

MEETING AGENDA

172nd Annual General Meeting



Location: Delt Hotel, Dartmouth



Date: June 6, 2026



Time: 9:00 am

1. **Call to order** – *Dr. Heather Johnson, Chair, Board of Directors*
 - 1.1 Opening of Annual General Meeting
 - 1.2 Meeting guidelines
 - 1.3 Approval of agenda
2. **Proceedings from June 7, 2025 Annual General Meeting**
3. **Approval of annual report**
4. **Canadian Medical Association address** – *Dr. Margot Burnell, CMA President*
5. **Audit Committee report** – *Dr. Leisha Hawker, Chair, Audit Committee*
 - 5.1 Review 2024-25 audited financial statements
 - 5.2 Dues increase effective September 2026
6. **Nominating Committee report** – *Dr. Shelly McNeil, Chair, Nominating Committee*
 - 6.1 2026-27 President-elect
 - 6.2 2026-27 Board of Directors
7. **By-laws revisions**
8. **Approval of new Section** - Section of Public Health
9. **Other business**
10. **Announcements**
11. **Adjournment**

The Members' Forum will take place after the morning refreshment break.

**An update on preparations for the 2027 contract negotiations
will be provided during the Members' Forum**

See [Member Forum Guidelines](#)



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Agenda Item# 1.2



Annual General Meeting June 6, 2026

Meeting Guidelines

This Annual General Meeting will be a hybrid meeting accommodating in-person and remote attendance. 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.

For delegates attending in person:

Addressing the assembly:

- If you wish to speak, please proceed to a microphone and speak when the Chair recognizes you.
- Please identify yourself by name before addressing the meeting (members are required to wear their identification badge while in attendance at the meeting).
- Please cooperate fully in the efficient use of time in the conduct of business.

For delegates attending virtually:

- 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 to vote. If multiple participants are together, only the registered, named participant can vote.
- To participate in the AGM you must be online by 9:00 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 to see the slides and use the chat features.
 - To hear the audio, participants must connect via device audio. There is no option to dial in from a telephone and participate only by audio as all participants must be identifiable for voting purposes.
 - If connecting via the computer, a USB headset is strongly recommended.

Addressing the assembly

- 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 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 the question/comment.

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.

Voting

You will require a smartphone or tablet for voting.

Voting will be conducted using **Slido**, an interactive polling platform. There are two ways to participate in the voting process:

1. Scan the QR code displayed on the presentation screen during each vote (preferred); or
2. Access Slido by downloading the mobile app or visiting www.slido.com, then enter the unique event code that will be provided prior to each vote during the meeting.

Note for In-Person Attendees:

You can scan the QR code from the presentation screen or from the paper copies at your table.

Detailed instructions are provided [here](#) and will also be provided at the meeting.

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. **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 AGM (following the morning nutrition break). 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](#)).

An update on preparations for the 2027 contract negotiations will be provided during the Members' Forum

Meeting Evaluation

Following the meeting, you will receive an 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.

PROCEEDINGS

171st Doctors Nova Scotia Annual General Meeting

Saturday, June 7th, 2025 at 8:30 am

Membertou Trade & Convention Centre, Sydney/Zoom

The 171st Doctors Nova Scotia (DNS) Annual General Meeting (AGM) began with the introduction of Dr. Heather Johnson, Chair of the Board; Dr. Gehad Gobran, President; Dr. Shelly McNeil, President-Elect and Nancy MacCready-Williams, CEO, Doctors Nova Scotia.

The Chair introduced the special guests from the other provincial & territorial medical associations and the Canadian Medical Association (CMA):

- Alex Munter, CEO of the Canadian Medical Association
- Dr. Margot Burnell, President of the Canadian Medical Association
- Dr Lise Babin, President of the New Brunswick Medical Society

The Chair also introduced and welcomed the medical learners attending the AGM who have been sponsored by DNS.

1. CALL TO ORDER

1.1 Opening of the Annual General Meeting

The chair called the meeting to order and declared the 171st AGM in session. She started the meeting by acknowledging that we all live and work in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq. In particular, this weekend we are gathered together in Unama'ki, otherwise known as Cape Breton.

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. Treaties are about rights and about how to build peaceful, long-term relationships with each other.

At DNS, we know that we have much more to learn and do to embrace the Calls to Action from the Truth and Reconciliation Commission. We encourage everyone to engage with the Commission's Calls to Action, reflect on their own role in reconciliation and take meaningful steps toward change. DNS recognizes that statements and acknowledgments are symbolic in nature and must be accompanied by meaningful work and action. We celebrate the rich

heritage and continued presence of African Nova Scotians, whose influence is deeply woven into the history of Nova Scotia.

DNS is committed to working with the Mi'kmaq and African Nova Scotian leaders, the medical community, physicians and system partners to disrupt systemic racism and decolonize the healthcare system to improve the healthcare experiences of Indigenous people in Nova Scotia. This work requires building and sustaining relationships grounded in trust, respect, and accountability. We are all Treaty people.

1.2 Meeting Guidelines

The Chair reviewed the meeting guidelines, including a new process for voting on motions. While every effort is made to ensure a smooth meeting, participants were asked for their patience if any technical issues are experienced during the meeting.

1.3 Approval of Agenda

The agenda was approved as presented.

The following motion was moved by Dr. Mike Saccone and seconded by Dr. Shelly McNeil:

Resolution – Agenda

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the agenda for the June 7, 2025 meeting.

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

2 PROCEEDINGS OF JUNE 8, 2024 ANNUAL GENERAL MEETING

A copy of the proceedings from the 2024 AGM were included in the registration package that was distributed to delegates in advance of the meeting. There were no questions or comments on the record of those proceedings.

3 MOMENT OF SILENCE IN MEMORY OF DECEASED MEMBERS

The chair asked the delegation to pause to honor and remember the members of Doctors Nova Scotia who are no longer with us, with special reflection on those we have lost over the past year. Their dedication and contributions made a lasting difference, and their impact will not be forgotten.

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

4 APPROVAL OF ANNUAL REPORT

A copy of the 2024-25 Annual Report was included with the registration package that was distributed to delegates in advance of the meeting. There were no questions or comments regarding the content of that report.

The following resolution was moved by Dr. Gerard MacDonald and seconded by Dr. Lynn Bussey:

Resolution – Annual Report

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting accept all narrative portions of the 2024-25 Annual Report.

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

5 CANADIAN MEDICAL ASSOCIATION ADDRESS

Dr. Margot Burnell, President of the Canadian Medical Association (CMA), addressed the delegation. She began with a land acknowledgement and a reflection of the medical community's commitment to listening, learning, and walking the path toward reconciliation.

Dr. Burnell indicated that it has been a very busy year with the prorogation of Parliament, the federal election and the welcoming of a new government. All at a time when millions of Canadians can't obtain access to primary care. Emergency Departments are often completely overwhelmed and the wait times for specialist care are growing. Physicians are facing ever growing workloads, challenging work environments and a diminished ability to provide the care that they want to provide. It's now more important than ever that we stand up for Canadian health care. Dr. Burnell assured that the CMA is doing just that on the national front, in partnership with provincial and territorial medical associations. She shared some of the solutions they've been advancing:

- The adoption of team-based primary care to help physicians focus on what they do best and improve access to care for patients. This should be complemented by a national Pharmacare plan so that everyone in Canada has access to essential medications regardless of their ability to pay.
- Continue to make it easier for physicians to work in different provinces and territories and better respond to patient needs through measures like reduced interprovincial barriers, streamlined licensure and scaled up virtual care.
- Acknowledge the right of First Nations, Inuit and Metis people to make their own decisions about healthcare and reintroduce important First Nations clean water legislation.

- Continue to remove unnecessary administrative tasks and make other paperwork easier with AI scribes and other technologies. As part of that, make health information the same everywhere and create a connected system so that physicians can share it with patients and each other.
- Support the fight against the rise of false health related information that can and does harm Canadians.
- Keep an eye on emerging issues, everything from the use of AI in healthcare to the impact of tariffs in medical care.

Fortunately, this advocacy is making a difference. The CMA was very pleased to see most of these solutions reflected in the new government's platform and in the Speech from the Throne last week. Now it is time to hold them accountable to make sure they follow through on the promises they made. It will be important to help government at all levels understand the importance of investing in health care to better support Canadians and those who provide care to them. That advocacy and relationship building is already firmly underway.

The CMA is also at an important juncture with its Impact 2040 strategy, as the first horizon of the strategy comes to an end this year. The CMA is engaged in extensive consultations to learn what issues members would like the CMA to focus on and lead in for the next three to five years. The CMA AGM was held last week where members shared some of their ideas, including increasing physician supply across Canada, protecting physician autonomy and streamlining licensure. The CMA Board will review the feedback received and map out the next horizon of the strategy. The CMA will continue to communicate with members throughout the process and ensure there are more opportunities for input as that new horizon takes shape.

A member of the delegation raised concerns about the aging physician workforce, increasing patient complexity, misinformation and inadequate physician complement and training capacity. They highlighted the need for more proactive planning and more medical school spaces to address these issues. Dr. Burnett responded by emphasizing the importance of retaining the physicians that we have by improving work environments and decreasing administrative burden. There is a lot of effort at the national level with the Licentiate of the Medical Council of Canada (LMCC) around health workforce planning to identify the gaps and what the future needs will be. Increasing training spots in medical schools is important, but we also need to ensure we have the capacity to provide training for those residents.

Dr. Burnell thanked the delegation and indicated that she looks forward to continued collaboration with DNS and Dr. Shelly McNeil as the new president. Together, we can keep

building momentum on health care reform and make sure it remains a priority for governments across the country.

