Replace me... please?

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The venerable generalist rural doctor is asking again to be replaced... please hurry up.

Telemedicine was going to do that. Robots and video from afar. That never really panned out. It certainly has helped and was very useful at the height of the pandemic, but no one is replacing me with a robot. Perhaps, it is the chip shortage.

Nurse practitioners were also going to replace us. In the end, few and far between and mostly in the cities. Certainly a help. Mind you quite small practices, and breadth of practice not enough to share call with.

Then, we heard about the electronic medical record. They said it would make the office so much more efficient that we could zip through the day. Yeah, about that. Certainly, it has made us more organised, and my typing skills have improved immensely. However, at the end of the day, I am seeing fewer people, not more. Perhaps, I missed something in the manual on page 147.

Then, the hope was that allied health providers and teams would make us redundant. Do not get me wrong; having more nurses, counsellors and dietitians has been a boon to the rural population, but it has not seemed to edge any one doctor out. Sure, we do fewer paps, well-baby visits, psychotherapy and the like, but somehow there is so much new work, and alas, new committees and administration, that we are running as fast as before.

The next new thing is AI. I tried to convince ChatGPT to write this editorial. I had three different 'extra' projects needing to be done around the ins and outs of my daily practice and no time to do any of them. I was desperate and willing to try anything. How hard could it be to be replaced at the keyboard? Five hundred and twenty words about the challenges of rural practice. After a few attempts, with recurrent prompting, it had style, grammar and a beginning, middle and end. However, no matter how I primed it, it seemed to think that rural medicine can be fixed with telemedicine. OK. The artificial brain still needs a bit of work.

So here I am, stuck, a rural generalist with a bit too many things that I do to be easily replaced. Ultimately, it seems that only a rural generalist physician is going to replace a rural generalist physician. Now, all I have to do is wait for the regional medical schools to flood the rural areas with doctors. Any day. Soon. For sure. I think. OK. Perhaps more of a trickle.

I did not want to retire yet anyway.

Access this article online

Quick Response Code:

Website: www.cjrm.ca

DOI: 10.4103/cjrm.cjrm_3_23

Received: 13-01-2023 **Revised:** 13-01-2023 **Accepted:** 31-01-2023 **Published:** 24-03-2023

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How to cite this article: Hutten-Czapski P. Replace me... please? Can J Rural Med 2023;28:43-4.

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Remplacez-moi... S'il vous plaît.

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Le vénérable médecin généraliste de campagne demande à nouveau à être remplacé. dépêchez-vous.

La télémédecine devait tout résoudre. Des robots et des vidéos à distance. Ça n'a jamais vraiment marché. Cela a certainement aidé et a été très utile au plus fort de la pandémie, mais personne ne me remplacera par un robot. C'est peut-être à cause de la pénurie mondiale de puces.

Les infirmières et infirmiers praticiens allaient également nous remplacer. Finalement, ils sont peu nombreux et travaillent surtout dans les villes. C'est certainement un bon soutien. Il faut dire que les cabinets sont assez petits et que l'étendue de la pratique n'est pas suffisante pour partager les appels.

Puis nous avons entendu parler du dossier médical électronique. Ils disaient que ça rendrait le cabinet tellement plus efficace que la journée SE terminerait comme une lettre à la poste. Voyons cela de plus près. Il est certain que cela nous a rendus plus organisés et que mes compétences en dactylographie SE sont considérablement améliorées. Cependant, à la fin de la journée, je vois moins de gens, pas plus. J'ai peut-être manqué quelque chose dans le manuel à la page 147.

Ensuite, on a espéré que les prestataires et les équipes de soins paramédicaux nous rendraient inutiles. Ne vous méprenez pas, le fait d'avoir plus d'infirmières/infirmiers, de conseillères/conseillers et de diététiciennes/diététiciens a été d'une grande aide pour la population rurale, mais cela n'a pas semblé faire partir un seul médecin. Bien sûr, nous faisons moins de Pap, de visites de bébés, de psychothérapies et autres. D'une certaine manière, il y a tellement de nouveau travail, et hélas, de nouveaux comités et de nouvelles administrations, que nous fonctionnons aussi vite qu'avant.

