

President's message. *Acta non verba**

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Over the last 20 years, many words have been spoken by a great number of experts about having a sufficient, well-trained rural workforce. Much has been discussed and written on how to achieve this, and some programs in Canada and abroad (especially in Australia) have made great practical progress.

All of this has given us a good idea of the hurdles and the solutions (most of the solutions have been proven in rural areas). Recently, the Cairns Consensus† (a working document from the first World Summit on Rural Generalist Medicine, held in Australia in 2013) has summarized the current situation (the successes and failures) and the necessary actions.

Some major hurdles are the need for socially accountable admissions to medical schools (e.g., rural, Aboriginal, minorities); the need to train students and residents rurally and keep them rural; the need to allow re-entry positions for rural doctors who want to enhance their skills in an area of need for their community; the need for enough rural preceptors who are well-trained, motivated and remunerated; the lack of a national accredited rural curriculum; the maldistribution of doctors in larger centres (the “trickle-down effect” has not worked); the question of how to train generalists; and the question of how to define a generalist.

Some of the solutions are to build the pipeline to practice, engaging rural interest from high school to premedical education to medical school and beyond; to establish admission processes that are socially accountable; to provide rural learning experiences in all years for all students to foster rural interest; to establish rural training pathways that provide

rural focus (i.e., knowledge, skills, attitude and competencies); to support rural practice functionally and financially so rural practice is a reward and not a penalty; to engage many more rural physicians as mentors and teachers; and to build a rural curriculum.

In February 2014, the SRPC and The College of Family Physicians of Canada (CFPC) had a very successful meeting on rural family medicine education. A joint task force was created that will report directly to the SRPC and CFPC executives. The job of this task force is to turn words into action.

Where does “actions, not words” come in for us as rural doctors?

Increased numbers of medical students in expanded rural pathways and the Triple C Competency-based Curriculum will lead to more rural input into the education of students and residents. The general feeling is that rural teachers will more and more be playing a major role in teaching the curriculum and, more important, teaching the competencies of all medical students and residents.

As I mentioned previously,¹ we should not shy away from the larger role of educating Canada's doctors-to-be, especially the rural ones. They are our future.

We can make the difference. Let the action begin!

REFERENCE

1. de Klerk B. President's message. *Per aspera ad astra*. *Can J Rural Med* 2014;19:5.

*Actions, not words.

†Copies of the Cairns Consensus are available on request from SRPC administration (admin@srpc.ca).