

THE ALBERTA
RURAL
PHYSICIAN
ACTION PLAN

A n n u a l R e p o r t

1 April 2007-31 March 2008



07 08

The Alberta Rural Physician Action Plan Vision

Having the right number of physicians in the right places, offering the right services in Rural Alberta

Mission

The Alberta Rural Physician Action Plan supports Alberta's rural physicians, their families and communities in improving the quality of rural health care by offering comprehensive, integrated initiatives to enhance rural medical services, education, recruitment and retention.

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The Honourable Ron Liepert
Minister of Alberta Health and Wellness
#323 Legislature Building
10800 - 97 Avenue
Edmonton, AB T5K 2B6

Dear Honourable Ron Liepert:

Re: Letter of Accountability

I have the honour to present the Annual Report of The Alberta Rural Physician Action Plan (RPAP) for the fiscal year ended 31 March 2007.

This Annual Report was prepared under the Board's direction in accordance with the Companies Act (Alberta) and outlines the RPAP's accomplishments and future direction.

All material economic and fiscal implications known as of 31 March 2007 have been considered in its preparation.

Respectfully submitted on behalf of the RPAP Board,

Clayne Steed, MD
Chair, RPAP Board of Directors

RPAP Award Recipients

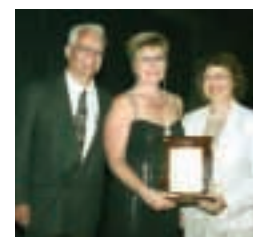
Award of Distinction



Early Careerist



Rural Community Recruitment & Retention



RPAP Award of Distinction Recipients

Dr. Stu Iglesias
Hinton, 2002

Dr. David Miller
Beaverlodge, 2003

Dr. Michael Boorman
Rimbey, 2004

Dr. Elizabeth Racz
2005

Dr. Tom Phillips
Spirit River, 2006

Dr. Lawrence Olfert,
Drumheller, 2007

RPAP Early Careerist Award Recipients

Dr. Michael Kolber
Peace River, 2005

Dr. Ian Seal,
Slave Lake, 2006

No Award Presented, 2007

RPAP/Alberta Chambers of Commerce Rural Community Recruitment and Retention Award

City of Cold Lake, 2007

Message from the RPAP Chair and the Executive Director

Strengthening Rural Physician Recruitment and Retention

The Alberta Rural Physician Action Plan (RPAP) continues to build on its programs and successes. An evaluation of RPAP in 2006 showed that the RPAP has made a substantial contribution to the recruitment and retention of physicians in Alberta. RPAP has since undertaken a number of enhancements to its recruitment functions in 2007-2008 to support the efforts of local physicians, health regions and local communities. More are planned in 2008-2009.

RPAP's popular www.AlbertaPhysicianLink.ab.ca website provides all the necessary immigration and licensing information for prospective physicians in one, easy-to-find location. The site also has a searchable database of vacancies maintained by the province's physician recruiters, and links to community profiles on most of Alberta's communities. This site has proven to be of great interest to suitable Canadian medical graduates and IMGs interested in living and practising in Alberta's communities. AlbertaPhysicianLink will be completely revamped in 2008 thanks to a grant from Alberta Employment and Immigration.

RPAP also hired a Recruitment and Relocation Consultant in February 2008. The Consultant uses sophisticated recruitment software for case management, tracking and following up on leads developed through inquiries to AlbertaPhysicianLink, from J-1 visa returnees and Alberta trainees, as well as leads developed from attendance at domestic and UK physician recruitment fairs. The Recruitment and Relocation Consultant also complements the community development work RPAP performs through its Community Physician Consultants.

Integration of the new physician and their family is perhaps the most important aspect when tapping into the domestic and international pools of suitable candidates. RPAP has been working over the past several years with individual communities to aid them in establishing and sustaining formal recruitment and retention committees.

RPAP recently completed the process of collecting the community experiences from 10 communities involved in physician recruitment and retention – Redwater, Manning, St. Paul, Cold Lake, High Prairie and Drumheller - as well as the former East Central, David Thompson, Northern Lights, and Peace Country Health regions.

An analysis of the community experiences, to be used in RPAP's community development work, identified the following learnings from physician recruitment and retention activities:

- It is important to document the recruitment and retention (R&R) process so that new volunteers can fit into, or pick up on, the process easily;
- R&R is an on-going process even when there is no immediate crisis;

- The R&R processes used by communities to recruit physicians can also be used to attract other people/professionals to the community;
- Effective R&R committees in communities have good working relationships with the health region and the physicians in the community;
- Effective recruitment and retention committees are comprised of five - six people at the core, a secondary group involved in the work, and a third group in the community that support the work;
- The long-term focus of the R&R work is about building a healthy community, not just healthy citizens;
- Communities must understand that they are recruiting not only a physician but his/her family;
- Understanding physicians' and their families' needs and lifestyles helps identify whether the community and the practice are a match;
- Incentives are important in providing support to new physicians but "money doesn't keep people in the community;" and
- It is critical that the community help with the cultural/community integration of new physicians and their families.

The RPAP Board also recognizes that retention is the equally important partner to recruitment. Support of proven retention programs, such as the rural locum programs offered through AMA Physician Locum Services, and continuous professional development programs like our General Emergency Medicine Skills (GEMS) program with it's two new modules, continues with a constant regard to new programs and technologies that will benefit practicing physicians.

The RPAP has appreciated an excellent working relationship with the Universities of Alberta and Calgary. Dean Tom Marrie and Dean Tom Feasby share with RPAP a commitment to rural Alberta in resource utilization and training programs at all levels.

In closing, we acknowledge and thank all those rural physicians who provide dedicated service to their communities and help train the next generation of physicians. We also thank RPAP's many partners who bring our programs to life.

Yours truly,



Dr. Clayne Steed, Chair



David Kay, CHE, FACHE,
Executive Director

“Every day you may make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb.”

*Sir Winston Churchill,
British politician (1874 - 1965)*

Highlights &
Accomplishments
2007- 2008

Supports for Students

Student Outreach Programming

Given extensive research evidence indicating that one of the most cost-effective ways to recruit and retain rural health workers is to recruit young people who grew up in rural areas and who have an interest in practising there, RPAP provides rural School Outreach programming to encourage junior and senior high school students to consider a career in rural medicine. Some of the initiatives undertaken or soon to be undertaken include:

2008 Health Careers Exploration Summer Camp

RPAP is one of several partners involved in the organizing of a summer career camp for rural high school students. This camp will enable students to explore a variety of healthcare career options in a rural campus setting. The camp will take place 6 - 12 July 2008 at Portage College in Lac La Biche, although planning began in 2007. Classroom, as well as hands-on experiential opportunities, will be offered. Students will be able to earn three credits in the Community Health CTS Strand. A minimum of 25% of the seats will be reserved for Aboriginal students. Project partners include RPAP, Portage College, Aspen Health Region, Careers: the Next Generation, Treaty 8 First Nations of Alberta, Northern Alberta Development Council, and Northern Lights School Division.

North-Central ATA Convention

RPAP co-hosted an exhibit booth with the University of Alberta (UofA) MD Ambassadors program at the North-Central Alberta Teachers' Association convention held 7 - 8 February 2008 at the Shaw Convention Centre in Edmonton. The purpose of RPAP's display was to raise awareness among school teachers, parents and guidance counsellors about RPAP's school outreach initiatives. This event annually draws 6,500 kindergarten to grade 12 teachers from schools in rural areas in north-central Alberta.

Bonnyville Career Expo

The RPAP was part of the Lakeland Regional Job Fair and Career Expo held in Bonnyville Centennial Centre on 20 February 2008. Approximately 1,200 students from schools in surrounding communities attended. A career passport, which included questions to be answered at the RPAP table, ensured student interaction with RPAP representatives throughout the fair. A number of students stopped to ask additional questions regarding medical school and a career as a physician. Two UofA medical students, Brandon Ball and Ruth McGaffigan, participated and spoke to many of the students about their experiences as medical students.



Battle River Career Fair

The RPAP was also part of the Battle River School Division Career Fair held in Camrose on 21 February 2008. Eighty-seven students from many of the 17 schools in the division attended a physician-specific presentation. RPAP, with involvement from two UofA medical students Dean Jeffery and Caroline Xu, held an interactive session offering prizes to participating students who could correctly define medical terms found on a list. Tammy Syrnyk, Operations Coordinator with East Central Health, also participated in the session and provided information on the "East Central Health Opportunities" (ECHO) program for students.

Lac La Biche Regional Career and Education Expo

The RPAP's booth at this career and education expo held at Portage College on 5 March 2008, included UofA medical students, Daisy Hartman and Ian Armstrong, who offered information to students

interested in finding out more about "how to become a doctor." Over 1,400 career seekers and students attended the expo through the course of the day, and RPAP's "The Ultimate Career Quest" had students seeking answers to pre-determined questions from each of the exhibition booths. In addition, RPAP gave away prizes to the individuals who could define words

found on a medical terminology list, ensuring lots of interaction between students and RPAP representatives.



Supports for Medical Students

The RPAP supports a host of initiatives aimed at encouraging medical students to consider a career in rural medicine. The following are some examples:

2008 AMSCAR Conference

The Annual Medical Student Conference and Retreat (AMSCAR) was held in Banff 1 – 3 February 2008. The RPAP was again involved in the overall planning for the event, offered some financial sponsorship, a hospital tour and also hosted the extremely popular medical skills workshop. Over 300 medical students from both Alberta universities attended the weekend event.

Rural Medical Interest Groups (RMIG) Update

The RPAP continues its support of Rural Medical Interest Groups (RMIGs) at both Alberta universities. These groups support and encourage medical students' interest in rural medical careers, both as family physicians and general specialists.

The RPAP held a "Meet and Greet" with the RMIG groups in the fall of 2007. The first was at the University of Calgary (UofC) on 20 August 2007, with 80 students attending. A similar function was held at the UofA on 13 September 2007, with 60 students participating.

RPAP Hosts 2007 Recruitment Fairs

More than 400 medical students and residents from the UofA and UofC attended the 14th annual RPAP recruitment fairs on 18 and 20 September 2007. Participants met representatives of Alberta Regional Health Authorities (RHAs) and the AMA Physician Locum Services® to learn about opportunities related to rural practice. Both fairs were held in bright new locations on the university campuses. RPAP also held its annual Rural Physician Recruitment and Retention Workshop for RHA regional recruiters on 19 September 2007 in Calgary.





