



## **RCCbc Commitments to the Towards Unity for Health 2022 Declaration (The Vancouver Vision: Forward in Concert)**

In August 2022, the Towards Unity for Health (TUFH2022) conference gathered members from around the world in a hybrid model of knowledge sharing where participants developed wisdom to determine a collective approach to an ever-changing world; a world currently in crisis on a range of issues.

In response to the publication of the TUFH 2022 Declaration, [\*The Vancouver Vision: Forward in Concert\*](#), the Rural Coordination Centre of BC (RCCbc) commits to the following actions as part of our contribution to the collective achievement of the goals outlined in the document by the time of TUFH2032. Each is identified with one or more of the four themes identified in the Declaration:

- Community-driven Health and Wellness
- A Socially Accountable Workforce
- In-community Education and Training
- Systems Thinking in Health and Wellness

## Commitment 1

### Scale the Real-Time Virtual Support program and link it into the Rural and First Nations Virtual Hospital concept

Community-Driven Health and Wellness | A Socially Accountable Workforce | In-community Education and Training

The [Real-Time Virtual Support](#) (RTVS) program consists of several virtual peer and patient-facing pathways that contribute to increased equity of access to care for the rural, remote and Indigenous populations of British Columbia, while respecting the foundational need for local, longitudinal and relationship-based care. RCCbc supports the peer facing pathways that enable timely access to virtual physicians who provide culturally safe and humble support to embolden providers and learners to experience the value of living and caring for people away from urban and regional centres. The peer facing pathways are accredited as continuing medical education.

#### Commitments

- Addressing the [Truth and Reconciliation Commission of Canada's Calls to Action](#) by:
  - intentionally supporting RTVS virtual providers to continue along their own cultural safety and humility journeys.
  - Intentionally embedding supports in rural and remote First Nations communities across British Columbia.
- In relationship with our partners, the [First Nations Health Authority](#), the [BC Ministry of Health](#), and [Northern Health](#), continue to expand both the scope of and access to RTVS peer pathways that wrap supports around rural providers and their patients.
- Enhance RTVS pathways to build into the Rural and First Nations Virtual Hospital concept, which not only supports equity of access to primary and specialized healthcare, but also creates a community of practice of virtual preceptors to support in-community training of a truly socially accountable workforce.

## Commitment 2

### Increase and expand the availability of Compassionate Leadership training

A Socially Accountable Workforce | Systems Thinking in Health and Wellness

The Atleo Compassionate Leadership (CL) initiative blends Indigenous and Western pedagogy and knowledge to move forward a leadership philosophy, approach and skills program that recognizes the importance of leading from compassion in both clinical and leadership practice. This also links to promoting and increasing safety: Cultural safety and humility, emotional safety, psychological safety, and more. Led by Shawn and Heather Atleo (Team Atleo), CL is based in knowledge and philosophies of interconnectedness and relationality. CL is being delivered to cohorts of clinical, non-clinical, and structural leaders in and connected to British Columbia's health system with a focus on rural leadership, providers and/or networks that are within or serve rural communities.

#### Commitments

- Build upon the intentions and commitments that were part of the Atleos' [keynote address](#) for TUFH 2022.
- Integrate into personal, organizational, and networking lives the self-care and compassionate relationship-building outlined in the closing keynote.
- Extend CL training to relevant leadership in RCCbc and its collaborating partners.
- To create curiosity and reflection and, if willing, move forward the core foundational principles of CL:
  - We are all inherent leaders, and leadership starts with ourselves.
  - Compassion is about contributing to the happiness and wellbeing of ourselves and each other.
  - Relationality is the foundation of CL; we need each other.
  - Connection before content; empathy before education.
  - Add no more harm.
  - Non-violent resilience: How to face into difficult situations while staying vulnerable, soft, open, and establish good boundaries. This is not about being tougher or 'taking more'.
  - Safety checklist for non-violent leadership: Is it true, is it necessary, is it kind.
- Through the above actions, intentionally foster positive cultural change to link networks of practice from the village to the globe to build a safer, healthier and more just world.

## Commitment 3

### Enhance Rural Surgical and Obstetrics Networks through focus on recruitment, retention, in-community educational opportunities, and development of an innovative quality framework

Community-Driven Health and Wellness | A Socially Accountable Workforce | Systems Thinking in Health and Wellness | In-community Education and Training

The [Rural Surgical and Obstetrics Networks](#) (RSON) is an initiative, funded by the [Joint Standing Committee on Rural Issues](#) that seeks to address the attrition of small community surgical and maternity services provincially. The initiative supports 10 communities around British Columbia in stabilizing, supporting and enhancing the delivery of quality healthcare to rural communities and Indigenous Peoples.

