President’s message. Enhanced surgical services

Is the Canadian medical system providing excellent obstetric care for rural Canadians? Increasing numbers of women must travel significant distances from home to await delivery. The financial and social costs and increased health risks to these women and babies have been recognized. Although low-risk obstetrics without surgical backup is safe in rural communities, declining numbers of physicians and hospitals are comfortable practising this way. We need to provide obstetric services, including operative deliveries, to women as close to home as practical.

The number of rural communities providing surgical services, including cesarean deliveries, has also been declining. Physicians providing surgical services have a variety of skills and training. Some are truly general surgeons who provide obstetric services. Some larger communities have an obstetrician–gynecologist supported by general surgeons and general practitioner surgeons (i.e., family physicians with enhanced surgical skills [FPESS]). In smaller rural communities that provide surgical services, at least in western Canada, these services are usually provided by FPESS. The training of these physicians is variable. Some are international medical graduates trained abroad; some are family doctors who have had extra training in performing cesarean deliveries or more extensive surgical training.

Along with meeting the needs of obstetric practice, these physicians increase the capacity of rural communities to recruit and retain family physicians, general practice anesthetists and other health care providers. They maintain a high level of medical competence in the community, particularly in regard to serious illness and emergency services, and increase capacity for rural education and research. Unfortunately, training programs for these skills are limited.

At the 2012 SRPC conference in Whistler, BC, a group of interested people met to consider how to improve FPESS training. From this collaboration has grown the College of Family Physicians of Canada (CFPC) Community of Practice designation; a national curriculum for FPESS; credentialing work; and a joint position paper on rural surgery and operative delivery, to be presented at this year’s SRPC conference in Montréal, Que.

There will always be places too small or too remote to have surgical services. However, with recognition from the CFPC, an established curriculum and a rigorous quality-improvement program should come more FPESS training and more FPESS providing high-quality care. This will allow more rural Canadians to receive obstetric and surgical care closer to home.

REFERENCE