2017-02 (Oct 18, 2017)

RURAL/REMOTE HEALTHCARE - GENERALISM & EQUITY

WHEREAS Canada's rural and remote populations have inadequate access to equitable healthcare and, in many cases, rely on non-specialist workers to provide healthcare, including the services of doctors, nurses, pharmacists and social workers.

WHEREAS increasing specialization of healthcare work means that Canadians who live in rural and remote areas must seek specialized care in distant urban areas, even for conditions previously treated locally, resulting in unnecessary hardships and increasing costs for all concerned.

WHEREAS telehealth and transport services, while essential, are limited in their ability to bridge the gap between healthcare in urban areas and in rural/remote areas.

WHEREAS Canada's rural and remote populations are older, poorer, sicker and more accident prone than their urban counterparts, have the greater needs and poorer access to equitable care.

WHEREAS many global and national initiatives support *Rural Medical Generalism* (the practice of specialized skills by local nursing or physician practitioners) and there is an important role for the federal government to play - with full and enthusiastic cooperation with provincial governments - in promoting such initiatives, thereby opening an opportunity for Canada to become a global leader in innovative and effective models of rural and remote healthcare.

BE IT RESOLVED that the Government of Canada and its ministries of Health, Human Resources and Indigenous Affairs partner with provincial and territorial governments in promoting *Rural Medical Generalism*.

BE IT FURTHER RESOLVED that the Government of Canada accelerate the implementation of Internet infrastructure required for expanded rural telehealth, and ensure that rural and remote healthcare quality metrics are raised to national norms.
(263 words)

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Reference: SLC Policy Paper: "Rural/Remote Health Care – Generalism and Equity" (Sep 2017)