of decision-making, and to make sure all physicians can see themselves reflected in our association. The proposed changes include outreach to a broader base of candidates to fill positions, a shift to a national election for CMA president, and a new appointment process led by a Leadership and Diversity Search Committee. The CMA is intent on creating a health system that is more sustainable, accessible, and patient partnered. This includes a medical culture that is focused on physical and mental well-being, and that embraces equity and diversity.

Dr. Collins emphasized that there is still a difficult task ahead of us, that of emerging and recovering from the COVID-19 pandemic. It will require confronting many long-established views and building on a diversity of perspectives to emerge from this experience even stronger. The pandemic has given a new weight to physicians' voices; this is something our country should continue to value and build on.

In closing, Dr. Collins thanked outgoing president

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Dr. Robyn MacQuarrie for her leadership this past year, and congratulated incoming president, Dr. Heather Johnson. She also thanked DNS's CMA Board representative, Dr. Gerard MacDonald, for his work on the CMA Board. The CMA looks forward to continuing its collaboration and valued partnership with DNS.

6. 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 Aug. 31, 2020, and an update on how the association is trending for the current fiscal year of 2020–21.

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.

6.1 Review Audited Financial Statements for 2019-20

Dr. MacDonald presented the audited financial statements for the year ending Aug. 31, 2020. The detailed audited statements were made available online as part of the AGM registration package.

He noted that 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 and were approved by the Board of Directors in December of 2020 as presented. All the committee's 2020 annual objectives were accomplished.

Based on a request for proposals issued in 2018, a motion was passed to maintain KPMG's engage-

ment as auditors for the five-year term covering the fiscal years 2019–23. To maintain impartiality, KPMG assigned a new partner and manager to their team for the five-year term and the transition has been seamless.

Dr. MacDonald informed the delegation that 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 Department of Health and Wellness (DHW) that are provided via the Master Agreement to cover the cost of member benefits. Doctors Nova Scotia 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.

The association also has a Capital fund which is used to pay for things such as property, equipment and building maintenance.

Dr. MacDonald provided an overview of the revenue funding for 2019 and 2020. He noted that revenue has been stable for both years. Funding from DHW represents 60% of the total funding received during that period. 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 40% of total funding. Net income from investments totaled \$354,310.

The association reported an operating surplus of \$314K against a budgeted deficit of \$474K. The deficit budget was planned as per the Board-approved business plan and multi-year strategy. The large positive variance was attributed to several anomalies resulting from COVID-19, unbudgeted funding from the CMA and investment performance.

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Overview of Fiscal Year 2019-20

Dr. MacDonald provided a brief overview on how the association is trending for the current 2020–21 fiscal year, which closes on Aug. 31, 2021. 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 2021 meeting. The statements will be presented at the 2022 AGM.

The Board approved a \$531K operating fund deficit for 2020–21. Management is projecting that the 2021 fiscal year will report a deficit close to the budget. The deficit will be funded using Unrestricted Net Assets and Future Commitments funds as planned in the five-year financial strategy.

CMA Affinity will continue to provide funding to support the cost of several initiatives to support our Restoring the Joy in the Practice of Medicine framework, including professional development, virtual care and physician wellness. This funding is short-term and must be directed to specific projects; it cannot be used to fund operations.

Dr. MacDonald noted that maintaining financial stability enables DNS to continue serving the membership well into the future. Several years ago, the Board determined that to maintain financial stability, the association's unrestricted net asset balance should not dip below \$1M. The five-year financial strategy has been developed with this commitment in mind.

He noted that the Board had intended to implement a \$300 increase to membership dues for the full member category (\$1650 to \$1950) in September 2020 but had decided to defer it by a year to September 2021 after considering the impact of the pandemic on the financial well-being of physicians. Since the last dues increase in 2015, inflation alone has increased by almost 11%. About 70% of the dues increase will cover the impact of inflation over the past six years, and

the other 30% will fund operations and the work approved by the Board.

Unless there are unforeseen circumstances, this year's dues increase will allow the association to remain financially stable for another six years. Other membership category dues will remain the same. Doctors Nova Scotia sits at mid-range in comparison to the dues charged by the other provincial medical associations across the country.

6.2 Decreased Dues for Clinical Assistants

The Governance Committee has reviewed and approved the creation of a new category of membership for clinical assistants as a revision to the Rules & Regulations. The Audit Committee reviewed the impact to the association's operating revenue and determined they would be in favour of reducing dues for clinical assistants to 50% of the full member dues. Both recommendations have been endorsed by the Board of Directors.

