

Rural Road Map Implementation Committee Final Update: Summer 2021

Progress has been made, but more work is needed to improve access to rural health care

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 for patients in rural, remote, and Indigenous communities. RRMIC has released several resources and publications related to specific activities and accomplishments achieved in implementing the Rural Road Map for Action, which can be found on the College of Family Physicians of Canada (CFPC) website (<https://www.cfpc.ca/arfm>) and the Society of Rural Physicians of Canada (SRPC) website (https://srpc.ca/Rural_Road_Map_Directions).

While considerable progress has been made in implementing Rural Road Map (RRM) recommendations, challenges persist in creating the infrastructure and generating the support needed to enhance access to rural health care. No one sector alone can fix the inequitable health care realities that people living in rural and remote communities in Canada experience.

RRMIC held its final meeting in January 2021; at the meeting there was overall support for continued collaboration. Most member organizations are finalizing their strategic planning for 2021 and are considering rural health care priorities. Key milestones from RRMIC's efforts are detailed below. RRMIC feels this important work needs to continue through effective leadership and commitments from all stakeholders. It also needs to be sustainable through advocacy and action. The creation of formal partnerships among governments, universities, and rural communities is needed to strengthen rural education pathways, develop comprehensive infrastructure for rural networks of care (especially for mental health and maternity care), increase engagement with rural communities, expand virtual health care, and implement a rural research and policy framework.

Summary of key RRMIC activities

RRMIC held two sessions at the April 2021 SRPC annual (virtual) conference to launch the *RRM Report Card* and a call-to-action statement on rural patient transfers. These sessions were the last opportunities for RRMIC members to assemble in this phase of the RRM journey. In 2021 the RRMIC Secretariat will work on final deliverables, which include a final report, a publication of research findings regarding rural patient transfers, and a five-year review on rural family medicine education.

- 1. Report card:** On April 22nd RRMIC released *Rural Road Map: Report Card on Access to Health Care in Rural Canada* (<https://www.cfpc.ca/CFPC/media/PDF/Rural-Road-Map-Report-Card-EN-final.pdf>). At the SRPC conference session, the RRMIC Co-chairs provided an overview of RRMIC achievements. They posed key questions before a fishbowl panel (with representatives from the

Royal College of Physicians and Surgeons of Canada [the Royal College], the Association of Faculties of Medicine of Canada [AFMC], the Canadian Medical Forum [CMF], and the Canadian Association of Emergency Physicians [CAEP]) and 60 participants to identify what next steps should be taken to continue the RRM journey. Key activities to be pursued include: focusing on equitable access to care and health service delivery for rural communities; enhancing physician resource planning, including the adoption of more effective strategies for rural physician recruitment and retention; improving access to rural specialty care; supporting the launch and work of the National Consortium on Indigenous Medical Education (NCIME); developing targets and metrics as useful tools to facilitate change in rural health care, social accountability in medical education, and government policy; and providing recommendations for supporting the delivery of virtual health care.

- 2. Rural patient transfers:** On April 23rd RRMIC launched *Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada* (<https://www.cfpc.ca/CFPC/media/PDF/Rural-Road-Map-Call-to-Action-EN-final.pdf>). At the SRPC conference session a panel provided perspectives from a former CEO of a rural hospital (in Thunder Bay, Ontario), a transport medicine/rural practitioner (working with Ornge, an air ambulance service in Ontario), a standards expert (from Health Standards Organization [HSO]/Accreditation Canada), and an expert on access to data (from the Canadian Institutes of Health Research's Institute of Health Services and Policy Research). Themes that emerged from the session included: exploring systemic approaches to access comprehensive data on patient transfers across jurisdictions for effective health human resources planning and policy development; studying the effectiveness of no-refusal policies and formal cross-jurisdictional/interfacility agreements; and using the statement as an accreditation standard for health institutions and as a quality improvement framework. The statement was well-received by the session's 65 participants. HSO/Accreditation Canada supports the statement and has agreed to promote it to its members, accreditation group counterparts, and health care institutions. The statement received health media coverage in the *Medical Post*, on Healthy Debate, and through the Canadian Healthcare Network. Participants identified two critical implementation actions: adopting no-refusal policies, supported by an infrastructure and policy framework needed for implementation; and addressing gaps in data on rural patient transfers and interfacility transfers.

Key RRMIC member organization activities

Key activities of member organizations include:

- 1. Rural physician workforce planning:** Led by the AFMC, the CMF's Working Group on Physician Resource Planning was established in January 2021 with both the CFPC and SRPC as members. This working group will address physician resource issues, including access to comprehensive physician data, and initiate discussions in this area with government. This group will ensure planning continues to align with the RRM activities concerning rural physician maldistribution, recruitment and retention, and rural education.
- 2. National licensure:** There is a high level of activity on multiple fronts to address barriers to national licensure, which would make it easier for physicians to be able to practise in communities across Canada where they are needed. For example, the Federation of Medical Regulatory Authorities of Canada is in the process of issuing a statement on fast-tracked licensure to allow eligible physicians to move from one Canadian jurisdiction to another or to have a second licence in another jurisdiction. Resident Doctors of Canada issued a statement calling for the establishment of Canadian portable locum licensure. CAEP issued a national licensure

consensus statement to allow for the deployment of health care personnel in places where they are needed during disasters or crises, such as COVID-19 surges, and CAEP is leading a related petition campaign directed at the federal and provincial governments. These activities led to a meeting in May with representatives from CAEP, the Canadian Anesthesiologists' Society, the Canadian Association of General Surgeons (CAGS), the Canadian Medical Association, and the SRPC to explore how these barriers can be addressed. In May 2021 the SRPC, with the support of other physician groups, circulated a letter to all federal, provincial, and territorial ministers of health calling for action on a national approach to licensure through a regulatory framework.

