A meeting of the Representative Assembly of the Saskatchewan Medical Association was held at the above place on the above date. The following delegates were present:

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<tr>
<th>Delegate</th>
<th>Region/Section</th>
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<tr>
<td>Abdulla, Ramzan, Dr.</td>
<td>Regina</td>
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<td>Achyuthan, Geeta Dr.</td>
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<td>Arnold, Pam Dr.</td>
<td>Regina</td>
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<td>Arsiradam, Mark Dr.</td>
<td>PA Parkland</td>
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<td>Bayda, Mike, Dr.</td>
<td>Mamawetan</td>
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<td>Bayly, Ken Dr.</td>
<td>General Practice</td>
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<td>Bernacki, Barry Dr.</td>
<td>Physiatry</td>
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<td>Botha, Nicholaas Dr.</td>
<td>Sun Country</td>
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<td>Brown, Mark Dr.</td>
<td>Five Hills</td>
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<td>Burwell, Shaye, Dr.</td>
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<td>Buwembo, Joseph Dr.</td>
<td>Neurosurgery</td>
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<td>Cameron, Mark Dr.</td>
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<td>Chandran, Geethan Dr.</td>
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<td>Cornelissen, Rohan Dr.</td>
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<td>Duffy, Patrick Dr.</td>
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<td>Ekong, Chris Dr.</td>
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<td>Jimenez-Guerra, Idalberto Dr.</td>
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<td>Kalra, Neil Dr.</td>
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<td>Kasim, Yusuf Dr.</td>
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<td>Kassett, Suresh, Dr.</td>
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<td>Khurana, Mahesh, Dr.</td>
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<td>McCarrville, Don Dr.</td>
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<td>McGonigle Reid Dr.</td>
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<td>Moodliar, Romashnee Dr.</td>
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<td>Moolla, Mohamed Dr.</td>
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<td>Ndubuka, Nnamdi Dr.</td>
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<td>Nrusimhadavers, R. Dr.</td>
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<td>Pillay, Intheran Dr.</td>
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<td>Pilot, Brittany, Ms.</td>
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<td>Prasad, Bharur Dr.</td>
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<td>Sanderson, Kirsty Dr.</td>
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<td>Shannon, Janet Dr.</td>
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<td>Sivertson, Joanne Dr.</td>
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<td>Slavik, Dalibor, Dr.</td>
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<td>Sridhar, Guruswamy Dr.</td>
<td>Internal Medicine</td>
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<td>Stakiw, Julie Dr.</td>
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<td>Stefiuk, Donald, Dr.</td>
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<td>Tootooosis, Janet Dr.</td>
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<td>Tumbach, Janna Dr.</td>
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<td>Van Der Ross, Richard Dr.</td>
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<tr>
<td>Woo, Allan, Dr.</td>
<td>Orthopaedics</td>
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<td>Yelland, Joel Dr.</td>
<td>Saskatoon</td>
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The following delegates were not in attendance:

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<tr>
<th>Delegate</th>
<th>Region/Section</th>
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<tr>
<td>Abdulhadi, Mohamed Dr.</td>
<td>Regina</td>
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<td>Colwell, Robin Dr.</td>
<td>Saskatoon</td>
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<td>Brunet, Bryan Dr.</td>
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<td>Coupal, Dustin Dr.</td>
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<td>Khan, Mohammad Dr.</td>
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<td>Kirby, Angus Dr.</td>
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<td>Kraushaar, Greg Dr.</td>
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<td>Litwin, Crystal Dr.</td>
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<td>Masiowski, Paul Dr.</td>
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<td>Mia (Shabir), Mohamed Dr.</td>
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<td>Moolman, Martinus Dr.</td>
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<td>Ogunbiyi, Aijbola Dr.</td>
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<td>Renuka-Prasad, Mysore Dr.</td>
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<td>Roodt, Johann</td>
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<tr>
<td>Visvanathan, Kishore Dr.</td>
<td>Urology</td>
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<tr>
<td>Walker, Kirsten Dr.</td>
<td>PAIRS</td>
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CALL TO ORDER

001. Dr. Joel Yelland, Speaker, called the meeting to order and advised that business would be conducted according to the rules of Wainberg’s Society Meetings.

INTRODUCTION OF MEMBERS

002. Dr. Yelland advised there was one vacancy in the Sunrise Regional Medical Association for a Representative Assembly delegate. The Board, in conjunction with the respective regional executives, recommends the appointment of Dr. Saliu Oloko to fill the vacancy.

003. Moved by Dr. Joe Pfeifer, seconded by Dr. Stan Oleksinski.

That Dr. Saliu Oloko be appointed as a delegate from the Saskatoon Regional Medical Association.

Carried.

004. Dr. Yelland welcomed special guests: Dr. Cindy Forbes, President Elect from the CMA; Mr. John Feeley, VP Member Relevance from the CMA; Ms. Susan Antosh, Chief Executive Officer eHealth Saskatchewan; Dr. Karen Shaw, CPSS Registrar; Mr. Bryan Salte, CPSS Associate Registrar Dr. Michael Howard-Tripp, CPSS Deputy Registrar; Ms. Marga Cugnet, CEO Sun Country Health Region; Mr. Keith Dewar, CEO and President, RQRHR; Mr. Dan Florizone, CEO of Saskatoon Health Region; Ms. Cecile Hunt, CEO of Prince Albert Parkland Health Region; From the Ministry of Health: Honourable Dustin Duncan, Minister of Health; Mr. Max Hendricks, Deputy Minister of Health; Ms. Karen Lautsch, Assistant Deputy Minister; Ms. Shaylene Salazar, Executive Director, Medical Services Branch; Mr. Chris Thresher, Minister’s Assistant; Ms. Tracy Bertram, Director, Fee for Service and Statistics; Jarret Boon, Senior Research and Statistical Analyst; Ginny Lane, Senior Policy and Program Consultant. Other guests included, Dr. Dennis Kendel, CEO of Physician Recruitment Agency of Saskatchewan; Dr. Gill White, Associate Dean of the College of Medicine; Mr. Lee Brouillette from Manulife; Mr. Paul Phillips, Vice President Western Canada from MD Financial Management; Mr. Lee Raito, Regional VP of Financial MD Management and Dr. Martin Vogel, past CEO of the SMA.

005. Members of the Representative Assembly introduced themselves and indicated their practice/specialty and region/section.

APPOINTMENT OF RESOLUTIONS COMMITTEE

006. Drs. Shayne Burwell, Dr. Clare Kozroski and Stan Oleksinski were nominated to the Resolutions Committee.

007. Moved by Dr. Tilak Malhotra, seconded by Dr. Ram Abdulla.

That the RA appoint Drs. Shayne Burwell, Clare Kozroski and Stan Oleksinski to the Resolutions Committee.

