President’s message. Once a rural doc...

I’ve travelled a great deal, visiting such diverse places as Prince George, Sudbury, Vancouver, Ottawa and Toronto. Whether attending an SRPC meeting or a provincial or national medical organization meeting, I’ve noted that many physicians have some experience of rural practice. There’s a tendency for such people to be apologetic about leaving rural practice. I find this interesting. People’s lives change. One of the great things about rural medicine is the large generalist skill set one acquires. Sometimes this opens doors to new opportunities in other places. Sometimes it is the beginning of a career path leading to a specialty. Sometimes personal reasons dictate a move. This does not invalidate rural experience or rural interest. In fact, it strengthens the medical profession as a whole to encourage such flexibility. I’m grateful for whatever time people give to rural practice, because it gives something to rural medicine and rural communities, as well as benefiting the individual practitioner. There’s a reason why the best “first person” stories in medical humour journals are often from the time the author spent in rural practice. Once a rural doc, to some extent, always a rural doc! I hope when considering membership you realize that a concern for rural health issues, no matter where you live, is all you need to become or remain a member of the SRPC.

The SRPC is involved in a number of exciting activities. It’s encouraging that those at both provincial and national levels are looking to us for input. I’d like to highlight a few of these projects.

Our Obstetrical Committee has changed its name to the Maternal and Newborn Care Committee. They’re involved in a project with the Society of Obstetricians and Gynaecologists of Canada, looking at collaborative models of care in primary care obstetrics. Drs. Brian Geller and Jill Konkin are representing us.

The Canadian Nurses Association requested our participation in the Nurse Practitioner Initiative. This project will look at the role of NPs in primary care nationally. Dr. Caroline Knight is representing us on the steering committee.

In British Columbia the Provincial Health Services Authority requested SRPC representation in their Rural Emergency Department Reference Group. This project is developing classification schemes, and staffing and equipment standards for rural EDs in BC.

Our Anaesthesia Committee, chaired by Dr. Hal Irvine, continues to work with the Canadian Anaesthesia Society and the College of Family Physicians of Canada (CFPC) on issues related to GP–anesthetists. The SRPC will take a more active role in the administration of the “Crisis Management in the Simulator Course,” initiated by this group.

Dr. Karl Stobbe is chairing a joint Rural Education Committee with the CFPC.

The planning for our upcoming Rural and Remote Conference, Apr. 28–30, 2005, in Montréal is well underway, chaired by Dr Gordon Brock.

Lastly, congratulations to CJRM for being accepted for indexing in Index Medicus and MEDLINE!

Our organization is only as strong as our members. Together we can make a difference in how medical care is delivered in rural communities. Thank you to the many individuals who are giving their time and energy to the work of the SRPC.

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