
Rural Road Map Implementation Committee Update Summer 2019

Progress Made in the Rural Road Map Implementation Emerging Rural Health Care—The Time to Act is Now

The Rural Road Map Implementation Committee (RRMIC) has made significant progress raising awareness across Canada about the need for improved access to rural health care close to home, as highlighted in the attached update. Emerging collaborative efforts have been made with the RRMIC and organizations such as:

- HealthCareCAN, Accreditation Canada, and the Canadian Institute for Health Information (CIHI): mobilize discussions about access to rural patient transfers
- Indigenous health physician leaders with the Association of Faculties of Medicine of Canada (AFMC), CFPC, Royal College of Physicians and Surgeons of Canada (Royal College), and Indigenous Physicians Association of Canada (IPAC): develop a framework for medical education of Indigenous health
- The Federation of Medical Regulatory Authorities of Canada (FMRAC): explore ways to reduce barriers to licensure for physicians to practice in rural communities where needed

While we have made major strides, much work still needs to be done by not only the RRMIC but by leaders, health care providers, and administrators of health care institutions and rural communities who work and live with, and provide care for, rural and Indigenous populations.

Despite the universality and accessibility principles of the Canada Health Act, people who live in rural and remote communities do not have equitable access to health care services. A recent Ipsos poll, commissioned by the CFPC, revealed that health care tops the list of issues for this year's federal election, with 50 per cent Canadians ranking it among their top three.¹ Innovation can often provide the answers. For example, the expanded federal broadband initiative has the potential to improve access to virtual health care in rural communities. This improvement depends on infrastructure development, innovation, education, research, and evaluation that must be made available through dedicated funding. A rural lens used when federal initiatives are considered can keep the needs for rural Canada top of mind.

An opportunity exists to narrow health disparities by providing care closer to home. People in rural areas have a higher burden of illness, reduced life expectancy, and are often older, poorer, and sicker than urban populations. Poor health impacts quality of life as well as economic potential. When rural communities are healthy, they can fully contribute to Canada's economy. When they do better, Canada does better.

With the upcoming federal election in October, now is the time to be engaged and raise with all politicians in making rural health a priority. Rural and Indigenous populations deserve more attention to achieve equitable outcomes. Good practices already exist across Canada; these practices need to be leveraged and shared in order to build capacity and share resources. 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

¹ College of Family Physicians of Canada. *Ipsos survey shows health care is a top priority in the 2019 federal election* [information release].

Mississauga, ON: College of Family Physicians of Canada; 2019. Available from:

www.cfpc.ca/uploadedFiles/Publications/News_Releases/News_Items/Ipsos-survey-2019-federal-election-FINAL.pdf. Accessed 2019 Jul 30.

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. We all have to work together. We encourage you to have these conversations with your local politician, hospital, your colleagues and more importantly with rural Canadians that you serve.

RRMIC Update

Much progress has been made since the RRMIC commenced its work. The RRMIC was established in February 2018, with the key mandate to work collaboratively to implement the *Rural Road Map for Action (RRM)*.² The RRM provides 20 recommendations for how to improve equitable access to care closer to home for rural Canadians. Comprised of senior leaders within the health, education, and research sectors, the RRMIC provides a forum to scale and spread the RRM across jurisdictions, sectors, and organizations in Canada. Key priorities that the RRMIC have been engaged include the following:

1. Rural patient transfer and repatriation (RRM Action 11)

A national advisory group was established in July 2019 representing the Health Standards Organization, Accreditation Canada, HealthCareCAN, Royal College, CIHI, CFPC, and the Society of Rural Physicians of Canada (SRPC), as well as regional health groups from British Columbia, Saskatchewan, and Quebec. The group's focus is developing an approach to improve the rural patient transfers and repatriation between rural and urban centres through enhanced hospital standards and better transport coordination among inter-facilities and across jurisdictions. It is expected that a report will be released by the summer of 2020.

