President’s Message. Summer 2021 – A virtual success!

In April 2021, the Society of Rural Physicians of Canada (SRPC) held the 28th annual Rural and Remote Medicine Conference virtually. After having to cancel the 2020 event, we were worried that the alternative platform would not allow the alternative platform to shine through – the social connections and collegiality are what draw so many of us to the conference every year.

I was pleasantly surprised by how much of this transcended the screen. Between lively presentations, members sought personal interactions in the chats, passed each other in the networking corridor and engaged on Twitter. All of this reminded me of how important the conference is for our collective stamina and resilience.

We learned about many ongoing threats to rural health care in Canada. We heard about the encroachment of what Dr. Ruth Stewart called ‘partialism’ with the rise of sub-specialisation, difficulties in educating future generalists, broken rural patient transport systems, inequities in health and health access for indigenous people and the very real impacts of climate change.

But, we also learned about how Australia has worked to strengthen rural generalism and how Canada is becoming a leader in rural medical education. We learned about the advocacy efforts of the Rural Road Map Implementation Committee. With their recently released Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada, RRMIC has given all of us a key tool to lobby for change in our respective corners of the country. Similarly, the Rural Road Map: Report Card on Access to Health Care in Rural Canada challenges each of us to consider where we still have room to grow.

As an organisation, the SRPC is working hard to figure out which levers we can pull to stave off the persistent threats to rural health care and to shape systems to help communities grow. To overcome one of the most challenging experiences in our lifetimes, we must work collectively to protect and guarantee equitable access to high quality generalist and specialist services in rural and remote communities across Canada. To do so, will require our clinical courage, cultural expertise and compassion, both virtually and in person.

REFERENCES