Rural Tours and Skills Day

Forty seven UofA medical students attended an RPAP/UofA Rural Medical Interest Group-sponsored Rural Tour and Skills Day in St. Paul, Alberta on 13 October 2007. More than 100 students applied for this first experience in a rural community. Interest exceeded the bus' capacity of 47.

The impressive multidisciplinary team in St. Paul planned an exciting day for the students and offered skills in scrubbing, gloving and gowning for the OR, taught by hospital nurses; casting, taught by local physicians and local nurses; suturing, taught by the local surgeon and other physicians; IV starts and injections, taught by a local nurse; and airway management, taught by a local physician and local paramedic.

New to the community was a first time UofA Rural Integrated Community Clerkship (RICC) student, Elizabeth McKoen, who taught at all stations. She noted that her first introduction to rural medicine was a few years ago when she attended an RPAP Rural Tour and Skills Day hosted by the Viking Hospital.

Prior to these skill sessions, the students were given a tour of St. Paul's very busy, full-service hospital which generated positive awareness of rural practice. Some students were surprised to learn that rural hospitals do x-rays and they were impressed to find a renal dialysis unit, a psychiatric unit and a small intensive care unit at the facility. Everyone enjoyed the birthing area and the new baby that they passed in the hallway. Following the skills sessions, the local physicians gave students a guided tour of St. Paul.

Report on Summer Externship Program Experiences

There was great interest in RPAP's 2007 Summer Externship Program (SEP) with 39 applications vying for 13 available positions. Fourteen students have already expressed interest in the 2008 program.

This observership program encourages health regions to sponsor first, second and third-year medical students during their summer break for periods of four to 12 weeks and, in so doing, further exposes early careerists to rural medical practice.

Overall, the students are consistent in their praise of their preceptors for the time taken in mentoring them, amazed at the wide range of rural practice, and very positive about the program. Some students had never been exposed to a rural medical community before, let alone rural practice. Taking the student out of the classroom for some real life exposure proved very rewarding.

2007 Award and Bursary Recipients Named

Recipients of two RPAP financial support initiatives for rural origin medical students were announced in the Fall of 2007. The two initiatives are intended to encourage students who come from a designated rural area to pursue a career in rural medicine by reducing their financial burden.

Kristen Rylance, Jennifer Benz and Rebecca Sloan from the UofA, and Katie Jermantz, Adina McBain, Robert Warren and Margaret Wheat from the UofC were 2007 recipients of RPAP Rural Medical Student Bursaries. These bursaries provide full tuition including differential fees for each year of medical studies, to reduce the financial burden faced by rural medical students and their families. Once accepted, a student receives the Bursary every year until medical school graduation, contingent upon their meeting the program requirements, which includes a

five-year Return-in-Service Agreement (RiSA). The Rural Medical Student Bursaries are offered through the RPAP and jointly funded by Alberta Health and Wellness and Alberta Advanced Education and Technology.

Brandon Ball and Erin Thompson of UofA and Melissa Paquette and Johan Bolton of UofC were the 2007 recipients of RPAP Rural Medical School Awards. These awards provide \$5,000 for each year of medical studies to assist with the student's tuition, accommodation, living and/or travel expenses. The award is available to students in any year of their medical degree. Once accepted, a student receives the award every year until medical school graduation, contingent upon their meeting the program requirements.

Rural Integrated Community Clerkship (RICC)

A new Rural Integrated Community Clerkship (Rural ICC) program was introduced at the UofA in September 2007 and in April 2008 at the UofC. Four sites are initially involved at the UofA (Hinton, Edson, St. Paul, and Sylvan Lake) with additional sites beginning in April 2008 (Pincher Creek, Drumheller, Sundre and Taber) at the UofC.

The Alberta Government, through the Rural Alberta Development Fund, provided \$2.4 million to the UofA/UofC in initial funding for the program. RPAP funded the development of the grant proposal and is organizing the accommodations for the UofA and UofC RICC students.

Supports for Medical Residents

Annual ARFMN Resident Orientation Held

New Family Medicine residents and their families joining the Alberta Rural Family Medicine Network's (ARFMN) Rural Alberta North (RAN) and Rural Alberta South (RAS) residency training program, took part in the annual RPAP-funded orientation on 25-27 June 2007 in Waterton Lakes National Park. The orientation is held prior to the start of the two-year, rural-based Family Medicine training program which is offered through the UofA and the UofC in conjunction with the RPAP.

Over the two-day session, the entering residents participated in team-building exercises, met with their new units, attended an information technology orientation session and learned about the RPAP and key administrative policies and procedures. While the residents were busy getting on with this next big step in their careers, their spouses and families got acquainted through special RPAP programming. But it wasn't all work. Residents and their families also enjoyed an afternoon of leisure with a choice of a boat cruise, horseback riding or a hike at Cameron Lake.

Annual Rural Faculty Development Events Held

UofA

The 16th Annual Rural Faculty Development Symposium, Fall Harvest 2007, took place on 21 – 22 September 2007 at the Coast Terrace Inn in Edmonton. There were 17 physicians in attendance, 14 of whom were practising in either rural or regional Alberta. Presentations were geared to new preceptors, those contemplating becoming preceptors, and those with experience.

Since 1991, the UofA Department of Family Medicine, with RPAP funding, has offered faculty development workshops for rural preceptors, bringing in outstanding key speakers to speak on topics relevant to the teachers. 2007 marked the beginning of some fairly dramatic changes in educational opportunities for medical learners, particularly those in Family Medicine programs, as many more opportunities were being provided to take medical education in rural and regional communities. As a result, there will be a need to have more rural preceptors in place during the coming years.

To that end, Dr. Patrick Alguire, author of "Teaching in Your Office", was guest speaker for this year's event. Dr. Alguire is the Director, Education and Career Development, American College of Physicians, Philadelphia, PA. He did an initial presentation on introducing learners to the medical office, and then some of the experienced rural preceptors did short presentations on their experience with learners in their offices. A panel discussion involving the presenters also gave the audience an open forum to raise questions and concerns about venturing into teaching. In addition to this major topic, small group presentations were also made on Friday and Saturday afternoon with topics including RIME, the ONE-Minute preceptor, SNAPPS and Teaching Procedural Skills.

UofC

Cabin Fever, held 7-9 February 2008, is the largest annual faculty development conference in Alberta that is specifically designed for rural and regional physicians. Held at the Delta Lodge at Kananaskis, this three day event was developed by the UofC and RPAP in 2001 to support the new Alberta Rural Family Medicine Network's (ARFMN) preceptors. The conference today is attended by preceptors

who teach residents in the Rural Alberta North and Rural Alberta South programs, as well as students and residents attending the University of Calgary.

The program is designed to provide rural physicians with an opportunity to increase their precepting skill sets. Recognizing that there are both new and experienced preceptors, the program is divided into three streams to meet their different needs. Workshop Series A is intended for new preceptors while Workshop Series B is targeted toward more experienced preceptors. Workshop Series C is of interest to the more theoretically inclined.

This year there were 19 primary speakers delivering 21 workshops and one plenary session. Guest speaker, Dr. Lucie Walters, PhD, came from Australia. Three speakers were rural physicians, two were regional physicians and 14 were urban faculty and consultants. Primary speakers were encouraged to partner with rural and regional preceptors as co-presenters. As a result there were 11 co-speakers of which three were rural physicians, three were regional physicians, three were from out of province (one physician and one education consultant) and three were urban students.

Over the eight years that Cabin Fever has existed, from 2001 to 2008, 362 Alberta physicians have attended Cabin Fever and 18 physicians from Australia, BC, Saskatchewan, Manitoba, Ontario, NWT and Yukon have participated as speakers or observers.

The 2008 conference had the largest attendance to date at 104 people. Of that number, 90 were physicians; 10 were students, residents and non-medical speakers; and, six were administrative staff from the various programs and RPAP. Twenty-eight physicians attended for the first time, 12 attended for a second time, and 50 physicians have attended three or more times.

Supports for Physicians Currently Practising in Rural Alberta



Redevelopment and Enhancement of the Virtual Library Website

RPAP's Virtual Library website, containing resources that provide rural physicians with rapid access to selected Internet-based medical textbooks, journals and other resources, was

completely redeveloped this year. Any physician with an active practice in a rural Alberta community is eligible for free access to the Virtual Library. Navigation was improved and the extensive information resources were updated.

Enrichment Training

This past year, 23 rural physicians have learned new skills or upgraded their existing skills through RPAP-funded Enrichment Training. Almost half of the candidates have taken anaesthesia training at the University of Alberta Hospital or at the Grey Nuns Hospital in Edmonton. The Foothills Hospital is also used as a training site in Calgary. Some physicians have improved their skill set in Obstetrics/Gynaecology, while others have chosen training in Emergency Medicine, Palliative Care, Neonatal Care, Chronic Pain or Care of the Elderly.

There are many benefits through this training program: the RPAP pays the preceptors, the physician's skills are enhanced or upgraded, and the rural community gains a more skilled rural physician. Some doctors do a full month of training, some do two weeks or a year, and some take one-day partnerships with specialists for a cumulative time of at least two weeks. The training times do not need to be contiguous weeks and can be spread out over

an extended period if the rural physician deems it preferable, given local requirements for coverage, etc. The RPAP provides funding for the physician, pro-rated over the training time involved, in order to assist with their office overhead expenses while they are away.

RPAP has two physician Skills Brokers that work with interested physicians to identify the skills needed and help to make arrangements for training.

New Emergency Medicine Modules Under Development

Rural physicians that want to update their emergency skills will soon have more new resources to choose from. Two additional modules for RPAP's popular General Emergency Medicine Skills (GEMS) program are being developed on Emergency Surgical Procedures and Cardiogenic Shock. As well, the original four modules are being updated and all six modules will be available on the RPAP website.

GEMS is a self-study, multi-media training program that enables rural physicians to upgrade emergency skills

at work or at home and includes hands-on experience with the STARS Human Patient Simulator (HPS). The program is also eligible for MainPro-C credits. Rural physicians are highly skilled professionals that must be able to handle every situation that rolls through the emergency room door. Maintaining clinical competency can be a challenge, though, because of busy schedules and long distances from urban training sites.



