



In reply: Initiatives to support rural access to anesthesia

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Received: 22 February 2022 / Revised: 22 February 2022 / Accepted: 22 February 2022 / Published online: 15 March 2022
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Keywords education · multidiscipline · partnerships

To the Editor,

We thank Law *et al.* for their letter regarding our summary of recommendations from a multidisciplinary symposium on access to anesthesia care in rural and remote regions of Canada.^{1,2} The letter highlights the importance of developing solutions that involve surgery, obstetrics, and anesthesia. We agree and would emphasize that in Canada, an integrated approach must also include the family physicians who live and work in rural and remote communities. Family physicians with additional training and competencies are important providers of anesthesia and obstetric care in many of these communities.

The authors also highlight the importance of undertaking training in rural locations. Factors that improve the recruitment and retention of physicians in

rural practice include engaging medical students from rural communities, providing educational opportunities in rural settings during residency training, and ensuring that practices and community environments are welcoming to physicians and their families.³ To this end, several recent Canadian initiatives are worth mentioning. In Ontario, a curriculum is being developed that will allow senior anesthesia residents to complete electives in rural regions, under the supervision of local experts, such as family practice anesthetists and specialist anesthesiologists. One goal of these electives is to establish long-term relationships with rural anesthesia providers that will sustain bidirectional mentor/mentee interactions. British Columbia has led the way in developing these mentoring and coaching programs.⁴ In addition, Dr. Michael Cummings, chair of the Anesthesiology Specialty Committee of the Royal College of Physicians and Surgeons of Canada (RCPSC), is supporting and endorsing the development of a new curriculum within local anesthesiology residency programs that is informed by the RCPSC report entitled *Indigenous health in specialty postgraduate medical education* guide.⁵ At the suggestion of Dr. Jason McVicar, the Global Health Committee of the Association of Canadian University Departments of Anesthesiology has expanded the committee's mandate to include "Promotion of partnerships within the Canadian anesthesiology community in global and rural/remote anesthesia initiatives." Similarly, the Canadian Anesthesiologists' Society International Education Foundation, under the direction of Dr. Joel Parlow, has included rural regions of Canada within its mandate to provide educational opportunities in underserved areas.

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Overall, initiatives that aim to address rural access to anesthesia care must involve a broad group of stakeholders and must be guided by the wisdom and experience of physicians and community members who live and work in these regions of Canada.

Disclosures None.

Funding statement Existing resources from the Departments of Anesthesiology and Pain Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada, provided funding for this work.

Editorial responsibility This submission was handled by Dr. Stephan K. W. Schwarz, Editor-in-Chief, *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*.

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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