

**168<sup>th</sup> Annual General Meeting - Halifax**  
**Saturday, June 4, 2022 – 9:10 am**

**AGENDA**

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

- 1. Call to Order ..... 15 mins**
  - 1.1 Opening of Annual General Meeting
  - 1.2 Review Conduct of Meeting
  - 1.3 Approval of Agenda
- 2. Proceedings from June 12, 2021 Annual General Meeting**
- 3. Moment of Silence in Memory of Deceased Members**
- 4. Approval of Annual Report**
- 5. Canadian Medical Association Address – Dr. Ann Collins, CMA Past President..... 10 mins**
- 6. Audit Committee Report - Dr. Gerard MacDonald, Chair, Audit Committee..... 10 mins**  
Review Audited Financial Statements for 2020/21
- 7. Nominating Committee Report – Dr. Heather Johnson, Chair, Nominating Committee ..... 10 mins**
  - 7.1 President-Elect
  - 7.2 2022-23 Board of Directors
- 8. By-laws Revisions ..... 5 mins**
- 9. Approval of New Sections..... 15 mins**
  - 9.1 Section of Black Physicians
  - 9.2 Section of Planetary Health
  - 9.3 Section of Long-term Care Physicians
- 10. Other Business**
- 11. Message from Outgoing President, Dr. Heather Johnson**
- 12. Announcements**
- 13. Adjournment**

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

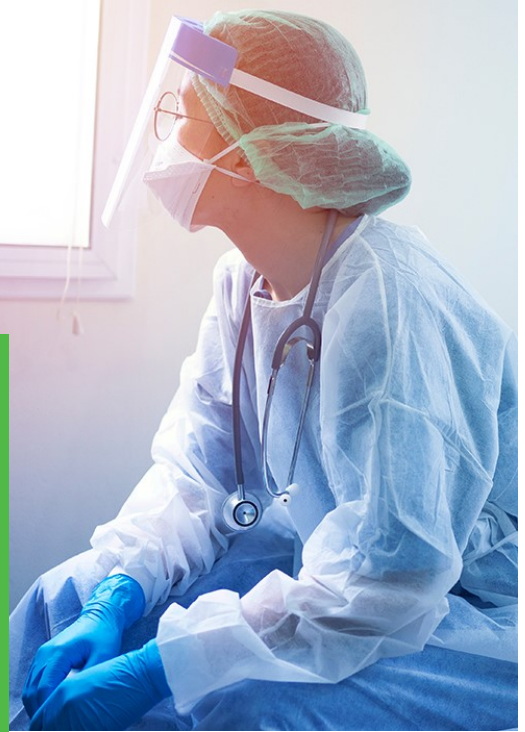


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Annual General Meeting  
June 4, 2022

Meeting Conduct

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

- Participants must register for the meeting and use their own unique join URL. Join URLs are linked to the person who registered so they should not be forwarded to other participants.
- Participants should join the meeting from their own device in order to vote. If multiple participants are together, only the registered, named participant can vote.
- In order to participate in the AGM you must be online by 9:05 a.m. Those who attempt join later may not be admitted to the meeting.
- All participants must join the meeting via computer, tablet, or smartphone device to see the slides, use the chat features, and participate in polls.
  - To hear the audio, participants must connect via device audio. There is no option to dial in from a telephone as all participants must be identifiable for voting purposes.
  - If connecting via the computer, a USB headset is strongly recommended. Connecting with a cell phone headset tends to cause interference on the line.
- All participants will be automatically muted by the administrator to prevent background noise from interfering with the audio.
- The number of people online will determine if participants will join the discussion by voice or by typing questions/comments to the moderator via the chat function.
- If you have a question or would like to join the discussion, indicate via the chat feature on your screen.
  - If participating by voice is an option, the administrator will turn off the mute function and ask the participant to proceed with the question or comment.
  - If participating by voice is not an option, the participant will type the question/comment and the moderator will state the member's name and read it to the meeting.

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

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

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

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

## Motions & Members' Forum

As a reminder, there are no motions from the floor. All motions for the AGM must be submitted in advance according to the *Guidelines for Preparing Motions for the Annual General Meeting*. A 'call for motions' went out to the membership in January. The deadline for submitting motions was April 16. No member motions were submitted this year.

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

# 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.



## AGM 2021 - PROCEEDINGS

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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.

## AGM 2021 - PROCEEDINGS

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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

## AGM 2021 - PROCEEDINGS

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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.



## AGM 2021 - PROCEEDINGS

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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

## AGM 2021 - PROCEEDINGS

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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-

## AGM 2021 - PROCEEDINGS

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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

## AGM 2021 - PROCEEDINGS

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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 (NECHC). 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 NECHC, 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.***

## AGM 2021 - PROCEEDINGS

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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.*

## AGM 2021 - PROCEEDINGS

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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.*



## AGM 2021 - PROCEEDINGS

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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.



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# ANNUAL REPORT

TO COUNCIL 2021-22

2022

**ANNUAL  
GENERAL MEETING**

— Saturday, June 4, 2022 —



# ANNUAL REPORT

TO COUNCIL 2021-22

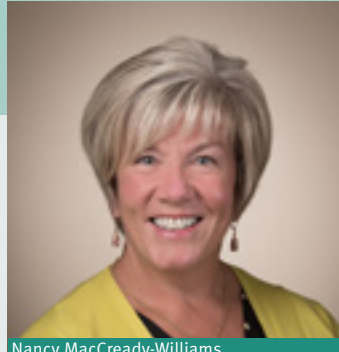
## Table of contents

- 3** Leadership Message
- 4** Board of Directors
- 5** Financial Report
- 6** 2020-21 Achievements
- 8** Strategic Plan: Progress Report
- 12** In Memoriam

# Leadership Message



Dr. Heather Johnson



Nancy MacCready-Williams



Dr. André Bernard

It has been another busy year for Doctors Nova Scotia (DNS).

At last year's AGM, the association's Board of Directors unveiled the 2021–27 Strategic Plan. This document was the culmination of months of member consultation, evaluation and planning, and positions the association for success this year and in the years to come.

Despite the ongoing challenges posed by the ever-evolving COVID-19 pandemic, over the past year, DNS has taken meaningful steps toward advancing the goals outlined in the new plan.

## CONNECT THE PROFESSION

The COVID-19 pandemic has underscored the importance of connection in our personal and professional lives. When the chips are down, strong collegial relationships can make the difference between making it through or breaking under the strain. With that in mind, DNS has continued to support initiatives that foster connections among colleagues, from mentorship programs to leadership training (see page 7). The Doctors Lounge, our new members-only web forum, provides physicians across the province with opportunities for online connection (see page 7).

Of course, the ultimate source of connection with our colleagues is our annual conference and general meeting. We are delighted to be able to return to an in-person conference for the first time in three years.

## ADVOCATE ON BEHALF OF THE PROFESSION

The election of Premier Tim Houston and his Conservative

provincial government in August 2021 brought a new immediacy to the association's advocacy work (see page 7). The association also continued to work with stakeholders to make meaningful changes to health care in Nova Scotia – see page 7 for more.

## SERVE THE PROFESSION

Helping physicians live their best lives is at the heart of the association's day-to-day work. The benefits DNS provides are explained in the *Member Benefits Guide*, published in September. In addition to continuing to administer one of the country's most comprehensive extended health benefits packages for physicians, DNS has also refined its mental health support offerings (see page 8). Supporting physicians with the business of medicine is another facet of our work, and this year saw the publication of new toolkits, resources and practical support for physicians. Learn more on page 11.

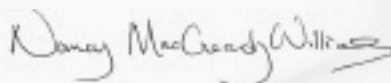
## COVID-19 RESPONSE

All of the above work took place against the backdrop of the COVID-19 pandemic and provincial pandemic response. Throughout it all, Nova Scotia's physicians have continued to be the backbone of our health-care system, and we recognize and appreciate your hard work and the sacrifices you have made to help keep Nova Scotians healthy.

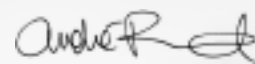
Finally, please know that supporting physicians personally and professionally remains our priority. Without a strong, vibrant, connected physician workforce, we cannot have a high-functioning health-care system. Read more about our recent work in the following pages.



Dr. Heather Johnson  
President



Nancy MacCready-Williams  
CEO



Dr. André Bernard  
Chair

# Board of Directors

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

## EXECUTIVE

**Dr. Heather Johnson**, *President*

**Dr. Robyn MacQuarrie**, *Past-president*

**Dr. Leisha Hawker**, *President-elect*

**Dr. André Bernard**, *Chair of the Board*

**Dr. Gerard MacDonald**, *Audit Committee chair*

## FAMILY PHYSICIANS IN HALIFAX REGIONAL MUNICIPALITY

**Dr. Gehad Gobran**

**Dr. Cindy Marshall**

**Dr. Dahir Farah** (*regional representative*)

## FAMILY PHYSICIANS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

**Dr. Patty Menard** (*regional representative*)

**Dr. Amanda MacDonald**

**Dr. Mike MacDonald**

## SPECIALISTS IN HALIFAX REGIONAL MUNICIPALITY

**Dr. Tammy Keough-Ryan**

**Dr. Kelly Dakin-Hache**

**Dr. Chadwick Williams** (*regional representative*)

**Dr. Shelly McNeil**

## SPECIALISTS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

**Dr. Chakshu Sharma**

**Dr. Islam Eissa**

## SECTION FORUM CHAIR

**Dr. Jason Williams**

## MARITIME RESIDENT DOCTORS REPRESENTATIVE

**Dr. Courtney Gullickson**

## DALHOUSIE MEDICAL STUDENT SOCIETY REPRESENTATIVE

**Qendresa Sahiti**

## CANADIAN MEDICAL ASSOCIATION REPRESENTATIVE

**Dr. Gerard MacDonald**



# Financial Report

Sept. 1, 2020 to Aug. 31, 2021

The Audit Committee oversees the accuracy of Doctors Nova Scotia's financial statements by reviewing the effectiveness of accounting policies, internal controls and risk management practices.



**Dr. Gerard MacDonald**  
Audit Committee chair

The financial statements for the year ended Aug. 31, 2021, and were audited by KPMG in accordance with generally accepted Canadian accounting principles. No errors or omissions were reported, and the financial statements were approved by the Audit Committee and the Board of Directors.

The unrestricted operating fund has a balance of \$3,351,417 (\$2,787,797 at Aug. 31, 2020). The operating fund reported a surplus of \$474,347 against a budgeted deficit of \$530,566 for a positive variance

of \$1,004,913. This positive budget variance was made up of the following components:

- \$250,000 expense – additional staff allocation to targeted projects due to lower expenses from COVID-19 restrictions
- \$188,000 expenses – lower operating costs from cancelled travel, conferences, etc., due to COVID-19 rules
- \$322,400 investments – realized gains from investment trading
- \$298,800 investments – unrealized gains from market value adjustments

The association invested \$141,353 in capital assets (\$127,000 in 2020). This included capital repairs to the building, scheduled computer hardware replacements and software upgrades, furniture and fixture replacements and ongoing work toward an enterprise resource system replacement.

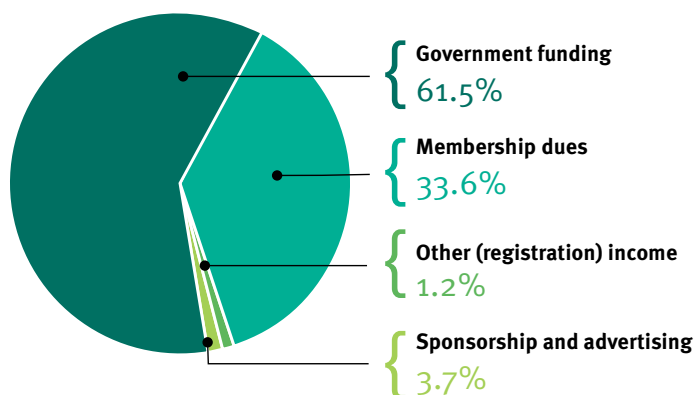
In accordance with the current Master Agreement with the Department of Health and Wellness, DNS received \$7.907 million in funding toward the cost of member benefits programs (\$6.824 million in 2020). This funding was distributed to the various benefit programs as follows:

- \$5,068,320 – health and dental (65% of total plan costs; 35% paid by plan members)
- \$1,261,500 – parental leave
- \$80,517 – professional support
- \$1,198,000 – targeted projects
- \$299,247 – benefits administration

Overall, the association is in a healthy financial position and continues to perform well against targets set annually.

