



President's message. Rural generalist medicine: moving forward together

*John Soles, MD,
FRRMS
Clearwater, BC*

*Correspondence to:
John Soles;
johnasoles@gmail.com*

This year the Rural and Remote conference was run in conjunction with The Second World Summit on Rural Medical Generalism. The goal of this meeting was to move forward from the first world summit, held in 2013 in Cairns, Australia, to better define and promote the concept of rural medical generalism. This was a challenging event for the SRPC to organize and run, but it was immensely worthwhile. I'd like to thank all who contributed to the success of this event, in particular, Dr. Braam de Klerk and Lee Teperman of the SRPC. Attendees from all over the world contributed their views on rural generalism and on how to increase recognition of the importance of generalists in providing care to rural populations.

We had the opportunity to see the successes of rural generalism as a concept, not only in Canada, Australia and other developed countries, but also in rural Thailand and isolated Pacific islands. We spent time considering how best to determine community need, which must be the primary focus in determining what medical services need to be delivered by rural generalists. We discussed the concept of "rural proofing" — considering the potential rural consequences before implementation of programs and policies developed by government, training institutions and regulatory authorities. We examined the potential of foreign exchanges as a means of developing increased skill sets

not only for rural practitioners, but also for capacity building in low-resource countries.

We looked at indigenous health care in rural areas and its delivery. The challenges of delivering high-quality health care to these often isolated, relatively impoverished and less healthy populations are not unique to Canada. There is a huge role not only for rural generalist physicians but also for many other health care workers in providing this care. The model of comprehensive team-based care based on community need is a vital one in small isolated areas that may not be large enough for a practical physician-based model.

We looked at the evidence underpinning maintenance of competence, and in particular considered the relative unimportance of numbers in determining outcomes for many procedures. We looked at the evidence for enhanced surgical services provided by generalists. We considered the importance of ongoing research to support the concept and application of generalism.

We listened as 3 young Canadian physicians told us of how they came to be trained as rural generalists, expressed their excitement at the opportunities and experiences ahead of them, and reminded us of why we do what we do. As long as there are individuals like this ready, willing and able to step forward to provide the generalist care rural Canadians need, I will remain optimistic about the future of rural health care in Canada.

Society of Rural Physicians of Canada

Société de la médecine rurale du Canada

PRESIDENT / PRÉSIDENT

JOHN SOLES, MD
Clearwater, BC

PAST-PRESIDENT

PRÉSIDENT SORTANT
BRAAM DE KLERK, CM,
MBChB
Victoria, BC

TREASURER / TRÉSORIER

GABE WOOLLAM, MD
Happy Valley—Goose Bay, NL

MEMBERS-AT-LARGE

MEMBRES EXTRAORDINAIRES
STEFAN GRZYBOWSKI, MD
Vancouver, BC

DARLENE KITTY, MD, CCFP
Chisasbi, Que.

ADMINISTRATIVE OFFICER RESPONSABLE ADMINISTRATIF

LEE TEPERMAN
SRPC Office, Shawville, Que.

SRPC / SMRC

Box 893,
Shawville QC J0X 2Y0;
819 647-7054,
877 276-1949;
fax 819 647-2485;
admin@srpc.ca

srpc.ca