

*2006-2007*

# KEY PERFORMANCE INDICATORS (KPI) REPORT

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This is the third annual report on key performance data for selected programs of The Alberta Rural Physician Action Plan (RPAP)



Key performance indicators (KPIs) are measurable, quantitative outcomes that have been developed based on the overall goal and the specific objectives of a program. KPI data is used to help determine program effectiveness and to fine tune organizational programming.

The Alberta Rural Physician Action Plan (RPAP) has developed KPIs for most of the programs they undertake to determine the success or progress of the program. This report includes data related to selected programs that are focused on each of RPAP's major target audiences - medical students and residents currently practicing rural physicians rural physicians' families, and Regional Health Authorities (RHAs) and their partner rural communities.



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# Supports for Students

In order to encourage rural practice among students and to provide a positive experience in rural Alberta, the RPAP has numerous programs aimed at the physician-in-training. The success of these programs is carefully monitored using KPIs.

## 1. School Outreach Program

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The RPAP School Outreach Program consists of career fairs and Lunch and Learn talks delivered to high school students by rural physician consultants. The program is coordinated through the local Alberta school divisions.

### 1.1 KPI **Number of initiatives undertaken by RPAP towards giving high school students exposure to rural medical practice.**

**RESULTS** Rural Physician Consultants in the North and South together took part in six school outreach activities in 2006-2007. In Northern Alberta a total of 130 students from 15 different schools attended a career fair. In Southern Alberta there were five career fairs with a total of 1000 students in attendance.

## 2. Shadowing Initiative

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RPAP helps organize opportunities for medical students to job shadow rural physicians. First and second-year medical students are provided with an opportunity to shadow a rural physician for all or part of a weekend on call.

### 2.1 KPI **Percent of first and second-year medical students who participated in the Shadowing Initiative.**

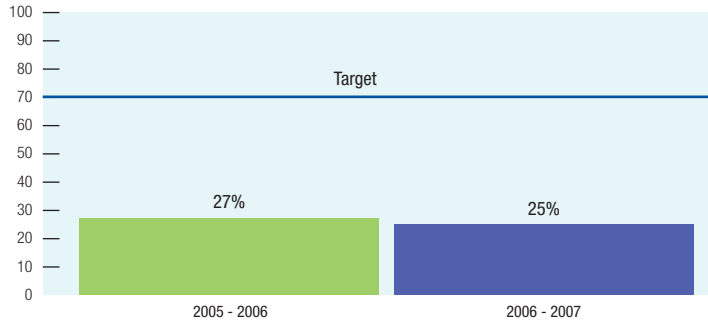
**RESULTS** There were a total of 127 students [48 University of Alberta (U of A) students, 79 University of Calgary (U of C) students] who participated in the Shadowing Initiative. The total number of students who were in first and second-year of medical school in each institution was 515 (134 - first-year students and 129 - second-year students at the U of A; and 144 - first-year students and 108 - second-year students at the U of C).

Therefore, the percentage of students who participated in Shadowing Initiatives in first and second-year medical school was 25% (127/515). This is a slight decrease in the percentage of students who participated for 2005-2006 (27%, 124/458), however, this difference includes an increase in the total number of first and second-year medical students in the 2006-2007. The target for this KPI is 70% and was not met in either year. The target will be reevaluated in the next fiscal year.

Objective:  
To provide high school students with exposure to rural medicine.

Objective:  
Expose medical students to rural medical practice early and often.

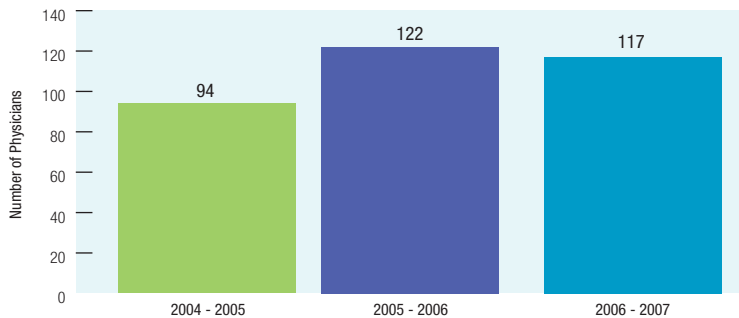
**KPI 2.1 Percent of 1st and 2nd Year Medical Students who Participated in the Shadowing Initiative**



**2.2 KPI Number of rural general practitioners who participated in the Shadowing Initiative.**

**RESULTS** There were 117 physicians involved in the Shadowing Initiative during 2006-2007. The number of rural general practitioners who participated in Shadowing Initiative for 2004-2005 was 122. There was a slight decrease in the number of physicians involved in the Shadowing Initiative from 2005-2006 to 2006-2007.

**KPI 2.2 Number of Rural General Practitioners who Participated in the Shadowing Initiative**



**2.3 KPI Percent of rural physician preceptors who indicated an overall satisfaction with the Shadowing Initiative.**

**RESULTS** During 2006-2007, 31 out of 117 physicians involved in the Shadowing Initiative responded to the survey. 94% (29/31) of the respondents indicated an overall satisfaction with the Shadowing Initiative. This exceeded the set target of 80% for the year.

**2.4 KPI Percent of students who indicated an overall satisfaction with the Shadowing Initiative.**

**RESULTS** During 2006-2007, 61 survey responses were received from the 127 students who participated in the program. 100% (61/61) of the respondents indicated an overall satisfaction with the Shadowing Initiative. This exceeded the set target of 80% for this KPI.

Objective:

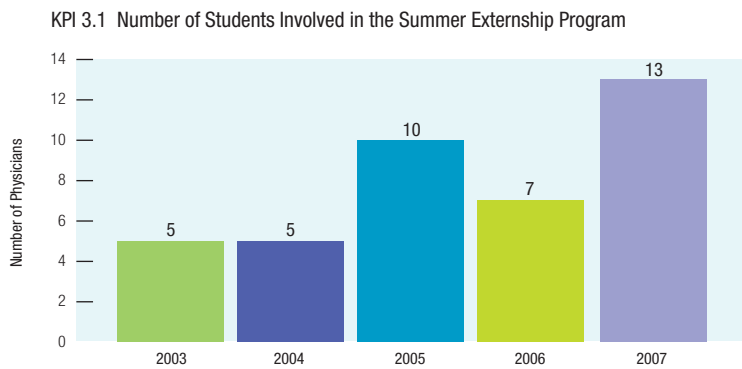
To encourage Regional Health Authorities (RHAs) to sponsor medical students during the summer to further expose early careerists to rural medical practice.

### 3. Summer Externship Program

The RPAP Summer Externship Program provides a grant of \$1000 per medical student towards a Regional Health Authority's (RHA) sponsorship of a student for a four-week period during the summer. Generally, the program involves at least three full days a week of exposure to medical practice and a quality improvement project that contributes to the clinical setting. Typically, there are eight-ten positions available on a first come, first serve basis. The time frame used for this KPI is an academic year.

#### 3.1 KPI Number of students involved in the Summer Externship Program.

**RESULTS** In 2007, 13 students participated in the Summer Externship Program. This is almost double the number of students (7) who participated in 2006. In previous years, 10 students were admitted in 2005, and five students participated in both 2003 and 2004.



### 4. University of Calgary/ University of Alberta Rural Rotations

Objective:

Encourage rural practice and provide a positive experience in rural Alberta.

In collaboration with the U of C and U of A, the RPAP provides funding and support to encourage medical students and residents to do mandatory and elective rotations with rural and regional preceptors. Alberta medical students and residents receive funding for travel and accommodations, and preceptors receive an honorarium directly from the RPAP. The preceptors in each of the training sites also have a direct link to the university they are affiliated with and are supported through RPAP-funded faculty development initiatives and on-site visits.