2. Rural and Indigenous health competencies (RRM Action 3, Action 5)

In July 2018 the CFPC disseminated its approved rural competencies to advance rural education to support the development of family physicians ready to practice in rural Canada.³ This resource is a guide to inform rural family medicine curricula and assessment designed for learners. In April 2019 an invitational symposium was held in Niagara Falls, Ontario with Indigenous health leaders/educators across medical schools and those involved in Indigenous health across the CFPC, Royal College, AFMC, and IPAC. The goal of the symposium was to develop an action plan for a collaborative approach towards competencies to enhance Indigenous health in response to the Truth and Reconciliation Commission. Following the symposium, Indigenous health physician leaders are convening in the fall 2019 to develop a workplan and business case based on the recommendations outlined in the symposium report.

3. Rural health research (RRM Direction 4)

In August 2018 a pre-budget submission was made to the federal government to enable rural and remote communities to carry out rural health research through the use of infrastructure funding. The proposal made its way to the Minister of Health and the Prime Minister for consideration in December 2018. In June 2019 the Canadian Institutes of Health Research (CIHR) announced that it is undertaking a strategic planning consultation with input from stakeholders across Canada. As an active participant in the consultation process, the RRMIC has also corresponded with rural health researchers across Canada in encouraging their participation in the CIHR consultation and to advocate for the need for rural health research funding in order to reflect the realities of rural health care.

As part of its work plan, the RRMIC has been actively engaged in federal government advocacy activities given the upcoming federal election in October 2019 in meeting with senior government leaders and policy makers on the importance of making rural health care a priority for access to health care in rural Canada as part of the election platform. These activities are being led by the RRMIC members, SRPC, and Canadian Medical Association (CMA).

The [RRMIC members](#) are also working on individual activities with key stakeholders on the following highlighted actions (Appendix A contains a scorecard that describes each of the RRM actions and implementation status to June 30, 2019):

2 College of Family Physicians of Canada. *The Rural Road Map for Action: Directions*. Mississauga, ON: College of Family Physicians of Canada; 2017. Available from: www.cfpc.ca/uploadedFiles/Directories/Committees_List/Rural%20Road%20Map%20Directions%20ENG.pdf. Accessed 2019 Jul 30.

3 College of Family Physicians of Canada. Priority Topics and Key Features for the Assessment of Competence in Rural and Remote Family Medicine website. www.cfpc.ca/ProjectAssets/Templates/AssessmentOfCompetence.aspx. Accessed 2019 Jul 30.











- **Actions 7 and 8:** Explore a strategy for repurposing existing provincial funding for continuing professional development (CPD) and family medicine R3 training, that could be used in dialogues with the federal Committee on Health Workforce and AFMC for helping physicians obtain CPD specific to community need.
- **Action 10:** In spring 2019 the CMA and Resident Doctors of Canada strongly advocated to the FMRAC for a national physician licensure. FMRAC is currently working on three initiatives that would greatly facilitate cross-jurisdictional licensure that include:
 - Telemedicine: the possibility of supporting telemedicine across all jurisdictions in Canada by allowing duly licensed physicians to use their licence in any province or territory
 - Fast-track licences: the possibility to expedite the issuance of licensure for physicians who hold full registration in another province/territory and who are considering moving to another part of the country (or obtaining a second licence)
 - Licence for portability: consideration of a licence portability agreement to enable physicians to work for a maximum number of days in another jurisdiction solely on the basis of licensure in their “home” jurisdiction. It is expected that these initiatives will take one to two years to come to fruition and further information will be forthcoming in due course. The RRMIC supports the progress of this work and continues to explore the idea of a Trusted Traveller model to enable a cadre of physicians, with licensure that can cross borders, to provide service to communities in need.
- **Action 12:** The RRMIC is exploring approaches about the ‘how to’ support networks of care in rural communities, focusing on advancing access to mental health care and maternity care.
- **Action 13:** A virtual health care taskforce was formed in March 2019, led by the CMA in collaboration with the CFPC and Royal College, to identify the regulatory and administrative changes needed to support virtual care in Canada, and to allow physicians to deliver care to patients within and across provincial/territorial boundaries. Virtual care has been identified as a significant innovation for improving access to primary and specialist care, and as a call for more technology, training, and payment models to support the adoption of virtual care in physician practices. The task force is expected to complete its work by the end of 2019, and to have a set of recommendations ready to present to appropriate stakeholders in early 2020. Virtual health care is a key theme at the CMA Health Summit taking place in August 12 to 13, 2019, in Toronto.
- **Action 17:** In consultation with the AFMC, explore distributed medical education models or indicators of what constitutes rural family medicine training.
- **Action 19:** In consultation with the Canadian Association of Staff Physician Recruiters, explore indicators and key learnings for successful rural physician recruitment and retention programs.