Carried.

PRESIDENT’S ADDRESS

008. Dr. Dalibor Slavik, SMA President, delivered his presidential address highlighting the following issues arising over the past six months of his presidency.
These highlights included:

- The creation of a broad and ambitious 3-year Strategic Plan for the SMA. This plan signals to SMA members and its health system colleagues that health system transformation cannot happen without the active collaboration of Saskatchewan physicians. Physicians have been on the sidelines for far too long, and included in the conversation far too late.

- Physicians must be actively involved in provincial discussions. This is crucial to SMA members and ultimately their patients.

- A key change was the recent appointment of SMA’s new CEO, Bonnie Brossart; a well-respected Saskatchewan health care system CEO who is especially well versed in quality improvement and health system transformation. Her skills align very well with the commitment of Saskatchewan physicians to continuous improvement and the delivery of compassionate, high quality, patient-centred care. Since starting in January, Dr. Slavik has received numerous positive comments internally and externally regarding Ms. Brossart’s leadership. This feedback affirms that the SMA has unequivocally hired the right person into the CEO position given the organization’s aspirations.

- For 2015, SMA’s main focus will be on continuing to be a strong, member-based organization. The Senior Leadership Team has been working on operational plans for the organization and determined this to be the area that needs immediate improvement, making the SMA higher-functioning and better positioned to respond to its members’ needs.

- Another big change was the move to the SMA new office building at 2174 Airport Drive, which is co-owned by the SMA and the College of Physicians and Surgeons through a numbered company. This vastly improved physical work environment will enable our staff to serve SMA members’ needs better, including the ability to host several meetings at once, in person, and/or virtually. Members who have visited the new office concur that the new space is very nice.

- Today over 80 per cent of physicians in Saskatchewan have adopted an Electronic Medical Record system. A handful of years ago, less than half of Saskatchewan physicians were using electronic records.

- Over the past year, the SMA has been the leading voice in the province when it comes to calling for collaborative care among health care providers. Last spring, when the Executive Director of the Saskatchewan Registered Nurses Association made comments in the media that patients who saw a nurse practitioner would not go back to seeing a family physician, the SMA used this as an opportunity to forge closer connections among the professions. Together with the SRNA, the Saskatchewan chapter of the College of Family Physicians of Canada, the College of Physicians and Surgeons of Saskatchewan and agencies representing nurse practitioners, the SMA is now in the process of developing a joint statement on collaborative care. This statement on collaborative care is a first in Saskatchewan and has the potential to unite several health care providers and foster mutual understanding between different professions. More importantly, it will unite health professionals in their efforts to provide the best care for their patients.

Some notable challenges remain including:

- The slow pace of fee-for-service negotiations has been a frustration. Physicians have been patient with this complex process, and want to get a new deal signed soon. While the SMA must continue to negotiate for the best possible agreement for its members, the profession is also under an obligation to demonstrate to the people of Saskatchewan that physicians strive to be part of the solution of making health care more efficient, safer and more accessible. A number of discussions between the SMA Negotiations Committee and Ministry of Health representatives have taken place since mid-April. It is the SMA’s wish to have this agreement signed very soon.
This past year also saw increasing scopes of practice and proposed legislative changes for other health professionals, including nurse practitioners, naturopaths and pharmacists. While the SMA embraces the notion of highly effective team-based care, it was extremely frustrating to see these changes advanced and forced upon physicians with little or no consultation, as well as having physicians’ suggestions and recommendations ignored. Improving access to care is an ambition shared among all professions, but it must never supersede patient safety.

Amendments to the Pharmacy Act and the Bylaws of the Saskatchewan College of Pharmacists that will allow pharmacists to administer vaccines and order and interpret diagnostic tests are imminent. The SMA will continue to voice its concerns regarding the new scope of practice for pharmacists, and the impact it may have on patient safety. If we are going to move to a truly collaborative care model, then consultation with physicians must start at the earliest stages of changes to legislation and regulations.

Probably one of the biggest policy issues currently facing our profession is that of medically assisted dying. Although legality in this regard is still about 9 months away, the topic has assumed increasing relevance in the wake of the Supreme Court’s decision in February 2015 to strike down the ban on physician-assisted suicide.

Conscientious objection and a physician’s right to refuse is an issue that has elicited strong opinions from physicians and the public, with the College receiving over 4,500 responses to their request for input. The SMA also received a significant number of responses to my March 2015 President’s Letter outlining the Board of Directors’ position on the proposed policy. There’s no question that members hold strong opinions both for and against a physician’s right to refuse. It is important to know that physician assisted death is at present not part of this policy as we do not know what the actual legislation change will be.

Looking to the future, it becomes increasingly clear that the medical profession is on the verge of a large generational turnover. The way we communicate with our younger colleagues and conduct the business of member-driven organizations like the SMA is already being impacted by this change.

011. Dr. Slavik noted that it has been a pleasure serving as the President of the SMA. It is his hope that over the past year the SMA has made a positive impact on the health care system, on the practice of medicine, and of course, on the health and wellbeing of both our members and our patients. It is also his hope that this change will continue to evolve and improve healthcare in Saskatchewan.

RESOLUTIONS

012. Moved by Dr. Fergall Magee, seconded by Dr. Joe Pfeifer

*The SMA and its members support and will advocate for an appropriately resourced, integrated Provincial Medical Laboratory Services initiative.*

Carried

013. Moved by Dr. Ken Bayly, seconded by Dr. Stan Oleksinski

*That the SMA communicate to the Minister of Health and RHAs strong objection regarding mandatory participation in pooled referrals.*

Carried.
NARRATIVE PORTIONS OF THE REPORTS TO THE REPRESENTATIVE ASSEMBLY

014. Moved by Dr. Dalibor Slavik, seconded by Dr. Mark Brown.

*That the narrative portion of the reports be received for information.*

Carried.

MINISTER OF HEALTH’S ADDRESS

015. Minister Duncan thanked the SMA for inviting him to address the Representative Assembly. He offered the following key messages:

- The Minister appreciates the strong relationship with the SMA and feels that they share the same commitment to the patients of Saskatchewan. Six years ago, the Ministry began its health system transformation efforts and putting the patient first. Ambitions cannot be realized without physician leadership and engagement. With involved engagement, the Ministry believes that we will reach our patient’s needs.

- The Ministry’s work continues on improving surgical care via the Saskatchewan Surgical Initiative (SkSI). Not that long ago, Saskatchewan had among the longest wait times. Since the SkSI began in 2010, the number of patients waiting more than 3 months is down 89%. Health system transformation is possible.

