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President's Message

Primary care reform in a rural context

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Calls for reform to primary care are growing, as our health system cannot support the status quo. Here in New Brunswick, many rural communities have lost physicians, and it has been impossible to find a replacement. They leave due to retirement, but also due to heavy administrative and financial burdens, frustration with fracturing of care, and lack of control over system issues. Workloads are unsustainable and there are no locums to provide relief. Like many, I find myself telling several patients a day that my practice is full and that I cannot accept new patients. This is particularly painful to do in a rural area, as access to other options for primary care is so limited. Those who have lost their family physician have, at best, access to episodic care with providers who do not embrace a holistic view of the patient and their problem. As a result, missed diagnoses and late presentations for conditions are a too-common occurrence we see in our work in emergency departments, operating rooms, or labour and birth units. However, we already are doing too much, and cannot take on more. We must do things differently.

A shift to team-based care is critical, and we need robust systems to support each other. However, a rural 'team' may look different from an urban-based one. Perhaps, co-location will not work, and we may need a network type model of care, using technology to enhance communication and collaboration. Ensuring all providers work to the top of their scope of practice, investing in dedicated, funded time for case management, and expanding the types of health providers on teams, may all be considerations. As rural generalists, our role extends beyond the office, and this must be part of workforce planning and remuneration. Finally, we must accept we may not be the most appropriate provider to perform every service.

Solutions may also include enhancing practice-eligible routes of training and enhanced pathways for internationally educated health professionals to enter the workforce. We must develop the supports needed for individuals to integrate within teams and communities, assuming roles as mentors or supervisors, but perhaps also confronting some uncomfortable realities regarding bias and racism.

Beyond this, it will be critical that our training programmes continue to prepare graduates to have the specific, unique skills required to practice in rural and remote regions of this country. And finally, we must continue our advocacy work, particularly with respect to reducing administrative burdens and *national licensure (*see page 13). With this, we can develop the teams needed to continue to provide high quality care close to home, in all parts of this country.

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