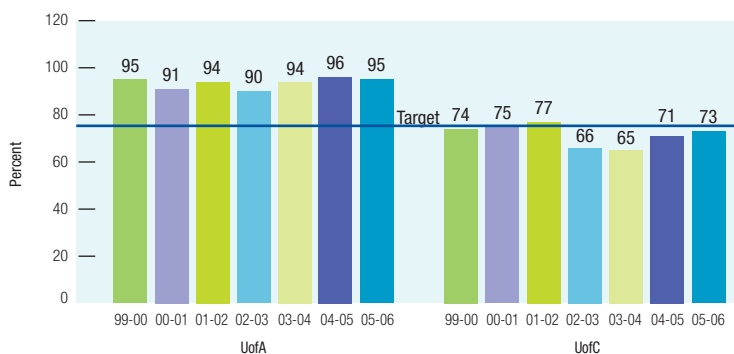
#### 4.1 KPI Percent of all third-year medical students (clerks) who received a rural/regional rotation (U of A/U of C).

**U OF A RESULTS** During the 2005-2006 academic year, 95% (128/135) of third-year medical students completed rural rotations. This is consistent with the 96% (121/126) of third-year medical students who completed a rural/regional rotation in 2004-2005. The target for this KPI is 75%. The U of A has achieved the set target for all seven years that this KPI has been measured.

**U OF C RESULTS** During the 2005-2006 academic year, 73% (83/114) of third-year medical students completed rural rotations. This is fairly consistent with the 71% (74/104) of third-year medical students who completed a rural/regional rotation in 2004-2005. The target for this KPI is 75%.

Source: Report from respective universities

KPI 4.1 Percent of All Third-Year Medical Students (Clerks) who Received a Rural/ Regional Rotation



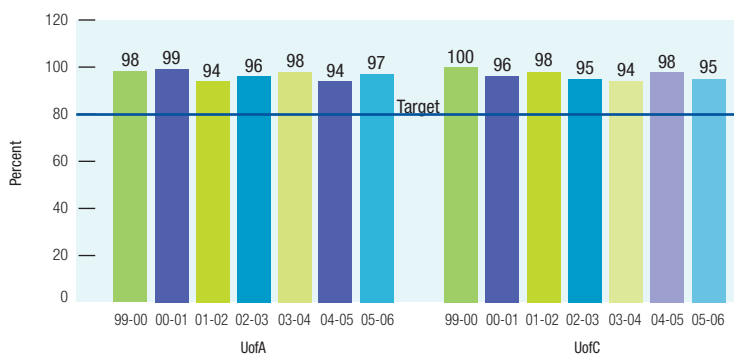
**4.2 KPI Percent of those third-year medical students (clerks) who received a rural/regional rotation and who indicated an overall satisfaction with their rural experience (U of A/U of C).**

**U OF A RESULTS** 97% (130/134) of all third-year medical students who received a rural/regional rotation in 2005-2006 indicated an overall satisfaction with their experience. This is a slight increase in the satisfaction rate from the 2004-2005 academic year (94%, 114/121) and exceeds the target for this KPI (80%). The U of A has achieved the set target for this KPI for the seven academic years that this KPI has been measured.

**U OF C RESULTS** 95% (53/56) of all third-year medical students who received a rural/regional rotation in 2005-2006 indicated an overall satisfaction with their experience. This is a slight decrease in the satisfaction rate from the 2004-2005 academic year (98%, 56/57) but exceeds the target for this KPI (80%). The U of C has achieved the set target for this KPI for the seven academic years that this KPI has been measured.

Source: Report from respective universities

KPI 4.2 Percent of Those Third-Year Medical Students (Clerks) who Received a Rural/ Regional Rotation and who Indicated an Overall Satisfaction with Their Rural Experience



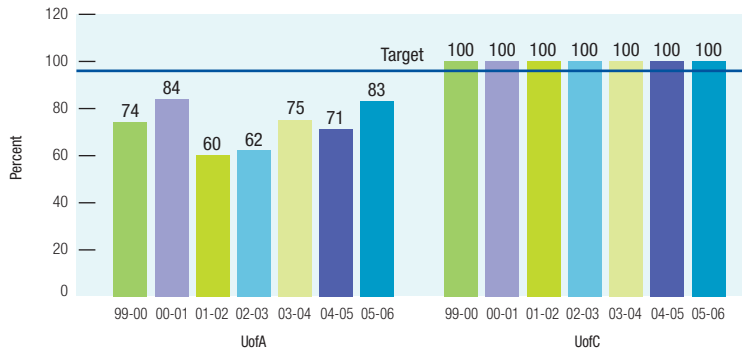
**4.3 KPI Percent of all Family Medicine residents who received a rural rotation by the end of their program (U of A/U of C).**

**U OF A RESULTS** 83% (50/60) of second-year Family Medicine residents completed a rural rotation during the 2005-2006 academic year. This is increased from the 71% (36/51) who completed a rural rotation during the 2004-2005 academic year. The target for this KPI is 95%.

**U OF C RESULTS** 100% of second-year Family Medicine residents completed a rural rotation during the 2005-2006 academic year. The target for this KPI is 95% and the U of C has exceeded the target with 100% for the seven years that this KPI has been measured.

Source: Report from respective universities

**KPI 4.3 Percent of Family Medicine Residents who Received a Rural Rotation by the End of their Program**



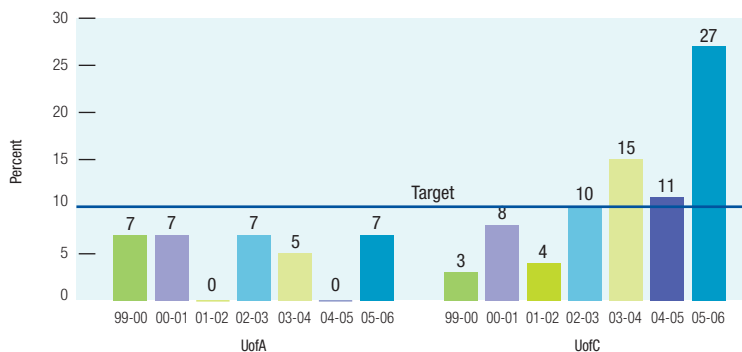
**4.4 KPI Percent of Royal College residents from designated programs who received a rural/regional rotation by the end of their program (U of A/U of C).**

**U OF A RESULTS** During 2005-2006, 7% (7/102) of Royal College residents received a rural/regional rotation by the end of their program. This is increased from 2004-2005 where 0% (0/85) of Royal College residents received a rural/regional rotation by the end of the program. The set target for this KPI is 10%.

**U OF C RESULTS** During 2005-2006, 27% (16/59) of Royal College residents received a rural/regional rotation by the end of their program. This is increased from 2004-2005 where 11% (4/37) of residents received a rural/regional rotation. The set target for this KPI is 10%.

Source: Report from respective universities

**KPI 4.4 Percent of Royal College Residents From Designated Programs who received a Rural/Regional Rotation by the End of Their Program**





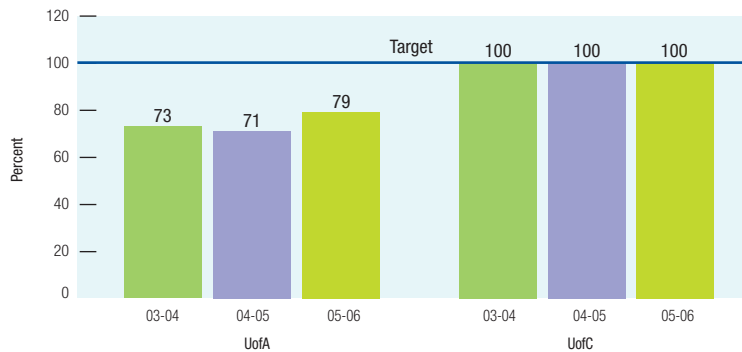
**4.5 KPI Percent of traditional program Family Medicine residents who received a rural/regional rotation of two or more month's total duration by the end of their program (U of A/U of C).**

**U OF A RESULTS** During the 2005-2006 academic year, 79% (38/48) of traditional program Family Medicine residents received a rural/regional rotation of two or more months by the end of their program. This is an increase from the 2004-2005 academic year when 71% (36/51) of the traditional program Family Medicine residents received a rural/regional rotation of two or more months. The target for this KPI is 100%, however the experience is not mandatory.

