RURAL GENERALISM IN CANADA

STAYING FLEXIBLE AND STAYING TOGETHER

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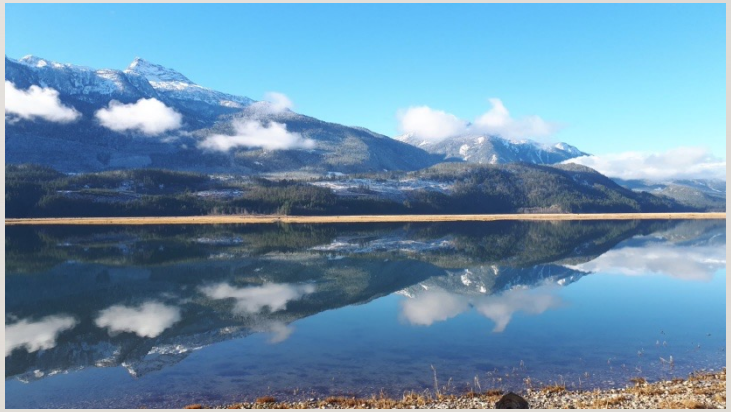
WHERE WE WERE

- After the significant closure in Western Canada of rural operating rooms and therefore maternity programs in the 80s and 90s, most towns were left with ER, Inpatient and Clinic.
- Thus, for many years, if you worked rurally, you were expected to work in ER, Inpatient and Clinic and share the burden of each with your colleagues.
- However, as the generations passed, many new grads sought to have practices that fit their strengths, which meant possibly not providing all of the above services.

MORE RECENTLY

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

- There has been a resurgent interest in enhanced skills for general practitioners in rural sites.
- Many interest groups have sought to formalize the training, credentialling and privileging and ongoing CQI for areas of added competency in Family Mecidine across Canada.



CACS (CERTIFICATE OF ADDED COMPETENCY)

- "The Residency Training Profile clarifies that a principle aim of enhanced skills residency training leading to Certificates of Added Competence (CACs) is to enable advanced practice and health systems leadership. CAC holders are local and systems-level care champions, functioning as resources to their colleagues and communities. They support continuity and extend the role of the comprehensive family physician by providing backup and consultation to colleagues treating patients with challenging conditions, ideally integrated in a Patient 's Medical Home practice environment. "

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TM/MC

SPECIFIC AREAS

https://www.cfpc.ca/en/education-professional-development/examinations-and-certification/certificates-of-added-competence-in-family-medicin

CAC credential	Designation
Addiction Medicine	CCFP (AM) / MCFP (AM)
Care of the Elderly	CCFP (COE) / MCFP (COE)
Emergency Medicine	CCFP (EM) / MCFP (EM)
Enhanced Surgical Skills	CCFP (ESS) / MCFP (ESS)
Family Practice Anesthesia	CCFP (FPA) / MCFP (FPA)
Obstetrical Surgical Skills	CCFP (OSS) / MCFP (OSS)
Palliative Care	CCFP (PC) / MCFP (PC)
Sport and Exercise Medicine	CCFP (SEM) / MCFP (SEM)