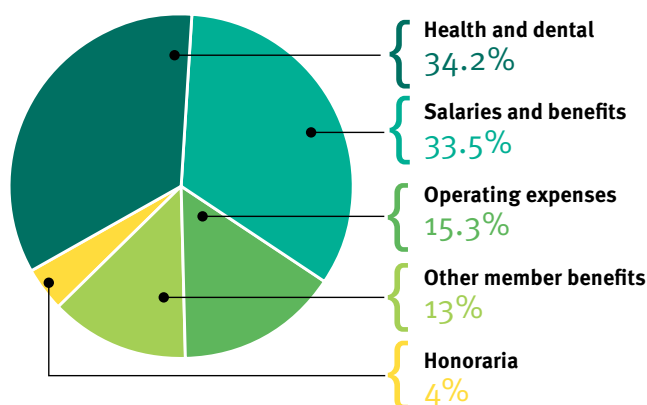
## Summary of Funding

Government funding	\$7,907,584
Membership dues	\$4,310,653
Other (registration) income	\$150,463
Sponsor & advertising	\$477,973



## Summary of Expenses

Health & dental	\$5,068,320
Salaries & benefits	\$4,019,129
Operating expenses	\$1,590,056
Other member benefits	\$1,965,199
Honoraria	\$381,104







# 2021–22 **Achievements**

Doctors Nova Scotia (DNS) supports physicians from across Nova Scotia, who have shown leadership and resolve in the midst of a global pandemic. Here are some of the association's achievements from the last year.

#### CONNECTING AND SUPPORTING PHYSICIANS

Doctors Nova Scotia continues to support initiatives that foster connections among colleagues. The association has developed two new mentorship programs that will soon begin matching new-to-Nova Scotia physicians with local mentors, with the aim of creating a more supportive practice environment. The association has also boosted its Professional Support Program, with a new company providing round-the-clock help for physicians in crisis and physicians across the province providing peer support. The association has also worked with physicians to promote on-going Balint groups, which offer physicians the opportunity to work through difficult situations and build communities of support.

#### BETTER BUSINESS RESOURCES

To help enhance physician education and confidence around billing, DNS has been providing family medicine billing seminars for fee-for-service and alternative payment plan physicians – with webinar recordings available to watch on-demand. The association has also published a toolkit on closing a medical practice and updated patient education materials about non-insured services.

#### STRENGTHENING FAMILY MEDICINE

The association's Restoring the Joy in the Practice of Medicine framework continues to help shape the future of comprehensive family medicine in Nova Scotia. In a new DNS research report, *The Future of Family Medicine*, more than 550 family physicians shared their input on providing comprehensive family care and what is needed to strengthen Nova Scotia's health-care system.

#### SUPPORT FOR VIRTUAL CARE

During the pandemic, family physicians and specialists alike pivoted their practices to provide virtual care as a complement to in-person care. Virtual care helped physicians innovate their practices and services, and provide care more efficiently, boosting access to care for many of their patients. The provincial government has agreed to extend the improved synchronous virtual care fee codes until March 31, 2023.

#### ADVOCACY WORK

When the premier asked DNS to respond to the province's "Speak Up for Healthcare" call

to action, the association distilled years of research and experience into a comprehensive document containing 32 recommendations for how to support physicians in the province and improve health care for all Nova Scotians.

#### COLLABORATING WITH STAKEHOLDERS

Doctors Nova Scotia has continued to collaborate with stakeholders including the Department of Health and Wellness and other government departments, plus Nova Scotia Health and IWK Health, in the service of improving physicians' professional lives. That work has seen meaningful advances in reducing red tape, increasing physician recruitment and incentives, support for permanent virtual care fee codes and a blended capitation pilot project.

#### BUILDING COMMUNITY

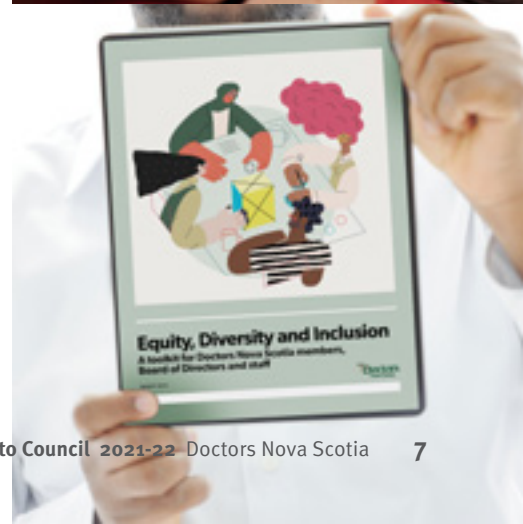
To help build community among physicians, DNS launched the Doctors Lounge – a new online community where physicians from across the province can connect and share ideas with their peers. More than 650 physicians have registered on the members-only forum.

#### LEADERSHIP TRAINING

Doctors Nova Scotia continues to provide a variety of leadership training opportunities, with weekend-long Physician Leadership Institute courses offered in the fall and spring, and the fourth session of the intensive Physician Leadership Training, which graduated in the spring of 2022. In addition, the popular Section of Physician Leaders, supported by DNS, continues to provide opportunities for physicians to build their leadership skills and their communities.

#### EQUITY, DIVERSITY AND INCLUSION

Equity, diversity and inclusion (EDI) continue to be a point of learning and growth for the Board of Directors and DNS staff. Both groups have participated in training sessions over the past year and the association now has a standard process to ensure that policy and hiring decisions are considered through an EDI lens. Physicians who are looking for support in bringing EDI into their own practices can now download the association's *Equity, Diversity and Inclusion Toolkit*, an interactive guide for DNS members.



# STRATEGIC PLAN Progress Report

## STRATEGIC PRIORITY 1: Connect the profession

Commitment	Actions
Connecting physicians with each other	<ul style="list-style-type: none"> <li>Doctors Nova Scotia (DNS) physician advisors provided ongoing support to members, ensuring they were connected to one another, monitoring their needs and responding as appropriate.</li> <li>Developed a physician mentorship program pilot to support International Medical Graduates (IMGs) on defined licences through the Practice Ready Assessment Program. Another mentorship program, for physicians transitioning into and out of practice, was researched and developed. In the next year, DNS will evaluate its success and determine next steps for supporting the mentorship of other physician cohorts, such as new-to-practice and new-to-province physicians.</li> <li>Evaluated the pilot for the Doctors Lounge, a new online member discussion forum. The Doctors Lounge was made available to all members and was evaluated to inform the future direction of the platform.</li> </ul>
Connecting physicians with DNS	<ul style="list-style-type: none"> <li>Began scoping a new member engagement strategy to define and measure engagement with DNS.</li> <li>Launched a new welcome package for new DNS members.</li> <li>Continued to provide a COVID-19 webinar series that saw thousands of physicians join to learn about the latest information related to COVID-19 and supports for physicians as they continued to provide care throughout the pandemic.</li> <li>Continued to build and enhance relationships with physicians in each zone through the Physician Advisory Team.</li> <li>Increased outreach of the Professional Support Program (PSP) by focusing on upstream interventions, adding access to the Canadian Medical Association (CMA) Wellness Support Line, and increasing the complement of PSP counsellors.</li> <li>Provided virtual dinners for varying cohorts of physician members, including learners, IMGs, residents and many others across the province.</li> </ul>
Connecting physicians with the system	<ul style="list-style-type: none"> <li>Continued to support the onboarding of new physicians to the province in collaboration with Nova Scotia Health and their recruitment team and the new Office of Healthcare Professionals Recruitment.</li> <li>Leveraged funding from the CMA and worked with stakeholders to complete a needs analysis and project plan to guide the creation of a Medical Learners Leadership Program.</li> <li>Continued to support the development of physician leaders through various program and educational offerings and support to the Section of Physician Leaders.</li> <li>Continued to implement the physician wellness strategy called Restoring the Joy in the Practice of Medicine. Provided enhanced supports for the PSP, including adding expedited access to a psychologist and implemented an electronic medical record. Continued to support the Fountain of Health with specific attention to their work supporting the health and wellness of physicians.</li> <li>Doctors Nova Scotia re-established its relationship with provincial and national physician assistant associations to support the advancement of physician assistants in Nova Scotia.</li> <li>Developed a DNS standard for responding to and advocating in relation to changing/expanding scopes of practice for physicians and other health-care providers.</li> <li>Doctors Nova Scotia participated on the Pharmacy Association of Nova Scotia's advisory committee to represent physicians' interest with respect to tariff implementation.</li> <li>Ongoing advocacy and focus on the Memorandum of Understanding in the Master Agreement that commits the health-care system to engage DNS and its members on decisions that affect physicians.</li> </ul>



## STRATEGIC PRIORITY 2: Advocate for the profession

Commitment	Actions
<p><b>Help make positive changes in population health and health-care policy through collaboration with government, Nova Scotia Health and IWK Health.</b></p>	<ul style="list-style-type: none"> <li>• Developed a research paper exploring the future of family medicine. The research will be used to support DNS's position at a provincial primary care action team, when established, and upcoming contract negotiations.</li> <li>• Developed relationships with new e-health decision makers at the Department of Health and Wellness (DHW) and Nova Scotia Health (NSH) to influence e-health direction and establish governance models that will support enhanced physician engagement.</li> <li>• Through involvement in provincial One Person, One Record (OPOR) committee(s), continued to ensure physician engagement is prioritized throughout the OPOR initiative.</li> <li>• Continued to advocate for changing practice models in response to community needs and physicians' interests.</li> <li>• Secretariat for the Health System Physician Coordination Council, together with partners, exploring the opportunities for the council to support the priorities of the new Health Leadership Council.</li> <li>• Together with NSH and the DHW, moved forward virtual care solutions and supporting policies in Nova Scotia.</li> <li>• Co-chair for Choosing Wisely Nova Scotia. In 2020, Choosing Wisely Canada launched a campaign called Using Blood Wisely (national benchmarks for transfusion). In October 2021, Nova Scotia became the only province in Canada to meet Choosing Wisely targets in 100% of the hospitals where blood is administered.</li> <li>• Worked closely with DHW on the province's COVID-19 Immunization Program, identifying opportunities for physician leadership and involvement in the program to ensure best access to the vaccine for all Nova Scotians. Supported physician vaccine clinics with technology, education and guidance throughout the vaccine program.</li> <li>• Supported the charitable arm of DNS, the Healthy Tomorrow Foundation, in launching a second iteration of a provincial social marketing campaign designed to encourage Nova Scotians to interrupt sedentary behaviour and take steps toward a healthier life by implementing short bouts of unstructured movement into their daily life. In-kind supports from DNS continue and enhanced communications updated members about the work of the foundation, including the launch of a member donation campaign.</li> <li>• Supported collaboration between physicians and other providers given changing scopes of practice (pharmacy, physician's assistants, etc.).</li> </ul>
<p><b>Government relations</b></p>	<ul style="list-style-type: none"> <li>• Focused on building relationships with both political and non-political key decision-makers in the health system, with specific attention on government and physician services.</li> <li>• Continued to strive to secure the investments and initiatives committed by the Progressive Conservative government. Doctors Nova Scotia has done significant work investigating possible parameters for and opportunities of a physician retirement fund. The association continues to meet with DHW Physician Services to help advance this work.</li> <li>• Explored opportunities to inform government's action on investing in family physician compensation.</li> <li>• Held frank discussion with all members of the Health Leadership Council about the prevalence of, and need to reverse, an anti-physician culture within their organizations, and the importance of cascading a new tone from the top.</li> </ul>