**U OF C RESULTS** During the 2005-2006 academic year, 100% of the traditional program Family Medicine residents received a rural/regional rotation of two or more months by the end of their program. The U of C has met the set target of 100% for this KPI for the three years it has been measured.

Source: Report from respective universities

KPI 4.5 Percent of Traditional Program Family Medicine Residents who Received a Rural/Regional Rotation of two or More Month's Total Duration by the End of Their Program



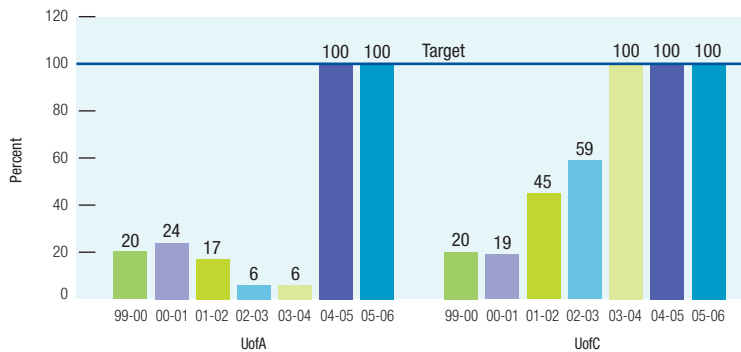
**4.6 KPI Percent of rural program (RAN/RAS) Family Medicine residents who received a rural/remote rotation of four or more month's by the end of their program (U of A/U of C).**

**U OF A RESULTS** 100% (12/12) of RAN Family Medicine residents received a rural/regional rotation of four or more months in the 2005-2006 academic year. This is consistent with the previous year (8/8). The target for this KPI is 100%.

**U OF C RESULTS** All Rural Division residents in the traditional program completed six months of rural training. All RAS residents completed 10 months of rural training. U of C achieved the set target of 100% for the past three academic years.

Source: Report from respective universities (Correction from 2005-2006 reported numbers)

**KPI 4.6 Percent of Rural Program (RAN/RAS) Family Medicine Residents who Received a Rural/Remote Rotation of Four or More Month's by the End of Their Program**



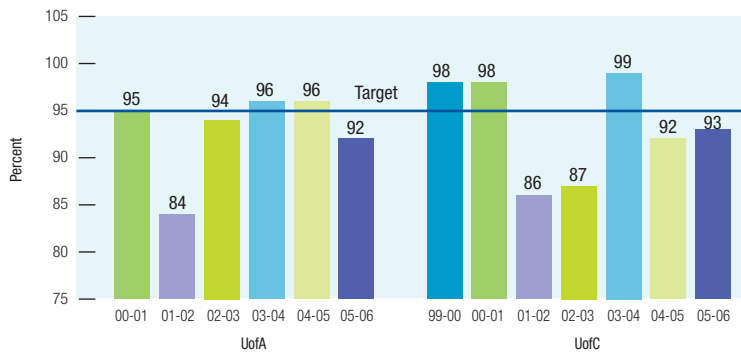
**4.7 KPI Percent of those medical residents who received a rural rotation and indicated an overall satisfaction with their rural experience (U of A/U of C).**

**U OF A RESULTS** During 2005-2006, 92% of the medical residents who received a rural rotation indicated overall satisfaction with the rural experience. This is decreased from the previous academic year in which 96% (27/28) of the medical residents who received a rural rotation indicated overall satisfaction with the rural experience. The target for this KPI is 80%. The U of A has met the set target in all six measured academic years (2000-2006).

**U OF C RESULTS** 93% (41/44) of the medical residents who received a rural rotation indicated an overall satisfaction with their rural experience in 2005-2006. This is similar to the 2004-2005 academic year (92%, 49/53). The target for this KPI is 80%. The U of C has met the set target in all seven measured academic years (1999-2006).

Source: Report from respective universities  
(Correction from 2005-2006 reported numbers)

**KPI 4.7 Percent of Those Medical Residents who Received a Rural Rotation and Indicated an Overall Satisfaction with Their Rural Experience**



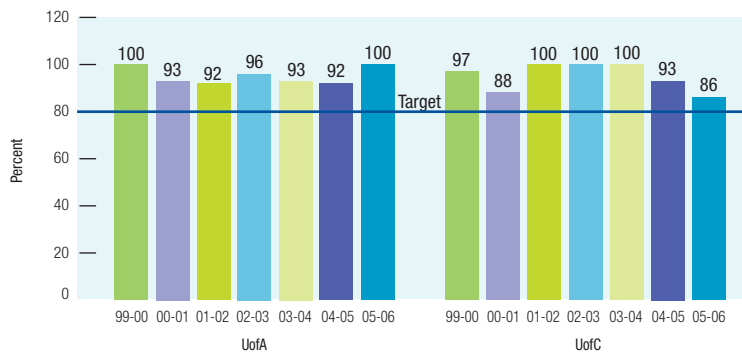
**4.8 KPI Percent of third-year clerkship rural preceptors or “primary site” coordinators who indicated an overall satisfaction with the program (U of A/U of C).**

**U OF A RESULTS** In 2005-2006, 100% (15/15) of undergraduate clerkship preceptors reported that they “agree or strongly agree” that the overall experience was worthwhile. This is increased from 2004-2005 where the figure was 92% (12/13). The target for this KPI is 80%. The U of A has exceeded the target for all seven years of this measurement.

**U OF C RESULTS** 86% (12/14) of the respondents reported that their overall experience was worthwhile. Clerkship preceptors representing Bassano, Brooks, Crowsnest Pass, Daysland, Drumheller, Lethbridge, Medicine Hat, Pincher Creek, Raymond, Rocky Mountain House, Strathmore, Sundre and Taber (14/18) sites responded to the evaluation. This KPI measure is decreased from 2004-2005 when 93% (13/14) of the respondents reported that the program was worthwhile and exceeds the target of 80%. The U of C has exceeded the target for all seven years of this measurement.

Source: Report from respective universities (Correction from 2005-2006 reported numbers)

**KPI 4.8 Percent of Third-Year Clerkship Rural Preceptors of “Primary Site” Coordinators who Indicated an Overall Satisfaction with the Program**



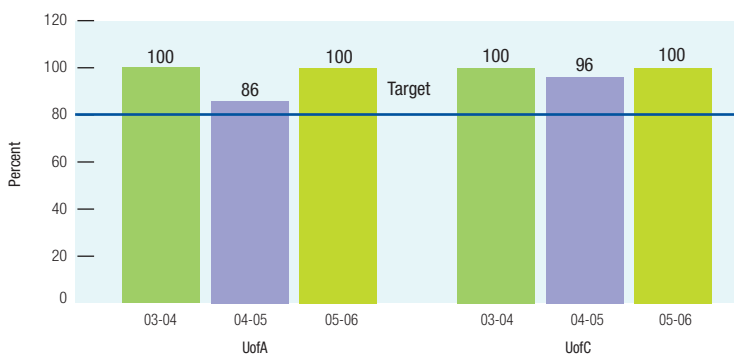
**4.9 KPI Percent of postgraduate or medical resident rural preceptors or “primary site” coordinators who indicated an overall satisfaction with the program (U of A/U of C).**

**U OF A RESULTS** 100% (9/9) of resident preceptors reported that they “agree or strongly agree” that their overall experience was worthwhile. This is an increase in satisfaction from 2004-2005 when 86% (6/7) of the respondents were satisfied overall. The set target for this KPI is 80%. The U of A has exceeded this target for the three years that this KPI has been measured.

