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## A rural lens

I write as we return to our communities and our practices after another successful Rural and Remote conference in Halifax.

The Rural and Remote conference is the public face of the Society of Rural Physicians of Canada (SRPC). The conference is known for providing education by rural physicians, for rural physicians. It attracts not only SRPC members but also other physicians and health-care providers who are looking for high quality rural appropriate education. Many attendees become members after experiencing the plenaries, workshops, support for families and the camaraderie that is evident at the conference.

An equally significant role of the SRPC is not as obvious to conference attendees. We are leaders, partners and advocates for rural medicine. On the day before the conference, the SRPC Council meets. This year, leaders from The Canadian Association of Emergency Physicians, the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada, Resident Doctors of Canada and the Canadian Federation of Medical Students were our guests, and we discussed initiatives of common interest.

It has always been important to examine initiatives with a rural lens. In many cases, we have been

asked to review documents that other organisations have produced. However, the SRPC is becoming a more respected partner, and we are being asked to apply the rural lens as equal partners in the development of guidelines, policies and position papers.

As examples, we have begun a project with the Canadian Association of Radiologists, the CFPC, and the Nurse Practitioners Association of Canada to develop guidelines that will suggest appropriate indications for medical imaging. We are working with Choosing Wisely Canada to develop Choosing Wisely Rural. We are reflecting on the use of tests and interventions, and decisions that must be made that are unique to the rural context. Through our work at the Canadian Medical Forum and the Rural Roadmap Implementation Committee, as well as member advocacy, we are seeing real progress on the issue of portable licensure. We have representatives on the Virtual Care Task Force and the Access to Specialty Care in Rural and Remote Communities Working Group.

We are proud to be a rural lens as we partner with other organisations at the inception of initiatives when we can have the most impact in ensuring appropriateness to the rural context.

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