#### Commitments

- Continue to sustain small community surgical and maternity services provincially by laying foundations for high functioning teams, which, in turn, leads to better outcomes in care settings.
- Maintain access to maternity, trauma and surgical care (including endoscopy and dental) and increase the scope and volume of local procedures to provide culturally and rurally appropriate care closer to home.
- Improve recruitment and retention of nurses, physicians and midwives through creation of sustainable models of care.
- Enhance existing care networks shared with referral centres by:
  - Supporting coaching, mentoring, and regional working groups.
  - Providing funding for and facilitating relationships.
  - Offering virtually enhanced training and skill development opportunities in community.
- Develop a quality framework for low-volume surgical programs, enhancing this through real-time access to data and the resources to meaningfully act upon it.

## Commitment 4

### Continued development and enrichment of the Rural Education Action Plan to reach the most remote and historically underserved communities

A Socially Accountable Workforce | In-community Education and Training

The [Rural Education Action Plan](#) (REAP) supports the training needs of physicians in rural practice and provides undergraduate medical students and post-graduate residents with rural practice experience. It also increases rural physician participation into the medical school selection process.

Through significant investment, REAP has demonstrated a deep commitment to supporting learners to embrace and experience rural, remote and Indigenous communities in their learning journey and has enhanced access to educational opportunities in these communities. For instance, students and residents are supported to complete third-year mandatory rural placements and rural electives during fourth-year and residency training. In recent years, we have seen an increasing focus on programs fostering education in the *most* remote sites.

#### Commitments

- Continue providing grants and other supports for training opportunities in rural communities.
- In the spirit of cultural safety and commitment to the [Truth and Reconciliation Commission of Canada's Calls to Action](#), continue to support clinicians and learners to go out to Indigenous communities and establish relationships with these communities.

## Commitment 5

### Extend Rural Continuing Medical Education to create sustainable, long-term supports for rural, remote and Indigenous communities

A Socially Accountable Workforce | In-community Education and Training

The [Rural Continuing Medical Education \(RCME\) Community and Individual Programs](#) provide funding and other supports to rural doctors to update and enhance their medical skills and credentials required for rural practice. These RCME programs improve the capacity of local healthcare systems by giving rural doctors more control over their learning activities, reducing the challenges of accessing funds, and improving relationships among health system partners.

#### Commitments

- Ensure that we bring education to the community that offers economic value, trains the whole community, and does not lead to staffing shortfalls.
- Allocate funds for additional administrative support within community, where needed.
- Provide funds for Indigenous communities without traditional benefit of the program resources; for instance, through the [Specialist, Sub-specialty, Indigenous and Funding for Innovation](#) grants.

## Commitment 6

### Support community activation in improving the health of rural patients and communities

Community-Driven Health and Wellness | A Socially Accountable Workforce | Systems Thinking in Health and Wellness

In working to support the [Partnership Pentagram Plus](#) as a model of socially accountable health system change, the importance of generating collective perspectives—particularly for groups not well served by the system—has become increasingly apparent. This has resulted in us working with partners to create collective perspective tables to help feed into health system change at micro, meso and macro levels. For instance, with the support of [Michael Smith Health Research BC](#), RCCbc has established the [Rural Health Learning Collaborative](#) to create an ongoing collective perspective table for communities (co-led by the [BC Rural Health Network](#) and [BC Patient Safety and Quality Council](#)) and a collective perspective table for linked sectors (co-led by the [BC Rural Centre](#) and the [Institute for Health System Transformation and Sustainability](#)).

Our joint commitment to the inclusion of community voices within these collective perspective tables helps to address some of the power inequity that is often found at health tables. Moreover, in doing so, we have identified the patient ownership and control of their own health data is a key enabler for patient and community-centred health change; a clear demonstration of the power and importance of this kind of grassroots knowledge to wider health system transformation.

#### Commitments

- Continue to work with community partners to enhance and grow the collective community perspective tables.
- Continue to invest in the evolution of patient-held medical records that work for rural British Columbia.

## Commitment 7

### Rural Continuing Professional Development

A Socially Accountable Workforce | In-community Education and Training

[University of British Columbia Rural Continuing Professional Development](#) (UBC Rural CPD) was established in 2008 and is operated by the UBC Faculty of Medicine's Division of Continuing Professional Development ([UBC CPD](#)) in partnership with RCCbc. Funding for the program is provided by the [Joint Standing Committee on Rural Issues](#), a joint committee of the [Doctors of BC](#) and [BC Ministry of Health](#).

UBC Rural CPD supports rural physicians to build relationships with other rural providers and engage in learning activities closer to home, in their usual context of healthcare delivery in rural, remote, and Indigenous communities. The program aims to cultivate strong relationships with partners, project stakeholders, and rural healthcare practitioners to ensure their needs are met.

#### Commitments

- Create an equitable and inclusive network of support through innovative CPD that allows healthcare providers to thrive in practice.
- Develop educational experiences that support active engagement in life-long learning in rural healthcare providers.
- Provide more accessible (closer to home) CPD in rural British Columbia.
- Increase clinical skills, confidence, knowledge and motivation to learn among physicians across the province.
- Reduce feelings of burn-out and isolation through increased resilience and connection among physicians across the province.
- Increase bi-directional learning opportunities (i.e., rural providers increase their knowledge along with their urban/regional instructors).