**U OF C RESULTS** 100% (19/19) of resident preceptors reported that they “agree or strongly agree” (moderately satisfied to highly satisfied) that their overall experience was worthwhile. This is a slight increase in the result for this KPI during 2004-2005 (96%, 23/24). The set target for this KPI was 80%. The U of C has exceeded this target for the three years that this KPI has been measured.

Source: Report from respective universities

KPI 4.9 Percent of Postgraduate or Medical Resident Rural Preceptors or “Primary Site” Coordinators who Indicated an Overall Satisfaction with the Program



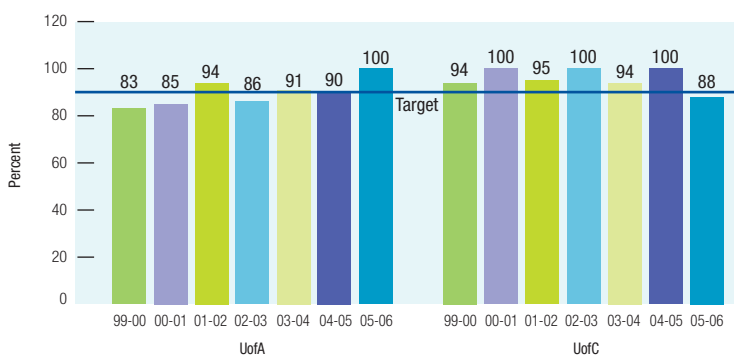
**4.10 KPI Percent of preceptors or “primary” site coordinators who indicated that they have been challenged to learn as a result of being a rural preceptor (U of A/ U of C).**

**U OF A RESULTS** In 2005-2006, 100% (20/20) of preceptors/primary site coordinators indicated that they have been challenged to learn as a result of being a rural preceptor. This is increased from 2004-2005 when the result for this KPI was 90% (18/20). The set target for this KPI is 90%.

**U OF C RESULTS** In 2005-2006, 88% (29/33) of preceptors/primary site coordinators indicated that they have been challenged to learn as a result of being a rural preceptor. This is decreased from 2004-2005 when, 100% (36/36) of resident preceptors indicated that they had been challenged to learn. The set target for this KPI is 90%.

Source: Report from respective universities

KPI 4.10 Percent of Preceptors of “Primary” Site Coordinators who Indicated that They Have Been Challenged to Learn as a Result of Being a Rural Preceptor



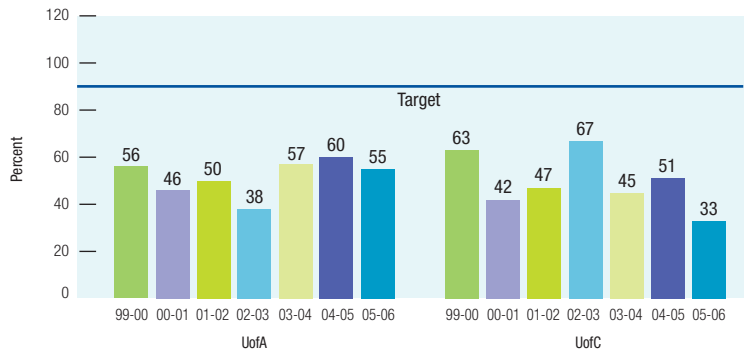
**4.11 KPI Percent of preceptors or “primary” site coordinators who indicated that they have a decreased sense of professional isolation as a result of being a rural preceptor (U of A/U of C).**

**U OF A RESULTS** During the 2005-2006 academic year, 55% (11/20) of preceptors who responded to the questionnaire indicated that they have a decreased sense of professional isolation as a result of being a rural preceptor. This is decreased from the 2004-2005 academic year when 60% (12/20) of preceptors indicated that they had a decreased sense of professional isolation as a result of being a preceptor. The target for this KPI is 90%.

**U OF C RESULTS** During the 2005-2006 academic year, 33% (11/33) of the preceptors who responded to the questionnaire indicated that they have a decreased sense of professional isolation as a result of being a rural preceptor. This is decreased from 2004-2005 when 51% (18/35) of preceptors indicated a decreased sense of professional isolation as a result of being a rural preceptor. The target for this KPI is 90%.

Source: Report from respective universities

KPI 4.11 Percent of Preceptors or “Primary” Site Coordinators who Indicated that They Have a Decreased Sense of Professional Isolation as a Result of Being a Rural Preceptor



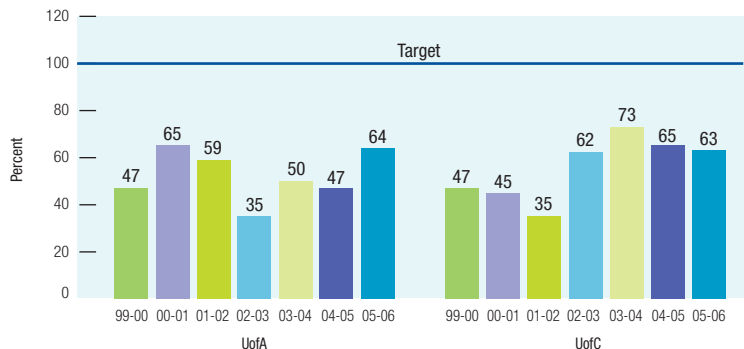
**4.12 KPI Percent of rural teaching sites represented at an annual conference of medical schools, preceptors and invited guests focused on evaluating rural medical challenges and trends, and addressing the changing medical training needs of rural communities and populations.**

**U OF A RESULTS** In 2005-2006, a total of 38 physicians representing 64% (14/22) of undergraduate sites and 64% (9/14) of resident sites attended the conference. This averages to 64%. Therefore 64% of the sites were represented for the year 2005-2006. This is increased from 2004-2005, when 21 rural preceptors representing 44% (11/25) of undergraduate sites and 54% (7/13) of resident sites attended (average 47%). The set target for this KPI is 100%.

**U OF C RESULTS** In 2005-2006, 63% (15/24) of rural southern Alberta teaching sites and regional teaching sites were represented at the conference. This is comparable to 2004-2005 when 65% (15/23) of rural southern Alberta teaching sites and regional teaching sites were represented. The set target for this KPI is 100%.

Source: Report from respective universities

KPI 4.12 Percent of Rural Teaching Sites Represented at an Annual Conference Focused on Evaluating Rural Medical Challenges and Trends, and Addressing the Changing Medical Training Needs of Rural Communities and Populations



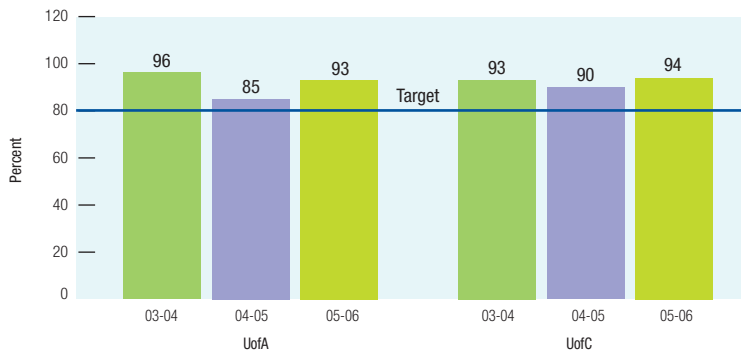
**4.13 KPI Percent of residents who reported positive exposure/acclturation to the rural physician lifestyle.**

**U OF A RESULTS** 93% of resident evaluations in 2005-2006 indicated that the resident’s exposure to the rural physician’s lifestyle was “good” to “excellent.” This is increased from 2004-2005 when 85% (23/27) reported a positive exposure. The target for this KPI is 75% and the U of A has exceeded the target for all three years of this measurement.