- This year’s health budget is at a record $5.12 million, and is the largest among ministries. There are targeted investments to reduce ER waits and improve patient flow. The Ministry is piloting innovative mental health projects that involve police and community health services. Improving care for seniors is a priority, especially enabling seniors to stay in their homes as well as improving long term care.

- Earlier this week the government introduced legislation for patients to pay for a MRI. For every scan paid for privately, clinics would be required to provide a scan at no charge to a patient on the public wait list. The government believes this innovative approach will help address increasing wait times for MRIs.

- The multi-year contract with John Black and Associates to develop a Lean Management System within the health system ended on March 31, 2015. There has been much debate; at times it has been negative and ill informed. The Minister recognized the dedication of many health care system workers including physicians applying quality improvement methodology to make care safer and better.

- Attracting and keeping physicians is important to the province and efforts must continue to ensure opportunities are available for new physicians. First priority is recruiting local graduates but there will continue to be recruiting from abroad. All physicians are appreciated and valued by communities and government alike.

- The Minister concluded by stating that they want to continue to work with the SMA towards better health, better care, better value and better teams. With physicians on board the possibilities are endless.

016. Dr. Slavik thanked the Minister and his officials for taking the time out of their busy schedules to address the Assembly. The Assembly then had the opportunity to address the Minister.

017. Dr. Bhanu Prasad asked the Minister if the fee charged by private institutions for MRIs will be the same as what the SMA has negotiated. The Minister noted that government will not pursue these services through an RFP or set a price for the service. Any private company with a desire to enter
this market will need to build a business case. It will be up to the private sector to make the decision.

018. Dr. Stan Oleksinski thanked the Minister for developing pooled referrals however, is of the opinion that they should be voluntary and not compulsory. Physicians feel that mandatory pooled referrals create unnecessary pressure for them. The Minister acknowledged that pooled referrals have been an important component for surgical wait time reductions. However, the Minister stated that pooled referrals will not be mandatory.

019. Dr. Guruswamy Sridhar noted that motions have been put forward in the past for uniform implementation of the Medical Staff Bylaws. This process has been well outlined, however many RHAs have not followed them. Dr. Sridhar would like to see an appeal mechanism developed to assist physicians when RHAs are not implementing the bylaws appropriately. Mr. Max Hendricks advised that the Ministry is in the process of drafting new bylaws for implementation in the fall.

020. Dr. Patrick Duffy shared his concerns with the Minister regarding patient safety related to unsafe workloads. Dr. Duffy invited the Minister to join him in a week of on call in Regina. The Minister stated that he cannot commit to doing call but can commit to meeting with Dr. Duffy and hearing his concerns first hand.

021. Dr. Robin Erickson commented on the Ministry engagement of David Peachy to address physician workforce needs. Dr. Erickson has not seen or heard anything related to the final report. The Minister advised that the Physician Human Resource Plan has been provided to stakeholders for comment and feedback. They do not have a date for when the Plan will become a public document.

022. Dr. Ken Bayly noted that recent news reports indicate long term care workers in Saskatchewan do not feel appreciated for the work they do. Dr. Bayly asked the Minister what government plans to do to assure staff their hard work is valued. The Minister replied that it is important to continue to make improvements in long term care. He noted, the number of long term care workers has increased. The Minister stated that trying to deal with aging infrastructure has its challenges. The Minister agrees that the message that long term care workers are valued is an important message to communicate to the public.

023. Dr. Geeta Achyuthan asked the Minister what support the Government is providing for the stroke pathways and why is Saskatchewan the only province that has not adopted these pathways. Mr. Hendricks advised that the pathways committee will submit its recommendation to include the stroke pathway.

024. Dr. Fergall Magee noted that the success of surgical initiative means the system can accommodate approximately 30 breast cancer surgical cases on any given day. However, because of the limited number of pathologists in the Province, the number of surgical cases are limited to 5 per day. He anticipates that there will be an increase in biopsy cases. Dr. Magee requested that the Ministry look broadly at the entire system.

025. Dr. Daniel Kirchgesner expressed concern that his EMR appeal to the Medical Assessment Board has not been addressed in 5 years and requested that the Ministry intervene and resolve this problem. The Minister replied that he will look into Dr. Kirchgesner’s specific concern.

026. Dr. Rohan Cornelissen is concerned that physicians are not remunerated appropriately when patients are being referred from nurse practitioners and inquired if the Ministry plans to remedy this. Mr. Hendricks stated that they are aware of issues regarding scopes of practice and how it affects physicians. However, he will take Dr. Cornelissen’s concerns back to the Ministry for further discussion.

027. Dr. Ravikrishna Nrusihmdevara inquired if the Ministry would consider a collaborative care template model between ophthalmologists and optometrists. The Minister responded that he
would consider that approach and assured them that they would not move forward without the input of the Section of Ophthalmology.

028. Mr. Jordan Li asked the Minister if he would consider opening the IMG residency spots for Canadian grads who want to stay in the province as the number of residency spots is currently falling short. The Minister advised that he does not have an answer to the question; however he noted that further discussions will occur at the Ministry level.

029. Dr. Janna Tumbach noted that midwifery services continue to expand in the Cypress Health Region. Midwifery is being promoted as safer than physician care. There exists concerns regarding the safety of home deliveries. Dr. Tumbach inquired if the Ministry has done anything to curtail midwife expansion and maintain their current scope of practice. The Minister noted that although there is a demand for midwifery services, they do not have any plans to expand the program at the current time.

030. Dr. Goyal requested the Ministry to consider having a single provincial fee schedule for Radiologist rather than separate regional schedules to avoid region having to compete for radiologists services.

031. Dr. Tilak Malhotra requested that, during negotiations, the Ministry take under advisement that no specialty be paid less than family physicians. The Minister replied that allocation of funds is the responsibility of the SMA.

032. The Minister thanked the Assembly for their time and questions. He appreciates the opportunity that he gets as Minister to meet with the SMA in this forum. He noted that their relationship with the SMA is stronger than what other provincial health Ministries have with their medical associations. The Minister committed to continuing to build this positive relationship with the SMA.

REVIEW OF MINUTES OF THE NOVEMBER 2014 MEETING (RA 001/15)

033. Mr. Ed Hobday opened his comments with his early impressions of the SMA CEO, Bonnie Brossart. He acknowledged her experience in the health system as being a key asset in this role. Her work ethic and commitment to the SMA has earned the respect and loyalty of staff.

034. Ms. Bonnie Brossart thanked Mr. Hobday for his kind words. She shared with the audience that the improvement efforts taking place in Saskatchewan are garnering attention across the globe. The ambitions the health system has in terms of better access and quality cannot be achieved without physicians working in partnership with their health system colleagues. Physician leadership and co-design is essential. She thanked the staff for their warm welcome into this role and committed to doing her best to serve the membership in the days ahead.

