



President's message. *Qui tacet consentire videtur**

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In my previous president's message, I mentioned that the SRPC was deeply concerned that the mandatory 8-week rural rotation of family practice residents would be phased out or abolished by the new Triple C curriculum of the College of Family Physicians of Canada (CFPC) and the rewriting of the Red Book. "Triple C" stands for comprehensive, continuity of patient care and education, and centred in family medicine.¹

This sounds to me like a description of rural family medicine!

As this new curriculum is *competency-based* and not *time-based*, initial information reaching the ears of various SRPC members (who are also members of rural faculties across the country) raised concerns that the mandatory 8-week rural rotation of family practice residents would disappear. I attended a talk on the new curriculum in British Columbia and was not the only rural doctor who was worried, despite protestations by the speaker that rural physicians need not be concerned.

The SRPC wants everyone to be aware that the rural rotation remains a valuable opportunity for all residents to see medicine in the most comprehensive way possible. One of the benefits of the mandatory rural rotation has been the need for residents to use their skills to the fullest extent. The distinguishing feature about training in rural sites is the continuity of care; it is an opportunity to practise cradle-to-grave medicine, which is most easily learned in a rural setting. But it needs time — this cannot be taught over a weekend.

Through the rural rotation, residents gain exposure to the many facets of medicine. Some residents have been intimidated by the breadth of skills

required. Some have embraced its scope and enjoyed the opportunity to practise medicine in patients from conception to death. Others leave their rural site with the knowledge that rural family practice is not for them. For all these groups, a rural rotation is beneficial. Many of the skills learned in rural residency are directly transferable to other disciplines in medicine. The most obvious skill is learning to understand the patient as a human being and a member of the larger community. All of these outcomes are positive in terms of physician well-being and, ultimately, patient care.

For the SRPC, the bottom line is still that 9% of physicians are looking after 25% of the population. Will the new Triple C curriculum lead to more physicians in rural areas? In response to this concern, the SRPC has corresponded and had conversations with the CFPC and received quite reassuring replies. Nevertheless, the SRPC (through members on the forefront of academia and in rural areas — the undiscovered gems of medical training) continues to work on all fronts to ensure a beneficial outcome (for rural medicine AND rural Canadians).

The Latin saying in the title above is often followed by "*ubi loqui debuit ac potuit*," that is, "when he ought to have spoken and was able to." Thus, I urge you all to address this issue, if and where possible.

DO NOT HOLD YOUR PEACE!

REFERENCE

1. The College of Family Physicians of Canada. *Triple C competency-based curriculum: Canada's family medicine curriculum*. Available: www.cfpc.ca/triple_C/ (accessed 2012 Aug. 30).

*He who is silent is taken to agree. More liberally translated, speak now or forever hold your peace!

Society of Rural Physicians of Canada

Société de la médecine rurale du Canada

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