**U OF C RESULTS** 94% (29/31) of RAS residents reported being exposed/accltured to rural lifestyle “moderately well” to “extremely well” in 2005-2006. This is increased from 2004-2005 (90%, 36/40). The target for this KPI is 75% and the U of C has exceeded the target for all three years of this measurement.

Source: Report from respective universities

KPI 4.13 Percent of Residents who Reported Positive Exposure/Aclturation to the Rural Physician Lifestyle



Objective:  
Offer dedicated Family Medicine residency training to prepare competent physicians for the broad demands of rural practice and positively contribute to recruitment and retention of physicians in rural Alberta.

**5. Alberta Rural Family Medicine Network (ARFMN)**

The Alberta Rural Family Medicine Network (ARFMN) offers a two-year rural-based Family Medicine residency training program focused mainly on rural and regional community and hospital practices within rural Alberta. The program is offered collaboratively through units of the University of Alberta and University of Calgary Family Medicine residency programs, Rural Alberta North (RAN) and Rural Alberta South (RAS) respectively.

Rural Alberta North and Rural Alberta South each accept 10-15 residents per year through the Canadian Resident Matching Service (CaRMS) and the curriculum is taught largely by rural-based family physicians and specialists attached to the Family Medicine and Royal College specialty departments of both universities.

The Network is a unique collaborative venture of the RPAP, the Family Medicine departments of the Universities of Alberta and Calgary, and Alberta’s rural physicians and Regional Health Authorities.

**5.1 KPI Percent of physicians who successfully completed their rural residency and are practising in rural Alberta one year after graduation.**

**RURAL ALBERTA NORTH (RAN) RESULTS** Of the nine residents who entered the RAN node of ARFMN in 2004 (2006 completion), five are still practising in rural areas after one year. This represents a 56% (5/9) retention rate.

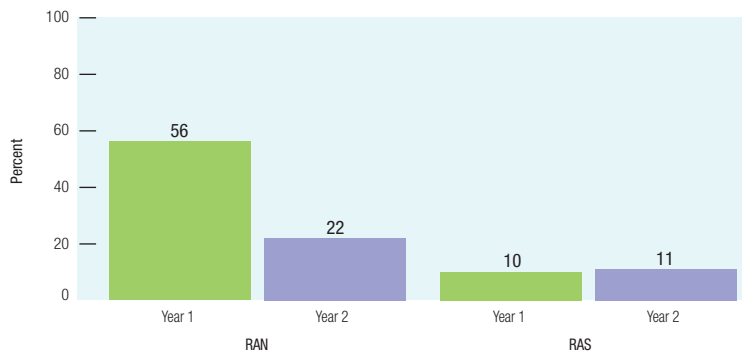
**RURAL ALBERTA SOUTH (RAS) RESULTS** Of the 10 residents who entered the RAS node of ARFMN in 2004 (2006 completion), one is still practising in rural areas after one year. This represents a 10% (1/10) retention rate.

**5.2 KPI Percent of physicians who successfully completed their rural residency and are practising in rural Alberta three years after graduation.**

**RURAL ALBERTA NORTH (RAN) RESULTS** Of the nine residents who entered the RAN node of ARFMN in 2002 (2004 completion), two are still practising in rural areas after three years. This represents a 22% (2/9) retention rate.

**RURAL ALBERTA SOUTH (RAS) RESULTS** Of the 9 residents who entered the RAS node of ARFMN in 2002 (2004 completion), one is still practising in rural areas after three years. This represents an 11% (1/9) retention rate.

KPI 5.1 and 5.2 Percent of Physicians who Successfully Completed Their Rural Residency and Are Practising in Rural Alberta One & Three Years After Graduation



## 6. Additional Skills Training (AST)

**Objective:**  
To provide an opportunity for postgraduate trainees to receive additional training to help them prepare for rural practice.

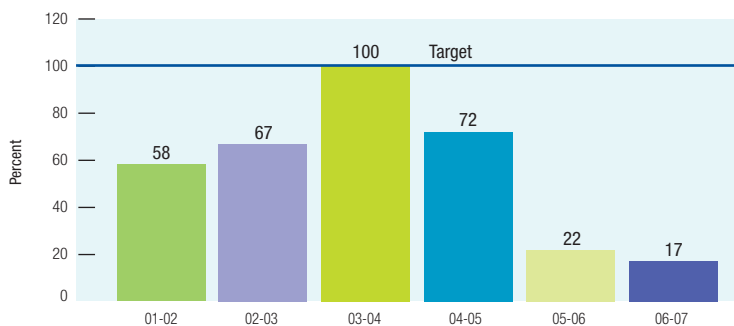
The RPAP and the Universities of Alberta and Calgary provide an opportunity for postgraduate trainees to complete up to one additional year in training to help prepare them for rural practice.

Eighteen (18) Additional Skills Training positions are available through the RPAP between both Universities in areas such as anaesthesia, surgery, obstetrics, GI medicine and palliative care. The type of training taken will depend on the resident's interests and the needs of the rural community he/she will be practising in.

**6.1 KPI Percent of all available AST positions filled.**

**RESULTS** Of the 18 positions available for the AST program in 2006-2007, 17% (3/18) were filled. Two positions were filled for Anesthesia and one position was filled for Palliative Care. This is down from 2005-2006 when 22% (4/18) of the AST positions were filled. The set target for this KPI is 100%. However the acquisition of these skills is not strongly supported by the Faculties of Medicine (FoM), and residents may be opting not to pursue these areas if there are no meaningful training opportunities.

KPI 6.1 Percent of All Available AST Positions Filled



**6.2 KPI Percent of residents completing the AST program who set up a medical practice in rural Alberta within one year of completing the program and continued that practice at least for one year.**

**RESULTS** Of the four filled positions in the AST program in 2005-2006, all four of the physicians established rural practices. This represents a 100% retention rate. This is increased from 2004-2005, when 23% (3/13) of the physicians who completed the AST program established rural practices. The target for this KPI is 100%.

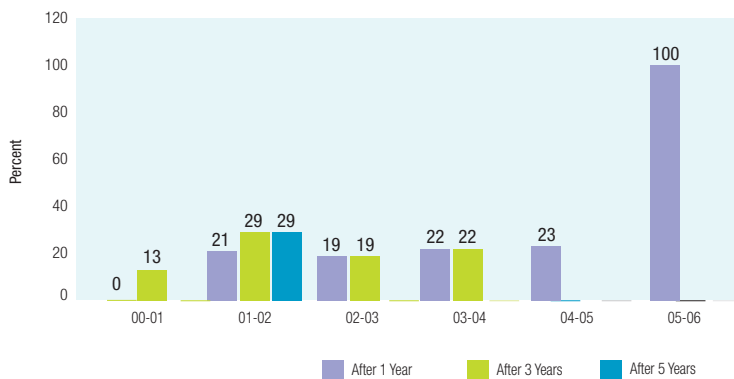
**6.3 KPI Percent of residents completing the AST program who are in rural practice three years after completing their training.**

**RESULTS** There were 18 physicians who completed AST training in 2003-2004. 22% (4/18) of the physicians continued to practise in rural Alberta after completing their AST program. This is slightly increased from 19% (3/16) in of 2002-2003, however it does not meet the set target of 50%.

**6.4 KPI Percent of residents completing the AST program who are in rural practice five years after completing their training.**

**RESULTS** There were 14 physicians who completed AST training in 2001-2002. 29% (4/14) of the physicians are still practising in rural Alberta.

KPI 6.2, 6.3 and 6.4 - Percent of Residents Completing the AST Program who are in Rural Practice after One, Three, and Five Years.





Objective:  
To encourage and support new Alberta-trained physicians in establishing rural practices.

