Rural surgery networks: need for a home

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The "Joint Position Paper on Rural Surgery and Operative Delivery" (page 129), endorsed by The College of Family Physicians of Canada (CFPC), the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Canadian Association of General Surgeons (CAGS), and the Society of Rural Physicians of Canada (SRPC), represents a milestone, possibly a cornerstone, in rural generalism. It recognizes and validates the platform of cross-training among 3 or more professional disciplines, across both primary and secondary care, that has historically sustained rural health care. Its overarching recommendation is for networks of surgical and maternity care among obstetricians, general surgeons and family physicians with enhanced surgical skills.

The next step in the translation of these recommendations is to build demonstration networks complete with rigorous evaluations that measure these networks' impact on the volume and distribution of surgical care. These evaluations should include benchmarks such as surgical wait times, outcomes of surgical care, and patient and provider satisfaction with that care.

There is no blueprint for building a rural surgical care network. We are fully aware that the specialist workforce in rural Canada has a wary skepticism about these proposals. Specifically, they wonder where the funding and the outcome measurements will be found.

There are no easy answers. More than 2 decades have failed to stop the attrition of services to rural Canadians. A 5 pillar national strategy (put forth by the Networking Group, an eclectic volunteer group of stakeholders working with the national organizations, but outside of approved structures), of which the joint position paper is a keystone, is gaining momentum, but will only be achieved with concerted effort on the part of all stakeholders — including our medical colleges.

It is clear that the present institutional landscape has been a hindrance rather than an asset in the historical struggles to successfully address the needs of rural communities for surgery and operative delivery. There are encouraging new efforts. The CAGS has struck a rural committee. The CFPC has endorsed a Certificate of Added Competence for enhanced surgical skills. The Royal College of Physicians and Surgeons of Canada (RCPSC) has taken an active interest in the joint position paper. The existing educational, credentialling, accreditation and regulatory bodies have been unable to act effectively to provide rural Canadians with the best access possible to specialized services. What is needed is a specific rural health focus on many levels — political, bureaucratic and medical. If the focus cannot be provided by the current structures, then a new structure surely will be created, and soon.

There is an urgent need for some original thinking for the heavy lifting needed to carry the joint position paper forward. Will the CFPC, RCPSC, CAGS, SOGC and others take the lead with the SRPC in formulating an implementation strategy, perhaps by piloting demonstration networks for rural surgery?

If not us, who? If not now, when?