



President's message. Solutions and milestones

Michael Jong, MD,
MRCPC(UK), CCFP,
FCFP

Happy Valley–Goose Bay,
Newfoundland and Labrador

Correspondence to:
Dr. Michael Jong,
Box 205, Station B,
Happy Valley–Goose Bay
NL A0P 1E0

Society of Rural Physicians of Canada

Société de la médecine rurale du Canada

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FCFP
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Newfoundland and Labrador

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LEE TEPERMAN
SRPC Office, Shawville, Que.

SRPC / SMRC

Box 893
Shawville QC J0X 2Y0
819 647-7054, 877 276-1949
fax 819 647-2485
admin@srpc.ca

www.srpc.ca

The *Canadian Journal of Rural Medicine* has been a great success thanks to the nurturing and dedication of Suzanne Kingsmill as the Managing Editor and Dr. John Wootton as the Scientific Editor. Believe it or not *CJRM* celebrated its 10th birthday on June 1st 2006. This “child” has been brought up well. It is a child prodigy, being the only Canadian journal on rural medicine, and has earned its rightful place in *Index Medicus*.

The other literary achievement to be celebrated is the publication of the *Manual of Rural Practice*. This project began 4 years ago, and contributions came from experienced rural physicians from all over Canada. Many of the articles are newly revised versions of the popular Occasional pieces that first appeared in *CJRM*. The Editor-in-Chief, Dr. Peter Hutten-Czapski, in conjunction with his two coeditors, Drs. George Magee and John Wootton, did a tremendous job in pulling this together with the support of our Administrative Officer, Lee Teperman and Office Staff, cum graphic artist, Anna Kate Ledbetter. As of late December the SRPC had sold 1250 copies. We have also received enquiries on publication rights overseas.

The popularity of the *Manual of Rural Practice* and the *Canadian Journal of Rural Medicine* and the increasingly high attendance at our Rural and Remote conferences tells me that we need to do more to support the learning needs of rural physicians in their practice and to provide better opportunities for the training of medical students and residents of all specialties in rural medicine in rural and remote settings. To this end we have developed and have proposed Federal Solutions for rural health care to the Federal Minister of Health, Tony

Clement, the House of Commons Finance Committee and the House of Commons Committee on Human Resource, Social Development and the Status of Persons with Disabilities. The solutions we proposed are:

- rural access scholarships to enhance rural medical student recruitment;
- rural access development grants to permit medical schools to increase rural representation to equitable levels with performance grants to help them meet set goals;
- enhanced training of residents in rural residency programs to ensure rural physicians are highly and broadly skilled and ready for practices generally carried out in relative isolation;
- a Rural Medicine Skill Enhancement Program to increase rural medicine skills training in current medical school training programs and allow existing rural doctors to upgrade their skills and competencies;
- extension of medical school to rural communities to provide longitudinal training of medical students in rural communities;
- rural health research to support evidence-based decisions for the delivery of health care in rural and isolated communities; and
- a National Rural Medical Round Table to bring together Canada's licensing, teaching, accrediting and professional medical associations to identify collaborative strategies to improve rural health and health care.

In all likelihood, there will be a federal election in the Spring of 2007, and we need your help in lobbying your MPs to address rural health care needs.