



# Rural Road Map:

## Report Card on Access to Health Care in Rural Canada

April 2021



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CAEP – Canadian Association of Emergency Physicians: Brian Geller

CARRN – Canadian Association for Rural and Remote Nursing: Nicki Armstrong

CASPR – Canadian Association of Staff Physician Recruiters: Bryan MacLean

CFMS – Canadian Federation of Medical Students: Henry Li

CFPC – College of Family Physicians of Canada: Ruth Wilson (Co-chair), Catherine Cervin, Francine Lemire

CMA – Canadian Medical Association: Jennifer Kitts

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Healthcare Excellence Canada: Neil Drimer

IPAC – Indigenous Physicians Association of Canada: Darlene Kitty

RDoC – Resident Doctors of Canada: Nicole Jedrzejko

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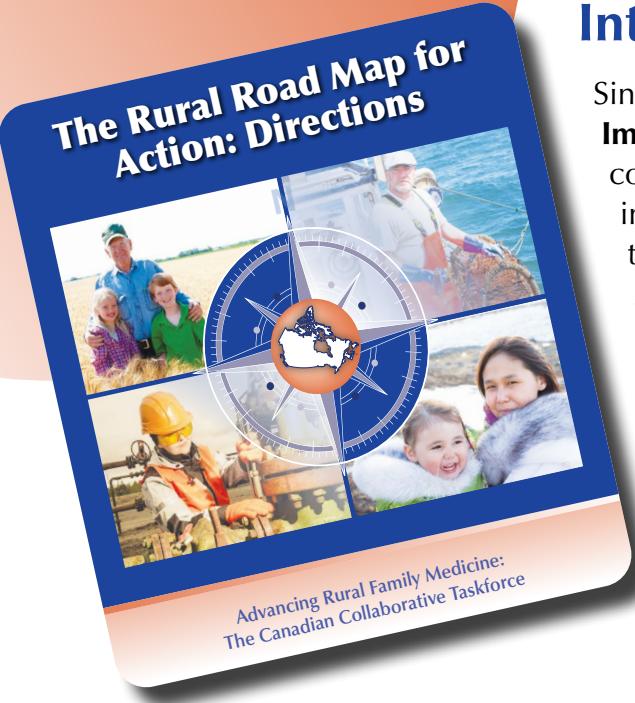
### **Research members**

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## Introduction

Since its formation in 2018, the **Rural Road Map Implementation Committee (RRMIC)** has made important contributions to enhancing access to care for people living in rural and remote areas of Canada.<sup>1</sup> Our work is based on the four priority areas identified in the **Rural Road Map for Action**—social accountability, policy interventions, best practice models, and rural research.<sup>2</sup>

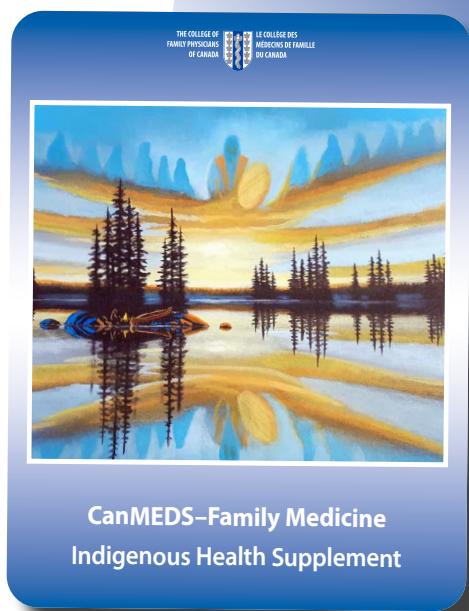
In this report card we highlight key activities that RRMIC's partner and stakeholder organizations have undertaken that advance these priorities. We provide an overall assessment of progress made on the 20 actions that form the framework of the Rural Road Map. In 2021 we are exploring what comes next in our drive to ensure everyone in Canada has access to the care they need close to home.

### Direction 1

## Social accountability and education

### Key activities

- In July 2018 the College of Family Physicians of Canada (CFPC) disseminated its rural competencies to advance rural education and support the development of family physicians who are ready to practise in rural Canada.<sup>3</sup>
- RRMIC facilitated the Indigenous Health Education Symposium at the Canadian Conference on Medical Education in April 2019 that helped spark the formation of the National Consortium for Indigenous Medical Education.<sup>4</sup>
- Published in November 2020, the CFPC's **CanMEDS–Family Medicine Indigenous Health Supplement** outlines the core competencies and roles of family physicians in the provision of care to Indigenous populations.<sup>5</sup>
- In 2020 the Association of Faculties of Medicine of Canada (AFMC) commissioned a review of the admissions process for medical schools (the Future of Admissions of Canada Think Tank) that included an analysis of admission of rural and Indigenous medical students.<sup>6</sup>