6 AUDIT COMMITTEE REPORT

Dr. Leisha Hawker, Chair of the Audit Committee, presented the Audit Committee report, which included an overview of the Audited Financial statements for the year ending August 31, 2024, and an update on how the association is trending for the 2024-25 fiscal year. She shared current fiscal trends, investment performance, and an outlook on financial health. Dr. Hawker also reported on the Committee's mandate, membership composition, and responsibilities aligned with the association's five-year financial strategy.

Dr. Hawker noted that from a governance perspective, the Audit Committee represents the Board of Directors and is responsible for overseeing the establishment and implementation of accounting policies, internal controls which promote good financial stewardship, risk management, compliance, and insurance.

6.1 Review Audited Financial Statements for 2023-24

The detailed audited financial statements for the year ending August 31, 2024, were included with the registration package that was distributed to delegates and were also available online prior to the meeting.

KPMG successfully performed the annual audit and found no errors or omissions resulting in an unqualified opinion. The statements are presented in accordance with Canadian accounting standards for not-for-profit organizations. The Audit Committee reviewed the audit process and resulting statements with KPMG. The statements required no adjustments, so a recommendation was made to the Board of Directors for approval. KPMG presented the Audit Findings Report to the Board of Directors in December of 2024, and they were approved as presented.

There was a reported operating surplus of \$1.170M (after investments and depreciation) against a budgeted deficit of \$205K. Much of the large surplus is related to positive investment returns. Membership revenue also exceeded budget due to a higher than anticipated growth in membership. Expenses came in below budget due to the leveraging of funding from the CMA to support leadership and physician wellness programming, leveraging virtual-meeting technology to cut down on honoraria/travel expenses, increased recoveries for DNS staff costs through the Physician Agreement and utilizing the modern features of our new Enterprise Resource Planning (ERP) system to streamline collections and improve cashflow.

Dr. Hawker explained that the association has two main funds to manage revenue and expenses: the Operating fund and the Member Benefits fund. There is also a Capital fund which is used for property and equipment upgrades and maintenance. Operations are funded by annual dues from members, some specific funding from DHW & CMA, and

payments from third parties for magazine advertising and sponsorships. Annual operating surpluses and deficits accumulate as 'Unrestricted Operating' assets under Net Assets. The Member Benefits fund consists of payments from the DHW that are provided via the Physician Agreement to cover the cost of member benefits. Revenues always equal expenses in this fund, resulting in a net of zero.

Dr. Hawker noted that the association is in good financial health and is well positioned to remain that way into the future. Based on current projections for the next 5 years, management is confident that another dues increase will not be required before September of 2027. The last increase was in September of 2021.

Overview of Fiscal Year 2024-25

Dr. Hawker provided a brief overview on how the association is trending for the 2024-25 fiscal year, which closes on August 31, 2025. Based on 8 months of activity to date, management is projecting that the 2025 fiscal year will report a smaller Operating fund deficit than the \$460K deficit that was budgeted. Stable growth in membership numbers, the cumulative impact of higher DNS staff recoveries in the latest Physician Agreement, and responsible cost controls are all contributing factors.

During the first six months of this fiscal year, investment earnings exceeded their annual budget by almost double and internal investment reports indicate that Q3 will be a break-even quarter. We are on track to achieve our investment earnings budget for the year.

KPMG will perform the 2024-25 audit in the Fall and the audited financial statements will be available for review by the Board at their December 2025 meeting, then presented at the 2026 AGM.

7 NOMINATING COMMITTEE REPORT

7.1 President-Elect

Dr. Gehad Gobran, DNS President and Chair of the Nominating Committee, delivered the Nominating Committee report. He 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 AGM.

This year the Nominating Committee recommends Dr. Amanda MacDonald Green, a Family Physician in Windsor, for 2025-26 President-Elect. The Committee has determined that Dr. MacDonald Green meets the selection criteria and agreed that she will bring a valuable perspective to the Board and the association's leadership.

Dr. MacDonald Green previously served two consecutive terms on the DNS Board and on several DNS committees. She is also an active member of the Section of Physician

Leaders, Physician Advisor for the Office of Regulatory Affairs and System Effectiveness Administrative Burden Work, and Board member of the DNS Healthy Tomorrow Foundation.

The Board of Directors passed a motion at its May 9, 2025, meeting to endorse the committee's nomination of Dr. MacDonald Green. If approved, Dr. MacDonald Green will formally step into the role of President-Elect following the AGM and will become President in June 2026.

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

The following resolution was moved by Dr. Gehad Gobran and seconded by Dr. Leisha Hawker:

Resolution – President-Elect

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approve Dr. Amanda MacDonald Green as President-elect for 2025-2026.

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

7.2 2025-26 Board of Directors

Dr. Gobran reported that this year the Board welcomed the following new members:

- Drs. Lynn Bussey, Caitlin Lees and Luke Richardson, all elected for three-year terms.
- Drs. Muna Chowdhury, Abraham Rudnick and Oliva Ortiz-Alvarez, each appointed for a one-year term.
- Mr. Jonathan Mansvelt as the student representative for the Dalhousie Medical Students' Society.
- Dr. Chrisine Short as the new Section Forum Chair.
- Dr. Amanda MacDonald Green as President-Elect.

A complete list of the 2025/26 Board of Directors can be found on the DNS website.

Additionally, on behalf of the association, Dr. Gobran extended a special thank you to those Board members whose terms concluded this month: Mr. Nnamdi Chiekwe, Drs. Colin Audain, Michel Saccone, Andrea Lantz Powers, Michel Chiasson, Jayani Abeysekera, and Brett Ells.

Donations will be made in each person's name to the Foundation for the Advancement of Mi'kmaw Education to support post-secondary students.

8 **BY-LAWS REVISIONS**

The Governance Committee 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; and
- have simple and easy-to-read language.

This year, there are two suggested revisions to the By-laws. The changes pertain to Sections 9.5(h) and 14.6.

S. 9.5(h) - Board elections - Clarifying language

There are ten elected member-at-large seats on the Board, five for family physicians (currently in the by-laws as 'general practitioners') and five for licensed specialists.

It has recently been brought to our attention that there are a group of physicians who have a College of Family Physicians of Canada (CFPC) Certificate of Added Competence (CAC) who may not practice family medicine/primary care in the traditional sense. Those physicians may not feel that they fit into either the 'family physician' or 'licensed specialist' categories of representation on the Board.

The Governance Committee discussed some options for changing the language and is recommending that 'general practitioner' be changed to 'family physician, including those with a Certificate of Added Competence'.

S. 14.6 - Add Awards Committee as a standing committee

This item is considered a 'housekeeping' item. The Awards Committee has been operating as a standing committee of the Board for some time now, but the bylaws haven't been updated to reflect that.

The Awards Committee:

- is responsible for reviewing award nominations each year, selecting a preferred nominee and making a recommendation to the Board for approval.
- terms of reference is approved by the Board.
- membership consists of the Board Chair and four members of the Board.
- is accountable to the Board, which is a requirement for standing committees.

The Governance Committee and the Board support these revisions.

The following resolution was moved by Dr. Kathy Gallagher and seconded by Dr. Lynn Bussey:

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 7, 2025 meeting.

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

9 APPROVAL OF NEW SECTIONS

9.1 Section of Occupational Medicine

A new Section of Occupational Medicine was approved.

Nova Scotia has one of the highest rates of time loss from work due to work-related injuries, presenting both a challenge and an opportunity for physicians to make a significant impact.

Occupational Medicine has become a focus of practice for an increasing number of physicians in Nova Scotia. The Foundation in Occupational Medicine course has seen increased interest in this field and has more recently been able to offer advanced education to a yearly cohort of physicians. By creating this specialized section, we can better address the needs of Nova Scotian workers, advance our practice, expand educational opportunities, establish a higher standard of care for workers across the province, and create a supportive network of likeminded colleagues.

The following resolution was moved by Dr. Barb O’Neil and seconded by Dr. Lynn Bussey:

Resolution – Section of Occupational Medicine

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

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

9.1 Section of Bariatric Physicians

A new Section of Bariatric Physicians and Surgeons was approved.

Obesity is a chronic disease with a complex interplay of genetic, environmental, and behavioral factors, contributing to significant comorbidities such as type 2 diabetes, cardiovascular disease, hypertension, and sleep apnea. The incidence of obesity has been steadily rising in Nova Scotia and nationwide, necessitating a comprehensive and unified approach to care.

Given the growing need for specialized management of obesity, the formation of the Bariatric Physicians and Surgeons Section will provide an essential platform within DNS

for collaboration, education, and advocacy, addressing the needs of both physicians and patients alike.

The following resolution was moved by Dr. Barb O’Neil and seconded by Dr. Michel Chiasson:

Resolution – Section of Bariatric Physicians and Surgeons

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the creation of the Section of Bariatric Physicians and Surgeons.

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

10 NON-RESIDENT MEMBER DUES INCREASE

A dues reduction from \$500/year to \$250/year for the non-resident membership category was approved. DNS received feedback from physicians who believed that the dues amount is unreasonable because they receive limited benefits from DNS. Provincial and Territorial Medical Association (PTMA) scans in recent years have shown that DNS charges the highest rate for non-resident members.

Members in this membership category previously held a full membership with DNS then moved outside Nova Scotia. They maintain a DNS membership so they can continue their OMA Life and Disability Insurance or just to stay connected because they plan to return to NS.

The Audit Committee and the Board agreed that the decrease in dues for this membership group is feasible and reasonable. The decrease would apply to ‘licensed’ and ‘not-licensed’ non-resident members. Resident/Fellow non-resident members will remain at \$50/year.

