

Progress made on access to rural healthcare in Canada

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WHY RURAL HEALTHCARE?

Rural* populations in Canada are generally older, less affluent and sicker. Almost one-fifth of Canadians (18%) live in rural communities, but they are served by only 8% of the physicians practising in Canada.^{1,2} These communities face on-going challenges in recruiting and retaining family physicians and other health-care professionals. Major systemic change is needed to improve indigenous health given the persistent inequity and inaction across the health system that the Truth and Reconciliation Commission of Canada identified. People in rural areas face more difficult access to healthcare than their urban counterparts, and when they do access health care, they have poorer outcomes.³

There is little evidence-based rural health-care planning at the national and provincial levels to provide direction. Policy decisions are too 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. An opportunity exists to narrow

health disparities by providing care closer to home. Rural communities need an effective health-care system with a stable workforce. The time for solutions is now.

RURAL ROAD MAP FOR ACTION

Responding to these disparities, the rural road map (RRM) [Box 1]⁴ was developed by the Advancing Rural Family Medicine: The Canadian Collaborative Taskforce⁵ and released in February 2017. The RRM provides a guiding framework for a pan-Canadian approach to physician rural workforce planning, as well as access to rural healthcare. Its premise is that all stakeholders from different components of the healthcare and education systems must work collaboratively and collectively. While the RRM focuses on the health workforce, it recognises that all stakeholders play an important role in delivering healthcare in rural Canada. By understanding who is responsible for what, the RRM aims to provide a pathway to help support a pan-Canadian, coordinated approach to enhancing rural access to healthcare.

The RRM uses a social accountability approach to sharing

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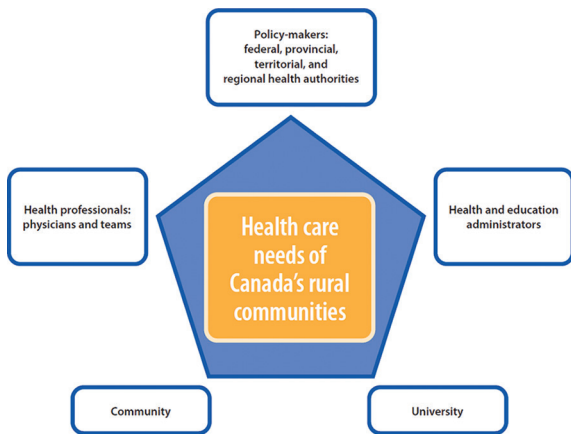


Figure 1: Social accountability framework: the pentagram partners involved in implementing the rural road map for action. Adapted with permission from Boelen C, *Educ Health* 2004;17 (2):223-31.

solutions, and those targeted for action are stakeholders identified as 'pentagram partners' [Figure 1]. Each of the partners has a role to play in the implementation of the RRM.

The RRM addresses indigenous health needs 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.

RURAL ROAD MAP IMPLEMENTATION COMMITTEE AS CATALYST

Rural populations still do not have equitable access to health-care services. Rural communities continue to face challenges in recruiting and retaining family physicians and other health-care professionals. Several provincial programmes 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. It became clear that a catalyst was needed to push for the needed changes identified in the RRM.

In February 2018, the Rural Road Map Implementation Committee (RRMIC) was formed to support the implementation of the RRM that was launched in February 2017. Co-sponsored by the Canadian Family Physicians of Canada (CFPC) and Society of Rural Physicians of Canada (SRPC), RRMIC is designed to provide a forum whereby members can report and deliberate on how to further advance the RRM in ways that can be scaled and spread locally, provincially and at a pan-Canadian level.

The RRMIC's membership deliberately crosses sectors supporting the RRM's social accountability vision. The committee provides a mechanism to connect with more than 300 individuals and organisations that were involved in the development of the RRM. Committee members [Box 2] are either decision-makers or maintain influential positions as part of the organisations they represent and are chosen based on their knowledge and influence to advance the RRM.

