The Second World Summit on Rural Generalist Medicine is a follow-up to the first summit held in Cairns, Australia in 2013 and aims to strengthen healthcare systems in rural communities by promoting the practice of rural generalist medicine.

Aims of the Summit

Communities living in rural, remote and isolated areas have a just claim to effective, safe and affordable healthcare. This requires a strong ‘generalist’ approach to health services. In particular, rural communities typically need the services of skilled doctors who can provide a broad scope of clinical care in the rural context, working with other members of the health care team.

Rural Generalist Medicine: Serving Communities

It is important to note that services to the community are the focus of this definition, not the health professionals. Not all doctors who work in rural communities provide such a broad scope of clinical services and nor do they need to, and not all those who do so, work in rural locations. Rural Generalist Medicine offers an important contribution to meeting some of these challenges.

The First World Summit on Rural Generalist Medicine was held in Cairns, Australia, from October 30 to November 2 2013. It was attended by two hundred delegates from 19 countries and hosted by the Australian College of Rural and Remote Medicine and the Rural Doctors Association of Australia. The Cairns Consensus Statement on Rural Generalist Medicine records the outcomes of the Summit as finalised by an expert International Steering Group and has been endorsed by many organisations and individuals from around the world. The statement creates common principles which may be used and adapted by each country that participates as a signatory, recognizing the respective certifying, accrediting, and credentialling realities of each country.

To meet the healthcare needs of rural communities by strengthening Rural Generalist Medicine, the Cairns Consensus Statement on Rural Generalist Medicine identified three key areas for international action, these being:

1. Recognition of Rural Generalist Medicine within healthcare systems as a distinct scope of medical practice that is essential for effective rural healthcare, and that has always been a part of rural healthcare.
2. Development of training pathways to produce and support doctors who are willing and able to provide the full scope of Rural Generalist Medicine in rural communities.
3. Development of a strategic research agenda to advance Rural Generalist.

Focus of the Second World Summit on Rural Generalist Medicine

The intent of the Second World Summit on Rural Generalist Medicine in Montreal is to build on the foundation work undertaken in Cairns. The focus for the Second World Summit will be on investigating and initiating ‘next-steps’ that will increase international, national and local commitment and momentum around Rural Generalist Medicine so as to meet the priority healthcare needs of rural communities. The Summit will flesh out the key action areas for advancing Rural Generalist Medicine: recognition, training pathways and the strategic research agenda.

Conference Objectives

By the conclusion of the 2015 Summit, participants will be able to:

1. Identify the importance and applicability of Rural Generalist Medicine in fostering health system reform to address the health of rural citizens throughout the world.
2. Apply the knowledge gained in how Rural Generalist Medicine and the contents of the Cairns Consensus are relevant to a range of contexts from low resource to high resource nations and regions, and identify how this process can be applied to reduce the unacceptable disparity between the health status of urban and rural populations throughout the world.
3. Integrate the evidence of relevant research pertaining to rurality in supporting and extending Rural Generalist Medicine.
4. Differentiate approaches for determining communities’ medical needs integrated with the concept of “rural proofing” policies, programs, and services in and for rural communities from the perspectives of medical education and care.
5. Investigate asset based community development tools that build on strengths and assess needs but with a very different lens than traditional needs assessments.
6. Design and apply a framework that highlights the intent and future goals of Rural Generalist Medicine.
Online Registration at www.ruralgeneralismsummit.net

Personal Details

Name:
- Dr.
- Mr.
- Ms.
- Mrs.
- Physician
- Resident
- Student
- RN
- NP
- PA
- EMT
- Midwife
- Other:________________

Address:
- Town:
- Province:
- Postal Code:
- Country:
- E-mail:
- Tel:
- Fax:
- Mobile/Home:

2nd World Summit Registration Fees

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<th>Category</th>
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<tr>
<td>Member**</td>
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<tr>
<td>Non-Member</td>
<td>$850</td>
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<tr>
<td>Resident / Retired / Non-MD **</td>
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<tr>
<td>Student**</td>
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** SRPC, ACRRM or CFPC membership required for reduced Summit rates. For combined Summit and R & R 2015 registration at reduced rates, please visit www.srpc.ca/rr2015

CANCELLATION POLICY: NOTIFICATION MUST BE RECEIVED 2 WEEKS PRIOR TO THE EVENT TO QUALIFY FOR REFUND LESS $100 ADMINISTRATION FEE.