## STRATEGIC PRIORITY 2: Advocate for the profession cont.

Commitment	Actions
<p><b>Pursue fair compensation for physicians by negotiating provincial and local agreements and advocating for members' economic interests.</b></p>	<ul style="list-style-type: none"> <li>Continued to implement the contracts negotiated in 2019, with a focus on moving forward with the launch of a blended capitation payment model pilot, advancing a new APP contracting framework, an improved billing audit process, and activating the MOU reaffirming DNS's role as sole bargaining agent for physicians in Nova Scotia.</li> <li>Worked with DHW to engage Deloitte to complete an analysis and make recommendations for a permanent approach to virtual care compensation in Nova Scotia. Deloitte's analysis helped support an extension of the synchronous virtual fee codes to March 31, 2023, along with the inclusion of walk-in clinics. Doctors Nova Scotia will continue to work with DHW to define parameters for more permanent virtual fee codes. In addition, the association is working with DHW to identify opportunities and define compensation structures for asynchronous virtual care (i.e., secure messaging) and e-consults.</li> <li>Continued advocacy for fair compensation to support physicians during the pandemic, including income stability and isolation payment as required.</li> <li>Continue to advocate and work toward reducing administrative burden for physicians through the work of the Office of Regulatory Affairs and Service Effectiveness. This includes piloting a draft "Blue Form," which is simpler and faster to use, creating a draft of a tool that measures the impact that forms have on physicians, exploring the impact that the cessation of sick note requests may have had on employment relationships during the pandemic and next steps to evaluate that impact, and exploring how to improve the Maternal Serum Test form.</li> <li>Engaged a consultant to conduct a review of working conditions and compensation of clinical assistants.</li> <li>Continued to support members in fee applications and billing audits, including work to improve the billing audit process and clear the backlog of audit appeal cases in the queue, and to institute the "first audit is educational only" provision from the 2019 Master Agreement.</li> </ul>
<p><b>Enhance the reputation of physicians and of DNS as their professional association.</b></p>	<ul style="list-style-type: none"> <li>The association's Physician Advisory Team has established and continues to nurture relationships with NSH recruiters. The focus this year has been to meet regularly with the new Office of Healthcare Professionals Recruitment and to establish regular recruiting and onboarding touch points with all relevant stakeholders (NSH, Office, Immigration, DNS, DHW, etc.).</li> <li>Developed and implemented public relations and digital marketing strategy to enhance trust and confidence in Nova Scotia's doctors, and measured effectiveness of these strategies.</li> <li>Developed and implemented a strategic media relations plan that resulted in more than 200 media interviews featuring the DNS President and physician subject matter experts and leaders speaking on a range of issues, including physician recruitment and retention, COVID-19, patient access, systemic racism in health care, virtual care, wait times, mental health, influenza and more.</li> <li>Launched a marketing campaign to reinforce Public Health's messaging around COVID-19 to keep Nova Scotians informed and compliant. Campaign focused on physicians thanking their patients (through video and social media content) for their support in efforts to keep everyone safe and healthy.</li> <li>Launched a social media campaign for Doctors Day. The theme was "Your Care is Our Calling." Doctors Nova Scotia collected hundreds of messages of gratitude from Nova Scotians and shared those directly with physicians through a targeted email and posted mail campaign. Launched a media advertising campaign to support the digital campaign (billboards and transit ads).</li> </ul>



## STRATEGIC PRIORITY 3: Serve the profession

Commitment	Actions
<b>Provide practice supports to help physicians with the business side of practising medicine.</b>	<ul style="list-style-type: none"> <li>Supported physicians through various issues and conflicts impacting their ability to practise effectively, including support with contract matters, help navigating system processes and securing decisions, support with billing and audit appeals, support with retirement planning and the orientation of new physicians.</li> <li>Provided practice supports to help individual and groups of physicians with the business side of practising medicine, as well as individual member benefits to help physicians achieve a happy, healthy and productive lifestyle. Billing education seminars focused on primary care were delivered and recordings were posted to the DNS website for on-demand viewing.</li> <li>Provided enhanced e-health, privacy and security support to physicians through DNS's E-health Committee, strategic e-health support and an e-health advisor.</li> <li>Published a new guide to help community-based physicians comply with personal health information laws. The <i>E-health Privacy and Security Guide</i> helps physicians understand privacy legislation and prevent/respond to privacy breaches and cyberattacks in their practices. It also includes the latest recommendations for electronic medical records and integrated solution options.</li> <li>Developed a new Business of Medicine strategy which included the launch of a new virtual billing education seminar and new tools to support physicians with opening a practice.</li> <li>Continued to implement DNS's Equity, Diversity and Inclusion (EDI) Framework to ensure DNS considers EDI in its governance framework and the work of the association, including supports, advocacy and opportunities for greater connection. Staff members, the Board of Directors and other committees and sections continue to receive education. Education opportunities have been and will continue to be offered to the broader membership. An action plan is being developed for the Board of Directors to support understanding and clarity of roles, as well as change and growth. Doctors Nova Scotia engaged in a project with ISANS and other stakeholders to develop web-based resources to better orient and support IMGs to practice in N.S. An EDI toolkit was developed and shared with members to support them in consideration and action with respect to EDI in their practice.</li> </ul>

## OPERATIONAL

Commitment	
<b>Ensure financial sustainability</b>	<ul style="list-style-type: none"> <li>Ongoing work to modernize DNS's enterprise resource systems, including its membership database, finance and accounting systems and their integration with each other and the website.</li> </ul>
<b>Information systems</b>	<ul style="list-style-type: none"> <li>Continued to support office staff with working from home during the COVID-19 pandemic, with a focus on ensuring minimal interruption to member service. Office officially re-opened in April 2022, with staff transitioning to a hybrid model where they balance working from home and working in the office.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>Developed and implemented member communications strategy.</li> <li>Continued to implement COVID-19 Member Communications Plan: <ul style="list-style-type: none"> <li>Regular COVID-19 updates</li> <li>COVID-19 information hub on <a href="http://www.doctorsNS.com">www.doctorsNS.com</a></li> <li>Webinar series</li> <li>Public/member awareness and education campaigns</li> <li>Other: FAQs, one-pagers, quick resource guides, etc.</li> </ul> </li> </ul>
<b>Equity, diversity and inclusion</b>	<ul style="list-style-type: none"> <li>Integrated EDI into the <i>DNS Style Guide</i>, including language, titles, pronunciation guide, etc., to guide standards for internal and external communications</li> <li>Focused and prioritized EDI at DNS's Editorial Board meetings to improve diversity and critical education in doctorsNS magazine, including first-person stories/experiences.</li> <li>Applied EDI lens to hiring practices and prioritized EDI in 2022 recruitment for new staff positions.</li> <li>To ensure our Board of Directors and standing committees reflect the diversity of our membership, the Governance Committee has developed a Board and Committee Diversity Policy, guidelines and a skills and attributes matrix. The committee also reviewed expression of interest and nomination forms to ensure processes do not create unintended barriers for those who have historically had less representation in our governance structure. These new and updated governance processes will be in place for Board and committee member selection in 2023.</li> </ul>

# In Memoriam (April 13, 2021—Feb. 21, 2022)

**Dr. Wayne J. Edwards (67)**

on April 13, 2021, in Lethbridge, A.B.

**Dr. Harry P. Poulos (95)**

on April 15, 2021, in Halifax

**Dr. Bernard Wm. D. Badley (87)**

on April 30, in Halifax

**Dr. John Simon McGrail (90)**

on May 24, in Dartmouth, N.S.

**Dr. Said A. K. Awad (84)**

on June 19, in Halifax

**Dr. Martin S. M. Abenheimer (70)**

on June 27, 2021, in Sydney, N.S.

**Dr. Gerard Mallon (84)**

on July 28, 2021 in Antigonish, N.S.

**Dr. Donald J. MacIntosh (96)**

on July 27, in London, Ont.

**Dr. S. Clair MacLeod (87)**

on Aug. 1, in Halifax

**Dr. Jozef Zaremba (67)**

on Aug. 16, in Halifax

**Dr. Scott J. Murray (66)**

on Aug. 28, in Halifax

**Dr. Brian K. E. Hennen (84)**

on Aug. 30, 2021, in Dartmouth, N.S.

**Dr. David Winfield Morse (75)**

on Sept. 9, 2021, in Bedford, N.S.

**Dr. Roger Hamilton (61)**

on Oct. 3, in Port Williams, N.S.

**Dr. John R. Dill (79)**

on Oct. 14, 2021, in Truro, N.S.

**Dr. George C. Jollymore (87)**

on Oct. 19, 2021, in Halifax

**Dr. Richard B. Goldbloom (97)**

on Nov. 19, 2021, in Halifax

**Dr. James R. Rae (88)**

on Dec. 5, 2021, in Halifax

**Dr. Lystra R. Dayal-Gosine (88)**

on Dec. 9, 2021, in Halifax

**Dr. Sonia R. Salisbury (86)**

on Dec. 20, 2021, in Halifax

**Dr. John Abdul Sattar (70)**

on Dec. 21, 2021, in Hammonds Plains, N.S.

**Dr. Michael S. Ramsey (85)**

on Jan. 2, 2022, in Tantallon, N.S.

**Dr. Iain G. Macpherson (97)**

on Jan. 29, 2022, in Riverview, N.B.

**Dr. Amin Akbarali Nanji (68)**

on Feb. 2, 2022, in Halifax

**Dr. Cheryl K. Conrod (59)**

on Feb. 12, 2022, in Sydney, N.S.

**Dr. Paul A. Begin (62)**

on Feb. 21, 2022, in Oxford, N.S.

**Dr. A. Emerson Dunphy (99)**

on April 9, 2022, in Antigonish, N.S.



## Corporate Update – April 2022

### ***Impact 2040 — the CMA's new strategy***

The pandemic has exposed long-standing gaps in health systems, health outcomes and health workforce. As we recover and rebuild, we're calling on physicians, medical learners, other health providers, patients, policy-makers — and all Canadians who believe change is possible — to co-create a better future of health.

The new strategy, [Impact 2040](#), is a long-term commitment to advance our vision and to achieve:

- a health system that's sustainable, more accessible and patient partnered
- a new medical culture that's focused on physical and mental well-being, and one that embraces equity and diversity; and
- a society where every individual has equal opportunities to be healthy.

The seven priority strategic initiatives listed below have been approved and workplans are currently being developed in these areas:

- Integrated health workforce plan
- Pan-Canadian licensure
- Net-zero emissions health system
- Indigenous health in allyship with First Nations, Inuit and Métis Peoples
- Health workforce framework for psychological, physical and cultural safety
- Improving physician wellness by reducing administrative load
- Aging with dignity in the community

### **COVID-19 Pandemic**

#### Federal advocacy

The pandemic remains a key concern due to the growing health workforce crisis and increasing testing and surgical backlog, representing significant and growing risks to the sustainability of Canada's health systems. The CMA is eager to collaborate with the federal government to address these pan-Canadian health priorities:

- Addressing Canada's health workforce crisis
- Leading Canada's COVID-19 pandemic management
- Increasing federal health funding
- Investing in reconciliation and anti-racism

In late December, the [CMA applauded](#) the federal government for passing new legislation (Bill C-3) to protect health workers and patients from threats, violence and harassment. In doing so, the federal government is sending a strong show of support to physicians and all health professionals who are at the forefront of the pandemic. The CMA has also compiled various [resources, tools and services](#) to support physicians and medical learners experiencing online threats and harassment.

In early February, the [CMA called](#) on the federal government to help further accelerate global vaccination rates by boosting Canada's donation of vaccines to COVAX; taking a strong leadership role in supporting and building organizations' capacity to deliver and administer vaccines on the ground in low- and middle-income countries; and in the longer term, enabling domestic vaccine production capacity to further expand Canada's contribution to the global vaccine supply.

Most recently in early April, the CMA issued a [statement](#) urging Canadians to remain vigilant against COVID-19 as public health measures lift across the country. The statement underscored the need to learn from the experience of the past two years to help protect vulnerable citizens and keep the already overburdened health system afloat.

#### CMA Health Summit series: Doing health differently during COVID and beyond

On Mar. 29, CMA President Dr. Katharine Smart hosted this year's first Health Summit session, a Twitter Spaces discussion on how to do health differently during the pandemic and beyond. Listen to the full conversation [here](#) and [read](#) five key take-aways from the session.

