Progress made on access to rural health care in Canada

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On behalf of the Rural Road Map Implementation Committee
Au nom du Comité sur la mise en œuvre du Plan d'action sur la médecine rurale

Abstract

Objective To describe the progress of the Rural Road Map Implementation Committee (RRMIC) on implementing the Rural Road Map for Action (RRM).

Composition of the committee The RRMIC is co-sponsored by the College of Family Physicians of Canada and the Society of Rural Physicians of Canada and has a broad membership that deliberately crosses sectors supporting the RRM's social accountability vision. Committee members are either decision makers or maintain influential positions as part of the organizations they represent and are chosen based on their knowledge of and influence to advance the RRM.

Methods The RRMIC was formed in February 2018 to support the implementation of the RRM. The RRMIC is designed to provide a forum whereby member organizations 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.

Report Canadians living in rural communities continue to experience challenges in accessing rural health care. Rural communities have difficulty attracting and retaining family physicians, as policy interventions focus on the short term rather than the long term. Policy decisions are often guided by urban health care models without understanding the potential negative effects in rural communities. Rural communities need rural-based solutions and to develop a regional capacity to innovate, experiment, and discover what works. In response to these challenges, the RRM was developed in February 2017. The RRM is a series of recommendations for a renewed pan-Canadian approach to rural physician work force planning and provides a pathway forward, developing a comprehensive rural health framework to improve access to safe,

Editor's key points

- The Rural Road Map for Action (RRM) provides a guiding framework for a coordinated, pan-Canadian approach to physician rural work force planning and improved access to rural health care. The Rural Road Map Implementation Committee (RRMIC) was formed in February 2018 to support the implementation of the RRM.
- Since its work began, the RRMIC has made considerable progress raising awareness across Canada about the need for improved access to rural health care close to home, including working to improve rural patient transfers and repatriation, developing rural and Indigenous health competencies for educating future family physicians, and advocating for rural health research.
- While progress has been made on key priority actions from the RRM, the RRMIC will continue its efforts to engage stakeholders and it will explore opportunities for sustaining momentum following the conclusion of its mandate.

Points de repère du rédacteur

- Le Plan d'action pour la médecine rurale (le Plan d'action) fournit un cadre pour l'élaboration d'une approche pancanadienne de la planification des soins de santé en milieu rural. Le Comité sur la mise en œuvre du Plan d'action pour la médecine rurale a été formé en février 2018 pour appuyer l'implantation du Plan d'action.
- Depuis ses débuts, le Comité a fait d'importants progrès pour sensibiliser les Canadiens de la nécessité d'améliorer l'accès à des soins de santé ruraux de proximité, notamment l'amélioration des transferts et du rapatriement des patients, l'élaboration des compétences en santé rurale et autochtone pour former les futurs médecins de famille, et promouvoir la recherche en santé rurale.
- Même si des progrès ont été accomplis dans les principales actions prioritaires dans le Plan d'action, le Comité poursuivra ses efforts dans le but de mobiliser les intervenants et il explorera des occasions de poursuivre sur son élan après la fin de son mandat.

This report is copublished in the Winter 2020 issue of the *Canadian Journal of Rural Medicine.*

high-quality health care for rural Canadians close to home. While considerable progress has been made by the RRMIC on key priority actions from the RRM, much work still needs to be done through collective and collaborative efforts as well as partnerships among stakeholders such as leaders, health care providers, administrators of health care institutions, and those who work and live among and provide care for rural populations, as well as rural communities themselves. Collaborative partnerships and commitments from all key stakeholders will be critical to addressing national and regional health work force needs in order to ensure equitable access to health care for rural Canada.

Progrès réalisés dans l'accès aux soins de santé ruraux au Canada

Résumé

Objectif Décrire les progrès réalisés par le Comité sur la mise en œuvre du Plan d'action pour la médecine rurale dans l'implantation du Plan d'action pour la médecine rurale (le Plan d'action).