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Rural WONCA

The Rural WONCA meeting in Dubrovnik will follow closely after the Montreal summit. Delegates may wish to attend both to maintain momentum in advancing Rural Generalist Medicine. The 23rd annual Rural and Remote conference of the Society of Rural Physicians of Canada will be occurring April 9-11, 2015 in the same venue. Delegates may also wish to participate in the rich educational and social offerings of this conference.

We hope to go beyond just words in support of Rural Generalist Medicine and come away with concrete actions to be taken home to our communities and countries.

Wednesday April 8th AM
Beyond Cairns

- Welcome And Overview Of Goals Of Summit
- Generalism In Canada
- Cairns And Beyond
- Producing Rural Generalists
- Successes In Low Resource Countries
- Better Health For The Bush
- Regional Reports
- Enhanced Surgical Skills Report

Wednesday April 8th PM
Community Needs – Working Together

- Asset Based Community Development
- Rural Proofing
- Training Generalists By Foreign Exchanges And Capacity Building
- Role Of Generalism In Canadian Armed Forces
- The View From Here – Cross Canada Round Up
- Work Group Sessions
- More On Asset Based Community Development
- More On Rural Proofing
- More On ‘Island’ Training
- The View From Up Here
- Certificate Of Added Competence And Rural Generalism

Thursday April 9th AM
Training The Present and Future Generalist

- Rural Teams To Meet Community Needs
- Collaborative Leadership
- The Rural Physician Team
- Building Medical Schools In Low Resource Countries
- Generalism Training For Specialists
- Building On Family Medicine Programs
- Rural Pipelines
- The Future Generalist
- Work Group Sessions
- More On Defining Generalism
- More On Teams
- More How Does Undergraduate Medical Education Need To Change
- MOC / CPD For The Rural Generalist

Thursday April 9th PM
Research In Support of Generalism

- Ten Questions That Matter To Advocating For Generalism
- Evidence For Enhanced Surgical Services Provided By Generalists
- Evidence For And Against Credentialling
- Status Of Health Care Health System Change - Time For Generalism
- Poster Session – Oral Presentations

RURALGENERALISMSUMMIT.NET
**Welcome And Overview Of Goals Of Summit – Dr. Braam de Klerk Society of Rural Physicians of Canada**

**Generalism In Canada – To be confirmed**
The value of generalism to Canadian Medicine

**Cairns And Beyond – Dr. Richard Murray Australian College of Rural and Remote Medicine**
Been There, Doing This

**Producing Rural Generalists – Rural Task Force Members**
Report from Joint Task Force

**Successes In Low Resource Countries – To be confirmed**
Report on successful strategies used in low resource settings

**Better Health For the Bush – Dr. Bruce Chater University of Queensland**
Report from Queensland Australia

**Enhanced Surgical Skills – Dr. Stuart Iglesias Denny Island BC**

**Regional Reports – Take-Aways from around the world**

<table>
<thead>
<tr>
<th>South America</th>
<th>United States</th>
<th>Europe</th>
<th>Africa</th>
<th>New Zealand</th>
<th>Asia Pacific</th>
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</thead>
<tbody>
<tr>
<td>To be confirmed</td>
<td>Dr. Robert Wergin</td>
<td>Dr. John Wynn-Jones</td>
<td>Dr. Hoffie Conradie</td>
<td>Dr. Kati Blattne &amp; Dr. James Reid</td>
<td>Dr. Wanicha Chuenkongkaew</td>
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## Moving Forward Together – Day 1 – Wednesday April 8th Afternoon – Meeting Community Needs-Working Together

