

Society of Rural Physicians of Canada Soci t  de la m decine rurale du Canada

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Briefing Note

Rural Road Map for Action – A framework for enhanced access to rural health care

Issue: Shortage of access to rural health care impacting rural communities across Canada

Canadians living in rural communities have long had challenges obtaining equitable access to health care services. Local services are often limited, with fewer physicians and other health care professionals living and working in rural communities. In general, rural Canadians are older, poorer, and sicker than their urban counterparts.ⁱ They constitute 18% of the Canadian population but are served by only 8% of the physicians practising in Canada.^{ii, iii} Disparities in Indigenous health and access to care for Indigenous people in rural Canada are pronounced.^{iv, v} In order to address the Truth and Reconciliation Commission^{vi} calls to action, as well as the Canada Health Act mandate to “facilitate reasonable access to health services without financial or other barriers,” rural Canadians must be better served.^{vii}

Rural communities need an effective health care system with a stable workforce. Policy decisions are often guided by urban health care models without understanding the potential negative impacts in rural communities. Rural communities need rural-based solutions and to develop regional capacity to innovate, experiment, and discover what works. They need a mechanism to share lessons learned and tailor policies that meet their needs.

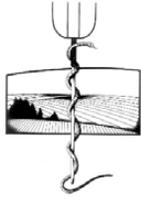
Rural Road Map – A pan-Canadian solution

Launched in February 2017, the Rural Road Map for Action (RRM) is a series of 20 recommendations for a renewed approach to rural physician workforce planning. The 20 recommendations fall under four directions that provide a pathway towards developing a comprehensive rural framework for strengthening the rural Canadian physician workforce and improving rural health care. Since the launch, progress continues to be made on the RRM uptake which has been used amongst those involved in rural health care delivery and rural physician recruitment and retention planning across national and provincial healthcare organizations, regional health authorities, universities, and communities.

Led by the CFPC and SRPC, they have worked with rural communities, governments, health care practitioners, and others, to understand what rural Canada needs for equitable access to health care. The RRM was developed from lessons learned advocating for a multi-stakeholder approach. It provides a framework for a pan-Canadian approach to rural health care planning that articulates jurisdictional roles and inter-jurisdictional collaboration. With the increase of Canada’s aging population and those retiring in rural Canada, access to health care, social services, and seniors’ housing is a priority for rural municipalities. The RRM highlights the need for rural-focused health care policies informed by innovations and research.

RRM Impact

The RRM leverages examples of what has worked in the domains of education, policy, practice, and research to advance rural family medicine through the provision of comprehensive care. It provides a guiding framework for a pan-Canadian approach to physician rural workforce planning as well as access to rural health care.



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The premise of the RRM is that all stakeholders from different components of the health care and education systems working collaboratively and collectively is unprecedented. While the RRM aims to improve the health workforce, it recognizes that all stakeholders play an important role in delivering primary care across rural Canada. The RRM provides a unique opportunity to make a difference by articulating individual and collective actions that can be measurable, sustainable, and impactful.

Rural communities need help

Rural communities have difficulty attracting and retaining physicians as policy interventions often focus on the short-term rather than the long-term. There is little evidence-based physician resource planning at the national and provincial levels to provide direction. An integrated approach to identifying priorities and allocating resources is needed. A number of provincial programs have attempted to address these issues, but a comprehensive and cohesive pan-Canadian long-term strategy to support rural physician recruitment and retention is not yet in place. The time for solutions is now.

The RRM addresses Indigenous health needs effectively by generating a multi-stakeholder rural health care strategy that includes the participation of Indigenous people to benefit these communities in rural Canada. Increasing the number of Indigenous health care professionals trained in Canada, improving the retention of health care professionals within rural Indigenous communities, and providing cultural safety training for all health care professionals are ways to achieve success. The RRM aligns with the commitment to renew relationships with Indigenous peoples through respect, cooperation, and partnership.

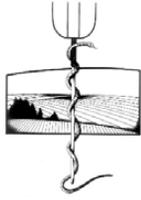
Making rural health care a priority? Why?

