



President's message. *Per aspera ad astra**

See related news article on page 54.

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For a long time, developing a rural curriculum in Canada was a pipe dream — aiming for the stars. Recently, after years of hard work on many levels and by many people, The College of Family Physicians of Canada (CFPC) has reached out to us with an invitation to create a Collaborative Committee on Rural Education. This committee will consist of an equal number of SRPC and CFPC members. The intent is that the work of this committee will eventually lead to a rural curriculum, incorporating the Triple C Competency-based Curriculum. We expect that some of the ideas and principles of the Cairns Consensus (see page 34) will be incorporated in this curriculum. This will be a great opportunity but also a major undertaking for the SRPC and will not be easy nor happen overnight. It will involve the challenge of extra expenditure for the SRPC.

The Australian College of Rural and Remote Medicine has made its curriculum available to us (now in its fourth iteration). Rural Australia is already seeing the benefits of this curriculum, the generalist mandate of some of their universities and the “branding” of their graduates as rural medical generalists. These doctors are well trained and well supported by their secondary and tertiary centres (through government and university mandates). They also feel confident in their abilities and enjoy their work, and the hope is that burnout will be less.

The Collaborative Committee on Rural Education should have a clear mandate, deliverable goals and a time-

line. Finding the right future relationship between the SRPC and CFPC is of the utmost importance. There are many other considerations that will require decisions, such as rural input for mainstream training in family medicine, standards for rural faculty support, standards for rural training, accreditation and rural continuing medical education. The SRPC is lucky to have among its members academics and teachers who have been thinking about these issues for a long time, and their input will be invaluable.

This is an enormous challenge for the SRPC that has been inevitable in its evolution. If the SRPC is to play a more active role in the health of rural Canadians and the well-being of rural doctors, we will have to share in the responsibility of the development of the curriculum for, and the training of, rural residents and students. This will not be easy and will require strong cooperation from the membership and leadership of the SRPC, as well as from the CFPC and the universities. For historical reasons, not everybody will agree with this course of action, but most of those involved in the discussions and the council of the SRPC feel that this is an opportunity to grab with both hands and that we need to do this well.

To quote Karl Stobbe, Regional Assistant Dean, McMaster University, “We have an opportunity to redefine our role in rural education. Let’s do it right!”†

*To the stars through difficulties.

†Personal communication in an email to the author.

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