



President's message. *Vox clamantis in deserto**

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Despite the dispirited-sounding title, this president's message is more upbeat than my previous two.

For many years, the SRPC has been a voice crying out in the wilderness on topics near and dear to the hearts of rural physicians and rural Canadians. These include equitable health care for rural communities, sustainable conditions for rural physicians, training for work in rural settings, enhanced skills training (e.g., anesthesia and surgery), socially accountable medical school admissions, rurally relevant continuing medical education and many more.

In some cases, our voice was heard and we made headway. In others, we have not seen much progress. In recent months, much activity has taken place and advances have been seen on various fronts.

In Whistler, BC, at the 20th Annual Rural and Remote Medicine Course, an Enhanced Surgical Skills (i.e., GP surgery) Group was established. This group of diverse individuals has made great strides under the capable leadership of Dr. Bob Woollard and Dr. Stu Iglesias and within the fold of the SRPC. Discussions were held with the Canadian Association of General Surgeons, The College of Family Physicians of Canada (CFPC), and the Australian College of Rural and Remote Medicine (ACRRM). Input was received from stakeholders such as the Alberta Rural Physician Action Plan and Rural Coordination Centre of BC. Support came from many quarters, some unexpected. Ongoing deliberations have made considerable progress. We are writing curricula and looking at accreditation, and have applied for Special Interests or Focused Practices standing from the CFPC. The field of enhanced surgical

skills has a new lease on life and is now like a runaway train — I like to think it is unstoppable.

After much soul-searching and discussion, the SRPC executive and ex-presidents have determined that a rural curriculum is needed to more fully equip future rural doctors for working conditions in rural and remote areas. Meetings in Thunder Bay, Ontario, with ACRRM, senior staff from the CFPC, and participants at the WONCA World Rural Health Conference were very enlightening. I feel the CFPC understands that this is a step that should be taken sooner rather than later. Now we have to work at finding the expertise, infrastructure, support and funding to take this essential leap of faith.

Another concern we have decided to address is socially accountable medical school admissions for rural students. We have an unassailable though unpopular viewpoint: that medical school admissions should mimic Canada's population distribution. On the grounds of social accountability we are on very solid footing, and we are receiving support from many quarters. This will need buy-in from the federal government and universities, and therein lies our work. It will not be easy, but it is too important to ignore.

We have a full load, and the road is steep and getting steeper. We will need agreement and support from our members in making a success of these new endeavours.

Ignore the title. Our voice is being heard and will grow stronger with your help. Make these issues your own and shout them from the rooftops.

Let us together empower the fellowship of the pitchfork!

*The voice of one crying out in the wilderness.

Society of Rural Physicians of Canada
Société de la médecine rurale du Canada

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