Family physician anesthetists (FPAs) are integral to the delivery of health care in rural and remote areas. Most of the 500 to 700 FPAs in Canada are based in remote or northern areas where specialist care is unavailable or available only in distant tertiary care centres. In addition to their regular family medicine clinics and operating room activities, FPAs provide services for emergency surgery, airway management, and resuscitation and contribute to comprehensive obstetric care by providing anesthesia for cesarean sections and epidural anesthetics.

Difficulties facing rural physicians
The supply of FPAs is shrinking. The cause is rooted in the structure of rural practice, inadequate resources, physician shortages, and hospital restructuring, all of which have resulted in long working hours and frequent on-call responsibilities. While the general trend of the Canadian population for many decades has been to move into cities, the 22% of the population who have remained in rural and remote regions are scattered over a wide geographic area. Resources are targeted only toward larger centres as planners emphasize increased regionalization and centralization to use high-tech equipment and new surgical techniques.

Family physician anesthetists have also found themselves professionally isolated. Opportunities for training and continuing medical education (CME) are limited, and there are few occasions for interacting with colleagues. Without active intervention to address issues of working conditions, professional isolation, and limited opportunities for CME, high rates of burnout and departure from rural practice will continue.

Joint position paper
The “Joint position paper on training for rural family practitioners in anesthesia” (page 325) examines these and other issues relating to training family physicians in anesthesia.

This position paper is a collaborative effort led by the Society of Rural Physicians of Canada (SRPC) in conjunction with the Canadian Anesthesiologists Society (CAS) and the College of Family Physicians of Canada (CFPC). The SRPC, CAS, and CFPC are committed to working together to ensure implementation of solutions to the challenges facing FPAs.

The joint position paper acknowledges that rural Canadians have a right to timely access to anesthesia care. It also recognizes that rural Canada will not be well served by the present system of isolated, independent training programs for family medicine anesthesia. It recommends that support be provided for university departments of family medicine and anesthesiology to provide an adequate number of training positions in family medicine anesthesia to meet the needs of patients in rural Canada. Training programs should be nationally accredited to facilitate portability for those completing this training. As well, a collaborative structure should be developed, involving the SRPC, CAS, and CFPC, to ensure that all issues related to FPAs’ practices are being addressed and represented.

A large step forward in achieving the goals of the joint position paper was taken in November 2001 when the University of Calgary’s Department of Family Medicine hosted a symposium. The symposium focused on how to begin to implement the recommendations.

By any principle of fairness, rural Canadians deserve medical services that are more than first aid stations for triage and referral. Educating and training family physicians to provide anesthesia care is an important step in ensuring the delivery of high-quality medical services in rural and remote areas.

Dr Gelhorn is Past President of the College of Family Physicians of Canada.