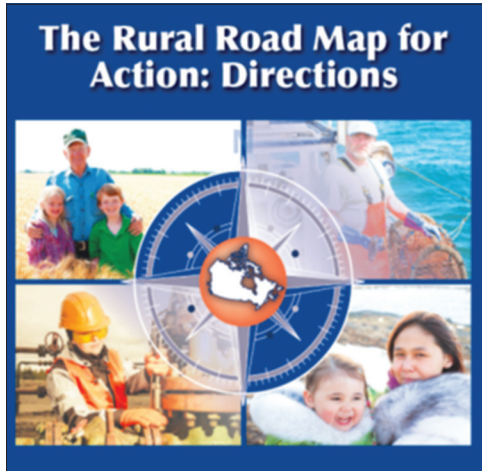
The RRMIC strongly feels that collaboration is important to the successful implementation of the RRM. Stakeholders, including government leaders, have an essential role to play in identifying opportunities to share information about progress made and in providing advice to advance education, policy,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

RRMIC's goal is to enhance access to care for people living in rural Canada. It proposes a pan-Canadian strategy through the RRM to use by provinces and territories, educators, administrative leaders, policy-makers, health-care professionals, all levels of government and communities to enable equitable access to healthcare.

PROGRESS TO DATE

Since its work began, RRMIC has made significant progress raising awareness across Canada about the need for improved access to rural healthcare close to home, as highlighted in the following key priorities.

Box 1: Rural road map for action.⁴



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 toward developing a comprehensive rural framework for strengthening the rural Canadian physician workforce. Working in team-based environments, it is expected that health care providers will have the competencies and skills to provide high-quality and culturally safe care in rural Canada. The recommendations call for collective action with outcomes that are measurable, sustainable, and impactful.

Rural patient transfer and repatriation (rural road map Action 11)

A national advisory group was established in July 2019 representing the Health Standards Organization, Accreditation Canada, HealthCareCAN, Royal College, Canadian Institute for Health Information, CFPC and the SRPC. 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.

Rural and Indigenous health competencies (rural road map 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 practise in rural Canada.⁶ This resource is a guide to inform rural family medicine curricula and assessment. In April 2019, an invitational symposium was held in Niagara Falls, Ontario with Indigenous health leaders/educators

Box 2: Rural road map implementation committee membership.

Executive

Dr Ruth Wilson (CFPC Co-chair)
Dr James Rourke (SRPC Co-chair)
Dr Margaret Tromp (SRPC president)
Dr Shirley Schipper (CFPC president)
Dr Francine Lemire (CFPC Executive Director and Chief Executive Officer)
Dr Gabe Woollam (SRPC president-elect)

Member (Organizations)

Mr Jean Bartkowiak (HealthCareCAN)
Mr Neil Drimer (Canadian Foundation for Healthcare Improvement)
Dr Rick Fleet (Rural Emergency Medicine, Laval University)
Dr Douglas Hedden (Royal College of Physicians and Surgeons of Canada)
Dr. Brian Geller (Canadian Association of Emergency Physicians)
Dr Alexandra King (CAMECO, Chair, Indigenous Health, University of Saskatchewan)
Dr Roy Kirkpatrick (Rural Specialist, Royal College of Physicians and Surgeons of Canada)
Ms Jennifer Kitts (Canadian Medical Association)
Dr Darlene Kitty (Indigenous Physicians Association of Canada)
Ms Jean Lawson (Federation of Canadian Municipalities)
Mr Bryan MacLean (Canadian Association of Staff Physician Recruiters)
Ms Sarah Nolan (Canadian Nurses Association)
Dr Preston Smith (Association of Faculties of Medicine of Canada)
Dr David Snadden (Chair, Rural Health, University of British Columbia)
Ms Michelle Pavloff (Canadian Association for Rural and Remote Nursing)

across medical schools from across the CFPC, Royal College of Physicians and Surgeons of Canada (RC), Association of Faculties of Medicine of Canada (AFMC) and the Indigenous Physicians Association of Canada (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 convened in the fall of 2019 to develop a work plan and business case based on the symposium report.

