

Specialist physicians for rural and remote populations in Canada

Submitted on behalf of the Specialist Steering Committee representing the Specialist Section of the Society of Rural Physicians of Canada. Current committee members:

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The Specialist Section of the Society of Rural Physicians of Canada was formed in 2008. Following the formation of the section, the Specialist Steering Committee was established to work on the section's issues of interest. The policy statement presented here is a result of a combination of individual and group consultations, as well as input from individual specialists working in rural areas. The information gathered since the formation of the steering committee was used to develop this policy. The policy statement has now been accepted and adopted by the SRPC Council and is presented below.

BACKGROUND

- A substantial proportion of Canada's population lives outside of large urban centres.
- The Canadian Association of Paediatric Health Centres has documented that 65% of hospital admissions of Canadian children occur in regional and community facilities (nontertiary centres).¹
- The equivalent proportion of adult patients is likely larger.
- No national standards exist regarding the education or support of specialist physicians who work outside of university centres or large tertiary care or urban centres.
- The education of specialist physicians largely occurs in large urban centres; trainees are therefore excessively influenced by urban professionals and subspecialist practice.
- The development of a sufficient and sustainable workforce of specialist

physicians for Canada's more rural populations requires planning, commitment and cooperation among communities, governments and educators.²

- Medical schools should be accountable to the regions they serve and are funded by with respect to the mix of medical graduates produced.²
- Governments and territories should regularly monitor the physician requirements of their populations and work with universities to ensure an adequate mix and supply.

There is a need to develop policy and recommendations in 3 areas: education of specialist physicians, support of practising specialist physicians and government policy regarding specialist services.

EDUCATION OF SPECIALIST PHYSICIANS

- Identify basic specialty services required in community and regional health centres, for example, general surgery, internal medicine, pediatrics, and obstetrics and gynecology. (Responsible organizations: federal government, Royal College of Physicians and Surgeons of Canada.)
- Develop appropriate curricula, and mandate compulsory nonurban rotations with specific requirements for all trainees. Monitor compliance with same. (Responsible organization: Royal College of Physicians and Surgeons of Canada.)
- All specialty trainees need to be provided with exposure to and specific education in care for First Nations populations. (Responsible

organizations: medical schools, Royal College of Physicians and Surgeons of Canada.)

- Consider undergraduate medical school policies that may attract rural students, for example, outreach to schools; admission policies; financial incentives, grants or scholarships; and compulsory rotations and exposure to rural health care and medical practice.² (Responsible organizations: medical schools.)

SUPPORT OF PRACTISING SPECIALIST PHYSICIANS

- Integrate all rural/regional specialists with their respective medical school departments in terms of, for example, health care, education of students, health policy decisions, health advocacy. (Responsible organizations: medical schools.)
- Make all educational opportunities in medical school departments available to rural practitioners using modern communication technology. (Responsible organizations: medical schools.)
- Clinical traineeships: portable educational licensing at minimal cost, across the country. Funding opportunities for same. (Responsible organizations: licensing authorities such as the Federation of Medical Regulatory Authorities of Canada; Royal College of Physicians and Surgeons of Canada, governments, health districts.)
- Opportunity: “clearing house” for training opportunities. (Responsible organization: Royal College of Physicians and Surgeons of Canada.)
- Locum physicians — national “clearing house” (national organization that will maintain a physician pool). (Responsible organization: Royal College of Physicians and Surgeons of Canada.)
- Financial and other incentives to assist in recruiting and retaining specialist physicians in rural areas, for example, access to education opportunity

and grants, retention fees, tax breaks. (Responsible organizations: Royal College of Physicians and Surgeons of Canada, governments, health districts.)

- Recognize the contributions of rural specialists with special awards. (Responsible organizations: Royal College of Physicians and Surgeons of Canada, provincial physicians’ organizations, universities.)

GOVERNMENT POLICY REGARDING SPECIALIST SERVICES

- National standards for the needs of rural populations should be defined in terms of specialist medical services. Identify required specialties and supports.
- Policy regarding accountability of medical schools in terms of, for example, educational expectations, and numbers and mix of specialist physicians produced.
- Policy regarding raiding other countries of their physicians. See “The Melbourne Manifesto: A code of practice for the international recruitment of health care professionals.”⁵

Competing interests: None declared.

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