035. Moved by Dr. Guruswamy Sridhar, seconded by Dr. Intheran Pillay.

_That the minutes of the previous meeting be adopted._

Carried.

REVIEW OF NOVEMBER 2014 RESOLUTIONS (RA 002/15)

036. Mr. Hobday reviewed the activity involved with the resolutions from the November 2014 Representative Assembly. There were no questions from the delegation.

BOARD OF DIRECTOR’S REPORT

037. Dr. Thirza Smith reviewed the Board of Directors report.
038. Moved by Dr. Dalibor Slavik, seconded by Dr. Ken Bayly.

*That the RA approve the actions of the Board as reported.*

Carried.

**NOMINATING COMMITTEE REPORT**

039. Dr. Clare Kozroski reviewed the Nominating Committee report. Dr. Kozroski also provided a review of how the Nominating Committee functions, noting that they follow the CMA guidelines.

**FINANCE COMMITTEE REPORT**

040. Dr. Itheran Pillay reviewed the Finance Committee report.

041. Dr. Pillay highlighted the following:

- Update on move to 2174 Airport Drive. The SMA’s 50% share of the new building was financed from insurance reserves and liquidation of some SMA investments (including the Physician Support Program).
- In March, the Finance Committee met to consider the CEO’s request to hire a Director of Corporate Services. Another meeting was held in late March to meet with Mackenzie Financial investment advisors and with KPMG auditors to review the audited financial statements. The Auditors have offered a clean audit for the 2014 fiscal year.
- The next meeting will review financial arrangements related to the new building as well as revisit whether membership dues might be subject to GST. The CMA has been advised by the Canada Revenue Agency that their dues may be subject to GST.

042. Moved by Dr. Janet Shannon, seconded by Dr. Guruswamy Sridhar

*That the Representative Assembly approve the SMA financial statements for the year ending December 31, 2014.*

Carried.

043. Moved by Dr. Clare Kozroski, seconded by Dr. Ken Bayly.

*That the accounting firm of KPMG be appointed as auditors for the SMA for the year ending December 31, 2015.*

Carried.

**CPSS REPORT – DR. GRANT STONEHAM**

044. Dr. Grant Stoneham, President of the College of Physicians and Surgeons, provided his report to the Assembly.

045. At the Council’s meeting in January, Dr. Mark Chapelski stepped down as President after serving 3 years in that role.

046. Dr. Stoneham focused on two topics that he thought were both interesting and somewhat controversial to physicians and to the general public: the draft policy being developed by the
College regarding Conscientious Objection and Supreme Court of Canada decision – the Carter decision, which is related to Physician Assisted Suicide.

047. Over the last year, Council has been developing a policy on Conscientious Objection. The purpose of this policy is to provide clear guidance to physicians, and to the public, about the obligations that physicians have to provide care to patients, and how to balance those obligations with physicians’ wish to act in accordance with their conscience in certain circumstances. A draft policy was developed and then discussed at the College’s January Council meeting, at which time the draft was approved unanimously and sent out for consultation. A large amount of feedback was received. The majority of the feedback was from the public, but physicians and groups of physicians also provided feedback.

048. The Council was able to review the feedback received and discussed a number of modifications to the policy. These will be incorporated into a new draft of the policy which will be sent out for additional consultation prior to finalizing the policy.

049. The final policy will try to balance the obligations that physicians have to their patients with a physicians’ freedom of conscience, and will establish the College’s expectations for Saskatchewan practitioners when these obligations and freedoms come into conflict.

050. Some of the principles that the policy is based on include;

- That physicians should provide care that is consistent with the CMA code of Ethics and the Saskatchewan Human Rights Code,
- Recognition of the fiduciary relationship between a patient and a physician,
- The right to patient autonomy,
- A patient’s right to continuity of care as per the Code of Ethics,
- A patient’s right to information about their care,
- That physicians should not intentionally or unintentionally create barriers to patient care,
- Medical care should be, as much as possible, equitably available to patients,
- Patients should have access to legally permissible and publicly funded health care services,
- That physicians have an obligation not to abandon their patients, and
- That physicians’ freedom of conscience should be respected.

051. These principles will help to inform the final draft, which the College is hoping to have for discussion at the June Council meeting.

052. Dr. Stoneham noted that one of the revisions to the draft is the inclusion of an explicit statement that the policy does not currently apply to physician-assisted suicide.

053. This is an important issue that the medical profession in Canada will have to address over the next year. On February 6th, 2015, in the Carter decision, the Supreme Court of Canada struck down 2 provisions of the Criminal Code that made it a criminal offence to assist a person to commit suicide. The Supreme Court ruled that those sections unjustifiably infringed on the Section 7 Charter rights of persons who met 4 conditions;

1. The person must be a competent individual,
2. The person must clearly consent to the termination of life,
3. The person must have a grievous and irremediable medical condition (including illness, disease or disability) and,
4. Which condition must cause enduring suffering that is intolerable to the individual in the circumstance of his or her condition.

054. The Supreme Court has made its decision that physician-assisted suicide should be allowed, but has suspended the declaration of invalidity for 12 months, so it remains illegal for a physician to assist with the suicide or death of a patient at the present time, and it will continue to be illegal until February 2016. It is not known whether the Federal or Provincial Governments will pass new laws
governing this, but it is quite likely that there will not be new legislation by February 2016, when it will then be legal for a physician to participate in physician-assisted suicide. Although there are discussions occurring at the federal and provincial level, including governments and the regulatory and advocacy bodies, in the event that there are no new laws or legislation to give direction on how to manage this, the regulatory authorities must give some thought as to the processes and standards of practice that we will expect in this environment.

055. Dr. Stoneham invited questions or comments from the delegates.

056. Dr. Sridhar offered that physician should not be forced to act against their conscience and he requests that the College continue to work with the SMA to provide the necessary supports to do enable this opportunity.

057. Dr. Mark Brown offered that this emerging policy topic requires a national approach with Colleges and PTMAs agreeing on key content. Canadians should not have different opportunities or challenges based on where they live. Dr. Stoneham concurred that the College will participate in any effort across the country.

058. Dr. Karen Shaw added that the College of Physicians and Surgeons President’s report, and the most recent issue of Doc Talk, outline the changes that have been made to the policy to meet the needs of physicians and the public. She further offered that controversial topics are always difficult and physicians need to be reminded why we are here; and that is for the patient. Last, she shared that regulators from across the country are already forming a group, however, it’s not clear if the federal government and provincial governments will do anything.

