



## The CFPC and the SRPC

### Making a difference for rural Canadians

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I live in an urban community in Saskatchewan, but as soon I drive out of the city I immediately feel connected to those who make their homes in rural and remote communities around the province. As Program Director for the University of Saskatchewan, I spend considerable time thinking about how to prepare the family physicians who will provide care for all of the citizens of my province. My time on the CFPC's National Executive Committee and now as President has reinforced how important the issue of access to health care is for Canadians and how the issue is particularly acute for people in rural and remote communities. Canadians in all communities deserve equitable access to high-quality health care.

Within many of the documents that discuss the Triple C Competency-based Curriculum,<sup>1-3</sup> there is a rich description of family physicians who practise at the top of their scope, providing care across the lifespan to all age groups over time, where the patients need that care. The introduction of Triple C has created an opportunity for new thinking among those involved in family medicine postgraduate education. Critical questions include the following: How will the CFPC ensure that the specific competencies identified for residency training will produce the physicians that Canadians need? How will the accreditation system support and ensure that training programs are able to provide residents with the experiences they need and that their graduates have the competencies required by society?

With these thoughts in mind, it was my pleasure to host, along with our Executive Director and Chief Executive Officer Dr Francine Lemire, an event for a group of leaders in rural medical education from the CFPC and the Society of Rural Physicians of Canada (SRPC). We had an opportunity to discuss our visions of the kind of care family physicians should be providing in Canada. We also shared our opinions on what has changed in family medicine training in Canada since the Working Group on Postgraduate Education for Rural Family Practice produced its report, *Vision and Recommendations for the New Millennium*,<sup>4</sup> in 1999. While not all of the recommendations in the report have been fulfilled, there has been progress and there are many places in Canada where we can find success.


Is there more to do? Yes. Is what we have done so far as good as it could be? No.

Enhancing residency training to produce comprehensive rural family physicians is one part of what is necessary

to improve access to health care for people living in rural and remote communities. However, even if family medicine programs train highly competent and skilled physicians, the other factors that encourage rural and remote practice must be addressed if we as a society truly want to move toward equitable health care access for all Canadians. The medical school graduates entering residency programs need to have had experiences that will encourage them to seek out rural practice. Residency graduates need to know that they will have experienced colleagues to support them as they make the transition to unsupervised practitioners. In addition, there must be opportunities for physicians in practice to obtain further training to supplement their knowledge and skills to meet the needs of their communities. There has been much written about strategies that can help,<sup>5</sup> and there have been some successful Canadian models, but both the CFPC and the SRPC have roles to play in engaging in change for those areas where we can and advocating for the other critical pieces.

Is there a willingness to do this work? Absolutely!

At the end of our meeting there was a clear commitment by our 2 organizations to continue to collaborate and to work toward a national strategy for how we can work together to create comprehensive family physicians who practise in rural and remote communities, along with their other generalist colleagues, and provide the health care that all Canadians deserve.

This month I will be traveling to Alberta for the SRPC's Rural and Remote Conference and I am looking forward to discussing further how our 2 organizations can truly make a difference for rural Canadians. Collaboration can only enrich us all. 

#### References

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4. Working Group on Postgraduate Education for Rural Family Practice. *Postgraduate education for rural family practice: vision and recommendations for the new millennium*. Mississauga, ON: College of Family Physicians of Canada; 1999. Available from: [www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Health\\_Professionals/Postgraduate%20Education%20for%20Rural%20Family%20Practice%20rev.pdf](http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/Postgraduate%20Education%20for%20Rural%20Family%20Practice%20rev.pdf). Accessed 2014 Feb 6.
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