In May, two more Health Summit sessions will focus on how to create a health system that's an engine for economic growth. The final session, in June, will explore how to rebuild the health workforce. Visit [cmahealthsummit.ca](https://cmahealthsummit.ca) for more information.

#### Emergency Health Worker Summit

In March 2022, the CMA and Canadian Nurses Association were joined by almost 40 health organizations for a [second emergency meeting](#) to discuss the health worker crisis (the first was held in Oct. 2021). The issues faced by the health workforce have gotten worse since the fall, and while there has been recognition of the work of the health workforce during the pandemic, concrete commitments to address the issues are lagging.

Participants highlighted that now is the time to become tactical about the development and implementation of a nationwide strategy. Key priorities identified include creating a robust data source of health human resources; implementing a multi-disciplinary nationwide health human resource strategy; and committing to transform Canada's health care system for the future.

#### Understanding the health impacts of the pandemic

On Nov. 30, the CMA released a report, [A Struggling System: Understanding the Health Care Impacts of the Pandemic](#). Conducted by Deloitte, the report looks at health indicators to gauge access to care during the pandemic and the potential impact on the health care system and the wellness of Canadians.

The report provides a stark overview of the backlogs created by the pandemic in eight procedures and aims to inform policymakers and governments about pressing issues and the funding required to alleviate them. It is estimated that \$1.3 billion in additional funding will be required to return wait times for these procedures to their pre-pandemic levels; the number may be even higher when the impact of subsequent waves of the pandemic are factored in.

#### **Physician health and wellness**

##### National Physician Health Survey

In March 2022, the [CMA released](#) preliminary data from its National Physician Health Survey that offers a concerning outlook on the health of physicians, battered from over two years of pandemic. The survey, conducted in November 2021, shows more than half of physicians and medical learners (53%) have experienced high levels of burnout, compared to 30% in a similar survey conducted in 2017. As well, nearly half (46%) of Canadian physicians who responded are considering reducing their clinical work in the next 24 months. A fulsome report will be published later this year.

##### Pandemic Wellness Toolkit

The CMA is encouraging physicians to check in on their own health and has created a [Pandemic Wellness Toolkit](#) to help them get started. The toolkit has evidence-based wellness supports, including:

- A wellness self-assessment tool
- Access to peer support and counseling services

- Resources to connect with peers, support your teams and overcome challenges related to the pandemic

Also, completing activities and accessing resources in the toolkit can count towards continuing professional development credits with the Royal College of Physicians and Surgeons of Canada (Maintenance of Certification) and the College of Family Physicians of Canada (Mainpro+).

#### Podcasts on physician wellness and medical culture

##### *Sound Mind: Podcast on physician wellness and medical culture*

Hosted by the CMA's Dr. Caroline Gérin-Lajoie, this podcast features conversations with physicians, learners and leaders about what being a "healthy" physician means, the barriers that still exist and the people, programs and projects that are helping medical professionals stay well. Episodes in season 2 include:

- *Threats, harassment and trolls: Is being a "public" medical voice worth it?*
- *The personal cost of leading Canada's public health response to COVID-19*
- *Death threats and safety protocols: the troubling new reality for many physicians*
- *Code White: Protecting ED staff from workplace violence*
- *Dr. Mom and COVID-19: The stress of being in constant demand*
- *The "Great Resignation" comes to medicine*

Access the entire series [here](#).

#### **Indigenous health and anti-racism**

With funding and support from the CMA, BUILD. Films and Networked Health created the film, [The Unforgotten](#), which exposes the experience of First Nations, Inuit and Métis within health care across five stages of life: birth, childhood, adolescence, adulthood and elderhood. The film explores systemic racism, the impacts of colonialism, and the ongoing trauma experienced by Indigenous Peoples. The film is accompanied by educational resources to raise awareness, incite reflection and spark conversations about how to achieve meaningful change.

In 2021, the CMA Foundation [announced](#) a grant of \$1 million to the Indigenous Physicians Association of Canada to support a national formalized mentorship program for Indigenous medical learners and to enable capacity building within the organization. This funding aligns with goals identified in the CMA's new strategy to support health and the health workforce, and specifically to work in allyship with First Nations, Inuit and Métis Peoples to support the development of an impactful action plan to improve the health outcomes of Indigenous Peoples.

On Nov. 1, the CMA released a [statement](#) condemning antisemitism and all forms of societal racism against religious, racialized and minority groups. It underscored that the expression of racism in medical schools and other health care settings has created an environment of fear and intimidation, and that medical learners, faculty and practising physicians must be able to learn, teach and care for patients in a physically, psychologically and culturally safe environment.

(version française suit)

Financial Statements of

# **DOCTORS NOVA SCOTIA**

And Independent Auditors' Report Thereon

Year ended August 31, 2021





KPMG LLP  
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Halifax Nova Scotia B3J 3N2  
Canada  
Tel (902) 492-6000  
Fax (902) 429-1307

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Doctors Nova Scotia

### ***Opinion***

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

- the statement of financial position as at August 31, 2021
- the statement of revenues and expenditures for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at August 31, 2021, and its results of operations and its cash flows for the year then ended in accordance with Canadian Accounting standards for not-for-profit organizations.

### ***Basis for Opinion***

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

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

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



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

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

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

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

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

We also:

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



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, stylized font. Below the signature is a long, horizontal, slightly wavy line.

Chartered Professional Accountants  
Halifax, Canada  
December 3, 2021

# DOCTORS NOVA SCOTIA

## Statement of Financial Position

August 31, 2021, with comparative information for 2020

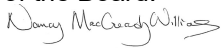

	2021	2020
<b>Assets</b>		
Current assets:		
Accounts receivable (note 2)	\$ 5,902,084	\$ 6,216,226
Prepaid expenses and deposits	76,770	54,423
	5,978,854	6,270,649
Investments (note 3)	7,798,648	6,975,527
Property and equipment, net of accumulated amortization (note 5)	1,375,148	1,443,852
	\$ 15,152,650	\$ 14,690,028

## Liabilities and Net Assets

Current liabilities:		
Bank indebtedness (note 6)	\$ 479,776	\$ 538,044
Accounts payable and accrued liabilities	1,346,788	1,335,879
Deferred revenue - Physician Leadership Development Program	100,000	-
Deferred revenue - membership dues	197,179	134,178
Deferred revenue - health insurance premiums	1,940,139	2,078,332
	4,063,882	4,086,433
Deferred contributions - expenses of future periods (note 7)	4,752,958	4,697,378
Net assets:		
Internally restricted:		
Property and equipment fund (note 8)	1,375,148	1,443,852
Doctors Nova Scotia Benefits Trust Fund	500,000	500,000
Future commitments (note 9)	1,079,405	1,148,936
Unrestricted operating	3,351,417	2,787,797
Restricted funds (note 10)	29,840	25,632
	6,335,810	5,906,217
Employee future benefits (note 13)		
Commitments (note 14)		
	\$ 15,152,650	\$ 14,690,028

See accompanying notes to financial statements.

On behalf of the Board:

	Director
	Director

# DOCTORS NOVA SCOTIA

## Statement of Revenues and Expenditures

Year ended August 31, 2021, with comparative information for 2020

	2021	2020
Revenues:		
Provincial funding	\$ 7,907,584	\$ 6,824,576
Membership dues	4,310,653	4,309,568
Registration fees	150,463	59,804
Advertising revenue	42,847	33,796
Annual meeting, publication and sponsorship	119,088	40,628
CMA program funding	316,038	130,650
	12,846,673	11,399,022
Expenditures:		
Health and dental, net (note 11)	5,068,320	3,939,749
Salaries and benefits	4,019,129	3,853,333
Physician and student expenses	1,398,088	1,501,146
Professional fees	966,265	492,069
Honoraria fees	381,104	458,608
Computer expenses	216,966	155,991
Donations and sponsorship	182,510	124,535
Building expenses	173,410	180,259
Bank charges and interest	167,321	158,033
Office expenses	163,613	182,531
Travel, meals and meetings	64,104	241,835
Magazine costs	62,404	55,237
Advertising and promotions	59,687	113,964
Annual general meeting	45,119	-
Dues, fees and subscriptions	35,290	31,881
Insurance	20,478	18,321
	13,023,808	11,507,492
Excess of expenditures over revenue before the undernoted	(177,135)	(108,470)
Amortization	(210,057)	(208,056)
Investment income, net (note 4)	816,785	354,310
	606,728	146,254
Excess of revenue over expenditures	\$ 429,593	\$ 37,784

See accompanying notes to financial statements.

# DOCTORS NOVA SCOTIA

## Statement of Changes in Net Assets

Year ended August 31, 2021, with comparative information for 2020

	Internally Restricted						
	Unrestricted	Future	Property and	DNS	Restricted	Total	Total
	Operating	Commitments	Equipment	Benefits	Funds	2021	2020
			Fund	Trust			
				Fund			
			Note 8(b)				
Balance, beginning of year	\$ 2,787,797	\$ 1,148,936	\$ 1,443,852	\$ 500,000	\$ 25,632	\$ 5,906,217	\$ 5,868,433
Excess of revenue over expenditures (expenditures over revenue)	684,403	(48,961)	(210,057)	-	4,208	429,593	37,784
Investment in property and equipment	(120,783)	(20,570)	141,353	-	-	-	-
Balance, end of year	\$ 3,351,417	\$ 1,079,405	\$ 1,375,148	\$ 500,000	\$ 29,840	\$ 6,335,810	\$ 5,906,217

See accompanying notes to financial statements.

# DOCTORS NOVA SCOTIA

## Statement of Cash Flows

Year ended August 31, 2021, with comparative information for 2020

	2021	2020
Cash provided by (used in):		
Operations:		
Excess of revenue over expenditures	\$ 429,593	\$ 37,784
Items not involving cash:		
Amortization	210,057	208,056
Change in market value of investments (note 4)	(398,814)	(267,609)
Loss (gain) on sale of investments (note 4)	(322,430)	37,951
Change in deferred contributions - expenses of future periods	55,580	-
Changes in non-cash operating working capital (note 12)	327,512	213,879
	301,498	230,061
Financing and investing:		
Net increase in investments	(101,877)	(109,715)
Property and equipment additions (note 8)	(141,353)	(127,001)
	(243,230)	(236,716)
Change in bank indebtedness	58,268	(6,655)
Bank indebtedness, beginning of year	(538,044)	(531,389)
Bank indebtedness, end of year	\$ (479,776)	\$ (538,044)

See accompanying notes to financial statements.

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

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

### 1. Significant accounting policies:

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

#### (a) Fund accounting:

The Association follows the deferral method of accounting.

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

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

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

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

#### (b) Revenue recognition:

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



# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

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### 1. Significant accounting policies (continued):

#### (c) Investments:

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

The fair value of investments are determined as follows:

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

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

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

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

#### (d) Property and equipment:

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

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

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

### 1. Significant accounting policies (continued):

#### (e) Use of estimates:

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

### 2. Accounts receivable:

	2021	2020
Department of Health and Wellness - current year	\$ 1,256,868	\$ 1,586,327
Department of Health and Wellness - prior years (note 7)	4,418,929	4,418,929
Other	226,287	210,970
	<u>\$ 5,902,084</u>	<u>\$ 6,216,226</u>

### 3. Investments:

	2021	2020
Canadian money market funds	\$ 386,060	\$ 431,531
Canadian pooled bonds funds	2,867,062	2,611,115
Canadian corporate bonds	345,633	238,144
Canadian equities	2,647,161	2,317,433
US and Global equities	1,552,732	1,377,304
	<u>\$ 7,798,648</u>	<u>\$ 6,975,527</u>

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

### 4. Investment income, net:

	2021	2020
Interest income	\$ 74,338	\$ 77,409
Change in market value of investments	398,814	267,609
Realized gain (loss) on sale of investments	322,430	(37,951)
Loss on foreign exchange	(3,450)	(1,571)
Dividend income	82,116	103,193
Investment management fees	(57,463)	(54,379)
	\$ 816,785	\$ 354,310

### 5. Property and equipment:

			2021	2020
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 183,308	\$ -	\$ 183,308	\$ 183,308
Building	2,717,704	1,853,503	864,201	968,301
Furniture and fixtures	725,047	547,027	178,020	176,108
Computer software	1,635,901	1,486,282	149,619	116,135
	\$ 5,261,960	\$ 3,886,812	\$ 1,375,148	\$ 1,443,852

### 6. Bank overdraft:

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

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

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### **7. Deferred contributions - expenses of future periods:**

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

In 2017, the Association and the Department of Health and Wellness agreed to undertake a formal review of an appropriate reserve level for the Association. The outcome of this formal review and related negotiations was to determine the amount of general deferred contribution balance of \$4,418,929 from the old master agreement that will be available to the Association. Without concluding this formal review, the Department of Health and Wellness withheld funding for fiscal 2017 totaling the entire \$4,418,929 which the Association believes violates the provisions of the 2016 Master Agreement. The Association continues to recognize the deferred contribution balance of \$4,418,929, which has resulted in a receivable balance in this amount from the Department of Health and Wellness at August 31, 2021. The Association has asked the courts to settle two contract issues with the Province of Nova Scotia, including this matter. These proceedings are ongoing and the outcome is currently not determinable.