059. Dr. Mohamed Moolla raised the question regarding alternative pathways for certification and fellowship for IMGs. Dr. Stoneham shared that certification of specialist comes down to licensing. When a physician enters they can chose a different pathway either through Royal College or through a assessment.

060. Dr. Cindy Forbes commented that the CMA has expended considerable effort on the “end of life issue” over the past several months. The CMA was heartened when their position was quoted in the recent Supreme Court decision. Dialogue with physicians across the country continues. This issue will be discussed in August at General Council in Halifax. The CMA will be inviting the regulating bodies to attend to achieve a national consensus on this issue.

SMSS REPORT

061. Mr. Jordan Li and Ms. Brittany Pirlot, representatives from the Student Medical Society provided the following highlights from their organization:

- At their recent day with government officials and opposition in March, SMSS representatives shared their hope that seniors receive the high-quality, patient-centered care they need. They encouraged government to provide additional income supports and incentives to caregivers and make a long term commitment to improve funding for expanded home care services. SMSS strongly urged government to act proactively on this issue,

- Over $35,000 has been raised via various SMSS events in the past year,

- SMSS have appreciated the many great learning opportunities and experiences they’ve had via the RoadMap program,

- Physicians are encouraged to be a preceptor next year; and

- FLIP: going forward with 2 great projects: Newcomer Pamphlet Project and student group “Initiatives to Better Serve Children With Special Needs” conference.
PAIRS PRESENTATION – DR. NEIL KALRA

062. Dr. Neil Kalra opened his comments on how invaluable he has found his experience on the SMA Board of Directors. This has afforded him many networking opportunities and he thanked the Board for speaking on resident issues. He offered the following highlights:

- PAIRS have worked with the Ministry of Health to finalize their employer of record being the U of S. This was achievable through an effective working relationship with the Ministry. PAIRS also has been working with the Ministry, SMA Board, CORRP and SRR to create some amendments to the current resident return of service contracts; and

- PAIRS is striving to promote resident wellness and healthy living, and to ensure balance beyond residency. Examples include hosting events to encourage residents to interact with each other, and healthy eating at hospitals.

063. Dr. Kalra thanked the SMA for its ongoing guidance and support for residents.

RESOLUTIONS

064. Moved by Dr. Janna Tumbach, seconded by Dr. Clare Kozroski.

That the SMA call on the Minister of Health to demonstrate his support for family physicians providing obstetrical care in the Cypress Health Region by limiting any further expansion of the midwifery program.

065. Dr. Tumbach noted that midwifery services continue to expand (presently 3). Midwifery is being promoted as safer than physician care. There exist concerns regarding the safety of home deliveries.

066. Dr. Thorpe shared that although midwifery services are not available in Five Hills, midwives are doing deliveries in the region. There have been instances where medical misadventure has occurred and patients are brought into the hospital and treated by obstetricians.

Carried.

067. Moved by Janna Tumbach, seconded by Dr. Clare Kozroski.

That the SMA call on the Minister of Health to require current midwifery programs to fulfill their initial mandate of providing care to underserviced populations.

068. Dr. Tumbach shared that the initial intent to midwifery programs was to broaden access, especially to hard to reach populations. Recent experience is showing that midwifery services are being accessed by other groups, notably, higher socioeconomic women, which mean there are still populations that cannot access the service.

Carried.

069. Moved by Dr. Barb Konstantynowicz, seconded by Dr. Geeta Achyuthan.

That a provincial strategic plan be spearheaded by the SMA to address issues of senior care and, in particular, the issues of dementia.

070. Dr. Barb Konstantynowicz offered that this should be a key area of advocacy and focus of the SMA. The SMA should lead the development of a Seniors Strategy.
071. Dr. Achyuthan acknowledged seniors, especially those with dementia, are a group slipping through the cracks.

Carried.

072. Moved by Dr. Suresh Kassett, seconded by Dr. Janna Tumbach

*The SMA call on the Minister of Health to reconsider the expanding role of pharmacists in the province, including assessing and prescribing for minor ailments and interpreting lab results. The SMA calls on the Minister to halt any further expansion of pharmacists’ scope of practice.*

073. Drs. Prasad and Oduntun expressed their concern regarding the potential increase to a physician’s workload as well as the conflict of interest that’s present when a practitioner can dispense and prescribe.

074. Dr. Kassett raised the concern that simple tests could result in potential risk and harm to patients.

Carried.

075. Moved by Dr. Brandon Thorpe, seconded by Dr. Kristy Sanderson

*That the SMA requests the government to keep the hyperbaric oxygen chamber in the Moose Jaw Hospital.*

076. Dr. Oleksinski commented that the design didn’t allow for space in the new hospital and as such, perhaps a new centre might be better than Moose Jaw.

077. Dr. Brown commented that the reason the chamber is in Moose Jaw because of the proximity of the Air Force base as well as trained respiratory techs. It would be impractical to have them off site.

078. There were several delegates who suggested this item be referred to the SMA Board.

Referred to the Board.

**CHANGE DAY PRESENTATION – DR. SUSAN SHAW**

079. Dr. Susan Shaw, Board Chair of Health Quality Council, presented a video on Change Day 2015. This is a province-wide campaign culminating in November of this year, with the ambition of 2015 pledges from health providers and the public to offer up one small change to make care better. The pledge can be personally oriented, focused on the workplace, or focused on patients. She challenged delegates to each make a challenge.

**KEYNOTE ADDRESS – COLLEGIATION: DR. BILL CAVERS**

080. Dr. Bill Cavers, President of the Doctors of BC provided his presentation “Collegiality: Strengthening Physician to Physician Relationships (attached as Appendix “A”). This presentation highlighted the following items:

- Dr. Cavers shared BC’s history over the last decade in terms of the relationship between physicians and government. In the 1990’s there was a loss of commonality in the workplace. Subsequently, family physicians left the hospitals. As a result many specialists left as well. Because of the lack of interaction, there was a general lack of understanding. At the same time, physicians were facing a government that was determined to marginalize physicians’
influence. The BCMA started to focus on economic gains and that changed the discussions. Physicians started focusing on small differences and as such created division within the medical community.

- The start of the change came in 2002 at the end of contractual negotiations. Out of the agreement was the creation of a GP Services Committee.

- The big turnaround began with the 2006 Physician Master Agreement with government. It affirmed the value of improving quality care, and expanded that culture. It dramatically increased the funding to the collaborative GP Services Committee, and provided funding for non-compensation supports and it expanded the number of collaborative committees.

- Two other committees were also formed. Specialist services committee was formed to collaborate with Specialist Physicians to improve access to needed, evidence-based, quality services to meet patients’ medical needs for optimum health outcomes. The Shared Care Committee was formed to enable shared care between General Practitioners, Specialist Physicians, and other healthcare professionals.

