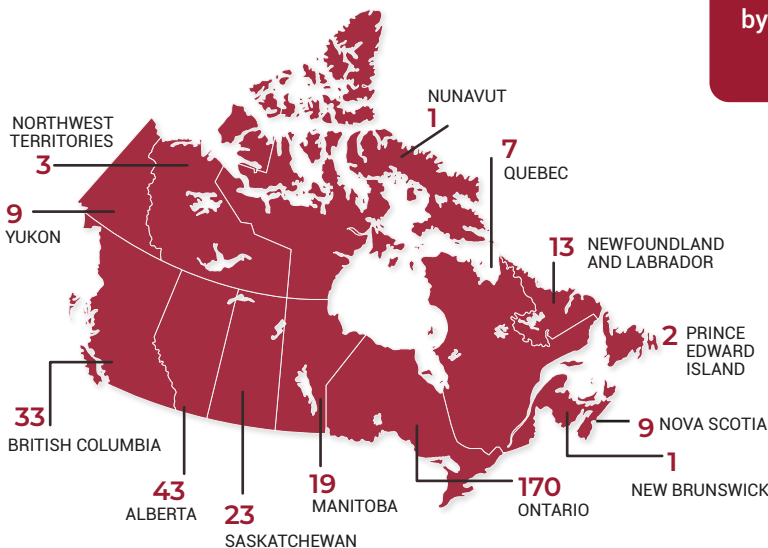


“ I am now an independent ultrasound practitioner and can help certify other physicians. ”

“ I have a connection with a mentor I can now call. ”

Program Budget: \$7.4M a portion of the \$43M received as part of the Team Primary Care: Training for Transformation. Managed by the Foundation for Advancing Family Medicine (FAFM) & funded by Economic and Social Development Canada (ESDC).



The Challenge

Access to care **close to home** is a concern for those in rural, remote, and Indigenous communities in Canada.

Few opportunities exist for rural physicians to enhance their skills once in practice.

Lack of confidence is a barrier for those interested in moving to a rural area or expanding the scope of care provided.

The Objective

Enhancing access to **advanced skills training** for rural physicians, to serve community needs.

Self-designed by rural

Training based on an identified community need:

- \$1000 / day income reimbursement
- Travel + accommodation expenses
- Preceptor payment
- Locum payment + overhead
- Course + equipment costs

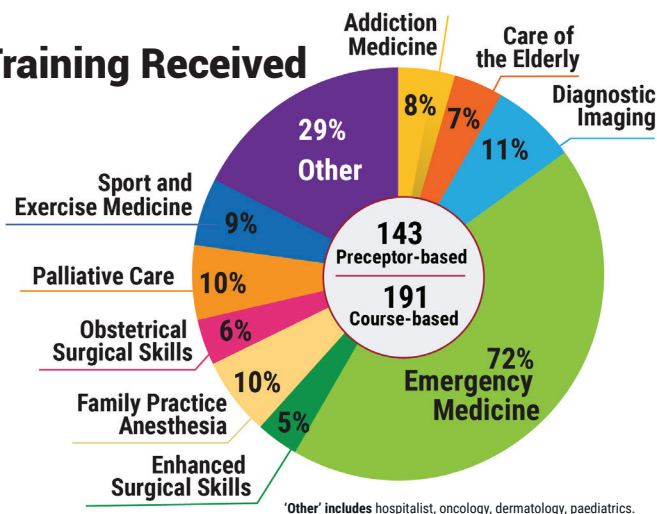
342	Rural Physicians
187	Communities
60 +	Indigenous Communities
28%	International Medical Graduates (IMGs)
8 (2.4%)	Indigenous Physicians
26 (7.8%)	Francophone Physicians

“ We can now support ongoing provision of cancer treatments locally in-territory, allowing patients to receive care close to home, in a culturally safe environment. ”

Potential benefit on health outcomes for 1,311,570 rural Canadians, 1 year after program start.

Based on an average of 3,835 patients per practice as reported by participants.

Training Received



Future program directions:

- Enhanced partnership and engagement with Indigenous physician organizations
- Ongoing, sustainable funding for continued program delivery
- Targeting under-represented communities for increased participation
- Monitoring and evaluation of long-term impact on retention and service delivery in rural Canada

Overall Outcomes:

Improved Access to Care:

- Timely diagnosis of medical conditions
- Reduction of transfers and wait times
- Increased team-based interprofessional care

Enhanced Community Services & System Resilience:

- Provision of additional services, including rural emergency, surgery, obstetrical, anesthesia care

Recruitment and Retention:

- Improved working relationships with pre-hospital and nursing staff
- Self-reported increased likelihood to stay in rural communities
- Strengthened networks of mentorship and care

Average projected expense per physician	\$24K	Average amount reimbursed	\$15K (35% less)
100% reported training increased access to care in their rural communities	74% feel a better connection to a network of support	94% still have additional training needs	

For more information contact:

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