Composition du comité Le Comité est co-parrainé par le Collège des médecins de famille du Canada et la Société de la médecine rurale du Canada. Il est formé d'une grande diversité de membres de différents secteurs qui appuient la vision de responsabilité sociale adoptée dans le Plan d'action. Les membres du comité sont des décideurs ou occupent des postes d'influence dans les organisations qu'ils représentent, et ils sont choisis en fonction de leur connaissance du Plan d'action et de l'influence qu'ils peuvent exercer pour le faire progresser.

Méthodes Le Comité a été formé en février 2018 pour appuyer la mise en œuvre du Plan d'action. Il est conçu de façon à offrir un forum où les organisations membres peuvent présenter des rapports et délibérer de façons de faire progresser davantage le Plan d'action afin qu'il puisse être adapté et appliqué à l'échelle locale, provinciale et pancanadienne.

Rapport Les Canadiens qui vivent dans les communautés rurales continuent d'éprouver des difficultés à accéder à des soins de santé. Les communautés rurales ont des difficultés à attirer et à retenir des médecins de famille, puisque les politiques sont davantage axées sur le court terme plutôt que sur le long terme. Les décisions stratégiques sont souvent guidées par des modèles urbains de soins de santé, sans tenir compte des effets négatifs potentiels sur les communautés rurales. Les communautés rurales ont besoin de solutions adaptées à leur milieu, et elles doivent développer les capacités régionales nécessaires pour innover, expérimenter et trouver ce qui fonctionne.

Le Plan d'action a été élaboré en février 2017 dans le but de relever ces défis. Il contient une série de recommandations visant à renouveler l'approche pancanadienne en matière de planification des effectifs de médecins ruraux; il propose une marche à suivre, élaborant un cadre exhaustif de santé rurale afin d'améliorer l'accès à des soins de santé sécuritaires, de grande qualité et de proximité pour les Canadiens en milieu rural. Même si des progrès considérables ont été accomplis il reste encore beaucoup de travail à faire. Il faut des efforts collectifs et collaboratifs, de même que des partenariats entre des intervenants comme les dirigeants, les professionnels de la santé, les administrateurs d'établissements de santé, ainsi que ceux qui vivent et travaillent auprès des populations rurales et les soignent, sans compter les communautés rurales elles-mêmes. Des partenariats collaboratifs et l'engagement de toutes les principales parties prenantes seront essentiels pour répondre aux besoins nationaux et régionaux en effectifs de professionnels de la santé afin d'assurer un accès équitable aux soins de santé pour les Canadiens en milieu rural.

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 ongoing challenges in recruiting and retaining family physicians and other health care professionals. Considerable 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 health care 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 effects 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 work force. The time for solutions is now.

Composition of the committee

The Rural Road Map Implementation Committee (RRMIC) was formed in February 2018 to support the

**Rural* is defined as those communities that are geographically located in rural and remote regions of Canada including those distinctly or partly populated by Indigenous people.

implementation of the Rural Road Map for Action (RRM).[4] The RRMIC is co-sponsored by the College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada and has a broad membership that deliberately crosses sectors supporting the RRM's social accountability vision. Committee members (**Box 1**) are either decision makers or maintain influential positions as part of the organizations they represent and are chosen based on their knowledge of and influence to advance the RRM.

Methods

The RRMIC provides a mechanism to connect with the more than 300 individuals and organizations that were involved in the development of the RRM. The 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.

Box 1. Rural Road Map Implementation Committee membership

Executive

- Dr C. 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)

Members (organizations)

- Mr Jean Bartkowiak (HealthCareCAN)
- Mr Neil Drimer (Canadian Foundation for Healthcare Improvement)
- Dr Rick Fleet (rural emergency medicine at 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 in 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 of Rural Health, University of British Columbia)
- Ms Michelle Pavloff (Canadian Association for Rural and Remote Nursing)

CFPC—College of Family Physicians of Canada, SRPC—Society of Rural Physicians of Canada.