Once the courts rule and an appropriate reserve is determined, the amount will be transferred from deferred contributions to net assets and the \$4,418,929 receivable from the Department of Health and Wellness will be adjusted to reflect the amount of the settlement. If any portion of the \$4,418,929 withheld by the Department of Health and Wellness is determined not to be collectible, there will be no impact on the net assets of the Association. Deferred contributions related to the business of medicine in the amount of \$334,029 (2020 - \$278,449) are deferred until future expenditures per the contribution agreement are incurred.

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

### 8. Property and equipment fund:

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

	2021	2020
Property and equipment	\$ 1,375,148	\$ 1,443,852
	\$ 1,375,148	\$ 1,443,852

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

	2021	2020
Surplus of revenue over expenditures:		
Amortization	\$ (210,057)	\$ (208,056)
	\$ (210,057)	\$ (208,056)
Change in property and equipment fund balance:		
Property and equipment additions	\$ 141,353	\$ 127,001
	\$ 141,353	\$ 127,001

### 9. Internally restricted - Future commitments:

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

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

### 9. Internally restricted - Future commitments (continued):

Future commitments:

	Customer Relationship Management Software	Future Negotiation Cost Plan	CMA Pension	Litigation file	DNS ERP System	Other	2021 Total	2020 Total
Beginning balance	\$ 10,673	\$ 368,978	\$ 105,204	\$ 64,463	\$ 350,000	\$ 249,619	\$ 1,148,936	\$ 1,451,974
Transfers	(10,673)	-	-	-	10,673	-	-	-
Less: Expen- ditures	-	-	(34,667)	(14,294)	(20,570)	-	(69,531)	(303,038)
Ending balance	\$ -	\$ 368,978	\$ 70,537	\$ 50,169	\$ 340,103	\$ 249,619	\$ 1,079,405	\$ 1,148,936

### 10. Restricted funds:

Restricted funds are comprised of the following:

	2021	2020
Memorial Fund	\$ 15,567	\$ 12,822
Cogswell Library Fund	14,273	12,810
Total restricted funds	\$ 29,840	\$ 25,632

During the year investment income of \$2,745 (2020 - \$1,778) was earned by the Memorial Fund and donations of \$nil (2020 - \$1,000) were made by the fund.

During the year investment income of \$1,463 (2020 - \$595) was earned by the Cogswell Library Fund and donations of \$nil (2020 - \$300) were made by the fund.



# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

### 11. Health insurance, net:

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

	2021	2020
Total health insurance premium expense	\$ (7,797,415)	\$ (6,061,152)
Health insurance premiums paid by members	2,729,095	2,121,403
Health insurance expense	\$ (5,068,320)	\$ (3,939,749)

### 12. Supplemental cash flow information:

Changes in non-cash operating working capital	2021	2020
Accounts receivable	\$ 314,142	\$ (259,466)
Prepaid expenses and deposits	(22,347)	(6,157)
Accounts payable and accrued liabilities	10,909	105,962
Deferred revenue - CMPA rebate funding and membership dues	63,001	(13,340)
Deferred revenue - other	100,000	(24,658)
Deferred revenue - health insurance premiums	(138,193)	411,538
	\$ 327,512	\$ 213,879

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

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### 13. Employee future benefits:

The Association contributes 14.3% (2020 - 14.6%) on behalf of its staff, to a multi-employer defined benefit ("DB") pension plan administered by the Canadian Medical Association ("CMA"). Participation in the plan was mandatory for all full-time employees of the Association up to February 1, 2018 at which point the DB plan was closed to new employees. Effective January 1, 2021, the Associations required additional monthly payments to fund its portion of the plan deficit decreased from \$8,767/month to \$4,333/month.

Employee future benefit costs recognized in the year, being the employer contributions to the plan, equalled \$382,246 (2020 - \$274,027).

An actuarial valuation of the CMA's defined benefit pension plan is required every three years at a minimum. The latest actuarial valuation was performed as at January 1, 2020 and the next required valuation will be required on or before January 1, 2023. The Associations' portion of the DB pension plan has a going concern deficiency of \$385,800 and a solvency deficiency of \$1,434,800 based on the January 1, 2020 valuation.

### 14. Commitments:

The Association has a sponsorship commitment to the Scotiabank Blue Nose Marathon in the amounts of \$35,000 in 2022, and \$40,000 from 2023 to 2025.

In September 2017, the Association agreed to continue its \$8,500 annual sponsorship of the Medical History Society with no set end date at this time.

# DOCTORS NOVA SCOTIA

## Notes to Financial Statements

Year ended August 31, 2021

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### 15. Financial instruments and risk management:

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

(i) Interest rate risk:

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

(ii) Market risk:

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

(iii) Credit risk:

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

# DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2021

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## **15. Financial instruments and risk management (continued):**

### **(iv) Liquidity risk:**

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

# DOCTORS NOVA SCOTIA

## Operating Fund

Year ended August 31, 2021, with comparative information for 2020

	2021	2020
Revenues:		
Membership	\$ 4,310,653	\$ 4,309,568
Sponsorship	119,088	40,628
Advertising	42,847	33,796
Other income	316,038	130,650
	<u>4,788,626</u>	<u>4,514,642</u>
Expenses:		
Salaries and benefits	2,980,735	2,671,952
Professional fees	363,428	125,120
Honoraria fees	360,305	328,452
Computer expenses	216,966	155,991
Building	173,410	180,259
Bank charges and interest	167,321	158,033
Office expenses	162,858	150,239
Donations and sponsorship	154,469	88,235
Physician and student expenses	74,722	128,955
Magazine costs	62,404	55,237
Advertising and promotions	56,929	90,238
Annual general meeting	45,119	-
Travel, meals and meetings	42,364	162,609
Dues, fees and subscriptions	35,290	31,881
Insurance	20,478	18,321
	<u>4,916,798</u>	<u>4,345,522</u>
	(128,172)	169,120
Net investment income	812,576	352,586
Excess of revenues over expenditures before depreciation	684,404	521,706
Amortization expense	(210,057)	(208,056)
Excess of revenues over expenditures	<u>\$ 474,347</u>	<u>\$ 313,650</u>

# DOCTORS NOVA SCOTIA

Recruitment and Retention Fund - General

Year ended August 31, 2021, with comparative information for 2020

	2021	2020
Revenues:		
Provincial funding	\$ 7,907,584	\$ 6,824,576
Other income	150,463	59,804
	8,058,047	6,884,380
Expenses:		
Health and dental	5,068,320	3,939,749
Physician and student expenses	1,323,366	1,372,191
Salaries and benefits	1,003,729	1,076,828
Professional fees	588,538	336,956
Donations and sponsorship	28,041	20,000
Travel, meals and meetings	21,741	50,330
Honoraria	20,799	87,466
Advertising and promotions	2,758	532
Office expenses	755	328
	8,058,047	6,884,380
Excess of revenues over expenditures	\$ -	\$ -



## 2022 AGM – Board Motion

### President-Elect

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

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

The Nominating Committee is recommending **Dr. Colin Audain** as President-elect in 2022-23 and has determined that he meets the selection criteria.

Dr. Audain is a C/AFP Anesthesiologist in Central Zone who is well-respected among his colleagues in the medical community. Those who know him on a personal or professional level will attest to his welcoming demeanor, thoughtfulness, excellent communication and organizational skills, and his many leadership qualifications.

Throughout his career, Dr. Audain has sought out opportunities to contribute in a meaningful way to the health-care system and believes many of his current interests align with Doctors Nova Scotia's Mission and Vision. His experience with and interest in physician compensation will be an asset as we plan for and engage in upcoming negotiations. He believes there is an opportunity to work with health system stakeholders to improve health care in Nova Scotia that has not existed for quite some time and would value the opportunity to be part of that collaboration.

Doctors Nova Scotia's 2021-27 Strategic Plan makes a commitment to dismantle systemic racism and intolerance in health care and to increase representation and correct historic disadvantage in the medical profession. Dr. Audain, as a current member of the Promoting Leadership in Health for African Nova Scotians advisory committee and the Black Physicians of Nova Scotia Society, is acutely aware of the importance of this commitment and welcomes the opportunity to work with Doctors Nova Scotia to advocate for equity, diversity and inclusion.

Dr. Audain's father, Dr. Vincent Audain, was President of the Medical Society of NS in 1988-89.

The Board of Directors passed a motion at its April 29, 2022, meeting to endorse the committee's nomination of Dr. Audain. If approved, he will formally step into the role following the AGM until June 2023 when he will take over as President.

The following motion will be presented at the AGM:

***BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves Dr. Colin Audain as President-elect for 2022-2023.***

## AGM Briefing Note

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### 2022-23 Board of Directors

This year we have some new and returning Board members:

- Drs. Lynn Bussey, Andrea Lantz Powers and Lucas Richardson were each elected for their first 3-year term.
- Drs. Patty Menard, Chakshu Sharma and Chadwick Williams were appointed as regional representatives for a 1-year term.

**The members of the 2022-2023 Board of Directors are:**

<b>The Executive:</b> Dr. André Bernard, Chair of the Board Dr. Leisha Hawker, President Dr. Colin Audain, President-Elect Dr. Heather Johnson, Past-President Dr. Gerard MacDonald, Audit Committee Chair	
<b>Family Physicians inside HRM</b> Dr. Lynn Bussey Dr. Cindy Marshall <b>Family Physicians outside HRM</b> Dr. Amanda MacDonald Dr. Mike MacDonald Dr. Patty Menard <b>Specialists inside HRM</b> Dr. Kelly Dakin Hache Dr. Andrea Lantz Powers Dr. Shelly McNeil Dr. Chadwick Williams	<b>Specialists outside the HRM</b> Dr. Islam Eissa Dr. Lucas Richardson Dr. Chakshu Sharma <b>Section Forum Chair</b> Dr. Jason Williams <b>CMA Board of Directors Representative</b> Dr. Gerard MacDonald <b>Maritime Resident Doctors Representative</b> Dr. Courtney Gullickson <b>DMSS Representative</b> Ms. Adelaide von Kursell

Thank you to those members who will be leaving the Board:

Dr. Dahir Farah  
 Dr. Gehad Gobran  
 Dr. Tammy Keough-Ryan  
 Dr. Robyn MacQuarrie, Past President  
 Ms. Qendresa Sahiti

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

## **Agenda Item# 8**

### **2022 AGM – Board Motion**

#### **By-Laws Revisions**

The Governance Committee reviews the By-laws each year 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; and
- have simple and easy-to-read language.

This year, the revisions being recommended for approval affect the following sections:

- Section 8.4 – Annual General Meeting
- Section 9.5 – Board of Directors
- Section 10.1 – Executive Committee
- Section 12.5 – Officers of the Society

All but one of the changes relate to the revised *Process for Selecting the Board Chair* that was approved by the Board in March 2022. The new process allows for a one-year overlap between the incoming and outgoing Board Chairs to provide time for an in-depth orientation and onboarding.