New Advanced Life Support Course Under Consideration

While there's no shortage of high quality Continuing Medical Education (CME) available, the time available to rural physicians to spend in CME is precious. Completing the various Advanced Life Support (ALS) courses – ACLS, ATLS, PALS, ALARM etc. – is now often a prerequisite for privileges at local hospitals, but the courses are expensive, time consuming and not always relevant to rural practice.

RPAP wondered whether there was a better answer. To that end, RPAP is now exploring the possibility of adapting for use, in Alberta and Canada, the Comprehensive Advanced Life Support (CALs) Program developed in Minnesota specifically for rural health care teams.

CALs focuses on developing team skills, so participants are encouraged to attend as a team. The intensive two-day workshop plus one-day lab concentrates on topics relevant to rural settings where advanced diagnostic tools such as CT scanning may be unavailable. Within this tight timeline, the course covers the key content of all the ALS courses, including obstetrical emergencies and neonatal resuscitation, but also many topics that other programs avoid; management of acute coronary syndromes and congestive heart failure, together with other medical emergencies such as diabetic ketoacidosis, toxicology and sepsis.

As a first step, a six person team of doctors and nurses is heading to Minnesota early in Spring 2008 to sample the course and then develop a project plan for its possible adoption to Alberta and Canada.

Hemodynamic Instability Course

RPAP initiated three pilots of the Hemodynamic Instability Course offered by the Education Resuscitation Collaborative from Calgary. These pilots were held for Rural Alberta North (RAN) and Rural Alberta South (RAS) residents and emergency physicians in Grande Prairie and surrounding area during the summer and fall of 2007.

The course is an intense, one-day program explicitly focusing on advanced vascular access and the management of critically ill, hypotensive patients. It is designed to be interactive and consists of a combination of lectures, small group, and hands-on sessions using simulation mannequins.

The pilots were well received by the participating doctors and residents, and RPAP will now be sponsoring an annual offering of this course for RAN/RAS residents of the Alberta Rural Family Medicine Network beginning in the summer of 2008. The course was also offered at the "Emergency Medicine for Rural Hospitals" Conference in Banff on 18 January 2008.

Peace River Regional Medical Conference

Medical students and RAN/RAS residents from across the province learned more about the potential of practising in a rural area as they, along with rural physicians, participated in the 7th Annual Peace River Regional Medical Conference.

Forty-six RAN/RAS residents, 20 area physicians and a group of medical students from the Rural Medical Interest Groups gathered at the NAIT Campus in Peace River, 14 – 15 September 2007. The group participated in a series of lectures and small group sessions led by four presenters. Topics

included current health care issues, such as the HPV Vaccine, as well as some that were based on feedback from participants at last year's conference. These included sexually transmitted infections, dermatology, rheumatology and intensive care. A Faculty Development session for preceptors was held prior to the conference and the event. The conference was sponsored by Peace Country Health and RPAP, and RPAP funded the attendance of the RAN/RAS residents and medical students.

2007 Rural Physician Award of Distinction



Dr. Lawrence Olfert of Drumheller was the 2007 Recipient of RPAP's Alberta Rural Physician Award of Distinction.

Dr. Olfert was presented with the Award of Distinction at a community celebration co-hosted by RPAP and the Drumheller community on Monday, 25 June 2007.

"Following a review of the outstanding candidates nominated this year, the RPAP Board selected Dr. Olfert based on his passion for rural medicine, his outstanding support of rural medical education and his role modeling of shadowing medical students in the Drumheller community."

Dr. Clayne Steed, RPAP Board Chair

The RPAP Award of Distinction honours and recognizes the work of all rural physicians, especially those who provide Alberta rural communities with outstanding medical services and who also make significant contributions to medical practice and to their communities. It is presented annually to an Alberta rural family physician who lives, and has worked in, rural Alberta for at least twelve years, and who demonstrates a superior

commitment and contribution to their community through medical practice, teaching of other health professionals, conducting research, and volunteering in the community.

Cold Lake Chosen for New Rural Community Award



The RPAP and the Alberta Chambers of Commerce selected the City of Cold Lake from four nominees as

the inaugural recipient of the Alberta Rural Community Recruitment and Retention Award.

Other nominees included the Town of Bashaw, the Town of Manning and MD of Northern Lights #22 and the Town of Whitecourt. The Award was presented in Peace River at the Alberta Chambers of Commerce Annual General Meeting, 26 May 2007. The City of Cold Lake was selected as the 2007 recipient community, because its nomination submission best exemplified the overall attributes of successful community involvement and partnership.

"It is so easy to be complacent and say recruiting a physician is the responsibility of the doctors, or the hospital or the health region," says Dr. Clayne Steed, Chair, RPAP Board of Directors. "These communities recognized change and how critical it is for the community to be involved. You may be recruiting a physician to the practice but you also need to recruit the family to the community. Doing this has made these communities successful."

This new award annually recognizes a rural Alberta community that has best developed innovative and collaborative approaches and solutions resulting in successful physician recruitment and retention in their area. Cold Lake was selected as best exemplifying the overall attributes of successful community involvement and partnership. Following

a potential loss of Obstetrics/Gynaecology services and a severe shortage of family physicians a few years ago, a community coalition was formed which established strategies that have resulted in the successful recruitment of a variety of physicians and other health care personnel. The coalition is also interested in retention strategies and plans to host a recruitment and retention conference in 2008.

Rural communities can play an important role in co-managing their local physician resources by understanding the unique challenges facing physicians, creating physician-friendly environments, and by participating more fully in recruiting and retaining physicians.

Rural Physician Spousal and Family Programming

The annual Rural Alberta North (RAN)/Rural Alberta South (RAS) new resident orientation in late June 2007 at Waterton Lakes National Park provided a spousal/partner workshop and organized activities for the children in attendance.

Nine spouses/partners attended the workshop while 10 children took part in the organized activities. This year was a first, with the majority of the medical residents in attendance being female (which meant that the majority of spouses/partners were male, a new phenomenon.)

An organized discussion, led by a second-year resident's spouse, focused on issues such as how to adjust to a new community, general hints and suggestions for the spouse/partner of a new resident, financial management advice, etc. The feedback about this session was very positive. Other suggestions coming from the workshop discussions included the desire to see an ongoing link between spouses/partners and the provision of information on MD Management regarding financial advice for residents and spouses/partners.

Newcomer Physician Support

Twice a year, RPAP's two Community Physician Consultants make 10 random calls each, in North and South Alberta, to check on how new physicians and their families are settling in and to see whether additional supports are needed. The results of the calls are used to develop new communication and program ideas.

Additional Faculty Development Tools Developed

In February 2007, RPAP launched a new province-wide faculty development website, www.PracticalProf.ab.ca, which is used extensively by preceptors throughout the province, in Canada, and internationally.

Adding to the tool kit of preceptor development material, in 2007-2008 the RPAP collaborated with the Rural Ontario Medical Program (ROMP) and the Foundation for Medical Practice Education at McMaster to produce the first of several Practice-Based Small Group Learning (PBSGL) modules for preceptors. The first module is on "The Learner in Difficulty" and has been well received by preceptors and full-time faculty. An additional module is planned for development with ROMP in 2008-2009.

Supports for Regional Health Authorities

Strengthening Rural Physician Recruitment

RPAP Steps up its Recruitment Support

Alberta is short up to 1,100 physicians and that number is projected to increase over the coming years. RPAP is helping to attract new physicians to the province in three ways:

1. Longer term

With an aim to grow the made-in Alberta supply and to encourage physicians to practise in Alberta, RPAP uses an “educational pipeline” approach with its partners by offering a wide variety of integrated and comprehensive

initiatives. These range from a high school outreach program, supports for rural medical education through rural/regional clinical placements for medical students/Residents and the rural-based RAN/RAS Family Medicine training programs, rural medical interest groups, recruitment fairs, continuing Medical Education and spousal/family programming.



2. Short to intermediate term

In order to build regional and community recruitment and retention capacity, RPAP uses a community development approach. Its Community Physician Consultants assist the formation and sustainment of community recruitment and retention committees. RPAP identifies best recruitment and retention practices and shares these via print and web-based

material. It hosts regional and provincial workshops for community representatives, and also gives annual recruitment and retention workshops for regional recruiters.

3. Short to intermediate term

RPAP directly supports domestic and international (UK) physician recruitment through its provincial physician recruitment website – www.AlbertaPhysicianLink.ab.ca – and a new Recruitment and Relocation Consultant.

The Recruitment and Relocation Consultant role complements the community development work RPAP performs to help establish sustainable community recruitment and retention committees. In addition, RPAP uses recruitment software for case management, tracking and following up on leads developed through inquiries to AlbertaPhysicianLink. Leads can also originate from J-1 visa returnees and Alberta trainees, as well as those developed from attending recruitment fairs like the annual Outside Quebec Career Day or the annual British Medical Journal (BMJ) Careers fairs in the UK. Practice-eligible leads are referred to the health regions for actual recruitment.

International Recruitment Initiatives

Recruitment Trips to UK and Ireland Provide Results

RPAP participated in two Alberta physician recruitment missions to the UK and Ireland in 2007-2008. The first was 10-17 May 2007 to promote Alberta at the Primary Care 2007 Conference and Exhibition in Birmingham, England.

The second was a UK recruitment visit which occurred 4-15 October 2007 at the BMJ Careers National Career Fair in London and the BMJ Careers Scottish Career Fair on 13 October 2007 in Edinburgh. In addition, the Alberta team held a very important informal session in Dublin, Ireland on 10 October 2007 with Canadian medical students interested in returning to Alberta for residency training through the Alberta IMG Program.

An estimated 156 interviews occurred during the October 2007 BMJ Careers National Career Fair and the Alberta display attracted 1,200-1,800 visits. A further 20 interviews were held at the smaller Edinburgh career fair where the Alberta booth had 150-250 visits.

In Dublin, the Alberta team met with 18 Canadian medical students of which all but six were from Alberta (including Edmonton, Manning, Medicine Hat, Grande Prairie, Calgary, and Fort McMurray). The medical students were extremely appreciative of our presence and the expressions of interest they received from the Alberta delegation.

