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EDITORIAL/ÉDITORIAL

Family physicians as generalists

The Society of Rural Physicians of Canada (SRPC) has a mission of 'championing rural generalist medical care through education, collaboration, advocacy and research'.¹

Rural Canadians live in a variety of settings across the country. Some live near larger centres, others are very isolated and must travel by air to leave their communities. The skill set that the rural generalist needs will vary from community to community. Earlier this year, the College of Family Physicians of Canada (CFPC) published its Family Medicine Professional Profile. This profile reflects the comprehensiveness of family medicine, but also addresses the need for physicians to be adaptive to their communities:

'Family physicians are a resource to their practices and communities as highly skilled generalists, working effectively in diverse environments, addressing complex conditions, and managing uncertainty. They manage a broad range of medical presentations and conditions, flexibly adapting their skills in response to local resources and care needs'.²

Rural residency programs accredited by the CFPC can produce rural generalists who meet the needs of their communities. Many SRPC members are teaching in these programs. Recently, the CFPC

published its 'Priority Topics for the Assessment of Competence in Rural and Remote Family Medicine'.³ Most of the priority topics are related to hospital and emergency care (e.g. trauma, intrapartum care). Some are directly related to living in a rural community (e.g. indigenous health, adapting to a rural life and cultural safety and sensitivity). The CFPC also offers enhanced skills training that is appropriate for rural physicians (e.g. family medicine anesthesia). The SRPC is represented on CFPC working groups that are defining competencies for CACs in Enhanced Surgical Skills and Obstetrical Surgical Skills.

The SRPC and CFPC are co-chairing the Rural Roadmap Implementation Committee (RRMIC).⁴ This committee is working with several medical organizations to support rural generalist care in communities. One of its goals is 'to strengthen a physician workforce with the competencies and skills to provide high-quality and culturally safe care, work in innovative team environments with allied health care providers, and respond to the needs of people who live in rural communities'. In order to meet these goals, the RRMIC is working with educational, health care and community organizations. The Canadian Medical Association has started exploring the interest in a National Locum License. The SRPC feels that such a license

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would be beneficial in promoting a rural generalist skill set.

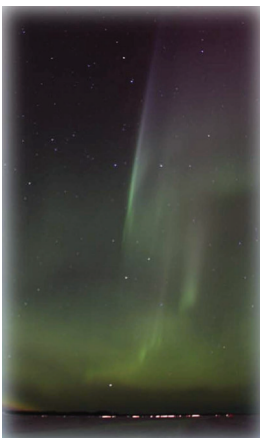
Training of generalists is progressing steadily, though at times slowly. Moving forward, we may need to focus more on issues of licensing and credentialing. The SRPC will continue to advocate for changes that will support improvements in rural health care.

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