

Advancing Rural Family Medicine: The Canadian Collaborative Taskforce Background

The Issue

Rural populations in Canada are generally older, poorer, and sicker.¹ Almost one-fifth of Canadians (18%) living in rural and remote communities have historically had difficulties accessing health care services.² There are ongoing challenges recruiting and retaining family physicians and other health care professionals in their communities. Significant challenges exist in accessing specialist, secondary, and tertiary levels of care both within and outside of rural communities. According to the 2011 Statistics Canada survey, approximately 1.4 million Indigenous people live in Canada, representing 4.3% of the total population.³ Many Indigenous people live in rural and remote communities and are a specific demographic affected by the lack of access to health care services.^{4,5}

The Response

The Advancing Rural Family Medicine Canadian Collaborative Taskforce (Taskforce) is a joint initiative between The College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC). The CFPC and SRPC recognized the need to improve the health of rural and remote Canadians, and saw the opportunity to use their leadership to initiate collective action with other health system players. As such, the Taskforce includes representation from the Canadian Medical Association, the Indigenous Physicians Association of Canada, the Royal College of Physicians and Surgeons of Canada, deans of medical schools, as well as government through the Council of Health Workforce (see **Table 1** for a list of Taskforce members).

Formed in 2014, the Taskforce has a two-year mandate to develop recommendations to enhance and support: undergraduate, postgraduate, and continuing medical education; recruitment with the aim of increasing interest among learners to choose the practice of rural family medicine as a lifelong career. As part of the mandate, the Taskforce conducted a literature review about the status of rural education, training, and practice, and how they meet the health needs of rural Canada, which was included in a background paper released in early 2016. The *Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy* provides a synopsis of the state of rural education and practice at

¹ Rourke, JT. Postgraduate medical education for rural family practice in Canada. *J Rural Health*. 2000 Summer;16(3):280-7.

² Canadian Institute for Health Information. *Supply, Distribution and Migration of Canadian Physicians, 2012*. Ottawa, ON: Canadian Institute for Health Information; 2013.

³ Statistics Canada. *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit*. 2011. Available from: <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm>. Accessed 2016 August 8.

⁴ Urban Aboriginal Peoples. *Indigenous and Northern Affairs Canada*. Available from: https://www.aadnc-aandc.gc.ca/eng/1100100014265/1369225120949_2016. Accessed 2016 August 11

⁵ Canadian Institute for Health Information. *Disparities in Primary Health Care Experiences Among Canadians with Ambulatory Care Sensitive Conditions*. Analysis in Brief. March 2012.

the health system and education levels, and how it has affected the family physician workforce in rural, remote, and Indigenous communities.

The background paper identified areas for further exploration with key stakeholders linked to rural education, practice, policy, and research. A multi-faceted environmental scan was conducted in 2015, which highlights success stories and lessons learned, and informed the Taskforce's work developing recommendations for the future. The scan focused on six areas:

- Rural medical education at the undergraduate and postgraduate levels
- Federal, provincial, and territorial policies
- Rural community engagement
- Indigenous community engagement
- Projects funded by Health Canada
- Rural family physicians

Key stakeholders continue to provide feedback on the Taskforce's work and are an important step for validating the relevance and appropriateness of any future directions proposed.

The Way Forward

The Taskforce has developed a set of recommendations to enhance the education, recruitment, and support of family physicians serving rural and remote communities. The recommendations consist of four directions to influence education, practice, policy and research with twenty supporting actions. Approved in principle by the Canadian Medical Forum—a coalition of 10 key medical organizations—this set of recommendations is envisioned as a guide for collective action. The recommendations will be included in the final Taskforce product, *Canada's Rural Road Map for Action*, scheduled for release in early 2017. The *Road Map* shares the evidence-informed approach used to develop the directions, showcases local innovations already demonstrating success, and identifies key stakeholders needed to lead and implement the *Road Map's* directions and actions.

The *Road Map* will be supported by a list of innovative initiatives that were identified through stakeholder consultation. These initiatives effectively address the directions proposed by the Taskforce, and are ripe for expansion and/or duplication across Canada. A video series will also support the *Road Map* release; interviews were filmed on location in Annapolis Valley, Nova Scotia, La Ronge, Saskatchewan, and Iqaluit, Nunavut. The CFPC's monthly publication, *Canadian Family Physician*, as well as the SRPC's *Canadian Journal of Rural Medicine* will highlight the Taskforce's work and identify key issues in rural family medicine through a series of articles. To support implementation, an infrastructure checklist will be developed to guide the establishment of clinical teaching sites in rural and remote settings. Furthermore, a Rural Competency Working Group has been formed at the CFPC

to more specifically define the rural competencies for general and family practice. The background paper, its executive summary, publications, presentations, videos, and resources developed since 2014 will be archived (www.cfpc.ca/arfm) for those who are working to address education, practice, and policy needs of rural and remote health care delivery.

As part of their ongoing leadership, the CFPC and SRPC will share progress made on the *Road Map* by providing a report card about its impact in 2019. Implementation of the *Road Map* begins in Ottawa on February 22, 2017, when invited and committed stakeholders attend a Rural Health Care Summit to plan their collective approach.

Taskforce Members

Executive

Dr Ruth Wilson (co-chair)
Dr Trina Larsen-Soles (co-chair)
Dr Braam de Klerk (SRPC Past President)
Dr Kathy Lawrence (CFPC Past President)
Dr Francine Lemire (CFPC Executive Director and Chief Executive Officer)
Dr Tom Smith-Windsor (SRPC President)
Dr John Soles (SRPC Past President)

Members

Dr Stefan Grzybowski
Dr Ken Harris (Royal College of Physicians and Surgeons of Canada)
Dr Darlene Kitty
Dr Jill Konkin
Ms Rachel Munday (public member)
Dr Colin Newman
Dr Alain Papineau
Dr Jim Rourke
Dr Karl Stobbe
Dr Roger Strasser
Dr David White (CFPC President)/Dr Jennifer Hall (CFPC Past President)
Dr Granger Avery (Canadian Medical Association observer)
Mr Paul Clarke (Federal/Provincial/Territorial Committee on Health Workforce, Health Canada observer)