During the visits, the Alberta team was able to further refine the Alberta promotional material, its recruitment techniques and the pre-screening of practice-eligible GPs and specialists. A better understanding of the UK medical education and licensing systems was gained. The visit also assisted the College of Physicians and Surgeons of Alberta to better assess UK/Irish-based physicians for Alberta medical registration (licensure).

RPAP hired a Recruitment and Relocation Consultant in February 2008 to follow-up on the leads from these recruitment missions and the provincial physician recruitment website, www.AlbertaPhysicianLink.ab.ca. The consultant is a provincial resource who, in concert with Regional Health Authority (RHA) recruiters, provides assistance to physicians from outside Alberta and Canada who want to relocate to the province. The

position also tracks and follows up with these leads using case management software, works with residents interested in practising in Alberta, and performs a clearing house operation for practice-eligible physicians interested in Alberta for the RHA recruiters.

89-Day Working Holiday Locum Pilot

One of the learnings from the UK recruitment missions was the identification of interest in temporary work contracts (short duration locums) for qualified physicians practicing in the UK, possibly as precursors to permanent re-location to Alberta. Under such an arrangement, medical licensure by the CPSA for less than 90 days does not require the Medical Council of Canada evaluating examination.

As a result, the RPAP and the AMA Physician Locum Services[®] developed a pilot proposal for a “Taste of Alberta” working locum experience. Funding from Alberta Health and Wellness was provided for developing the pilot to be offered in 2008-2010.

During these proposed locum opportunities, qualified foreign physicians will provide medical services to selected Alberta regional/rural communities, and will also offer UK-based physicians an excellent chance to experience Alberta practice, and consider longer-term or permanent practice in Alberta.

The goals of the pilot are to:

1. Test the feasibility of the “working holiday” concept for UK-based general practitioners; and,
2. Develop the concept for a “turn-key” working holiday initiative to enhance Alberta’s recruitment efforts and capitalize on the learnings from the UK recruitment missions.

The pilot evaluation report will address the achievement of these goals.

Debunking Myths

What myths prevent some medical students and residents from considering rural practice? Focus groups were held with UofA and UofC Rural Medical Interest Group members, as well as with about 40 students who attended the St. Paul Rural Tour and Skills Day in October 2007.

RPAP is working to identify these myths and then develop information and strategies to debunk them and to improve the promotion of rural practice.

New Recruitment and Relocation Consultant Hired

Kelly Lyons joined the RPAP staff as the new Recruitment and Relocation Consultant in February 2008. This new and important consultant position is a provincial resource that, in concert with Regional Health Authority (RHA) recruiters, provides assistance for physicians from outside Alberta and Canada who want to

relocate to the province. The position also tracks and follows up with these leads and with learners interested in practising in Alberta. It also performs a clearing house resource function for available practice-eligible physicians for the physician recruiters.



Community Involvement in Recruitment and Retention

RPAP Community Physician Consultants Monica Kohlhammer and Rebekah Seidel worked with interested communities to develop, implement and/or sustain recruitment and retention plans. Some of the communities they worked with this year include: Cold Lake, Redwater, Gibbons, St. Paul, High Prairie, Manning, Grimshaw/Berwyn/MD of Peace, Rocky Mountain House, Claresholm, Didsbury and High River.

Community Stories Identify Best Practices

The Retention and Recruitment Story Collection Project was initiated by RPAP in response to the recruitment and retention comments/questions received from rural communities. There was interest shown in understanding and learning from other communities involved in the recruitment and retention of physicians. The resulting story collection project included 10 communities across Alberta that are involved in recruitment and retention activities in some manner.

Of the 10 communities, three were located in South or Central Alberta (south of Edmonton), and seven in Northern Alberta (north of Edmonton). All three in the south were interviews with Health Region representatives, while in the north two involved regional health authorities (RHAs) and five were community-based recruitment committees. Emerging themes from the stories follow.



Community-based Recruitment and Retention (R & R) Committees:

Of the five community-based committees, one had been involved in R & R activities for 12 years, but the remaining four had been formed within the last 24 months. Notably, four of them had been started as a result of crisis in the community. In one case, the crisis was the impending loss of the person who had been responsible for recruitment for the past 16 years; she would no longer be able to continue and a community-based committee needed to take on the work. Of the interviews conducted, only two individuals had any lengthy experience with

physician recruitment and retention strategies. The other three were new to the work, its processes, and the challenges therein.

Some of the themes that emerged through discussion with these communities were:

1. the amount of work involved in recruitment and retention: referring to the actual process of recruitment and its follow-up with various people and bureaucracies; meeting the challenges that arise; the number of telephone calls and communication required; this was an issue because the people on the committee are volunteers; there was great need identified for a “point person” or someone to coordinate the activity of the committee so that they could stay on track and on top of anything that arose as one small delay or error could cost them two or three months;
2. the length of time it took from start to finish to have someone arrive in their community: the processes have become longer – where it took four – five months in the past, now it could take nine months to a year;
3. there is also a recognition that recruitment and retention is not simply about finding someone to fill a spot; it is about finding a future community member; finding a fit between the needs of the physician/family and the community;
4. the need to be cognizant of the state of volunteers – it is very easy for volunteers to become “burnt out” and volunteers “are scarce these days”;
5. an awareness that the task of recruitment and retention is really only beginning when the physicians arrive: there are great settlement needs/cultural adaptation that may be required

by families coming from other countries; again this takes people resources to help them become connected to the community;

6. physician recruitment is only a part of the problem/solution; there is a need for other professional recruitment in rural Alberta i.e. nurses, occupational therapists, dentists, lawyers etc; and
7. there is growing recognition that the model of providing medical services is changing in rural communities; for instance communities are recognizing that they need to be more involved in the process and looking at alternatives because new physicians (whether they be Canadian graduates or IMGs) often do not have the financial resources that their predecessors did to purchase practices or build new clinics.

Regional Health Authority Recruiters:

Of the five RHA interviews, two were Human Resources recruiters, one was a consultant, one was a Health Centre Team Lead, and the fifth was the Operations Coordinator of an RHA. The two Human Resource recruiters had been in their positions less than a year and were directly involved in the recruitment of physicians for their Regions.

The consultant had been hired to work specifically with communities in developing recruitment and retention committees and facilitating the “matchmaking” between communities and candidates. The Operations Coordinator was involved in a “growing their own” healthcare professionals project, and the Team Lead had, as part of her duties, physician recruitment for the Health Centre.

These learnings will form part of RPAP’s new tool kit of community recruitment and retention to be available on its own website in Summer 2008.

Provincial Community-based Recruitment and Retention Workshop to be Held

The RPAP, in collaboration with the Northern Alberta Development Council (NADC) and Alberta Culture and Community Spirit, will sponsor a Rural Alberta Community Physician Recruitment and Retention Workshop on 23 – 24 April 2008 in Nisku.

The workshop is designed to maximize participation through the sharing of stories by individuals actively engaged in community-based recruitment and retention activities in rural Alberta. Building on communities' experiences and successes, the workshop will offer an opportunity to further strengthen local capacities in recruitment and retention work by learning from one another and by developing a formalized support network.

Topics to be discussed are: how to form a successful recruitment and retention committee, developing marketing strategies and incentives, promoting retention through site visits and support while settling into the community, and ensuring cross cultural success.

RPAP Regional Recruiters Workshop

RPAP will also host a half-day recruitment and retention workshop with presentations by Alberta Employment and Immigration and Service Canada the day preceeding the provincial community-based Recruitment and Retention Workshop. Regional physician recruiters from health regions are expected to be present at the workshop on 23 April 2008.

New Practical Tools to be Developed

A series of practical tools is being assembled for community recruitment and retention committees based on experiences to date. The tools will include learnings and best practices from communities, as well as templates and helpful hints on the "how to's" of community support for recruitment and retention. In addition, the learnings from the inaugural Provincial Community-based Recruitment and Retention Workshop and the Retention and Recruitment Story Collection project will be placed on the RPAP's Alberta Rural Health website.

Exit Interview Research Project Aids RPAP's work

The RPAP is acting on the findings, conclusions and recommendations that came out of a Royal Roads University project (Why Physicians Leave: Improving Physician Retention) conducted by Mr. John Thomson and sponsored by the RPAP.

This research project examined how RPAP can improve the retention of physicians in Alberta's rural communities. It focused on changes the RPAP can make to its existing retention programs and policies in order to improve rural physician retention and promote systemic change. By teaming up with Mr. Thomson, the RPAP gained the insights developed through the research project as well as new exit interview tools that will be incorporated into the work of the RPAP's Community Physician Consultants on an ongoing basis. The development of mentoring initiatives for early career physicians will also be developed in 2008, as recommended by the project.

The study conclusions include the following:

1. Independence, the challenge and variety of comprehensive practice and the image of a rural lifestyle attract doctors to rural practice;

2. Without support from other healthcare professionals and resources from the health regions, the independence of rural practice can become overwhelming;
3. Ensuring a fit upfront between the town and desires of the family and the physician and their colleagues are the first steps toward physician retention;
4. The current realities and image of rural practice must change to attract a new generation of physicians; and
5. There are few uniformly agreed upon solutions to the problem of recruitment and retention of rural physicians.

Rural Physician Privileging

New Physician Privileges Advisory Committee (PPAC)

Since 1 December 2007, the RPAP and the Alberta Medical Association (AMA) have been hosting a new Physician Privileges Advisory Committee (PPAC). PPAC advises Regional Health Authorities (RHAs) and voluntary hospital boards who choose to use the Committee, as well as the AMA Physician Locum Services® (PLS), on the appropriate privileges for physicians working in their facilities and through the PLS. The PPAC is the successor to the Advisory Committee for Privileges of the Council of the College of Physicians and Surgeons of Alberta (CPSA) and was established by RPAP and the AMA as a service to the province's RHAs/voluntary hospital boards and PLS.

The PPAC only makes recommendations and all decisions related to privileges are the responsibility of the RHA/voluntary hospital board or the AMA PLS. Recommendations regarding privileges are based on a combination of:

- Recognized standards of practice produced by the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the CPSA and recognized Canadian accreditation bodies; and
- The qualifications, training and experience of the physician.

The new committee's fees and membership parallel the fees and membership of the previous CPSA Advisory Committee on Privileges, and many of those members have transitioned to the new PPAC.



