
April 3, 2025

Dear Colleagues,

I want to share an update on some of what has taken place over the past month as your SRM Executive continues to work to strengthen rural medicine across the province.

Early last month, I met with the AMA Board of Directors as part of a new rural standing item on the Board agenda. Since taking on the role of president, I have emphasized the need to increase the Board's understanding of the importance of rural medicine and the unique work rural generalists and rural specialists do and the challenges we face. During the meeting, we explored several important issues and I reiterated the need for rural specific solutions that will ensure financial respect and recognition for our members. We also discussed how to best describe "rural medicine" and the importance of not siloing it or defining it simply by geography. Simply stating we are "rural" because of arbitrary distances from a tertiary care centre belittles the amount of clinical responsibilities we provide compared to colleagues in the city.

I know many of you likely have thoughts about how we can best be "defined" and I invite you to email us at RuralMedicine@albertadoctors.org and share your thoughts.

On Thursday, March 13th, members of the SRM Executive attended the joint SFM/SRM/PLE meeting during the day and the Family and Rural Medicine Meeting (FRMM) in the evening, which takes place the night before the AMA's Representative Forum. In addition to receiving an update from the AMA Board and a presentation on the application to establish a Section of Indigenous Health, attendees at FRMM explored the motions that would be presented to the RF. I was pleased to see the RF vote to establish a Section of Indigenous Health, a motion I seconded, which makes the AMA the first provincial health organization in Canada to do so.

During the RF session on government relations and advocacy, the AMA indicated they intend to move ahead with a more grassroots government relations strategy. This is something the SRM has not only been championing, but has been putting into practice since I became president. Along with SFM and SCA, we will continue to push the AMA Board to focus on appropriate and immediate government relations on the macro and grassroots level.

I have also been working closely with the [Rural Municipalities of Alberta](#) (RMA) on how we can support rural medicine in communities across the province. I was privileged to work with Mountain View County on a resolution that was recently presented and carried at the RMA Spring convention that states that *the Government of Alberta immediately appoint a separate and dedicated rural generalist as a voting*

member to the Health System Integration Council and within the new health board leadership structure to ensure that rural Albertans have an appropriate and continuous voice for their health care. This resolution has since been sent to government by the RMA. This is a significant milestone of working with a very influential association to improve the leadership and advocacy for rural medicine. SRM will continue to work with RMA on initiatives that will strengthen the health of Alberta's rural municipalities and the people who live there.

I want to bring attention to the Society of Rural Physicians of Canada (SRPC) council Championing Change for Rural Health campaign. This national advocacy campaign is "committed to raising awareness, mobilizing change, and equipping healthcare providers, patients, and the general public with the tools to make a difference," as a way to help advocate for a sustainable future in rural health care. I requested a rural medicine focussed campaign from the AMA Board at their last meeting, citing B.C. as an example at the time (<https://bcfamilydocs.ca/fair-care-everywhere/>). I will continue to advocate to the AMA Board for a made-in-Alberta rural medicine focussed PR and GR campaign.

I believe we require a change of focus and that it is important to have a campaign that emphasizes the many positives that come from a career in rural medicine. It's often too easy to focus on the difficulties medicine and our small business community clinics face, but for those of us who practice in our rural communities where we live, there is nothing that compares in terms of breadth and depth of the clinical work we are able to do. It allows us to do things we simply wouldn't be able to do in an urban setting and to stretch ourselves in new and exciting clinical roles. At the same time, the quality of life in rural communities is incomparable. Here we are not only part of the community, we are integral to it and to the people we care for each day.

We need to emphasize rural medicine for its positive role in physicians and their families lives. We need to separate ourselves from the negativity and constant wanting of urban practice. Despite being in "crisis" for decades we have done everything that we can to keep our communities safe, healthy, and economically viable. These accomplishments must be highlighted and reiterated as a retention and recruitment tool, not just for physicians, but for all rural health care disciplines and staff. You have been doing remarkable work, and continue to live in rural, remote and regional areas despite the hardships of the last few decades.

Please help us develop a campaign that highlights this incredible feat. Send us your stories, your anecdotes, and your pictures at RuralMedicine@albertadoctors.org. Help us change the narrative for rural medicine.

Regards,

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President, Section of Rural Medicine