RPAP
Alberta Rural Physician Action Plan

2nd Three-Year Business Plan

2002-2003 to 2004-2005

Approved – 14 March 2002

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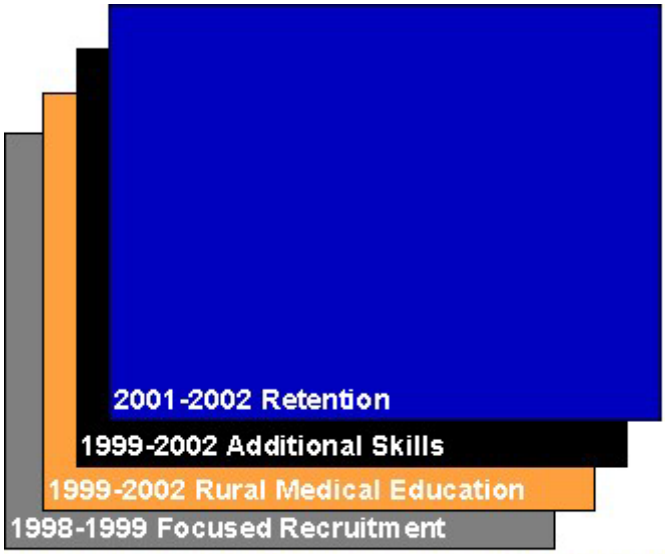
Introduction, Target Groups and Initiatives

This is the second three-year business plan for Alberta's Rural Physician Action Plan (RPAP). It incorporates and builds upon the long-term ***Vision*** of the RPAP - "having the right number of physicians in the right places, offering the right services in Rural Alberta" - and the major thrusts and initiatives implemented over the past three plus years.

This business plan also sets out the major goals, initiatives, performance measures and targets to be accomplished by the RPAP in the years 2002-2005.



Major RPAP Thrusts: 1999-2002

The RPAP and this business plan remain true to the designer, the External Advisory Committee on Physician Manpower, who developed the original Action Plan approved by Cabinet in December 1990 as a comprehensive plan for the recruitment and retention of rural physicians.

In the intervening years as it developed initiatives to address need, the RPAP has continuously focused on the factors – professional and lifestyle/community - that influence physicians' decisions about moving to and remaining in a rural Alberta community, and on its three target groups – 1) undergraduate medical students, post-graduate medical students (residents), the two Faculties of Medicine, and rural preceptors; 2) currently practising rural physicians; and 3) rural RHAs and their partner communities.

