Rural taskforce update

Francine Lemire MD CM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

In collaboration with the Society of Rural Physicians of Canada, your College recently conducted an environmental scan of the current reality regarding recruitment and retention of FPs in rural and remote areas; we also considered progress and challenges in the areas of education, policy, and practice. The results of this environmental scan were presented during Family Medicine Forum 2015, and a background document sharing the literature review conducted is available online.[1] Here is a brief summary of where we are and where we hope to land over the next 10 to 12 months.

First, some numbers: Approximately 18% of Canadians live in rural or remote Canada; 14% of FPs in Canada practise in rural or remote areas. There are 1395 first-year entry positions in family medicine (FM); 446 residency positions are earmarked for a rural focus stream for FM (approximately 32% of FM positions). There are 75 teaching sites that have a primary focus on longitudinal learning in a rural or remote community, and there are 160 rural FM teaching sites with direct match from the Canadian Resident Matching Service. Considerable changes in medical education have taken place over the past 15 years: through distributed medical education, more training opportunities are available outside large urban centres; a number of medical schools place particular emphasis on preparing physicians for rural practice (Northern Ontario School of Medicine, Memorial University of Newfoundland, Queen's University); and in a competency-based education model (Triple C for FPs and Competence by Design for other specialists), more emphasis is placed on the context of practice in each discipline, the needs of the community, and in training assessment. The longitudinal integrated clerkship model offers promise with regard to community engagement and fostering of intentions regarding rural practice.

Yet, issues of access to high-quality care remain. These are most prevalent among indigenous populations living in rural or remote areas. There are concerns that the impending retirement of GPs and FPs with enhanced skills, as well as restrictions imposed through privileging, might further affect access in rural or remote areas and might also have negative consequences on access to emergency specialized care.

Four factors are consistently associated with increased likelihood of entering rural practice: rural upbringing; early and positive undergraduate experiences in rural or remote environments; robust rural experience during residency; and interest or intention to practise in a rural or remote area.

A goal of the rural competency working group that has been formed is to more specifically define the rural competencies for general and family practice. Through a Delphi process, these competencies will be validated with a much larger group of rural practitioners. Also, the CFPC has defined the enhanced skills competencies in anesthesia for FPs, and will collaborate with the Royal College of Physicians and Surgeons of Canada on defining enhanced surgical skills competencies. We hope to complete this work over the next 12 to 18 months.

Recently, rural taskforce members were asked to prioritize more than 30 potential recommendations. Here are a few highlights: teaching rural-specific competencies within rural and remote community contexts; facilitating and supporting "upskilling" by physicians to meet evolving community needs; developing standard protocols that prevent refusal of referrals and transfers of patients by health care institutions; supporting an organizational culture that consistently values the contribution of rural preceptors; and supporting the recruitment and training of indigenous students and residents to become FPs.

Rural practitioners have also mentioned important personal considerations such as having appropriate infrastructure for rural sites, capitalizing on mentorship opportunities, and welcoming spouses and children.

We are pleased to have, as an observer on the working group, a representative of the Committee on Health Workforce, the committee that reports to the Deputy Ministers of Health across the country addressing health human resource issues. It is very clear that issues of rural and remote recruitment and retention are about more than education, and that multiple, complementary approaches will be required to address this in a satisfactory manner. The CFPC is committed, in collaboration with the Society of Rural Physicians of Canada, to do its part in relation to this.

I thank our staff in Academic Family Medicine, Dr Ivy Oandasan, in particular, and the taskforce cochairs, Drs Ruth Wilson and Trina Larson-Soles, for their leadership in this area.

Cet article se trouve aussi en français à la **page 183.**

Acknowledgment

I thank **Dr Ivy Oandasan** for her review of this article.

Reference

1. Bosco C, Oandasan I. *Review of family medicine within rural and remote Canada: education, practice, and policy.* Mississauga ON: College of Family Physicians of Canada; 2015. Available from: **www.cfpc.ca/uploadedFiles/Publications/News_Releases/News_Items/ARFM_BackgroundPaper_Eng_WEB_FINAL.pdf.** Accessed 2016 Jan 21.