RPAP Partnerships

Partnerships play a key role in helping the RPAP to carry out its mandate and to improve the overall rural health care landscape. Partnerships are formed to meet varying needs which may include gathering knowledge and skills, sharing risks and costs associated with providing services, and capitalizing on the interdependencies of organizations in the achievement of common goals. The following partnerships are seen as important ongoing initiatives:

Physician Privileges Advisory Committee (PPAC)

Since 1 December 2007, the RPAP and the Alberta Medical Association (AMA) have been working together to host the new Physician Privileges Advisory Committee which advises Regional Health Authorities (RHAs) and voluntary hospital boards who choose to use the Committee, as well as the AMA Physician Locum Services (PLS), about appropriate privileges for physicians working in their facilities and through the PLS.

Alberta Chambers of Commerce (ACC)

This organization works with RPAP to co-sponsor the annual Alberta Rural Community Recruitment and Retention Award. The ACC is a federation of 127 Chambers of Commerce in Alberta which in turn represent more than 22,000 businesses.

Rural Health Week

Rural health innovations and success stories were profiled during the sixth annual Rural Health Week held 17 – 23 June 2007. More than thirty Alberta provincial, regional and local health and community organizations worked together to raise awareness and to showcase new rural health services, improvements or changes to current services that are resulting in benefits to rural residents. Interesting stories, facts, information and events related to Alberta rural health innovations and successes were posted at www.AlbertaRuralHealth.ab.ca.

Health services are an important focus for rural communities. They contribute significantly to the quality of rural life and are a powerful asset to local economies. Rural health service delivery, however, also faces some unique challenges not seen in urban areas – large geographic distances, access to health services, and issues related to recruitment and retention of rural health workers. Despite these challenges, rural health care delivery has many innovations and success stories. Telling these stories is the focus of Rural Health Week each year.

Students Interested in Medical Sciences (SIMS)

A partnership with the SIMS group at the UofC offers the potential to accelerate growth of RPAP's education pipeline with pre-medicine students. SIMS has a membership of 400 – 500 students and hosts more than 40 events each year. Its key operational function is as an "information broker" with a goal of linking students with any resources and careers in the area of medicine.

MD Ambassadors

MD Ambassadors is an interest group of the UofA medical students whose goal is to promote medicine as a career choice for high school students. In partnership with RPAP, it has been instrumental in seeking out rural schools that may be interested in receiving RPAP's "Careers in Medicine" School Outreach program. Ambassadors have been active participants in the delivery of the program.

Rural Medical Interest Groups

Members of Rural Medical Interest Groups (RMIGs) at UofA and UofC are medical students who aim to practise rural medicine. The groups have provided volunteer medical students to participate in RPAP's School Outreach program on rural medicine with rural high school students.

Careers: the Next Generation

In a number of communities throughout the province, “Careers: the Next Generation has played an active role in facilitating the delivery of RPAP’s “Careers in Medicine” school outreach program. Careers: the Next Generation promotes RPAP’s programs and shares its materials through its school outreach programming. Its counsellors facilitate relationships with students and regional health authorities to help provide health care experiences to assist students in appropriate career choices.

Chinook Regional Career Transitions for Youth

A partnership with Chinook Regional Career Transitions for Youth improves access to students in Grades 7 - 12 who are interested in a career in rural medicine. An exciting and collaborative relationship has been in existence for three years. RPAP works in partnership with a regional coordinator for the delivery of information and work site tours through a Job Shadow Day and Career Days in southern Alberta. Students learn about the realities of the career from medical residents and students.

Summer Health Exploration Camp

Working with project partners Portage College, Aspen Health Region, Careers: the Next Generation, Treaty 8 First Nations of Alberta, Northern Alberta Development Council, and Northern Lights School Division, the RPAP is helping to develop a summer health exploration camp for rural high school students. This camp will occur at Portage College in July 2008, providing experiential learning about various health professions in a rural campus setting.

Northern Alberta Development Council (NADC)

NADC is a primary partner with RPAP in the development of the rural Alberta Community Physician Recruitment and Retention Workshop scheduled for April 2008. NADC is also a partner in the new Summer Health Exploration Camp.

Health Workforce Action Plan (HWAP)

Beginning in early 2008, RPAP contributed to the implementation of several of the initial actions contained in the Government’s HWAP. These included increased efforts to recruit more physicians to Alberta through the new Recruitment and Relocation Consultant position, the provincial physician recruitment website AlbertaPhysicianLink, and community recruitment and retention efforts.

HSPnet

RPAP contributed to the province-wide deployment of HSPnet through active participation on the HSPnet Alberta steering committee, the recruitment of the HSPnet provincial coordinator and the planning for the introduction of HSPnet use in medical clinical placements.

Rural Health Workforce Strategy

In early 2008, through the auspices of the Rural Health Workforce Strategy Steering Committee, RPAP developed the operational plan to deliver an RPAP-like service for the non-physician health professions. It is hoped this initiative will begin by the Fall of 2008.

Additional Partnerships

Finally, RPAP remained an active and supportive contributor to the province’s Alberta International Medical Graduate (AIMG) Program and its steering committee, to the HWAP Education Committee and to AHW’s Postgraduate Medical Education (PGME) Advisory Group.

Communications Activities

The RPAP worked to maintain and enhance its communications with its audiences.

Communications Strategic Plan

RPAP's Communications Strategic Plan was updated to reflect progress to date and to provide support to the organization's strategic directions and goals.

MLA Newsletter

A new newsletter was circulated to Members of the Legislative Assembly to keep them apprised of the latest developments in physician recruitment and retention. This periodic newsletter provides information related to physician recruitment and retention and identifies how MLAs can support health regions, physicians and community recruitment and retention initiatives.

Spousal and Family Hotsheet

A spousal and family hotsheet helps raise awareness and increase networking across the province. The hotsheet is distributed quarterly.

Faculty Development Newsletter

The Preceptor Hot Sheet supports Alberta Rural Family Medicine Network (ARFMN) preceptors in the province. The goal is to provide preceptors with a "quick read" of information that enables them to hone their teaching skills and make their preceptor experiences less stressful and more satisfying.

2007 Award of Distinction Celebration and Tribute Video

A new video resource was produced to honour Dr. Lawrence Olfert, the 2007 recipient of the RPAP Award of Distinction. Besides its inaugural showings

at the Award community celebrations in June, the video was also shown to medical students and residents and to other appropriate audiences and posted on the RPAP website. RPAP co-hosted a community award celebration for Dr. Olfert with the Drumheller community.

Website Redevelopments

Redevelopment work was completed on several RPAP sites:

- The main RPAP website was redeveloped to improve navigability and to better distinguish information so that users can find what they are looking for more easily; and
- The Virtual Library website was completely redeveloped to improve its usefulness and navigability for physicians.

Advertising and Promotional Campaigns

Development of new advertising and promotional campaigns was completed to support the Alberta Rural Community Recruitment and Retention Award, the RPAP Award of Distinction, the RPAP Early Careerist Award and other recruitment and retention activities.

Presentations

RPAP participates in numerous presentations about its work and the opportunities to practice medicine in Alberta. For example, representatives from Alberta Advanced Education and Technology and the RPAP hosted representatives from the Zhejiang Provincial Health Bureau, Republic of China on 6 November 2007 and orientated them to medical education and practice in the Alberta.

Auditor's Report

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The Alberta Rural Physician Action Plan
March 31, 2008

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May 23, 2008
Auditors' Report
Edmonton, Alberta

To the members of The Alberta Rural Physician Action Plan:

We have audited the statement of financial position of The Alberta Rural Physician Action Plan as at March 31, 2008, and the statements of operations and changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of The Alberta Rural Physician Action Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of The Alberta Rural Physician Action Plan as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Kingston Ross Pasnak LLP
Chartered Accountants

Statement of Financial Position

The Alberta Rural Physician Action Plan
March 31, 2008

Assets	2008	2007
Current Assets		
Cash and cash equivalents	\$1,604,008	\$ 1,457,882
Accounts receivable	175,713	97,541
Prepaid expenses	124,376	126,557
	<u>1,904,097</u>	<u>1,681,980</u>
Property And Equipment (Note 4)	369,216	196,233
	<u>\$ 2,273,313</u>	<u>\$ 1,878,213</u>
 Liabilities And Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 933,273	\$ 752,641
Deferred contributions (Note 5)	250,000	-
	<u>1,183,273</u>	<u>752,641</u>
 Commitments (Note 6)		
Net Assets		
Invested in property and equipment	369,216	196,233
Unrestricted (Note 7)	720,824	929,339
	<u>1,090,040</u>	<u>1,125,572</u>
	<u>\$ 2,273,313</u>	<u>\$ 1,878,213</u>

Statement of Operations

The Alberta Rural Physician Action Plan
March 31, 2008

<u>Revenue</u>	2008	2007
Grants	\$ 8,070,845	\$ 7,499,000
Integrated Community Clerkships	224,179	-
Bursaries	174,651	-
Interest	83,271	56,755
Other income	6,888	248,057
	<u>8,559,834</u>	<u>7,803,812</u>
 <u>Expenses</u>		
Rural Medical Education	3,924,251	3,792,679
Retention Program	1,978,916	1,447,909
Corporate Services	1,835,765	1,752,591
Recruitment Expenses	348,764	383,677
Integrated Community Clerkships	224,179	38,100
Communications	111,081	135,349
Governance	90,731	94,470
Amortization	78,602	52,094
Physician Privileges	3,077	-
	<u>8,595,366</u>	<u>7,696,869</u>
(Deficiency) Excess Of Revenue Over Expenditures	\$ (35,532)	\$ 106,943

Statement of Changes in Net Assets

The Alberta Rural Physician Action Plan
March 31, 2008

	Invested in Property and Equipment	Unrestricted	Total 2008	Total 2007
Balance, beginning of year	\$ 196,233	\$ 929,339	\$ 1,125,572	\$ 1,018,629
Deficiency of revenue over expenditures	(78,602)	43,070	(35,532)	106,943
Purchase of equipment	251,585	(251,585)	-	-
Balance, end of year	\$ 369,216	\$ 720,824	\$ 1,090,040	\$ 1,125,572

