



# ADVOCACY FRAMEWORK

A vision for responsible advocacy

DOCTORS NOVA SCOTIA | JANUARY 2026

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# Executive summary

## Advocacy Framework

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### 1. Purpose of the framework

This framework is intended to guide the association’s decisions on when and how to engage in advocacy or public statements, particularly around complex societal issues. It ensures that all advocacy efforts reflect Doctors Nova Scotia’s (DNS) purpose and strategic priorities, support physician well-being, and are grounded in equity, diversity, inclusion, (reconciliation) and accessibility, or EDI(R)A.

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### 2. Guiding principles

#### Alignment with DNS’s purpose and strategic priorities

- Advocacy should align with DNS’s strategic plan and mandate.
- Issues considered for engagement should relate to the delivery of healthcare in Nova Scotia and/or the impact on the association’s members.
- Issues outside the strategic scope require Board consultation.

#### Commitment to EDI(R)A and action-oriented advocacy

- Doctors Nova Scotia is committed to systemic change through inclusive policy, education and community engagement.
- The burden of education must not fall on impacted communities.
- Psychological safety and inclusive dialogue are priorities in any advocacy effort.
- Doctors Nova Scotia avoids issuing statements unless follow-up action is feasible.
- Actions may range from resource-sharing and partnerships to policy change and public campaigns.

#### Benefits to members and risk management

- Doctors Nova Scotia supports advocacy initiatives that promote the well-being of Nova Scotia’s physicians and patients.
- Doctors Nova Scotia must balance potential benefits to members with potential risks to organizational reputation/the capacity of the association to carry out core actions.
- Doctors Nova Scotia is committed to staying attentive to emerging priorities that could affect members’ ability to practice.

#### Due diligence

- Doctors Nova Scotia commits to doing its due diligence before responding to an issue (includes research, internal consultation and consultation with external subject matter experts as needed).
- Doctors Nova Scotia strives to respond in a timely manner to requests from members and the public.
- The association has a willingness to learn and iterate as new information becomes available.

### 3. Scope of advocacy

The association engages with advocacy efforts on multiple levels and in various forms and not all issues will warrant the same type of response. The level of consultation and engagement with DNS leadership/governance committees and external partners depends on the scope of the advocacy issue.

Advocacy issues fall into one of three categories:

- daily business
- mission-aligned advocacy
- advocacy not directly linked to mission and strategic priorities

Advocacy pertaining to daily business or advocacy with strong mission alignment will not usually require extensive engagement with the Board of Directors and Senior Leadership Team (SLT), committees and other relevant community partners. Requests for guidance for individual physicians to engage in self-directed advocacy will also not typically require a high degree of Board consultation. For those more complex social and systems advocacy issues not directly related to the association's core mission and/or those requiring the association to take a formal public stance, more robust consultation and scrutiny are needed.

### 4. Key decision-making criteria

Criteria	Considerations
<b>Relevance</b>	Does the issue affect healthcare delivery or physicians in Nova Scotia?
<b>Member impact</b>	How does this issue affect member well-being or expectations of DNS?
<b>EDI(R)A alignment</b>	Are there equity or justice implications? Does this support equity-deserving groups?
<b>Strategic fit</b>	Is the issue aligned with DNS's mission and strategic plan?
<b>Resource availability</b>	Do we have staff, expertise and time to act meaningfully?
<b>Context</b>	What is happening in the environment? Ensure the association is engaging with the appropriate partners to inform our approach.
<b>Feasibility</b>	Can we take appropriate, actionable steps beyond issuing a statement?
<b>Reputational risk</b>	How might our stance affect trust and relationships?

### 5. Process for decision-making

#### Initial assessment

Appropriate DNS staff and SLT will review the issue based on the above criteria. If needed, physician subject matter experts may be engaged to provide background information.

#### Internal consultation

May include the CEO, Board Executive, relevant committees (e.g., Policy and Health Issues Committee (PHIC); Equity, Diversity and Inclusion (EDI) Committee; Truth and Reconciliation (TR) Committee; and staff teams).

#### Community engagement

Where relevant, DNS consults with affected communities or experts.

#### Approval

Final approval from the Board and SLT, as required.

#### Action

Staff develops and implements an action plan appropriate to the situation (e.g., advocacy, education, collaboration).

#### Evaluation

Assess the effectiveness of the advocacy effort and fit with priorities; incorporate learnings into future efforts.

