



---

# Three Year Business Plan

---

1999-2000 to 2001-2002

Approved - 18 May 1999

Revised – 28 September 1999

---

# Alberta RPAP Three Year Business Plan

1999-2000 to 2001-2002

## Introduction, Target Groups and Initiatives

This business plan sets out the major goals, initiatives, performance measures and targets to be accomplished by the Alberta Rural Physician Action Plan (RPAP) as it fulfils the **Vision** of "having the right number of physicians in the right places, offering the right services in Rural Alberta".

The Alberta RPAP was established by Alberta Health in early 1991, as a comprehensive action plan for the recruitment and retention of rural physicians. Since the Plan's inception, over one dozen initiatives, some medium and others long term in nature, have been implemented "on the basis of influencing physicians' decisions about moving to and remaining in a rural Alberta community"<sup>1</sup>.

The current initiatives and their target groups include:

Target Group	Initiative
Undergraduate Medical Students, Post-graduate Medical Students (Residents), the two Faculties of Medicine, and rural Preceptors	Rural rotations for medical students
	Rural experience for Residents
	Third year additional skills training for Residents
	Matching signing bonus for practice
Currently Practising Rural Physicians	CME Programming – incl. teleconferencing, regional conferencing, the Medical Information Service
	Enrichment program
	Weekend locum program
	Rural on-call remuneration program
	Royal college re-entry positions
	Innovation Fund
Rural RHAs and their Partner Communities	Recruitment fairs
	1998-2000 recruitment/retention initiative

There is one other initiative, which although not formally part of the Alberta RPAP, nonetheless contributes to the success of the Plan. This is the Rural Locum Program, funded by Alberta Health and administered by the Alberta Medical Association.

---

<sup>1</sup> C.A. Macdonald & Associates (1996). Evaluation of the Rural Physician Action Plan. Alberta Health, Page 3.

---

The Alberta RPAP, on balance, "has been effective in stabilizing the overall level of physicians in rural Alberta since 1991 in the face of major and ongoing changes to the Alberta Health System."<sup>2</sup>

However, there is still much work to be done, and with the continued co-operation of the Faculties of Medicine from the Province's two universities and the key stakeholders which comprise the Alberta RPAP's Co-ordinating Committee -

- the Alberta Medical Association (AMA),
- the AMA Section of Rural Medicine,
- the rural Regional Health Authorities,
- Alberta Health, and
- the College of Physicians & Surgeons of Alberta

- the goals and challenges laid out in this plan can be successfully met.

## Environmental Scan & Challenges

In fulfilling the **Vision** of the Alberta RPAP, the RPAP Co-ordinating Committee is challenged by a broad spectrum of needs, opportunities and risks, some within the mandate of the Alberta RPAP or the mandate of its stakeholders, and others outside its purview.

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.

**Professional** issues include the confidence and competence of new graduates to practice 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 recognise the physician as a community resource) provided to them.