The following resolution was moved by Dr. Pippa Moss and seconded by Dr. Kathy Gallagher:

Resolution – Non-Resident Dues Increase

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the reduction of annual membership dues for the non-resident ‘licensed’ and ‘not-licensed’ members from \$500 to \$250.

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

11 MEMBER MOTION

Formally recognizing family medicine as a specialty

A member motion submitted by Drs. Colin Newman and Roop Conyers was approved. The motion calls on DNS to formally recognize Family Medicine as a unique medical specialty to

further bolster the profile of the profession and demonstrate to the DNS membership that the value of Family Medicine is recognized at an organizational level.

The resolution will be reviewed by the Board in the year following the AGM. It is the responsibility of the Board to identify implications and determine the association's ability to carry out the resolution.

The following resolution was moved by Dr. Colin Newman and seconded by Dr. Roop Conyers:

Resolution – Formally Recognizing Family medicine as a Specialty

BE IT RESOLVED that the Doctors Nova Scotia Annual General Meeting asks the Board of Directors to support Doctors Nova Scotia in formally recognizing Family Medicine as a specialty.

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

12 OTHER BUSINESS

There was no other business.

13 ANNOUNCEMENTS

The Chair advised that a meeting evaluation will be circulated to attendees after the meeting and encouraged everyone to provide their feedback.

14 ADIOURNMENT

The 171st annual meeting of Doctors Nova Scotia was adjourned at 9:45 am. The President Installation and Members Forum was held following the meeting.

The following resolution was moved by Dr. Amanda MacDonald Green and seconded by Dr. Gehad Gobran:

Resolution – Adjournment

BE IT RESOLVED THAT the 171st Doctors Nova Scotia Annual General Meeting be adjourned.

The Chair declared the resolution carried.



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Management

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Through our exclusive partnership with Doctors Nova Scotia, MD Financial Management and Scotiabank™ provide **Total Wealth Planning** — a comprehensive approach that considers every facet of your life: your career, family and future.

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2026
**IMPACT
SUMMIT**

SATURDAY, JUNE 6, 2026

ANNUAL REPORT

TO COUNCIL 2025–26

Leadership Message



Dr. Shelly McNeil



Nancy MacCready-Williams



Dr. Heather Johnson

Over the past year, physicians have navigated infrastructure changes, the introduction of new digital tools and processes, and continuing changes to payment models. The way physicians deliver care continues to evolve rapidly. At the same time, a broader climate of global tension and uncertainty has added to the stress and complexity many Doctors Nova Scotia (DNS) members are experiencing.

Amid this, you have shown remarkable openness and resilience. Your commitment to your patients and to your colleagues, even in the face of constant change, is appreciated.

As your professional association, DNS been focused on supporting you through this period of transformation. We have ensured your voices are heard in decision-making, advocating on your behalf and engaging at the system level on critical priorities such as compensation, e-health and practice supports. We have also strengthened our focus on physician wellness and refreshed our Equity, Diversity, Inclusion, (Reconciliation) and Accessibility, or EDI(R)A,* Framework to guide continued efforts to address systemic inequities within the profession and the healthcare system.

In addition, DNS staff have directed significant effort toward preparing for upcoming contract negotiations. This work has included research, economic analysis, member engagement and strategy development. We have been connecting with physicians across the province through community visits, surveys and focus groups, and working closely with the Board and Sections to ensure our work is grounded in your experiences and priorities.

Healthcare system improvements are gathering momentum as investments in physicians through the 2023 agreements, infrastructure improvements and the implementation of One Person One Record continue to roll out. While the year ahead will bring both opportunities and challenges, our responsibility is to be ready, and we are taking that responsibility seriously.

Together, we will continue to navigate this period of change with focus and a shared commitment to a stronger healthcare system for all.

Dr. Shelly McNeil
President

Nancy MacCready-Williams
CEO

Dr. Heather Johnson
Chair

A note on reconciliation

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



Doctors Nova Scotia

2025–26 Board of Directors

Twenty physicians, including a 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 selection of general practitioners and specialists who practise throughout the province. Most Board members are elected through a member-wide election; three members are appointed to help ensure optimal member representation.

EXECUTIVE

Dr. Shelly McNeil, *President*

Dr. Gehad Gobran, *Past president*

Dr. Amanda MacDonald Green, *President-elect*

Dr. Heather Johnson, *Chair of the Board*

Dr. Leisha Hawker, *Audit Committee chair*

FAMILY PHYSICIANS IN HALIFAX REGIONAL MUNICIPALITY

Dr. Lynn Bussey

Dr. Leisha Hawker

Dr. Muna Chowdhury

FAMILY PHYSICIANS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

Dr. Emmanuel Ajuwon

Dr. Deanna Field

SPECIALISTS IN HALIFAX REGIONAL MUNICIPALITY

Dr. Abraham Rudnick

Dr. Caitlin Lees

Dr. Nabha Shetty

Dr. Janice Chisholm

SPECIALISTS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

Dr. Jacob Puthenparuppil

Dr. Lucas Richardson

Dr. Oliva Ortiz-Alvarez

SECTION FORUM CHAIR

Dr. Christine Short

MARITIME RESIDENT DOCTORS REPRESENTATIVE

Dr. Kristin Ko

DALHOUSIE MEDICAL STUDENT SOCIETY REPRESENTATIVE

Jonathan Mansvelt

CANADIAN MEDICAL ASSOCIATION REPRESENTATIVE

Dr. Gerard MacDonald

Financial Report (Sept. 1, 2024, to Aug. 31, 2025)



Dr. Leisha Hawker,
Audit Committee chair

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

The financial statements for the year ending Aug. 31, 2025, were audited by KPMG in accordance with generally accepted Canadian accounting principles for non-profit organizations. 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 \$5,090,267 (\$5,350,103 at Aug. 31, 2024). The operating fund reported a surplus of \$1,021,279 against a budgeted deficit of \$460,000 for a positive variance of \$1,481,270. This positive budget variance was made up of the following components:

- \$650,300 surplus from revenues – higher than budgeted dues from membership growth
- \$62,500 surplus from operating expenses – lower than budgeted computer and consulting costs
- \$724,200 surplus from investments – high market valuation gains and dividend earnings
- \$44,200 surplus from depreciation – lower than budgeted capital expenditures

The future commitments fund has a balance of \$735,857 (\$169,613 at Aug. 31, 2024). During the

year, \$1.5 million was transferred into the fund for 2027 contract negotiation costs (\$500,000) and DNS staff pension supports (\$1,000,000), while \$933,800 was paid out for the staff pension transition from CMA to NSHEPP and other retirement costs.

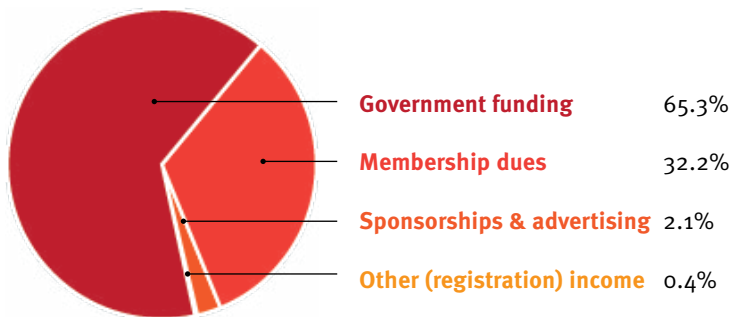
The association invested \$36,873 in capital assets (\$111,992 in 2024). This included new systems controls for the building, scheduled computer hardware replacements and software upgrades, and furniture and fixture replacements.

Based on the existing physician agreement with the Department of Health and Wellness, DNS received \$12.16 million in funding toward the cost of member benefits programs (\$11.03 million in 2024). This funding was distributed to the various programs as follows:

- \$6,831,600 – 65% of total health and dental plan costs (35% paid by plan members)
- \$3,251,000 – parental leave
- \$498,100 – Professional Support Program
- \$1,180,500 – targeted projects
- \$400,000 – benefits administration

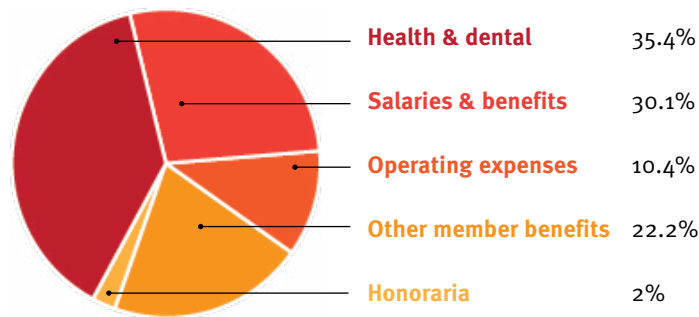
Overall, the association maintains a healthy financial position and continues to perform well against its annual budgets.

Summary of funding revenues



Government funding	12,161,156	(65.3%)
Membership dues	6,000,281	(32.2%)
Sponsorships & advertising	398,334	(2.1%)
Other (registration) income	66,950	(0.4%)

Summary of expenses



Health & dental	6,831,566	(35.4%)
Salaries & benefits	5,805,070	(30.1%)
Operation expenses	2,008,028	(10.4%)
Other member benefits	4,277,455	(22.2%)
Honoraria	386,359	(2.0%)



2025–26 Achievements

Doctors Nova Scotia (DNS) works on behalf of physicians across Nova Scotia, who continue to show tremendous leadership and determination in navigating a demanding healthcare landscape. Here are several highlights from the association’s work over the past year.