## 7. Matching Signing Bonus

The RPAP and Regional Health Authorities (RHAs) in Alberta collaborate to provide new, Alberta-trained physicians with the opportunity to receive a matching bonus for signing a Return-in-Service Agreement (RiSA) with a participating RHA for practice in a rural or regional community. Medical school and/or residency-trained physicians who sign a RiSA with a participating rural RHA between 1 January and 31 December in the year of their residency graduation are eligible. The physician must begin practice within 12 months of completing their residency and the term of the RiSA must be for a minimum of one year. The number of matching signing bonuses for practice available from the RPAP may vary on an annual basis and are provided on a "first come" basis. A physician may only receive the matching RPAP signing bonus for practice once.

### 7.1 KPI **Percent of physicians remaining in rural Alberta practice three years after receiving the Matching Signing Bonus.**

**RESULTS** 82% (9/11) of the residents who signed the Matching Signing Bonus with RPAP in 2004 are working in rural Alberta after three years. This is increased from the 67% (6/9) of the residents in 2006 who were still in practice after signed the Matching Signing Bonus three years prior (2003) and exceeds the 60% target set for this KPI.

### 7.2 KPI **Percent of physicians remaining in rural Alberta practice five years after receiving the Matching Signing Bonus.**

**RESULTS** 67% (4/6) of the residents who signed the Matching Signing Bonus with RPAP in 2002 are working in rural Alberta after five years. This represents a decrease from the 100% (3/3) of the residents in 2006 who were still in practice after signed the Matching Signing Bonus five years prior (2001), yet it still exceeds the 40% target set for this KPI.

(Correction from last year's numbers)

KPI 7.1 and 7.2 Percent of Physicians Remaining in Rural Alberta Practice Three and Five Years After Receiving the Matching Signing Bonus



# Supports for Practising Physicians

The RPAP has established several programs to assist practising rural physicians in maintaining their skills and continuing to practice in rural Alberta. Programs include: Continuing Medical Education (CME) events, Enrichment Training, and the Rural Weekend Locum Program. KPIs are being developed for more recent programs such as the new General Emergency Medicine Skills (GEMS) Program.

## 8. University of Alberta/University of Calgary Continuing Medical Education (CME)

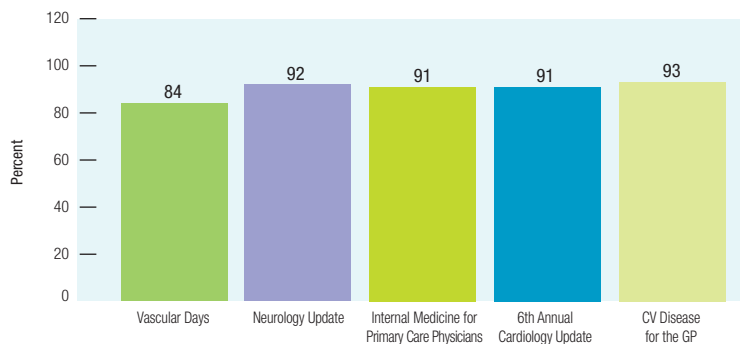
The RPAP provides funding to the Continuing Medical Education (CME)/Continuous Professional Learning (CPL) programs at both the University of Alberta and University of Calgary towards high quality programming to meet the CME/CPL needs of rural Alberta physicians. Although programming at the two universities differs in content, both offer regional conferencing and teleconferencing sessions on a regular basis.

Objective:  
To support professional learning opportunities for practising rural physicians.

### 8.1 KPI **Percent of participants who indicated satisfaction with the RPAP-funded CME programs (U of A/U of C).**

**U OF A RESULTS** During the 2005-2006 academic year, the university offered five CME programs funded by the RPAP. 93% of the participants who attended CV Disease for the GP were satisfied with the program. 92% who attended the Neurology Update indicated satisfaction; 91% indicated satisfaction with Internal Medicine for Primary Care Physicians as well as for the 6th Annual Cardiology Update; and 84% of participants were satisfied with Vascular Days.

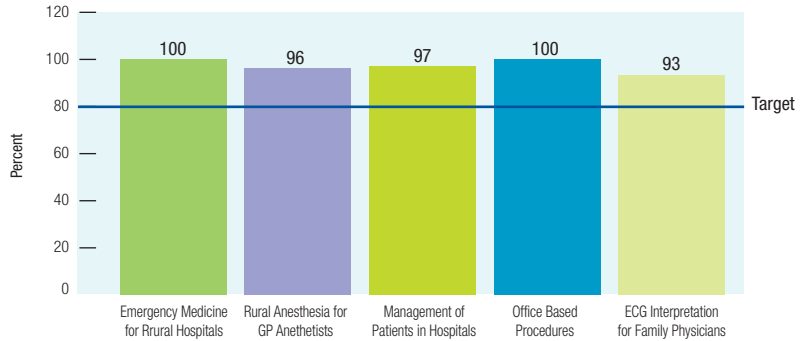
KPI 8.1A Percent of Participants who Indicated Satisfaction with RPAP-Funded UofA CME Programs



**U OF C RESULTS** During the 2005-2006 academic year, the university CME office offered two courses specially designed for physicians in rural areas (Emergency Medicine for Rural Hospitals and Rural Anesthesia for GP Anesthetists) and three contract courses deemed to be of interest to rural physicians (Management of Patients in Hospitals, Office-Based Procedures and ECG Interpretation for Family Physicians). Participants in all of the programs indicated satisfaction above the set target of 80% with 100% satisfaction with the Emergency Medicine for Rural Hospitals (102/102) and the Office-Based

Procedures (35/35) courses; 97% with Management of Patients in Hospitals (29/30); 96% with Rural Anesthesia for GP Anesthetists (23/24); and 93% with ECG Interpretation for Family Physicians (39/42).

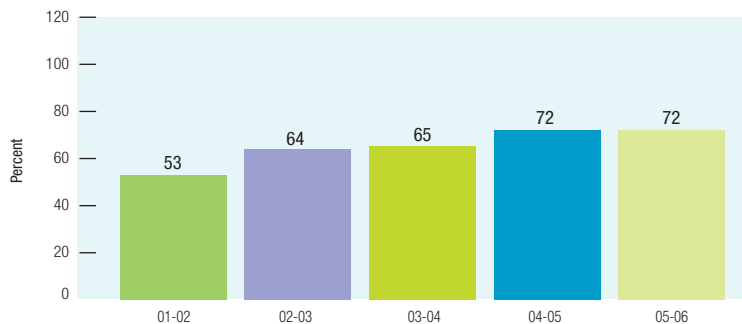
**KPI 8.1B Percent of Participants who Indicated Satisfaction with RPAP-Funded University of Calgary CME Programs**



**8.2 KPI Percent of eligible rural physicians who have registered to use the RPAP's Virtual Library website.**

**RESULTS** During the 2005-2006 academic year, 72% (1119/1557) of the eligible rural physicians were registered to use the Virtual Library. This is consistent with 72% in 2004-2005 (1066/1471).

**KPI 8.2 Percent of Eligible Rural Physicians who Have Registered to Use the RPAP's Virtual Library Website**

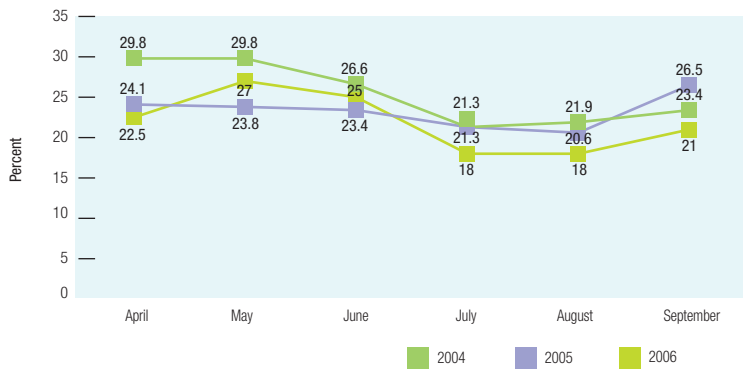


**8.3 KPI Number of registered users who utilize the MD Consult component of the Virtual Library website on a daily basis for the period of April to September.**

**RESULTS** In 2006, the number of MD Consult unique daily users from April to September ranged between 18 in the summer (July and August) and 27 in May. This trend is consistent with the previous year, however there was an average of three daily users fewer per month in 2006 than 2005.