### 6. Monitoring and accountability

Advocacy efforts will be periodically reviewed to assess effectiveness and alignment with strategic priorities. Feedback loops with members and community partners will inform ongoing refinement. Doctors Nova Scotia will also report on advocacy outcomes in member communications and annual updates.

# Introduction

Doctors Nova Scotia (DNS) is the oldest medical association in Canada, with more than 5,100 members, including practising and retired physicians, medical students and residents.

**D**octors Nova Scotia is the collective voice of physicians in Nova Scotia. On behalf of the province's doctors, the association is committed to working with all partners in healthcare delivery to ensure Nova Scotia is positioned to recruit and retain talented and skilled doctors, introduce new and innovative ways to deliver healthcare, and continuously look for ways to improve patient care and access.

Doctors Nova Scotia's [2021–27 Strategic Plan](#) calls on the association to:

- connect and engage physicians
- advocate on behalf of physicians
- serve physicians by providing effective member benefits and services

Advocacy is a core function of DNS, focused on ensuring that health policy reflects the realities of front-line care. This includes championing fair compensation, which is essential not only to attract and retain physicians in Nova Scotia but also to support sustainable, high-quality patient care.

By unifying the voice of the medical profession, DNS empowers physicians to influence policies that improve both population health and the overall effectiveness of the health system.

Doctors Nova Scotia works with physicians and other organizations to address:

- e-health
- fair and transparent processes that impact physician practices
- physician recruitment and retention
- promotion of wellness and healthy living, through the work of the DNS Healthy Tomorrow Foundation
- social determinants of health
- system innovation
- systemic racism

The association also advocates for improved practice environments and professional satisfaction for Nova Scotia physicians, including:

- implementing a blended payment model
- reducing unnecessary physician administrative burden
- supporting system partners in meaningfully engaging physicians in health system changes that impact physicians and the patients to whom they provide care

Furthermore, advocacy and action are essential to the association's commitment to driving systemic change and amplifying the voices of marginalized communities. By forging strong relationships with advocacy organizations and taking a proactive stance on equity issues, DNS aims to promote meaningful change across Nova Scotia. Advocacy commitments in the association's Equity, Diversity, Inclusion, (Reconciliation) and Accessibility, or EDI(R)A, Framework include:

- Establishing and strengthening connections with Mi'kmaq communities and advocacy organiza-

tions through the Equity, Diversity, Inclusion (EDI) Committee and initiatives aligned with the Truth and Reconciliation (TR) Committee's organizational Calls to Action.

- Aligning our advocacy efforts with communities and partners, ensuring DNS uses its influence to invite and amplify diverse voices, and ensure everyone who needs to be there has a seat at the table.
- Partnering with advocacy groups to support initiatives that align with priority work, including writing letters of support, providing funding for community-driven projects and collaborating on initiatives that promote anti-racism, equity and inclusion. These partnerships will enable the organization to extend its impact and support systemic change at a broader level.
- Continuing to advocate for gender-affirming care, harm reduction and poverty screening, which are critical aspects of the social determinants of health. Doctors Nova Scotia remains committed to advocating for equitable healthcare access and addressing systemic barriers.
- Promoting gender equity in pay practices and supports, ensuring DNS applies an equity lens in discussions within the Fee Committee and during contract negotiations. By embedding equitable practices into the process, DNS aims to reduce pay disparities and advance gender equity for physicians in Nova Scotia.

## \*A NOTE ON RECONCILIATION

Doctors Nova Scotia recognizes that Truth and Reconciliation is distinct work and must be guided by respect, accountability and Indigenous self-determination. The parenthesis around reconciliation in Equity, Diversity, Inclusion, (Reconciliation) and Accessibility, and EDI(R)A, are one way we acknowledge that reconciliation is not a subset of EDIA work, but a distinct and vital commitment.



## Purpose of Doctors Nova Scotia's advocacy framework

**D**octors Nova Scotia strives to not only engage in responsive advocacy, but also to be a model for positive change. In recent times, organizational advocacy has become more complex as we navigate an era marked by widespread misinformation and divisive public discourse. Increasingly, DNS members, members of the public and external partners are calling on the association to comment on or engage with issues that are not directly related to the association's mandate, such as global conflict or broader societal issues. Doctors Nova Scotia recognizes that physicians are well respected in their communities as leaders and change makers. It is important to use this position and privilege as an organization to amplify issues.

This advocacy framework establishes clear guidelines for when and how DNS will engage in advocacy. It enables timely, proactive action as well as timely responses as opportunities arise, while ensuring a thoughtful understanding of the issues.