EQUITY, DIVERSITY, INCLUSION, (RECONCILIATION) AND ACCESSIBILITY

In 2025, DNS continued to build momentum in its Equity, Diversity, Inclusion, (Reconciliation) and Accessibility, or EDI(R)A, work under the leadership of the association’s senior diversity advisor, Basma Deef. Meaningful progress has been made in advancing the key priorities outlined in the EDI(R)A framework.

The organization continues to maintain the internal EDI(R)A Hub on the DNS website, providing access to Monthly Minutes, practical tools and resources to staff and members. Foundational education has expanded through staff learning sessions, including twice-yearly EDI(R)A Connection Days and Board-level training to strengthen inclusive leadership.

The EDI(R)A Engagement Tour saw CEO Nancy MacCready-Williams and Ms. Deef meet with physicians across Nova Scotia. This initiative has focused on sharing the EDI(R)A framework broadly and engaging directly with communities through sessions led by and for equity-deserving physicians, helping ground the work in lived experience and community-informed priorities.

Doctors Nova Scotia has also continued its policy and governance work, auditing and updating priority policies to better reflect equity-informed practices. This has included informing updates to the Awards Committee Nominations process, DNS Respectful Workplace policy, Professional Support Program counsellor contracts, and Board governance policies, as well as creating opportunities for staff engagement and contribution.

Externally, DNS has strengthened relationships with community and health-system partners and is advancing more coordinated approaches to addressing racism and discrimination within healthcare environments. The association has also prioritized engagement with physicians from equity-deserving communities and has established a Member EDI(R)A Committee to help guide ongoing work.

These efforts reflect the association’s continued commitment to embedding EDI(R)A principles across its operations, culture and partnerships while building a strong foundation for future growth and impact.



LEARNING SERIES

In fall 2025, DNS launched a CPD-accredited learning series to increase connection among physicians, health-system leaders and other healthcare professionals, while supporting ongoing professional development. The series provides education on key topics such as DNS programs and initiatives, advocacy, billing and contracts, EDI(R)A, and media relations. Through this initiative, physicians should be able to access and utilize DNS programs and services that support their professional development at all stages of their career, identify and explain new initiatives or programs being put in place in healthcare systems across the province, apply tools and strategies to effectively manage the business aspects of their medical practice, navigate billing processes and utilize resources to enhance the financial sustainability of their practice, access and utilize resources that promote physician wellness and prevent burnout, and foster collaboration with their colleagues, health-system leaders and other healthcare professionals.

ON-THE-GROUND SUPPORT

Doctors Nova Scotia’s purpose is to help physicians thrive personally and professionally, and one way the association supports its members is through a dedicated team of physician advisors. These professionals help physicians and medical learners navigate the healthcare system. They also help resolve issues in physicians’ practices, their communities and the system itself in a confidential and supportive manner, and provide advice and guidance through all stages of practice, from recruitment and onboarding through to retirement.

The Physician Advisory Team (PAT) is the primary mode of member engagement for DNS. This year, the PAT has continued to help members operationalize many of the key programs and initiatives that arose from the 2023 Physician Agreement. Key system challenges PAT members have supported physicians with over the last year include: pathways to licensure for internationally trained physicians; onboarding and contract support (including longitudinal family medicine, alternative payment plans, general internal medicine and more); rural inpatient care service sustainability; third-party, turnkey practice overhead advice and guidance; development and integration of the Kisa’matultimkewey wjit malpale’witk (First Nations) Contract, and negotiation and implementation of the Rural Longitudinal Family Medicine model. Outside of their daily work supporting physicians, PAT members attended or supported a variety of events across all four health zones, engaging with hundreds of DNS members.



MEMBER LISTENING TOUR

Over the late fall 2025 and winter 2026, DNS carried out a Member Listening Tour that brought association leaders together with physicians in communities across the province, both in person and virtually, to discuss what’s working well, the challenges physicians are facing and priorities for the next round of contract negotiations. The tour helped DNS identify where additional professional supports, educational resources, contract enhancements or changes, and community-building efforts are needed.

NEGOTIATIONS PREPARATIONS

In addition to the Member Listening Tour, DNS has been gathering broad member input through public opinion polling, targeted virtual focus groups, and meetings with clinical and academic departments.

Most recently, the association hosted a member-wide survey focused specifically on contract negotiations. A total of 832 surveys were completed by members from across all health zones and areas of practice. The results clearly outline priorities for DNS in its upcoming negotiations for the new Physician Agreement and Clinical/Academic Funding Plan contracts.

Physicians’ concerns focus on compensation, workload and system sustainability. Physicians are calling for compensation that is more competitive nationally and better reflects the full scope of their work, particularly administrative responsibilities, while also expressing concern about financial vulnerability during illness or work disruptions. Administrative burden is a widespread challenge, and broader system pressures such as limited locum availability, recruitment difficulties, physician shortages and long specialist wait times are straining both the quality of care and physician well-being. Concerns about equity, insufficient leave and lack of system support further contribute to lower professional satisfaction. These issues also highlight burnout and the long-term sustainability of medical practice.



REDUCING RED TAPE FOR DOCTORS

Doctors Nova Scotia continues to champion the province’s work to reduce unnecessary administrative burden for physicians. New technologies and innovation bring changes that may add new burdens to the system, but the work completed to date has raised awareness of this issue. Doctors Nova Scotia will continue to advocate for reduced administrative burden across the system and will continue to engage members in this process. Spending less time on red tape allows physicians to do what they do best: care for patients.



TWO YEARS OF LFM

October marked the second anniversary of the rollout of the longitudinal family medicine (LFM) payment model. Although it’s been a learning curve for some physicians, the data is showing the model’s positive impact on patients and physicians. The model has improved average physician earnings and increased access to care for patients (through expanded evening and weekend access), in-person care and the number of service encounters per hour.



SHARING POSITIVE FEEDBACK

To celebrate Doctors Day on May 1, DNS held its annual physician recognition campaign, showcasing the work of Drs. Peter Blaikie, Deborah Straub and Heather Poushay. The association also encouraged patients to share their appreciation of their physicians, collecting hundreds of individual messages on social media and YourDoctors.ca. Doctors Nova Scotia shared the feedback widely with members via email and social media, highlighting excellence in the profession and the positive impact physicians have on their patients and communities. The association also provided support to several community-based physician navigators to offer Doctors Day gift baskets and special events for physicians working in underserved areas of the province. This year, DNS collaborated with Nova Scotia Health to expand the number of sites supported.

MEDIA COVERAGE

From April 1, 2025, to March 31, 2026, DNS staff managed more than 50 media requests, connecting physician spokespeople, subject matter experts and DNS staff with journalists from local, provincial and national media outlets. News stories during this period focused on primary care access, recruitment and retention, emergency department pressures and new provincial initiatives. Doctors Nova Scotia also provided media training for more than 60 physicians.

2025

BY THE NUMBERS

Top media requests

- Primary care access
- Physician recruitment and retention
- New provincial initiatives
- Emergency department pressures

Number of member messages: 290

Media requests: 45

Blog posts released on YourDoctors.ca: 38

Webinars: 7

STRATEGIC PLAN PROGRESS REPORT

STRATEGIC PRIORITY 1: Connect the profession

Commitment	Actions
Connecting physicians with each other	<p>Provided ongoing support to members in each health zone: Doctors Nova Scotia (DNS) physician advisors ensured members were connected to one another, monitoring their needs and responding as appropriate.</p> <p>Supported the enhancement of the physician mentorship program for internationally trained physicians (ITPs) led by Dr. Emmanuel Ajuwon, for greater reach and impact.</p> <p>Launched new DNS Learning Series, which offers CPD-accredited events often led by physicians.</p>
Connecting physicians with DNS	<p>Enhanced supports for ITPs, including continuing to support ITPs with navigating the system.</p> <p>Supported family physicians transitioning to the Longitudinal Family Medicine (LFM) payment model.</p> <p>Increased outreach of the Professional Support Program (PSP) by focusing on upstream interventions and enhanced our physician wellness offerings through DNS Pathways.</p> <p>Launched DNS Member Listening Tour, which brought senior leaders and staff members to communities across Nova Scotia to hear from physicians about what’s going well in their practice, what’s hard, ideas for improvements and expectations of DNS.</p> <p>Launched EDI(R)A Listening Tour, bringing DNS Senior Diversity Advisor, CEO and Physician Advisors into equity-deserving communities to build meaningful relationships, share the DNS EDI(R)A Framework, and deepen understanding of how DNS can support and amplify local efforts.</p> <p>Distributed eight \$5,000 bursaries to medical students through the DNS Medical Student Bursary Program.</p>
Connecting physicians with the system	<p>Continued to support the onboarding of new physicians to the province in collaboration with Nova Scotia Health (NSH) recruitment team and municipally employed community navigators.</p> <p>Developed and nurtured strategic relationships with community-led organizations that support the association’s priority policy areas, including harm reduction, equity, diversity and inclusion, Indigenous health, social determinants of health and gender affirming care.</p> <p>Supported the development of physician leaders through program offerings and support to the Section of Physician Leaders. Implemented seventh cohort of the Physician Leadership Development Program.</p> <p>Initiated the third McCarthy/Stewart International Medical Graduate Grant, which provides a one-time grant of \$10,000 to 10 successful ITPs practising in rural areas each year.</p> <p>Continued building relationships with physician assistant associations to support the advancement of physician assistants in Nova Scotia.</p> <p>Supported the implementation and refinement of new payment models and supported physicians transitioning to new models, including the new LFM Rural (Small Sites) and First Nations Family Medicine Payment Model (or Kisa’matultimkewey wjit malpale’witk); engaged with NSH, the Department of Health and Wellness (DHW) and rural physicians providing inpatient services in the revision of the Community Hospital Inpatient Care Program (CHIP) into the new Community Hospitalist program.</p> <p>Evaluated the association’s Restoring the Joy in the Practice of Medicine physician wellness strategy to inform the next iteration of physician wellness strategies and the development of a new provincial working group for physician wellness.</p> <p>Supported the launch of the government’s inaugural physician retirement fund, helping 90% of eligible physicians opt in to the program.</p>