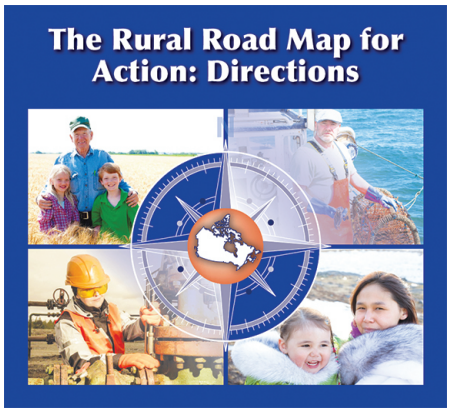
Report

Rural Road Map for Action.[4] Responding to the disparities faced by rural populations, the RRM (**Figure 1**) was developed by Advancing Rural Family Medicine: The Canadian Collaborative Taskforce[5] and released in February 2017. The RRM provides a guiding framework for a pan-Canadian approach to physician rural work force planning as well as improved access to rural health care. Its premise is that all stakeholders from different components of the health care and education systems must work collaboratively and collectively. While the RRM focuses on the health work force, it recognizes that all stakeholders play an important role in delivering health care in rural Canada.

The RRM uses a social accountability approach to sharing solutions, and those targeted for action are stakeholders identified as "Pentagram Partners" (**Figure 2**).[6] Each of the partners has a role to play in the implementation of the RRM. 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 health care.

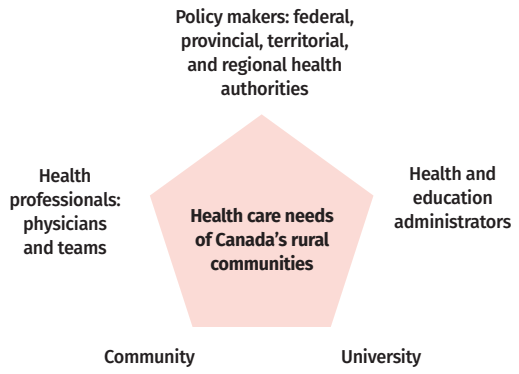
The RRM addresses Indigenous health needs by generating a multistakeholder rural health care strategy that includes the participation of Indigenous people to benefit these communities in rural Canada. Increasing the number of Indigenous health care professionals trained in Canada, improving the retention of health care professionals within rural Indigenous communities, and

Figure 1. Rural Road Map for Action



The Rural Road Map for Action is a series of 20 recommendations for a renewed approach to rural physician work force planning. The 20 recommendations fall under 4 directions that provide a pathway toward developing a comprehensive rural framework for strengthening the rural Canadian physician work force. Within the context of 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.

Figure 2. Social accountability framework: *The Pentagram Partners involved in implementing the Rural Road Map for Action.*



Adapted with permission from Boelen.[6]

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 programs 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 necessary to push for the needed changes identified in 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 health care in Canada. As a result, relationships can be strengthened between 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.

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

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

Rural patient transfer and repatriation (RRM Action 11): A national advisory group was established in July 2019 representing the Health Standards Organization, Accreditation Canada, HealthCareCAN, the Royal College of Physicians and Surgeons of Canada, the Canadian Institute for Health Information, the CFPC, and the Society of Rural Physicians of Canada. The group's focus is developing an approach to improving rural patient transfers and repatriation between rural and urban centres through enhanced hospital standards and better transport coordination among facilities and across jurisdictions.

Rural and Indigenous health competencies (RRM 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.[7] This resource is a guide to inform rural family medicine curricula and assessment. In April 2019 an invitational symposium was held in Niagara Falls, Ont, with Indigenous health leaders and educators across medical schools and from the CFPC, the Royal College, the Association of Faculties of Medicine of Canada, and the Indigenous Physicians Association of Canada. The goal of the symposium was to develop an action plan for a collaborative approach to competencies to enhance Indigenous health in response to the Truth and Reconciliation Commission of Canada. 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 (RRM Direction 4): In August 2018 a pre-budget submission[8] 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 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 encouraging their participation in the Canadian Institutes of Health Research consultation and has advocated for rural health research funding in order to reflect the realities of rural health care.