La prochaine nouveauté est l'IA. J'ai essayé de convaincre ChatGPT d'écrire cet éditorial. J'avais 3 projets " supplémentaires " différents à réaliser autour des tenants et aboutissants de ma pratique quotidienne et pas le temps de les réaliser. J'étais désespéré et prêt à tout essayer. Me remplacer au clavier ne devrait être si difficile, n'est-ce pas? Cinq cent vingt mots sur les défis de la pratique rurale. Après quelques tentatives, avec des invites récurrentes, le texte avait un style, une grammaire et un début, un milieu et une fin. Cependant, peu importe la manière dont je l'ai amorcé, il semblait penser que la médecine rurale pouvait être résolue par la télémédecine. BON. Il semblerait que le cerveau artificiel a encore besoin d'un peu de travail.

Me voilà donc coincé, un généraliste rural avec un peu trop de travail pour être facilement remplacé. En fin de compte, il semble que seul un médecin généraliste rural est en mesure de remplacer un médecin généraliste rural. Il ne me reste plus qu'à attendre que les écoles de médecine régionales inondent les zones rurales de médecins. J'attends toujours...c'est pour bientôt...c'est sûr...Je pense. Bon. Cela SE fera probablement petit à petit.

De toute façon, je n'avais pas l'intention de prendre ma retraite.

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President's Message – A national advanced skills and training program for rural practice

As rural physicians, we pride ourselves on being generalists, with flexibility, a broad knowledge base, and a willingness to learn new skills to serve our patients. Our training prepares us well for this, and we find great satisfaction in the variety and challenge of our work. However, sometimes, we notice a pattern evolving, where the same issue requiring patient transfer seems to present itself, new diseases occur with increased frequency, or the departure of a valued colleague means a sudden need for enhanced skills within our community.

Depending on where in this country a physician works, access to advanced skills training can be difficult to obtain once residency is complete. There are also the challenges of securing locum support, and the financial strain of leaving one's practice to complete training, while overhead and costs of living remain.

For these reasons, the SRPC is thrilled to announce the launch of a National Advanced Skills and Training Program for Rural Practice. In partnership with the Foundation for Advancing Family Medicine (FAFM), we are collaborating with multiple partner organisations to broaden the capacity of inter-professional comprehensive primary care in Canada, with an overall goal of addressing critical labour shortages and enhancing labour mobility and utilisation.

The SRPC's key role is to administer a program that offers support for physicians to access a variety of existing training opportunities to increase their generalist skill set, to fill gaps identified by individual physicians and communities. This project has been modelled after the Rural Coordination Centre of British Columbia's Advanced Skills and Training Program. The FAFM has granted the SRPC funding that will allow us to offer numerous rural family physicians funding for training, income replacement and locum support, to meet an identified clinical need in the practice communities they serve. We feel this program will result in an increased ability to attract, develop and retain physicians in rural and indigenous communities. In addition, we hope that the relationships forged through training will enhance networks of care and offer valuable mentorship opportunities to participants. A robust evaluation and review process is planned, with the goal of securing funding on an ongoing basis.

While the SRPC is excited to offer this new opportunity to our members, we hope that this is only the beginning of enhanced training, mentorship and educational opportunities we offer to rural and remote healthcare providers across the country.

Received: 15-01-2023 **Accepted:** 31-01-2023 **Published:** 24-03-2023

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How to cite this article: Lespérance S. President's Message – A national advanced skills and training program for rural practice. Can J Rural Med 2023;28:45-6.

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Access this article online

Quick Response Code:

Website: www.cjrm.ca

DOI: 10.4103/cjrm.cjrm_4_23

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