




# NEWS

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# *recruitment and retention:* a plan

**B**orn in the Spring of 1992, Alberta's Rural Physician Action Plan (RPAP) is closing in on the end of its first decade. The RPAP is one of Canada's most comprehensive and integrated programs that address rural physician recruitment and retention.

Today, the RPAP has an impressive array of initiatives (please see diagram following page) that address many of the community, lifestyle and professional factors that influence where a physician and their family choose to practice.

We have enjoyed some successes, but continually look to learn what other areas in Canada and around the world have done that we might use to improve our programs and fulfill our Vision "to have the right number of physicians in the right places, offering the right services in Alberta."

The RPAP's first three-year business plan (1999-2000 to 2000-2001) focused on consolidating the gains from the RPAP's 1998-1999 recruitment drive. It introduced improvements to rural medical education (the new "rural stream") and advanced skills acquisition for family physicians (the RPAP Skills Brokers), and now moves to retention as a prime focus.

Without the support and encouragement of the RPAP's main stakeholders (rural physicians, rural RHAs, the AMA, CPSA and Alberta Health and Wellness), and our major partners the Faculties of Medicine and local communities, any success the RPAP has enjoyed would not be possible.

The next three-year business plan will be developed this Fall, and will build on the foundation of the RPAP's first 10 years. Implementing the new retention work plan



described later in this newsletter will be central to the next business plan. We thank you for your support and look forward to your continued involvement and interest.

# our vision

“to have the right number of physicians in the right places, offer

## Retention Work Plan

The RPAP is starting to implement a new work plan “Retention of Rural Physician: An Action Plan for 2001-2002 and Beyond”. The work plan was developed at the direction of the RPAP Coordinating Committee (RPAP CC) through a multi-stakeholder consultation process.

“We saw the need to develop viable and tangible retention initiatives, after concentrating on retention and educational issues,” notes new RPAP CC Chair Dr. Odell Olson of Camrose (East Central Health Authority). “This work plan offers a range of solutions from which physicians and communities can choose because it became obvious that there are no ‘magic bullets’ for this complex area.”

The work plan offers priorities for each

of the main factors influencing physician retention – professional, family/lifestyle and community. Both immediate initiatives and long-term actions that will allow for deeper and more innovative system change are included.

Immediate priorities include:

### Community

- Encourage and help rural communities to develop physician retention plans.

### Family/Lifestyle

- Increase support for rural physicians and spouses of rural physicians (through such programs as the RPAP’s Rural Physician Spousal Network (RPSN) and collaboration with the Alberta Medical Association’s Physician and Family Support Program.

### Professional

- Develop community-building processes among physicians to make practice more collegial and less onerous
- Pilot an incentive program for longer-term rural physicians, with an emphasis on those in more remote areas.

A long-term priority is to convene a group of innovative yet practical thinkers to consider innovative ways to build a ‘framework’ of a new health system that will enhance care, provide the required critical mass of physicians and reduce workloads to acceptable levels.

A copy of the entire report is available on the RPAP web page at [www.rpap.ab.ca](http://www.rpap.ab.ca).