The framework outlines key decision-making

criteria for responding to matters outside DNS's core mandate, such as international conflicts or broader societal issues, while maintaining alignment with the association's purpose, vision and commitment to EDI(R)A.\*

It supports DNS in fulfilling its 2021–27 Strategic Plan and ensures all advocacy efforts remain consistent with its mission and values.

Doctors Nova Scotia recognizes that advocacy around conflict and other broader societal issues requires subject matter expertise, nuance, and a deep understanding of and commitment to EDI(R)A. This advocacy framework emphasizes the importance of learning and engaging community partners as appropriate. This document also reiterates how EDI(R)A considerations are foundational to all actions taken by the association. Without proper care and intention, advocacy efforts can sow disunity or have other unintended harms to members and the public. Silence and/or a lack of action can be interpreted as complicity or a failure to meet a moral imperative.

### Guiding principles

1. Alignment with the association's purpose and strategic priorities
2. Commitment to EDI(R)A and action-oriented advocacy
3. Benefits to members and risk management
4. Due diligence

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## 1. Alignment with the association’s purpose and strategic priorities

Doctors Nova Scotia’s purpose as a member association is to support physicians of all backgrounds to thrive and have a positive impact on their patient’s lives, both at an individual and a system level. The association achieves this by acting as the collective voice of physicians in Nova Scotia and engaging with all partners in healthcare delivery to ensure the province is positioned to recruit and retain talented and skilled doctors, introduce new and innovative ways to deliver healthcare, and to continuously improve patient care and access. Doctors Nova Scotia is also deeply committed to addressing health inequities and dismantling systemic racism across the healthcare system.

Core actions DNS takes to serve its members include:

- negotiating physician remuneration with the provincial government
- acting as the medical profession’s united voice on healthcare issues that affect physicians and their patients to the public, healthcare partners and the government
- influencing and supporting the development of healthcare policies
- offering programs and services to support physicians throughout their career
- offering a comprehensive package of member benefits and services

To maximize the capacity of the association to achieve its core purpose, advocacy efforts should align with the association’s strategic plan and mandate. Issues considered for engagement should relate to the delivery of healthcare in Nova Scotia and/or the impacts to DNS members. Issues raised that fall outside of the strategic scope require Board consultation and approval.

Doctors Nova Scotia acknowledges that defining impact to its members and to Nova Scotians more broadly is not an objective process. Defining impact requires the association to engage in a reflective practice. It necessitates understanding the scope and scale of an event or an issue, and at times the information required to assess the impact may not be available. It also requires using an EDI(R)A lens and recognizing the power differentials that may exist between impacted parties, and with DNS as an institution. Therefore, in rare circumstances where an issue is value-aligned but does not directly impact the Nova Scotia healthcare system, the association may seek consultation with the Board, committees of the Board, sections and/or community partners to consider an ad hoc advocacy response.

*Summary:*

- *Advocacy should align with the association’s strategic plan and mandate.*
- *Issues considered for engagement should relate to the delivery of healthcare in Nova Scotia and/or the impact on DNS members in relation to their role as a physician.*

## 2. Commitment to EDI(R)A and action-oriented advocacy

Doctors Nova Scotia is committed to advancing inclusive policy, providing education and advocating for systemic change. These commitments foster a healthcare system that is equitable, accessible and reflective of Nova Scotia’s diverse communities. The association’s [EDI\(R\)A framework](#) is a key consideration when determining its response to events or issues. The EDI(R)A framework has six areas of focus, including:

- knowledge and awareness
- inclusive policies and systems
- supporting physicians
- advocacy work
- community engagement
- accountability and transparency

Doctors Nova Scotia and its members are responsible for learning; the burden is not on the impacted community and/or groups. Doctors Nova Scotia should consider in its response its capacity to provide members with opportunities and resources to increase their knowledge. It is also the association’s responsibility to advocate for a psychologically safe environment for members, staff and partners to engage in sometimes difficult conversations.

Doctors Nova Scotia is also committed to action-oriented advocacy. Standalone statements from organizations can often be viewed as hollow or performative. Whenever possible, DNS strives to link statements to actions grounded in the association’s core purpose and strategic priorities. Actions DNS may take range from resource-sharing and partnerships to policy change and public campaigns.