Clinical assistants operate under a special licence with the College under strict guidelines, unlike a full practising member, but are required to pay the same fees as full practising members with the College of Physicians and Surgeons of Nova Scotia (CPSNS) and DNS. Their income is significantly lower compared to full members, and they have no ability to increase their income after they reach the top level of their pay scale. Doctors Nova Scotia does not negotiate on behalf of clinical assistants through the Master Agreement, as they are NSH employees and are managed by the NSH and CPSNS (through licensing). Most clinical assistants have no need to access DNS benefits as they have those benefits through the NSH. There are currently 29 clinical assistants practising in the province.

Dues for the various membership categories must be set by the AGM, therefore a resolution is required to implement these changes. Members of the delegation expressed their support for

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this change and for the valued work of Clinical Assistants across the province.

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

Resolution – Decreased Dues for Clinical Assistants

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the reduction of membership dues for clinical assistants to 50% of full member dues effective Sept. 1, 2021.
CARRIED

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

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

7. 2021-2027 Strategic Plan

Ms. Nancy MacCready-Williams presented an overview of the association's 2021-27 Strategic Plan. In the fall of 2020, DNS began developing a strategic plan to guide the future work of the association. This was a consultative process that involved collecting input from members, stakeholders, the public and staff. Strategic planning was conducted during the COVID-19 pandemic, at a time of unprecedented, rapidly implemented changes in the health system.

Despite the many competing demands on their time, many Nova Scotia physicians, health system stakeholders and members of the public contributed to the planning process by sharing their ideas about the future direction of the association. There were different opportunities for member input and feedback, including a member survey, an environmental scan, interviews with key system stakeholders and a series of online discussion forums designed to generate member discussion about issues impacting physicians

today.

Overall, the feedback received was consistent with what was heard through the last strategic planning process in 2016. A resounding 86% of members believe that the association's purpose statement remains relevant today. The three existing pillars, which are to connect the profession, serve the profession and advocate on behalf of the profession, still resonate with the membership, and will remain in place. The work captured under each of those pillars has been updated to reflect member input, however, remains largely the same. Members indicated that they would like to see the following things in the next strategic plan: physician wellness, physician engagement, recruitment and retention, and equity, diversity and inclusion.

The top five health system priorities identified by members include:

1. Physician recruitment and retention
2. More competitive physician compensation relative to other provinces across the country
3. Expansion and adoption of e-health technology, including virtual care
4. Alternate payment models
5. Reduced administrative burden for physician practices.

Everything in the association's vision remains the same, but two statements have been added to capture our commitment to equity, diversity and inclusion. This is a foundational element that will underpin all the work of the organization.

Much of the work described in this strategic plan supports the key elements of the organization's Restoring the Joy in the Practice of Medicine framework that DNS developed in consultation with health system partners. The framework champions resiliency, connection, physician engagement and leadership as antidotes to physician burnout.

Doctors Nova Scotia is committed to implement-

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ing the framework and operating a highly efficient and effective medical association that offers valuable services and programs to Nova Scotia's physicians, helping them thrive and achieve a positive and productive personal and professional life.

Discussion

A member of the delegation inquired about the association's commitment to achieving nationally competitive compensation. He noted that there will be challenges in securing federal government support for this, particularly coming out of a pandemic. Recruitment will require a strong emphasis on the benefits of living in Nova Scotia, providing adequate mentorship and other practice supports, and improving the practice environment to retain physicians. Ms. MacCready-Williams noted that as the sole bargaining agent for physicians, compensation has always been reflected as a priority in our strategic plan, however in this iteration, the language has been changed from achieving "fair compensation" to "nationally competitive compensation." In the last Master Agreement, DNS focused on getting physicians more on par with their Atlantic Canadian peers and were able to make significant strides for five specialties identified as particular priority. Achieving nationally competitive compensation is a goal that we will need to work toward over the long-term; however, we recognize compensation is one of several factors that contribute to successful recruitment and retention.

A member of the delegation asked if the physician mentorship program will be available to all physicians. Ms. MacCready-Williams explained that DNS is putting a new mentorship platform in place, and initially it will be piloted by international medical graduates (IMGs). This will allow IMGs to be paired with someone who has gone through the same process they have and can offer guidance and support. The platform will allow the mentor and the mentee to connect. We also intend to pilot the platform with the Section of

Physician Leaders, and in the future, we hope to pair new to practice physicians with end of practice physicians. The pilot will allow us to test the platform's usability before rolling it out more fully.