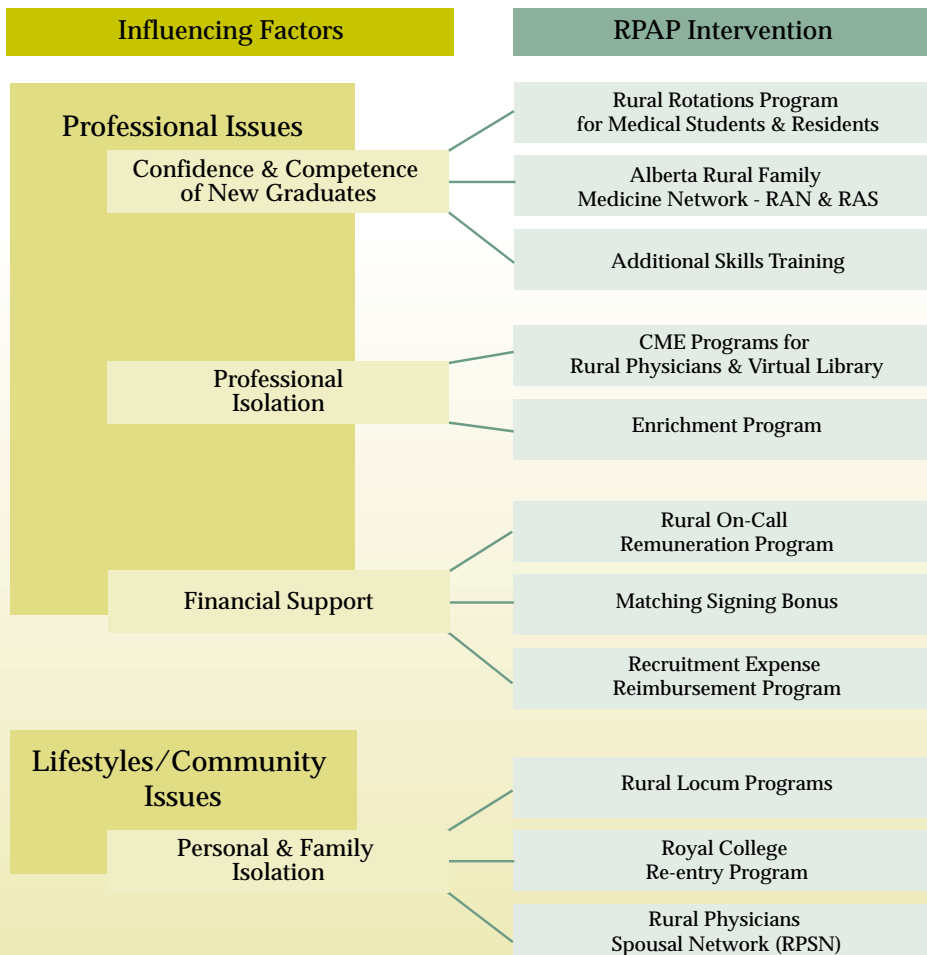
## Rural Physician Consultants

As one immediate outcome of the new retention work plan, two Rural Physician Consultants joined the RPAP team on April 2, 2001. As members of the RPAP team, the consultants plan to work collaboratively with physicians, rural health authorities and community representatives to address rural physician recruitment, retention and training issues.

The Rural Physician Consultants, Barry Brayshaw (Northern Alberta) and Monica Kohlhammer (Southern Alberta), are a resource to communities, physicians and their families. Through ongoing contact with stakeholders, the consultants will gain an awareness of the practice and lifestyle issues unique to individual Alberta communities. The consultants will use the information gathered to suggest solutions or supports to deal with local physician issues. The focus of the consultant’s efforts will be improvement of physicians’ professional or personal situation.

The consultants will be a key resource for communities and physicians, to identify and access the supportive resources available through RPAP and

## Rural Physician Recruitment & Retention Influences and Intervention



# ing the right services in Alberta.”

other existing programs. They will complement the role of the RPAP Skills Brokers, Drs. John Hnatuik (Northern Alberta) and Ron Gorsche (Southern Alberta).

For further information, contact:

• **Barry Brayshaw**

(780) 423-9911, Fax (780) 423-9917  
RPAP-Consultant@telusplanet.net

Representing the RHAs of David Thompson, East Central, WestView, Crossroads, Aspen, Lakeland, Mistahia, Peace, Keeweenok, Northern Lights and Northwestern

• **Monica E. Kohlhammer**

(403) 283-1480, Fax (403) 283-8817  
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Representing the RHAs of Chinook, Palliser, Headwaters, Health Authority #5

## Enrichment Training for Practicing Rural Physicians

Starting their second year with the RPAP, the RPAP Skills Brokers, Drs. John Hnatuik of Provost and Ron Gorsche of High River, are working hard to assist rural physicians obtain the new skills their communities require, to upgrade existing skills or to complete assessments as required by the College of Physicians and Surgeons.

Training can be of any duration from two weeks up to a year long. To date, rural physicians have taken training in such areas as emergency medicine, obstetrics, palliative care, oncology, and diabetes management.

If you are interested in applying for Enrichment training, discuss your training request with:

• **Dr. John Hnatuik,**

(780) 753-6447 jnhpc@telusplanet.net

Representing the RHAs of East Central, WestView, Crossroads, Aspen, Lakeland, Mistahia, Peace, Keeweenok, Northern Lights and Northwestern

• **Dr. Ron Gorsche,**

(403) 652-4257 rgorsche@telusplanet.net  
mailto:jnhpc@telusplanet.net



Representing the RHAs of Chinook, Palliser, Headwaters, Health Authority #5, David Thompson #6

The Skills Broker will send you an application package to complete, and will help organize the training. The application form is also available in PDF format on the RPAP web page at [www.rpap.ab.ca](http://www.rpap.ab.ca).

## RPAP Coordinating Committee

The RPAP CC is comprised of a variety of stakeholders with an interest in the recruitment and retention of rural physicians in Alberta. These stakeholders work together in a cooperative and collaborative manner to try to address the underlying issues of rural recruitment and retention.


