

SRPC report on the first World Summit on Rural Generalist Medicine

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*SRPC administration
(admin@srpc.ca) can
provide copies of the Cairns
Consensus, as well as some
of the reports that were
written by Canadian
attendees to those interested.*

Participants from 20 countries convened at Cairns, Australia, from Oct. 30 to Nov. 2, 2013. A large contingent representing the SRPC and Canada attended the first World Summit on Rural Generalist Medicine and, afterwards, the continuing medical education event Rural Medicine Australia 2013. We were asked to deliver a keynote speech, followed by a Canadian presentation. Both were well received, and the Canadian team was invited to be part of the group that wrote the Cairns Consensus.

My feeling (shared by many others) is that this summit was a historic and watershed event and that much good can flow from it for rural populations the world over. Time will tell.

To quote Dr. Richard Murray, dean of James Cook University in Queensland and president of the Australian College of Rural and Remote Medicine (ACRRM),

[w]e have a sense that the meeting may be something of a turning point in the rural medicine and rural generalism cause, certainly in Australia and perhaps internationally. The fantastic support from yourself and the big Canadian contingent has been critical to that.

The Cairns Consensus aims to define the generalist approach, to describe what action has been taken to date and what the way forward should be. The summit recommends the following: that rural medical generalist pathways be supported and implemented, that rural generalist medicine be recognized as a discipline, that generalist curricula be introduced to university programs, and that ACRRM curriculum be considered as a reference point for postgraduate training.

Rural generalist medicine embraces the Triple C principles of The College of Family Physicians of Canada: competency-based curriculum of comprehensive care, focused on continuity of education and patient care, and centred in family medicine.

I had the privilege of visiting the Cape York region (very similar to the Inuvik region — except for the weather) with Dr. Ruth Stewart, director of the Rural Clinical Training Scheme at James Cook University. We visited a medium-sized hospital (providing obstetrics, anesthesia and surgery, run by general practitioners) and a much smaller, remote hospital that, after many years, is reopening their labour ward, as well as their operating room. This was made possible by the first few cohorts of rural medical generalists now entering rural practice. We also visited 3 community health centres, run by nurses with weekly visits by physicians. These health centres are also benefitting from the recent influx of rural physicians. This is not to say that all is moonshine and roses. They, as we do, still have considerable barriers to overcome, but they are reaping the benefits of the rural curriculum and the rural social accountability of Australian universities and the provincial and federal governments.

There is a strong possibility that there will be a second summit on generalism in 2015, and we have tentatively been asked to host it in conjunction with our April 2015 Rural and Remote Medicine Course in Montréal.

Competing interests: None declared.