STRATEGIC PRIORITY 2: Advocate for the profession

Commitment	Actions
<p>Help make positive changes in population health and healthcare policy through collaboration with the provincial government, NSH, IWK Health and the DNS Healthy Tomorrow Foundation</p>	<p>Continued engagement with system leaders in primary healthcare strategic planning and implementation.</p> <p>Launched the Allied Healthcare Practitioner Pilot Program, which allows family physicians to hire allied health professionals (e.g., nurses, social workers, physiotherapists) to provide care to their patients.</p> <p>Doctors Nova Scotia President, Dr. Shelly McNeil, and President-elect, Dr. Amanda MacDonald-Green, attend the Standing Committee on Health to discuss primary care attachment.</p> <p>Continued to enhance relationships with e-health decision makers at the DHW and NSH to influence e-health direction and establish governance models that will support enhanced physician engagement.</p> <p>Through involvement in provincial One Person One Record (OPOR) committee(s), continued to ensure physician engagement is prioritized throughout the OPOR initiative and provided critical input into emerging issues such as the need for an income stability program for fee-for-service physicians, an integrated billing solution, supports and access to OPOR for administrative team members, recognition of the increased administrative burden on physicians arising from OPOR and enhanced communication.</p> <p>Participated in YourHealthNS working group with the government, supported a family physician and community specialist advisory committee, and supported the initiative through effective communications and physician engagement advice.</p> <p>Contributed to provincial discussions about the implementation of AI scribes in Nova Scotia, including the best approach for implementation and identification of new opportunities through federal infrastructure.</p> <p>Engaged regularly with system leaders in primary healthcare strategic planning and implementation, including payment models, service deliverables, team-based care, conflict resolution, operational policy development and governance in primary care.</p> <p>Supported the DNS Healthy Tomorrow Foundation with its efforts to create a culture change in Nova Scotia, so that everyday simple movement becomes part of our daily lives, contributing to enhanced health and well-being, longevity, social connectedness and vibrant local economies. In-kind supports from DNS continue and enhanced communications updated members about the work of the foundation.</p> <p>Continued to advocate for compensation models to support the appropriate use of asynchronous virtual care. Participated on a national virtual care committee with other PTMAs; the committee shares progress and best practices across the country. Continued to interact with the CMA, Canada Health Infoway and other organizations that are focused on expanding the use of virtual care for the benefit of patients.</p>
<p>Government relations</p>	<p>Focused on building and nurturing relationships with key decision-makers in the health system, with a particular focus on DHW and the NSH to support the implementation of 2023 physician agreements.</p> <p>Developed an advocacy framework to guide the association's decisions on when and how to engage in advocacy or public statements, particularly around complex societal issues.</p> <p>Marked the opening of the new Cape Breton medical campus; DNS President Dr. Shelly McNeil represented DNS at the event.</p>

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

Commitment	Actions
Pursue fair compensation for physicians by negotiating provincial and local agreements and advocating for members' economic interests	<p>Continued implementation of the 2023 Physician Agreement and C/AFP Agreement and began preparations for 2027 contract negotiations, including member engagement, research and strategy development.</p> <p>Continued to support improved accountability structures and processes within alternate funding models, including the C/AFP and APP frameworks.</p> <p>Continued to advocate and work toward reducing administrative burden for physicians through the work of the Office of Regulatory Affairs and Service Effectiveness (ORASE). Participated on the CMA-PTMA Advocacy Working Group to collaboratively advance the reduction of administrative burden at a national level while supporting other provinces to learn from Nova Scotia's success.</p> <p>Continued to support members in fee applications and billing audits, including work to improve both the billing audit process and the Fee Committee process, in order to clear the backlog of audit appeal cases and fee applications in the queue.</p>
Advocate for effective recruitment and retention of physicians	<p>Continued to work with NSH and the Office of Recruitment to support better coordination of efforts supporting recruitment and onboarding of new physicians to the province, collaborating with all stakeholders involved in recruitment, including the College of Physicians and Surgeons of Nova Scotia, ISANS, community groups, physician leaders, the DHW, Dalhousie, etc.</p> <p>Worked with the College of Physician and Surgeons of Nova Scotia to develop and deliver the "Welcome to Medicine Collaborative," an onboarding course for new-to-Nova Scotia physicians.</p>
Enhance the reputation of physicians and of DNS as their professional association	<p>Developed and implemented public relations and digital marketing strategies to enhance trust and confidence in Nova Scotia's doctors, and measured the effectiveness of these strategies.</p> <p>Developed and implemented a strategic media relations plan that resulted in topical media interviews featuring the DNS President and physician subject matter experts and leaders speaking on a range of issues, including physician recruitment and retention, e-health initiatives and issues, patient access, emergency department pressures, systemic racism in healthcare, virtual care, wait times, mental health, influenza, scopes of practice and more.</p> <p>Launched a social media campaign for Doctors Day. The theme was "Your Doctors Care," emphasizing that physicians are here for Nova Scotians and are central to the healthcare they receive. Doctors Nova Scotia collected hundreds of messages of gratitude from Nova Scotians and shared those with physicians through an email campaign. Launched a media advertising campaign to support the digital campaign.</p>

STRATEGIC PRIORITY 3: Serve the profession

Commitment	Actions
Provide practice supports to help physicians with the business side of practising medicine	<p>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.</p> <p>Provided practice supports to help individuals and groups of physicians with the business side of medicine, as well as individual member benefits to help physicians achieve a happy, healthy and productive lifestyle. New guides, posters and resources were developed and shared with members. Education and guidance on the new LFM payment model was prepared and shared with family physicians.</p> <p>Provided enhanced e-health, privacy and security support to physicians through the association's E-health Committee, strategic e-health support and an e-health advisor.</p>

OPERATIONAL

Commitment	Actions
Ensure financial sustainability	Ended the 2024–25 fiscal year ahead of budget and stayed on track in 2025–26 to meet budget targets. The association’s investment portfolio continues to perform well.
Information systems	Continued to support office staff with working in a hybrid model to ensure employees maintain high engagement, productivity and positivity in the workplace.
Communications	Developed and implemented member communications strategy, using the following tools: <ul style="list-style-type: none"> • magazine, direct email, weekly e-newsletter • DNS Learning Series • public/member awareness and education campaigns • other: FAQs, one-pagers, quick resource guides, etc.
Benefits and services	Administered the following member benefits: <ul style="list-style-type: none"> • extended health and dental plan • Professional Support Program • enhanced Parental Leave Program
Equity, diversity and inclusion	Continued to advance equity, diversity, inclusion, (reconciliation) and accessibility, or EDI(R)A in medicine by providing education and resources for members and staff. Launched a refreshed EDI(R)A Framework, which defines annual and ongoing priorities. Delivered several staff, Board and member-facing EDI(R)A education sessions, engaging subject matter experts on specialized topics. Launched a Member EDI(R)A Committee to ensure member voices are heard, considered and contribute to the work of DNS. Established partnerships with multiple advocacy organizations focusing on Mi’kmaw and African Nova Scotian communities.

Financial Statements of

DOCTORS NOVA SCOTIA

And Independent Auditor's Report thereon

Year ended August 31, 2025



KPMG LLP

Purdy's Wharf Tower One
1959 Upper Water Street, Suite 1000
Halifax, NS B3J 3N2
Canada
Telephone 902 492 6000
Fax 902 492 1307

INDEPENDENT AUDITOR'S 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, 2025
- 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, 2025 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 "***Auditor's Responsibilities for the Audit of the Financial Statements***" section of our auditor's 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.



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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.

Auditor's 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 auditor's 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.



Page 3

- 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 auditor's 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 auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants

Halifax, Canada

December 5, 2025

DOCTORS NOVA SCOTIA

Statement of Financial Position

August 31, 2025, with comparative information for 2024

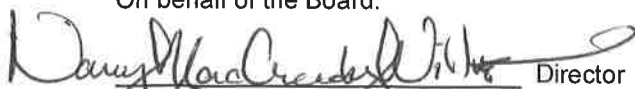
	2025	2024
Assets		
Current assets:		
Accounts receivable (note 2)	\$ 1,411,257	\$ 1,283,939
Prepaid expenses	61,532	78,829
	<u>1,472,789</u>	<u>1,362,768</u>
Investments (note 3)	8,782,420	8,715,549
Property and equipment, net of accumulated amortization (note 5)	1,181,055	1,399,940
	<u>\$ 11,436,264</u>	<u>\$ 11,478,257</u>

Liabilities and Net Assets

Current liabilities:		
Bank indebtedness (note 6)	\$ 10,355	\$ 309,438
Accounts payable and accrued liabilities	1,788,308	1,517,901
Deferred revenue - membership dues	60,000	68,000
Deferred revenue - membership dues	68,717	268,169
Deferred revenue - health insurance premiums	1,690,902	1,587,992
	<u>3,618,282</u>	<u>3,751,500</u>
Deferred contributions - expenses of future periods (note 7)	276,937	276,937
	<u>3,895,219</u>	<u>4,028,437</u>
Net assets:		
Internally restricted:		
Unrestricted operating	5,090,267	5,350,103
Future commitments (note 9)	735,857	169,613
Property & equipment fund (note 8)	1,181,055	1,399,940
Internally restricted fund (note 1)	500,000	500,000
Restricted funds (note 10)	33,866	30,164
	<u>7,541,045</u>	<u>7,449,820</u>
	<u>\$ 11,436,264</u>	<u>\$ 11,478,257</u>

See accompanying notes to financial statements.