- Around then the collaborative committees adopted the Triple Aim approach of IHI, an approach now adopted by our whole association. Triple Aim includes a made-in-BC modification; to include the provider’s experience of care, used as a lens for designing and evaluating initiatives and placed the focus on provision of cost-effective, quality care that benefits patients.

- Commonalities that unite the profession in British Columbia include:
  - provision of care
  - quality
  - relationship building
  - professionalism

- Dr. Cavers noted what physicians can do at the community level to improve collegiality:
  - Establish local care-focused groups,
  - Create Intersectional/Interprofessional committees,
  - Focus on quality,
  - Focus on improving Care, and
  - Improve the experience of Care; ease, efficiencies.

- Dr. Cavers noted what physicians can do provincially to improve collegiality:
  - Remove negotiations from centre stage,
  - Separate negotiations/fee processes & clinical issues,
  - Automatize negotiations, and
  - Provide supports for clinical care and intersectional relationship building.

Dr. Yelland queried Dr. Cavers further on how to foster relationships with RHAs and Ministry of Health. Dr. Cavers acknowledged it has been very difficult with the creation of the divisions helping somewhat. Some have been successful and some struggle. He advised that most divisions started small.

Dr. Sridhar asked how to bridge different specialties in different areas. Dr. Cavers offered it has not been easy. The creation of a tariff committee to deal with fee dispute issues has been helpful. Once it is fully discussed, the recommendations then come to the board.
083. Ms. Brossart inquired about the degree of freedom around the financial investments made by the Ministry of Health and the expectations around data collection. Dr. Cavers acknowledged that the initial meeting was anything but collegial but physicians were given the opportunity to build the quality improvement strategies. As for data collection, they used administrative data to start to show results.

084. Dr. Kendel queried if things got so bad in BC that the status quo was intolerable he wondered whether it will it be harder for Saskatchewan to do something if it was not burning a platform. Dr. Cavers replied that Saskatchewan must change the course of discussions before it gets to the place where BC was.

085. Ms. Cecile Hunt asked what worked around relationship building in BC. Dr. Cavers offered that RHAs have been at the collaborative table all along, but with regular presence, things got better.

086. Dr. Ramzan Abdulla wondered about the disparity among family physicians and specialists affecting collegiality. Dr. Cavers said that the disparity is not so much between the two but rather interprovincial disparities. This needs to be built into the process for constant corrections.

087. Delegates were then asked to discuss in small groups the following 2 questions:

1. What are the issues affecting collegiality?
2. What can SMA do to advance collegiality?

088. The SMA committed to capturing and posting the discussion on its website.

SASKATCHEWAN LEARNINGS FROM INTERMOUNTAIN HEALTH

089. Drs. Jenny Basran, Guruswamy Sridhar, Phillip Fourie, Gary Groot, and Paul Babyn shared their experiences regarding the training and learning from the InterMountain Health ATP Program. This is a quality improvement training program involving significant time and financial resources.

090. Dr. Slavik interviewed the panel and started by asking the panel the following question:

_The group of you went to Intermountain to take this quality improvement course. I understand that was a pretty significant commitment on your part in terms of time, energy and even financial resources. There are a lot of years of experience, and perhaps a bit of skepticism, sitting in this room today. Is there anything that you learned there that makes you think that there is something in what they do at Intermountain that the profession should similarly invest time and energy in or is this just the next fad that will pass in time?_

091. Dr. Groot offered that this program attracts people from across the globe. It’s all about quality improvement and has extensive involvement from physicians. There are many shared challenges and it’s quite amazing to see how much progress participants make during the program. There’s great willingness to share and learn together.

092. Dr. Fourie thanked HQC for organizing this opportunity and concurred he has learned a great deal. He was particularly struck by the notion of moving from craft-based medicine to the science of medicine. There’s lots of variability in practice. Not just variability in the care of one physician to another but even with the same physician. As such, systems need to be in place to deliver consistent, reliable, high quality care. Having a protocol or standard does not mean that one cannot do something different. But when something different is done, learning (and asking why) must happen and then improve the standard as needed. Typically 80% of patients would fall within the protocol but the others, one would be able to deal with them with their expertise.

093. Dr. Sridhar acknowledged that physicians are working in a world of complexity. The hospital system is designed a certain way but it is changing. Every country is needing sustainable health care systems and as such, need to develop a high quality system of care.
Dr. Basran shared that the learning she acquired was around the importance of good quality data and how to get it and build it into every day work. This shouldn’t be overwhelming and should be started now. Data must be embraced.

Dr. Groot shared that this is the most exciting time in his career. What he learned is very much aligned and keeping with physicians’ professional values. This is about doing the right thing for our patients. It is about breaking down silos to talk about what physicians can agree on. This is the go forward professionalism. It is about creating a structure for that. Some of these things are already happening but having a mechanism to make it happen is required.

Dr. Slavik: I hear you but isn’t this a little bit of a “wolf in sheep’s clothing” scenario? I get the sense that the real agenda is saving money and reducing service?

Dr. Sridhar offered that if we take the financial front end of the equation and put the patient first, we may overspend and that is ok. Over time, the investment up front is high, quality of care improves and the savings will come. Cost is a by-product.

Dr. Fourie concurred that by focusing on quality, most often there will be cost savings by preventing re-work. This is not something new. There’s lots of waste that must be taken out of the system. This won’t happen if it is someone else other than the physician leading the change.

Dr. Basran shared that InterMountain Health focussed on delivering good clinical care. Over time, they were actually able to see cost savings and money being used more appropriately. Shifting away from the goal of saving money to providing good care will result in lowering costs.

Dr. Slavik: I have heard rumor that there is a provincial appropriateness program. Do you know anything about that? Are they suggesting that we aren’t providing good care to our patients? Isn’t it in competition with the SMA choosing wisely campaign?

Dr. Babyn shared that appropriateness is what all physicians are doing. Doctors need to take the evidence and move it into their daily practices. Implementation science is something that clinicians need to learn.

Dr. Babyn commented that he did not see any competition. He offered that it is one thing to have a list and another to put it into reality. Physicians have to move beyond thinking.

Dr. Groot added that the provincial appropriateness program has no intention to be competitive.

Dr. Slavik: Are we practicing inappropriate care?

Dr. Babyn acknowledged that if everyone looked at the care they provide they would notice times they could do better. As a group people are collectively much smarter than an individual. We can learn from each other and improve what we are doing. We can do better and we can do that by working together and building a structure to allow that.

Dr. Basran offered that it is ok to say “I don’t know and let’s discuss it”. Getting pearls from others that may or may not be published so if you bring people together there may be a better way and this is an opportunity to look at it and give it to our patients.