The seven members of the RPAP CC represent the following five organizations:

- Dr. Sebastian David, College of Physicians and Surgeons of Alberta (CPSA)
- Dr. Brendan Bunting (RPAP CC Vice-Chair), Alberta Medical Association (AMA)
- Dr. Peter Lindsay and Dr. Gary Nelson, AMA Section of Rural Medicine
- Mr. Brian Hrab and Dr. Odell Olson (RPAP CC Chair), rural Regional Health Authorities (RHAs)
- Ms. Patricia James, Alberta Health and Wellness

## Changing Theory into Practice – the Alberta Rural Family Medicine Network (ARFMN)

There will be a lot of new faces around rural Alberta starting this July. The Alberta Rural Family Medicine Network's (ARFMN) Rural Alberta North and Rural Alberta South training units see their first group of 17 residents join the new rural-based Family Medicine residency training program.

Rural Alberta North is a unit of the Family Medicine residency program of the University of Alberta and its sister unit, Rural Alberta South, is a unit of the Family Medicine residency program of the University of Calgary. Together they make up the RPAP's Alberta Rural Family Medicine Network.

These 17 men and women, coming from all over Western Canada, will spend the next two years in Red Deer, Grande Prairie, Lethbridge, Medicine Hat and the  number of rural communities as they prepare for practice in rural Alberta.

The Network uses a combination of “home base” regional sites and smaller rural communities. The “home base” locations include the regional communities of Grande Prairie and Red Deer (Rural Alberta North) and Lethbridge and Medicine Hat (Rural Alberta South). The complementary rural communities consist of over a dozen training sites including:

Bonnyville, Drayton Valley, High Prairie, Hinton, Lac La Biche, Peace River, Rimbey, Sylvan Lake, Three Hills and Westlock (Rural Alberta North), Bassano, Bow Island, Claresholm, Consort, Crowsnest Pass, Drumheller, Fort Macleod, Pincher Creek, Raymond, Rocky Mountain House, Taber and Vulcan (Rural Alberta South).

The spread of teaching sites just mirrors the challenges that rural physicians have and is consistent with the Network's philosophy that the ideal preparation for future rural family physicians is to train in rural and regional settings, with appropriate support from both the University of Alberta and the University of Calgary.

This is a great opportunity for regional and rural communities to show the residents the advantages of living in a smaller community. Residents not only learn more, but also have a better lifestyle during their training in a program like this. And the communities and doctors benefit by having the potential of recruiting these people.

## New RPAP Logo Developed

**The RPAP now has a new logo and visual identity. RPAP's 2000 Communications Plan identified the need to increase the quality and sophistication of RPAP communication products.**



The new visual identity features the golden sun rising over the green Alberta landscape with the letters "RPAP," and the words "Alberta Rural Physician Action Plan" underneath. Major RPAP program areas use the RPAP identity but have different coloured screens to differentiate them.

The new sunrise graphic is being used prominently on all print and electronic communication products related to RPAP and its initiatives.

## Rural Physician Profile: Dr. George Torok-Both

George Torok-Both loves rural practice. He was born in Trail, B.C. moved to Alberta at age five and has lived in various parts of the province over the years. In 1996, George graduated in Family Medicine from the University of Alberta and now is one of 11 family physicians, two general surgeons, one orthopaedic surgeon and one psychiatrist practicing in the Camrose area.

"What appeals to me is the depth and variety of things that you have to manage in a rural practice," says George. "Within the capabilities that we have here, we really manage everything that comes in through the door. Of course some clients are referred to the city for more definitive treatment, but you can see just about anything on any given day. We see things in rural practice that the city guys just wouldn't see."

George's family is settling into rural life too. His wife Rita works for Augustana College as a technologist and both parents are busy with their children Linsey, 15 and Alan, 14 as well as working on the landscaping around the new home they built recently.

George says he does a lot of golfing and they find that access to sporting activities is generally easier than in the city. While both

*"The small town needs the best and not the worst doctor procurable, for the country doctor has only himself to rely on. He cannot in every pinch hail specialist and nurse."*

-Dr. Abraham Flexner

1910 "Advancement of Teaching Medical Education in the United States and Canada"

children have mixed feelings about living in a rural area, Linsey has easier access to horseback riding and voice lessons while Alan plays lots of sports - hockey, football, soccer, to name just a few.

"We wanted to raise our family in a close knit community," says George, "and we find that our kids go to school, participate in activities and grow up with the same group of friends here."

George would like to see the educational offerings enhanced for rural physicians. He feels that drug company representatives provide much of the local educational sessions now but they are not necessarily on topics of interest to him. He would like to have more general medicine sessions on topics like trauma care, critically ill patients, and post-cardiac care.

George also sees the need for the use of more multimedia approaches to enhanced education such as an expansion of the medical books available through the Internet and more lectures on videotape.

Rural medical practice seems to be in the Torok-Both family blood. George's brother, Laszlo Torok-Both, practices in the Fort Saskatchewan area.

Further information and details on the RPAP and its initiatives may be obtained from:

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