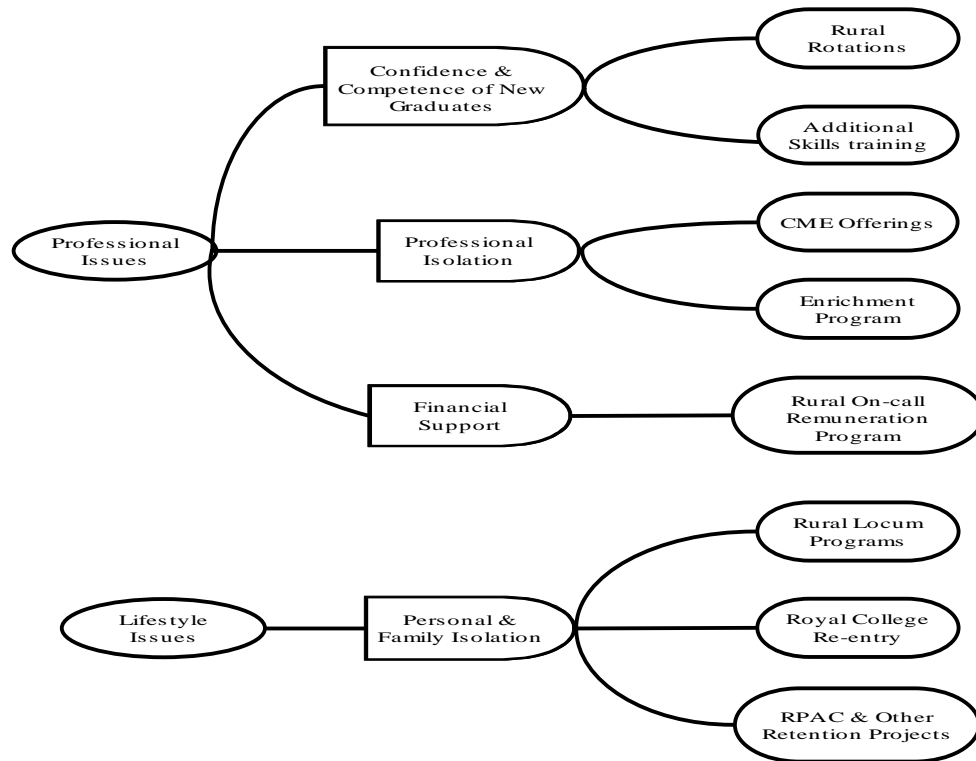
**Lifestyle** issues include the personal and family isolation encountered by the physician and family.

These two broad categories of variables demand innovative approaches and programs from the Alberta RPAP, and the fostering of strategic linkages with multiple stakeholders. In particular, the issue of financial support falls largely within the joint purview of the AMA and Alberta Health, while lifestyle issues can best be influenced by a co-operative partnership between the RHAs and their communities, and a well thought out recruitment and retention strategy.

Nonetheless, the Alberta RPAP has addressed these variables with a variety of initiatives as depicted in the following diagram:

---

<sup>2</sup> Ibid. Page 121.



Some of the key external factors facing the RPAP Co-ordinating Committee are summarised below:

- Health Reform – the RPAP Co-ordinating Committee must continually assess the impact of health reform on, in particular, the roles of health care providers and the organisation of health care services as they relate to rural medicine and rural communities. Changes in the number and skill sets of physicians may be required and the Committee will need to work with its stakeholders to address these changes.
- Changes in Post-Graduate Medical Education (PGME) – changes are being proposed nationally to the system of PGME as it pertains to family medicine. A rural training stream is being considered, and the RPAP Co-ordinating Committee must be ready to take a leadership role in evaluating and guiding the proposals as they relate to Alberta and the training of suitable numbers of competent physicians for rural Alberta.
- Personal and Family Isolation – the Committee must address the need for innovative programs to support the rural physician and family if they are to be retained and integrate into their communities. A 1998 UofA/UofC study “Outcome Study of Family Medicine Residency Graduates” covering nearly 450 graduates between 1985-95 ranked 23 influences on practice location. The first three influences were, by a wide margin, the most dominant. 1) Spousal influences (where the spouse wanted to live) and 2) where the extended family was located were most important. 3) the type of practice was only slightly less important than the spouse.

The key external factors facing the RPAP Co-ordinating Committee summarised above set the context for this business plan, and point to the direction in which the RPAP must go. Within this context, the following challenges have been selected by the Alberta RPAP Co-ordinating Committee as priorities for this business plan together with specific strategies to address the challenges. These three challenges and the corresponding strategies do not describe everything the RPAP needs to accomplish. However, they do illustrate the broad direction of change and innovation the RPAP will make over the next three years.

## Challenges

1. To provide physicians in training with the right skills and a sense of competence and confidence to choose rural practice as a desired opportunity, and to provide practising rural physicians with the ability to easily obtain additional skills that will improve the standard of care in their community.
2. To make best use of existing and emerging information technologies for continuing medical education and clinical care in rural medical practice, and thus address the sense of professional isolation experienced by rural physicians.
3. To support local initiatives and develop creative programs that address innovative ideas for physician retention.

