

ALBERTA RURAL PHYSICIAN ACTION PLAN

ADDITIONAL SKILLS IMPLEMENTATION PLAN

RPAP CO-ORDINATING COMMITTEE
ADDITIONAL SKILLS
TECHNICAL WORKING GROUP



Approved by the RPAP Co-ordinating
Committee – 23 March 2000

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TECHNICAL WORKING GROUP

INTRODUCTION AND BACKGROUND

On 28 September 1999, the RPAP Co-ordinating Committee (RPAP CC) approved the reports of its Additional Skill Training Working Group (AST WG) and Rural Medical Education Working Group (RME WG), and transmitted the reports to the Minister of Health and Wellness (the Minister) for his careful consideration. Support in principle for both reports was received from the Deans of both Faculties of Medicine.

The AST WG report discussed the following points:

- an assessment of the current AST and Enrichment programs relative to the recruitment and retention of rural physicians
- more effective ways of ensuring that the emergency medicine needs of rural RHAs are met
- the suitability of the current return-in-service requirements for encumbered R3 positions
- the types of special or additional and advanced skills training required by residents and practicing rural physicians for rural practice
- the expansion of the surgery/obstetrics program, adding advanced maternity care with c-sections and gastroenterology training, and fostering improvements in anaesthesia training
- options for providing the needed special or additional and advanced skills training.

In his interim reply of 16 November 1999, the Minister said, "... those recommendations identified in the report as requiring follow-up by the Rural Physician Action Plan should proceed as proposed."

Given the Minister's initial and positive response, the RPAP Co-ordinating Committee approved a follow-up work plan at its meeting of 14 December 1999.

Central to the work plan, was the establishment of two technical working groups – one each for the Additional Skills report and the Rural Medical Education report – to take the original reports' recommendations to the implementation or pre-implementation stages. A time line of 31 March 2000 was set by the RPAP CC to accomplish the tasks.

On 31 January 2000, the RPAP CC Additional Skills Technical Working Group (AS TWG) began work on an implementation plan for additional skills training for residents and practicing physicians in rural Alberta. The terms of reference for the AS TWG are attached as Appendix A.

The RPAP CC approved the recommendations developed by the RPAP CC Additional Skills Technical Working Group on 23 March 2000.

IMPLEMENTATION PLAN

This reports represents an implementation plan for the 28 September 1999 AST WG report. Each of that report's 11 recommendations is outlined, together with a specific implementation strategy, status report, funding requirement, responsibility and timeframe.

AST WG Recommendation 1:

Special and advanced Family Medicine skills should be offered in the spirit of the College of Family Physicians of Canada Working Group report on Postgraduate Education for Rural Family Practice (CFPC WG Report).

Implementation Strategy:

The RPAP Skills Broker (discussed below) will work with the appropriate members of each Faculty (e.g. rural coordinator, rural specialty coordinators) to promote the sharing of information and ongoing collaboration for the benefit of additional skills training (or R3) and Enrichment training.

The current additional skills training (or R3) program blocks should be reviewed and revised as required to align them with the recommendations of the CFPC WG Report. Priority should be placed on revising the Emergency Medicine additional skills training block to better meet rural Alberta needs. The RPAP Skills Broker is available to support that review as required.

In addition, the appropriate members of each Faculty collaborating with the RPAP Skills Broker could develop Enrichment training blocks based on the educational objectives of each Enrichment program trainee.

Current Status:

Project funding will be required to complete the review and training block redesign.

Funding Requirement:

\$ 30,000 in total.

Responsibility and Timeframe:

RPAP for funding; RPAP and each Faculty for task assignment and project completion.

AST WG Recommendation 2:

Rural Albertans should have local or regional access to special and advanced medical services including anaesthesia, operative obstetrics, general surgery, psychiatry and GI-endoscopy within or close to their communities. The AST WG feels that a sufficient number of Family Medicine residents and practicing rural physicians trained, certified in and practicing special skills and advanced skills is the most viable and practical method of achieving this goal.

Implementation Strategy:

An RPAP-funded Skills "Broker" position should be developed to work with the regional health authorities, the College of Physicians and Surgeons of Alberta (CPSA), contact individual(s) designated by each Faculty and physicians applying under the Enrichment Program for additional/advanced skills training. The Broker would:

- a) validate with the RHA and CPSA that the applicant will have the opportunity to apply the skills. It is acknowledged that the CPSA sets the standards of what will be acceptable training and evaluation,

- b) assess the applicant's ability to learn the requested skills and the length of training required,
- c) facilitate the establishment of learning objectives in conjunction with the applicant and the training organization
- d) broker the requested training with either Faculty or other organizations,
- e) ensure that proper evaluation occurs at the end of the training.