A member of the delegation encouraged DNS to consider physicians who have increased service requirements when planning leadership training. Rural physicians, for example, lack the supports needed to take time away from practice to participate in programs such as the Physician Leadership Development Program (PLDP). Ms. MacCready-Williams explained that DNS, in collaboration with Joule, will be offering three short leadership programs in the coming year, each of which will focus on different areas of leadership development. If members find that the leadership offerings as structured to be inaccessible, please share that feedback.

A member of the delegation asked how locum supports fit into the strategic plan. She noted that there is a need for local support when physicians face sudden and unexpected illness. The ability to find these supports is becoming increasingly difficult, particularly as we face attrition in the physician workforce. Ms. MacCready-Williams acknowledged that the current locum program requires improvement. This is something we advocated for in the last round of negotiations but were unable to gain any traction on. It is an area that we hope to pursue with our system partners, as it will require a system response.

A member of the delegation inquired about the efforts being made in the area of cyber insurance and protection as we increasingly embrace virtual care. Mr. Stewart Gray, Senior e-Health Advisor, shared that DNS is offering free one-year Saegis Shield subscriptions to approximately 600 community-based physicians and their clinic staff. This initiative is financially supported by the CMA, Scotiabank and MD Financial Management as part of the association's Restoring the Joy in the Practice of Medicine wellness framework. Saegis

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Shield is a comprehensive, accredited, online cybersecurity and privacy education program that addresses the unique needs of Canadian health-care environments. Physicians earn 30 credits from their respective college for completing the year-long course. The free subscriptions are being offered on a first-come, first-served basis.

Mr. Gray also encouraged members to take advantage of the privacy and security toolkit that was recently launched. The issue of cyber insurance is top of mind for DNS, and we will continue to work on educating and offering advice to members in this area.

A member of the delegation asked if the Professional Support Program (PSP) is able to offer or facilitate access to relationship supports. The pandemic has exacerbated the strains on many of our relationships. Ms. MacCreedy-Williams confirmed that the PSP can offer such supports. She added that the issue of intra-professional conflicts has become more prevalent for the PSP in recent months, particularly around matters related to equity, diversity and inclusion. Doctors Nova Scotia is engaging an external consultant who is familiar with these types of issues to conduct an environmental scan of the processes that are currently in place within the Nova Scotia health system and the country. As a result of this work, there may be an opportunity to implement increased supports for conflict resolution and relationship-based matters.

8. Nominating Committee Report

8.1 President-Elect

Dr. Robyn MacQuarrie, President and Chair of the Nominating Committee, delivered the Nominating Committee report. She 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 recommends Dr. Leisha Hawker. The Committee has determined that Dr. Hawker meets the selection criteria.

Dr. MacQuarrie noted that Dr. Hawker is a family physician practising in Halifax, primarily at the North End Community Health Centre (NEHC). She served on the Board as a regional representative in 2018–2019 and has been a member of the e-Health Steering Committee since 2019, just this past year taking on the role of committee co-chair. Dr. Hawker has been a DNS delegate at the CMA General Council and Health summit for several years. In 2015, she was one of the first CMA ambassadors and in 2017 she was one of four CMA ambassador hosts. Dr. Hawker has successfully completed the DNS Physician Leadership Development Program and is an active member of two DNS sections: the Section of Physician Leaders and the Section for Indigenous Health Physicians. In October 2020, Dr. Hawker was one of three physicians who represented DNS before the Standing Committee on Health.

The Committee agreed that Dr. Hawker is a strong physician leader who has extensive knowledge of the governance of the association; they had no hesitation recommending her for the position of President-Elect. They noted that Dr. Hawker's work with the NEHC, which is a collaborative, technologically advanced health centre that serves a culturally diverse, low socioeconomic and often marginalized patient population, will offer a valuable perspective as the association works to advance equity, diversity and inclusion initiatives.

The Board of Directors passed a motion at its March 12, 2021, meeting to endorse the committee's nomination of Dr. Hawker. If approved, Dr. Hawker will formally step into the role following the AGM until June 2022 when she will take over as President.

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Members of the delegation expressed their support for the committee's recommendation, agreeing that Dr. Hawker 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. Leisha Hawker as President-elect for 2021–22. CARRIED

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

8.2 2021-22 Board of Directors

Dr. MacQuarrie reported that this year the Board welcomed several new and returning members:

- *Drs. Kelly Dakin Hache and Cindy Marshall were elected by acclamation for a second three-year term for each, and Dr. Islam Eissa for his first three-year term.*
- *Dr. Amanda MacDonald was elected by acclamation for a second three-year term.*
- *Dr. Chakshu Sharma was appointed for a one-year term to fill a vacant seat.*
- *Drs. Dahir Farah, Patty Menard and Chadwick Williams were appointed as regional representatives for a one-year term.*
- *Dr. Courtney Gullickson is the MarDocs representative and Ms. Qendresa Sahiti the DMSS representative.*

A complete list of the 2021-22 Board of Directors can be found on the DNS website.