## Strategies

- 1.1. The RPAP will take a leadership role concerning additional skills training and changes in rural medical education for family medicine residents. In doing so, the RPAP Co-ordinating Committee will establish two working groups to examine these issues and report back with recommendations for the Minister of Health.
- 2.1. The Universities of Alberta and Calgary will develop business plans regarding RPAP-funded CME and Medical Informatics initiatives in order to position their content and methods of delivery to better meet the needs of rural physicians in life long learning.
- 3.1. The RPAP will offer a series of grant programs, including a retention grants program and an innovation fund; support local initiatives, such as the Rural Partners Action Committee (RAC); and sponsor other new retention programs, such as preparatory assistance for the Medical Council of Canada LMCC examinations.

## The RPAP Vision, Mandate and Clients

### The RPAP Vision

The Vision of the Rural Physician Action Plan is:

to have the right number of physicians in the right places, offering the right services in rural Alberta.

### The RPAP Co-ordinating Committee's Mandate

The Mission of the Co-ordinating Committee is:

to develop a comprehensive action plan for rural physician recruitment and retention.... and to ensure appropriate project evaluations are undertaken.

The complete Committee mandate is attached as Schedule 1.

### Who are our Clients?

The RPAP Co-ordinating Committee holds as a central tenet that its initiatives should improve the quality of rural health care. It recognises that all programs need not apply to all clients, but that there is a need to adequately fund what the RPAP promises.

To that end the RPAP Co-ordinating Committee has determined that:

the RPAP's primary responsibility is to support rural communities and physicians outside of the CRHA, CHA and the regional centres of Grande Prairie, Fort McMurray, Red Deer, Medicine Hat, and Lethbridge.

However, there is an important secondary responsibility to the regional centres of Grande Prairie, Fort McMurray, Red Deer, Medicine Hat, and Lethbridge in respect of their important role of support for rural medical care and rural physicians.

## Goals, Initiatives, Performance Measures and Targets

The Alberta RPAP Co-ordinating Committee has adopted the following business goals, initiatives, performance measures and targets according to the following three major target groups:

- Undergraduate medical students, post-graduate medical students (Residents), the two Faculties of Medicine, and rural preceptors,
- Practising rural physicians, and
- Rural RHAs and their partner communities.

The Alberta RPAP Co-ordinating Committee with work towards the achievement of these business goals. Each initiative is described below, with the business goals, performance measures and targets that have been established for it. The Committee has required that all performance indicators be appropriate to specific numerical measurement.

### 1. Rural Rotation Initiative

The rural rotation program is design to encourage rural practice and to provide a positive experience in rural Alberta. The RPAP supports the concept of medical students and residents taking part of their training in a rural community. Both The University of Calgary and the University of Alberta encourage medical students and residents to do rotations with rural preceptors. The RPAP provides funding for accommodation, travel and an honorarium for the rural preceptors. The preceptors in each of the training sites have a direct link to the university they are affiliated with and are supported through faculty development and on-site visits.

The rural rotation initiative addresses the needs of the following target groups:

- Undergraduate medical students
- Family Medicine and Royal College Residents
- Rural Preceptors

The rural rotation initiative directly addresses the Vision and Mission of the RPAP by:

- Exposing students to rural practice as part of their training;
- Developing a level of sensitivity to the challenges of rural practice; and
- Acculturating students to a rural lifestyle.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
All undergraduate medical students will have the opportunity to receive suitably supervised exposure to rural medical practice	<ul style="list-style-type: none"> <li>• Percent of all medical students receiving a rural rotation by university (UofA/UofC) NOTE: Not all medical students want a rural practice opportunity. The intent of the Goal is to promote rural rotations amongst interested medical students (Recommendation 1.2, page 21 1999 CFPC Working Group Report)</li> </ul>	75%
	<ul style="list-style-type: none"> <li>• Percentage of those medical students receiving a rural rotation indicating an overall satisfaction with their rural experience by university (UofA/UofC)</li> </ul>	80%

