



President's message. SuperDocs!

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Raymond Pong and his colleagues reported this year that in 2004, rural Canada accounted for 21.1% of the population and 9.4% of all doctors.¹ Yet the 2005 Canadian Institute for Health Information report indicates that it is easier to find a family doctor in rural communities than in the cities.¹ What does this mean? Are rural docs superdocs? There is no doubt that as rural doctors, we play an important role in our communities. We are often leaders and stalwart advocates. We have a strong sense of responsibility and we do the best we can to look after the needs of our communities.

Rural Canada has 2.4% of the specialists and 16% of family doctors.¹ As rural physicians we have a broad scope of practice and are true generalists. Many rural family docs are competent in endoscopy, anesthesia, surgery, orthopedics, obstetrics, psychotherapy, ultrasonography and cardiac stress testing. We have developed these skill sets because they are needed by the patients in our isolated communities. Rural specialists also have broad skill sets. General surgeons in rural practice often perform cesarean sections, do burr holes and reduce fractures. We are, however, sensing an increasing reluctance from our urban counterparts and professional organizations to offer generalist and advanced skills training. The Society of Rural Physicians of Canada is forging links and collaborating with other national health organizations, especially the College of Family Physicians of Canada, and Canada's medical schools. Such links are vital in ensuring that the rural health care component of their social mandate is fulfilled by in-

creasing the availability of generalist and advanced skills training.

On another note, the Romanow Report² of 2002 identified "Rural Health Access" as one of the 5 immediate issues for targeted funding. It is the only one that has not been addressed

MANY RURAL FAMILY DOCS

ARE COMPETENT IN

ENDOSCOPY, ANESTHESIA,

SURGERY, ORTHOPEDICS,

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CARDIAC STRESS TESTING.

by the previous Liberal Government or the current Conservative Government. It is time for the Conservative MPs, who were given the opportunity to form the Government by their rural constituents, to rise to the challenge of helping them gain equitable access to health care. As advocates for our patients and as leaders in our communities, we should take on the task of reminding our rural MPs, before the next election, of their opportunity to respond to the Number One concern of Canadians — health care.

REFERENCES

1. Pong RW, Pitblado JR. *Geographic distribution of physicians in Canada: beyond how many and where*. Ottawa: Canadian Institute for Health Information; 2006.
2. Romanow RJ. *Building on values: the future of health care in Canada*. Saskatoon: Commission on the Future of Health Care in Canada; 2002.