*Summary:*

- *Doctors Nova Scotia is committed to systemic change through inclusive policy, education and community engagement.*
- *The burden of education must not fall on impacted communities.*
- *Psychological safety and inclusive dialogue are priorities in any advocacy efforts.*
- *Doctors Nova Scotia is committed to action-oriented advocacy rooted in the association’s core purpose and mission.*

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**Whenever possible, DNS strives to link statements to actions grounded in the association’s core purpose and strategic priorities.**

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### 3. Benefits to members and risk management

The association's ability to achieve its advocacy objectives and advance its purpose and strategic priorities depends on the reputations of the association and the physician profession. Trust is foundational to the association's work; the loss of trust could severely hinder the association's ability to act as the collective voice of physicians and advocate for changes to the health system. Without proper due diligence, advocacy efforts could damage the organization's reputation, subsequently diminishing the capacity of the association to carry out core actions such as negotiations. Alternatively, a failure to act could similarly damage the association's reputation, negatively impacting relationships with members and the public. Doctors Nova Scotia must therefore weigh potential benefits to members against potential risks to the association's reputation. To maximize potential benefit for members, DNS focuses its advocacy efforts on issues where the association has the expertise or the partnerships that would allow it to gain expertise, and where it can stay aligned with its purpose.

Doctors Nova Scotia recognizes that social and system issues not directly related to the delivery of healthcare in Nova Scotia can deeply affect physicians' well-being. The association is committed to supporting members through wellness supports, facilitated dialogue and/or advocacy, where and when appropriate. Doctors Nova Scotia is also committed to staying attentive to emerging priorities that affect members' ability to practise and have a positive impact on patients' lives.

#### Summary:

- Doctors Nova Scotia supports advocacy initiatives that promote the well-being of Nova Scotia's physicians and patients.
- Doctors Nova Scotia must balance potential benefits to members with potential risks to organizational reputation and the capacity of the association to carry out core work.
- Doctors Nova Scotia is committed to staying attentive to emerging priorities that affect members' ability to practise and have a positive impact on patients' lives.

### 4. Due diligence

Doctors Nova Scotia recognizes the importance of timely responses to emergent issues, particularly those issues with high emotional intensity. Timely responses to member concerns demonstrates accountability and fosters trust in the association. Doctors Nova Scotia also recognizes the need for deep understanding and engagement when addressing complex societal issues. When considering an advocacy response, the association must balance the need for a timely response with the need to dedicate meaningful time and resources to a thorough review of the issue. Doctors Nova Scotia is committed to doing its due diligence when considering all advocacy responses, even when there is pressure to respond quickly. Due diligence in this context refers to research, internal consultation and/or external engagement of subject matter experts as needed.

The association acknowledges that despite doing due diligence, mistakes may still be made. Doctors Nova Scotia seeks to cultivate a culture of learning and accountability and accepts that it will not always have access to all necessary information. In rare instances where a response is required of the organization but where there is no clear consensus in research or among members, DNS commits to acting and learning from that action. In these instances, the association will lean on its EDI(R)A framework to inform the appropriate response and to minimize the risk of unintended harm to vulnerable communities.

#### Summary:

- Doctors Nova Scotia commits to doing its due diligence before responding to an issue.
- Doctors Nova Scotia strives to respond in a timely manner to requests from members and the public.
- The association has a willingness to learn and to iterate as new information becomes available.

# Scope of advocacy

Advocacy is a crucial driver of change and as such is one of the core actions DNS prioritizes to support physicians and their patients. The association engages with advocacy efforts on multiple levels and in various forms, and not all issues will warrant the same type of response. Advocacy efforts the association may engage with fall into one of three categories:

Type of advocacy	Daily business	Purpose and strategically aligned advocacy	Advocacy not directly linked to purpose and strategic priorities
<b>Description</b>	<ul style="list-style-type: none"> <li>Includes the association’s daily business of practice support advocacy</li> </ul> <p><i>FOR EXAMPLE:</i></p> <ul style="list-style-type: none"> <li>clinical issues</li> <li>concerns related to the Physician Agreement</li> <li>payment models and fee code matters</li> <li>Return of Service contracts</li> <li>other supports to ensure a positive practice environment for physicians and patients</li> </ul>	<ul style="list-style-type: none"> <li>Issues that are strongly aligned with the association’s purpose and strategic priorities</li> <li>Issues with a high degree of unity in the research and among membership</li> </ul> <p><i>FOR EXAMPLE:</i></p> <ul style="list-style-type: none"> <li>smoking cessation</li> <li>reducing alcohol consumption</li> <li>supporting anti-oppressive practices and promoting equitable access to services for all</li> <li>social justice/political activism*</li> <li>planetary health*</li> </ul>	<ul style="list-style-type: none"> <li>Social and systems advocacy not directly linked to the association’s purpose and strategic priorities</li> <li>Issues where there may be division among members or ambiguity in the research</li> <li>Issues where engaging in advocacy could threaten the association’s reputation</li> <li>Issues where engaging in advocacy could damage the association’s relationships and ability to fulfil its mandate</li> <li>Issues where the association’s voice may have limited or no influence on the outcome</li> </ul> <p><i>FOR EXAMPLE:</i></p> <ul style="list-style-type: none"> <li>international conflicts</li> <li>social justice/political activism*</li> <li>planetary health*</li> </ul>
<b>Types of responses DNS may take</b>	<ul style="list-style-type: none"> <li>Negotiations advocacy</li> <li>Physician supports</li> <li>Support with DNS motion process</li> <li>Connecting to external resources</li> <li>Collaborating with and/or lobbying government</li> <li>Partnership with other organizations and community partners</li> <li>Support for physician-led advocacy (advocacy toolkit)</li> <li>Media advocacy</li> <li>Public engagement/education</li> <li>Member communication, such as:               <ul style="list-style-type: none"> <li>communication activities to raise awareness</li> <li>member surveys and focus groups</li> <li>creation of physician advocacy toolkits</li> <li>webinars or curated resource pages</li> </ul> </li> </ul>		

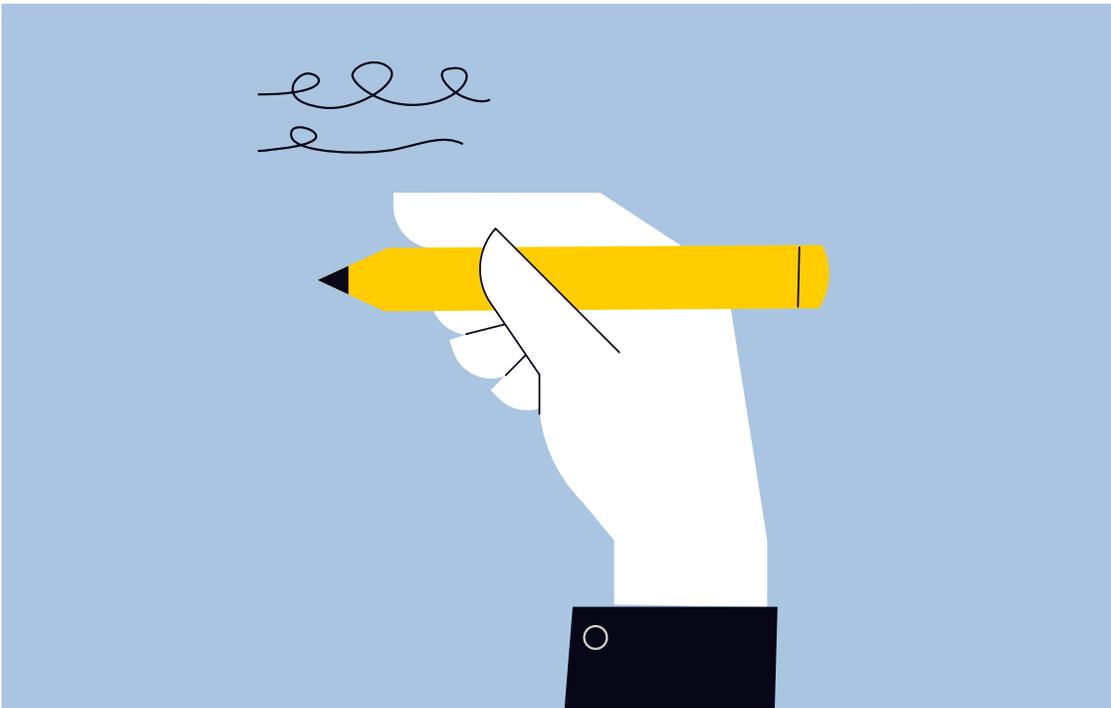
*\*Social justice issues and planetary health are represented in two columns. This is to reflect that some aspects of these issues are more strategically aligned, lower risk and less complex for DNS to act on, while other aspects of the issues are less aligned, higher risk and more complex to act on. Depending on the specificity of the issue, its placement would vary on the chart and require more research and member engagement.*

Under all these categories, the association may respond at the level of the individual physician and/or by lending the association’s voice to the issue(s). To warrant an association-level response, the issue must meet a more rigorous standard to protect the association’s ability to fulfil its core mission. This is particularly true for advocacy issues that fall into the third category, where advocacy is not directly linked to the association’s purpose and strategic priorities. Social and systems advocacy

issues are some of the most complex issues we deal with as a society. It is imperative that DNS do its due diligence when considering how it might respond in a way that adds value and minimizes unintended harms. Further detail about decision-making criteria for association-level responses are included in the next section.