Statement of Cash Flow

The Alberta Rural Physician Action Plan
March 31, 2008

	2008	2007
Operating Activities		
Grant and bursary revenue	\$ 8,495,496	\$ 7,499,000
Integrated Community Clerkships	224,179	-
Interest income	83,271	56,755
Other income	6,888	248,057
Payments to suppliers and employees	(8,412,123)	(7,373,707)
	397,711	430,105
Investing Activities		
Purchase of property and equipment	(251,585)	(160,022)
	(251,585)	(160,022)
Net Increase In Cash And Cash Equivalents	146,126	270,083
Cash And Cash Equivalents, Beginning Of Year	1,457,882	1,187,799
Cash And Cash Equivalents, End Of Year	\$ 1,604,008	\$ 1,457,882
Cash And Cash Equivalents Are Comprised Of:		
Cash on hand	\$ 126,035	\$ 78,553
Cheques written in excess of cash	(290,559)	(157,125)
GICs earning interest between 2.50 4.00% maturing from July 2008 to February 2009	1,768,532	1,536,454
	\$ 1,604,008	\$ 1,457,882

Notes to the Financial Statements

The Alberta Rural Physician Action Plan
March 31, 2008

Note 1 Purpose of the Organization

The Alberta Rural Physician Action Plan (RPAP) is an independent notforprofit organization funded by the provincial government. RPAP is responsible for providing a provinciallyfocused comprehensive, integrated, and sustained program for the education, recruitment, and retention of physicians for rural practice. RPAP is incorporated under the Alberta Companies ActPart IX, as a nonprofit organization within the meaning of the Income Tax Act (Canada) and is exempt from income taxes.

Note 2 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. Significant accounting policies observed in the preparation of the financial statements are summarized below.

Revenue The Alberta Rural Physician Action Plan follows the deferral method of accounting for contributions.

Grant and bursary revenues are received from Alberta Health and Wellness and are based on a twoyear commitment ending March 31, 2008. For the year ended March 31, 2008 grant and bursary funds are recorded as revenue when received.

During the year, the grant agreement with Alberta Health and Wellness was renewed and funding period has been extended until March 31, 2010.

Amounts related to the Integrated Community Clerkships are recognized as revenue if the amount to be received can be reasonably estimated and collection is reasonably assured.

Interest income is derived from cash held in savings and short term investments. The income is recognized as earned.

Property and equipment Property and equipment are recorded at cost less accumulated amortization. Amortization is provided as follows:

	Method	Rate
Leasehold improvements	Straightline	12 years
Computer equipment	Straightline	3 years
Furniture and equipment	Declining	20%
Software	Straightline	3 years

Leases Leases are classified as capital or operating leases. A lease that transfers substantially all of the benefits and risks incident to the ownership of property is classified as a capital lease. All other leases are accounted for as operating leases, wherein rental payments are expensed as incurred.

Statement of Cash Flow RPAP is using the direct method in its presentation of the Statement of Cash Flow.

Investments Included in cash and cash equivalents are investments in GICs. The investments are recorded at market value.

Measurement Uncertainty The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates relate to the amortization of property and equipment and the collectability of accounts receivable. Actual results may differ from those estimates.

Note 3 Change in Accounting Policy

Effective April 1, 2007, RPAP adopted CICA Handbook Section 3855 "Financial Instruments Recognition and Measurement" and Section 3861 "Financial Instruments Presentation and Disclosure". Upon adoption of these sections, RPAP designated its cash and cash equivalents as held for trading and remeasured these financial assets at market value. Prior to adopting these sections, RPAP recorded its investments at cost plus accumulated income to date, which closely approximates market value. As a result, no adjustment to opening net assets has been made and there is no impact on excess of revenues over expenditures for the year ended March 31, 2008.

Note 4 Property and Equipment

			2008	2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Leasehold improvements	\$ 272,933	\$ 22,744	\$ 250,189	\$ 94,425
Computer equipment	202,380	140,786	61,594	46,559
Furniture and equipment	56,215	13,622	42,593	40,073
Software	22,001	7,161	14,840	15,176
	<u>\$ 553,529</u>	<u>\$ 184,313</u>	<u>\$ 369,216</u>	<u>\$ 196,233</u>

Amortization provided for in the current year totaled \$78,602; (2007 \$52,094).

Note 5 Deferred contributions

During the year, RPAP received contributions of \$250,000 for a pilot visiting locum program for physicians from the United Kingdom. The amount has been deferred, and it is expected that the contributions will be spent in the next fiscal year.

Note 6 Commitments and Subsequent Events

Effective April 1, 2007, RPAP signed an agreement with Alberta Health and Wellness whereby the organization is required to provide financial support and programs for medical practitioners and students in rural Alberta. In return, RPAP will receive the required funding from Alberta Health and Wellness. The agreement expires March 31, 2010.

Effective April 1, 2007, RPAP signed a lease agreement for office equipment. Under the terms of the lease RPAP is committed to quarterly lease payments of \$828 plus GST until March 31, 2012.

Effective April 1, 2007, RPAP signed a sublease agreement for office space. Under the terms of the lease RPAP is committed to pay yearly rent of \$40,260 plus occupancy costs to the College of Physicians and Surgeons until February 2019.

Throughout the 2008 fiscal year, RPAP signed various annual lease agreements for student rental premises. Under the terms of the leases, RPAP is committed to monthly lease payments ranging from \$800 to \$2,635.

Future minimum lease payments as at March 31, 2008 are as follows:

2009	\$ 139,188
2010	75,056
2011	53,680
2012	48,940
2013	45,628
Thereafter	288,754
	\$ 651,246

Note 7 Unrestricted Surplus

RPAP is required to use its financial resources to meet the goals and objectives outlined in its agreement with Alberta Health and Wellness (see note 6). As a result, should RPAP cease to operate, any surplus that remains after meeting contractual and legal requirements would be returned to Alberta Health and Wellness.

Note 8 Financial Instruments

Fair value

RPAP's financial instruments consist of cash and cash equivalents, accounts receivable, and accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that the RPAP is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values, unless otherwise noted.

Note 9 Comparative Figures

Certain of the comparative figures have been reclassified to conform to the current year's disclosure.

About The Alberta Rural Physician Action Plan

The RPAP responds to evidence and needs and focuses its resources on relevant outcomes. It advocates on behalf of rural physicians and uses community-based approaches and collaborative partnerships to deliver innovative and enriching programming that positively influence physicians' decisions about moving to and remaining in a rural Alberta community.

As a result of the RPAP's focus, experience and on-going work with rural physicians and their families and rural communities, the organization provides leadership and expertise on issues related to rural medical care.

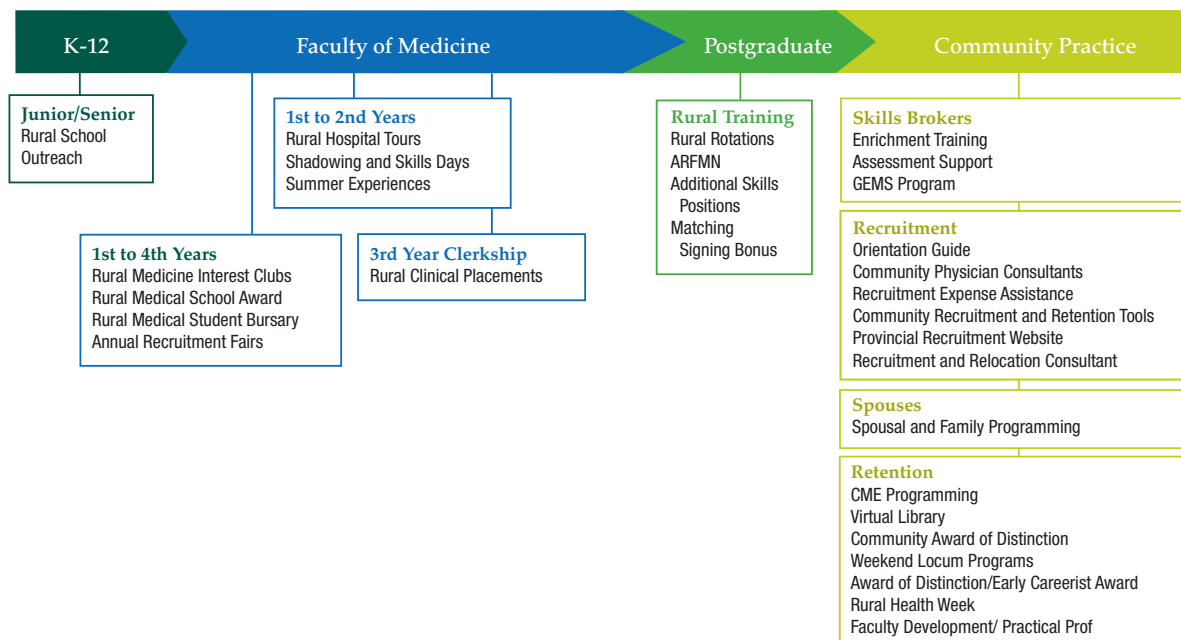
Directions Taken

Since its creation in 1991, RPAP has developed initiatives to address the professional and lifestyle/community factors that influence physicians' decisions about moving to and remaining in a rural Alberta community.

Professional issues include the confidence and competence of new graduates to practise in rural Alberta; the degree of professional isolation experienced by rural physicians; and the financial support (funding models that provide security and flexibility for the physician and recognition of the physician as a community resource) provided to them. Lifestyle issues include personal and family isolation encountered by the physician and his/her family.

Sequential Series of Initiatives

The recruitment and retention of physicians is a "complex interplay" of many variables, not all of which the Alberta RPAP can influence. These variables can be grouped into two major categories: professional issues and lifestyle issues. The RPAP addresses these variables with a variety of initiatives (summarized in the following table), many of which are offered through RPAP's partners.



RPAP Governance, Organization and Linkages

The RPAP Board of Directors is the oversight body for the RPAP. The board is appointed by the Members of the corporation, which consist of the Health Boards of Alberta (Councils of CEOs and Medical Directors), the Alberta Medical Association (AMA and its Section of Rural Medicine), and the College of Physicians and Surgeons of Alberta.