The RPAP Skills Broker may reject a training request. Such a decision may be appealed to the RPAP Co-ordinating Committee.

The default process for additional/advanced skills training to be followed by the RPAP Skills Broker would be to first approach the Faculties of Medicine to provide the requested training, other training options in Alberta, and then training options out of province.

Current Status:

The position profile for the RPAP Skills Broker is attached as Appendix B.

Funding Requirement:

\$75,000 (0.5 FTE)

Responsibility and Timeframe:

RPAP for funding, recruitment and performance review.

Position filled - 1 June 2000

AST WG Recommendation 3:

In order to expand the pool of better-trained physicians necessary for rural family practice, the RPAP Additional Skills Training and Enrichment programs should be maintained, but undergo modification with particular attention to the following areas:

- a) whether the two programs are of sufficient flexible duration and are competency-based
- b) whether the programs maximize regional and rural components as well as teachers
- c) the number of AST positions if approvals are obtained to increase postgraduate positions and in particular Family Medicine positions at the two Faculties of Medicine, and/or if the proposed rural medical stream is approved
- d) the marketing of the Enrichment program to practicing rural physicians

Implementation Strategy:

An external evaluation of the Additional Skills Training and Enrichment programs was commissioned in December 1999, and was begun in late January 2000. It is scheduled for completion by 30 June 2000.

In addition, a Communications Plan was commissioned in December 1999 and was begun in mid-January 2000. The marketing of RPAP initiatives, such as the Enrichment Program, will be one of its foci. The Communication Plan will be completed by the end of April 2000.

The appropriate members of each Faculty and the RPAP Skills Broker should jointly review and implement the findings of the external evaluation of the Additional Skills Training and Enrichment programs. In so doing they should consider the four priority areas identified in AST WG Recommendation 3 above, and they should develop the mechanisms whereby honoraria will be paid to trainers as recommended in the AST WG report.

Current Status:

External evaluation and Communications Plan development underway.

Funding Requirement:

(From AST WG Report)	
Additional regional/rural components & teachers – Enrichment Program	
(Travel - \$200/trainee for 5 trainees)	\$1,000
(Living Exp. - \$500/month for 5 trainees)	\$2,500
(Honoraria for faculty - \$1,000/month for 30 months)	\$30,000
(Training costs for faculty)	
(Travel for GFT faculty)	\$10,000
Subtotal	<u>\$5,000</u>
	\$48,500
(From AST WG Report)	
Revamped Additional Skills Training Model	
(Travel costs)	\$5,000
(Honoraria for faculty - \$1,000/month X 6 months for 28 trainees)	<u>\$168,000</u>
Subtotal	\$173,000
Total	\$221,500

Responsibility and Timeframe:

RPAP for funding
Reviews begun - 1 July 2000

AST WG Recommendation 4:

Rural RHAs must provide the support and infrastructure (e.g. nurses, equipment, OR time) to support the AST trainees they recruit and the physicians in their region they sponsor for Enrichment training. The RPAP Business Plan Key Performance Indicators (KPI) should be used to assess this support.

Implementation Strategy:

An external evaluation of the Additional Skills Training and Enrichment programs was commissioned in December 1999, and was begun in late January 2000. It is scheduled for completion by 30 June 2000. The role of and the actual support provided by the RHAs is one of the evaluation objectives.

Current Status:

The external evaluation is underway and the KPI are currently being implemented. In addition, tools developed through the external evaluation will be used with the KPI where appropriate.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP
External evaluation completed – 30 June 2000
KPI – ongoing

AST WG Recommendation 5:

The RPAP should acquire the data to more accurately assess the extent to which the RPAP Additional Skills Training and Enrichment programs aid rural physician recruitment and retention. The RPAP Business Plan will introduce Key Performance Indicators (KPI) that can be used to

validate the extent to which these programs aid the recruitment and retention of rural physicians. Appropriate changes to these programs can then be introduced.

Implementation Strategy:

An external evaluation of the Additional Skills Training and Enrichment programs was commissioned in December 1999, and was begun in late January 2000. It is scheduled for completion by 30 June 2000. Whether these two programs aid rural physician recruitment and retention is one of evaluation objectives.

Current Status:

The external evaluation is underway and the KPI are currently being implemented. In addition, tools developed through the external evaluation will be used with the KPI where appropriate.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP

External evaluation completed – 30 June 2000

KPI – ongoing

AST WG Recommendation 6:

The RPAP CC discuss with the Rural Locum Program Steering Committee the fundamental policy, feasibility and cost of augmented locum coverage for Enrichment trainees. The purpose of which would be to further reduce barriers for practicing rural physicians to temporarily leave their practice to access Enrichment training.

