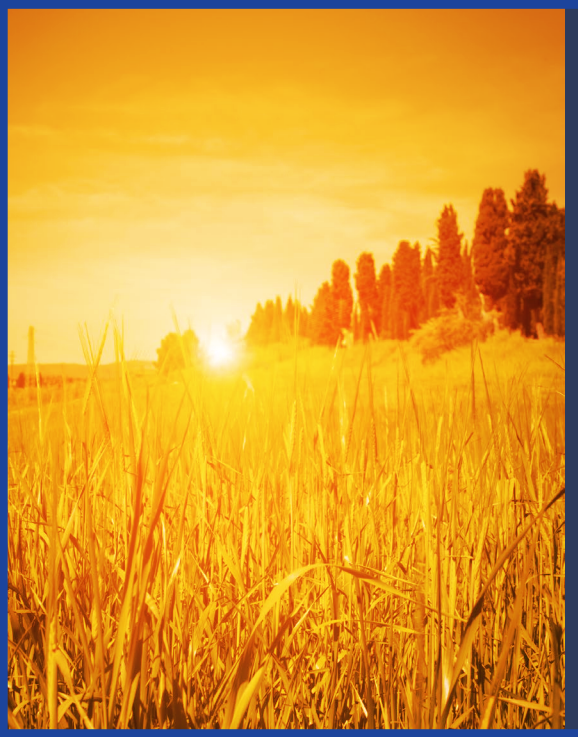
BACKGROUND PAPER

Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy

Executive Summary



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Advancing Rural Family Medicine
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Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy

Executive Summary

Written by
Carmela Bosco, Managing Director and Health Policy Consultant, CBR Consulting
Dr Ivy Oandasan, Director of Education, College of Family Physicians of Canada

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Roles of CFPC and SRPC

College of Family Physicians of Canada (CFPC)

Established in 1954 and representing more than 34,000 members across Canada, the CFPC is responsible for establishing standards for training, certification, and lifelong learning for family physicians. The CFPC accredits postgraduate family medicine training in Canada's 17 medical schools. The CFPC establishes the criteria for certification by defining competencies required in supporting the high standards of medical education at all levels. The CFPC also plays an important role in the certification and continuing professional development of its members. Considered the voice of family medicine in Canada, CFPC supports family physicians through certification, advocacy, leadership, research, and learning opportunities, which enable these physicians to provide high-quality health care for their patients and their communities.

Society of Rural Physicians of Canada (SRPC)

Founded in 1992, the SRPC is the lead advocate and representative for over 3,000 rural physicians practising in Canada. Its mission is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities. The SRPC performs a wide variety of functions, such as developing and advocating health delivery mechanisms, supporting rural doctors and communities in crisis, promoting and delivering continuing rural medical education, encouraging and facilitating research into rural health issues, and fostering communication among rural physicians and other groups with an interest in rural health care. The SRPC's leadership includes prominent experts in the development of rural physician education programs, such as those at the Northern Ontario School of Medicine (NOSM) and Memorial University, which have also been strong advocates for physician rural health and education globally, through their participation in international rural physician organizations.

Executive Summary

The College of Family Physicians of Canada (CFPC), in collaboration with the Society of Rural Physicians of Canada (SRPC), has embarked on a joint initiative to obtain a better understanding of the status of rural medical education and how it is meeting the health care needs of rural Canada. In a 1999 report, the CFPC released a series of recommendations on core elements in the training, curriculum, education, and competencies that are to be included in both undergraduate and postgraduate education for rural family medicine in Canada's medical schools.[1] In the fall of 2013, a background paper was commissioned to provide an overview, or report card, on the implementation of the 1999 recommendations, as well as a report on the realities of the challenges/issues that continue to emerge, impacting rural practice and education for family physicians working in rural communities. The overall goal of this paper is to help leaders to identify what yet needs to be done to assist family physicians to acquire, maintain, and enhance the competencies and resources needed to provide comprehensive care to Canadians who live in rural and remote communities in Canada.

While some strides have been made since 1999, such as increases in numbers of graduating rural physicians, increases in exposure to rural training in all undergraduate and postgraduate programs in Canada, and the development of rural-specific streams for training in family medicine, more can be done. Challenges still persist in terms of recruitment and retention, lack of infrastructure, and needed resources to support education offered to promote rural practice.