RURAL HEALTH RESEARCH (RURAL ROAD MAP DIRECTION 4)

In August 2018, a pre-budget submission⁷ was made to the federal government to enable rural

and remote communities to carry out rural health research through the use of infrastructure funding. 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 a participant in the consultation process, the RRMIC has 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 to reflect the realities of rural healthcare.

RRMIC members are also working on individual activities with key stakeholders on actions that are highlighted in Box 3 which contains a scorecard that describes each of the RRM actions and implementation status as of summer 2019.

Collaborative efforts have been made with the Rural Road Map Implementation Committee

- The Federation of Medical Regulatory Authorities of Canada: will explore ways to reduce barriers to licensure for physicians to practise in rural communities where needed
- The Canadian Medical Association, CFPC and the Royal College: formed a virtual health-care task force in March 2019 to identify the regulatory and administrative changes needed to support virtual care in Canada and to have a set of recommendations ready to present in early 2020
- CFPC, Royal College and specialty organisations: will promote the acquisition of enhanced surgical skills and anaesthesia for rural communities.

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.

MOVING AHEAD

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 topped the list of issues for last year's federal election, with 50% Canadians ranking it among their top three.⁸ Currently, there is no comprehensive national (or even provincial) rural health-care strategy to address the needs of the rural population. While some rural health research is conducted in Canada, it is limited, poorly funded, not well-coordinated and often fails to be used in informing health policy. As there are gaps in knowledge about how to improve rural health-care access and patient outcomes, rural health research is needed to enhance rural health workforce recruitment and retention and to gather relevant information to influence rural health-care delivery. Engagement is needed through a set of federally, provincially and regionally supported networks that would encourage collaboration across rural Canada among rural practitioners, researchers, policymakers, federal/provincial/territorial leaders, rural and indigenous communities and the rural population. Partnerships that can coalesce, in a focused way, around solving problems together, are needed now.⁹

The RRMIC has been actively engaged in federal government advocacy activities by meeting with senior government leaders and policymakers about the importance of making rural health care a priority for access to healthcare in rural Canada. RRMIC will continue its efforts in engaging with stakeholders in conversation and through a series of consultations about RRM collaborative initiatives and explore opportunities in sustaining the momentum following the conclusion of its mandate in 2020 with a final report.

RURAL CANADIANS DESERVE BETTER

While the RRMIC acknowledges the fiscal constraints that the healthcare and education systems are faced with, it intends not to remain idle and will continue to take a leadership stance. System-wide alignment of education, practice, policy and research is required to revitalise rural health care in Canada and positively influence the entire Canadian health system. Leadership is needed to minimise the health inequities faced

Box 3: Rural road map update

	Status	Already engaged
Direction one: Social accountability		
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 people 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 healthcare 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 maximise 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 consultations and support by patient care networks		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 standardised measurement system, with clear indicators that demonstrate 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

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 government, FMRAC—Federation of Medical Regulatory Authorities of Canada, IPAC—Indigenous Physicians Association of Canada, RCPSC—Royal College of Physicians and Surgeons of Canada, SRPC—Society of Rural Physicians of Canada. *Green indicates the action is either implemented or in the final stages of implementation, yellow indicates the action is in progress for development, and red indicates no progress.

by rural Canadians. Leadership must come from all stakeholders undertaking a similar journey to reach a common endpoint – improved health outcomes for all Canadians.

See page 11 for related article

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SAVE THE DATE

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“The main draw is the opportunity to come together once a year to share current trends in rural healthcare and rural medical education. When these two topics come together during the discussions collaboratively - it is truly energizing!! The passion of rural medicine/family medicine as a generalist within the established physicians now intermingling with the topics of newly graduated/practicing physicians and their families is an exciting synergy.” - Anonymous

“Well organized conference with relevant-to-rural-practice educational sessions. It was good to see the stream for rural specialists and also the day of sessions for FP ESS. The topics for the keynote speakers were brilliant and the speakers were terrific.” - Anonymous