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## Society of Rural Physicians of Canada

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**Website:**  
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**DOI:**  
10.4103/CJRM.CJRM\_6\_20

## President's Message. Rural residents need specialist services too

**E**ighteen per cent of Canadians live in rural Canada, yet only 8% of physicians practise in rural communities. The disparity is even greater for specialists – only 3% practise in rural communities.<sup>1</sup>

Dr. Wieslaw Rawluk was one of the 3%, an obstetrician who had a 30-year career in Goose Bay, Labrador. I was privileged to work with Dr. Rawluk as a colleague, sometimes giving anaesthetics for his surgeries and sometimes requiring his assistance for difficult deliveries. His skills were needed for the delivery of my two children. If he had not been there, I would have had to fly out, but instead, I was surrounded by doctors and nurses who were colleagues and friends. Dr. Rawluk died in December. He had retired a few years earlier, but still lived in Goose Bay, which had become his home. He will be missed.

The Royal College has convened a working group to look at the issue of specialist services for rural Canadians and hopes to make recommendations over its 2-year mandate. There are a number of ways that specialist services can be supplied to rural Canadians. First, many family physicians have

acquired advanced skills in areas such as anaesthesia, surgery and many others. These family physicians often struggle to find a supportive peer group and to find ways to maintain their skill sets. Yet, their skills are vital to their communities.

Second, as virtual care advances, some specialist services can be provided by telemedicine. Most provinces now have fairly advanced systems. At this point, consultation services are more compatible with telemedicine than the procedural services. Ironically, technology in many cases is no longer the issue. It is organisational, scheduling and funding issues that bedevil the success of telemedicine.

Third, many specialists have long-term commitments to rural communities and make regular visits. They develop relationships with both the local family physicians and the patients. Their role often involves mentoring family physicians.

Finally, most rural residents currently obtain specialist services by travelling to larger centres. These trips may involve air travel or lengthy drives. For residents who have chronic illnesses, the continuity of care they receive from their yearly visits is

Received: 29-01-2020 Revised: 29-01-2020 Accepted: 13-02-2020 Published: 28-03-2020

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**How to cite this article:** Tromp M. President's Message. Rural residents need specialist services too. Can J Rural Med 2020;25:57-60.

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very important to them. The Access to Specialist Services working group will be examining various models for specialist care delivery and making recommendations to decrease the urban–rural disparities.

## REFERENCE

1. Review of Family Medicine within Rural and Remote Canada: Education, Practice and Policy. Available from: [https://www.cfpc.ca/uploadedFiles/Publications/News\\_Releases/News\\_Items/ARFM\\_BackgroundPaper\\_Eng\\_WEB\\_FINAL.pdf](https://www.cfpc.ca/uploadedFiles/Publications/News_Releases/News_Items/ARFM_BackgroundPaper_Eng_WEB_FINAL.pdf).

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