Implementation Strategy:

The RPAP CC will invite the Rural Locum Steering Committee to meet to discuss the RPAP-funded Weekend Locum Program and the fundamental policy, feasibility and cost of augmented locum coverage for Enrichment trainees.

Current Status:

Meeting held 24 February 2000 between RPAP Program Manager and Alberta Health & Wellness representative on the RPAP Co-ordinating Committee/Rural Locum Steering Committee, and the Assistant Executive Director - Professional Affairs and Rural Locum Program Coordinator. Follow-up meetings will occur as required.

Funding Requirement:

None anticipated.

Responsibility and Timeframe:

RPAP for scheduling meetings.

Meeting – 1 June 2000

AST WG Recommendation 7:

The Enrichment program be evaluated within two years through a process involving practicing rural physicians, the Faculties of Medicine and the rural RHAs.

Implementation Strategy:

An external evaluation of the Additional Skills Training and Enrichment programs was commissioned in December 1999, and was begun in late January 2000. It is scheduled for completion by 30 June 2000.

The appropriate members of each Faculty and the RPAP Skills Broker should jointly review and implement the findings of the external evaluation of the Additional Skills Training and Enrichment programs.

Current Status:

The external evaluation is underway.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP and Faculties for task assignment and project completion.

External evaluation completed – 30 June 2000

AST WG Recommendation 8

The two Faculties of Medicine be assisted in their efforts to develop and enhance the RPAP Additional Skills training and Enrichment programs to respond to the needs of rural Alberta.

Implementation Strategy:

Refer to Implementations Strategies 1 – 3 inclusive.

The resource requirements of the two Faculties to meet the RPAP's expectations should be detailed, and discussed during the annual RPAP budget process.

Current Status:

To be reviewed by the RPAP Program Manager and the appropriate Faculty members by 31 December annually in advance of RPAP budget approval.

Funding Requirement:

To be determined.

Responsibility and Timeframe:

RPAP Program Manager by 31 December annually.

AST WG Recommendation 9

In an attempt to support the two Faculties, beginning 1 July 2001 the RPAP should fund special and advanced skills training through practicing rural family physicians and specialists appointed (singularly or jointly with a specialty department) to the Family Medicine departments. The RPAP and the Faculties should evaluate this arrangement after three years of operation.

Implementation Strategy:

Refer to Implementations Strategies 1 – 3 inclusive.

The appointment of faculty falls within the purview of each Faculty and academic department. The RPAP Skills Broker will work with each Faculty to encourage trainers to obtain a Faculty appointment, and optimally a joint appointment with Family Medicine and the applicable specialty department. The Faculties and the RPAP should evaluate this arrangement annually or semi-annually.

Current Status:

To be pursued by the RPAP Skills Broker and the appropriate Faculty representatives.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP and each Faculty to identify rural preceptors and encourage them to apply for a Faculty appointment.

Ongoing

AST WG Recommendation 10:

The RPAP CC cooperate with the relevant stakeholders, including the CPSA and the Faculties of Medicine, to develop specific recommendations to address the issue of skills assessment. This involves physicians trained with competencies elsewhere who need assessment and possibly retraining, or physicians who need refresher training or maintenance of competency training.

Implementation Strategy:

A meeting should be held involving the Assistant Registrar of the CPSA, the Postgraduate Medical Education Associate Deans, the RPAP and Alberta Health and Wellness to outline the issues, detail the options, costs and implications, recommend a course of action and to detail any follow-up actions and assign responsibility and a time line.

Current Status:

Meeting held on 31 January 2000 and a follow-up plan drafted. Alberta Health & Wellness is now tasked to coordinate the follow-up with stakeholders.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP to organize the meeting and draft a proposal.

AST WG Recommendation 11:

The RPAP should evaluate the concept and effectiveness of Return-in Service Agreements (RiSAs) for Additional Skills Training positions.

Implementation Strategy:

An external evaluation of the Additional Skills Training and Enrichment programs was commissioned in December 1999, and was begun in late January 2000. It is scheduled for completion by 30 June 2000. The effectiveness of RiSAs is one of evaluation objectives.