Doctors Nova Scotia recognizes that negative impacts associated with advocacy may also occur if the association fails to act. Staff and Board members will need

to sit with some discomfort in addressing issues that fall outside of the association’s mandate, but it is important those issues do not go unaddressed if the association deems it necessary to respond. Given the trust and leadership of physicians in the province, the association has a responsibility to use its social leverage and capacity, when possible, to effect change on issues that matter to members and the public.



## Key decision-making criteria

If the event or issue clearly falls within the mandate of DNS, the President or another designated individual will respond as appropriate. If the event(s) or issue(s) are less clearly aligned with the association’s mandate and the impact on healthcare in Nova Scotia is less obvious, the Board, other DNS committees, members of the senior leadership team (SLT) and/or relevant community partners need to be engaged.

Available resources, environmental considerations that could further limit resources, and the relevance of the event or issue

to the association’s strategic focus are to be considered when deciding the appropriate response from DNS. Staff members will be required to provide research support, perform community engagement, draft statements and/or position papers and educational resources, and support the issue through the association’s governance structure. Resources are finite and advocacy objectives should be weighed against the benefits that can be accrued to our members, patients and the Nova Scotia healthcare system.

Key decision-making criteria	
Criteria	Considerations
Relevance	Does the issue affect healthcare delivery or physicians in Nova Scotia?
Member impact	How does this issue affect member well-being or expectations of DNS?
EDI(R)A alignment	Are there equity or justice implications? Does this support equity-deserving groups?
Strategic fit	Is the issue aligned with DNS’s mission and strategic plan?
Resource availability	Do we have staff, expertise and time to act meaningfully?
Feasibility	Can we take appropriate, actionable steps beyond issuing a statement?
Context	What is happening in the environment? Ensure the association is engaging with the appropriate partners to inform our approach.
Reputational risk	How might our stance affect trust and relationships?

# Advocacy process

- 1. Initial assessment**

Appropriate staff members (policy advisor, EDI and TR committee members, etc.) review issue based on criteria (see table, page 9) and develop a briefing note to make a recommendation to the SLT.
- 2. Senior leadership team assessment**

The SLT will review staff recommendations. This team's primary role is to assess feasibility, reputational risk and strategic fit. The SLT will also consider the appropriate governance approach (for example, does it require Board approval, briefing the Executive Committee of the Board, should the Policy and Health Issues Committee (PHIC) be engaged, and so on).
- 3. Internal consultation**

May include the CEO, Board Executive or relevant committees (e.g., PHIC, EDI and TR committees, and staff teams).
- 4. Community engagement**

Where relevant, DNS consults with affected communities or experts.
- 5. Approval**

Final approval from the SLT and the Board, if required.
- 6. Action**

Staff develops and implements an action plan appropriate to the situation (e.g., advocacy, education, collaboration).
- 7. Evaluation**

Assess the effectiveness of the advocacy effort and fit with priorities, incorporate learnings into future efforts.
- 8. Related documents**
  - EDI(R)A Framework
  - 2021–2027 Strategic Plan
  - Endorsement guidelines

# Conclusion

The advocacy framework establishes parameters to guide when and how DNS engages in advocacy, identifying three types of advocacy – daily business, mission and strategic plan aligned, and advocacy not directly linked to the association's mission and strategic priorities. It is underpinned by the association's EDI(R)A framework, which guides all of the association's work and conversations. The advocacy framework is not prescriptive, providing instead a foundation for the association to engage with issues that may fall outside its purpose and strategic plan. Employing this framework requires the organization to engage in reflective practices, foster community partnerships and commit to ongoing learning. It requires the association to hold space for difficult conversations and conflict and commit to fostering an inclusive and psychologically safe environment.

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**The advocacy framework is not prescriptive, providing instead a foundation for the association to engage with issues that may fall outside its purpose and strategic plan.**

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