ALBERTA MEDICAL ASSOCIATION

Section of Rural Medicine
ROUNDS

Welcome to the most recent issue of Rural Rounds, which includes information and updates for members of the Section of Rural Medicine.

July 6, 2026

Dear Colleagues,

I hope you all enjoyed Canada Day, and managed to find some time to spend with family and friends. Realistically, I know that most of us probably worked on Canada Day, as we do most holidays. Providing rural health care is 24/7, and rarely allows for holidays off. Rural medicine is more than a profession and more than a calling; it is a way of life that becomes part of everything you are and everything you do. Rural generalists don't practice rural medicine – we are rural medicine.

The uniqueness of rural medicine and the need for rurally focused incentives and solutions is a message I have been sharing with elected officials at every opportunity. Since taking on the role of President of the Section of Rural Medicine, I have made it my mission to build connections with government and other partners to help demonstrate how essential rural medicine is to rural Alberta and the economic health of rural communities and the entire province. Recently, I had an opportunity to meet with Justin Wright, the Minister of Primary and Preventative Health Services, to discuss the realities facing rural medicine and what we need to strengthen and advance rural health for all Albertans.

Why Rural Generalist medicine should have a leadership role

During my meeting with Minister Wright, I explained that Rural Generalist medicine must have a leadership role because it provides the strongest policy and political return at the lowest cost. We provide the best return on investment within the system as we perform so many roles, in communities that rely on the care we provide and the economic impact we make.

I have, for many years, advocated for the need for formal recognition of the term "Rural Generalist," and even helped lead the creation of a definition within the AMA, that says:

> *"A Rural Generalist physician serves the diverse needs of rural communities by applying a population approach to providing primary, secondary and emergency care. A Rural Generalist physician is trained to meet the specific current and future healthcare needs of rural and remote communities by providing both comprehensive primary care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team."*

This definition has helped guide some of the work of the AMA's Rural Engagement Working Group (REWG) and, I believe, encapsulates the breadth and the depth of the work we do in rural and remote communities. The challenge now is to get more people, including elected officials and partner organizations, to incorporate it into the health care vernacular.

Having that definition can help create a clearer language for rural medicine, which in turn helps strengthens recruitment and retention, improves workforce planning, and creates a more durable structure for future compensation incentives. As I explained to Minister Wright during our meeting, the definition provides a more accurate understanding of the real scope of rural practice and the practical conditions required to keep services in place.

The Australian example

We are not alone in understanding the importance of distinguishing the uniqueness of Rural Generalist practice. In September 2025, Australia recognized Rural Generalists (RGs) as a "distinct and vital component of Australia's healthcare system."

It was a long awaited milestone, more than a decade in the making, and was championed by rural Australian health leaders and organizations such as the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian College of General Practitioners (RACGP), Rural Doctors Associations of Australia (RDAA) and the Office of the National Rural Health Commissioner.

Australia's National Rural Generalist Pathway has demonstrated the value of defining rural generalism o as a recognized field of practice with explicit advanced skills and a supported professional identity. The significance of this for Alberta is unmistakeable: it would be a modernization step grounded in a tested concept rather than a speculative experiment. It is time for Canada to follow suit, and Alberta is well-poised to lead that work. Eventually, this could lead to a fee code specific to rural generalism.

Restoring daytime-on-call compensation

In addition to discussing the importance of defining Rural Generalist practice, I also discussed important issues like the need to reinstate daytime-on-call compensation for

Rural Generalists who are maintaining busy clinic schedules while simultaneously carrying hospital, obstetrical, emergency, inpatient and anesthesia-related duties that interrupt clinic activity and reduce predictability for patients. That compensation would recognize the immense work that is already being done, and help protect the primary and acute care services communities rely on. I was pleased that the Minister seemed interested in learning more, and is receptive to future conversations. I will continue to advocate for this and other priorities with elected officials and anyone who needs to better understand the importance and uniqueness of rural medicine.

Thank you, as always, for everything you do for your patients, your communities and for the sustainability of rural and remote health.

Regards,
Rithesh Ram
President, Section of Rural Medicine