The RRMIC members are also working on individual activities with key stakeholders on actions that are highlighted in **Table 1,** which contains a scorecard that describes each of the RRM actions and their implementation status as of the summer of 2019.

Collaborative efforts have also been made with the RRMIC and various organizations, such as the following:

- the Federation of Medical Regulatory Authorities of

Table 1. Uptake of the Rural Road Map for Action

ACTIONS	STATUS*	ALREADY ENGAGED
Direction 1. 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, RCPSC
• 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 non–family physician specialists acquire and maintain specific competencies required to provide health care to rural communities		RCPSC
Direction 2. 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		Federal, provincial, territorial government
• Action 8. Establish programs with targeted funding to enable rural family physicians to obtain additional or enhanced skills training		Federal, provincial, territorial government
• 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		CFPC
• Action 10. Establish a Canadian rural medicine service to enable the creation of a special national locum licence designation		FMRAC, CMA, RCPSC, CFPC
Direction 3. Best practice models		
• Action 11. Implement standard policies within health service delivery areas that require acceptance of timely transfers and appropriate consultations		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, RCPSC
• 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 4. 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 standardized measurement system, with clear indicators that demonstrate the effects 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

AFMC—Association of Faculties of Medicine of Canada, CaRMS—Canadian Resident Matching Service, CARRN—Canadian Association for Rural and Remote Nursing, 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, 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.

Canada to explore ways to reduce barriers to licensure for physicians to practise in rural communities where needed;
- the Canadian Medical Association, the CFPC, and the Royal College to form 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; and
- the CFPC, the Royal College, and specialty organizations to promote the acquisition of enhanced surgical skills and anesthesia for rural communities.

While we have made important strides, much work still needs to be done not only by the RRMIC but by leaders, health care providers, administrators of health care institutions, rural communities, and those 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,[9] 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% of Canadians ranking it among their top 3 issues.[10] Currently, there is no comprehensive national (or even provincial) rural health care strategy to address the needs of rural populations. While some rural health research is conducted in Canada, it is limited, poorly funded, and not well coordinated, and it 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, how to enhance rural health work force recruitment and retention, and how to gather relevant information to influence rural health care delivery, rural health research is needed. Engagement is needed through a set of federally, provincially, and regionally supported networks that would encourage collaboration across rural Canada between rural practitioners; researchers; policy makers; federal, provincial, and 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.[11]

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

Conclusion

While the RRMIC acknowledges the fiscal constraints that the health care 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 revitalize rural health care in Canada and positively influence the entire Canadian health system. Leadership is needed to minimize the health inequities faced by rural Canadians. Leadership must come from all stakeholders undertaking a similar journey to reach a common end point—improved health outcomes for all Canadians.

Dr Wilson is Professor Emeritus in the Department of Family Medicine at Queen's University in Kingston, Ont, Past President of the North American Region of WONCA (World Organization of Family Doctors), and Past President of the College of Family Physicians of Canada. **Dr Rourke** is former Dean of Medicine at Memorial University of Newfoundland in St John's, former Chair of the Canadian Medical Forum, and former Chair of the Association of Faculties of Medicine of Canada. **Dr Oandasan** is Director of Education at the College of Family Physicians of Canada in Mississauga, Ont, and Full Professor in the Department of Family and Community Medicine at the University of Toronto. **Ms Bosco** is Program and Policy Consultant and Secretariat for the Rural Road Map Implementation Committee that is supported by the College of Family Physicians of Canada and the Society of Rural Physicians of Canada.

Contributors

Drs Wilson and **Rourke** are Co-chairs of the Rural Road Map Implementation Committee, and all authors contributed to preparing the manuscript for publication on behalf of the committee.

Competing interests

None declared

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