President's Report
SRPC Fall Council Meeting – October 8th, 2020

Choosing Wisely Canada (CWC)
The SRPC released its first CWC list of recommendations on September 16th. The five recommendations focus on virtual care and the importance of reducing unnecessary medical travel. Internationally, this is the only known rural focused Choosing Wisely recommendation list. An op-ed written by Alexandra Dozzi, Kathleen Walsh and Dr. Margaret Tromp was published in the Toronto Star on September 28th and will also be circulated to CWC’s distribution list.

CCFP (EM) Practice Eligible Route
In July, SRPC leadership met with CFPC leadership regarding this issue. As we suspected, many of the impacts affecting our rural colleagues were not intentional. Discussions and decisions by the CCFP Board of Examinations and Certification (BEC) lacked input from rural or practice eligible stakeholders. The CFPC acknowledges this was an oversight and would like to rectify the situation. Moving forward, we have agreed to work with CFPC using RRMIC as the ideal venue to resolve this type of issue. Through RRMIC, we will work to develop rurally relevant PER criteria for proposal to the BEC. We will also push for a practice eligible and rural voice on BEC.

COVID-19 Simulation Pilot Project
SRPC qualified for a $50 000 grant from CMA to pilot a COVID-19 Airway Management Simulation project. We have successfully performed the simulation in Red Lake and Manitoulin. We are in the process of confirming dates with three other sites. The feedback thus far has been very positive.

Rural Road Map Implementation Committee (RRMCI)
RRMIC’s mandate will end in January of 2021, but it is apparent that much work still needs to be done. SRPC and CFPC had a conversation with CMA last week regarding funding for a possible phase 3. The initial idea is to facilitate a roundtable forum that includes all pentagram partners and patients to review current outcomes of the implementation of the RRM to date, identify strategies on how to address the gaps and develop recommendations for sustainability. We are working on a proposal that will be presented at CMA’s board meeting on October 22nd.

Bylaws
Bylaws were reviewed and approved at the AGM in June. Terms of reference and/or roles and responsibilities have been created and were sent to most committee chairs for approval. Nominations and Awards met at the end of September to finalize a plan to fill the vacant positions on Council and to start updating current Council members. Later this month, we will issue a call to fill the 10 vacant positions on Council. (Research, Communications, First Year in Practice, Maternity and Newborn Care, Member at Large, Yukon, Northwest Territories, Nunavut, New Brunswick, Nova Scotia.) We have
developed a schedule to update current Council members which will start in the fall of 2021. Each representative on Council will be approached and offered the opportunity to renew their term for another 3 years before issuing a call to find a replacement.

**BC College changes**
There have been recent changes drafted to the College of Physicians and Surgeons of British Columbia Practice Standard Non-Sexual Boundary Violations guidelines, specifically, to the patient-physician relationship. It was discussed at an SRPC Executive meeting and we approached several BC members asking how we could help. We have reached out to several BC members to determine what the process has been and what the SRPC could do in this situation. We will be approaching FMREC and CPSBC regarding these rural-unfriendly changes.

**Canadian Space Agency Engagement**
The Canadian Space Agency has formed a 16-member advisory council, to explore ways forward in deep space medicine and Dr. Keith MacLellan represents the SRPC on the group. The next phase of this group’s work will be to gather information and ideas on provision of health care in truly remote environments. They will be seeking this information through engagement with patients, healthcare providers, societies like ours, and communities. SRPC will be helping them to enrol informants.

**Canadian Triage Acuity Scale National Working Group (CTAS NWG)**
SRPC has sat as a member of the CTAS NWG for many years. Our role has been to ensure a rural lens on the work of this group. Over the past year disagreements have arisen between the CTAS NWG and CAEP around CAEP’s claim of ownership, trademarking, and licensing of CTAS intellectual property. After consulting with a lawyer, NENA, CPS, AMUQ, and SRPC representatives formed an independent group, the National Triage Tool Society, in April. CAEP was invited to be a part of this organization but declined. The Chair of our ER committee, Etienne Van Der Linde, has provided valuable information throughout this process. We have had separate meetings with the leadership of NENA and CAEP around this topic. In the meantime NENA has reconsidered this new group and is back to having discussions with CAEP. We will monitor this issue and ensure that we push for the best possible option for rural triage.

**Canadian Medical Forum (CMF)**
Jennifer Barr has attended two CMF (CEO only) meetings in the last 2 months. At the meeting in September the group agreed to move forward with the proposed strategic initiative to develop a position statement on Racism in Healthcare. A working group has been formed and is being chaired by Dr. Susan Moffatt-Bruce from the RCPSC. The mandate for the working group is to deliver a position statement sometime early in the new year. At the October meeting Tim Smith from the CMA spoke regarding the current situation in Alberta. In August CMA met with Minister Hajdu and Provincial/Territorial Medical Association (PTMA) Presidents to discuss COVID, but also the situation in Alberta. After that meeting a letter was sent to Minister Hajdu from AMA and CMA requesting a meeting to discuss the broader implications of changes occurring in Alberta. Mr. Smith reached out to
CMF members looking for comments on how changes to legislation (enacted and proposed) may impact the medical profession more broadly and the long-standing social contract between physicians and Canadians. Jennifer has approached Dr. Gavin Parker and Dr. Cathy Scrimshaw to comment on SRPC’s behalf.

National Perinatal Pandemic Response Task Group
SRPC was invited to participate in the National Perinatal Pandemic Response Task Group. The Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Canadian Association of Midwives (CAM) called this group together. Member organizations include:

- Canadian Association of Midwives (CAM)
- National Aboriginal Council of Midwives (NACM)
- Society of Obstetricians and Gynaecologists of Canada (SOGC)
- Society of Rural Physicians of Canada (SRPC)
- Canadian Association of Perinatal and Women’s Health Nurses (CAPWHN)
- College of Family Physicians of Canada (CFPC)
- Canadian Indigenous Nurses Association (CINA)

The group had their second meeting this week and agreed the key area to prioritize is development of a national perinatal and reproductive health care pandemic response plan, to ensure that it remains an accessible and essential service during the COVID-19 pandemic or future pandemics. Our representatives on this committee are Nicole Ebert, Sarah Gower, and Jennifer Barr.

Respectfully submitted,
Dr. Gabe Woollam