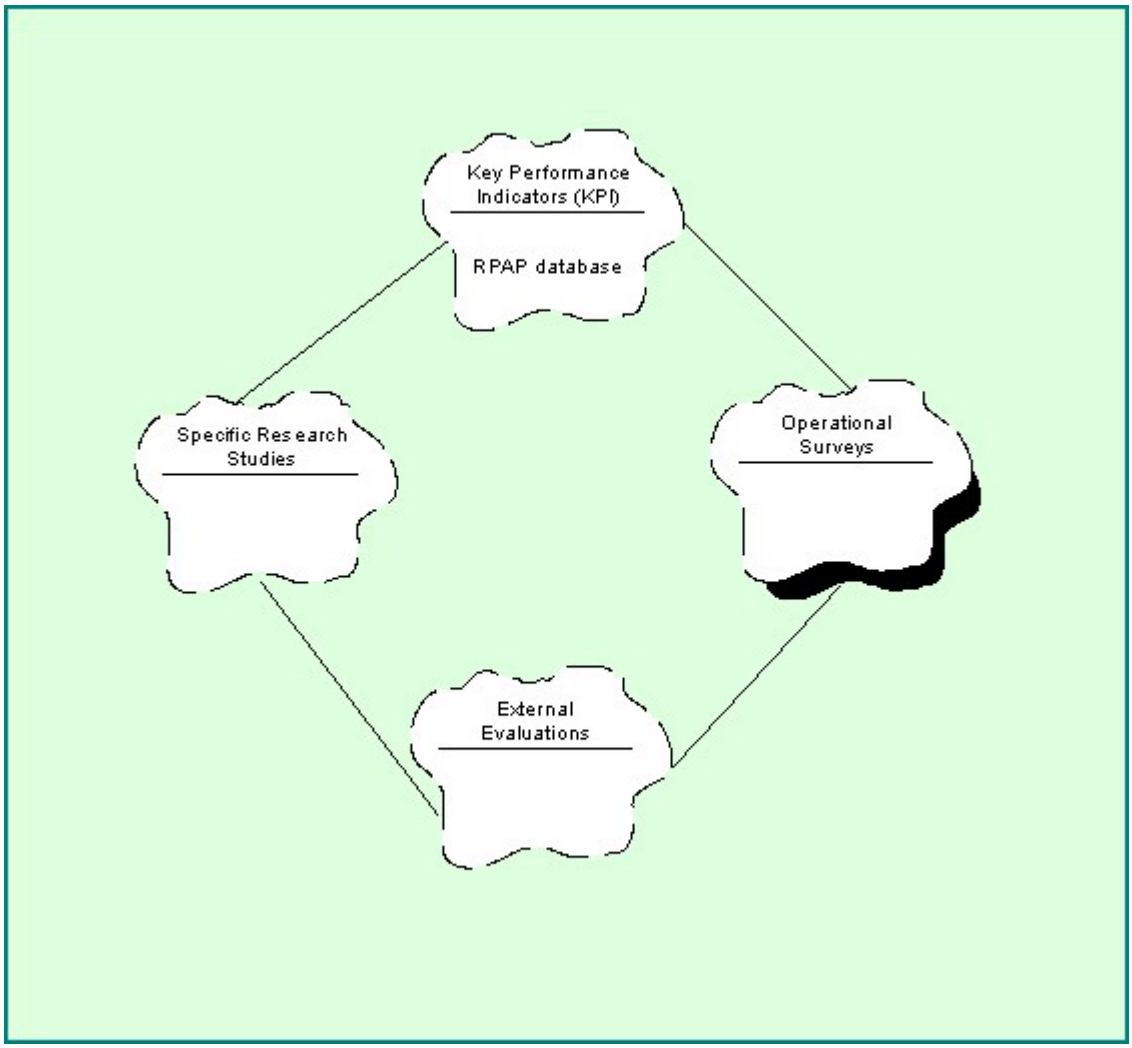
Today the RPAP initiatives and their target groups include:

Target Group	Initiative
Undergraduate Medical Students, Post-graduate Medical Students (Residents), the two Faculties of Medicine, and rural Preceptors	Rural rotations for medical students and residents (CFPC and RCPSC) for Calgary/Edmonton-based trainees
	Alberta Rural Family Medicine Network (ARFMN) and its Rural Alberta North and Rural Alberta South nodes for rural-based family medicine residents
	Faculty development support for preceptors
	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, the Virtual Library
	Enrichment program
	Weekend locum programs
	Rural on-call remuneration program
	Royal college re-entry positions
	Rural physician retention/innovation grant program
	Retention initiatives – incl. LMCC and CFPC exam preparation workshops, Rural Physician Spousal Network (RPSN), Retention/Innovation Grants
Rural RHAs and their Partner Communities	Rural Physician Spousal Network
	Recruitment fairs
	Recruitment expense reimbursement program

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

The RPAP is also 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 three-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 in schematic and table format below continuously evolves to meet program needs.



Key Performance Indicators (KPI) & RPAP database	External Evaluations: • Additional Skills Training & Enrichment Programs - 2000 • CME Programs for Rural Physicians - 2000 • On-Call Remuneration Program - 2001 • Rural Locum Programs – 2002 • RPAP – 2003
Specific Research/Evaluation Studies: • Family Medicine Cohort #2 – underway • Rural Rotations - underway • Pockets of Good News Update – 2002 • Recruitment Fairs – 2002 • IMGs – completed 2000 • ARFMN w/ Laurentian University – ongoing • Supporting "Rural" Medical Students – to begin	Operational Surveys: • RPAP Communications Strategic Plans & focus sessions • Retention Work Plan & Focus Sessions w/ early careerists • Informal feedback vis Rural Physician Consultants & Skills Brokers • Informal feedback from the field • RPSN assessments • Physician Retention Tool Box – to begin

The 1996 RPAP external evaluation report stated that 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."[1] A follow-up evaluation of the RPAP is proposed for 2003.

