

# Rural Road Map Implementation Committee Update

## Summer 2020

### Progress made regarding access to care close to home

Since its inception in February 2018, the Rural Road Map Implementation Committee (RRMIC) has raised awareness across Canada about the need for improved access to health care close to home in rural areas. We released an update in summer 2019 and published an article in *Canadian Family Physician* on our progress.<sup>1,2</sup> In March 2020 RRMIC also began monitoring the impact COVID-19 has had on our efforts.

### COVID-19

The COVID-19 pandemic has affected health care in rural Canada. At our June 2020 meeting RRMIC heard from member organizations representing rural physicians, communities, and institutions about how they are responding to challenges related to COVID-19. Their experiences highlighted that the pandemic has further exacerbated existing issues with the lack of coordination and social inequities in accessing health care in rural areas. This has been especially true for patients with COVID-19 in rural and Indigenous communities and has disrupted rural medical education.

Yet members also shared encouraging stories about how physicians, hospitals, and communities in rural areas came together quickly. They mobilized health care resources, fast-tracked services such as virtual health care, increased ambulatory care services, and shared key learnings quickly to manage the crisis effectively. The situation enabled educational opportunities such as simulations for preparedness in pandemic crises in rural settings. In May 2020 leaders from the Society of Rural Physicians of Canada (SRPC), the Canadian Medical Association (CMA), and the Indigenous Physicians Association of Canada (IPAC) spoke before the federal Standing Senate Committee on Social Affairs, Science and Technology to examine and report on the government's response to the COVID-19 pandemic.

In April 2020 the CMA Foundation and the CFPC's Foundation for Advancing Family Medicine issued a call for proposals for grants to support family physicians in their efforts to respond to the pandemic.<sup>3</sup> The COVID-19 Pandemic Response and Impact Grant (Co-RIG) Program was established to maximize the effectiveness of care and the safety of family physicians and care teams and to support a rapid front-line response to protect and treat all Canadians. Phase I provides funding for practice innovations that reduce the direct or indirect harms of COVID-19. It will target innovative interventions for family practice that can be implemented rapidly or have been implemented recently and are likely to have a measurable, positive impact on patients and/or populations. Submissions for Phase I were due in June 2020. A call for proposals for Phase II will be issued in the fall and will focus on innovations and initiatives that will help prepare the family medicine community to cope with challenges related to the pandemic in the long term, such as scaling up existing innovations or responding to a resurgence of COVID-19.

RRMIC will continue to monitor the COVID-19 crisis to leverage and translate learning opportunities that can be used to optimize access to health care in rural settings. This includes how rural physicians have responded to the COVID-19 crisis and used existing resources in rural communities to ensure patients had access to health care.

## Framework for post-RRMIC activities

As RRMIC is to conclude its mandate in January 2021, and given the significant work accomplished to date, RRMIC member organizations have acknowledged that more work remains. Members have indicated overwhelmingly that advocacy and action related to improving access to health care in rural and remote areas must be sustained and require centralized coordination. The leadership of the CFPC and the SRPC are exploring a proposed framework for post-RRMIC activities to continue the advancement of the Rural Road Map in 2021.

## RRMIC update

Emerging collaborative efforts among RRMIC member organizations on key priorities include:

- **Rural patient transfer and repatriation (RRM Action 11)**

Established in July 2019, the national advisory group on rural patient transfer and repatriation has representatives from the Health Standards Organization, Accreditation Canada, HealthCareCAN, the Royal College of Physicians and Surgeons of Canada (Royal College), the Canadian Institute for Health Information (CIHI), the CFPC, and the SRPC, as well as from regional health groups from British Columbia, Quebec, and Saskatchewan. It is developing an approach to improve patient transfers and repatriation between rural and urban centres through enhanced hospital standards and better transportation coordination between facilities and across jurisdictions. Over the summer the group is reviewing data (both qualitative and quantitative, with assistance from CIHI) to determine the scope of the problem with patient transfers in Canada. A preliminary analysis of these data was shared with RRMIC at our June meeting. A preliminary summary of these findings and next steps are expected to be shared in fall 2020.