Current Status:

The external evaluation is underway.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP

External evaluation completed – 30 June 2000

Summary Funding Requirements:

AST Recommendation 1	\$30,000
AST Recommendation 2	\$75,000
AST Recommendation 3	\$221,500
AST Recommendation 4	\$0
AST Recommendation 5	\$0
AST Recommendation 6	\$0
AST Recommendation 7	\$0
AST Recommendation 8	TBD
AST Recommendation 9	\$0
AST Recommendation 10	\$0
AST Recommendation 11	\$0
Total	\$326,500

APPENDIX A

RPAP CC ADDITIONAL SKILLS TECHNICAL WORKING GROUP

PURPOSE:

Reporting to the RPAP CC, and liaising with the Rural Medical Education Technical Working Group, the Additional Skills Technical Working Group will prepare a formal report, which will address the following topics in and associated with implementing the recommendations of the Additional Skills Working Group report (28 September 1999).

Working Group Recommendations:

- ⇒ Rural Albertans should have local or regional access to special and advanced medical services including anaesthesia, operative obstetrics, general surgery, psychiatry and GI-endoscopy within or close to their communities. The AST WG feels that a sufficient number of Family Medicine residents and practicing rural physicians trained, certified in and practicing special skills and advanced skills is the most viable and practical method of achieving this goal.

- ⇒ In an attempt to support the two Faculties, beginning 1 July 2001 the RPAP should fund special and advanced skills training through practicing rural family physicians and specialists appointed (singularly or jointly with a specialty department) to the Family Medicine departments. The RPAP and the Faculties should evaluate this arrangement after three years of operation.

Implementation Strategies:

- ⇒ An RPAP-funded Additional Skills "broker" position should be developed to work with physicians applying for additional/advanced skills training:
 - i. to determine the applicant's ability to learn the requested skills,
 - ii. the length of training required,
 - iii. to establishing the learning objectives in conjunction with the applicant,
 - iv. to validate with the RHA and CPSA that the applicant will have the opportunity to apply the skills,
 - v. to broker the requested training with either Faculty or other organizations, and
 - vi. to ensure that proper evaluation occurs at the end of the training

ACCOUNTABILITY:

The Additional Skills Technical Working Group will report to the RPAP CC.

TIMEFRAME:

An implementation report will be developed and submitted to the RPAP CC by 31 March 2000.

MEMBERSHIP:

Dr. Peter Lindsay, RPAP Coordinating Committee - Chair
Dr. Odell Olson, Council of Medical Directors
Dr. David Moores, Chair, Family Medicine and Dr. Rick Spooner, Designate, University of Alberta
Dr. Peter Norton, Head, Family Medicine and Dr. David Topps, Designate, University of Calgary
Ms. Robyn Blackadar, Team Leader, Physician Services, Alberta Health & Wellness
Dr. Trevor Theman, Assistant Registrar, College of Physicians and Surgeons of Alberta
Other persons as may be required
David Kay, RPAP Staff

APPENDIX B

RPAP SKILLS BROKER POSITION PROFILE

TITLE: RPAP Skills Broker

REPORTING RELATIONSHIP:

This position reports directly to the RPAP CC through the RPAP Program Manager and liaises with the rural RHAs, the CPSA, the designated Faculty contact(s) and other training organizations.

SUMMARY OF FUNCTIONS:

This position is accountable to the RPAP for facilitating additional and advanced skills/Enrichment training for practicing rural physicians who apply to the RPAP for this training; for supporting the work of the RPAP and the Alberta Rural Family Medicine Network (the Network); and for representing the needs of rural medical education.

KEY RESPONSIBILITIES:

- Facilitating high quality additional/ advanced skills training by: validating with the RHA and CPSA that the applicant will have the opportunity to apply the skills (it is acknowledged that the CPSA sets the standards of what will be acceptable training and evaluation), assessing the applicant's ability to learn the requested skills and the length of training required; facilitating the establishment of learning objectives in conjunction with the applicant and the training organization; brokering the requested training with either Faculty or other organizations, and ensuring that proper evaluation occurs at the end of the training
- Implementing protocols for payment of teaching sites and faculty
- Troubleshooting the applicant's logistics
- Identifying and organizing non-Faculty training sites and trainers as required
- Facilitating communication among applicants, trainers and training organizations
- Fulfilling other such duties as may be assigned from time to time

QUALIFICATIONS:

Education and Training:

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Experience:

- Minimum of five (5) years experience in a role directly related to the responsibilities of this position.

KEY COMPETENCIES:

- Substantial knowledge of, and exposure to, the issues faced by rural medical education
- Significant experience in the health care and/or academic sectors
- Self motivated and directed
- Superior interpersonal, facilitation, communication, management and problem-solving skills

FUNDING AND SEARCH AND SELECTION:

- This position is funded, appointed and evaluated by the RPAP.

ESTIMATED TIME COMMITMENT:

- Equivalent to 2.5 to 3 days per week.