## Legend:



### Green circle

Either implemented or in final stages of implementation



### Yellow triangle

In progress for development



### Red square

Minimal progress

## Direction 1: Social accountability\*

	Status	Engaged
<b>Action 1.</b> Develop and include criteria that reflect affinity and suitability for rural practice in admission processes for medical school and family medicine residency programs.		AFMC
<b>Action 2.</b> Establish and strengthen specific policies and programs to enable successful recruitment of Indigenous and rural students to medical school and family medicine residency training.		AFMC, IPAC
<b>Action 3.</b> Support extended competency-based generalist training in rural communities to prepare medical students and residents.	 	CFPC, Royal College
<b>Action 4.</b> Provide high-quality rural clinical and educational experiences to all medical students and family medicine residents.	 	AFMC, CFPC
<b>Action 5.</b> 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, CFPC, IPAC, Medical Council of Canada, Royal College, SRPC
<b>Action 6.</b> Establish a collaborative to ensure that specialist physicians acquire and maintain specific competencies required to provide health care to rural communities.		CFPC, Royal College

\* The action statements have been abbreviated for the purposes of this report card.  
The full statements are available in the *Rural Road Map for Action: Directions*.<sup>2</sup>

## Direction 2

# Policy interventions

## Key activities

- In 2018 RRMIC members raised awareness of the need to remove barriers for a national locum licence. The Federation of Medical Regulatory Authorities of Canada is working on issuing a fast-track licence that will allow eligible physicians to move from one Canadian jurisdiction to another or have a second licence in another jurisdiction. Resident Doctors of Canada (RDoC) is advocating for the establishment of portable locum licences as part of a collaborative initiative.<sup>7</sup>
  - In the lead up to the federal election in October 2019, the CFPC, the Indigenous Physicians Association of Canada (IPAC), and the Society of Rural Physicians of Canada (SRPC) called for federal leaders to address adverse health effects that disproportionately affect Indigenous people in Canada.<sup>8</sup>
  - In December 2020 RRMIC completed a five-year review of rural physician recruitment and retention programs, revealing that little progress has been made related to policy levers used across provinces and territories collectively.
  - Established in January 2021, the Canadian Medical Forum (CMF)'s Working Group on Physician Resource Planning, led by the AFMC, is to provide strategic advice on physician resource issues such as access to comprehensive physician data. This work aligns with RRMIC activities concerning rural physician maldistribution, recruitment and retention, and rural education.

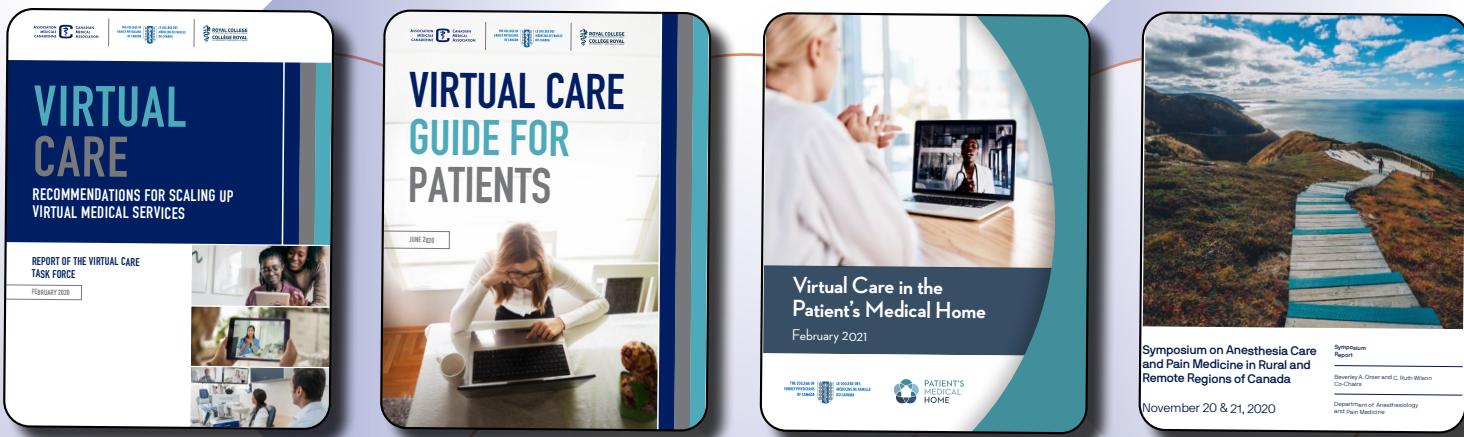
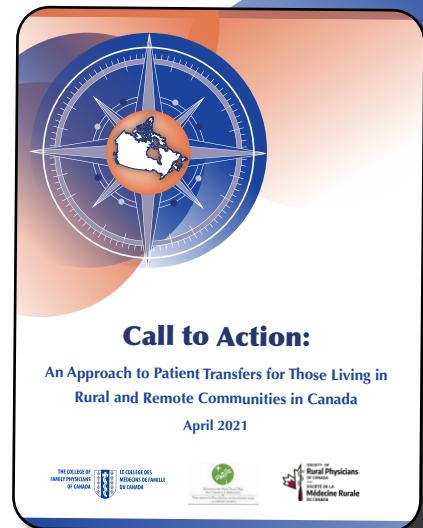
Action	Description	Lead	Status	Engaged
<b>Action 7.</b> Establish government and university partnerships with rural physicians, rural communities, and regional health authorities to strengthen the delivery of medical education in rural communities.				AFMC, CFPC
<b>Action 8.</b> Establish programs with targeted funding to enable rural family physicians to obtain additional or enhanced skills training to improve access to health care services in rural communities.				CFPC
<b>Action 9.</b> 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
<b>Action 10.</b> Establish a Canadian rural medicine service and enable the creation of a special national locum licence designation.				CMA, FMRAC, RDoC