- **Rural and Indigenous health competencies (RRM Actions 3 and 5)**

Following the successful symposium led by RRMIC and the Association of Faculties of Medicine of Canada (AFMC) in April 2019, IPAC is leading efforts to advocate for Indigenous health initiatives created by Indigenous health physician groups. The Indigenous health physician leaders collaborative has developed a business plan for the national consortium for Indigenous medical education, which is currently being considered by the four partners (the AFMC, the CFPC, IPAC, and the Royal College). Following a meeting with Health Canada in February 2020, Health Canada is considering the proposed plan for potential funding. The CFPC Indigenous Health Committee is working on an Indigenous health CanMEDS-FM supplement that outlines the core competencies and roles of family physicians in the provision of care for Indigenous populations. The supplement is expected to be finalized this year.

- **Advocacy related to access to health care in rural communities**

As part of its work plan, RRMIC has been actively engaged in advocacy efforts directed at the federal government. As “access to care” is a key theme in our advocacy work, RRMIC, led by the SRPC, is ensuring that activities are aligned with the federal government’s mandate and will facilitate meetings with stakeholders such as the federal Standing Committee on Health, which is undertaking a study of primary care models, including rural health care. Specific collective advocacy activities include:

- Improving access to care in rural communities (RRM Actions 7 and 8): As there are still barriers affecting access to care (especially for Indigenous and rural populations) and ongoing inequities, the SRPC, the CMA, and the CFPC are leading advocacy efforts to improve access. Key issues include that current measures to address maldistribution of physicians in rural Canada have not been sufficient; investment in enhanced training in rural communities as well as the recruitment and retention of physicians that offers comprehensive support for rural practice in a systematic way should be considered; and rural health human resource planning needs to be more effective.
- Rural health research (RRM Direction 4): The SRPC is leading efforts to raise the profile of rural health research with Canadian Institutes of Health Research (CIHR) leaders. For example, the SRPC published an editorial in January 2020 by the RRMIC co-chairs about the lack of government funding for rural research.<sup>4</sup> The article pointed out that CIHR data for the period of April 2000 to August 2019 indicated that less than 1 per cent of total CIHR funding had been granted for rural research. More community-engaged rural

health research is needed to develop innovative, evidence-informed rural health policy, planning, programs, and practices.

## Individual member activities

RRMIC members are also working on individual activities with key stakeholders on the following highlighted actions:

- **Rural and Indigenous student submissions (RRM Actions 1 and 2)**

The AFMC commissioned a review of the entire admissions process for medical schools (the Future of Admissions in Canada Think Tank, or FACTT), including admission rates of rural and Indigenous medical students. In 2020 the AFMC Board is considering developing a work plan based on this review to increase opportunities for these students and to explore the accreditation process for admissions. Further, through a joint project, the SRPC and the AFMC are undertaking a review of medical schools' admissions data to compare medical student backgrounds (using residential postal codes) with census data from Statistics Canada. The aim is to determine whether the geographic diversity of medical students matches that of Canada to assess what progress has been made and to see whether policies designed to enhance the recruitment of medical students from rural communities need to be strengthened. Results are expected this fall.

Rural educators, residents, and medical students have expressed concerns regarding the selection process of the Canadian Resident Matching Service for family medicine training positions in rural communities and its impact on physician recruitment and retention. It was felt that the process creates systemic barriers to matching the best candidates to rural positions. A key issue is that the selection criteria and process should be more transparent. The SRPC is closely monitoring the situation.

- **Rural family medicine education (RRM Direction 1)**

The CFPC, through its Academic Family Medicine Division, has been conducting a five-year review of rural medical education since the release of the RRM. This includes updating the environmental scan that was conducted in 2014 for the RRM background paper.<sup>5</sup> Two surveys specific to undergraduate medical education and postgraduate family medicine training programs will be sent to educators in rural settings across Canada in September 2020. The purpose is to evaluate the current environment in medical education and how it has changed since the 2014 environmental scan. The intended outcome is to determine whether progress has been made in promoting rural medical education and retaining physicians in rural settings as well as in identifying gaps in the implementation of rural medical education.

- **Rural physician recruitment and retention (RRM Actions 7 and 8)**

The CFPC has been corresponding with Health Canada's Committee on Health Workforce on its jurisdictional review and inventory of physician workforce recruitment and retention programs across Canada to inform its work addressing physician maldistribution in rural Canada. In preliminary findings of the review presented at a meeting of the Physician Resources Planning Advisory Committee in November 2019, certain jurisdictions acknowledged the RRM as a tool that can be used to measure the adoption of rural physician recruitment and retention initiatives. In December 2019 RRMIC provided suggestions regarding opportunities for targeted and increased funding to help rural practitioners acquire any additional or enhanced skills they need to practise in rural communities. Further, this Health Canada effort will inform RRMIC's five-year review on what specific RRM actions have been implemented by government and policy planners to enhance rural recruitment and retention programs directed at physicians.

