

Rural Road Map Implementation Committee (RRMIC) April 2019

SRPC INFORMATION UPDATE

BACKGROUND:

Struck in February 2018, RRMIC's key mandate is to work collaboratively to implement the Rural Road Map for Action (RRM).¹ The RRM is a document that provides a strategy with recommendations for how to improve equitable access to safe, quality health care closer to home for rural Canadians. With its membership comprised of senior leaders within the health and education sectors, RRMIC provides an expanded forum for stakeholders to share and explore ways to scale and spread the use of the RRM across jurisdictions, sectors and organizations in Canada.

UPDATE:

At its June 2018 and January 2019 meetings, the RRMIC agreed on its workplan focussing on priority actions that were not being addressed nationally and where high yield of impact seemed possible: (see next page for Appendix A describing each of the RRM actions and progress made to date on implementation status as of February 1st)

- **Action 3:** July 2018 - CFPC released rural competencies² to advance rural education to support the development of family physicians ready to practice in rural Canada. The CFPC resource is a guide for residency programs to inform curricula and assessment design for learners. At CCME on April 16th, 2019, RRMIC co-chair Dr. James Rourke will participate in the PGME Council invitational workshop on Generalism.
- **Action 5:** April 12, 2019: An invitation only symposium will be held the day before CCME begins in Niagara Falls, Ontario with Indigenous health leaders/educators across medical schools and those involved in Indigenous Health across CFPC, RCPSC, AFMC, and IPAC. The goal of the day is to develop an action plan on a collaborative approach towards competencies for use to enhance Indigenous Health to respond to the Truth and Reconciliation Report.
- **Action 8:** Opportunities to explore a strategy to consider how to repurpose existing provincial funding for Continuing Professional Development (CPD) and Family Medicine R3 training will be considered with dialogues with the federal Committee on Health Workforce (CHW) and AFMC.
- **Action 10:** Spring 2019: National physician licensure is being strongly advocated by CMA and RDoc to FMRAC. RRMIC continues to explore the idea of a "Trusted Traveller" model to enable a cadre of physicians to provide service to the communities in need with licensure that can "cross borders."
- **Actions 11, 12 & 13:** Fall 2019: Proposed meeting is being considered by the Health Services Organizations/Accreditation Canada, HealthCareCAN, Canadian Medical Association, CFPC and SRPC to improve the patient transfers and repatriation of patients between rural and urban centres through enhancement of hospital standards and better coordination within a jurisdiction.
- **Action 16:** Summer 2018: A pre-budget submission to the federal government to fund infrastructure development to enable rural and remote communities to carry out research was shared (see attached). The proposal made its way to the Minister of Health and the Prime Minister for consideration.





















To engage directly with SRPC members, RRMIC is conducting two workshops at SRPC R&R on RRMIC Progress and Consultation (April 5th) and Government Advocacy (April 6th). The SRPC and RRMIC Secretariat continues to conduct informal consultations with stakeholders to discuss uptake of the RRM and opportunities for collaboration. Interested SRPC members who wish to explore, provide feedback or collaborate in RRMIC activities can contact Dr. Jim Rourke, Co-Chair, RRMIC (jrourke@mun.ca).

1 https://www.cfpc.ca/uploadedFiles/Directories/Committees_List/Rural%20Road%20Map%20Directions%20ENG.pdf

2 <https://www.cfpc.ca/ProjectAssets/Templates/AssessmentOfCompetence.aspx>

Appendix A: Rural Road Map Uptake

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

DIRECTION ONE: Social Accountability	Status	Already engaged
Action 1. Develop & 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		
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
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
Action 18. Develop a standardized measurement system, with clear indicators that demonstrates the impact of rural health service delivery		
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