Rural & Regional Practice Committee Terms of Reference

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 for:

- identify strategies and programs which would help recruit and retain physicians in rural and regional practice;
- 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;
- 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
- 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

The Committee shall consist of:

- the chairperson appointed by the Board of Directors;
- up to seven other members appointed by the Board of Directors, where five represent rural physicians and two represent regional family physicians;
- two Saskatchewan Health representatives appointed by the Ministry of Health or his/her designate;
- up to two Family Medicine Department representatives appointed by the Dean, College of Medicine;
- two representatives from Saskatchewan Health Authority, one student representative appointed by the Student Medical Society;
- one resident representative appointed by the Resident Doctors of Saskatchewan;
- one representative from Saskatchewan Healthcare Recruitment Agency; and
- 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 three 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.

A committee member is expected to comply with the Saskatchewan Medical Association Code of Conduct.

The term of a committee member is two consecutive, three-year terms unless otherwise approved by the Board of Directors.

A chairperson who does not uphold their responsibilities or misses two consecutive meetings without a reasonable explanation may be asked by the Board to resign from the committee.

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 video conference (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 is appointed by the SMA Board of Directors and shall:

- call meetings of the committee;
- chair meetings of the committee;
- designate another committee member to chair the committee in the Chair's
- absence;
- prepare a report for the Board on the work of the committee; and
- meet with the Board of Directors upon the invitation of the Board of Directors.

6.0 Quorum

Quorum shall be simple majority (more than 50%) of the voting committee members present at a meeting.

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, 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, e.g., Board).

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

8.0 Confidentiality

All Committee materials, documentation, and information shall be considered confidential, and shall not be disclosed to any person (s) other than the members of the Committee without the knowledge and agreement of the Committee.

9.0 Conflict of interest

Committee Members shall disclose any matters which may constitute a direct or indirect conflict of interest between personal or professional activities, and responsibility as a Committee member. Committee members must act in a manner that will prevent conflicts of interest from arising.

10.0 Duration of committee

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

11.0 Minutes

SMA staff supporting the committee shall take minutes at the committee meetings and distribute them electronically to members within two weeks of the meeting. The minutes shall be reviewed and formally adopted at the subsequent meetings.

12.0 SMA support resources

The Rural and Regional Practice Committee is supported by:

- Director, Membership, Insurance & Programs
- Team Lead, Retention & Recruitment
- Coordinator, Retention & Recruitment

13.0 Accountability

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

14.0 Amending the 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: June 11, 2026