



Who will provide secondary care in rural Canada?

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Is the glass half full or half empty? Is night falling or day fading? It's all a question of perspective, and it matters. Rural physicians have often resisted the artificial division of care into primary, secondary and tertiary levels, and its implication that it is the patient who must navigate between these levels of care. In rural Canada this is often not the case, and it is the physician's practice that fluctuates between primary and secondary (and even tertiary) levels of care.

We usually describe the physicians who work this way as primary-care physicians with additional skills, but this description is not the only possible one. If we ask who should provide secondary care to rural patients, we might be led to the conclusion that for rural populations it should be physicians specifically trained in appropriate secondary care who should also have the skills and attitudes to provide primary care. It's a matter of perspective, but the difference is not trivial.

In the current educational context, physicians who wish to acquire skills that allow them to provide secondary care (anaesthesia, surgery, obstetrics, etc.) must exit the mother ship of primary care to do so. It is an "extra," something not part of the "main job." The "main job" is the primary care component and it is therefore also the main preoccupation and mandate of educators. They are responding to the challenge (which has by no means been accomplished) of providing every Canadian with a primary care physician.

Given the degree of additional effort,

commitment and expense that acquiring these skills entails, many physicians give up. Those who persevere are given appropriate recognition, but it is their personal initiative that is being praised, not the program that trained them.

What if the question was made explicit, and educators were mandated to look at secondary care for rural communities, not as an add on, but as the "main job"? How would programs change? What could we call such a hybrid?

Hospitalists are close, but in their current form they are more useful in larger centres and, in any case, they lack the primary care features of our guy; it is similar for ER-dedicated physicians. Without the breadth of our "generalists," the number of physicians required to serve a population is dramatically increased.

This current runs through a recent Canadian Medical Association survey in which physicians were asked to comment on who should provide specialty services in Canada. Clearly, the answer for rural Canada, in most cases, cannot be "specialists," whose required catchment areas and increasing subspecialization dictate practice in metropolitan areas.

That leaves our "generalists" with specialist training and a community mandate—graduates from a program dedicated to teaching them what they need to know, in the context of the resources that are (or should) be available to them in rural Canada. Now we just need to know what to call them, and what college should accredit their training!