

APPENDIX 1

Rural Surgery and Maternity Operative Delivery Working Group

DRAFT

NOTE: This is an initial draft to demonstrate *one* possible organizational structure to ensure that actions planned at the *Summit* are followed through upon to ensure sustained services to rural Canadians. It is provided without prejudice to demonstrate that such a structure is both desirable and possible. It will be incumbent on participants in the workshop and in the Summit as a whole to become “more than the sum of their parts” by engaging in an enduring process that ensures rural Canadians receive required maternity, surgical, anesthesia and trauma services. Current structures are not up to the task and with a philosophy that ***form should follow function***, the Summit must embark on a purpose built next step to maintain momentum towards an agreed upon future.

Home: SRPC

Office: Calgary (RPAP) or Vancouver (RCCbc)

Board: SRPC, National Associations, Health Canada (All funding agencies)

Members: CFPC, RCPSC (one from education, one from specialty society), SOGC, SRPC, CAGS, FMRAC, CAS, Public representative

Staff:

- Chair or Executive Director (reports to Board and to SRPC Council)
- Coordinator

Mandate

- To advocate for, and to coordinate the efforts of, programs to support and sustain rural surgery and operative delivery programs.
- To deliver the knowledge translation activities in support of the Joint Position Paper on Rural Surgery and Operative Delivery

- To help answer the questions of *how, and by whom to develop formal curricula and evaluation* of ESS education, including C/S training,
- To animate the *research activities* required for the evidence based to guide these rural programs
- To propose the methodology and to seek the resources to *build and to evaluate the Networked Care* models as described in the Joint Position Paper on Rural Surgery and Operative Delivery
- To propose and to implement strategies for developing the *Communities of Practice* that will sustain a Networked Care Model
- To develop and deliver the information and strategies to unlock the issues of *credentialing and privileging* at the level of the Health Authorities.
- To facilitate the anticipated conversations between the CFPC and the RCPSC on the how, and by whom, the ESS training programs can most appropriately be accredited .

TERM: 4 years

Resources

1. A small staff working part time, mostly virtually. Perhaps seconded from RCCbc or RPAP or CORRP? (contributions in kind)
2. Travel support for 1-2 face to face meeting per year, held in conjunction with another major meeting from our member organizations (according to SRPC travel regulations)
3. Teleconference/videoconference support (contributions in kind)
4. Travel budget for the Chair and/or Coordinator (or others eg research) to pursue the mandate (according to SRPC travel regulations)
5. Food and meeting support for the activities of the Chair and Coordinator (or others) (According to SRPC regulations)

Estimated Total 35,500\$/year

Sources

1. A grant of 10,000\$ /year for 4 years from each of the Board members' organizations; there is nothing preventing any national organization, with the required financial contribution, from joining the Board providing ALL parties agree.
2. Reduce the contribution of the organization that agrees to house the Secretariat to 5000\$

Total >35,000\$/year

Future Growth?

It is possible that Manitoba, Northern Ontario, and the Territories might wish to join the Working Group at the Board level. This would require a financial contribution.

Any future for this will require launching activities related to training and evaluation, accreditation, and research, among others. A large part of any success along these lines will require finding funding. Hopefully, ways can be found for some portion of any new funding to be directed towards this organization.