On behalf of the Board:


 Director
 DNS CEO


 Director
 DNS Board Chair

DOCTORS NOVA SCOTIA

Statement of Revenues and Expenditures

Year ended August 31, 2025, with comparative information for 2024

	2025	2024
Revenues:		
Provincial funding	\$ 12,161,156	\$ 11,033,824
Membership dues	6,000,281	5,590,076
Registration fees	66,950	7,000
Advertising revenue	49,541	96,183
Annual meeting, publication and sponsorship	144,654	110,752
Miscellaneous revenue	4,687	5,125
CMA program funding	199,452	250,249
	<u>18,626,721</u>	<u>17,093,209</u>
Expenses:		
Health and dental (note 11)	6,831,566	6,450,155
Salaries and benefits	5,805,070	4,649,153
Physician and student expenses	3,343,710	2,859,943
Professional fees	1,259,837	831,120
Computer expenses	433,345	460,904
Honoraria fees	386,359	421,123
Travel, meals, and meetings	269,124	289,448
Building expenses	238,574	191,620
Donations and sponsorship	155,214	118,428
Office expenses	136,990	133,045
Advertising and promotion	133,730	95,353
Bank charges and interest	118,172	130,321
Magazine costs	69,517	66,694
Annual general meeting	50,470	40,097
Dues fees and subscriptions	44,145	36,895
Insurance	32,655	28,688
	<u>19,308,478</u>	<u>16,802,987</u>
Excess (deficiency) of revenues over expenses before the undernoted items	(681,757)	290,222
Investment income	1,028,740	1,148,389
Amortization	(255,758)	(331,238)
	<u>772,982</u>	<u>817,151</u>
Excess of revenues over expenses	\$ 91,225	\$ 1,107,373

See accompanying notes to financial statements.

DOCTORS NOVA SCOTIA

Statement of Changes in Net Assets

Year ended August 31, 2025, with comparative information for 2024

	Internally restricted					2025 Total	2024 Total
	Unrestricted Operating	Future Commitments Note 9	Property and Equipment Fund (note 8(b))	Internally Restricted Funds Note1(a)	Restricted Funds Note 10		
Net assets, beginning of year	\$ 5,350,103	\$ 169,613	\$ 1,399,940	\$ 500,000	\$ 30,164	\$ 7,449,820	\$ 6,342,447
Excess of revenues over expenses	1,277,037	(933,756)	(255,758)	-	3,702	91,225	1,107,373
Investment in property and equipment	(36,873)	-	36,873	-	-	-	-
Investment in future commitments	(1,500,000)	1,500,000	-	-	-	-	-
Net assets, end of year	\$ 5,090,267	\$ 735,857	\$ 1,181,055	\$ 500,000	\$ 33,866	\$ 7,541,045	\$ 7,449,820

See accompanying notes to financial statements.

DOCTORS NOVA SCOTIA

Statement of Cash Flows

Year ended August 31, 2025, with comparative information for 2024

	2025	2024
Cash provided by (used in):		
Operations:		
Excess of revenues over expenses	\$ 91,225	\$ 1,107,373
Items not involving cash:		
Change in market value of investments (note 4)	(478,161)	(834,718)
Amortization	255,759	331,238
Change in deferred contributions - expenses of future periods	-	(4,419,704)
Changes in non-cash operating working capital (note 12)	55,844	4,505,659
	(75,333)	689,848
Investing:		
Property and equipment additions (note 8)	(36,873)	(111,992)
Net increase in investments	411,289	(349,548)
	374,416	(461,540)
Decrease in bank indebtedness	299,083	228,308
Bank indebtedness, beginning of year	(309,438)	(537,746)
Bank indebtedness, end of year	\$ (10,355)	\$ (309,438)

See accompanying notes to financial statements.

DOCTORS NOVA SCOTIA

Notes to Financial Statements

Year ended August 31, 2025

Nature of operations:

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 by management in accordance with Canadian Accounting Standards for not-for-profit organizations in Part III of the CPA Canada Handbook 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 Internally restricted fund is a \$500,000 fund established by the Associations Board of Directors to enable the Association to meet the obligations of the member health and dental insurance plan. This fund is managed by the senior leadership team.

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 (continued)

Year ended August 31, 2025

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 hardware and software	4 years
Computer software	2 years

DOCTORS NOVA SCOTIA

Notes to Financial Statements (continued)

Year ended August 31, 2025

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. Actual results could differ from those estimates.

2. Accounts receivable:

	2025	2024
Department of Health and Wellness - current year	\$ 1,232,891	\$ 1,160,629
Other	178,366	123,310
	<u>\$ 1,411,257</u>	<u>\$ 1,283,939</u>

3. Investments:

	2025	2024
Canadian balanced funds	\$ 1,792,832	\$ 1,842,402
Canadian commercial mortgages	848,504	801,877
Canadian money market funds	499,439	450,890
Canadian pooled bonds funds	1,105,557	1,240,311
Canadian equities	1,910,402	1,760,265
US and Global equities	2,625,686	2,619,804
	<u>\$ 8,782,420</u>	<u>\$ 8,715,549</u>

DOCTORS NOVA SCOTIA

Notes to Financial Statements (continued)

Year ended August 31, 2025

4. Investment income, net:

	2025	2024
Interest income	\$ 80,896	\$ 64,395
Change in market value of investments	478,161	834,718
Realized gain (loss) on sale of investments	149,176	(294)
Dividend income	362,600	285,727
Investment management fees	(42,093)	(36,157)
	\$ 1,028,740	\$ 1,148,389

5. Property and equipment, net of accumulated amortization:

	2025		2024	
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 183,308	\$ -	\$ 183,308	\$ 183,308
Building	3,177,526	2,357,957	819,569	937,855
Furniture and fixtures	984,982	854,177	130,805	142,727
Computer hardware and software	2,059,798	2,012,425	47,373	136,050
	\$ 6,405,614	\$ 5,224,559	\$ 1,181,055	\$ 1,399,940

6. Bank overdraft:

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

7. Deferred contributions - expenses of future periods:

Deferred contributions related to the business of medicine in the amount of \$276,937 (2024 - \$276,937) are deferred until future expenditures per the contribution agreement are incurred.

DOCTORS NOVA SCOTIA

Notes to Financial Statements (continued)

Year ended August 31, 2025

8. Property and equipment fund:

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

	2025	2024
Property and equipment	\$ 1,181,055	\$ 1,399,940

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

	2025	2024
Excess of revenue over expenditures:		
Amortization	\$ (255,759)	\$ (331,238)

	2025	2024
Change in property and equipment fund balance:		
Property and equipment additions	\$ 36,873	\$ 111,992

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 future negotiation costs and unfunded liabilities of the staff pension plan. Future commitments:

	Future Negotiation Cost Plan	Staff Pension Plan	Litigation file	DNS ERP System	Other	2025 Total	2024 Total
Beginning balance	\$ 166,553	\$ 3,060	-	-	-	\$ 169,613	\$ 237,957
Transfers	(120,000)	120,000	-	-	-	-	-
Additions (from Unrestricted Net Assets)	500,000	1,000,000	-	-	-	1,500,000	-
Less: Expenditures	-	(933,756)	-	-	-	(933,756)	(68,344)
Ending balance	\$ 546,553	\$ 189,304	-	-	-	\$ 735,857	\$ 169,613

DOCTORS NOVA SCOTIA

Notes to Financial Statements (continued)

Year ended August 31, 2025

10. Restricted funds:

Restricted funds are comprised of the following:

	2025	2024
Memorial Fund	\$ 18,860	\$ 16,357
Cogswell Library Fund	15,006	13,807
Total restricted funds	\$ 33,866	\$ 30,164

During the year an investment gain of \$3,053 (2024 - investment gain of \$3,473) was incurred by the Memorial Fund and donations of \$1,000 (2024 - \$1,000) were made by the fund.

During the year an investment gain of \$1,499 (2024 - investment gain of \$1,715) was incurred by the Cogswell Library Fund and donations of \$300 (2024 - \$300) were made by the fund.

11. Health and dental 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.

	2025	2024
Total health insurance premium expense	\$ (10,510,101)	\$ (9,923,315)
Health insurance premiums paid by members	3,678,535	3,473,160
Health and dental, net	\$ (6,831,566)	\$ (6,450,155)

DOCTORS NOVA SCOTIA

Notes to Financial Statements (continued)

Year ended August 31, 2025

12. Changes in non-cash operating working capital:

	2025	2024
Accounts receivable	\$ (127,318)	\$ 4,659,215
Prepaid expenses	17,297	129,648
Accounts payable and accrued liabilities	270,407	(287,044)
Deferred revenue - membership dues	(8,000)	68,000
Deferred revenue - membership dues	(199,452)	(249)
Deferred revenue - health insurance premiums	102,910	(63,911)
	\$ 55,844	\$ 4,505,659

13. Employee future benefits:

In March 2025, the staff pension plan administered by the CMA (CMAPP) was closed, and the assets were transferred to Sun Life to be held as annuities to fulfill the defined benefit obligations upon retirement of the related staff. A new defined benefit plan was established with the Nova Scotia Health Employee Pension Plan (NSHEPP) to provide DNS staff with pension coverage from April 2025 onward.

The Association contributed 11.9% for September - December 2024 and 12.1% for January - March 2025 (2024 - 14% for September - December 2023 and 11.9% for January - August 2024) 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. During the year, the Association was required to make additional monthly payments of \$4,920/month for September 2024 - June 2025

The Association contributed April - August 2025: 9.22% up to YMPE and 11.58% over YMPE to a multi-employer defined benefit ("DB") pension plan administered by Nova Scotia Health Employees' Pension Plan ("NSHEPP"). Participation in the plan is mandatory for all full-time employees.