Source: MD Consult, the average number of different MD Consult users/day

**KPI 8.3 Number of Registered Users who Utilize the MD Consult Component of the Virtual Library Website on a Daily Basis**

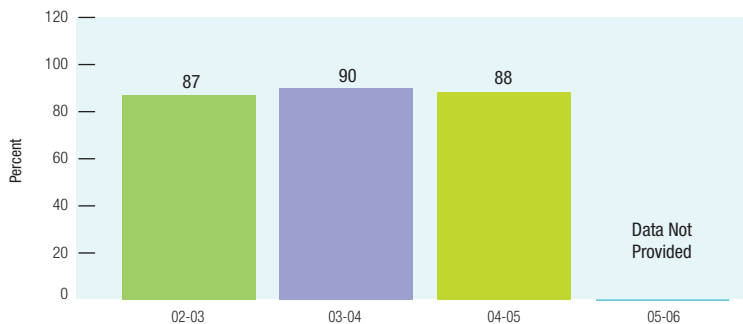


**8.4 KPI Percent of recent registered users who are satisfied with the Virtual Library website.**

**RESULTS** Results were not provided for 2005-2006.

For 2004-2005, 88% (76/86; 2 No Response) of the respondents were either “satisfied” or “very satisfied” with the Virtual Library. In that academic year, 18% (88/499) of MD Consult users registered to use the Virtual Library since January 2005.

**KPI 8.4 Percent of Recent Registered Users who are Satisfied with the Virtual Library Website**



**9. Enrichment Program**

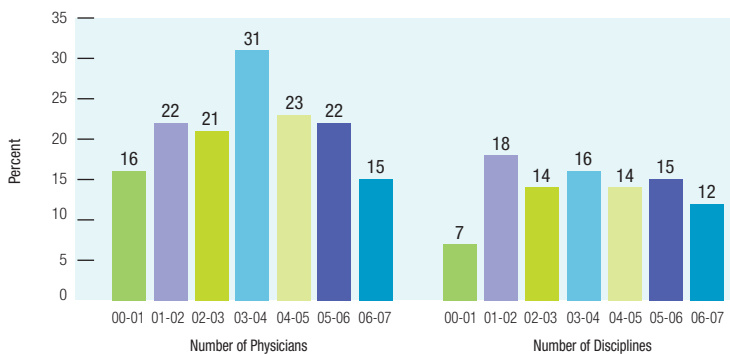
The RPAP provides coordination for customized enrichment training for rural and regional physicians. Physicians are preceptored by the Faculty of Medicine at one of the universities or another training facility. After an application detailing the training request is submitted, the RPAP Skills Broker reviews the application for approval and “brokers” the request to the preceptor organization. Upon approval, RPAP provides an honorarium for both the trainee and the preceptor.

**9.1 KPI Number of physicians accepted into the Enrichment Program and the number of disciplines offered.**

**RESULTS** 15 physicians were accepted into the Enrichment Program in 2006-2007 and there were 12 disciplines offered in that year. Fewer physicians applied in 2006-2007 than 2005-2006 when 22 physicians were accepted into 15 disciplines.

**Objective:**  
To assist physicians in rural or regional communities to upgrade existing skills or gain new skills in order to meet the medical needs of the community or surrounding areas.

**KPI 9.1 Number of Physicians Accepted Into the Enrichment Program and the Number of Disciplines Offered**

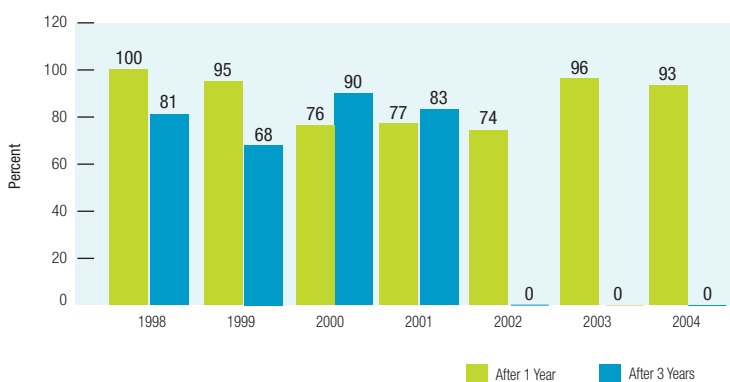


**9.2 KPI Percent of trainees remaining in the region and utilizing their special skills one and three years after receiving the training.**

**RESULTS** 15 physicians completed the Enrichment Program in 2005-2006. 93% (14/15) of these physicians remained in rural Alberta after one year. This is slightly decreased from the 96% (22/23) of physicians who completed their program in 2004-2005 (as measured in 2005-2006), however it exceeds the target set for this KPI (90%).

31 physicians concluded their Enrichment Program Training in 2003-2004. Out of these 31 physicians, 30 physicians were included calculating this KPI (the remaining one did not complete the training in the reporting year). 83% (25/30) of the physicians are practising in rural Alberta after three years. This is decreased from the 90% (19/21) of physicians who concluded their program in 2002-2003 (as measured in 2005-2006) but surpassed the 70% target for this KPI.

**KPI 9.2 Percent of Trainees Remaining in the Region and Utilizing Their Special Skills One and Three Years After Receiving Training**



**10. Weekend Locum Program**

The RPAP developed the weekend locum program in 1996 as an expansion of their short-term locum program. Funded by RPAP and administered by the Alberta Medical Association, this initiative provides weekend relief so rural physicians may work emergency department shifts of a frequency no greater than one-in-four weekends.

**KPI Metrics being developed by the AMA Physician Locum Service.**

**Objective:**

Ensure that weekend call for participating physicians is no greater than one in four.

# Supports for the Regional Health Authorities and Communities

RPAP offers a number of programs to support Regional Health Authorities (RHAs) and rural communities. Positive, supportive relationships with both entities encourage medical students and residents to consider rural practice, and practising physicians and their families to remain in the rural setting. Thus, programs are designed to foster collaborative relationships among medical students, residents, practising physicians, Regional Health Authorities and rural communities.

Many RPAP programs promote the recruitment and retention of physicians in rural Alberta. Recruitment Fairs, the Shadowing Program, and Rural Tours provide opportunities for medical students and residents to start building relationships and to learn about future practice opportunities.

## 11. Spousal and Family Programming

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The RPAP hosts a number of events and services to assist physicians' spouses and families to enrich their rural experience and to build a network of other rural physicians' families. Activities include spousal/family events at medical conferences and the annual ARFMN orientation; and referrals to services and resources. Interested family members may contact the RPAP to receive assistance in planning and organizing activities.

### 11.1 KPI **Number of spousal/family events that take place during the fiscal year.**

**RESULTS** In 2006-2007, three events were organized for physician's spouses and families. All three events were organized for spouses and family members attending medical meetings/events. This is slightly decreased from the four events in 2005-2006.

## 12. RPAP Recruitment

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The RPAP provides a number of programs to assist Regional Health Authorities and communities in the recruitment of rural physicians. These programs include:

- Annual Recruitment Fairs in Edmonton and Calgary;
- The Recruitment Expense Program which reimburses some of the expenses incurred by rural RHAs and newly recruited physicians;
- Rural Health Week which provides an annual focus to raise awareness and showcase some of the unique positive contributions and skills of rural health professionals and organizations;
- Rural Physician Recruitment and retention grants that are provided to foster the development of innovative program ideas that promote recruitment and retention rural physicians, and project ideas for physician recruitment and retention targeted at the local level;

Objective:  
To enrich the rural experience for physicians' spouses and family members.