Through a literature review, using both peer and grey literature, and informal discussions with national and international rural education experts, this background paper aims to uncover the realities taking place in Canada, as well as the lessons that can be learned from the experiences in other jurisdictions, such as Australia, in their approach to rural medical education for family physicians. This paper is not meant to be a systematic literature review, as many have been conducted in recent years. It builds upon the good work conducted by others who have brought their knowledge to bear on the study of rural medical education. As a focused synthesis, this background paper aims to identify opportunities for action.

Rural Practice Within the Broader Health Care System

- Evidence has shown that countries that have strong primary care systems that enable their populations to have access to primary health care have better health outcomes.[2] Access to primary health care, as one of the key indicators of quality health care, remains an issue in rural and remote Canada.[3-6] As such, it has been identified as a top priority for health system reform.[7]
- Given the diverse health care needs of Canada's rural population, additional efforts are necessary to have a better understanding of what resources are needed within the health care and education systems to meet rural health care needs. As a result, family physicians must act as advocates to ensure that they facilitate or lead in obtaining the resources, including by forming health care teams leveraging health care professionals and specialty colleagues in order to address rural health care needs. Health care decision makers are demanding more efficiency and accountability from health care providers in the drive to provide integrated health care delivery that can meet population health care needs regardless of where they live.[8-10]

- In 2013, data from Canadian Institute for Health Information (CIHI) indicated that from 50 to 53 per cent of the physician workforce in Canada was represented by family physicians. Fourteen per cent of these family physicians were located in rural Canada.[11] The recruitment of international medical graduates (IMGs) into rural Canada has been a key strategy for physician human resource planning by many provinces and territories to fill in gaps related to recruitment and retention in rural and remote Canada.[12]

Rural Education Within the Broader Health Education System

- Medical education plays an important role in the recruitment and retention of rural physicians in Canada. Educating physicians for rural and remote practice has become a vital societal need, and yet students, residents, and faculty face many challenges given the unique context. Strategies such as the following would prepare them to provide care in this context:
    - Integrating rural medicine into medical school curriculum
    - Providing positive rural learning experiences for medical students
    - Providing specific rural residency training for rural family medical practice
    - Connecting education to recruitment and retention processes in rural communities
- Rural clinical teaching sites, supporting distributed medical education (DME) in faculties of medicine, play increasingly significant roles in the training of physicians across Canada. All Canadian medical schools are engaged in some form of DME at the undergraduate and postgraduate levels. The teaching roles of rural physician preceptors need to be recognized as the emphasis shifts to more use of distributed learning sites away from the traditional urban-based teaching sites located near main university campuses. DME approaches have played a key role in establishing local infrastructures in the teaching and learning of not only physicians but other health care professional students as well. DME campuses and use of community clinical teaching sites have developed rapidly over the last decade,[13] with the Canadian Resident Matching Service (CaRMS) identifying a 300 times increase in family medicine clinical teaching sites being used as primary sites for family medicine residency training.
- CFPC's Triple C Competency-based Curriculum aims to provide learning that addresses the needs of rural Canada, preparing family medicine graduates to begin the practice of comprehensive family medicine. Triple C provides a nationally based approach to family medicine residency education that aims to provide learning that addresses the needs of Canadians, preparing family medicine graduates to begin the practice of comprehensive family medicine. University departments of family medicine are responsible for implementing Triple C in a way that ensures equity of experience no matter where the clinical teaching site learners are training.
- Four factors have consistently been shown to be associated with an increase in the probability of physicians choosing to practise in rural and remote communities: 1) rural upbringing; 2) positive undergraduate rural exposure; 3) targeted postgraduate exposure outside urban areas; and 4) stated intent/preference for general or family practice primary care.[14] These four factors have helped to inform the development of an intentional and longitudinal approach to rural education referred to as the "rural physician workforce pipeline." The pipeline approach, or parts of it, has been applied in various ways by medical schools. Despite the success at universities such as the Northern Ontario School of Medicine, Memorial Unversity, and Queen's University, a consistent and replicable approach has not been adopted across Canada.

