



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

National Rural Health Strategy – summary

The issue:

- 21% of Canadians are rural
- 9.4% of Canadian physicians are rural
- Rural Canadians have more illness¹
- Rural Canadians have shorter life expectancy²

Rural Canadians do not have fair access to health care

- Half the number of doctors serving people who are sicker
- Lack of specialists: 3% of Canadian specialists are rural
- Pregnant women have to move away from home to deliver, increasing cost and causing poor medical outcomes.^{1,4,5,6,7,8}

Rural Canadians generate more than their share of the national wealth

- Natural resources account for 40% of total exports¹¹
- Rural Canada generates our food supply and our fuel

Why the doctor shortage is twice as severe in rural Canada

- Medical schools and residency training programs
 - 90% of medical students come from wealthy urban families¹⁶
 - Medical schools promote specialist care and research
 - Medical schools require urban living for 7-8 years
 - Medical schools teach skills for urban practice
- Working conditions and remuneration
 - Maintaining licensure requires attendance at urban courses
 - Urban hospitals do not support rural physicians
 - Attrition rate is high

Making it happen

- Provinces have done what they can.
- A pan-Canadian solution is needed.²¹

Goals for a Pan-Canadian Rural Health Strategy²²

For every rural community we should aim for

- Clean water and sanitary waste disposal;
- Appropriate public health and social services;
- Modern and well-supported health care facilities.

For every rural Canadian we should aim for

- Access to a well-trained rural family physician with primary support team;
- Access to emergency and other general hospital services within a reasonable time and distance;
- Access to specialized diagnosis and treatment within an integrated system with outcomes comparable to patients who live in cities.

For Canadian medical schools we should aim for

- A representative proportion of rural/ urban students;
- Rural learning experiences for all students and residents to increase interest and understanding of rural practice;
- Rural streams for interested students and residents;
- Procedural and other advanced training for rural physicians to enhance provision of local services.

For Canadian health research we should aim for

- Development and support of a rural health research network infrastructure;
- Development and support of community-based rural health research involving rural physicians and other health care providers.

The Society of Rural Physicians of Canada proposes the following solutions:

Ministerial Advisory Council on Rural Health will represent a national advocacy function reporting directly to the Minister of Health. The council will comprise of 20 members from all rural walks of life, including ex-MP's, rural mayors and experts on rural health.

Rural Access Scholarships will increase the number of rural and remote residents' access to medical education. Currently, only 13 % of medical students come from rural communities and ½ of them will choose rural practice while only one in twenty urban based students do so. The initiative is similar to the Federal National Research Scholarships, awarding scholarships (unbonded) for rural students to study medicine based on need.

Rural Access Development Program will increase the number of rural and remote residents in medical school to equitable numbers. These students are the most likely to return to rural settings. This initiative is similar to various federal programs for medical research and the primary care transition fund. This investment in research will have universities with medical schools (17 across the country) study mechanisms to increase rural representation to equitable levels and will provide performance grants to help them meet set goals.

Rural Medicine Skill Enhancement Program will increase rural medicine procedural and other skills training in current medical school training programs and to allow for existing rural doctor to upgrade their skills and competencies. Opportunities for medical schools and communities to partner by providing post graduate training upgrades in surgery, anesthesia, endoscopy, cardiac care, geriatric care, Fetal Alcohol Spectrum Disorder, aboriginal health and other areas.

National Rural Medical Round Table will bring together Canada's licensing, teaching, accrediting and professional medical associations identify collaborative strategies to improve rural health and health care. This will include inter-provincial licensing and workforce mobility; flexibility and general in training; rural relevant standards and clinical guidelines; recruitment and retention facilitation; and other approaches not open to provinces. Funding will be provided by jointly by Health Canada and Department of Human Resources and Social Development Canada (HRSDC).

Extension of Medical School to Rural Communities will provide longitudinal training of medical students in rural communities during their whole clinical training period. This will lead to higher retention of medical graduates in rural communities. The Society of Rural Physicians of Canada will be tasked to contract with medical schools to each develop teaching faculty lead by a Chair of Rural Medical Education and infrastructure in rural communities to provide longitudinal clinical training in rural and remote communities.

Enhanced Training of Residents in Rural Residency Programs will ensure rural physicians are highly and broadly skilled for practices generally carried out in relative isolation. An additional training of 6 months to 2 years during residency to acquire those skill sets will increase the capacity of rural physicians to provide a broader

range of services. This will allow rural and remote communities to have greater access to an increased variety of medical services and less need to travel long distances for specific medical services. The Society of Rural Physicians of Canada would be tasked to contract with medical schools to provide the additional residency training for skill sets identified by the Society as relevant to rural practice.

Strengthen Rural Health Research will support evidence based decisions for the delivery of health care in rural and isolated communities. This will be directed by a chair of rural health research supported by a research assistant in each of the 17 medical schools. This will help facilitate grass root community based research programs involving practicing rural health providers.

Facilitated Implementation of Broad Band Telehealth will provide the capacity for remote communities to access services closer to home and support the health practitioners in the provision of services. The need for support is greatest in the remote communities. There is need for dedicated resources to implement and train health workers in the use of the technology.

Strategies must be developed to improve:²³

- Return-of-service programs
- Financial incentives for rural practice
- Stable group practices with appropriate facilities and health care teams
- Community involvement and support
- Functional referral networks