Additionally, on behalf of the association, Dr. MacQuarrie extended a huge thank you to those Board members who left the Board in June:

*Dr. James Clarke
Dr. Gary Ernest
Dr. Leo Fares
Dr. Mary Gorman
Mr. Bright Huo*

*Dr. Stephanie Langley
Dr. Colette Sauveur
Dr. Todd Stoddart*

Donations will be made in each person's name to a local charity.

9. By-Laws Revisions

The Governance Committee has reviewed the By-laws to ensure they:

- *are in line with our governing legislation*
- *are current and reflect any recent changes and governance updates that have been made*
- *are consistent with the by-laws of other provincial medical associations*
- *have simple and easy-to-read language*

This year, the Governance Committee is recommending some revisions to the following sections of the By-laws:

- *Sections 12 – Officers of the Society*
- *Section 14 – Committees*
- *Section 15 – Indemnification (new)*

The main changes include incorporating the revised role descriptions for the Officers of the Society that were approved by the Board in January, as well as the addition of a section on indemnification. Although DNS has Directors' & Officers' Liability Insurance, it is standard practice to have an indemnification clause outlined in the By-laws. These revisions were suggested by the Governance Committee and have been reviewed by our legal counsel and endorsed by the Board of Directors.

The following resolution was moved by Dr. Cindy Marshall and seconded by Dr. Kelly Dakin Hache:

Resolution – Approval of Revised By-Laws

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the revised By-laws as presented at the June 12, 2021, meeting. CARRIED

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

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10. Approval of New Section - Section of MD Surgical Assistants

The Board of Directors reviewed a request for the creation of the Section of MD Surgical Assistants and was satisfied that the requirements set out in the Rules & Regulations have been met. In order to be recognized as a Section of Doctors Nova Scotia, approval at the AGM is required.

The purpose of the section will be to support members of DNS who have an interest in and/or focus on surgical assisting and support of surgical services in the operating rooms within the province.

This section would be open to all physicians of DNS. Members that provide surgical assisting are often family physicians, members who have retired from active practice but maintain a licence to practise, or possibly members of other surgical sections.

The following resolution was moved by Dr. Mark Sorhaindo and seconded by Dr. Stephen MacLean:

Resolution – Approval of Section of MD Surgical Assistants

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of MD Surgical Assistants. CARRIED

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

11. Other Business

There was no other business.

12. Message from Outgoing President, Dr. Robyn MacQuarrie

Dr. MacQuarrie addressed the delegation as her term as president came to an end. She shared that although it had been a challenging year, it had also been a year of personal and professional growth for the province's physicians. The col-

laboration, ingenuity, teamwork and innovation that was demonstrated in our pandemic response proved exactly how amazing the health system can be and how effective physicians can be when they work collaboratively within that system.

Dr. MacQuarrie expressed the pride she experienced representing such an incredible and dedicated group of physicians. In national meetings with physician leaders from across the country, Nova Scotia has been applauded time and time again for being a leader in health care innovation.

During the early stages of pandemic, despite being consumed with feelings of uncertainty and fear, Dr. MacQuarrie said, it was an honour to work alongside this province's physicians and know that we were all in this together. Dr. MacQuarrie thanked her colleagues and the staff at DNS who were quick to pivot this year to respond to the needs of physicians.

Nova Scotians and Canadians have endured several tragedies over the past year. It has forced us to confront and learn about the inequities in our systems. There has been an incredible thirst for knowledge and a desire to do better. From this, DNS has made a commitment to incorporate equity, diversity and inclusion framework into its practices.

The next steps are going to be important. Physicians have worked tirelessly to support their patients, the system and their colleagues over the past 15 months. We must continue to establish our role in shaping the provincial health care system, but it is also important that we take some much-needed time to heal and recover. She encouraged everyone to have patience and kindness with their colleagues as they take that time for themselves in whatever way is suitable for them.

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13. Announcements

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

14. Adjournment

The 167th annual meeting of Doctors Nova Scotia was adjourned at 12:45 p.m.

The following resolution was moved by Dr. Robyn MacQuarrie and seconded by Dr. Gehad Gobran:

Resolution – Adjournment

*BE IT RESOLVED THAT the 167th Doctors Nova Scotia Annual General Meeting be adjourned.
CARRIED*

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