Supporting Rural Medical Education Through Policy Levers

- The federal government and its provincial and territorial counterparts have provided levels of support toward medical education as part of their regional physician human resource strategy plans. They have used a number of incentive programs to attract physicians to practise in rural and remote areas. Despite the provincial financial incentive programs to attract and retain rural physicians, there has been little evaluation of the impact of these financial incentives on improved retention, including long-term retention rates.[15] Evidence from other jurisdictions, such as Australia, note that the efforts alone in attracting physicians into rural and remote regions is not enough to address rural health care needs.[16] A more coordinated, interprofessional approach is needed.
- Some successes are being seen, with increasing numbers of Canadian-trained medical graduates (CMGs) choosing to practise and staying in rural and remote communities.* Although the numbers seem to be rising with increasing numbers of CMGs, it is recognized still that most rural and remote areas of the country have proportionately more IMG vs CMG physicians providing care. It would seem that the implementation of the pipeline model of learning might have a positive influence; however, more longitudinal research is needed.
- Since the 1990s, the CFPC and the SRPC have worked collaboratively on rural family physician education initiatives aimed at ensuring that family medicine residents are offered quality educational experiences in rural and remote clinical environments. Recruitment and retention of rural family physicians is a multifactorial, complex issue.[17] Each rural and remote community is unique, and the needs and expectations for physicians in these communities vary significantly. Rural/remote environments provide further opportunities for family physicians to develop additional competencies, driven by community needs, in the absence of other specialists who would more traditionally provide needed services. As such, family physicians, as a central resource to their communities, while practising full-scope family medicine, may need to acquire further competencies to meet community need. This is most prevalent in remote Canada. With this context in mind, the need to consider the identification and teaching of full-scope family medicine competencies as foundational to all residents beginning practice in Canada, and to consider other specific competencies that may need to be acquired and taught when identified by specific community need, is warranted.

Support for Rural Practice to Meet Canadian Needs

- To advance the future of health care in rural Canada, both education and practice must be considered together. Systematic infrastructures are needed to support family physicians, enabling them to practise comprehensive family medicine within a team-based approach with other rural generalists, including those from other health professions. The health care system, together with the communities within which Canadians live, must also ensure that the lifestyle in the rural and remote north is attractive and that the physicians and their families are well supported.

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* Upon CFPC request in November 2013, CIHI provided specific data on the family physician workforce in urban and rural Canada as well as on CMGs and IMGs over a 13-year period, which have not been published.

By the Numbers

Key statistics on rural education for family physicians and rural Canada, 2013–2014:

6 million	or 18% of Canadians live in rural and remote communities
85%	of Canadians have a family physician
50–53%	of total physician workforce is made up of family physicians
14%	of family physicians in Canada practise in rural or remote areas
17	university-based family medicine residency programs
873	clinical teaching facilities
Over 160	rural-based family medicine teaching sites
160	rural family medicine teaching sites with direct match from CaRMS
1,395	first-year entry positions for family medicine
446	earmarked positions for rural focus stream for family medicine = 26% rural-focused positions
1,200	average number annually of family medicine graduates
75	teaching sites with primary focus of longitudinal learning in a rural/remote community (as defined by teaching programs)
35%	increase of part-time faculty between 2003 and 2007, from 16,061 to 21,687
40%	a strategic goal set by the CFPC—the percentage of medical students to select family medicine as their first choice, by 2017

The following report card highlights the adoption of the 1999 CFPC recommendations.[1]