The RRM was created because rural populations still do not have equitable access to health care services. These communities face ongoing challenges in recruiting and retaining family physicians and other health care professionals. Better mechanisms are needed to strengthen the delivery of rural health services in rural Canada through local networks of care. Key challenges relate to the lack of provision of or access to rural health care services. Developing patient-centred models that use networks of care and distance technology to bridge the geographic barriers between rural physicians and other health care providers is necessary.

Establishing a comprehensive rural health care strategy that builds on successes within the health care and education systems across Canada is essential. We need a national strategy that includes participation from the federal, provincial, and territorial governments to further develop rural physician workforce policies and interventions that will facilitate the delivery of high-quality patient-centred care and equitable access for those who live in rural Canada. The RRM is intended to guide conversations, foster collaborations, and catalyze innovations to improve how health care is provided to people in Canada no matter where they live.

RRMIC can help

Established in January 2018, the Rural Road Map Implementation Committee*(RRMIC) provides an expanded forum for stakeholders to report and deliberate on ways to scale and spread further use of the RRM. The RRMIC's membership deliberately crosses sectors supporting the RRM's social accountability



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vision. The Committee provides a mechanism to connect with the >300 individuals and organizations that were involved in the development of the RRM.

The RRMIC strongly feels that collaboration is important to the successful implementation of the RRM. Stakeholders, including government leaders, have an essential role to play in identifying opportunities to share information about progress made and in providing advice to advance education, policy, practice, and research activities related to rural health care in Canada. As a result, we can strengthen relationships between rural family physicians, other specialists, and other health care providers and rural communities through the creation of networks of care that improve access.

RRMIC's goal is to enhance access to care for people living in rural Canada. It proposes a pan-Canadian strategy through the Rural Road Map for provinces and territories, educators, administrative leaders, policy-makers, health care professionals, all levels of government, and communities to use to enable equitable access to health care. Collaborative partnerships and commitments from all key stakeholders will be critical to addressing both regional and national recruitment and retention needs and to delivering patient-centred care in rural Canada that is efficient, effective, and sustainable. System-wide alignment of education, practice, policy, and research is required to revitalize rural health care in Canada and positively influence the entire Canadian health system. Government leadership is needed to minimize the health inequities and improve the health of rural Canadians.

* The [Rural Road Map Implementation Committee](#)* was established by the SRPC and the CFPC to impact rural healthcare policies, planning, programs and practice. RRMIC is comprised of senior leaders within the health, education and research sectors. This includes the Canadian Medical Association, Canadian Nurses Association, Indigenous Physicians Association of Canada, Royal College of Physicians and Surgeons of Canada, HealthCareCAN, Federation of Canadian Municipalities, Association of Faculties of Medicine of Canada, Canadian Association of Emergency Physicians, Canadian Association of Physician Recruiters, and Canadian Association for Rural & Remote Nursing. Co-chairs Dr. James Rourke and Dr. Ruth Wilson

ⁱ Rourke JT. Postgraduate medical education for rural family practice in Canada. *J Rural Health* 2000;16(3):280-7.

ⁱⁱ Canadian Institute for Health Information. *Supply, Distribution and Migration of Physicians in Canada 2015 – Data Tables*. Ottawa, ON: Canadian Institute for Health Information; 2016.

ⁱⁱⁱ Bosco C, Oandasan I. *Review of Family Medicine Within Rural and Remote Canada: Education, Practice and Policy*. Mississauga, ON: College of Family Physicians of Canada; 2016.

^{iv} Canadian Institute for Health Information. *Disparities in Primary Health Care Experiences Among Canadians with Ambulatory Care Sensitive Conditions*. Ottawa, ON: Canadian Institute for Health Information; March 2012.

^v Health Council of Canada. *Canada's most vulnerable: Improving health care for First Nations, Inuit and Metis seniors*. Toronto, ON: Health Council of Canada; 2013.

^{vi} Truth and Reconciliation Commission of Canada. *Honouring the Truth, Reconciling for the Future*. Summary of the Final Report of the Truth and Reconciliation Commission of Canada. 2015.

^{vii} Government of Canada. *Canada Health Act*. R.S.C., 1985, c. C-6. Available from: <http://laws-lois.justice.gc.ca/PDF/C-6.pdf>.