

**President's Report**  
**SRPC Spring Council Meeting – April 21, 2021**

**Statement Regarding Rollout of COVID-19 Vaccination to Rural Canada**

After hearing concerns from many SRPC members around inequities in vaccine access in rural versus urban settings, SRPC released a statement on January 25<sup>th</sup>. We encouraged all SRPC members to share this with their local members of parliament and vaccine task-force contacts.

**Rural Mentorship Program**

The SRPC has introduced a pilot mentorship program that aims to connect medical students, residents, and rural physicians from across the country to allow career exploration, guidance, and increased understanding of the scope of rural practice. The program is designed for flexibility in how mentor-mentee relationships are managed, which can be tailored on an individual basis. This may include answering a few quick questions, setting up a longitudinal mentorship plan, or organizing shadowing experiences (public health guidelines permitting). We have gathered a list of 21 mentors and will be ready to launch the program in early May.

**Indigenous Education Series**

Improving care for Indigenous patients and communities is something the SRPC has committed to at our Fall Council meeting. One of the strengths of the SRPC is providing high-quality, rurally-relevant education for our members. We are taking some much-needed steps to provide our members with access to knowledge critical for providing culturally safe care to Indigenous communities.

In December 2020, we held an introductory session, 'Moving towards Cultural Safety, Reconciliation, and Anti-racism'. In February, we presented 'Jordan, Joyce, and Justice: Decolonizing Healthcare for Indigenous Children and Youth'. Both recordings are available on our website and we encourage you to view and share them with your colleagues.

There are many Indigenous-focused presentations at Rural & Remote this year that we hope you will participate in.

The third presentation in our Indigenous Health Webinar Series is planned to take place in May.

**Virtual Rural Residency Tour**

The SRPC Residents Committee hosted a virtual Rural Residency Tour on February 28<sup>th</sup>. The goal was to ensure that students get valuable exposure to the rural residency programs across Canada before having to submit their CaRMS rankings. Representatives from different Family Medicine training sites at each medical school were invited to present at a virtual "booth" using Zoom breakout rooms. Students were able to interact with residents and representatives from rural programs in small groups. We have approximately 125 students attend the event.

**CCFP (EM) Practice Eligible Exam Criteria**

In 2020 changes were made to the criteria for practice eligibility for the CCFP EM examination. Of specific concern to SRPC members was the criteria requiring "access to on-site laboratory, x-ray, and advanced imaging (such as formal ultrasound, CT and/or MRI)". These changes would have a significant impact on access to this qualification for many of our rural members.

In July of 2020, SRPC leadership met with CFPC leadership regarding the announced changes. As we suspected, many of the impacts affecting our rural colleagues were not intentional. This discussion resulted in a statement issued by the CFPC to SRPC members indicating ‘no urban or rural perspective was explicitly sought. We now recognize that, by default, these criteria are more reflective of an urban context’.

The SRPC wrote a letter to the Board of Examinations and Certification committee requesting that they repeal the new eligibility criteria until it can be reviewed with proper rural and practice eligible representation

In January of 2021, a Practice Eligibility Rural Input Working Group was formed and developed consensus statements. The Board of Examinations and Certification used these consensus statements to ensure that concerns raised related to the examination criteria were addressed.

On April 7<sup>th</sup>, CFPC’s Board of Examinations and Certification announced the criteria was revised to meet the needs of all practicing members wishing to qualify to sit the EM exam.

### **Rural Road Map Implementation Committee (RRMIC)**

RRMIC concludes it’s mandate this spring and their last meeting was January 13th. There have been some great successes, and we have started to see more rapid progress over the last six months. Some ongoing projects include work with CIHI regarding rural research, the consensus statement on patient transfers, and the HHR planning group at the CMF. The SRPC envisions taking a leadership role in furthering this work which will be further discussed at this meeting.

### **Canadian Medical Forum (CMF)**

The Canadian Medical Forum brings together leaders of Canada’s major national medical organizations to discuss issues of priority to physicians, their patients, and the Canadian healthcare system.

In February the CMF issued a statement supporting Canada’s COVID-19 immunization program and is encouraging all Canadians to get vaccinated.

There is a Working Group on Anti-Racism in Healthcare being led by Dr. Susan Moffatt-Bruce (RCPC), Mr. Joseph Mayer (CMA), and Mr. Henry Li (CFMS). Their first step is to collect a list of activities (environment scan) and the scope of the Working Group is being amended to take into consideration the importance of accountability in addressing this problem within the healthcare system.

A Physician Resource Planning Working Group was formed in January and is being led by Dr. Genevieve Moineau at the AFMC. Dr. Jim Rourke and Dr. David Snadden are the SRPC representatives on this working group. The group has met several times and is working on developing terms of reference, mandate, scope and principles. The CFPC, CFMS, RDoC, CAPER, CFHSG, CMA, FMEQ, RCPC and MCC also have representatives on the working group, and there were invitations sent to CIHI and CMPA. The Working Group will focus on physician resource planning. The proposed approach for the Working Group is to establish principles, identify areas of focus and potential deliverables to address this important issue which has become more urgent with the pandemic, continue involvement with the government-led group, Physician Resource Planning Advisory Committee and alignment with the initiatives established by the Rural Remote Map Implementation Committee (RRMIC). One area of focus will be the collection of data to determine the right number and mix for physician resources and distribution to meet societal needs.

### **Consensus Statement on Networks for High-Quality Rural Anesthesia, Surgery, and Obstetrics Care in Canada**

The medical and surgical professional organizations involved in delivering high-quality anesthesia surgery and obstetrics care as close to home as possible in rural Canada have collaborated. With the leadership of Dr. Stu Iglesias, a Consensus Statement on Networks for high-quality care has been produced. In its present form, it is endorsed by the Society of Obstetricians and Gynecologists of Canada, the Canadian Association of General Surgeons of Canada, the College of Family Physicians of Canada, the Association of Canadian University Departments of Anesthesia, the Society of Rural Physicians of Canada, and the Rural Road Map Implementation Committee.

### **Physician Surge Needs for Indigenous Services Canada**

Working with ISC, SRPC engaged members and developed a list of physicians willing to be called on to assist in surge needs for remote indigenous communities.

### **Remote Virtual Simulation Program**

Led by Dr. Margaret Tromp, funding was secured from CMA for a rural virtual sim project. The Sims focus on management of the COVID-19 airway. To date we have conducted 14 simulation scenarios in 9 different communities. We have another two scheduled for the last week of April.

[SRPC In-Situ Simulation Project Primer Video](#)

### **CO-RIG II Application**

Led by Dr. Stefan Grzybowski, a collaborative group including the SRPC has submitted an application for funding through the COVID-19 Pandemic Response and Impact Grant Program. This is funded by The Foundation for Advancing Family Medicine (FAFM) and the CMA Foundation (CMAF). The submission is titled: “Enhancing Rural Community Resiliency to Climate Change and Ecosystem Disruption: Building on the Lessons Learned from the first year of the COVID-19 Pandemic to Strengthen Rural Community Health and Health Services”.

The primary SRPC roles will assist in identification of communities for study and in the knowledge dissemination.

Respectfully submitted,  
Dr. Gabe Woollam