1999 CFPC Recommendations – A Report Card

1999 CFPC RECOMMENDATIONS A REPORT OF THE WORKING GROUP ON POSTGRADUATE EDUCATION FOR RURAL FAMILY PRACTICE	2014 1 MINIMALLY ADOPTED	2	3 MODERATELY ADOPTED	4	5 FULLY ADOPTED
A. CORE UNDERGRADUATE EDUCATION					
1. Core undergraduate rural educational experiences are necessary for all medical students			✓		
B. CORE POSTGRADUATE EDUCATION					
1. Core postgraduate rural/regional community-based rotations are desirable within all programs along with sufficient rural elective opportunities for all residents				✓	
2. Rural family medicine training streams should be developed as appropriate postgraduate training for rural family practice					✓
3. Rural family medicine training streams should be community-based integrated programs with full academic support			✓		
4. The learner–teacher dyad should be based on the preceptorship model for both family medicine and specialty-based educational experiences/rotations					✓
5. Competency in the knowledge, skills, and attitudes for rural family practice should be the goal for rural family medicine residency training			✓		
6. Hospital experiences or rotations should be appropriate for the residents' learning needs for future rural practice				✓	
7. Universities should support and develop rural physician teachers as integral faculty members					✓
8. University faculty and programs should nurture and develop present and future rural family medicine residents			✓		
C. SPECIAL RURAL FAMILY MEDICINE SKILLS					
1. Additional third-year positions of flexible duration (3–6 months) to develop special skills			✓		
D. ADVANCED RURAL FAMILY MEDICINE SKILLS					
1. Access to essential health services, anesthesia, maternity care, general surgery, and other training programs of CFPC and medical schools			✓		
2. Curriculum guidelines for advanced rural family physicians' skills	✓				
3. Accreditation for advanced rural family medicine skills training program	✓				
4. Competency-based training (6–12 months)			✓		

Policy Considerations

Based upon the review conducted, the following policy themes are suggested for consideration in advancing rural education to support the development of family physicians ready to practise in rural and remote Canada.

POLICY THEME	STRATEGY
1. Evaluation	• Evaluating Canada's rural education models, including those implementing a pipeline approach to identify innovative models • Creating centralized opportunities for data sharing and dissemination with comparative indicators
2. Rural education for programs	• Developing or refining current competencies for readiness to practise comprehensive family medicine that would ensure family physicians/learners are able to begin practice in rural and remote contexts • Defining a process of determining enhanced competencies required based upon community need and learning requirements, methods of learning, and assessing competency acquisition that can be attested to/certified by the CFPC • Defining the role of the CFPC as the national accrediting and certifying body, related to the expanded numbers of rural family medicine practice settings in Canada
3. Support for rural clinical teachers	• Enhancing support provided to the rural clinical teaching sites, including faculty development, administrative coordination for learners to assist with scheduling, and coordination of learning and assessments
4. Policy changes for support and funding	• Aligning education curricula with health system needs, with equity provided for both urban- and rural-based programs and which reflect government health policy priorities • Investing in rural education infrastructure, especially in distributed medical education sites, to support clinical teachers given increased roles in teaching and assessment of competence • Reviewing the production capacity of education programs, including education curricula, and analyzing the extent to which current curricula align with health system and policy needs (based on established indicators)
5. Pan-Canadian approach for family physician rural education	• Creating opportunities for the role of (F/P/T [federal/provincial/territorial]) governments, physicians, other health practitioners, and academia to collaboratively impact and facilitate a pan-Canadian approach to rural education/practice • Undertaking leadership roles in education and coordinating between governments, medical schools, and physician groups

Next Steps

Enhancing education and training programs for family physicians practising in rural communities is important but it will not be enough to solve the health care challenges in rural and remote Canada. There is little evidence-based physician resource planning at the national and provincial levels to provide direction to the medical education system.[18] An integrated approach to identifying priorities and allocating resources is needed. Governments have a role to assist rural communities and physicians in acquiring the knowledge, competencies, skills, and tools needed to improve access to health care services. Medical schools have an important social responsibility to ensure that the rural education curricula align with population health needs, including a sufficient family physician workforce. Efforts should be taken to ensure that rural communities are not left behind. It will also be important to remain vigilant in addressing recruitment and retention issues of physicians pursuing practice in rural settings, while at the same time taking steps to better prepare them to provide quality health care in rural regions.

The positive trends that have been emerging in advancing the numbers of family medicine graduates practising in rural Canada are promising but more can be done. There should be commitment and social accountability by all stakeholders to look for ways to enhance the education and training of family physicians in their competence to practise in rural communities. An opportunity presents itself to create a vision with a plan that brings together educators and health human resources (HHR) planners to build a systematic approach to advancing rural medical education that is properly supported. This background paper provides the basis for the physician leadership from the CFPC and the SRPC to co-create a process to develop this shared vision and plan, in collaboration with medical schools, governments, planners, learners, and the rural communities, and to provide solutions to advancing family physician rural education.

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