14. Commitments:

The Association has a three year sponsorship commitment to the Scotiabank Blue Nose Marathon in the amount of \$45,000 from 2026 to 2028.

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 (continued)

Year ended August 31, 2025

15. Financial risks and concentration of risk:

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.

(a) 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.

(b) 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.

(c) 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 (continued)

Year ended August 31, 2025

15. Financial risks and concentration of risk (continued):

(d) 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

Schedule 1 - Operating Fund

Year ended August 31, 2025, with comparative information for 2024

	2025	2024
Revenues:		
Membership	\$ 6,000,281	\$ 5,590,076
Registration	-	2,700
Miscellaneous revenue	4,238	3,825
Sponsorship	144,654	110,752
Advertising	49,541	96,183
CMA program funding	199,452	250,249
	<u>6,398,166</u>	<u>6,053,785</u>
Expenditures:		
Salaries and benefits	3,784,615	3,492,847
Professional fees	362,368	285,371
Honoraria fees	358,723	364,801
Computer expenses	433,347	460,904
Building expenses	238,574	191,620
Bank charges and interest	118,172	130,213
Office expenses	136,138	132,709
Donations and sponsor	152,681	108,878
Magazine costs	69,517	66,694
Advertising and promotions	131,469	95,353
Annual general meeting	50,470	40,097
Travel, meals and meetings	232,443	260,150
Dues, fees and subscriptions	44,145	36,895
Insurance	32,655	28,688
	<u>6,145,317</u>	<u>5,695,220</u>
	252,849	358,565
Net investment income	<u>1,024,188</u>	<u>1,143,201</u>
Excess of revenues over expenditures before amortization	<u>1,277,037</u>	<u>1,501,766</u>
Amortization	<u>(255,758)</u>	<u>(331,238)</u>
Excess of revenues over expenditures	<u>\$ 1,021,279</u>	<u>\$ 1,170,528</u>

DOCTORS NOVA SCOTIA

Schedule 2 - Recruitment and Retention Fund - General

Year ended August 31, 2025, with comparative information for 2024

	2025	2024
Revenues:		
Provincial funding	\$ 12,161,156	\$ 11,033,824
Registration fees	66,950	4,300
	<u>12,228,106</u>	<u>11,038,124</u>
Expenditures:		
Health and dental	6,831,566	6,450,155
Physician and student expenses	3,338,960	2,859,944
Salaries and benefits	1,086,699	1,088,621
Professional fees	897,469	545,749
Donations and sponsorship	1,232	8,250
Travel, meals and meetings	36,681	28,640
Honoraria fees	32,386	56,321
Advertising and promotions	2,261	-
Office expense	852	444
	<u>12,228,106</u>	<u>11,038,124</u>
Excess of revenues over expenditures	\$ -	\$ -

Agenda Item# 5.2

2026 AGM – Board Motion

Dues Increase for Full Members effective September 2026

The Board of Directors is recommending a \$300 dues increase for full members, effective September 2026. The last dues increase occurred in 2021; prior increases were implemented in 2015 and 2010.

When compared with other Provincial and Territorial Medical Associations (PTMAs), DNS full-member dues are currently among the lowest in the country (see attached chart). The proposed increase would bring DNS dues into the mid-range nationally. Dues for other membership categories are already comparable to peer organizations, and no increases are being recommended for those categories at this time.

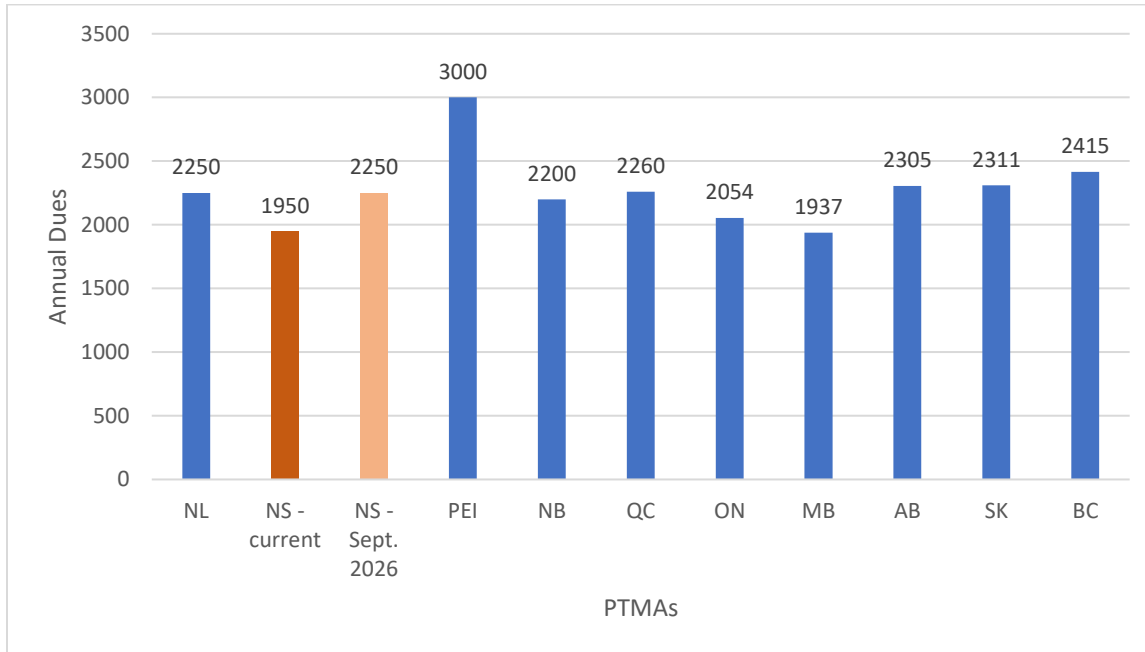
This recommendation reflects a strategic investment in ensuring DNS can keep pace with membership growth and remain responsive to evolving member expectations. Through the recent Member Listening Tour, members clearly told us that their needs are changing and expanding and that value beyond core negotiations, including enhanced supports, services and engagement, matters more than ever.

The proposed increase will allow DNS to right-size its organizational capacity to meet these expectations while strengthening its ability to represent members effectively in an increasingly constrained and complex negotiations environment. It ensures the organization is well-prepared, well-resourced and strategically positioned as we approach upcoming negotiations.

Importantly, this recommendation is not a response to short-term financial pressures. Rather, it is a proactive, forward-looking decision grounded in member feedback and focused on sustaining and enhancing member value, both at the negotiations table and beyond. It also reflects an awareness of the broader context members are facing and demonstrates a thoughtful, transparent approach with a clear line of sight to improved outcomes and services.

In essence, the proposed dues increase reflects a commitment to responsiveness, readiness and long-term value. The Board is listening to members, responding by ensuring the organization has the capacity to meet their evolving needs, and positioning DNS for continued success.

Current Member Dues Across the Country:



**This chart compares the current DNS rate to current rates of the other PTMAs. Some PTMAs will increase dues in the coming year, moving Nova Scotia closer to the lower end of the scale even after an increase in September 2026.*

The following motion will be presented:

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves an increase to full member dues, from \$1,950 to \$2,250, effective September 1, 2026.

Agenda Item# 6.1

2026 AGM – Board Motion

President-Elect

Any member who meets the established criteria is eligible to be nominated for the position of President-Elect. The Nominating Committee reviews all nominations and recommends a preferred candidate to the Board of Directors for endorsement. The endorsed nominee's name is then brought forward to the Annual General Meeting (AGM) for approval.

For the 2026–27 term, the Nominating Committee is recommending **Dr. Christine Short**, a Physical Medicine and Rehabilitation Specialist based in Halifax, for the role of President-Elect. The Committee has determined that Dr. Short meets all criteria outlined in the *Process for Nominating the President-Elect*.

The Committee believes that Dr. Short's experience and skills make her an excellent candidate for this role. She is currently serving on the Board of Directors as Section Forum Chair, with a term that concludes in June 2027. She is also Chair of the DNS Section of Physician Leaders.

Dr. Short has completed DNS's Physician Leadership Development Program (PLDP) and brings extensive leadership experience across clinical, academic, provincial, and national settings. She has also previously served on Physician Agreement and Alternative Funding Plan (AFP) Negotiating Teams.

Dr. Short's current leadership roles outside of DNS include:

- Clinical and Academic Department Head of Medicine, Dalhousie University and Nova Scotia Health
- Senior Medical Director, QEII Redevelopment Project
- Past Chair, Canadian Association of Professors in Medicine (former President)

In recommending Dr. Short for President-Elect for the 2026–27 year, the Committee expressed strong confidence in her leadership abilities and noted that she is highly respected by colleagues within the medical community.

If approved at the AGM, Dr. Short will assume the role of President-Elect immediately following the AGM and will serve in that capacity until June 2027, at which time she will transition into the role of President.

The following motion will be presented:

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves Dr. Christine Short as President-elect for 2026-2027.

AGM Briefing Note

2026-27 Board of Directors

This year, two physicians have been elected to the Board: Dr. Michel Chiasson, a Family Physician in Chéticamp, and Dr. Travis Carpenter, an Internal Medicine specialist in Halifax.

The Nominating Committee will recommend three physicians for appointment to the Board for one-year terms. The Board meets on May 22, and this briefing note will be updated following that meeting to include the names of the appointed physicians.

