President’s message

The SRPC held its first in-person conference since 2019 this past April. As may be the case for many of you, Rural and Remote (R&R) was my introduction to the SRPC. At my first ‘R&R’, I immediately felt at home. The conference, and the SRPC, provided something lacking in those first few years of practice in Nunavut, Labrador and the Yukon: a sense of wider community, camaraderie and fellowship with like-minded rural generalists across the country. Now, over 2 years into this pandemic, rural physicians find themselves part of wounded, tired and sometimes fractured teams. We have lost much of that sense of community, and as we face critical staffing shortages, the health human resource crisis facing rural Canada has been starkly exposed. Challenges with transfer, licensure and access to specialty services compound our ability to provide care.

Many have experienced a profound loss in various ways over the past 2 years and feel acutely the threats to the resilience of our rural health systems. At this juncture, we all are seeking ways to reconnect, heal and rebuild. I hope that for those who attended R&R, it will have been part of the process.

Through our ongoing work outside of the conference, the SRPC focusses on the needs for sustainable rural healthcare. Over the past months, we have taken a leadership role, with partners, including the Canadian Medical Association, in conversations aimed at achieving national physician licensure. We have seen progress and engagement with federal and provincial partners, and momentum seems to be building for the establishment of these standards.

As health systems rebuild, the SRPC continues to advocate for high-quality training of future rural generalists. In January 2022, the College of Family Physicians of Canada (CFPC) published the Final Report and Recommendations of the Outcomes of Training Project. This described a need for a robust, generalist workforce, including with the skillset to serve rural communities. The Report proposes training changes to enhance preparedness, via extension of programme duration to 3 years, and exposure to specific skills. As the CFPC navigates this transition, the SRPC has voiced that additional training must reflect the true needs and context of rural practice and our concerns regarding potential unintended consequences on rural health human resources. We have shared a desire to play an active role in this transition and feel that our strong network of rural educators has a great deal of experience, knowledge and skills to offer.

Moving forward, out of the ashes, we rebuild, heal and reconnect. Moreover, the SRPC will continue its work on your behalf, championing rural generalist medical care through education, collaboration, advocacy and research.

REFERENCE