



**Society of Rural Physicians of Canada  
Soci t  de la m decine rurale du Canada**

## **PRESS RELEASE - OCTOBER 23rd 2006**

### **Rural Doctors Call for Better Rural Health**

ST JOHN'S NL /October 23rd, 2006/ - Today Society of Rural Physicians (SRPC) President, Dr. Michael Jong, spoke to the House of Commons Finance Committee on the need for a comprehensive strategy on rural health care access. Dr Jong said "Canadians living in rural and remote areas are the mainstay of our country's resource producing economy, and deserve adequate health care." He outlined a number of specific policies and actions on how Canada can do better to address rural Canada's needs for equitable access to health services.

Specific costed programs were presented to the committee to show how the federal government can increase the number of students from rural Canada in medical school. Most of them will choose rural medical practice while only one in twenty urban based students do so. Further programs are needed for those entering rural medicine who need special training in surgery, maternity care, anaesthesia, endoscopy, cardiac care, geriatric care, Foetal Alcohol Spectrum Disorder, aboriginal health and others areas.

Dr Jong feels that the committee showed interest in the proposals. He said "This is an opportunity for the federal government to make strategic investments in the health of Canadians."

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**Backgrounder**

## *Federal Solutions for Rural Healthcare*

For the full presentation of the SRPC to the finance committee see "Federal Solutions for Rural Healthcare" at [http://www.srpc.ca/librarydocs/Fed\\_Oct\\_2006.pdf](http://www.srpc.ca/librarydocs/Fed_Oct_2006.pdf)

### *Highlighted Solutions in the Report*

Rural Access Scholarships will increase the number of rural and remote residents' access to medical education. Currently, only 8% of medical students come from rural communities and ½ of them will choose rural practice while only one in twenty urban based students do so. The initiative would award scholarships (unbonded) for rural students to study medicine based on need.

Rural Access Development Program will increase the number of rural and remote residents in medical school to equitable numbers. These students are the most likely to return to rural settings. This investment in research would have universities with medical schools (17 across the country) to study mechanisms to increase rural representation to equitable levels and to provide performance grants to help them meet set goals.

Rural Medicine Skill Enhancement Program to increase rural medicine procedural and other skills training in current medical school training programs and to allow for existing rural doctor to upgrade their skills and competencies. Opportunities for medical schools and communities to partner by providing post graduate training upgrades in surgery, anaesthesia, endoscopy, cardiac care, geriatric care, Foetal Alcohol Spectrum Disorder, aboriginal health and others areas.

National Rural Medical Round Table bringing together Canada's licensing, teaching, accrediting and professional medical associations identify collaborative strategies to improve rural health and health care. This would include inter-provincial licensing and workforce mobility; flexibility and general in training; rural relevant standards and clinical guidelines; recruitment and retention facilitation; and other approaches not open to provinces.

Extension of Medical School to Rural Communities to provide longitudinal training of medical students in rural communities during their whole clinical training period. This would lead to higher retention of medical graduates in rural communities. The Society of Rural Physicians of Canada would be tasked to contract with medical schools to each develop teaching faculty lead by a Chair of Rural Medical Education.

Enhance training of residents in rural residency programs to ensure rural physicians are highly and broadly skilled for practices generally carried out in relative isolation. An additional training of 6 months to 2 years during residency to acquire those skill sets will increase the capacity of rural physicians to provide a broader range of services. This will allow rural and remote communities to have greater access to an increased variety of medical services and less need to travel long distances for specific medical services. The Society of Rural Physicians of Canada would be tasked to contract with medical schools to provide the additional residency training for skill sets relevant to rural practice.

Strengthen rural health research to support evidence based decisions for the delivery of health care in rural and isolated communities. This will be directed by a chair of rural health research supported by a research assistant in each of the 17 medical schools.. This will help facilitate grass root community based research programs involving practicing rural health providers.

### *About the Society of Rural Physicians of Canada*

The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. Founded in 1992, the SRPC's mission is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities.

On behalf of its members and the Canadian public, SRPC performs a wide variety of functions, such as developing and advocating health delivery mechanisms, supporting rural doctors and communities in crisis, promoting and delivering rural medical education, encouraging and facilitating research into rural health issues, and fostering communication among rural physicians and other groups with an interest in rural health care.

The SRPC is a voluntary professional organization representing two thousand of Canada's rural physicians and comprising 5 regional divisions spanning the country reference <http://www.srpc.ca>