



Society of Rural Physicians of Canada
Société de la Médecine Rurale du Canada

SRPC President's Report to Council

April 4, 2019

The SRPC has a vision of “excellent health care close to home for all rural Canadians” and a mission of “championing rural generalist medical care through education, collaboration, advocacy and research.”

The SRPC activities and initiatives can be divided into two categories, those that directly support our rural physicians and those that promote rural generalist care by working with other health care organizations.

I have received good feedback from our members about the responsiveness of our head office staff to enquiries and requests for assistance. Thank-you to Jennifer, Louise and Jenna for all the hard work they do for the society.

Over the last two years, we have put a lot of effort into improving our membership services. Our new website has been active for about 18 months and we have received positive feedback about it. Jenna continues to add information. Our communications Committee with Melissa Holowaty is working closely with her. In addition, a newsletter is being published about once every three months.

Members continue to find the list serves to be supportive. We have a ruralmed list serve and a rural anesthesia list serve. Recently, there has been a lot of discussion about burnout and moral injury. We know that it is important for rural docs to have the support of their colleagues on these issues. The list serves are also a platform for discussion of clinical issues, and for colleagues to discuss appropriate care in more isolated locations. We have made a decision to make these list serves a benefit of membership.

We have committees and regional reps who continue to do good work that they have outlined in their reports.

Partnerships with other organizations

Rural Road Map Implementation Committee

Jim Rourke continues to co-chair with committee with Ruth Wilson. His report is included. We are making progress on the recommendations.

I would like to thank at the docs who sent me examples of difficult **patient transfer** situations. I have sent these on to Healthcare CAN, the national association of hospital and healthcare organizations.

There has been significant movement on the issues of **portable licensing**. The CMA has done a survey of physicians on this issue and now FMRAC is working on an interprovincial agreement. We have been invited to send representatives to a meeting in June.

There will be a workshop on Thursday on **government advocacy**. The CMA will be helping us acquire skills that are need for this important work.

Virtual Health Care Task Force

As electronic medical records and home internet access are becoming the norm, the Canadian Medical Forum is supporting a Virtual Health Care Task Force to examine associated issues.

- regulatory issues
- governance arrangements for publicly funded virtual healthcare, within and across provincial/territorial boundaries;
- assessment of the state of electronic interoperability in Canadian healthcare;
- education of learners and support practising physicians
- options and recommendations for scaling up the delivery of virtual healthcare

Access to Specialist Care in rural and remote communities

The Royal College has created a two year working group to develop recommendations for improving access to specialty care in rural and remote communities. I will be representing the SRPC on this working group.

Rural Generalism:

We are going to have a focus on rural generalism at the Rural and Remote conference in Ottawa next year. In the meantime, we are sustaining interest by working with two other conferences that are interested in rural generalism : TIFH (Toward Unity for Health) and rural WONCA. They are both having conferences in September.

Choosing Wisely

Choosing Wisely has asked us to develop our list of 5 things that are being done unnecessarily in rural medicine. I have had a teleconference with Wendy Levinson, invited initial suggestions on Rural med, and will be having a session to discuss suggestions on Saturday. We will have a representative at the Society meeting at Choosing Wisely's annual meeting in May.

VEGA (Violence, Evidence, Guidance Action)

This is a Public Health Agency of Canada project to develop guidance, tools, and curricula to assist in responding to family violence. A group of SRPC Members are assisting with reviewing the guidelines through a rural lens.

Imaging Guidelines

The Canadian Association of Radiologists will be working with SRPC, CAEP, CFPC and NPAC (Nurse Practitioners Association of Canada) to develop guidelines medical imaging. We have a small group of members who have indicated interest in working on this with us.

CIHR

We are working with the CFPC, the CNA, and the CHCA (Canadian Home Care Association) on a proposal for a CIHR Institute of Integrated Primary, Home and Community Health Care. If successful, this would increase the funding available for research in these areas.

Society Policy

Pharmaceutical Sponsorship

We would like to clarify our policy about pharmaceutical company sponsorship of this conference. I am told by past presidents that a policy was approved many years ago, but this policy is not known to our present staff.

Regional Committees

I would like to propose that our regional committees commit to nominating colleagues from their provinces for national awards. We have many talented and committed colleagues who are deserving of recognition.

Respectfully submitted,



Margaret Tromp
President
The Society of Rural Physicians of Canada

