



President's message. Who provides emergency care in most of Canada?

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Canada is about 90% rural by geography and slightly less than 20% by population. Canadians living in rural areas need the same access to emergency services and emergency physicians as those in urban areas. The SRPC Emergency Committee has determined that 71% (407/573) of Canadian emergency departments are in communities with populations of less than 20 000 (Dr. Etienne van der Linde, SRPC Emergency Committee: personal communication, 2015). Specialists with fellowship training in emergency medicine work in urban areas. Only 17% of family practitioners with a CCFP(EM) designation work in communities of less than 20 000, and substantially fewer work in communities of less than 10 000 (Dr. van der Linde: personal communication, 2015). Most emergency medicine in rural Canada is provided by family physicians with no official emergency medicine designation.

Physicians who work in rural emergency settings must work as generalists with a wide set of skills that may be seldom used. They must rely on their clinical judgment in the absence of high-tech equipment. They must deal with the challenges of transferring patients to a higher level of care. Many family practice graduates admit that they wouldn't feel comfortable working in a rural emergency department with no respiratory technician, no computed tomography and a potentially long transfer before definitive care. The Advancing Rural Family Medicine Task Force of The College of Family Physicians of Canada

and the SRPC will need to look specifically at how we can better train our family doctors in emergency medicine so they are more comfortable and capable in the rural emergency department. This will play a large role in recruitment and retention of rural family doctors.

To ensure that new family doctors will be able to provide excellent emergency care in rural areas with reasonable confidence and comfort, we require a multifaceted solution. We need to choose students and residents who are able to work in a setting of uncertainty. We need to ensure that their training in urban emergency settings involves a variety of very sick or injured patients, with some degree of responsibility. We need to expose them to low-resource settings while they are supported by skilled preceptors. Where possible, we need to expose them to settings of high volume and low resources, which are hard to find within Canada. We need to support them once they are in practice, both locally and regionally. We need to be sure that mechanisms for transferring patients in rural Canada are driven by the needs of the patient and the rural emergency physician, and are enhanced as much as possible. We need ongoing training with specific courses and simulations to help rural emergency physicians develop and maintain skills.

I am always impressed by the skill and knowledge of new family practice graduates. We need to support them in all ways as they become more comfortable. I know they can do it; they also need to know that they can do it.

**Society of Rural
Physicians of Canada**
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