Dr. Gary Teare, CEO of the Health Quality Council, thanked the SMA for making space in the RA to hear from colleagues regarding their experience.
Delegates were then divided into groups and asked to provide input regarding the following questions:

1. What resonated for you – from the panel interview discussion?
2. What do you think about collection and use of data to inform practice?
3. What ideas do you have for how the profession can move forward in providing leadership for quality of care? Having heard from the panel about what InterMountain is doing and how they engage physician leadership in quality – what are the things the health care system and the profession can do to develop and sustain a similar system, if you agree it is worthwhile? What is holding us back? What should the SMA do to help the profession with this?

HQC is committed to capturing and posting the discussion on the SMA’s website.

RESOLUTIONS

108. Moved by Dr. Oluwole Oduntan, seconded by Dr. Kunal Goyal.

That the SMA work with the section of radiology and the Ministry of Health to establish standard, comprehensive MSB billing codes for all radiological services.

109. Dr. Oduntan offered that having standardized billing codes, transparent and available to all radiologists is a preferred approach. This is all about equal pay for equal work.

Carried.

110. Moved by Dr. Bhanu Prasad, seconded by Dr. Suresh Kassett.

That the SMA considers the need for a publicity drive to engage the people of Saskatchewan about the roles played by the physicians of Saskatchewan.

111. There was much discussion from delegates on the clarity of this motion. Dr. Prasad offered that there is increased amount of scrutiny of physicians and believes there needs to be increased public awareness of the success stories of physicians.

112. Dr. Oleksinski raised concerns regarding the costs and was not clear precisely on the intent behind the plan and how many people would see it.

113. Dr. Ledding shared his impression that other professional groups are doing a lot of advertising and that the medical profession could do more.

114. Dr. Fourie offered that actions speak much louder than any publications out there and the focus of physicians must be on demonstrating the highest quality of care. When that happens, the public will take notice.

115. Dr. Kozroski acknowledged this topic has been considered in the past and consultants whom we trust have said that it would be exceptionally expensive and we should not do this while we are in negotiations with the government.

116. Dr. Kendel shared that he has communicated with the SMA suggesting that it learn more from Doctors of Nova Scotia which regularly profiles doctors on their website.

117. Dr. Burwell offered that this could be brought to the Board to debate ideas. It does not have to be expensive but with technology we can decide how to expand it.

118. Dr. Stefiuk discussed the option of tabling the motion, when in fact he intended the motion to be referred to the Board. However, after much discussion, Dr. Stefiuk’s tabling motion was withdrawn. This item was then referred to the Board.
Moved by Dr. Guruswamy Sridhar, seconded by Dr. Janet Shannon.

That the SMA urges the Ministry of Health and RHAs to provide adequate compensation for physicians participating in improvement processes initiated by the Ministry and RHAs

Carried.

CMA PRESIDENT’S ADDRESS – DR. CINDY FORBES

Dr. Cindy Forbes, CMA President Elect, provided her President’s Address to the Assembly (attached as Appendix “B”). Highlights included the following:

Seniors care:

CMA is ensuring that our health care system is ready to support our increasing seniors population. The Baby Boom generation, the largest in Canada, is aging. The proportion of seniors in Canada is set to balloon. If we look into the not-so-distant future – 20 years – we will have more senior citizens than children for the first time in our country’s history.

Saskatchewan currently has 14.4 percent of its population who are seniors. This will grow to 24 percent by 2036.

The recently released report by the Conference Board of Canada, commissioned by the CMA, could not have more clearly highlighted the current challenges that exist across the country for our seniors.

Here are a few stats:
- In 2012, 461,000 Canadians were not getting the home care they felt they needed;
- The average wait time for a long-term care facility ranged anywhere from 27 to 230 days;
- As little as 16 per cent of Canadians requiring palliative care actually received it.

Where do we begin to tackle these issues? Last fall, the CMA took the first steps by getting started on a plan: a national seniors strategy. Members attending General Council this year in Halifax will have the opportunity to discuss and debate the strategy as part of a workshop and strategic session.

Medical Aid in Dying:

In February of this year, the Supreme Court of Canada struck down the Criminal Code ban on medical aid in dying. The court decision gave the federal government 12 months to come up with a new law that was constitutional.

The CMA’s main task now is to work with the various legislative and regulatory bodies to ensure any potential legislation or regulation contains safeguards against abuse and protects the rights of patients and physicians on both sides of the issue — those who choose to offer medical assistance in dying and those who do not.

Medical aid in dying will be a matter of conscience, rather than a matter of debate, for all physicians very soon. This is why the CMA has been very proactive on this issue, and will continue to be. We have heard from thousands of our members on this issue, from every province and territory.

Restructuring of the CMA:

The CMA recently changed the ways it’s structured to focus on three key areas: member relevance, medical professionalism, and patients and the public.
The CMA is better reflecting the diversity of their membership—for example, the growing number of Gen X and Y physicians joining the profession.

One way the SMA is making this happen is ensuring they have a better representation of younger physicians at General Council. This year, the CMA is partnering with the Atlantic PTMAs to invite 10 students, 10 residents and 10 early career physicians to attend the meeting in Halifax and will be covering all registration, travel and accommodation costs. This is a great first step for younger physicians to get involved in medical politics and build the skills needed to become passionate advocates on behalf of the profession.

Dr. Forbes stated that the SMA President, Dr. Slavik, and the SMA representative on the CMA Board of Directors, Dr. Sridhar, are doing an excellent job of bringing the perspective of Saskatchewan physicians to the table. We hope our relationship will become even more productive in the months to come as we work together to implement these exciting changes.

Dr. Forbes noted that her leadership experience at the local, provincial and national levels taught her that much can be accomplished with a positive attitude, a desire to listen and clear common goals. There is tremendous talent within our profession to make positive change happen for health care.

Dr. Forbes looks forward to tackling the challenges that lie before us, together.

The Speaker advised that Dr. Mark Brown had been nominated for President and no further nominations had been received.

Moved by Dr. Bhanu Prasad, seconded by Dr. Tilak Malhotra.

That nominations cease.

Dr. Mark Brown was declared President of the SMA for 2015/16.

The Speaker advised that Dr. Intheran Pillay had been nominated for Vice-President and no further nominations had been received.

Moved by Dr. Don McCarville, seconded by Dr. Janet Shannon.

That nominations cease.

Dr. Intheran Pillay was declared Vice-President of the SMA for 2015/16.
141. The Speaker advised that Dr. Joanne Sivertson had been nominated for Honorary Treasurer and no further nominations had been received.

142. Moved by Dr. Geeta Achyuthan, seconded by Dr. Ramzan Abdulla.

*That nominations cease.*

Dr. Joanne Sivertson was declared Honorary Treasurer of the SMA for 2015/16.