# Direction 3

## Best practice models

### Key activities

- In February 2020 the Virtual Care Taskforce (a collaboration of the CFPC, CMA, and Royal College) published a guidance document, ***Virtual Care: Recommendations for scaling up virtual medical services.***<sup>9</sup> Next, the Virtual Care Taskforce released the ***Virtual Care Playbook*** in March 2020 to help Canadian physicians embrace virtual patient encounters in their practices.<sup>10</sup> In June 2020 the group published the ***Virtual Care Guide for Patients*** to help patients know what to expect and be comfortable with virtual visits with health care providers.<sup>11</sup>
- The CFPC published the position paper ***Virtual Care in the Patient's Medical Home*** in March 2021, which includes a call for improved infrastructure such as broadband Internet services in rural areas.<sup>12</sup>
- In February 2021 the SRPC launched a mentorship pilot program that aims to connect medical students to rural physicians and residents from across the country to allow career exploration, guidance, and increased understanding of the scope of rural practice.<sup>13</sup>
- RRMIC released ***Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada*** in April 2021.<sup>14</sup> It provides ways to improve how patients are transferred out of their communities for necessary care and then moved back home.
- Initiatives are under way to develop a consensus statement as well as recommendations<sup>15</sup> on networks of care regarding improved access to anesthesia, surgery, and obstetric care in rural areas of Canada.



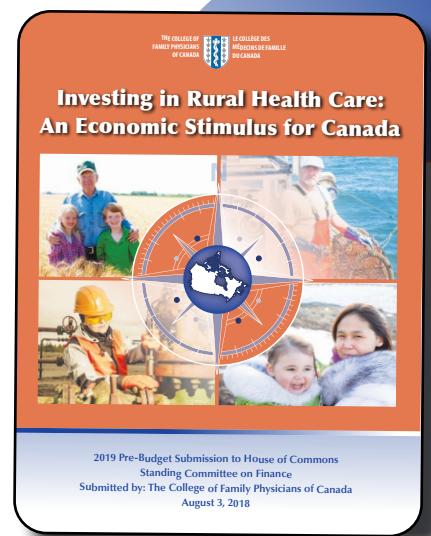
### Direction 3: Best practice models

	Status	Engaged
<b>Action 11.</b> Implement standard policies within health service delivery areas that require acceptance of timely transfers and appropriate consultations.	▲	<b>HealthCareCAN, Health Standards Organization (HSO)</b>
<b>Action 12.</b> Develop specific resources, infrastructure, and networks of care within local and regional health authorities to improve access to care.	▲	<b>HealthCareCAN, Healthcare Excellence Canada</b>
<b>Action 13.</b> Partner with rural communities and rural health professionals to develop strategies to guide the implementation of distance technology to enhance and expand local capacity and improve access to care.	▲	<b>CFPC, CMA, Royal College, SRPC</b>
<b>Action 14.</b> Engage communities in developing and implementing recruitment and retention strategies.	▲	<b>Canadian Association of Staff Physician Recruiters, SRPC</b>
<b>Action 15.</b> Encourage the development of formal and informal mentorship relationships to support rural family physicians and other specialists in the practice of comprehensive care.	▲	<b>CFPC, SRPC</b>

### Direction 4 Rural research agenda

#### Key activities

- On behalf of RRMIC, the CFPC and SRPC produced ***Investing in Rural Health Care: An Economic Stimulus for Canada*** as a pre-budget submission to the House of Commons Standing Committee on Finance in August 2018.<sup>16</sup> It called on the federal government to establish a pan-Canadian network of rural health innovation generators, which would enable rural communities to develop, test, and evaluate health care solutions made by and for rural communities.