Nonetheless, there continues to be much work to do, 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 (RHAs),
- Alberta Health and Wellness (AHW), and
- the College of Physicians & Surgeons of Alberta (CPSA)

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

Accomplishment of the Previous Goals and Strategies

Many of the goals and strategies described in the 1999-2002 business plan have been fulfilled, including:

- A successful focused recruitment effort with rural RHAs in 1998-1999 that saw 92 vacant rural physician positions filled. LMCC and CFPC exam preparation courses were added through the University of Calgary to help IMG recruits successfully challenge these exams and move to full licensure.

- Enhancements were made to the Additional Skills Training program and to the Enrichment Program in 2000 and 2001. These changes included the implementation of payments to preceptors, increased flexibility for rural physicians as to the training programs that are supported and the introduction of RPAP skills broker positions as single and facilitated entry point for practicing physicians for required training. In addition, a new training block for emergency, the General Emergency Medicine Skills (GEMS) program is currently under development.

- RPAP is working with the CPSA and other stakeholders on defining: the menu of skills that can be learned in such additional skill areas as GP-Anaesthesia, GP-Surgery, GP-OBS/GYNE without taking specialty training, taking into account risk factors including back-up support, the specific learning objectives associated with each skill, the minimum time required, who is qualified or certified to provide the training, the evaluation process required, including who do the evaluation, and the quality assurance process required to ensure that the new skills are applied safely and appropriately on an ongoing basis.

- Changes to the Matching Signing Bonus for Practice program to focus on newly graduated residents.

- The introduction in 1999 and the continued support of the Rural Physician Spousal Network (RPSN). The Network strives to promote the retention of rural

[1] C.A. MacDonald & Associates (1996). Evaluation of the Rural Physician Action Plan. Alberta Health, page 121.

physicians in Alberta through spousal networking, communication and programs that foster personal growth and satisfaction with rural living.

- Alterations to the Medical Information Service based at the University of Calgary and the development of the Internet-based Virtual Library. The Rural Alberta Medical Network, called RuralNet was also added in 1999. RuralNet is an Internet network service for rural Alberta physicians.

- The introduction of a Senior's Enhancement to the weekend locum program administered for the RPAP by the Alberta Medical Association.

- Continued adjustments to the annual rural physician recruitment fairs held at the Universities of Alberta and Calgary based on participant feedback.

- Extensive improvements to RPAP promotional materials as a result of the 2000 Communication Strategic Plan. This included a new visual identity, new brochures, a new web site and new display systems.

- The introduction of a recruitment expense reimbursement program that assists RHAs with the cost of out-of-province recruitment and assists physicians with the costs associated with CPSA-required assessments.

- The introduction of a new rural physician retention and innovation grant program, a discretionary grant program designed to foster the development of innovative program ideas for the benefit of rural physicians.

- The Committee recommended enhancements to the September 1998 Rural On-Call Remuneration Program, and improvements to CME programs for rural physicians based on external evaluations conducted in 2000-2001. These recommendations are currently being followed-up.

- The introduction in 2000-2001 of a new, two-year rural-based Family Medicine program with 20 PGY1 and 20 PGY2 positions per year. The Alberta Rural Family Medicine Network (ARFMN) with its two nodes – Rural Alberta North (a unit of the University of Alberta Family Medicine department) and Rural Alberta South (a unit of the University of Calgary Family Medicine department) - is a unique collaborative venture of the RPAP, the Universities of Alberta and Calgary, and rural physicians and rural regional health authorities.

- The introduction of a multi-year retention work plan in 2001. The work plan offers priorities for each of the main factors influencing physician retention – professional, family/lifestyle and community. Both immediate initiatives and long-term actions that will allow for deeper and more innovative system change are included.