THREE YEAR BUSINESS PLAN  
1999-2000 TO 2001-2002

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
All postgraduate medical residents will have the opportunity to receive suitably supervised exposure to rural medical practice.	<ul style="list-style-type: none"> <li>Percent of all Family Medicine residents by university receiving a rural rotation by the end of their R2 year (UofA/UofC)</li> <li>Percentage of Royal College residents receiving a rural/regional rotation by university (UofA/UofC)</li> <li>Percentage of Family Medicine residents receiving a rural rotation of 4 or more months duration (UofA/UofC)</li> <li>Percentage of those medical residents receiving a rural rotation indicating an overall satisfaction with their rural experience? (UofA/UofC)</li> <li>Percent of Family Medicine residents who completed a logbook of procedures by the end of their rural rotation that records the number of times a procedure is performed or observed (UofA/UofC)</li> </ul>	<p>95%</p> <p>10%</p> <p>60%</p> <p>80%</p> <p>60%</p>
Rural Preceptors will value the opportunity to be a part of the academic teaching environment in a rural setting. They will benefit by a decreased sense of professional isolation as well as being challenged to learn with their students.	<ul style="list-style-type: none"> <li>Percent of rural preceptors or "primary" site coordinators indicating an overall satisfaction with the program and who have individually enumerated their opinion of the program's strengths and weaknesses by university (UofA/UofC)</li> <li>Percent of preceptors or "primary" site coordinators who indicate that they have been challenged to learn as a result of being a rural preceptor (UofA/UofC)</li> <li>Percent of preceptors or "primary" site coordinators who indicate that they have a decreased sense of professional isolation as a result of being a rural preceptor (UofA/UofC)</li> </ul>	<p>80%</p> <p>90%</p> <p>90%</p>
The faculties of medicine will be informed regarding the medical needs of rural communities & populations.	<ul style="list-style-type: none"> <li>Percent of rural preceptors who have been evaluated for teaching skills and overall performance annually by university (UofA/UofC) NOTE: Requires the funding of an additional FTE between the two Faculties. This will be considered during budget preparation for 2000/2001.</li> <li>Presence at an annual conference of medical schools, preceptors and invited guests to evaluate rural medical challenges and trends, and to address the changing medical training needs of rural communities and populations (UofA/UofC)</li> </ul>	<p>95%</p> <p>100%</p>
Residents will choose to practise in rural Alberta upon graduation.	<ul style="list-style-type: none"> <li>Percent of all clinical clerks and residents enumerated with respect to the following questions: <ol style="list-style-type: none"> <li>Did the rural experience increase or decrease the clinical clerk's desire for rural practice? (UofA/UofC)</li> <li>Did the rural experience increase or decrease the clinical clerk's desire for family practice? (UofA/UofC)</li> <li>Percent of residents planning to practice in rural areas prior to the rural experience? (UofA/UofC)</li> <li>Did the rural experience increase or decrease the resident's desire for rural practice? (UofA/UofC)</li> </ol> </li> </ul> <p>NOTE: The intent of the KPI is to ask these questions of all clerks and residents who take a rural rotation.</p>	<p>100%</p>
The rural rotation will positively contribute to the practice and the community.	<ul style="list-style-type: none"> <li>Percent of all medical residents who receive an RPAP incentive grant to practice in rural Alberta, who are tracked by RPAP, and who have an evaluation by the site/regional Chiefs of Staff and an informed RHA administrative representative respecting the technical and overall readiness of the resident to undertake rural practise in that particular community</li> </ul>	<p>100%</p>



## 2. Additional Skills Training for Residents

The additional skills training (AST) initiative provides an opportunity for medical residents to take up to an additional year in training to help prepare them for rural practice.

Additional training is available in such areas as anaesthesia, surgery, obstetrics, emergency medicine, palliative care and paediatrics. The type of training taken depends on the physician's interests and the needs of the rural region he/she will be practising in.

