

June 29, 2022

## **SRPC Statement on the College of Family Physicians of Canada's Outcomes of Training Report**

As identified by the College of Family Physicians of Canada (CFPC), the Society of Rural Physicians of Canada (SRPC) recognizes the importance of training family physicians who practice comprehensive, socially accountable medicine to meet the needs of the peoples of this land. Canada's rural and remote physicians are known for their generalist skills and already embody many of the key attributes that the CFPC hopes to instill in all of its residency graduates.

To accomplish this, the CFPC is proposing post-graduate family medicine education reform to meet the Residency Training Profile (RTP), developed through work that members of the SRPC participated in. The Outcomes of Training Project (OTP) includes a recommendation to increase the duration of family medicine training to three years from two years to meet the curriculum goals of the RTP. The SRPC is committed to collaborating with the CFPC and its OTP.

We have heard the concerns of members with respect to these changes. We too share concerns, however we also see opportunities. As an organization whose mandate is to champion rural generalist medical care, we plan to use our expertise to enhance rural medical education, developing more robust, resilient, and broadly-skilled teams of practice for our communities.

### **Experts in comprehensive, generalist curriculum**

Through work with the CFPC Education Reform Taskforce on curriculum design, the SRPC hopes to increase learners early exposure to rural and remote medicine as it is a crucial predictor of future generalist practice. Residents with interests in rural and remote medicine must be offered longitudinal experiences. We share the goal that we must enhance all family medicine training programs for new family physicians to practice with competence and confidence in remote, rural, and urban contexts. Resources to allow this transition to fuller scope practice for all future family physicians can only be successful if it is adequately resourced. As rural and remote health advocates, we place importance on extra training in Indigenous health, obstetrics, emergency medicine, procedural training, point of care ultrasound, anesthesia, general surgery, and business management.

### **Resources are required to expand rural education**

Amongst other recommendations, the OTP suggests increasing the duration of family medicine training from two to three years. The SRPC recognizes the demand on teaching resources by the proposed education reform. Rural preceptors will be required to continue teaching at the undergraduate level while expanding availability at the post-graduate level. There will be increased demand on rural and remote teaching communities with respect to preceptor recruitment and retention but also on learner clinical space and accommodation. The SRPC encourages its members to work with the universities with which they hold academic appointments to advocate for increased financial resources to support those demands.

**We need a clear plan for CACs: they play a critical and unique role in rural practice**

The SRPC will collaborate with the CFPC Education Reform Taskforce to prioritize a plan for the enhanced skills training programs that lead to a Certificate of Added Competence (CAC). Rural and remote community obstetrical, anesthesia, surgical, and emergency medicine teams are often staffed by physicians with enhanced skills. By prioritizing a plan for the enhanced skills learning, the CFPC will allow rural and remote community members to access care close to home and may recruit students with special interests to family medicine, rather than a Royal College specialty.

Our healthcare system is in crisis, and educational reform is not the full solution. The CFPC is to be commended for addressing healthcare system reform in parallel to the education reform proposed. We encourage the CFPC to continue advocating for improvements to the work environments of all family physicians to recruit and retain family physicians in longitudinal generalist practice. We will lend our voice in supporting the CFPC's advocacy efforts to enhance primary care across the country.

To help the CFPC OTP conduct its work with sensitivity towards rural and remote realities, the SRPC has formed the Education Reform Advisory Committee. The committee is comprised of four SRPC members and representatives from the SRPC Student and Resident Committees. From this committee, the SRPC Executive has nominated a representative on the CFPC Education Reform Taskforce.

We want to hear from you, our members. The SRPC executive and Education Reform Advisory Committee look forward to hearing how the proposed education reform will affect their specific rural or remote communities. In the coming weeks, a survey will be emailed to SRPC physician, resident, and student members. The Education Reform Advisory Committee and SRPC Executive will use the responses from the survey to guide further advocacy and collaboration at the CFPC Education Reform Taskforce table.