

Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

<https://policybase.cma.ca/link/policy14477>

POLICY TYPE	Policy endorsement
DATE	2021-05-17
TOPICS	Health systems, system funding and performance Health human resources

Documents

Clinical Review

Editor's key points

A timely and quality rural anesthesia, surgery and obstetric care program provides clinically relevant and readily accessible information. The development of networks of specialists and non-specialists provides for the environmental and geographic nature of rural programs.

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Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

Summary The development of networks for high-quality rural anesthesia, surgery, and obstetric care in Canada, endorsed as close to home as possible.

Objective To describe the essential components of well-resourced and high-functioning rural high-quality networks that support high-quality anesthesia, surgery, and obstetric care in the rural Canadian, endorsed as close to home as possible.

Composition of the committee A consensus statement was developed from the Society of Obstetricians and Gynaecologists of Canada, the Society of Rural Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of General Surgeons, the College of Family Physicians of Canada, and the Association of Canadian University Departments of Anesthesia.

Methods A collaborative effort over the past several years among the professional organizations has culminated in this consensus statement on network care designed to integrate and support a specialist and non-specialist, urban and rural, anesthesia, surgery, and obstetric care team in high-functioning networks based on the best available evidence.

Impact Surgical and obstetric safety needs to be established within networks to address the barriers between rural/rural programs and local access to care. Safety and quality needs to be recognized for the environment, access and patient and provider, regardless of network size. Triage of patients across multiple sites in a quality customer service environment. Address existing clinical coaching between rural and regional centers can be helpful in building and sustaining high-functioning networks. Maintenance of quality and the provision of continuing professional development in non-urban settings represent a mutual care proposition.

Conclusion The building relationships that are fundamental to successful networks are built through clinical coaching, ongoing professional development, and quality improvement. Conversely, a collaborative effort in these endeavors, allowing a provincial program-based surgical obstetric network built on the principles and supporting evidence described in this consensus statement.

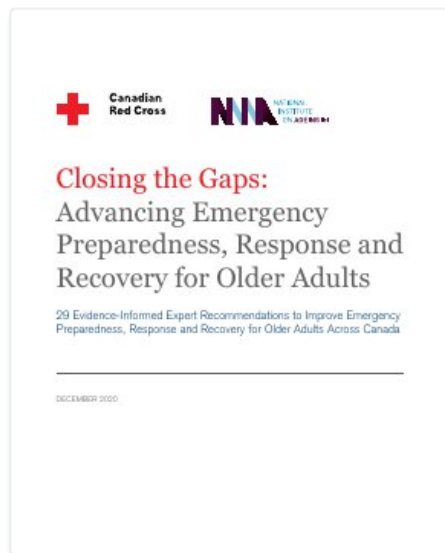
258 | Canadian Family Physician | Volume 67, Number 5, May 2021

Closing the Gaps: Advancing Emergency Preparedness, Response and Recovery for Older Adults

<https://policybase.cma.ca/link/policy14384>

POLICY TYPE	Policy endorsement
DATE	2020-12-15
TOPICS	Population health, health equity, public health Health systems, system funding and performance

Documents



National Standards for Long-Term Care: The art of the possible?

<https://policybase.cma.ca/link/policy14383>

POLICY TYPE	Policy endorsement
DATE	2020-12-08
TOPICS	Population health, health equity, public health Health systems, system funding and performance

Documents



A new vision for Canada: family practice— the patient’s medical home 2019

<https://policybase.cma.ca/link/policy14024>

POLICY TYPE	Policy endorsement
DATE	2019-03-02
TOPICS	Physician practice, compensation, forms Health systems, system funding and performance

Documents




Health Care Coverage for Migrants: An Open Letter to the Canadian Federal Government

<https://policybase.cma.ca/link/policy13940>

POLICY TYPE	Policy endorsement
DATE	2018-12-15
TOPICS	Population health, health equity, public health Health systems, system funding and performance Ethics and medical professionalism

Documents



**Health Care Coverage for Migrants:
An Open Letter to the Canadian Federal Government** December 2018

Sign here: <https://policybase.cma.ca/link/policy13940>

The Right Honourable Justin Trudeau, Prime Minister of Canada
The Honourable Ginette P. Taylor, Minister of Health
The Honourable Ahmed D. Hassan, Minister of Immigration, Refugees and Citizenship

CC: Mr. Dariusz Pionek, United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health

Dear Prime Minister, Trudeau & Ministers Taylor and Hassan,

We are writing to you today as members of the health community to urge your action on a crucial matter pertaining to health and human rights. You will no doubt be aware that the United Nations Human Rights Committee (UNHRC) recently issued a [landmark opinion](#) condemning Canada for denying access to essential health care on the basis of immigration status based on the case of Nell Toudreau.

Nell is a 49-year-old woman from Grenada who has been living in Canada since 1999, and who suffered significant negative health consequences as a result of being denied access to essential health care services. The UNHRC's decision condemns Canada's existing discriminatory policies, and finds Canada to be in violation of both the right to life, as well as the right to equality and freedom from discrimination.

Based on its review of the [International Covenant on Civil and Political Rights](#), the UNHRC has declared that Canada must provide Nell with adequate compensation for the significant harm she suffered. As Nell, they have called on Canada to report on its review of national legislation within a 180-day period, in order to ensure that irregular migrants have access to essential health care to prevent a reasonably foreseeable risk that can result in loss of life. The United Nations Special Rapporteur has urged for the same, [calls on the government](#) to protect health-related rights to life, security of the person, and equality of individuals and groups in situations of vulnerability.

Nell is one of an [estimated half million people in Ontario alone](#) who are denied access to health coverage and care on the basis of their immigration status, putting their health at risk. As members of Canada's health community, we are appalled by the details of the case as well as its broad implications, and call on the government to:

1. Comply with the UNHRC's order to review existing laws and policies regarding health care coverage for irregular migrants.
2. Ensure appropriate resource allocation, so that all people in Canada are provided universal and equitable access to health care services, regardless of immigration status.
3. Provide Nell Toudreau with adequate compensation for the significant harm she has suffered as a result of not receiving essential health care services.

For more information on this issue, please see our background here: <https://policybase.cma.ca/link/policy13940>.

Sincerely,
Arvin Aggarwal MD, Internal Medicine Resident, University of Toronto, Toronto ON
Nisha Kaural, BSc, MD Candidate, McMaster University, Hamilton ON
Michaela Breen, MD, Psychiatrist, Toronto ON
Rishi Goel, MD, Family Physician, Toronto ON