

## **SRPC Advocacy Speaking Points**

These speaking points include important issues related to the shortage of rural physicians, and will help you with your advocacy efforts. You can use these speaking points to share important messages when you contact politicians or healthcare leaders, or when politicians come to your door leading up to the federal election. Reaching out to politicians who are not in the party in power, federally and provincially, will also be beneficial in spreading the message about the crisis in healthcare services.

### ***Rural Health Workforce Issues***

- There is a serious and growing crisis in health services in Canada.
- The crisis is projected to worsen in the upcoming decades.
- The shortage of rural physicians, in particular, is having a significant impact on rural, remote, and Indigenous communities, affecting health outcomes at every stage of life.
- The “*Caring for Canadians*” report notes that as of 2025, Canada is short 23,000 family doctors, and the greatest needs are in rural and remote communities.
- Patients in rural, remote, and Indigenous communities face barriers when trying to access basic emergency services.
- Emergency room (ER) closures are reported across the country, almost all of which are in rural communities.
- Women from many rural, remote, and Indigenous communities often have to relocate for weeks to have their babies because so few of these communities are able to provide access to reliable obstetrical services.

### ***Two Key Messages***

1. We need to create a comprehensive **National Rural Health Workforce Strategy** to support rural physicians and healthcare teams in Canada.
2. Physicians **need rurally-relevant training and ongoing advanced skills training** to address emerging needs and offer sustainable high quality care to rural, remote, and Indigenous communities.

### ***Recommended Solutions to Address the Rural Health Workforce Issues***

#### **Creation of a National Rural Health Workforce Strategy to Support a Robust Rural Workforce**

- This would enable national rural workforce planning and should include:
  - Elements of education and training;
  - Pan-Canadian physician licensure and pathways to licensure for internationally trained physicians and other healthcare professionals (paramedics, laboratory and imaging technologists and technicians, social workers, among others);

- Locum planning;
- Optimizing tax incentives; and
- Recruitment and retention efforts.

A Need for Rural-Specific Education and Training

- We need to enhance rural medical education in medical schools.
- Support is needed for ongoing federal funding for a National Advanced Skills and Training Program for rural practice.

Licensure, Recruitment, and Retention

- To address physician licensure:
  - Ensure pathways to licensure for internationally trained physicians and other internationally trained health care professionals in all jurisdictions; and
  - Work with regulatory bodies for physicians and other health care professions to implement Pan-Canadian licensure and enable inter-jurisdiction mobility for physicians and other regulated health care providers.
- To address recruitment:
  - Optimize Federal tax incentives as tools of recruitment and retention through the expansion of federal loan forgiveness strategies beyond physicians and nurses to include other members of healthcare teams including paramedics, laboratory and imaging technologists and technicians, social workers, among others; and
  - create a federal tax incentive for all health care providers living and working in rural areas.
- To address retention:
  - Fund rural community initiatives that address the retention of the internationally trained health workforce by welcoming and supporting newcomers and assisting with their transition to rural/remote living and community integration.