<table>
<thead>
<tr>
<th>Event</th>
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| **Asset Based Community Development** – Dr. Jill Konkin and Dr. Bob Woollard  
New Tools And Methods For Assessing Community Needs and Community Engagement |
| **Rural Proofing** – Dr. John Wynn-Jones Institute of Rural Health UK  
The IRH was commissioned by the Department for Environment, Food and Rural Affairs (Defra) to develop a new Rural Proofing for Health Toolkit to provide a source of information and good practice about the issues surrounding health service delivery in rural areas. |
| **Training Generalists By Foreign Exchanges And Capacity Building** – To be confirmed  
Value of the international movement/exchange of trainees and the reciprocal benefits to both high and low resource situations. |
| **Generalism in The Canadian Armed Forces** – To be confirmed |
| **The View From Here: Canada Round Up** – Dr. Darlene Kitty, Dr. John Soles and Dr. Sandy MacDonald  
Regional Reports / Case based examples of Generalism Functioning or Failing, Indigenous Health, Credentialling in BC, Circumpolar Perspective |

### Concurrent Breakout / Working Sessions

| More on Asset Based Community Development  
Dr. Jill Konkin & Dr. Robert Woollard |
| More on Rural Proofing  
Dr. John Wynn-Jones & Dr. Bruse Chater |
| More on ‘Island’ Training  
Kiki Maote & Lachlan McIver |
| Certificate Of Added Competence And Rural Generalism  
CFPC & ACRRM |

### Tomorrow’s News Today – Wrap up and announcements – Dr. Braam de Klerk
# Training The Present and Future Generalist – Day 2 – Thursday April 9th

**Morning – Rural Teams To Meet Community Needs**

<table>
<thead>
<tr>
<th>Announcements and Day’s Objectives – Dr. Braam de Klerk</th>
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<tbody>
<tr>
<td>Collaborative Leadership – Dr. Lucie Walters Australian College of Rural and Remote Medicine</td>
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<td>Message from the ACRRM president</td>
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<tr>
<td>The Rural Physician Team – Dr. Keith MacLellan Shawville Quebec</td>
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<td>Defining what an effective and generally applicable rural health care team is.</td>
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</tbody>
</table>

**Building Medical Schools In Low Resource Countries – Dr. Fortunado Cristobal Ateneo de Zamboanga University**

**Generalism Training For Specialists – The Royal College of Physicians and Surgeons of Canada**

**Building On Family Medicine Programs – Dr. Roger Strasser Northern Ontario School of Medicine**

**Rural Pipelines – Dr. James Rourke Memorial University Newfoundland**

**The Future Generalist – To be confirmed**

The Student and Resident Perspective

<table>
<thead>
<tr>
<th>Concurrent Breakout / Working Sessions</th>
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<tr>
<td>More on Defining Generalism – Dr. Jill Konkin &amp; Dr. James Rourke</td>
</tr>
<tr>
<td>More on Teams – Dr. Keith MacLellan &amp; ACRRM</td>
</tr>
<tr>
<td>More on How does undergraduate medical education need to change? – Dr. Karl Stobbe and ACRRM</td>
</tr>
<tr>
<td>MOC / CPD for the Rural Generalist – CFPC &amp; ACRRM</td>
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</tbody>
</table>
### Ten Questions that matter to advocating for Generalism – *Dr. Stefan Grzybowski Rural Health Research Network of BC*

Applied Policy Review – Objective: Generate Rural Research Questions

### Evidence For Enhanced Surgical Services Provided by Generalists – *Dr. Jude Kornelsen and To be confirmed*

Panel of individuals speaking to the evidence supporting rural small surgical services including procedural scope, safety, GP-Anaesthetists’ role in the community

### Evidence For And Against Privileging – *Panel Discussion: Dr. Richard Murray, Stuart Iglesias and To be confirmed*

Evidence related to the importance of generalist care in the form of individuals who have done literature syntheses, such as Barbara Starfield, supporting a broader discussion of generalism and the evidence supports it.

### Status Of Health Care Health System Change - Time For Generalism – *Dr. Michael Jong*

Principles to Guide Health Care Transformation

### Poster Presentations – Concurrent Oral Presentations

### Closing Session / Next Steps / Dubrovnik and Beyond – *Dr. Richard Murray and Dr. Braam de Klerk*

### Reception with R & R participants and presentation by Dr. Roberta Bondar