The RPAP Board includes the following individuals:

Irene Pfeiffer, College of Physicians and Surgeons of Alberta (CPSA)

Dr. Clayne Steed (RPAP Chair)
Alberta Medical Association (AMA)

Dr. Allan Garbutt (RPAP Vice-Chair)
and

Dr. Llewellyn Schwegman
AMA Section of Rural Medicine

John Vogelzang
and

Dr. Odell Olson
Regional Health Authorities (RHAs)

Bill DuPerron
Alberta Health and Wellness (non-voting observer)

The RPAP Team implements the directions set out by the Board of Directors. The RPAP Team consists of the following staff and contractors:

David Kay
Executive Director

Hubert Fischer
Manager, Accounting and Corporate Services

Bev Maxwell
Sheila Brown
Program Support Coordinators

Dean Lack
Human Resources Consultant

Rob McGaffin
IT Consultant

Bunny Edwards
Accommodation Support Coordinator

Kelly Lyons
Recruitment and Retention Consultant

Deanna Miyauchi
Executive Assistant to the Executive Director

Dr. Barrie McCombs
Medical Information Services Coordinator

Dr. John Hnatuik
Dr. Ron Gorsche
Skills Brokers for Northern and Southern Alberta

Dr. Hugh Hindle
Rural Academic Development Coordinator

Rebekah Seidel
Monica Kohlhammer
Community Physician Consultants for Northern and Southern Alberta

Rhonda Crooks
Communications Consultant

Rosemary Burness
Medical Students' Initiatives Coordinator



Above (Left to right): Dr. Odell Olson, Dr. Clayne Steed, Dr. Allan Garbutt, Mr. Bill DuPerron, and Dr. Llewellyn Schwegman



Above:
Mr. John Vogelzang



Above:
Mrs. Irene Pfeiffer

The RPAP Team is complemented by members of its Alberta Rural Family Medicine Network (ARFMN) and Rural Medical Education Support teams:

Dr. Fred Janke
Unit Director, Rural Alberta North (RAN), Alberta Rural Family Medicine Network (ARFMN)

Emma Currie
Rural Unit Coordinator, RAN

Dr. Jack Bromley (Red Deer)
Richard Martin (Grande Prairie)
Regional Site Coordinators, RAN

Dr. Stanley Boyar
Unit Director, Rural Alberta South (RAS), Alberta Rural Family Medicine Network (ARFMN)

Cheryl Morin
Rural Unit Coordinator, RAS

Dr. Charlotte Haig (Lethbridge)
Dr. Sergiu Ciubotaro (Medicine Hat)
Regional Site Coordinators, RAS

Karen LaDuke (Medicine Hat)
Pam Nacinovich (Grande Prairie)
Trudi Jersak (Lethbridge) Regional Site Academic Support Assistants

Other important people related to the RPAP include:

Dr. Jill Konkin
Associate Dean, Rural and Regional Health, University of Alberta

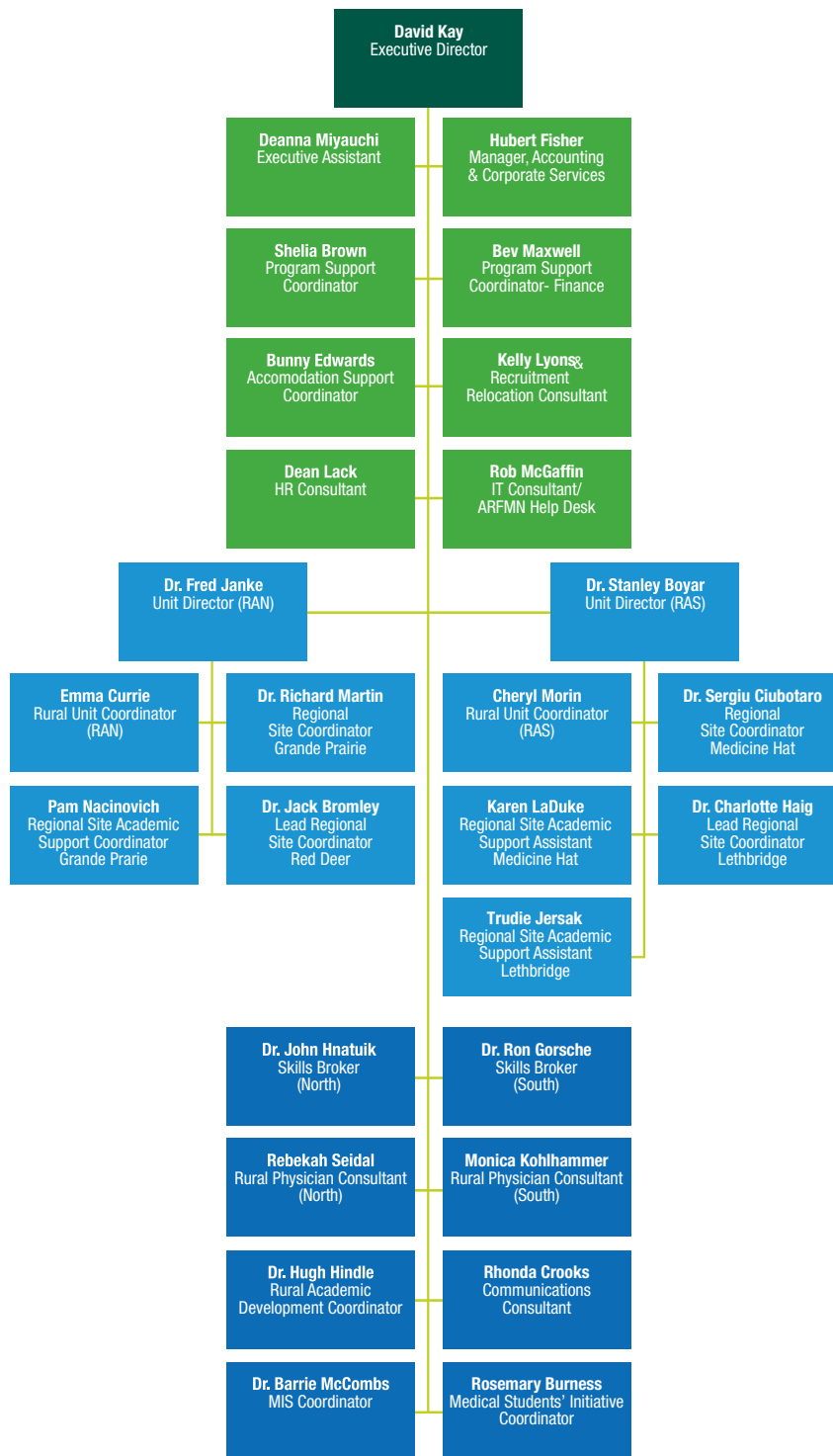
Tamara Mitchell-Schultz
Administrative Assistant, Rural and Regional Health, University of Alberta

Dr. Doug Myhre
Associate Dean, Rural and Regional Affairs, University of Calgary

Patricia Lishman
Rural Program Coordinator, Rural and Regional Affairs, University of Calgary

Barry Brayshaw
Director, Physician Locum Services, Alberta Medical Association

RPAP Organizational Chart



An Extensive Evaluation Regime

The RPAP is cognizant of the need to assess the effectiveness of its initiatives. It has implemented a comprehensive evaluation framework consisting of four domains:

- Key Performance Indicators (KPI) for most of its initiatives;
- A rolling multi-year cycle of external evaluations of its major initiatives;
- Specific research studies in areas of interest that add to the understanding of new program needs and the effectiveness of current programs; and
- Operational surveys which are less formal feedback mechanisms.

This framework outlined below continuously evolves to meet program needs.

Key Performance Indicators (KPI) and RPAP databases

- KPI specific to individual programs
- Enrichment Training database
- Physician Preceptor database
- Retention database

Specific Research and Studies

- 1989 -1995 & 1996 -2000 Family Medicine Cohort studies – completed
- 2001-2004 Family Medicine Cohort study - underway
- Rural UGME Working Group Report – implementation ongoing
- Recruitment/Retention (Pockets of Good News) Update - 2002
- Recruitment Fairs - 2002
- IMGs - 2000
- Medical Students' Career Decision-making During Clerkship – completed 2006
- Community-based Strategies for Physician Retention in Rural Alberta – 2008
- Family Medicine Resident Practice Outcomes & Policy Outcomes – 2006
- Literature Review on Rural Physician Recruitment and Retention- 2007
- Project on changes in surgical and obstetric capacity within rural Alberta – underway
- Exit Interviews Research Project - 2008

Operational Surveys

- RPAP Communications Strategic Plan
- Rural Medical Education and Retention Work Plans
- Informal feedback through RPAP's Community Physician Consultants, Rural Academic Development Coordinator and Skills Brokers
- Effect of Enrichment Training on Rural Physician Retention (PREP) – ongoing

External Evaluations

- Additional Skills Training and Enrichment Programs – 2000
- CME Programs for Rural Physicians – 2000
- Rural On-Call Remuneration Program – 2001
- Rural Locum Program (RLP) – 2003
- Rural Physician Spousal Network (RPSN) – 2003
- Alberta Rural Family Medicine Network (ARFMN) – 2004
- General Emergency Medicine Skills (GEMS) Program –2006
- RPAP – 2006

THE ALBERTA
RURAL FAMILY
MEDICINE
NETWORK

A n n u a l R e p o r t

07 08

This is the fourth annual report of the Alberta Rural Family Medicine Network (ARFMN).

Established in 2001, ARFMN offers dedicated, rural-based Family Medicine residency training to prepare competent physicians for the broad demands of rural practice. The Network is a unique collaborative venture of the Alberta Rural Physician Action Plan (RPAP), the Family Medicine departments of the Universities of Alberta and Calgary, Alberta's rural physicians and regional health authorities.

Several factors led to the development of the program: Alberta's chronic shortage of rural family physicians, its dependence on the recruitment of physicians from other countries to fill gaps, and reports of an RPAP working group and the College of Family Physicians of Canada (CFPC) which recommended the establishment of separate rural residency training programs.

Based on the premise that the best setting for training rural family physicians is rural family

practice, 30 residents may be accepted through the Canadian Resident Matching Service (CaRMS) into the program each year (15 in each node) and exposed to a wide variety of rural medicine. The program appeals to residents who prefer self-directed learning, more hands-on training experiences and the wonderful lifestyle opportunities presented by practice in rural Alberta communities.

