



RESIDENTS' PAGE PAGE DES RÉSIDENTS

Factors Affecting Rural Medicine: an improvement on the Rurality Index of Ontario

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There has been considerable controversy over the Rurality Index of Ontario (RIO) and its true ability to define "rurality." Some rural health care workers feel that their community has received an unjust rating (either too high or too low), which in turn affects available funding.

The current RIO, as adapted in Table 1, fails to specifically address 5 of the 10 key factors in rurality identified by the Rural and Remote Health Innovations Initiative in its final report to Health Canada.¹ The factors not addressed include the inability to provide general surgery (although obstetrics and anesthesia are mentioned), the high levels of on-call responsibility, the

difficulty obtaining a locum, the lack of equipment (e.g., radiographic and laboratory) and limited or nonexistent public transportation.²

Clearly, an accurate RIO is imperative to rural communities and rural physicians. The Resident Committee has taken the liberty of developing an amended RIO scale that may prove more useful in addressing the core components of rurality and may be implemented across Canada. This new index, entitled Factors Affecting Rural Medicine (FARM), is outlined in Table 2. The FARM criteria are intended for use as a supplement to the existing RIO criteria, for a total maximum score of 500.

The Resident Committee welcomes

Table 1. Current Rurality Index of Ontario criteria²

Criteria	Score, no. of points
Family practitioners	
Active GPs or FPs	20 minus no. of active practitioners
Population to GP ratio	Maximum 10
The hospital	
Availability of EMS	+ 5
Availability of anesthesiologist	+ 7.5
Low-volume obstetrics	+ 7.5
Presence of specialists	20 minus no. of specialists
The town	
Travel time to basic referral centre	Maximum 40
Travel time to advanced referral centre	Maximum 15
Population; bonus for < 46 000, low density or Aboriginal	Maximum 35
Lack of college or airport	+ 10 each
Extreme rain, snowfall or temperature	+ 5 each
Maximum total	175
FP = family practitioner; GP = general practitioner; EMS = emergency medical services.	

Table 2. The Factors Affecting Rural Medicine	
Criteria	Score, no. of points
Family practitioners	
On call > 6 d/mo	+ 50
Inability to get locum coverage in past yr	+ 50
The hospital	
CT scanner (within 50 km)	- 25
Limited or no radiography or lab services on evenings and weekends	+ 20
Operating room	0
Operating room but no surgeon	+ 10
> 2 handgun injuries/yr	- 20
> 20 fishhook removals/yr	+ 20
The town	
Size	10 minus no. of traffic lights
Smell of manure on main street	+ 15
< 5 men in town during hunting season	+ 15
ATV to population ratio > 0.7	+ 15
The coffee	
Any Starbucks (within 30 km)	- 100
< 3 Tim Hortons	+ 5
No Tim Hortons	+ 10
Robin's Donuts	+ 15
The stores	
Wal-mart	- 50
Stedmans	+ 15
LCBO	0
LCBO in corner store	+ 15
Major car dealership	- 10
Car dealership on front lawn	+ 15
The social life	
Curling club	+ 5
Curling club that hosts weddings or receptions	+ 15
Royal Canadian Legion	+ 5
CME events at the Legion	+ 20
Maximum total	325
ATV = all-terrain vehicle; CME = continuing medical education.	

feedback on the FARM, and invites all rural practitioners to write and tell us the score that their community would receive!

REFERENCES

1. Rural and Remote Health Innovations Initiative. The development of a multistakeholder framework/index of rurality. February 2003. Available: www.cma.ca/index.cfm/ci_id/3380/la_id/1.htm (accessed 2007 Sept 5).
2. Kralj B. Measuring "rurality" for purposes of health-care planning: an empirical measure for Ontario. *Ont Med Rev* 2000;(Oct.):37-40.

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