

# RURAL & REGIONAL PRACTICE COMMITTEE

## TERMS OF REFERENCE

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### 1.0 ROLE

To provide oversight and make recommendations on recruitment and retention of rural and regional physicians to the Saskatchewan Medical Association and Ministry of Health.

### 2.0 RESPONSIBILITIES

The Committee is responsible to:

- (a) identify strategies and programs which would help recruit and retain physicians in rural and regional practice;
- (b) make appropriate recommendations and advocate regarding policy issues, and funding matters that relate to the recruitment and retention of physicians in rural and regional practice to the Board of Directors and the Ministry of Health;
- (c) manage the distribution of funds that are available in the Rural and Remote Incentives Fund (as per Section 10[2]) of the Agreement between the SMA and the Ministry of Health; and
- (d) establish subcommittees, e.g. Bursary Committee, as required, to carry out programs and initiatives approved by the Board of Directors and the Ministry of Health.

### 3.0 MEMBERSHIP, ATTENDANCE & TERM

1. The Committee shall consist of:

- (a) the chairperson appointed by the Board of Directors,
- (b) up to seven other members appointed by the Board of Directors, where five represent rural physicians and two represent regional family physicians,
- (c) two Saskatchewan Health representatives appointed by the Ministry of Health or his/her designate,
- (d) up to two Family Medicine Department representatives appointed by the Dean, College of Medicine,
- (e) one representative from Saskatchewan Health Authority,

- (f) one student representative appointed by the Student Medical Society,
- (g) one resident representative appointed by the Resident Doctors of Saskatchewan,
- (h) one representative from saskdocs, and
- (i) observers are welcomed however will hold no voting rights.

The Saskatchewan Medical Association (SMA) appointees shall be chosen to include the perspectives of the Section of Family Practice of the SMA, the Saskatchewan College of Family Physicians, as well as physicians from rural and regional centres. The Saskatchewan College of Family Physicians would be asked to appoint a rural Saskatchewan representative to the committee. The appointed regional members should include two general practitioners.

A committee member who does not uphold their responsibilities or misses 3 consecutive meetings without a reasonable explanation will be asked by the Chair to resign from the committee. If the member refuses to resign, a vote shall be taken on the removal of the member from the committee.

The term of a committee member is 2 consecutive, 3 year terms unless otherwise approved by the Board of Directors.

## **4.0 MEETINGS**

The Rural and Regional Practice Committee will meet at minimum quarterly, or more as required. The meetings may be in-person, by teleconference or videoconference (e.g., Teams, WebEx, etc).

If a member is unable to participate in a meeting, that member can speak to the Chair in advance so that the Chair can share the member's perspective at the meeting. That member may also submit written comments or documentation in advance of the meeting. Submissions required for a meeting that are made after said meeting will not be considered for decision making.

Submission of agenda items must be made in advance of the meeting by five business days unless approved by the Chair.

## **5.0 CHAIR**

The Chair shall:

- (a) Call meetings of the committee,
- (b) Chair meetings of the committee,
- (c) Designate another committee member to chair the committee in the Chair's absence,
- (d) Prepare a report to the Board on the work of the committee,
- (e) Meet with the Board of Directors upon the invitation of the Board of Directors.

## **6.0 QUORUM**

Quorum shall be simple majority (50%+1) of the voting committee members.

## **7.0 DECISION MAKING**

The committee will strive for consensus (i.e., “you can live with the decision/idea”) when making decisions. If consensus cannot be achieved, the committee members must agree on how to deal with the outstanding issue, i.e., vote, continue discussion, table the issue to another meeting or take the issue to the appropriate group (i.e., Board of Directors)

When voting, majority (50%+1) rules with quorum. There shall be no proxy or email voting unless explicitly determined by the committee in advance of a vote.

## **8.0 DURATION OF COMMITTEE**

The committee will remain in place until such time as the Board of Directors authorizes an alternative governance structure.

## **9.0 MINUTES**

SMA staff supporting the committee shall take minutes at the committee meetings, distribute them electronically to members within four weeks of the meeting. The minutes shall be approved by the Chair of the committee and formally adopted at the subsequent meetings.

## **10.0 SMA SUPPORT RESOURCES**

The Rural and Regional Practice Committee is supported by:

Management: Director, Communications & Community Engagement

Administrative: Team Lead (Programs), Communications & Community Engagement

Administrative Coordinator, Communications & Community Engagement

## **11.0 ACCOUNTABILITY**

The Rural and Regional Practice Committee reports and provides recommendations to the SMA Board of Directors and the Ministry of Health.

## **12.0 AMENDING TERMS OF REFERENCE**

The Terms of Reference will be approved by the SMA Board of Directors and the Ministry of Health; to be reviewed annually.

Date of Last Review:

March 2023, March 2022, March 2021, November 2020, September 2020, September 2019, June 2016