These revisions were suggested by the Governance Committee and have been endorsed by the Board of Directors.

The following motion will be presented at the AGM:

*BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the revised By-laws as presented at the June 4, 2022 meeting.*



## By-Laws

(Last revised June 2021)

### TABLE OF CONTENTS

	Page
1 Title.....	2
2 Interpretation .....	2
3 Mission .....	2
4 Objects of the Society .....	3
5 Ethics .....	3
6 Membership .....	3
7 Discipline .....	4
8 Meetings .....	4
9 Board of Directors .....	6
10 Executive Committee .....	8
11 Referendums .....	8
12 Officers of the Society .....	9
13 Chief Executive Officer .....	12
14 Committees .....	13
15 Indemnification.....	14
16 Removal from Board or Committees .....	14
17 Sections .....	14
18 By-laws .....	15

## **1. TITLE**

- 1.1 The Society will be known as Doctors Nova Scotia, which is the Nova Scotia Division of the Canadian Medical Association.
- 1.2 The Seal of the Society designed and approved in 1961 will be the Seal of the Society. It will be in the custody of the Chief Executive Officer and will be affixed to all documents that require to be sealed.

## **2. INTREPRETATION**

- 2.1 “Act” means the *Doctors Nova Scotia Act*.
- 2.2 “Ad Hoc committee” is a committee formed for a specific task or objective, and dissolved after the completion of the task or achievement of the objective.
- 2.3 “Attending virtually” means attending the Annual General Meeting via live webcast enabled through the use of computers and the internet.
- 2.4 “Board” means the Doctors Nova Scotia Board of Directors.
- 2.5 “CEO” means the Chief Executive Officer of Doctors Nova Scotia.
- 2.6 “Ex-officio” means a position or office that is granted to an individual because that person holds a specified office and will be non-voting unless otherwise specified.
- 2.7 “Joint committee” is a committee with members from more than one organization.
- 2.8 “Majority vote” is fifty percent plus one, unless otherwise stated in these By-laws.
- 2.9 “Motion” relates to a matter which is proposed to be put forward to a meeting and discussed, then voted on.
- 2.10 “Resolution” is an adopted motion.
- 2.11 “Society” means Doctors Nova Scotia.
- 2.12 “Special meeting” is a meeting that convenes outside the regular timetable.
- 2.13 “Standing committee” refers to those committees established in accordance with Section 14.6 of these By-laws.

## **3. MISSION**

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.



#### 4. OBJECTS OF THE SOCIETY

The objects of the Society are:

- (a) the maintenance of the integrity and honour of the medical profession;
- (b) to represent, act on behalf of and to enter into agreements for and on behalf of its members;
- (c) the promotion of health and the prevention of disease;
- (d) the improvement of medical service, however rendered;
- (e) the performance of such other lawful things as are incidental or conducive to the welfare of the public and the medical and allied professions;
- (f) the promotion of harmony and unity of purpose between the medical profession and the various bodies assuming responsibility for the care of the sick or injured persons; and

#### 5. ETHICS

The Code of Ethics of the Society will be its members guide to professional conduct. It will include the most recently revised Code of Ethics of the Canadian Medical Association and any elements agreed upon with the College of Physicians and Surgeons of Nova Scotia.

#### 6. MEMBERSHIP

- 6.1 The Society will be composed of all those persons granted membership in the Society pursuant to Section 8(1) of the Act and these By-laws.
- 6.2 The *Doctors Nova Scotia Act* requires that every person who holds a license under the *Nova Scotia Medical Act* entitling him/her to engage in the practice of medicine shall be a member of the Society and entitled to the rights and privileges of the applicable classification of membership upon payment of the prescribed fees.
- 6.3 The membership year and the fiscal year will be set by the Annual General Meeting of the Society upon the recommendation of the Board.
- 6.4 Members of the Society will, subject to the Rules and Regulations, enjoy the rights and benefits and be subject to the duties and responsibilities of one of the following classifications of Members in the Society:
  - (a) Full Members
  - (b) Life Members
  - (c) Retired Members
  - (d) Members on Leave
  - (e) Medical Student Members

- (f) Resident/Fellow Members
- (g) Non-Resident Members
- (h) Honourary Members
- (i) Restricted Members
- (j) Temporary Members

## 7. DISCIPLINE

- 7.1 Full membership will terminate if the member no longer holds a Nova Scotia medical licence with the College of Physicians and Surgeons of Nova Scotia and dues paid are forfeited;
- (a) Article 7.1 will not preclude a full member from applying for Special Consideration status pursuant to subsection 6.4(g).
  - (b) Article 7.1 will not preclude a member from continuing to participate in the insurance program, providing the member's membership dues are paid in full.
- 7.2 Members waive any rights or claims to damages that they may have against the Society if membership ceases in accordance with these By-laws.
- 7.3 Upon reinstatement of a member's medical license from the College of Physicians and Surgeons of Nova Scotia, the member may apply for reinstatement as a member of the Society.

## 8. MEETINGS

### *Conduct of Meetings*

- 8.1 Robert's Rules of Order in its most current edition will be the guide for conducting all meetings of the Society. In the event that a procedural conflict arises between the rules of order and these By-laws, the By-laws will prevail.
- 8.2 Quorum for the Annual General Meeting will be twenty-five (25) voting members and for all other committees of the Society, including the Board will be one-half of the voting members.

### *Annual General Meeting*

- 8.3 The Annual General Meeting will be held at least once in every calendar year at a time and place determined by the Board.
- 8.4 All members entitled to attend the Annual General Meeting will be given at least thirty (30) days notice of the meeting, specifying the place, day and hour of the meeting and, in the case of special business, the nature of such business. Notice will be given in writing by email and will be posted on the Doctors Nova Scotia website.

**Commented [CS1]:** We no longer send AGM notices by fax or mail.

8.5 The business of the Annual General Meeting will include:

- (a) Minutes of the preceding Annual General Meeting;
- (b) Consideration of the annual report of the Board ;
- (c) Consideration of the annual report of the President;
- (d) Consideration of the annual report of the Chief Executive Officer;
- (e) Consideration of the Financial Statements, including balance sheets and operating statements and the report of the auditors;
- (f) Appointment of Auditors;
- (g) Setting of all membership dues;
- (h) Any amendments to these By-laws as further outlined in Section 17;
- (i) Consideration of a Nominating Committee report which includes:
  - (i) Presentation of the incoming Board of Directors; and
  - (ii) Approval of the candidate for President-Elect.
    - (A) If the candidate is not approved or the motion is voted down, the Board then becomes responsible for appointing a President-elect following the Annual General Meeting.
    - (B) The Board will consider the reasons for and implications of the decision and will decide whether it is in the Society's best interest to appoint the existing candidate or ask the Nominating Committee to submit another nomination for the Board's consideration. In either case, the Board will make the final decision and appoint the President-elect.
- (j) Such special business as the Board wishes to be considered at the Annual General Meeting.
- (k) Any motions prepared and submitted according to the *Guidelines for Preparing Motions for the Annual General Meeting*.

8.6 (a) The Chair of the Board will preside as Chair at every Annual General Meeting of the Society.

- (b) If there is no Chair or if at any meeting the Chair is not present, the President will preside as Chair.

- (c) If there is no Chair or if neither the Chair nor the President are present, the members present at the Annual General Meeting will choose a member from among them to be Chair.
- 8.7 (a) All full members of the Society, as well as medical student members and resident/fellow members, are entitled to attend, speak, and vote at the Annual General Meeting.
- (b) Members with limited privileges are entitled to attend, speak and vote in accordance with the provisions of the Rules and Regulations affecting each classification of members.
- 8.8 (a) At any meeting, unless a poll is demanded by a least twenty-five (25) members, a declaration by the Chair that a resolution has been carried and an entry to that effect in the proceedings of the Society will be sufficient evidence of the fact, without proof of the number or proportion of the members recorded in favour or against the Resolution.
- (b) If a poll is demanded in the manner outlined in 8.8(a), the Chair will determine how the poll will occur and the result of the poll will become a Resolution of the Society at an Annual General Meeting.

#### ***Special Meetings***

- 8.9 Special meetings may be called as follows:
  - (a) Special meetings of the Society may be called by the President or by written request of any twenty-five (25) members of the Society.
  - (b) Special meetings of the Board may be called by the President, the Chair of the Board, or upon written request of any five (5) voting members of the Board.
  - (c) Special meetings of the Executive Committee may be called by the President or upon written request by any three (3) members of the Executive Committee.
- 8.10 The business discussed at any Special meeting will be as stated in the notice of the meeting.

### **9. BOARD OF DIRECTORS**

- 9.1 The Board will be the executive authority for the Society.
- 9.2 The Board will meet not less than six (6) times during the year at a date and time as determined by the Chair.

- 9.3 In addition to other specific duties and powers assigned elsewhere in the By-laws, the Board will:
- (a) be responsible for developing and executing the strategic direction of the Society; and
  - (b) develop and approve policy governing the Society.
- 9.4 The Board will have the power to delegate authority for specific matters to the Executive Committee, to any of its established Committees or to any Officer.
- 9.5 The Board will be composed of the following:
- (a) President;
  - (b) President-Elect;
  - (c) Past-President;
  - (d) Board Chair;
  - (e) One (1) representative nominated by the Dalhousie Medical Students Society;
  - (f) One (1) representative nominated by Maritime Resident Doctors, the professional association representing the interests of resident physicians training at Dalhousie University;
  - (g) Chair of Section Forum;
  - (h) Ten (10) members-at-large, each of whom may serve no more than two (2) consecutive three (3) year terms, and who are composed of the following:
    - (i) Two (2) general practitioners who carry on practice, or if retired, did carry on practice in Halifax Regional Municipality;
    - (ii) Three (3) general practitioners who carry on practice, or if retired, did carry on practice in the Province outside of Halifax Regional Municipality;
    - (iii) Three (3) licensed specialists who carry on practice, or if retired, did carry on practice in Halifax Regional Municipality;
    - (iv) Two (2) licensed specialists who carry on practice, or if retired, did carry on practice in the Province outside of Halifax Regional Municipality;

(i) At the discretion of the Board, three (3) regional representatives, each of whom may serve no more than three (3) consecutive one (1) year terms.

(j) The Nova Scotia representative to the Canadian Medical Association Board of Directors, as an ex-officio, non-voting member.

(k) The incoming Board Chair will join the Board as an observer in the final year of the incumbent Board Chair's term if the terms overlap, as outlined in the *Process for Selecting the Board Chair*.

**Commented [CS2]:** To align with the revised Process for Selecting the Board Chair, approved by the Board in March 2022.

9.6 (a) In the absence of the Chair, the President will preside over the meeting.

(b) In the absence of the Chair and the President, a temporary Vice Chair may be elected at the beginning of any Board meeting.

9.7 Any vacancy occurring for any reason among the Board, including but not limited to Officers, may be filled by appointment by the Board, but any person so chosen will retain office only until the new Board commence its term at the close of the next Annual General Meeting.

9.8 The Chair of the Board may, in the case of urgent matters, hold a ballot of the Board using a mail ballot, teleconference or email. An affirmative vote by the majority of the voting members of the Board will have the same force and effect as a resolution duly passed at a regular meeting of the Board. The Chief Executive Officer in concert with the Chair of the Board will be responsible for taking all measures necessary to ensure the integrity of such a ballot and the result of the ballot will be reviewed and affirmed at the next regular meeting of the Board.

## 10. EXECUTIVE COMMITTEE

10.1 The Executive Committee will be composed of the Officers of the Society, the Chief Executive Officer, ex officio, and the incoming Board Chair will join as an observer in the final year of the incumbent Board Chair's term if the terms overlap.

**Commented [CS3]:** To align with the revised Process for Selecting the Board Chair, approved by the Board in March 2022.

10.2 The President will be chair of the Executive Committee.

10.3 The Executive Committee will normally meet at the call of the Chair.

10.4 The Executive Committee will deal with all matters requiring attention between meetings of the Board. It will exercise such powers as may be delegated by the Board.

10.5 Members of the Executive Committee will act as a sounding board and counsel for the CEO between meetings of the Board.