The AST initiative addresses the needs of the following target groups:

- Family Medicine and Royal College Residents
- Rural Health Authorities and their partner communities

The AST initiative directly addresses the Vision and Mission of the RPAP by:

- Equipping residents with sufficient confidence and competence to practice rural medicine.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
Additional Skills training will reflect the unique needs for special medical skills of rural RHAs and their communities.	• Percent of available positions filled (UofA/UofC)	100%
	• Percent of RHAs enumerated regarding their need for rural family practitioners with additional skills in support of desired and funded RHA medical programs (RPAP)	100%
	• Percent of those physician skill needs which are filled by an AST trainee within two years of being identified by a RHA (RPAP)	50%
Residents will choose to practise in rural Alberta upon graduation and will make effective use of their special training.	• Percent of residents completing AST training who within six months set up a medical practice in rural Alberta and continue that practice for at least one year (RPAP)	100%
	• Percent of residents completing AST training who are in rural practice three years after completing their third year of training (RPAP)	50%
	• Percent of residents completing AST training who are evaluated by their Regional Chief of Staff to be making effective use of their additional training after one year in practice (RPAP)	80%

## 3. Matching Signing Bonus for Practice

The matching signing bonus for practice program is a joint effort between the RPAP and participating rural Regional Health Authorities (RHAs).

New Alberta-trained physicians are eligible for a matching bonus to a maximum of \$10,000 from the RPAP for signing a Return in Service Agreement (RiSA) with a participating rural RHA. The terms of the RiSA must be for a minimum of one year. A physician may only receive the matching RPAP signing bonus for practice once.

The matching signing bonus for practice program addresses the needs of the following target groups:

- Family Medicine and Royal College Residents

- Rural health authorities and their partner communities

The matching signing bonus for practice initiative directly addresses the Vision and Mission of the RPAP by:

- Providing a financial incentive to practise in rural Alberta.
- Fostering a sense of collaboration with rural regional health authorities and buy-in relative to their responsibility for physician recruitment and retention.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
Residents will choose to practise in rural Alberta upon graduation.	• Percent of budgeted/available funds expended (RPAP)	100%
	• Percent of all physicians receiving the matching signing bonus enumerated respecting, name, training university, gender and skill set, i.e. GP, GP-specialist or specialist (RPAP)	100%
	• Percent of physicians remaining in rural Alberta practice three years after receiving the matching signing bonus (RPAP)	60%
	• Percent of physicians remaining in rural Alberta practice five years after receiving the matching signing bonus (RPAP)	40%

#### 4. Rural Continuing Medical Education Initiative

The Divisions of Continuing Medical Education at both Alberta universities work with rural physicians to provide high quality CME to meet the needs of rural Alberta. Programming at the two universities differs in content, however each university provides regional conferencing and teleconferencing sessions on a regular basis.

The rural CME initiative addresses the needs of the following target group:

- Practising rural physicians

The rural CME initiative directly addresses the Vision and Mission of the RPAP by:

- Addressing the professional issues that affect retention, such as promoting life-long learning.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
Rural physicians will participate in life long learning and will both value and make use of the educational opportunities provided by the RPAP funded CME programs	• Percent of all rural physicians indicating satisfaction with the RPAP funded CME programs offered (RPAP)	70%
	• Percent of participants indicating satisfaction with the RPAP funded CME programs offered (UofA/UofC)	80%
	• Percent of, and enumeration of which communities participate in regularly scheduled RPAP funded CME teleconferences (UofA/UofC)	60%
	• Percent of rural physicians attending regional conferences along with an enumeration of those courses (UofA/UofC)	60%
	• Percent of all rural physicians participating in a least two RPAP funded CME experience yearly (RPAP)	50%

## 5. Enrichment Program

The enrichment program is intended to assist physicians in rural communities upgrade existing skills or gain new skills in order to meet the special medical needs of their community.

