



President's message: old guard, new blood

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At the recent (and very successful) annual SRPC conference in Collingwood, Ont., I was struck by several things. First among them was the plethora of familiar faces; second, the plethora of unfamiliar ones. Both these experiences were positive, but in different ways and for different reasons.

The presence of the old familiar faces spoke to the strength of the bond that holds SRPC members together. There were many there who were present at the early conferences in Montréal, Que., and we were even treated to a history lesson that brought to life the truly grassroots origins of our organization. This history is important and deserves to be captured, distilled and preserved to inform our future directions.

Most responsible for the sea of faces that I did not immediately recognize were the students and residents who were present in great numbers, both at the workshops and the social events. Their presence is a challenge and an opportunity. Without having a rigorous survey on which to base my impressions, it seemed eminently clear that these students “get it.” By this I mean that the model of the competent, full-service, community-oriented, rural physician that the SRPC promotes and supports is one that is understood and aspired to by these future physicians. The hope that rural medicine in Canada could become “something that someone would want to do” seems realized. The fact that so many students from diverse backgrounds and schools were present to attest to this fact makes me

confident that the SRPC's message has been heard and absorbed.

The challenge, however, is in no way diminished by these facts. Many factors conspire to undermine this excellent foundation, not the least of which is the lack of a consistent, coordinated approach to turning this excellent beginning into the career choices that must follow to respond to the social responsibility to serve rural Canada. How to address the needs of rural Canada is a challenging question on many levels, whose details have been the subject of other essays in this space, but whose solution lies at least in part in the hands of those who must take up the challenges of rural practice. These students and residents who were present in Collingwood, and who will hopefully be present next year in at least as great numbers in Whistler, BC, must be challenged to forge a style of rural practice that addresses their needs as well as those of the communities that they must serve.

How this approach will be different from what the founders of the SRPC imagined is not yet clear, but different it must be. What will be the same, however, is the sense of adventure that rural practice affords, its sense of commitment and a humble acknowledgement of the great rewards that it provides. The SRPC will evolve, as it must, and it is my hope that it will do so with the active participation of new physicians who share its values. This conversation will continue in many places, will mature and will emerge re-energized. It must. It is that important.

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