President's message. Collaboration, courage and conflict

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The theme of our latest Rural and Remote Medicine Course, held in March in Banff, Alta., was "collaboration, courage and conflict." It was wonderful to meet old friends and new in the magnificent setting of the Banff Springs Hotel. Along with high-quality education, delivered mostly by rural doctors, there was a presentation by Lieutenant-General Roméo Dallaire that kept many attendees in the room long after the session was finished, an official beer ("The Occasional Ale") and the usual excellent social events. The skiing was pretty good too.

I am always amazed at how this conference, which in the last several years has grown from about 300 attendees to more than 900, is organized and run by only a small group of people. This is a reflection of how the Society of Rural Physicians of Canada (SRPC) itself operates. The national office in Shawville, Que., is staffed by less than a handful of regular employees. Most rural physicians in Canada are not members of our society. (I'd like to hear from readers who are not members about why they aren't.) The SRPC is, however, much more influential than these numbers suggest. In the past year, we have been involved with the World Summit on Rural Generalist Medicine in Australia and the National Working Group on Enhanced Surgical Skills. We have also continued to collaborate with The Society of Obstetricians and Gynaecologists of Canada, the Canadian Association of Midwives, The College of Family Physicians of Canada (CFPC) and others regarding obstetric services in Canada. We have also been actively involved with several international projects.

In the past 2 decades, rural physicians have seen significant improvements in their lifestyle and compensation, as well as in the recognition and respect they receive. We are recognized as teachers, researchers and innovators. The SRPC has been involved in this process at various levels. Twenty-five years ago, my peers' response to my decision to practise in a rural location would likely have been, "Why would you want to go there? I wouldn't want to do that." If you ask a newly qualified physician now, the response would more likely be, "I couldn't do what you do." Better, but not quite what we need. How do we create physicians who are capable and eager to work in our rural communities? This is a complex question. Part of the answer must lie in our training programs and in how we determine competency.

The CFPC and the SRPC have been discussing this issue. We have now agreed to a joint 2-year initiative called The Collaborative Rural Education & Advocacy Task Force. The goal of this task force is to enhance rural medical education so that more family physicians are confident to practise comprehensive family medicine in rural and remote Canada. I look forward to this collaboration with great optimism. With no lack of respect for my internationally trained colleagues, who are currently the backbone of rural health care in Canada, I look forward to the day when graduates of Canadian medical schools will increasingly fill these positions with competence and confidence.