



## Care close to home

### Progress on the Rural Road Map

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Dear Colleagues,

Our 3 main areas of advocacy for the federal election are implementation of the Patient's Medical Home (PMH), universal pharmacare, and improved access to mental health care. These themes are relevant across Canada, including in resource-constrained environments. The CFPC, in collaboration with the Society of Rural Physicians of Canada and others, is making progress on recommendations of the Rural Road Map.<sup>1</sup> About 19% of people in Canada live rurally<sup>2</sup>; they tend to be older, have lower socioeconomic status, have lower life expectancy, and experience problems of access.<sup>3</sup> Here I highlight progress in 4 areas.

**Interhospital transfers.** The support rural physicians receive regarding patient care affects recruitment and retention of physicians, as well as quality of care. An advisory group is exploring an approach to rural patient transfers to and from urban hospitals, through enhanced hospital standards and better coordination of transport to hospital facilities and across jurisdictions. As we deploy the PMH and the PMH neighbourhood, we need to remember the importance of referring rural providers and accepting urban providers developing and nurturing good relationships. Telephone and virtual interactions are easier when providers understand one another's practice realities.

**Rural and Indigenous competency and enhanced skills.** We released the family medicine rural competencies last year.<sup>4</sup> In addition, undergraduate and postgraduate education bodies and Indigenous health leaders and educators met this spring to develop an action plan for competencies for Indigenous health, in alignment with recommendations of the Truth and Reconciliation Commission.<sup>1</sup> Indigenous health leaders have been invited to develop a work plan and business case to support this. Competencies leading to a Certificate of Added Competence (CAC) in family practice anesthesia have been in place for a few years. A CAC in enhanced and obstetric surgical skills (ESS-OSS) was approved in the past year, and we have received applications from members seeking this CAC through the leader route. We, in collaboration with other educational partners, embarked on the work of defining pan-Canadian ESS-OSS competencies because we believe that it is important to be socially accountable and to support rural clinicians and their patients in accessing safe care closer to home.

Cet article se trouve aussi en français à la page 759.

**Reduced interprovincial barriers to licensure.** The Canadian Medical Association and Resident Doctors of Canada are pursuing a national locum licence. In examining this issue, the Federation of Medical Regulatory Authorities of Canada are working on 3 possible initiatives:

- supporting telemedicine across all jurisdictions in Canada by allowing duly licensed physicians to have their licence recognized in any province or territory;
- expediting the issuance of licensure for physicians who hold full registration in another province or territory and who are considering moving to another part of the country (or obtaining a second licence); and
- consideration of a licence portability agreement to enable physicians to work a maximum number of days in another jurisdiction solely on the basis of licensure in their "home" jurisdictions.

These initiatives will likely take 1 to 2 years; further information will be forthcoming. It is conceivable that a "trusted traveler" model could reduce barriers to licensure and facilitate provision of services to rural and remote communities. The Federation of Medical Regulatory Authorities of Canada is to be commended for the work to date.

**A robust rural health research agenda.** The CFPC, with the Society of Rural Physicians of Canada and others, has been advocating for more funding to primary care research and for consideration of creating a Canadian Institutes of Health Research Primary Care Research Institute. For every person admitted to hospital in Canada, 46 are seen in their community by their family doctors. We are also advocating for dedicated funding to support rural health research.

We must engage federal decision makers in supporting, through dedicated funding and action, robust community-based care, and recognize the realities of practice. This includes access to care in resource-constrained environments. Your voice counts. The CFPC looks forward to collaborating with others to advance the PMH, universal pharmacare, mental health care, and rural health. Let's inform ourselves and remember to vote on October 21. 🗳️

#### References

1. Advancing Rural Family Medicine: the Canadian Collaborative Taskforce. *The rural road map for action: directions*. Mississauga, ON: CFPC; 2017. Available from: [www.cfpc.ca/arfm\\_rural\\_roadmap](http://www.cfpc.ca/arfm_rural_roadmap). Accessed 2019 Sep 10.
2. Statistics Canada. *Canada's rural population since 1851*. Ottawa, ON: Statistics Canada; 2018.
3. CFPC, Society of Rural Physicians of Canada. *Rural Road Map Implementation Committee update*. Mississauga, ON: CFPC; 2019.
4. CFPC. *Priority topics for the assessment of competence in rural and remote family medicine*. Mississauga, ON: CFPC; 2018. Available from: [www.cfpc.ca/uploadedfiles/Education/Rural-PT\\_KF\\_EN.pdf](http://www.cfpc.ca/uploadedfiles/Education/Rural-PT_KF_EN.pdf). Accessed 2019 Sep 10.