Rural FPs: an endangered species?

Francine Lemire MD CM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

By the time this is published, your College will have participated in an international meeting on generalism and rural practice. A considerable body of literature was reviewed and discussed by representatives of the CFPC and the Society of Rural Physicians of Canada (SRPC) to prepare for presentations by the Canadian delegation. These are some of my reflections arising from these exchanges.

Recruitment and retention of rural FPs is complex and multifactorial.[1] Rural origin and high-quality rural educational experiences throughout training have positive effects on recruitment and retention of rural physicians.[2,3] Memorial University, for example, focuses on preparing physicians for rural practice—48% of their family medicine (FM) graduates are in rural practice 10 years after residency. But it is clear that other factors also play important roles in rural recruitment and retention.[4,5] They include

- commitment of provincial governments and regional health authorities (eg, financial incentives, infrastructure);
- community involvement (eg, a warm welcome and accommodations for trainees during rural placements);
- faculty development and network support for community preceptors[6]; and
- a coordinated provincial approach that involves medical schools, medical associations, and other key players.[7]

***We need nuanced definitions of* rural *and* rural and remote.** All communities are unique and their needs and expectations vary greatly.[8] Further, a rural environment can easily become remote if, for example, an FP is 2 hours away from a secondary institution and is looking after a patient in obstructed labour, in February, in a snowstorm. An FP in such a setting might need additional skills beyond the core FM competencies acquired in residency. New FPs planning for such practice must be reassured that more experienced colleagues will support and mentor them. That said, not all rural settings are like this—it might be possible for most FPs to meet the needs of most patients in rural areas. We hope the longitudinal evaluation of the Triple C curriculum (surveys of residents at entry into and end of residency, and 3 to 5 years into practice) will help determine this more clearly.

Our profession has a responsibility to meet society's expectations.[9,10] I believe Canadians from all communities expect FPs to welcome men and women of any age; look after all presenting problems, alone or in collaboration with other providers; commit to caring for defined populations; practise in more than one setting; and contribute to superb follow-up. It should be possible, in 2013, for FPs to do this well and still attend to personal needs and obligations.

We must be more explicit in defining rural core and contextual competencies. In rural or remote practice, FPs are often expected to manage without the level of diagnostic or other backup available in cities. This can be a challenge. It is also a wonderful opportunity for FPs to exert their full scope—and it can be fun and fulfilling. Rural and remote practice also provides opportunities for FPs to develop additional competencies driven by community need. Enhanced skills can be acquired through continuing professional development; the CFPC is committed to facilitating specific educational experiences for FPs in practice in order for them to better meet rural community needs.

We look forward to working with the SRPC and others to continue to improve rural practice. Distributed medical education has come of age in the past 10 years.[11] The Triple C curriculum is placing us and our FM residency programs on good footing to address core rural FM competencies. The time has come to review, in collaboration with the SRPC, work done over the past decade, take stock of lessons learned, and establish or reaffirm rural contextual competencies that can be learned in small towns and rural environments. We are pleased that the SRPC is collaborating with us on this important project. We are committed to addressing identified opportunities for improvement, realizing that recruitment and retention efforts must also be attended to and sustained. We also look forward to working with specialty society colleagues in defining specific rural enhanced skills competencies. Some of this work is already well under way with GP and FP anesthesia, and we look forward to an upcoming initiative for GP surgery. Together we need to learn from successes and innovative approaches in order to address opportunities for improvement.

Cet article se trouve aussi en français à la **page 1243.**

References

1. Barer ML, Stoddard GL. *Improving access to needed medical services in rural and remote Canadian communities: recruitment and retention revisited*. Vancouver, BC: CHSPR; 1999.
2. Pong RW, Heng D. *The link between rural medical education and rural medical practice location: literature review and synthesis*. Sudbury, ON: Laurentian University; 2005.
3. Curran V. *Strengthening the medical workforce in rural Canada: the roles of rural/northern medical education*. St John's, NF: Memorial University; 2004.
4. Rourke J. Increasing the number of rural physicians. *CMAJ* 2008;178(3):322-5.
5. Lombard AC. *Retention of health professionals in rural Nova Scotia*. Halifax, NS: Dalhousie University; 2005.
6. Cook D. *Study of clinical teachers in Canadian faculties of medicine*. Ottawa, ON: AFMC; 2009.
7. *A framework for collaborative pan-Canadian health human resources planning*. Ottawa, ON: Health Canada; 2007.
8. *How healthy are rural Canadians? An assessment of their health status and health determinants*. Ottawa, ON: Public Health Agency of Canada; 2006.
9. Boelen C. Building a socially accountable health professions school: towards unity for health. *Educ Health* 2004;17(2):223-31.
10. *The future of medical education in Canada: a collective vision for MD education*. Ottawa, ON: AFMC; 2010.
11. Bates J, Frost H, Schrewe B, Jamieson J, Ellaway R. *Distributed education and distance learning in postgraduate medical education*. Ottawa, ON: AFMC; 2011.