The enrichment program addresses the needs of the following target groups:

- Practising rural physicians

The enrichment program directly addresses the Vision and Mission of the RPAP by:

- Enabling practising physicians to acquire additional skills with which to expand their professional competence and to meet the medical needs of the community.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
The (number and) skill set of physicians practising in rural Alberta meets regional and community needs.	• Percent of available RPAP budget expended, including an enumeration of the number of physicians applying, the number accepted and the disciplines represented. (RPAP/UofA/UofC)	100%
	• Percent of trainees who were satisfied with the training and quality of instruction received (UofA/UofC)	80%
	• Percent of trainees who were able to utilise their special skills within six months of returning to their home community (RPAP)	80%
	• Percent of RHAs/regional chief of staff who indicate that the special training has had a demonstrable beneficial effect on medical care in their region (RPAP)	80%
Physicians will choose to remain in rural practise for longer periods.	• Percent of trainees remaining in the region and utilising their special skills one year and three years after receiving the training (RPAP)	90% one year 70% three years
	• Percent of trainees who indicate that the training has increased their job/practice satisfaction (RPAP)	90%

## 6. Weekend Locum Program

The weekend locum program was initiated in 1996 to provide weekend relief to ensure that weekend call for participating physicians was no greater than 1 in 4.

The weekend locum program is administered on behalf of the RPAP through the Alberta Medical Association.

The weekend locum program addresses the needs of the following target groups:

- Practising rural physicians

The weekend locum program directly addresses the Vision and Mission of the RPAP by:

- Addressing lifestyle issues important for physician retention.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
There will be reasonable on-call expectations for rural physicians, and locum coverage will be provided without undue difficulty.	<ul style="list-style-type: none"> <li>Percent of requests that were filled in a given time period relative to the number of communities who applied (AMA)</li> <li>Percent of community physicians satisfied with the locum provided (AMA)</li> <li>Percent of the total eligible communities who access the weekend locum program together with an enumeration of the reasons those other eligible communities choose not to participate (AMA)</li> </ul>	<p>80%</p> <p>80%</p> <p>75%</p>

## 7. Royal College Re-entry Program

Under the auspices of the Alberta Rural Physician Action Plan (RPAP), rural physicians have the opportunity to return for training in a Royal College specialty program. The number of positions available varies from year to year.

The Royal College Re-entry Program addresses the needs of the following target groups:

- Practising rural physicians

The Royal College Re-entry Program directly addresses the Vision and Mission of the RPAP by:

- Addressing lifestyle issues important for physician retention.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
Rural Physicians will have reasonable access to Royal College training	<ul style="list-style-type: none"> <li>The number of physicians who apply, and the number of available positions (RPAP)</li> </ul>	100% of an expected 4 positions per year

## 7. RPAP Recruitment/Marketing Initiatives

The RPAP employs a number of information, marketing and communication vehicles to publicise its activities and programs, and to assist rural regional health authorities with recruitment. These activities include the annual rural physician recruitment fairs held with the two faculties of medicine, the passive practice opportunities registry, the *RPAPNews*, the RPAP web site and RPAP display booth.

The RPAP recruitment/marketing activities addresses the needs of the following target groups:

- Undergraduate medical students
- Family Medicine and Royal College Residents
- Practising rural physicians
- Rural health authorities and their partner communities

The RPAP recruitment/marketing activities directly addresses the Vision and Mission of the RPAP by:

- Providing necessary RPAP information and assisting with physician recruitment/retention.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
Each RHA will be able to recruit a sufficient number of physicians with the appropriate skills to meet community needs.	<ul style="list-style-type: none"> <li>• RPAP will strongly encourage each RHA to have a specific medical human resource plan; together with anticipated needs projected over three years. The plan should indicate the <u>minimum</u> number of physicians required by individual locations (RPAP)</li> </ul>	100%
	<ul style="list-style-type: none"> <li>• RPAP will strongly encourage each RHA to have a specific medical recruitment &amp; retention plan. The plan should be created with local physicians and community representatives (RPAP)</li> </ul>	80% compliance
	<ul style="list-style-type: none"> <li>• Against this overall medical human resource plan, RPAP will monitor on an ongoing basis the percentage of vacancies that remain unfilled for four months and will use its best efforts to assist the RHAs with their recruitment efforts (RPAP)</li> </ul>	100% compliance
	<ul style="list-style-type: none"> <li>• The RPAP Program Manager will include vacancy statistics at each RPAP meeting and will provide the committee with recommendations regarding required actions (RPAP)</li> </ul>	100% compliance