10.6 All decisions by the Executive regarding Society policy must be ratified by the Board.

## **11. REFERENDUMS**

- 11.1 The Board may conduct a referendum of the membership on a specific question where authorized by two thirds a (2/3) majority of Board Members present and voting at a duly constituted Board meeting. The majority vote in the referendum will have the same authority as a decision of the Board. The ballot will be sent by e-mail, facsimile or mail to all eligible members not less than ten (10) days before the last return date. The ballot will be accompanied by a letter signed by the President or Chair of the Board setting out the circumstances of the vote. No ballot will be counted unless it has been appropriately authorized and filed with the Chief Returning Officer who will be the Chief Executive Officer, unless the vote is conducted electronically or by telephone, in which event the Society's auditors will oversee the conduct of the referendum and act as Chief Returning Officer.
- 11.2 All agreements with the Department of Health and Wellness respecting the tariff, dealing with the payment for insured physicians' services, and regarding the relationship of the Society with the Department of Health and Wellness, will be subject to a referendum of all eligible members as outlined in Section 11.1. The referendum will be decided by a majority vote.
- 11.3 Other agreements or contracts with government or agents of government including Nova Scotia Health and IWK or successor organizations may be subject to a referendum at the discretion of the Board.

## **12. OFFICERS OF THE SOCIETY**

- 12.1 The Officers of the Society will consist of:
- (a) The President;
  - (b) The President-Elect;
  - (c) Past President;
  - (d) Board Chair; and
  - (e) The Audit Committee Chair.
- 12.2 The President will:
- (a) be the primary spokesperson for the Society except for those matters that must be addressed by the Board, in which the Chair of the Board will be the primary spokesperson
  - (b) represent or appoint a designate to represent the Society in its official context with stakeholders;



- (c) attend social functions of the Society as deemed appropriate;
- (d) serve as Chair of the Executive Committee and the Nominating Committee;
- (e) serve as member of the Governance Committee and CEO Evaluation Committee;
- (f) perform the duties of Board Chair in the absence of the Chair;
- (g) serve as an ex-officio member of all committees of the Society where not a full voting member of the committee;
- (h) demonstrate integrity and ethical leadership;
- (i) sign all documents requiring an official signature of the Society; and
- (j) perform other duties as customary for the position.

12.3 The President-Elect will:

- (a) assist in the performance of the President's duties;
- (b) in the absence of the President, perform the functions of the President;
- (c) serves as a member of the Board, Executive Committee, Nominating Committee and CEO Evaluation Committee;
- (d) if the office of President becomes vacant, serve as Acting President and in that capacity will assume all the powers and duties of the President during the unfinished portion of that presidential term;
- (e) demonstrate integrity and ethical leadership;
- (f) serve as an ex-officio member of all committees of the Society where not a full voting member of the committee; and
- (g) after one year assume the office of President at the conclusion of the Annual General Meeting.

12.4 The Past President will:

- (a) support the President in his/her position through mentoring, coaching and advising;
- (b) serve as a member of the Board, Executive Committee, Nominating Committee, Governance Committee and CEO Evaluation Committee;

- (c) provide continuity to the organization by providing historical context for issues;
- (d) chair special or ad hoc committees if required;
- (e) where there is an organizational need, take on projects or special assignments that would be suited for someone with the breadth of knowledge that a Past President would have
- (f) continue to advocate for the profession and for the association wherever and whenever possible; and
- (g) demonstrate integrity and ethical leadership.

12.5 The Chair of the Board is responsible for the effective functioning of the Board in its role in governing the association, which includes but is not limited to:

- (a) working with the CEO to prepare Board meeting agendas;
- (b) being the primary spokesperson for the Board;
- (c) presiding over meetings of the Board and the Annual General Meeting;
- (d) delivering the report of the Board to the Annual General Meeting;
- (e) ensuring the Board successfully fulfills its purpose and responsibilities;
- (f) keeping abreast of new developments and evolving best practices in good governance and ensuring the DNS Board and behaviour of its members reflect those best practices;
- (g) monitoring compliance of Board members with the code of conduct;
- (h) providing Board members with an opportunity to participate in all Board discussions, including the promotion of meaningful dialogue at Board meetings;
- (i) developing content for annual governance education sessions;
- (j) ensuring all new Board members receive a proper orientation;
- (k) ensuring all board decisions are made effectively, communicated appropriately and, through the CEO, implemented to the satisfaction of the Board;
- (l) building board unity, solidarity and trust;

- (m) demonstrating integrity and ethical leadership
- (n) respecting and reinforcing the appropriate roles of the Board and management;
- (o) serving as a member of the Board, Executive Committee, Nominating Committee, Governance Committee and CEO Evaluation Committee;
- (p) acting as the Board's central point of official communication with the CEO;
- (q) acting as the position to whom complaints concerning the conduct of the CEO may be brought; and
- (r) onboarding and mentoring the incoming Board Chair during the final year of the Board Chair's term.

**Commented [CS4]:** To align with the revised Process for Selecting the Board Chair, approved by the Board in March 2022.

12.6 The Chair of the Audit Committee will:

- (a) be a member of the Board;
- (b) serve as Chair of the CEO Evaluation Committee;
- (c) have oversight of the finances of the Association
- (d) serve as member of the Executive Committee; and
- (e) demonstrate integrity and ethical leadership.

### 13. CHIEF EXECUTIVE OFFICER

13.1 The Chief Executive Officer will:

- (a) be appointed by the Board on the recommendation of the Executive Committee;
- (b) be the chief appointed official and representative of the Society;
- (c) be responsible to the Board for the general administrative supervision and the day to day management of the affairs of the Society;
- (d) work with the Board Chair in his/her role as the central point of official communication with the Board.
- (e) be an ex-officio member of the Board and its Standing Committees;
- (f) be responsible to the Board for the implementation of the Society's policies;

and

(g) assume such duties as may be assigned by the Board.

13.2 All other appointed officials and employees will be responsible to the Board through the Chief Executive Officer for the performance of duties assigned to them.

13.3 An annual performance appraisal for the Chief Executive Officer will be conducted by the CEO Evaluation Committee. The Chief Executive Officer's salary and benefits will be annually determined by the Board upon the recommendation from the CEO Evaluation Committee.

#### **14. COMMITTEES**

14.1 Doctors Nova Scotia may have Standing Committees, Joint Committees and Ad Hoc Committees.

14.2 A Committee will not take any action on behalf of Doctors Nova Scotia beyond its specific mandate/terms of reference without the prior approval of the Board.

14.3 A Committee will not expend any monies or incur any indebtedness or obligation on behalf of Doctors Nova Scotia without the prior approval of the Board.

14.4 The standard term for Committee members will be a maximum of two (2) three (3) year terms, unless otherwise agreed upon by the Board.

14.5 The Chair of any Doctors Nova Scotia Committee will be determined by the members of that Committee, unless otherwise stated in these By-laws.

##### ***Standing Committees***

14.6 Doctors Nova Scotia will have the following Standing Committees:

(a) Executive Committee;

(b) Audit Committee;

(c) Nominating Committee;

(d) Governance Committee;

(e) Policy and Health Issues Committee;

(f) E-Health Committee; and

(g) CEO Evaluation Committee.

14.7 Minutes of Standing Committee meetings will be maintained and made available to the Board upon request.

- 14.8 The mandate/terms of reference for each Standing Committee will be determined by the Board.
- 14.9 The creation, dissolution or amalgamation of Standing Committees will only be permitted by an amendment to the Society's By-laws.

## **15. INDEMNIFICATION**

- 15.1 All directors or officers of Doctors Nova Scotia, and their heirs, executors and administrators, estates and effects are always indemnified out of the funds of Doctors Nova Scotia, from and against:
  - (a) all costs, charges and expenses that are sustained or incurred in or about any action, suit or proceeding that is brought, commenced for [or] prosecuted against them, for or in respect of any act, deed, matter or hiring made, done or permitted by them, in or about the execution of their duties of the office; and
  - (b) all costs, charges and expenses that they sustain or incur in relation to the affairs therefore [therefor] except such costs, charges, or expenses resulting from their willful neglect or illegal activities.
- 15.2 Where Doctors Nova Scotia defends a director, the association will be in control of the case.

## **16. REMOVAL FROM THE BOARD OR COMMITTEES**

The Board may, by a motion requiring a two-thirds (2/3) majority vote, remove any director, officer or committee member before the expiration of the person's term if his/her conduct is found to be in violation of the Code of Ethics, Respectful Workplace Policy, Board and Committee Attendance Policy or the Code of Conduct, or for any other reason that the Board in its discretion may determine to be valid.

## **17. SECTIONS**

- 17.1 Any group of ten or more members of the Society who are primarily interested in any aspect of the science and/or practice of medicine may be recognized as a Section of the Society with the approval of a formal application, as outlined in the Rules and Regulations.
- 17.2 Procedures and criteria for establishing or dissolving a Section shall be defined by the Rules & Regulations.
- 17.3 Sections may adopt governing documents, such as a terms of reference, but those documents must not be inconsistent with the By-laws, Rules and Regulations, policies or procedures adopted by the Society.
- 17.4 (a) The Society will invoice for and/or collect dues on behalf of a Section on the condition that the Section provides annual financial statements to its

members.

- (b) If annual financial statements are not provided to Section members, the Society will not invoice for and/or collect dues on that Section's behalf in the following year.

- 17.5 The Society shall not have any claim against the assets of or in any way be liable or responsible for the liabilities of any Section, and no Section shall have any claim against the assets of or be in any way liable or responsible for the liabilities of the Society.

## **18. BY-LAWS**

- 18.1 These By-laws may only be amended by a two thirds majority (2/3) vote of those members entitled to vote and who are registered and present, either in person or virtually, at the Annual General Meeting.
- 18.2 Proposed amendments to these By-laws may be considered at the Annual General Meeting provided notice of amendments has been given to the members entitled to vote at least thirty (30) days prior to the date of the Annual General Meeting.
- 18.3 A motion to amend these By-laws may be made by one or more members entitled to vote at the Annual General Meeting and must be:
  - (a) in the hands of the Chief Executive Officer not less than seventy-five (75) days prior to the Annual General Meeting; and
  - (b) Reviewed by the Governance Committee and the Board, and any recommendation of the Board with respect to the Motion to Amend will be included with the Motion to Amend given to the members entitled to vote.
- 18.4 A proposed amendment may itself be amended at the Annual General Meeting provided that the intent of the amendment is not altered.
- 18.5 Rules and Regulations of the Society made pursuant to these By-laws may be amended by a majority vote at a duly constituted meeting of the Board.

## 2022 AGM – Board Motion

### Section of Black Physicians

The Annual Meeting is being asked to approve a new **Section of Black Physicians**.

This Section would be specifically for physicians of African descent in Nova Scotia but may also extend to physicians of African descent in the other Atlantic provinces. The creation of this Section will be beneficial for both Black Physicians of Nova Scotia (BPNS) and Doctors Nova Scotia (DNS).

This Section would provide BPNS with:

- a more formalized relationship with DNS.
- access to resources and support from experienced DNS staff.
- a forum for issues related to equity, diversity, and inclusion (EDI).
- a forum to interact with DNS and other Sections.

This Section would provide DNS with:

- a more formalized relationship with BPNS.
- access to Black physicians regarding EDI issues.
- the opportunity to engage Black physicians as DNS works to address systemic racism.
- the opportunity to support Black physicians as they advocate for themselves and their communities.

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

## 2. SECTIONS

### 2.1 Creation

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



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

The following motion will be presented at the AGM:

*BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Black Physicians.*

February 16, 2022

Ms. Charmaine Smith  
Director, Corporate Services,  
Doctors Nova Scotia,  
25 Spectacle Lake Drive  
Dartmouth, Nova Scotia  
B3B 1X7

Dear Ms. Smith,

On behalf of the Black Physicians of Nova Scotia (BPNS) we are requesting the creation of a new **Section of Black Physicians** within Doctors Nova Scotia (DNS). This Section would be specifically for physicians of African descent in Nova Scotia but may also extend to physicians of African descent in the other Atlantic provinces. We feel that creation of this Section will be beneficial for both BPNS and DNS.