- 3. Rural family medicine education:** The CFPC Education Department and the Northern Ontario School of Medicine conducted a five-year review of rural medical education that includes two surveys exploring progress made on RRM recommendations in undergraduate medical education and postgraduate family medicine training. Preliminary results of the surveys and analysis revealed the need for a standardized educational definition of "rural"; ongoing support for sustainable rural leadership at all levels of medical education; better integration of rural training experiences; and alignment between rural competencies in undergraduate and postgraduate medical education, support for community-based approaches to faculty development, and enhanced skills training for family physicians practising in rural communities. The final results will be published.
- 4. Indigenous health:** Through the CFPC's Indigenous Health Committee, the new *CanMEDS–Family Medicine Indigenous Health Supplement* was released in November 2020 (<https://www.cfpc.ca/CFPC/media/PDF/CanMEDS-IndigenousHS-ENG-web.pdf>). In January 2021 the federal Minister of Health announced funding for the NCIME. The NCIME will address anti-Indigenous racism in medical education and health care. The announcement was based on an NCIME funding proposal submitted to and approved by Health Canada's Health Care Policy and Strategies Program. The NCIME is a partnership between the Indigenous Physicians Association of Canada, the AFMC, the CFPC, the Medical Council of Canada, and the Royal College. The AFMC is the secretariat for the NCIME.
- 5. Networks of care:** Led by the SRPC and the University of Toronto, a draft consensus statement on networks of care regarding rural anesthesia, surgery, and obstetric care in Canada was released in April for consultation.* The statement calls for networks of care to support rural generalists and specialists in providing these services and it describes the essential rural infrastructure components required for well-resourced, high-functioning, multidisciplinary networks, including rural hospitals. In its current form, the statement was supported in principle by the Society of Obstetricians and Gynaecologists of Canada, the CAGS, the CFPC, the Association of Canadian University Departments of Anesthesia, the SRPC, and RRMIC.
- 6. Rural health care advocacy and the federal budget (April 2021):** The SRPC will lead advocacy efforts on how elements of the federal budget align with the RRM. The budget is a good starting

* Canadian Anesthesiologists' Society, Canadian Association of General Surgeons, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Society of Obstetricians and Gynaecologists of Canada, Society of Rural Physicians of Canada. *Consensus Statement on Networks for High-Quality Rural Anesthesia, Surgery, and Obstetric Care in Canada*. Shawville, QC: Society of Rural Physicians of Canada; 2021. Available from: <https://srpc.ca/resources/Documents/Consensus%20Statement%20on%20Networks%20for%20High-Quality%20Rural%20Anesthesia,%20Surgery,%20and%20Obstetric%20Care%20in%20Canada%20draft.pdf>. Accessed May 14, 2021.

point for addressing inequitable access to rural health care (particularly for Indigenous communities). Efforts will focus on developing better rural health care data, supporting Indigenous communities, and working with federal research/data agencies to produce comprehensive data for rural physician resource planning and rural patient transfers.

As RRMIC members and others lead specific RRM actions, it will be crucial to continue engaging with governments, policy-makers, stakeholders, and rural and Indigenous populations to develop solutions to ensure people in these communities have equitable access to health care.

Next steps post-RRMIC

At its April meeting the SRPC Council agreed to support the SRPC fully in leading the next phase of implementing the RRM. During this transition period the SRPC will develop a draft plan over the next six months based on RRMIC final reports and the outcomes of its April conference deliberations. Starting in June 2021 the SRPC will act as the central hub in coordinating activities related to the RRM and enhancing access to rural health care. Over the summer it will facilitate discussions with interested RRMIC member organizations and other stakeholders to address ongoing gaps identified in the *RRM Report Card* and explore collaborative opportunities. In the interim, leaders of the CFPC and the SRPC will continue their dialogue and have agreed to meet in the fall with their respective Board members to discuss the RRM and rural health care.

Looking ahead, the SRPC will continue to provide updates and reports on its progress. Stakeholders who wish to explore, provide feedback on, or collaborate with the SRPC on post-RRMIC activities may email Carmela Bosco, Program and Policy Consultant, SRPC, at bosco@look.ca.

Acknowledgements

The CFPC and the SRPC want to express their gratitude to the RRMIC Co-chairs for the dedication, commitment, and leadership they brought to this effort to ensure that everyone in rural Canada has access to health care close to home.

Message from the RRMIC Co-chairs:

We are honoured and privileged to work with RRMIC members, stakeholders, and leaders from rural and Indigenous communities to address the challenges people experience in accessing health care in rural areas. We are proud of the collaboration to improve rural health care.

Thank you,

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