## 8. Special Recruitment/Retention Initiative

The RPAP special recruitment/retention initiative is a \$2M two-year initiative designed to meet the short-term physician resource needs of rural health authorities (year one) and to introduce retention initiatives (year two) to buttress the recruitment efforts.

The RPAP special recruitment/retention initiative addresses the needs of the following target groups:

- Family Medicine and Royal College Residents
- Practising rural physicians
- Rural health authorities and their partner communities

The RPAP special recruitment/retention initiative directly addresses the Vision and Mission of the RPAP by:

- Providing sufficient numbers of physicians to meet the immediate physician resource needs of the rural health authorities and to introduce retention initiatives to support rural physicians.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
On an urgent one-time basis, each RHA will recruit a sufficient number of physicians with the appropriate skills to meet unmet community medical needs utilising International Medical Graduates if necessary.	<ul style="list-style-type: none"> <li>• Enumeration of the number, gender and skill set, i.e. GP, GP-specialist or specialist recruited (RPAP)</li> </ul>	100%
	<ul style="list-style-type: none"> <li>• Percent of recruited IMGs who have passed their LMCC Part 1 and 2 within the allowed 30 months of their license (RPAP)</li> </ul>	80%
	<ul style="list-style-type: none"> <li>• Percent of physicians remaining in rural Alberta practice three years after being recruited in this special program (RPAP)</li> </ul>	60%
	<ul style="list-style-type: none"> <li>• Percent of physicians remaining in rural Alberta practice five years after being recruited in this special program. (RPAP)</li> </ul>	40%

## Financial Plan 1999-2000 TO 2001-2002

The purpose of this financial plan is to identify the anticipated financial resources to be used to achieve the goals of the Alberta RPAP Co-ordinating Committee.

### Operating Assumptions

1. The special funding of \$1 M for each year of the two-year recruitment-retention initiative will end in 1999-2000.
2. Baseline funding from Alberta Health will then continue at \$2.8 M in 2000-2001. However, the budget estimates tabled in the House indicate a requested budget of \$3.8M in future years.
3. The funds directed to Student Loan Remission Program, which is included in the current baseline and is scheduled to end in 1999-2000, will be available for re-allocation in 2000-2001.

### Operating Budget 1999-2000 to 2001-2002

#### Baseline Budget

Attached as Schedule 2. Based on a baseline budget of \$2.8M for 1999-2000 plus the final allocation of \$1M year for the special recruitment initiative.

Schedule 1                    **Mandate of the RPAP Co-ordinating Committee**

The Rural Physician Action Plan Co-ordinating Committee (RPAP CC) is the oversight body for the RPAP. The Committee is responsible to the Minister for providing policy advice on all issues related to the recruitment and retention of rural physicians, including:

- the establishment of Provincial goals, objectives and strategies
- the introduction of new programs
- developing policy, goals, objectives and performance criteria for each RPAP initiative
- evaluating the RPAP and RPAP initiatives on a regular basis
- recommending to the Minister whether the balance among existing programs should be changed, or existing programs should be deleted, or new programs should be added to maintain the effectiveness and efficiency of RPAP
- advising the Minister on all matters related to the efficient and effective administration of all programs (including those that are outside the direct purview of the RPAP CC) and the co-ordination of administration between programs, and
- the allocation of the RPAP budget

With respect to the October 1998 Rural On-Call Remuneration Program, the RPAP CC has the following additional responsibilities:

- recommending criteria for any changes in the list of eligible facilities including non-hospital facilities
- providing recommendations to the Minister of Health, upon his request, on specific applications for changes to the facility list from the regional health authorities
- evaluating the program two years after implementation and no later than 31 March 2001