



President's message. New horizons for rural surgery

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Canada's programs in Enhanced Surgical Skills (ESS) and operative delivery provide rural and remote communities with access to surgical, maternity and trauma care. The SRPC has been a strong advocate for these programs and has been a home for these practitioners. Among our ranks, there are many people who deserve mention, but, for brevity, I will identify only the most persevering of the champions. Dr. Stuart Iglesias, representing the SRPC and our Council, has been working tirelessly and tenaciously on this file for decades. Owing to his dedication, this program has now gained a much greater level of acceptance from the Canadian Association of General Surgeons (CAGS), the Society of Obstetricians and Gynaecologists of Canada and the College of Family Physicians of Canada. This program will soon be elevated to the Category 1 level (similar to Family Practice Anesthesia and Emergency Medicine), offering its graduates a Certificate of Added Competence.

These programs train rural family physicians in a broad scope of general and emergent surgical procedures, including cesarean delivery, endoscopy and surgical sterilization, as well as orthopedic and ear, nose and throat procedures. Some learn only operative delivery skills, depending on the needs of their community. According to Rural Coordination Centre of BC data, there are currently about 150 ESS physicians practising in 55 communities across this country. The landmark "Joint position paper on rural surgery and operative delivery" affirmed the benefits and safety of accessing surgical services close to home.¹ Its overarching recommendation

was to integrate these small rural programs into formal surgical networks that integrate our ESS physicians with the regional specialist surgeons.

In September, ESS physicians and the SRPC participated as full collaborators in the Rural Surgery Summit organized by CAGS. We also participated in an ESS program review hosted by the University of Saskatchewan that assembled leaders in general surgery from Canada and Australia. This review examined current training and made recommendations for future directions. Strategies were recommended for continuing professional development and for establishing surgical networks to support family practitioners with operative skills.

The need for these services in rural primary care is shared by both high- and low-resource countries. The World Health Organization has identified access to essential surgical services at local hospitals as the backbone of rural primary care.² Some in global health believe that this initiative, led, in part, by the SRPC, will be of considerable interest internationally.

It is with considerable pride that I predict that our ESS programs will continue to flourish and expand, to provide these needed services to rural and remote communities and to help to fulfill the SRPC's commitment to advancing rural family medicine in Canada.

Thanks, Stu!

REFERENCES

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