- Led by the SRPC over the past three years, RRMIC engaged in advocacy efforts with the federal government, including the Canadian Institutes of Health Research, to raise concerns about the need for more funding for rural health research as well as access to better metrics and rural research data to better inform policies and support health system planners/administrators more effectively.
- RRMIC is engaging in ongoing discussions with the Canadian Institute for Health Information (CIHI) on its rural health systems model and its health system performance framework. The purpose is to assess how CIHI models/tools can be used as guides for health system planning and the interpretation of health system performance in rural Canada.

Direction 4: Rural research agenda		
	Status	Engaged
<b>Action 16.</b> Create and support a Canadian rural health services research network.		SRPC
<b>Action 17.</b> Develop an evidence-informed definition of what constitutes rural training.		AFMC, Canadian Resident Matching Service, CFPC
<b>Action 18.</b> Develop a standardized measurement system, with clear indicators that demonstrate the impact of rural health service delivery models.	 	CIHI
<b>Action 19.</b> Develop metrics, based on environmental factors, to identify and promote successful recruitment and retention programs.		CMF
<b>Action 20.</b> Promote and facilitate the use of research-informed evidence in rural workforce planning in Canada.		SRPC

## Key challenges

- **For rural family medicine education:** Concerns about the selection process for rural family medicine residency programs must be addressed. Accreditation for a rural generalist education pathway also needs to be explored, including the definition of what constitutes rural training. Medical schools need to support the recruitment of rural and Indigenous students and ensure diversity, equity, and anti-racism policies are entrenched in their admissions processes.
- **For rural policy:** Support is needed for learners and faculty in the delivery of training that supports comprehensive care in generalist and specialist training in rural settings. This work supports rural physician recruitment and retention. Given how sporadic any work on rural training and rural physician recruitment and retention has been, policy efforts need to be well-coordinated to enhance retention policies and ensure physicians develop long-term relationships with rural communities.

- **For rural practice:** A lack of coordination exists in addressing jurisdictional differences in standards and policies. Organizations are looking to develop the infrastructure and health human resources for new, innovative networks of care to support rural generalists and specialists in the provision of care for people in rural areas of Canada at local and regional levels and when connecting to tertiary care.
- **For rural research:** Comprehensive data resources and tools (which researchers and policy-makers are using widely) must be made more accessible and require the implementation of a formal structure. This includes building rural research capacity to inform innovative practices and rural health workforce planning to improve access to and the quality of rural health care.

## Opportunities and ongoing efforts

Considerable progress has been made in raising awareness across Canada about the need for improved access to rural health care close to home. However, no one sector alone can fix the inequitable health care realities that people living in rural and remote communities in Canada face every day.

There is a high level of activity under way by the AFMC, CFPC, IPAC, and Royal College, including:

- Providing recommendations for establishing admissions criteria for all medical schools to enhance the recruitment of rural students
- Calling for rural training requirements for rural specialists
- Calling for cultural safety training at all levels of medical education, in keeping with recommendations of the Truth and Reconciliation Commission of Canada's calls to action
- Defining training profiles for family medicine in the rural context
- Developing an evaluation framework with learners to get a better understanding of practice patterns and the distribution of family physician resources



- Plan for rural physician/health workforce needs
- Expand rural health services research
- Advocate for rural health policy and health care improvement
- Establish targets and monitor progress made

This important work needs to continue through strong leadership and commitments from all stakeholders. It needs to be sustainable through advocacy and action. The creation of formal partnerships among governments, universities, and communities is needed to strengthen rural education pathways, develop comprehensive infrastructure for rural networks of care (especially for mental health and maternity care), increase engagement with rural communities, expand virtual health care, and implement a rural research and policy framework.

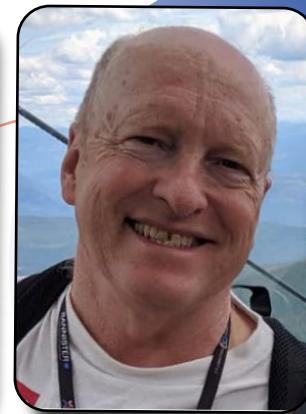
Moving ahead, as RRMIC members and others lead specific RRM actions, it will be crucial to continue engaging with governments, policy-makers, stakeholders, and rural and Indigenous populations to develop solutions that ensure people in these communities have equitable access to health care.

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**We are honoured and privileged to work with RRMIC members, stakeholders, and especially leaders from rural and Indigenous communities in addressing the challenges related to access to health care in rural areas. We are proud of the collaboration to develop solutions to improve rural health.**

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— Co-chairs Drs. Ruth Wilson and James Rourke



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