The members of the 2026-2027 Board of Directors are:

The Executive: Dr. Heather Johnson, Board Chair Dr. Amanda MacDonald-Green, President Dr. Shelly McNeil, Past President Dr. Christine Short, President-Elect (if approved at the AGM) Dr. Leisha Hawker, Audit Committee Chair	
Family Physicians inside HRM Dr. Lynn Bussey Dr. Leisha Hawker Family Physicians outside HRM Dr. Emmanuel Ajuwon Dr. Michel Chiasson Specialists inside HRM Dr. Janice Chisholm Dr. Caitlin Lees Dr. Travis Carpenter	Specialists outside the HRM Dr. Jacob Puthenparumpil Dr. Lucas Richardson Section Forum Chair Dr. Christine Short CMA Board of Directors Representative TBD Maritime Resident Doctors Representative TBD DMSS Representative TBD

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

Dr. Muna Chowdhury
Dr. Deanna Field
Dr. Gehad Gobran
Dr. Kristin Ko
Dr. Gerard MacDonald
Mr. Jonathan Mansvelt
Dr. Oliva Ortiz-Alvarez
Dr. Abraham Rudnick
Dr. Nabha Shetty

We appreciate their contribution to the association. In lieu of gifts, this year donations will be made to Hospice Halifax.

Agenda Item# 7

2026 AGM – Board Motion

Bylaws Revisions

The bylaws require approval at the AGM by a two-thirds majority.

The Governance Committee reviews the bylaws 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; and
- have simple and easy-to-read language.

The attached [updated version of the bylaws](#) have highlighted revisions in Section 11.

Sections 11.1 to 11.3 of the DNS bylaws set out a membership referendum process for certain agreements with government, particularly agreements with the Department of Health and Wellness respecting the tariff and payment for insured physicians' services. In practice, however, DNS regularly needs to adjust existing programs and benefits to improve how a program functions and enhance its effectiveness for physicians. Under the current bylaws, it is not always clear whether these types of changes require a membership referendum.

To improve operations and reduce unnecessary process, DNS is seeking support for the addition of sections 11.4 and 11.5 to the bylaws (copied below). These provisions would allow DNS to enter into agreements, including amending agreements, with government or agents of government without a referendum, where the agreement relates solely to the continuation, administration, or adjustment of an existing program, initiative, or benefit already available to members and is to the overall benefit of members generally, notwithstanding that it may adversely affect some members. In other words, the intent is not to bypass member engagement on significant or contentious changes, but to allow DNS to implement beneficial tweaks to existing programs without needing a referendum each time.

Section 11.5 provides a governance safeguard. Where it is unclear whether a proposed agreement is to the benefit of members generally, the matter will be referred to the Board to determine whether a referendum is required.

The Board of Directors has endorsed the changes and is recommending approval at the AGM.

RECOMMENDATION

That the following recommendation to add sections 11.4 and 11.5 to the DNS bylaws be approved at the AGM:

11. Referendums

11.1 The Board may conduct a referendum of the membership on a specific question where authorized by a two thirds (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.

11.4 Notwithstanding Sections 11.1 to 11.3, the Society may enter into an agreement, including an amending agreement, with government or agents of government including Nova Scotia Health and IWK or successor organizations, without a referendum where the agreement:

- (a) relates solely to the continuation, administration, or adjustment of an existing program, initiative, or benefit already available to eligible members; and*
- (b) is to the overall benefit of eligible members generally, notwithstanding that it may adversely affect some members.*

11.5 Where the CEO determines that it is unclear whether an agreement is to the overall benefit of eligible members for the purpose of Section 11.4(b), the matter will be referred to the Board to determine whether a referendum is required under Sections 11.1 to 11.3.

The following motion will be presented at the AGM:

BE IT RESOLVED THAT the Doctors Nova Scotia Annual General Meeting approves the revised bylaws as presented at the June 6, 2026 annual general meeting.

By-Laws

(Last revised and approved: June 2025)

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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 are required 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.

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) Associate Physicians
 - (e) Members on Leave

- (f) Medical Student Members
- (g) Resident/Fellow Members
- (h) Non-Resident Members
- (i) Honourary Members
- (j) Restricted Members
- (k) 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 subsections 6.4(e) and (j).
 - (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. If 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 and any Special meetings of the Society 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 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.

- 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 at 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 Chair of the Board, 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) family physicians, including those with a Certificate of Added Competence, who carry on practice, or if retired, did carry on practice in Halifax Regional Municipality.
 - (ii) Three (3) family physicians, including those with a Certificate of Added Competence, 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) Board appointments, 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*.
- 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 chosen will retain office only until the new Board commences 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.
- 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.

11.4 Notwithstanding Sections 11.1 to 11.3, the Society may enter into an agreement, including an amending agreement, with government or agents of government including Nova Scotia Health and IWK or successor organizations, without a referendum where the agreement:

(a) relates solely to the continuation, administration, or adjustment of an existing program, initiative, or benefit already available to eligible members; and

(b) is to the overall benefit of eligible members generally, notwithstanding that it may adversely affect some members.

11.5 Where the CEO determines that it is unclear whether an agreement is to the overall benefit of eligible members for the purpose of Section 11.4(b), the matter will be referred to the Board to determine whether a referendum is required under Sections 11.1 to 11.3.

12. OFFICERS OF THE SOCIETY

12.1 The Officers of the Society will consist of:

- (a) The President.
- (b) The President-Elect.
- (c) The Past President.
- (d) The Board Chair.
- (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 the 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 their 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 behavior 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.

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 their 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 of 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.
 - (g) CEO Evaluation Committee.
 - (h) Awards 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 their 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, or 80% of the eligible members if only ten or less are eligible, 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 or any Special meetings of the Society.
- 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 Proposed amendments to these By-Laws may be considered at a Special meeting of the Society provided notice of the amendments has been given to the members entitled to vote at least five (5) business days prior to the date of the Special meeting.
- 18.5 A proposed amendment may itself be amended at the Annual General Meeting or a Special meeting of the Society provided that the intent of the amendment is not altered.
- 18.6 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.

By-Laws

(Last revised and approved: June 2025)

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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 are required 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.

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) Associate Physicians
 - (e) Members on Leave

- (f) Medical Student Members
- (g) Resident/Fellow Members
- (h) Non-Resident Members
- (i) Honourary Members
- (j) Restricted Members
- (k) 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 subsections 6.4(e) and (j).
 - (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. If 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 and any Special meetings of the Society 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 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.

- 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 at 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 Chair of the Board, 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) family physicians, including those with a Certificate of Added Competence, who carry on practice, or if retired, did carry on practice in Halifax Regional Municipality.
 - (ii) Three (3) family physicians, including those with a Certificate of Added Competence, 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) Board appointments, 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*.
- 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 chosen will retain office only until the new Board commences 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.
- 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.

11.4 Notwithstanding Sections 11.1 to 11.3, the Society may enter into an agreement, including an amending agreement, with government or agents of government including Nova Scotia Health and IWK or successor organizations, without a referendum where the agreement:

(a) relates solely to the continuation, administration, or adjustment of an existing program, initiative, or benefit already available to eligible members; and

(b) is to the overall benefit of eligible members generally, notwithstanding that it may adversely affect some members.

11.5 Where the CEO determines that it is unclear whether an agreement is to the overall benefit of eligible members for the purpose of Section 11.4(b), the matter will be referred to the Board to determine whether a referendum is required under Sections 11.1 to 11.3.

12. OFFICERS OF THE SOCIETY

12.1 The Officers of the Society will consist of:

- (a) The President.
- (b) The President-Elect.
- (c) The Past President.
- (d) The Board Chair.
- (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 the 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 their 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 behavior 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.

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 their 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 of 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.
 - (g) CEO Evaluation Committee.
 - (h) Awards 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 their 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, or 80% of the eligible members if only ten or less are eligible, 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 or any Special meetings of the Society.
- 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 Proposed amendments to these By-Laws may be considered at a Special meeting of the Society provided notice of the amendments has been given to the members entitled to vote at least five (5) business days prior to the date of the Special meeting.
- 18.5 A proposed amendment may itself be amended at the Annual General Meeting or a Special meeting of the Society provided that the intent of the amendment is not altered.
- 18.6 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.

Agenda Item# 8

2026 AGM Motion

Section of Public Health

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

Public health concerns are increasingly relevant to clinical practice in Nova Scotia. Addressing communicable diseases, emergency preparedness, harm reduction, health equity, environmental health, and the effects of social and economic conditions requires coordinated physician engagement at the population level. Although many DNS members contribute to these efforts, DNS currently lacks a formal structure to support collaboration and coordinated physician input on public health issues.

The proposed Public Health Section would address this need. Membership would be open to DNS members with formal public health training and to physicians with a strong interest in public and population health. The Section would complement, not duplicate, existing DNS committees and sections, including those focused on health policy, by providing a population health perspective and identifying emerging or under-recognized issues affecting Nova Scotians.

The objectives of the Public Health Section would be to:

- (1) Provide a forum for DNS members to connect and exchange expertise on public and population health.
- (2) Identify, discuss, and raise awareness of emerging population health issues relevant to both physicians, DNS and communities throughout the province.
- (3) Offer coordinated physician input to DNS leadership on policy, advocacy, and public statements related to public and population health when requested.
- (4) Support professional development and informed discussion among physicians on prevention, health equity, and population-level approaches to health; and
- (5) Provide a dedicated space for physicians working in public health to engage with DNS, access organizational support and ensure that their professional perspectives and needs are represented within the organization.

We believe the creation of this Section is timely and aligns with DNS's strategic priorities. It will support proactive, evidence-informed physician engagement on population health issues that may fall outside the mandate of local public health units or government departments.

In line with DNS requirements, a minimum of ten DNS physician members have endorsed this application, which has 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 creation of the Section of Public Health.