Return to October 2, 2001 Table of Contents

Pilot program gives rural doctors CME with locum relief

If physicians can't come to the training, the training will come to them. That's the premise behind a pilot program launched by the Society of Rural Physicians of Canada and Dalhousie University's Department of Family Medicine.

Over the next 18 months, at least 24 CME courses for rural physicians will be offered in towns throughout Nova Scotia, Newfoundland and Ontario. The program will also provide short-term locum relief for the physicians in conjunction with their professional training.

Each course will be conducted by a rural physician trained to deliver one of more than a dozen modules developed by the society. The modules, which run for approximately 4 hours, emphasize different aspects of medical care that routinely face rural physicians. The first 2 sessions, held in Digby, NS, included discussion of the treatment of hand injuries and suturing techniques.

"We're trying to provide rural physicians with continuing medical education that has been developed by rural physicians for rural physicians," says Sally Schafer, the program administrator.

Physicians who conduct the sessions will also provide a brief respite for the doctors. In the case of the Digby sessions, the 2 physicians who conducted the modules also worked emergency room shifts the first weekend they were in the south shore community and were on call at the local hospital for the remainder of the week. Schafer says the goal is to allow the local doctors to close their offices for a week, with the visiting physicians taking over their remaining duties.

The program, funded by a $245 000 grant from Health Canada's Rural and Remote Health Innovations Initiative, is supposed to assess the actual level of demand for courses and locums, says Schafer. Ultimately, says Dr. Richard MacLachlan, head of family medicine at Dalhousie, it may result in a national CME/locum program. — *Donalee Moulton*, Halifax

London views research facilities as engines for economic growth

The city of London, Ont., has decided that medical research is a wise investment. After first providing grants totalling $30 million to local hospitals and universities, the city recently signed as guarantor of a $7.75 million loan that will help the London Health Sciences Centre (LHSC) establish the National Centre for Advanced Surgery and Robotics.

Mayor Anne Marie DeCicco says the commitment reflects the city's decision to "bring together the best scientists, researchers and 'medical cluster.' It is a wise investment on our part."

The new centre will be affiliated with the University of Western Ontario and will attempt to find ways to treat human disease using robots, and to develop remote-operation and simulation-training tools (see *CMAJ* 2000;162[2]:244). It will be headed by Dr. Douglas Boyd and have an estimated construction cost of $12 million.

Tony Dagnone, CEO at the LHSC, says the city's guarantee results in preferred interest rates and fast-tracks the project. He says the urgency is related to "our current position as the international leader in this unique, pioneering research" and the need to retain and seek research grants.

The guarantee follows city grants of $15 million to London hospitals, $10 million to the university and $5 million to Fanshawe College. The city and Ontario government also committed up to $5 million each to construct the London Biotechnology Commercialization Centre, which will produce new therapies and diagnostic devices. Construction began in June.

In the past year, more than $130 million has been spent on research activities at London hospitals and research facilities. — *Lynne Swanson*, London, Ont.

Bring them and (maybe) they'll come back

In the face of a national shortage of rural physicians, an Alberta health region has launched a pilot project that offers medical students 8 to 12 weeks of field work that organizers hope will eventually lure them back to the area.

The program, launched this summer by the Aspen Regional Health Authority, gives students a chance to experience rural practice. The goal is to hire 2 students annually, with remuneration depending on the amount of time spent in the region.

I was the only student hired the first year; I was based in Westlock but travelled throughout the region. I spent most of the time with patients, taking histories and helping professionals such as physical therapists in a variety of activities. This meant I was able to interact with patients as they encountered the various disciplines. I also participated in CME events.

The project, aimed at first- or second-year medical students, follows a recommendation from the College of Family Physicians of Canada to provide earlier and more extensive rural medicine experience for undergraduates (see *J Rural Health* 2000;16[3]:280-7; **www.nrharural.org/pagefile/rh.html**).

Organizers hope the program will let the region to showcase its resources, such as telehealth and visiting-specialist programs. Students will also meet local physicians, and it is hoped this interaction will help them overcome some of their concerns about physician well-being in rural areas. Those interested can contact Mary Ellen Hoogers, aspen11@aspenrha.ab.ca. — *Robyn Harrison*, Class of 2003, Dalhousie University, Halifax