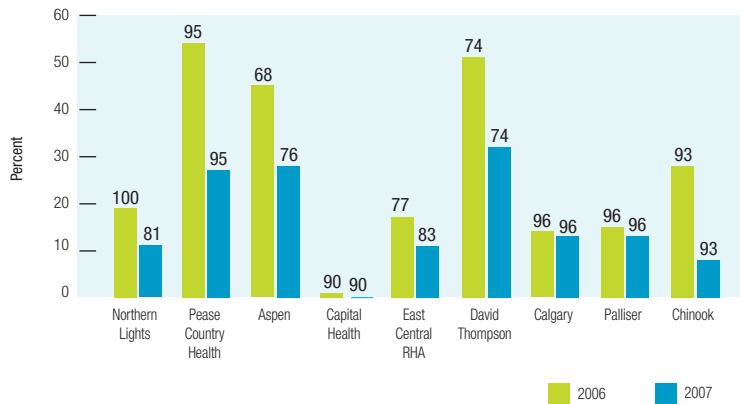
Objective:  
Assist in and facilitate community participation in the recruitment and retention of rural physicians.

- The Physician Privileges Advisory Committee (PPAC) that advises Regional Health Authorities, hospital boards and the AMA Physician Locum Services® (PLS) about appropriate privileges for physicians working in health authority facilities and through the PLS; and
- The Alberta Rural Community Recruitment and Retention Award which recognizes the rural Alberta community that has best developed innovative, collaborative approaches and solutions resulting in successful physician recruitment and retention in their area each year.

**12.1 KPI Number of physician vacancies by health region (for recording purposes only).**

**RESULTS** David Thompson had the most number of vacancies for physicians (32) followed by Aspen (28), Peace Country Health (27), Palliser (13), Calgary (13), Northern Lights (11), East Central RHA (11), Chinook (8) and Capital Health (0). The total number of vacancies for physicians in 2007 was 143. This is down from 2006 when there were 244 vacancies across the province.

KPI 12.1 Number of Physician Vacancies by Health Region



**12.2 KPI Percentage of attendees expressing satisfaction with the recruitment fairs.**

**RESULTS** There were two recruitment fairs conducted during 2006-2007, one in Edmonton and one in Calgary. The overall rating for all aspects of the Edmonton career fair was 100% (13/13) and for Calgary was 100% (14/14). Therefore, the percentage of all attendees who indicated that the recruitment fairs met their needs was 100%.

Objective:

To provide an effective platform for interaction between medical students/residents, RHAs, physicians and community representatives for possible future rotations and post graduate practice.

Objective:

To increase the capacity of rural communities to participate with their RHA and their local physicians in recruitment and retention activities.

**13. Initiatives to Support Community Development**

RPAP provides consultants who are available to meet with communities, physicians or recruitment and retention committees to support community development.

**13.1 KPI Number of meetings between RPAP Consultants and communities, physicians or recruitment and retention committees.**

Objective:  
Have the right number of physicians in the right places, offering the right services in Rural Alberta.

**RESULTS** In 2006-2007, the Consultant in Northern Alberta conducted four meetings and the Southern Consultant conducted 12 meetings. The total was 16 meetings with communities, physicians and recruitment and retention committees. This is significantly decreased from 2005-2006 (total of 56 meetings) due to a decrease in requests from the community. The target for this KPI has not been determined.

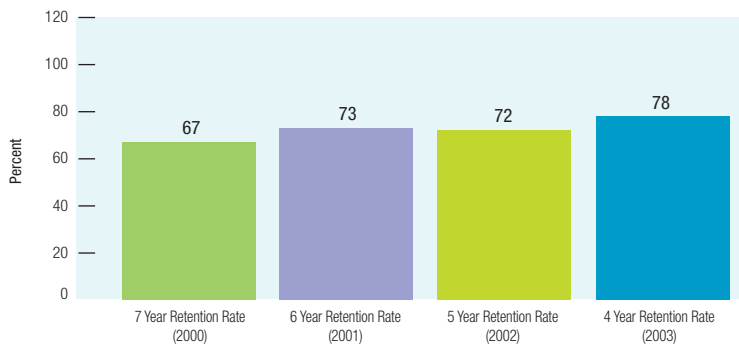
## 14. Retention

The RPAP monitors the retention rate of physicians in their communities to identify issues regarding the movement of physicians out of communities.

### 14.1 KPI **Retention rate of rural physicians (according to the annual census at that time).**

**RESULTS** The retention rate for rural physicians shows that 67% (894/1326) of physicians are still practising in Alberta since 2000 (seven year retention rate). The six year retention rate (since 2001) is 73% (987/1351) and is similar to the five year retention rate of 72% (1007/1391). 78% (1095/1412) of rural Alberta physicians are still in practice after four years (since 2003).

KPI 14.1 Retention Rate of Rural Physicians





# Notes

The methodology used for calculation of each KPI is detailed in the RPAP KPI manual. Notes provided below are report specific or for cases that were calculated differently from the guidelines in the KPI manual. Modifications were mainly due to the unavailability of the data.

**KPI 1** A new KPI was developed for the School Outreach Program.

**KPI 4.3** The raw data for the 2004-2005 and 2005-2006 U of C figures for this KPI were not available from the source report provided by the University.

**KPI 4.5** The raw data for the 2004-2005 and 2005-2006 U of C figures for this KPI were not available from the source report provided by the University.

**KPI 4.6** There is a correction in the figures for this KPI. The incorrect figures were published in the 2005-2006 KPI Report and this KPI has been corrected according to the source reports provided by the Universities.

**KPI 4.7** There is a correction in the 2004-2005 U of A and U of C figures for this KPI. The incorrect figures were published in the 2005-2006 KPI Report. This KPI has been corrected according to the source reports provided by the Universities.

The raw data for the 2005-2006 U of A figure for this KPI was not available from the source report provided by the University.

**KPI 4.11** There is a correction in the 2004-2005 U of C figure for this KPI. The incorrect figure was published in the 2005-2006 KPI Report. This KPI has been corrected according to the source report provided by the University.

**KPI 4.13** The raw data for the 2005-2006 U of A figure for this KPI was not available from the source report provided by the University.

**KPI 5** New KPI's were introduced for the Alberta Rural Family Medicine Network (ARFMN). This is the first year that this KPI has been measured.

**KPI 7.2** There is a correction in the figures for this KPI. The incorrect figures were published in the 2005-2006 KPI Report. This KPI has been corrected according to the source reports provided by the Universities.

**KPI 8.1** The raw data for the U of A figures for this KPI was not available from the source report provided by the University.

**KPI 8.4** Users were classified as "recent" if they had registered for the website in the last half of the academic year (January – April).

**KPI 9.1** For the Enrichment Program, the same physicians who enrolled in two disciplines were counted as one and the disciplines were counted individually. Disciplines which were similar in nature but dissimilar in name were considered as one.

**KPI 12.1** The calculation of vacancies for the RHAs was done on a year-ending basis. There was no data available to calculate the number of vacancies filled.

**KPI 14** A new category and KPI was developed for retention.

The number of rural physicians in the base year is taken as the denominator. The number of physicians who are practising in rural Alberta in 2007 is calculated and taken as the numerator. For example, in 2000 there were 1326 rural physicians and out of these, 894 of them are still practising in rural Alberta in 2007.

## **RESEARCH AND COMMUNICATION**

The KPIs for Research (previously KPI 14) and Communication (previously KPI 15) have been omitted pending further development.





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