This two-year Family Medicine curriculum provides training mainly in rural and regional community and hospital practices within rural Alberta. The curriculum is taught largely by rural-based family physicians and specialists attached to the Family Medicine and Royal College specialty departments of the Universities of Alberta and Calgary.

ARFMN's two nodes, Rural Alberta North (RAN) and Rural Alberta South (RAS), work collaboratively and use the academic resources of their parent Family Medicine departments and Faculty of Medicine.

2007 – 2008 Highlights

- Dr. Fred Janke is completing his first two-year term as RAN Unit Director.
- Dr. Stan Boyar replaced Dr. Peter Koegler as RAS Unit Director in June 2007.
- 12 residents are expected to graduate in 2007 from each of RAN and RAS.
- The Red Deer site expanded to an intake of nine residents per year, totalling 15 residents for RAN per year. RAS accepted 11 residents in 2007.
- RAN and RAS residents enjoyed great conferences at the Alberta College of Family Physicians' Annual Scientific Assembly in Banff and the Peace River CME Conference.
- The annual RAN and RAS resident retreats were both held at the Kananaskis Guest Ranch
- Dr. Sergui Ciubotaru took over as Medicine Hat Site Coordinator in December 2007 replacing Dr. Sid Harrison who had served with RAS for five years.
- Chris Harty left the RAS program in March of 2007. She was the original Unit Coordinator since the inception of RAS. Cheryl Morin was hired as the new Unit Coordinator in May 2007. Emma Currie replaced Jean Blinkhorn, the original RAN Unit Coordinator, in December 2007.
- Thanks to the support of RPAP, RAN and RAS residents are being funded for a yearly Hemodynamics Instability Course as well as a STARS Simulator Session. Both of these sessions will be held in Calgary.
- The UofC held a mini-retreat on 28 March 2008 to consider the relationship between the Department and RAS and ways to improve the activity of the rural stream. As a result of this mini-retreat, recommendations and proposals have been made regarding structural and functional changes. The Department has requested funding from RPAP to provide the proposed changes in 2008-2009.

About the Alberta Rural Family Medicine Network Residency Program

Goals

ARFMN's RAN and RAS nodes strive to provide medical graduates with extensive experience with the clinical conditions faced in rural practice, and trainees with the knowledge and skills required to meet these service demands as well as grounding in the realities of rural practice.

Benefits

This residency program provides residents with an opportunity to train in the environment where they will eventually practice, to be taught largely by practising rural faculty supported by full-time academic faculty, and to take advantage of the resources of their parent Faculty of Medicine.

The program offers a more personal, preceptor-based learning experience than can be offered through traditional tertiary-based programs. Residents are exposed to an intense clinical experience that maximizes procedural skill acquisition and early and effective patient management.

Equally importantly, RAN and RAS build upon a decade of RPAP-funded rural undergraduate, Family Medicine and specialty training blocks and Additional Skills training offered through the University of Alberta and the University of Calgary.

Curriculum

Family Medicine residents of RAN and RAS enjoy a high quality of residency training provided through these units of the provinces' two fully accredited Family Medicine departments. This training leads to eligibility for certification in Family Medicine with the College of Family Physicians of Canada.

The clinical curriculum offers significant flexibility with respect to site, sequence and length of experiences. While similar to the main Family Medicine programs and to each other, the curricula of Rural Alberta North and Rural Alberta South have some variability. The general curriculum of both Nodes or units is comprised of core and elective rotations and a schedule of academic events that includes seminars, case presentations, rounds and workshops.

Eighteen third year Post Graduate (PGY3) positions are available through the auspices of the RPAP to provide an opportunity for residents to take up to an additional one year of training to further help prepare them for rural practice. Each resident taking advantage of this program is required to negotiate a return in service agreement (RiSA) with one of Alberta's regional health authorities or the Rural Locum Program.

Resident Support

The Alberta Rural Family Medicine Network provides a range of support services for residents, including:

Financial Assistance

The ARFMN provides funding in the form of accommodation and travel expenses for training in a rural community outside the "home base." In addition, expenses related to attending academic sessions are also reimbursed.

Medical Informatics Tools

Rural Alberta North and Rural Alberta South offer a variety of current medical informatics tools to facilitate communication, delivery of academic programming, and evidence-based medical practice skills.

The Network provides Internet access to all residents at each training site. In addition, all residents receive a laptop computer and funding towards a PDA device or software for use during their residency. These devices are pre-loaded with a variety of clinical and support software. Residents are given subscriptions to Up-To-Date.

Upon admission to the program, every RAN and RAS resident is given an ARFMN e-mail account and access to the ARFMN's Exchange Server. Exchange Server is used as a key portal for residents and staff to stay connected, to access their e-mail, tasks and calendar; and to review and download forms, policies and academic material through Public Folders.

The ARFMN website is also used as a key portal for residents, preceptors and staff through which to access their ARFMN Web Outlook and university web mail accounts.

Residents also have access to RPAP's Virtual Library, which provides free access to Internet-based medical textbooks, journals and other resources.

Education Sessions and Workshops

On a monthly basis, both RAN and RAS provide academic sessions to discuss important issues relevant to Family Medicine. These sessions are generally organized by the program office and involve presenters from a variety of specialties, clinical and full-time faculty delivered from one or both nodes (RAN or RAS) or from the respective Family Medicine departments. RAS delivers two academic sessions during the year to its parent academic university.

Residents organize their academic half-day sessions and journal club.

In addition, workshops are organized throughout the year and held in various communities. Topics include, but are not limited to, Evidence-Based Medicine, Geriatrics, Palliative Care, Aboriginal Medicine, Practice Management and Communication Skills.

ARFMN Unit Staff and Residents

RAN

Dr. Fred Janke

Unit Director &
Faculty Advisor

Ms. Emma Currie

Rural Unit
Coordinator North

Dr. Jack Bromley

Regional Site Coordinator
Red Deer

Dr. Richard Martin

Regional Site Coordinator
Grande Prairie

Residents (by entry year)

2001

Amel Abdallah
Gina Arps
Zoe Filyk
Nehal Neamatullah
Colin Oberg
Tom Peebles
Tim Yep

2002

Shauna Archibald
Brad Bahler
Mark Darby
Mandy Hyde
Richard Letkeman
Josh Olson
Tammy Paulgaard
Dave Sinha
Clayton Tuffnell
Marci Wilson

2003

Kim Anderson-Hill
Tim Ayas
Jared Bly
Sharlene Hudson
Jason Unger
Shengtao Yao
Jared Yeung

2004

Stephanie Anderson
Candace Chow
Gary Davidson
Lauralee Dukeshire
Julie Hernberger
Lina Kung
Mark Langer
Nicole Mathews
Margaret Naylor
Carla Pilch
Jo Ann Robinson
Andi Scheibenstock

2005

Chris Barnsdale
Shazia Chaudhry
Serena Crum
Nathaniel Day
Christine Ellis
Kyle Garrett
Jacqueline HolmJhass
Tulika Karan
James Keay
Lauren Maher
Ramak Shadmani
Tim Van Aerde

2006

Mohammad Abdolhady
Ben Almasi
Deanna Bellamy
Bev Burton
Greg Chan
Jieli (Lily) Chan
Jennifer Cochran
Niki Froese
Liana Hwang
Lee Jones
Tim Souster
Anna Voeuk

2007

Haseeb Zamani
Erin Clow
Hamid Balouch
Kamal Danial
Rebecca Adams
Dianne Smith
Joanna Middleton
Joseph Hawkwood
Erin Calhoun
Meghan Jensen
Steven Beekman
Alexandra Deliyannides
Mathew Unger
Dolen Kirstein

RAS

Dr. Stan Boyar

Unit Director

Mrs. Cheryl Morin

Rural Unit
Coordinator South

Dr. Sid Harrison

(Until 30 November 2007)

Dr. Sergiu Ciubotaru

(Since 1 December 2007)
Regional Site Coordinator
Medicine Hat

Dr. Charlotte Haig

Regional Site Coordinator
Lethbridge

Residents (by entry year)

2001

Sue Bornemisza
Rick Buck
Brigitte Dohm
Maha Hadi
Sarah Makhdoom
Ian Phelps
Ludek Podhradsky
Asma Sayeed
Lily Toma

2002

Anita Augustine
Sergiu Ciubotaru
Amelia Correia
Clint Drever
Baljinder Mann
Bilal Mir
Dubravka Rakic
Sandy Tam
Hany Youakim
2003
Stefani Barg
Gary Butler
Colin Del Castillo
Brain Farrell
Martina Frostad
Daniel Johns
Sheri Lupul
Erin Nichol
Amarpreet Shergill
Nicoelle Wanner
Christel Whilborg

2004

Scott Bicek
Wayne Burton
Sue Byers
Aaron Coma
Catherine de Caigny
Erin Ewing
Amy Gausvik
Megan Milliken
Gavin Parker
Amanda Wagler

2005

Zahir Amin
Dennis Bowman
Jared Van Bussel
Mark Cahill
Ryan Currah
Ian Gebhardt
Malgorzata Kaminska
Sarah Lasuta
Annick Rodrigue
Colin Sentongo
Ava Sheikholeslami
Jennifer Tse

2006

William Fraser Bowden
Jennifer Burke
Tracy Burton
Bre'el Davis
Timothy Doty
Simon-Pierre Glaude
Brian Josephson
Heather Lehmann
Jolyon Lines
Vidushi Mittra Melrose
Donovan Nunweiler

2007

Eric Baker
Reta Blakely
Crystal Campbell
Nathan Coxford
Colin Duncan
Meghan Elkink
Pierre-Charles Grettillat
Kimberley Sargent
Scott Slemko



Contact Information

Executive Director
The Alberta Rural Physician Action Plan
2801 Telus House
10020 - 100 Street NW
Edmonton, Alberta
Canada T5J 0N3

Toll free: 1-866-423-9911
Telephone: (780) 423-9911
Fax: (780) 423-9917
Email: Alberta-RPAP@rpap.ab.ca

Websites:

www.rpap.ab.ca
www.arfmn.ab.ca
www.AlbertaRuralHealth.ab.ca
www.AlbertaPhysicianLink.ab.ca
www.PracticalProf.ab.ca
www.VLibrary.ab.ca