Another year has rolled by and our 15th Rural and Remote Conference and Annual General Meeting, scheduled for May 9–12, 2007, is fast approaching. The Rural and Remote conference is an opportunity to meet colleagues from across the country and to touch base, share ideas and rejuvenate. It is a time when our rural colleagues and supporters of rural health in more urban and academic settings help us with our continuing education and help us to formulate strategies to improve rural health care.

Attendance at R&R is growing. The theme of this year’s conference is access to health care and we have a great agenda that includes the needs of our rural anesthetists, GP-anesthetists and surgical colleagues. We have increased the number of critical care modules, and many of the other workshops are hands-on and participatory. We have invited Dr. Fortunato Cristobal, a successful and innovative rural medical educator from the Philippines, to be on the panel on Distributed Medical Education. He will challenge us to do better in Canada.

During the past year we have continued to foster relationships with other national medical organizations and to develop alliances. The College of Family Physicians of Canada (CFPCP) has been very supportive of our efforts to improve rural physicians’ ability to provide care. The Family Medicine Forum committee has included a rural medicine track for the October 2007 forum in Winnipeg. Following a recent retreat, the CFPC placed GP anesthesia as the highest priority. The Society of Obstetricians and Gynaecologists of Canada remains a strong supporter of rural maternity care. Recognizing that we need the assistance of the Faculties of Medicine to train the best physicians for rural Canada, we have had informal discussions with the Association of Faculties of Medicine to enhance rural medical education.

This year the Committee of National Medical Organizations supported the SRPC’s resolution for the CMA to pursue a national rural health strategy. The CMA GP Forum, of which SRPC is a member, passed a resolution for CMA to take a lead role with other national medical organizations to lobby the federal government to develop a national rural health strategy.

Health care does not appear to be on the radar of the current federal government. Concern for the environment has overtaken health care as the number one priority. Recognizing this lack of interest, we are getting ready for the upcoming election to lobby our federal MPs to address rural health. Meanwhile, we are presenting to the Senate Committee on Agriculture and Forestry for their report on rural poverty in Canada. We will show them the link between health and poverty, and we will provide solutions for improving health care. In February 2007 the SRPC met with Senator Wilbert Keon, Chair of the Senate Committee on Social Affairs, Science and Technology, to offer its assistance with the report on Rural Health.

I look forward to meeting you at our 15th Rural and Remote Conference.