

# Joys and challenges of rural family medicine

Paul Sawchuk MD MBA CCFP FCFP



It has been 19 years since I could consider myself a rural family doctor. I started my career in 1994 in Bella Bella, BC, the home of the Heiltsuk Nation. Serving that community for almost 6 years was a wonderful personal and professional experience.

Sometimes the rural doc's broad scope of practice can be daunting. Our small hospital had the only emergency department for many miles around, with small volumes of a range of presentations. For me, the best part of rural family medicine was knowing my patients and having my patients know me. We knew each other's contexts, families, and life situations. I knew my patients beyond their role of just "patient"; they were sons, daughters, parents, grandparents, teachers, or fishermen. I had a better sense of how their medical issues affected their lives but did not dominate their lives. It was a great lesson early in my career that my patients were much more than their diagnoses.

The personal and professional rewards and challenges of rural family medicine are well known, but we are still left with an inequitable distribution of resources: 18% of Canadians live in rural Canada but only 14% of family doctors practise in rural Canada.<sup>1</sup> To emphasize the inequity even more, less than 3% of non-family physician specialists work in rural Canada.<sup>2</sup> Rural and remote medicine is some of the most challenging work done in our health care system, but it is provided with the least system support and in a context of human resource constraints. Is there anything we can do to improve this situation?


I recently had the opportunity to discuss this issue with Dr Scott Kish, the 2018 Family Physician of the Year for Manitoba and the Unit Director for the University of Manitoba's Parklands Family Medicine Residency Program in Dauphin. The city of Dauphin has an enviable recruitment and retention situation; it can no longer accommodate all of the interested family medicine graduates in its area, and so these graduates are a source of supply for other rural communities. Kish indicated that an important ingredient for Parklands' recipe for success is being a training site for family medicine residents.

Physician supply is a crucial component for rural health care and it is complex. Just throwing money at the problem and increasing financial incentives is not as effective as one might think. The CFPC and the Society

of Rural Physicians of Canada have developed the Rural Road Map for Action, which articulates 20 actions to improve health care access and equity for rural communities in Canada.<sup>3</sup>

The success of the Parklands program highlights the seventh action as possibly the most promising: "strengthen the delivery of medical education in rural communities."<sup>3</sup> Developing medical education programs takes a long time, but thankfully there are several efforts under way across Canada in addition to the Parklands program (eg, Dalhousie University's Annapolis Valley program in Nova Scotia, Memorial University's NunaFam program in Nunavut, and the Northern Ontario School of Medicine's family medicine residency program, based in Sudbury and Thunder Bay). Based upon the 2016, 2017, and 2018 Family Medicine Longitudinal Survey results, approximately half of all exiting family medicine residents across Canada who participated in the survey reported that they were likely to provide care for rural populations in the first 3 years of practice.<sup>4-6</sup>

At a recent Rural Road Map Implementation Committee meeting, cochaired by Drs Ruth Wilson and James Rourke, Dr Wilson highlighted the 10th action: "Establish a Canadian rural medicine service to provide a skilled workforce of rural family physicians and generalist specialists ready and able to work across provincial and territorial jurisdictions, enabled by the creation of a special national locum licence designation."<sup>3</sup> Dr Wilson, who currently provides locum service in Yellowknife, NWT, believes such a service could be exciting, inspiring, and nurturing for early-, mid-, and late-career physicians. Given her experience, she is in a position to know.

Has the time come for Canada to develop its own national medical service to help support our rural and remote communities? Maybe. I hope so. 

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#### References

1. Bosco C, Oandasan I. *Review of family medicine within rural and remote Canada: education, practice, and policy*. Mississauga, ON: CFPC; 2016.
2. Pong RW, Pitblado JR. *Geographic distribution of physicians in Canada: beyond how many and where*. Ottawa, ON: Canadian Institute for Health Information; 2005.
3. *Advancing Rural Family Medicine: The Canadian Collaborative Taskforce. The rural road map for action—directions*. Mississauga, ON: CFPC, Society of Rural Physicians of Canada; 2017.
4. CFPC. *Family Medicine Longitudinal Survey: exit survey (T2) results. Aggregate data for participating FM programs*. Mississauga, ON: CFPC; 2016.
5. CFPC. *Family Medicine Longitudinal Survey: exit survey (T2) results. Aggregate data for participating FM programs*. Mississauga, ON: CFPC; 2017.
6. CFPC. *Family Medicine Longitudinal Survey: exit survey (T2) results. Aggregate data for participating FM programs*. Mississauga, ON: CFPC; 2018.

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