This Section would provide Black Physicians of Nova Scotia with:

- a more formalized relationship with DNS.
- access to resources and support from experienced DNS staff.
- a forum for issues related to equity, diversity, and inclusion (EDI).
- a forum to interact with DNS and other Sections.

This Section would provide Doctors Nova Scotia with:

- a more formalized relationship with BPNS.
- access to Black physicians regarding EDI issues.
- the opportunity to engage Black physicians as DNS works to address systemic racism.
- the opportunity to support Black physicians as they advocate for themselves and their communities.

**Interim Co-Chairs:** Dr. David Haase and Dr. Trudy McFarlane

**interim Secretary:** Dr. Bernard Burgesson

The attached page contains the additional signatures from the BPNS group.

We look forward to hearing from you as the process moves forward. Please do not hesitate to contact us if you have any questions or concerns.


Yours Sincerely,

Name	Signature
1. Dr. Chadwick Williams	<i>Chadwick Williams</i>
2. Dr. Kwesi Kwofie	<i>Kwesi Kwofie</i>
3. Dr. Nana-Aya Dalafu	<i>Nana-Aya Dalafu</i>
4. Dr. Bernard Burgessou	<i>Bernard Burgessou</i>
5. Dr. Dahir Farah	<i>Dahir Farah</i>
6. Dr. Olaide Odumosu	<i>Olaide Odumosu</i>
7. Dr. David Haase	<i>David Haase</i>
8. Dr. Trudy McFarlane	<i>Trudy McFarlane</i>
9. Dr. Akinniyi Osho	<i>Akinniyi Osho</i>
10. Dr. Adeleke Ifesanya	<i>Adeleke Ifesanya</i>



# Signature Certificate

Reference number: 2VMKT-WND2P-2EWMI-AVTH4

Signer	Timestamp	Signature
<b>David Haase</b> Email: dhaase@dal.ca  Sent: 16 Feb 2022 21:51:53 UTC Signed: 16 Feb 2022 21:51:53 UTC		  IP address: 96.30.150.43 Location: Cole Harbour, Canada
<b>Adeleke Ifesanya</b> Email: lekeifesanya@yahoo.com  Sent: 16 Feb 2022 21:51:53 UTC Viewed: 16 Feb 2022 22:03:52 UTC Signed: 16 Feb 2022 22:05:18 UTC		  IP address: 142.167.168.77 Location: Halifax, Canada
<b>Bernard Burgessson</b> Email: bernard.burgessson@dal.ca  Sent: 16 Feb 2022 21:51:53 UTC Viewed: 16 Feb 2022 22:07:30 UTC Signed: 16 Feb 2022 22:08:00 UTC		  IP address: 134.41.191.102 Location: Halifax, Canada
<b>Trudy McFarlane</b> Email: trudy_mcfarlane@msn.com  Sent: 16 Feb 2022 21:51:53 UTC Viewed: 16 Feb 2022 22:17:56 UTC Signed: 16 Feb 2022 22:19:27 UTC		  IP address: 99.234.57.152 Location: Brampton, Canada

Document completed by all parties on:  
20 Feb 2022 15:02:59 UTC

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# Signature Certificate

Reference number: 2VMKT-WND2P-2EWMI-AVTH4

## Signer

## Timestamp

## Signature

### Dahir Farah

Email: dahirfarah@gmail.com

Sent:

16 Feb 2022 21:51:53 UTC

Viewed:

16 Feb 2022 22:39:21 UTC

Signed:

16 Feb 2022 22:40:05 UTC

*Dahir Farah*

IP address: 109.249.189.140

Location: Leeds, United Kingdom

### Olaide Odumosu

Email: laidewoye1@yahoo.com

Sent:

16 Feb 2022 21:51:53 UTC

Viewed:

17 Feb 2022 02:41:51 UTC

Signed:

17 Feb 2022 02:42:33 UTC

*Olaide Odumosu*

IP address: 47.55.196.45

Location: Sydney, Canada

### Akinniyi Osho

Email: akinzo40@me.com

Sent:

16 Feb 2022 21:51:53 UTC

Viewed:

17 Feb 2022 13:28:34 UTC

Signed:

17 Feb 2022 13:29:17 UTC

*Akinniyi Osho*

IP address: 24.222.24.18

Location: Westville, Canada

### Kwesi Kwofie

Email: kwesik@gmail.com

Sent:

16 Feb 2022 21:51:53 UTC

Viewed:

17 Feb 2022 13:30:08 UTC

Signed:

17 Feb 2022 13:30:27 UTC

*Kwesi Kwofie*

IP address: 156.34.16.226

Location: Halifax, Canada

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20 Feb 2022 15:02:59 UTC

Page 2 of 3



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Reference number: 2VMKT-WND2P-2EWMI-AVTH4

Signer	Timestamp	Signature
<b>Nana-Aya Dalafu</b> Email: nadb102@yahoo.com  Sent: 16 Feb 2022 21:51:53 UTC Viewed: 17 Feb 2022 17:10:30 UTC Signed: 17 Feb 2022 17:12:17 UTC		 IP address: 24.222.223.114 Location: Sydney Mines, Canada
<b>Chadwick Williams</b> Email: ciwillia@mac.com  Sent: 16 Feb 2022 21:51:53 UTC Viewed: 20 Feb 2022 15:01:42 UTC Signed: 20 Feb 2022 15:02:59 UTC		 IP address: 47.54.6.10 Location: Dartmouth, Canada

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20 Feb 2022 15:02:59 UTC

Page 3 of 3



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## 2022 AGM – Board Motion

### Section of Planetary Health

The Annual Meeting is being asked to approve a new **Section of Planetary Health**.

The combined effects of climate change, pollution, and decreased biodiversity is a triple threat encompassed by the discipline of Planetary Health. This discipline is not new and was first introduced as a concept in the 1990's; however, the health professions have been slow to embrace the challenge. That is changing quickly with the increased recognition of the health threats posed by environmental change.

The initial objectives of the section would be to:

- Provide a forum where DNS members can connect.
- Establish a link to other medical society climate groups.
- Provide an expert resource for DNS and other groups.
- Contribute to advocacy for solutions.

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

#### 2. SECTIONS

##### 2.1 Creation

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

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

The following motion will be presented at the AGM:

*BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Planetary Health.*

*Note: Instead of signatures on the attached application, the ten members listed have confirmed their support of the application by email to DNS staff.*



Dr. Desmond Leddin  
5931 Bilton Lane  
Halifax, NS B3H4M3

Dr. Heather Johnson  
President, Doctors Nova Scotia  
2.10.2021

Dear Dr. Johnson,

I am writing on behalf of the undersigned members of Doctors Nova Scotia (DNS) to request that the board considers and if agreeable, approves, the formation of a section focused on Planetary Health.

The rationale for this is that we are facing the greatest public health threat that humanity has ever confronted, at least in the modern era. The combined effects of climate change, pollution, and decreased biodiversity is a triple threat encompassed by the discipline of Planetary Health. This discipline is not new and was first introduced as a concept in the 1990's. However, the health professions have been slow to embrace the challenge. That is changing quickly with the increased recognition of the health threats posed by environmental change.

Not only does environmental change directly affect health but the converse is also true. Health care delivery adversely affects the environment, being responsible for 6-8% of national carbon emissions and untold tonnes of waste.

Nationally groups such as the CMA and CAPE (Canadian Physicians for the Environment) and others are active in promoting awareness and solutions. Locally, many members of DNS are involved. Dalhousie has established a Planetary Health group, a Provincial branch of CAPE has been set up. Together we have considerable expertise in understanding and responding to environmental challenges, but the establishment of a DNS Section would allow a space for these groups to come together to better advance both awareness and action.

NS and NB medical students are very active in this area and have already made significant contributions to the national debate. We have deliberately included a significant number of student members of DNS in recognition of their contributions, expertise, and the fact that the consequences of Planetary Health changes will be most marked during the span of their careers.

The initial objectives of the section would be to:

- Provide a forum where DNS members can connect
- Establish a link to other medical society climate groups
- Provide an expert resource for DNS and other groups
- Contribute to advocacy for solutions

Facilitate education, increased knowledge, and awareness of Planetary Health  
Conduct research on the topic driven by needs arising

Thanks for considering this proposal.

Regards

Desmond Leddin MB, MSc, FRCPI, FRCPC (proposed chair). Professor of Medicine, Dalhousie University

Laurette Geldenhuys MBBCH FFPATH MMED FRCPC MAEd FCAP  
(proposed secretary)

Juliana Ali MD candidate 2023

Gillian Bethune MD. FRCPC

Meriel Fitzgerald BSc, MD candidate 2024

Greg Hirsch MD

Elizabeth McRobert MB FRCPC

Jessica Johnson MD candidate 2023

Emma McDermott MD candidate 2023

Genevieve McKinnon MD

## 2022 AGM – Board Motion

### Section of Long-Term Care

The Annual Meeting is being asked to approve a new **Section of Long-Term Care**.

This section would apply to all physicians practicing in the long-term care sector. The purpose of having a section devoted to long-term care physicians is to:

- provide a vehicle for the long-term care physician to voice and share their concerns with DNS.
- enhance the collective voice and interest of physicians who want to provide long-term care service.
- provide a unique vision and knowledge regarding long-term care directly to the DNS Board and management teams to assist in negotiations and policy issues related to long-term care.
- create opportunity for discussions regarding fee codes and unused provincial funding.

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

#### 2. SECTIONS

##### 2.1 Creation

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

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

The following motion will be presented at the AGM:

*BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Long-Term Care.*



**Dr. Maria Alexiadis**

Senior Medical Director Corporate and Network Services,  
Primary Care and Chronic Disease Management  
Head, Department of Family Practice, Nova Scotia Health Authority  
Mumford Professional Centre  
6960 Mumford Rd, Suite 0265  
Halifax, NS B3L 4P1

---

**Alana Patterson**

Director, Physician Compensation and Practice Support  
Doctors Nova Scotia  
25 Spectacle Lake Drive  
Dartmouth, Nova Scotia  
B3B 1X7

December 20, 2021

Dear Ms Patterson,

On behalf of physicians working in long-term care, we are requesting creation of a new fee code section.

This section would apply to all physicians practicing in the long-term care sector.

We believe that a section devoted to long-term care physicians would:

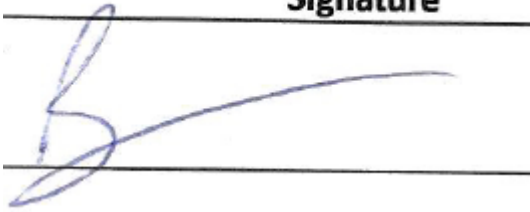
- Provide a vehicle for the long-term care physician to voice and share their concerns with DNS
- Enhance the collective voice and interest of physicians who want to provide long-term care service
- Provide a unique vision and knowledge regarding long-term care directly to the DNS Board and Management teams to assist in negotiations and policy issues related to long-term care
- Create opportunity for discussions regarding fee codes and unused provincial funding

Interim Chair, LTC Section: Dr Gehad Gobran, Physician, Primary Health Care

Interim Secretary, LTC Section: Dr Valerie Lewis

Below are the signatures of the DNS members who are practicing in long-term care and are interested in participating within the new section with DNS:

Signature	Name and Title
1. 	Claire Nowlan Medical Director Veterans Services
2. 	Dr. Harold Berghuis Chief FP NZ
3. 	KAND Armsworth MD, CCFP
4. 	Iona Wile MD, CCFP (COE) Medical Director for Dykeland Lodge and Haliburton Place
5.  BARBARA BLASZKOW-PORANEK MD	Barbara Blaszko-Porane, MD
6. 	Paul Young MD, Director White Hills LTC
7. 	NINA MAICK MD CCFP care & design family physician
8. 	Dr. Justin Blaauwendraat, MD Medical Director Shannex Cumberland, Colchester

9.	<i>KTozer</i>	Kathleen Tozer, MD
10.	<div>Signature</div> 	<i>Dr. Brian Addie</i>

We look forward to collaboration with DNS to create this new section.

Sincerely,



Dr Maria Alexiadis