The RRMIC has participated in a number of education and health care conferences and forums for advocating and disseminating emerging best practices for RRM actions. Stakeholders who wish to explore, provide feedback, or collaborate with the RRMIC activities may contact Dr. Ivy Oandasan, Director of Education, College of Family Physicians of Canada (ivy@cfpc.ca).

[College of Family Physicians of Canada](#) | [Rural Road Map](#) | [Society of Rural Physicians of Canada](#)

Legend:
 Green = Either implemented or final stages of implementation
 Yellow = In progress for development
 Red = No progress

Appendix A – July 2019

Direction One: Social accountability	Status	Already engaged*
Action 1. Develop and include criteria that reflect affinity and suitability for rural practice		AFMC
Action 2. Establish and strengthen specific policies and programs to enable successful recruitment of Indigenous and rural students		AFMC IPAC
Action 3. Support extended competency-based generalist training in rural communities to prepare medical graduates		CFPC RC
Action 4. Provide high quality rural clinical and educational experiences to all medical students and family medicine residents		AFMC CFPC
Action 5. Educate medical students and residents about the health and social issues facing Indigenous peoples and ensure they attain competencies to provide culturally safe care.		AFMC IPAC
Action 6. Establish a collaborative to ensure that specialist physicians acquire and maintain specific competencies required to provide health care to rural communities.		RC
Direction Two: Policy interventions		
Action 7. Establish government and university partnerships with rural physicians, rural communities, and regional health authorities to strengthen the delivery of medical education in rural communities		F/P/T
Action 8. Establish programs with targeted funding to enable rural family physicians to obtain additional or enhanced skills training		F/P/T
Action 9. Establish contracts for residents working in rural settings that maximize their clinical and educational experiences without compromising patient care or the residents' rights in their collective agreements		CFPC
Action 10. Establish a Canadian rural medicine service to enable the creation of special national locum licence designation		FMRAC, CMA, RC, CFPC
Direction Three: Best practice models		
Action 11. Implement standard policies within health service delivery areas that require acceptance of timely transfers and appropriate		HealthCareCAN CARRN
Action 12. Develop specific resources, infrastructure and networks of care within local and regional health authorities to improve access		HealthCareCAN CFHI
Action 13. Partner with rural communities and rural health professionals to develop strategies to guide distance technology		CMA, CFPC, RC
Action 14. Engage communities in developing and implementing recruitment and retention strategies		CASPR
Action 15. Encourage the development of formal and informal mentorship relationships		CFPC, SRPC
Direction Four: Rural research agenda		
Action 16. Create and support a Canadian rural health services research network		SRPC
Action 17. Develop an evidence-informed definition of what constitutes rural training		AFMC CFPC, CaRMS
Action 18. Develop a standardized measurement system, with clear indicators that demonstrates the impact of rural health service delivery		CIHI
Action 19. Develop metrics, based on environmental factors, to identify educate and promote successful recruitment and retention programs		
Action 20. Promote and facilitate the use of rural research informed evidence		SRPC

***Organizations/areas engaged**

AFMC	Association of Faculties of Medicine of Canada
CaRMS	Canadian Resident Matching Service
CARRN	Canadian Association of Rural & Remote Nursing
CASPR	Canadian Association of Staff Physician Recruiters
CFHI	Canadian Foundation for Healthcare Improvement
CFPC	College of Family Physicians of Canada
CIHI	Canadian Institute for Health Information
CMA	Canadian Medical Association
F/P/T	Federal/provincial/territorial
FMRAC	Federation of Medical Regulatory Authorities of Canada
IPAC	Indigenous Physicians Association of Canada
RC	Royal College of Physicians and Surgeons of Canada
SRPC	Society of Rural Physicians of Canada