EVERYONE ALWAYS ASKS…

SOCIETY OF Rural Physicians OF CANADA

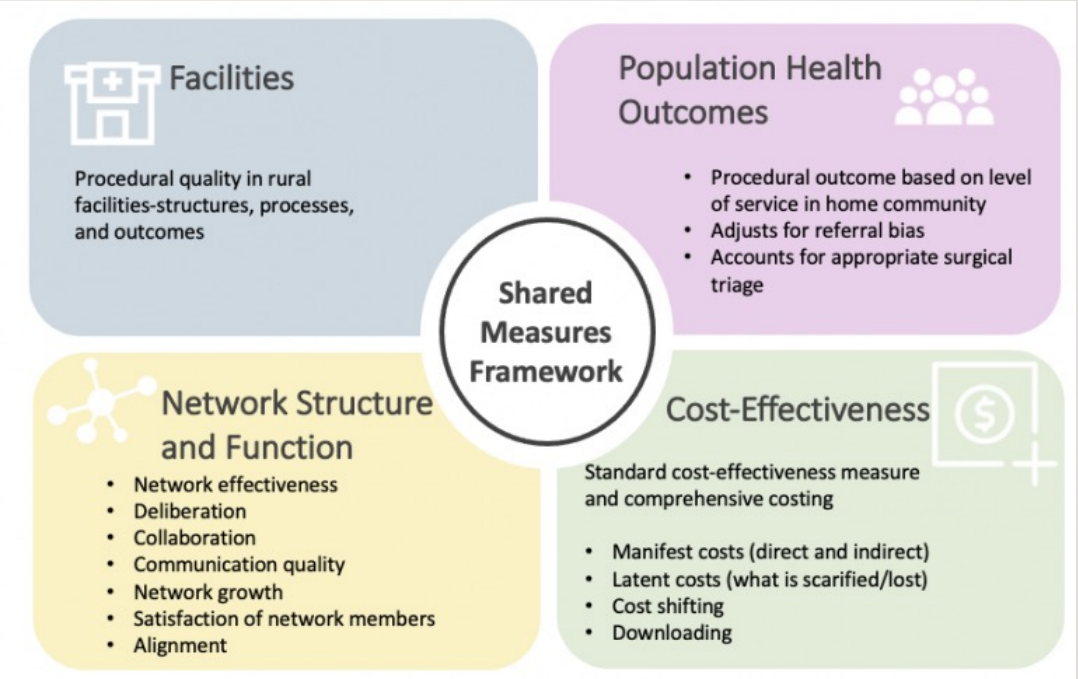
- Can it be safe if it is low volume?
- Answer many times over is yes:
  - https://srpc.ca/literature
    - The outcomes of rural perinatal services in BC: a population- based study (2013)
    - Colonoscopy procedures at a small rural hospital (2004)
    - Appendectomies in rural hospitals: Safe whether performed by specialist or GP surgeons (2003)
    - Colonoscopy by a family physician: A case series of 751 procedures (1997)
    - Colonoscopy experience at a family practice residency: A comparison to gastroenterology and general surgery services (1997)
    - Colonoscopy by a family physician: A nine year experience of 1048 procedures (1996)
    - Outcomes of Cesarean sections performed by family physicians and training they received: A 15 year retrospective study (1995)
    - Evolving colonoscopy skills in a rural family practice: the first 293 cases (1993)
    - Esophagogastroduodenoscopy by family physicians: A national multisite study of 717 procedures (1990)

HOT OFF THE PRESS (RSON EVALUATION)

- Soon to be published:
  - Rural Surgical and Obstetrical Facility Level Outcomes for index procedures: A Retrospective Cohort Study (2016-2021). Kornelsen, et al.
- "…we find that the adjusted odds of colonoscopy complications at RSON facilities are 0.48 times that of referral facilities, i.e. 52% lower."
- "…we find that the odds of appendectomy complication at RSON facilities are 0.35 times that of referral facilities, i.e. 65% lower."
- "…we find that the odds of hernia repair complication at RSON facilities are 0.44 times that of Referral facilities, i.e. 56% lower."
- "…we find that the odds of c-section complication at RSON facilities are 0.85 times that of Referral facilities, i.e. 15% lower."
- "Tests of non-inferiority for both the models (including and excluding Comorbidity level as a confounder) showed that orthopedic complications at RSON facilities were 'as good' as those of referral facilities."

HOW ARE WE ORGANIZED NOW?

- https://crhr.med.ubc.ca/current-projects/rural-surgical-obstetrical-networks-evaluation/
- More and more, we are working toward integrated networks in a hub and spoke model with mentoring/coaching between GP's with enhanced skills and their counterparts in major centers and continuing CQI work as both individual practitioners and the teams within which we work.



SO WHAT DOES IT MEAN?

- In rural places in Canada, we will see more generalist physicians carving out a niche for themselves but doing so within their generalist groups. In essence, the team still covers all services, but the individual physicians can play to their strengths.
- For example, Revelstoke BC (pop. ~10000).
  - 8x GP & ER & Inpatient
  - 2x GP & Inpatient
  - 3x GP & ER & Inpatient & ESS & Obstetrics
  - 1x GP & ER & Inpatient & OSS & Anasthesia
  - 1x GP Anasthesia & Pain medicine
  - 1x GP & Anasthesia
  - 1x GP & Anasthesia & ER & Inpatient
  - 1x GP & Inpatient & Obstetrics
  - 1x GP & Inpatient & Seniors Medicine
  - 1x Registered Midwife