

Training in anesthesia for rural family physicians

Executive summary of a joint position paper

All Canadians deserve timely access to anesthesia. Family practice anesthetists (FPAs) have helped sustain rural health care in Canada. With their pivotal role in provision of emergency, surgical, and obstetric services and their special skills in airway management and resuscitation, FPAs have been an essential resource to rural communities.

Most of the approximately 500 to 700 FPAs in Canada practise in Ontario, the West, and the North in communities where access to specialist care is restricted. A relatively small number of FPAs are trained in Canadian medical schools in a 12-month program. The program is accessible to family medicine residents and to practising physicians wishing to return for training. Canadian programs train approximately two thirds of practising FPAs. The lack of formal programs for assessing the training and skills of FPAs to determine their eligibility for anesthetic privileges is a problem.

Rural Canada is poorly served by its current system of isolated independent training programs for FPAs. It is recommended that support be provided to university departments of family medicine and anesthesiology to fund an adequate number of training positions in family practice anesthesiology to meet the needs of rural Canada. Training programs for FPAs should be nationally accredited and provide successful trainees with verification of their qualifications, which will be based on national standards and portable across Canada.

It seems clear that the supply of FPAs is shrinking. The explanation for this is rooted, in part, in the problems generic to rural medicine, including insufficient manpower and resources, long working hours, onerous on-call responsibilities, and other commitments incompatible with a healthy professional and personal life. The situation is further compounded by the fact that FPAs have found themselves professionally isolated. With limited opportunities for formal continuing medical education (CME) or professional support, FPAs have few occasions for interaction, shared experiences, and mutual support with colleagues. The result has been burnout; the average practice lifespan of an FPA has been 5 years.

Participation in CME is an important way to decrease professional isolation and sustain interest and confidence. The need for formal voluntary CME programs for FPAs

across Canada is critical. Without active intervention to reduce professional isolation and to sustain interest through continued learning opportunities, FPA's shortened practice lifespan and early burnout will continue.

In 1988, the Canadian Medical Association Invitational Meetings addressed many of these issues. The recommendations that came out of those meetings are as appropriate today as they were in 1988. Unfortunately, most of the recommendations were never implemented, in part because of the difficulties existing professional organizations face in representing and advocating effectively on behalf of rural FPAs.

The Canadian Anesthesiologists Society, the College of Family Physicians of Canada, and the Society of Rural Physicians of Canada are committed to working together to ensure implementation of solutions to the problems facing FPAs in Canada today. Each is prepared to encourage the participation and representation of FPAs within its own organization and is committed to developing a collaborative structure and process to address matters related to family practice anesthesia. ❖

This paper has been prepared by a Working Group of the Society of Rural Physicians of Canada in cooperation with the College of Family Physicians of Canada and the Canadian Anesthesiologists Society.

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