- **National physician licensure (RRM Action 10)**

Led by the Federation of Medical Regulatory Authorities of Canada (FMRAC), efforts are under way to develop a national medical licensing model. The goals are to facilitate licence portability for locum physicians; to create a single national licence to support individuals participating in telemedicine across Canada; and to develop fast-track licences for physicians who are mainly based in one jurisdiction but want to provide services in another jurisdiction. The aim is to have a model approved by provincial and territorial jurisdictions. While it is important

to ensure key aspects of licensure are considered, groups have expressed concerns that a proposed three-year timeline to allow jurisdictions to prepare for licence portability is too long. In this regard, the Resident Doctors of Canada has drafted a statement on including new-in-practice physicians in mobility agreements as part of this model. FMRAC is conducting consultations to address these concerns. During the COVID-19 pandemic, FMRAC and the Canadian Medical Protective Association temporarily removed barriers to allow physicians to work across jurisdictions to provide emergency care for COVID-19 patients.

- **Virtual health care (RRM Action 13)**

In collaboration with the CFPC and the Royal College, the CMA released the Virtual Care Task Force report in February.<sup>6</sup> The report outlines strategies and recommendations for promoting a pan-Canadian approach to the delivery of publicly insured medical services by physicians through virtual means. RRMIC will support the roll-out of activities and the implementation of recommendations regarding virtual health care in the report. In response to the COVID-19 pandemic, the CMA issued a series of resources and tools for all physicians to use in adopting virtual health care in their practices.<sup>7</sup> Other RRMIC members such as the CFPC and the SRPC also advocated for better access to virtual care through appropriate remuneration strategies and technological support for family physicians working in rural communities.<sup>8,9,10</sup>

- **Networks of care (RRM Action 12)**

An initiative is under way to support physicians practising anesthesiology in rural communities. Given the shortage of anesthesiologists in rural communities, several activities are taking place to facilitate rural anesthesia networks of care. On behalf of the SRPC, Dr. Stu Iglesias is drafting a consensus statement on developing multidisciplinary platforms to support anesthesia, surgery, and maternity care. In January 2020 RRMIC Co-chair Dr. Ruth Wilson helped present a workshop on anesthesia in rural settings through the University of Toronto. Dr. Wilson also contributed to several publications on improving access to safe anesthetic care in rural settings.<sup>11,12,13</sup>

Since its launch in 2011 the CFPC's Patient Medical Home (PMH) vision has helped advance the development of primary health care networks, including backing the establishment of collaborative health care teams. In 2019 the CFPC issued a revised PMH vision that includes expanding this concept to a Patient's Medical Neighbourhood.<sup>14</sup> Consideration is being given to how the Patient's Medical Neighbourhood might be adapted to the rural context.

- **Rural health indicators (RRM Actions 18 and 19)**

Over the past year RRMIC has had a series of discussions with CIHI on its rural health systems model and its health system performance framework. The purpose is to assess how the CIHI models can be used as a guide for health system planning and the interpretation of health system performance in rural Canada. Another goal is to explore how these models can help define rural indicators as they relate to the Rural Road Map. Discussions are ongoing.

## Next steps

In the final phase of our work plan this fall, RRMIC will review activities based on specific RRM actions that have been completed and which activities need further uptake. RRMIC will develop recommendations for post-RRMIC activities.

Stakeholders who wish to explore, provide feedback on, or collaborate with the RRMIC on activities may email Dr. Ivy Oandasan, Director of Education, CFPC, at [ivy@cfpc.ca](mailto:ivy@cfpc.ca).

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- <sup>9</sup> COVID-19 Resources. Society of Rural Physicians of Canada website. <https://srpc.ca/>.
- <sup>10</sup> College of Family Physicians of Canada. *A Call for Support for Family Practices During the COVID-19 Pandemic*. Mississauga, ON: College of Family Physicians of Canada; 2020. Available from: [https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Health\\_Policy/BN-Family-Practice-Supports-April20-FINAL.pdf](https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Health_Policy/BN-Family-Practice-Supports-April20-FINAL.pdf). Accessed July 24, 2020.
- <sup>11</sup> Kamble VA, Orser BA, Wilson CR. Developing practice guidelines for anesthesia services in rural Canada: the importance of the family physician perspective. *Can J Anesth*. 2020.
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