143. The following were nominated as Directors: Drs. Shayne Burwell, Chris Ekong, Siva Karunakaran, Barb Konstantynowicz, Kunal Goyal, Lise Morin, Janet Tootoosis and Allan Woo. No further nominations were received.

144. Moved by Dr. Tilak Malhotra, seconded by Dr. Ramzan Abdulla.

*That nominations cease.*

The above were declared as Directors to the SMA Board for 2015/16.

145. Dr. Joel Yelland was nominated as Speaker and Dr. Joe Pfeifer as Deputy Speaker. No further nominations were received.

146. Moved by Dr. Clare Kozroski, seconded by Dr. Geeta Achyuthan.

Dr. Joe Pfeifer was nominated as Deputy Speaker. No further nominations were received.

147. Moved by Dr. Geeta Achyuthan, seconded by Dr. Guruswamy Sridhar.

*That nominations cease.*

The above were declared as Speaker and Deputy Speaker respectively.

148. Drs. Mark Arsiradam, Barbara Large and Don McCarville were nominated as the Nominating Committee.

149. Moved by Dr. Joe Pfeifer, seconded by Dr. Intheran Pillay.

*That nominations cease.*

The above were elected as the Nominating Committee.

150. Dr. Guruswamy Sridhar was nominated as CMA Board Representative.

151. Moved by Dr. Intheran Pillay, seconded by Dr. Joe Pfeifer.

*That nominations cease.*

Dr. Guruswamy Sridhar was declared as CMA Board Representative.
MD FINANCIAL MANAGEMENT REPORT – MR. PAUL PHILLIPS

152. Mr. Paul Phillips, Vice President for Western Canada at MD Financial Management, discussed in his presentation regarding what is new at MD Financial, how they partner with the physician community and how they can maximize value under SMA physician membership (attached as Appendix “E”).

COLLEGE OF MEDICINE REPORT – DR. GILL WHITE

153. Dr. Gill White, Associate Dean at the College of Medicine, noted that Dr. Preston Smith, Dean, sent his regrets as he had a family emergency. Dr. White thanked the SMA and its members for allowing him the opportunity to address the Assembly.

154. Dr. White provided some highlights from the College of Medicine:

- Currently there are 375 undergrads, 400 post grads, 200 graduates with masters and PHDs and 1000 faculty members.

- There are 15 groups of researcher that draw approximately $4.3 million in funding each year.

- This is a year of accreditation for the College of Medicine. The accreditors are going to be back for a full review in 2017. They will have a post graduate accreditation review in November/December that will include reviews all of the residency programs. CME is being accredited at the end of May and he is optimistic about the review.

- Just finished a round of CaRMS matching service. Only 1 graduate went unmatched which was a significant improvement. 60% of students from Saskatchewan matched to Saskatchewan based programs. 54% of family medicine seats filled with Saskatchewan grads.

- LMCC results are trending in a positive direction – pass rate was 99%.

- They are restructuring payment for faculty doing teaching. This project will get started by summer and continue through the fall. They are seeking input in to the project from clinicians.

- Other projects include looking at a strategic plan around faculty development for teachers across the province. They are also looking at strategic plan for simulation in medical school.

- A fair amount of restructuring has occurred at the College. The foundational document, “The Way Forward” is on the COM website.

- Sheila Harding has filled the position as Associate Dean for Undergraduates and she is now is taking a leave at the end of June. The College is looking forward to the new individual taking over the role. They are also seeking candidates for the Assistant Dean position. They are also looking for 2 individual department heads who will take responsibility for clinical services and provincial responsibility for academic services.

UPDATE ON THE STRATEGIC PLAN – DR. MARK BROWN/MR. MARK CEASEAR

155. Dr. Mark Brown and Ms. Bonnie Brossart presented an update on the SMA’s Strategic Plan. The highlights included:

- The plan was introduced at the 2014 Fall RA. It builds on the previous one, addressing areas of need and preparing the organization to strongly represent and advocate on behalf of the profession.
In terms of building a strong member-based organization, there will be several key activities over the next few years starting with securing a full complement of highly competent staff through effective human resource planning and a positive working environment. Attention on enhancing governance practices for effective decision making and improved organizational credibility is also a key area of focus.

Over the medium term, it is envisioned that:
- Communication with members will be enhanced to build awareness of the SMA and to inform members of the priorities and strategies of the SMA.
- Supports will be created to facilitate increased engagement with all of our members, including residents and students.
- Stronger RMAs and sections will be built to increase bench strength and influence.
- And more value is provided to members through effective program and service evaluation.

With a strong team and better governance in place, the intent is to focus more energy on the other three strategic priorities.

156. Dr. Ledding shared that although the strategic plan is excellent, he thought there is a flaw in it. Specifically, he lamented that there is a lack of SMA presence in health regions.

157. Dr. Brown concurred that strong regional medical associations are key to a strong SMA. The Strat Plan recognizes the need for RMAs to have more influence.

158. Ms. Brossart shared that she attended the recent RMA Presidents’ meeting in Regina where there was rich discussion on what’s working well and opportunities for improvement.

159. Dr. Kozroski offered that at the recent Cypress RMA meeting, members indicated that they “had enough collaboration” and wish to start standing up for our members.

RESOLUTIONS

160. Moved by Dr. Guruswamy Sridhar, seconded by Dr. Stan Oleksinski.

*That the SMA requests the Ministry of Health resurrect the tripartite process involving the SMA, Ministry of Health and RHAs to review and/or modernize medical staff bylaws.*

Carried.

161. Moved by Dr. Mark Arsiradam, seconded by Dr. Tilak Malhotra.

*That the SMA investigate premiums on fees for physicians who work in rural and regional centres; similar to the 4.2% rural retention premium in British Columbia.*

Carried.

NEGOTIATIONS UPDATE – IN-CAMERA

162. This session was held in camera.

The in-camera session was concluded and moved back into session.
163. Moved by Dr. Stan Oleksinski, seconded by Dr. Intheran Pillay.

*That the in-camera session be back in session.*

Carried.

164. Following the in-camera session, the Assembly was asked to provide any direction they would like the MCRC to take. Consensus of the Assembly was that the Negotiating Committee was doing a reasonable job when taking into consideration the provincial and interprovincial contexts. The majority agreed that they saw no need for job action at this time.

**DATE OF THE NEXT MEETING**

165. The next meeting of the Representative Assembly will be held November 13-14, 2015 in Saskatoon at the Saskatoon Inn.

**ADJOURNMENT**

166. Moved by Dr. Joe Pfeifer, seconded by Dr. Stan Oleksinski.

*That the SMA Representative Assembly be adjourned.*

Carried.