President's Message. A rural lens on physician credentialing

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Access this article online

Quick Response Code:

Website: www.cjrm.ca

DOI: 10.4103/CJRM.CJRM_62_20

Along with warm weather and mosquitoes, summer 2020 brought yet another example of SRPC's important role. Our members highlighted concerns about changes to the College of Family Physicians of Canada (Emergency Medicine) (CFPC[EM])'s Practice Eligible Route (PER). Many hoping to challenge the examination were impacted, especially by the new requirement to have 'access to on-site… advanced imaging (such as formal ultrasound, computed tomography and/or magnetic resonance imaging)'.[1] Rural physicians know that a lack of on-site advanced diagnostics requires a keen set of skills to manage the acutely unwell patient. When faced with a decision to transport a patient for investigations, risks and benefits must be seriously considered.

While we cannot allow the credential creep of the CFPC (EM), this designation can play a positive role in rural communities. Certificates of Added Competence (CAC) should reflect advanced competencies and leadership in emergency medicine. Having colleagues with the CFPC (EM) in my community adds a skill set to enhance educational capacity and support rural critical care, allowing our generalist team to better meet the needs of the community. We also need to ensure that by choosing rural generalist practice, early career physicians are not putting future career decisions at a disadvantage.

These concerns were discussed during a meeting with the CFPC leadership. This meeting confirmed that many of the impacts affecting our rural colleagues were not intentional. It was clear that decisions by the CFPC Board of Examinations and Certification (BEC) lacked rural or practice eligible perspectives.

Moving forward, SRPC and CFPC have agreed to use the Rural Roadmap Implementation Committee (RRMIC) to bring a rural perspective to this issue. Through RRMIC, we will work to develop rurally relevant PER criteria and push for practice eligible and rural voices on BEC.

The RRMIC has been a successful forum for the SRPC to have input on many important issues. RRMIC work has included the rural and indigenous health competency development, rural patient transfer and repatriation national advisory group, federal rural health advocacy and national physician licensure model development.[2]

The CFPC (EM) PER issue is a perfect example of how SRPC members can identify a problem and through our strong partnerships propose and advocate for rural-friendly solutions. We must continue to focus our rural lens on policies that have the potential to threaten generalist practice needed by our communities.

REFERENCES

1. Available https://www.cfpc.ca/en/education-professional-development/examinations-and-certification/examination-of-added-competence-in-emergency-medic/eligibility-and-application [Last accessed on 2020 Sept 09].
2. Wilson CR, Rourke J, Oandasan IF, Bosco C. Progress made on access to rural health care in Canada. Can Fam Physician 2020;66:31-6.

Received: 28-07-2020 **Accepted:** 08-08-2020 **Published:** ***

How to cite this article: Woollam G. President's message: A rural lens on physician credentialing. Can J Rural Med 2020;25:137-8.