Environmental Scan & Challenges

In fulfilling the ***Vision*** of the Alberta RPAP, the RPAP Co-ordinating Committee continues to be 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.

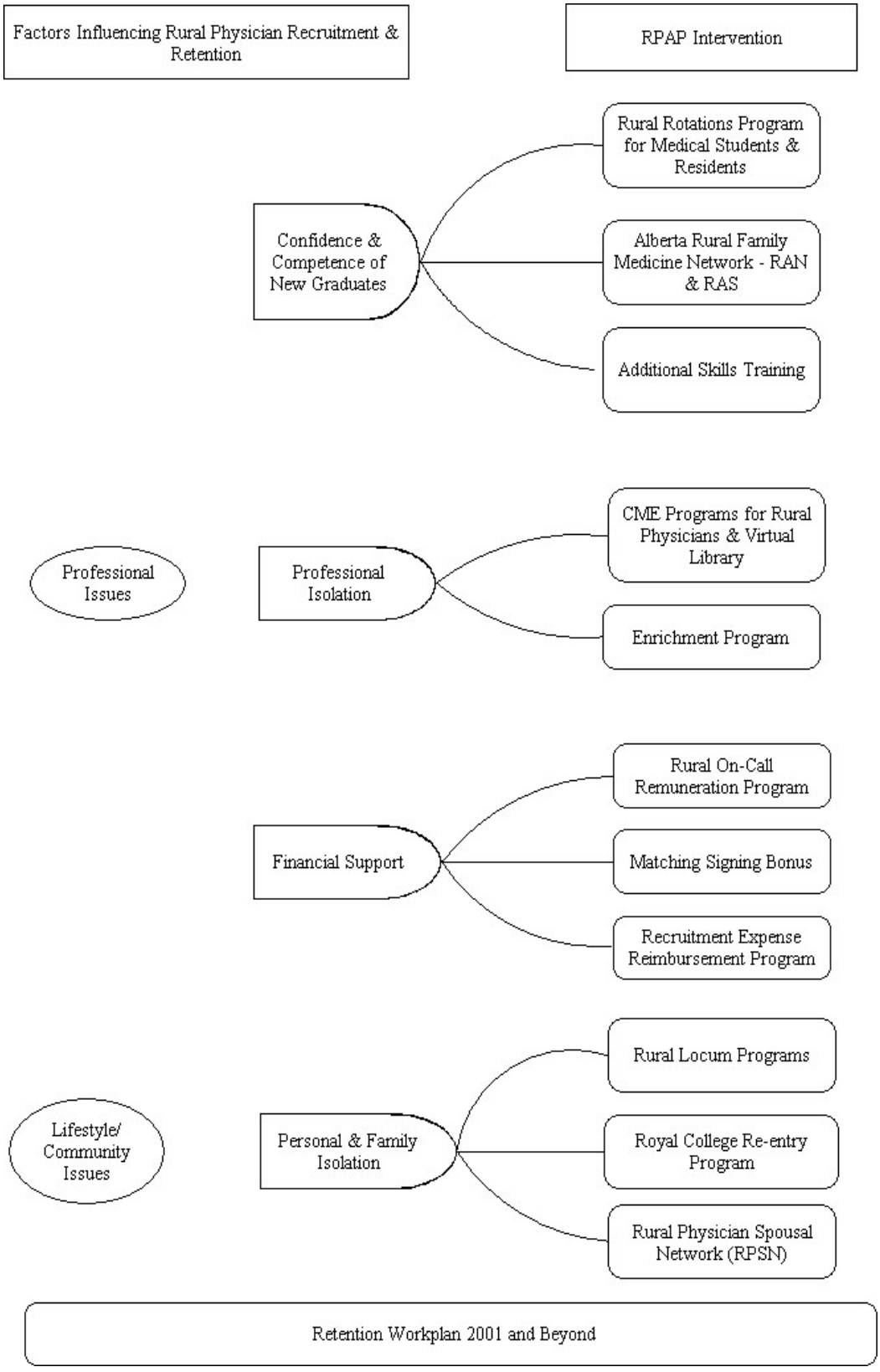
The recruitment and retention of physicians is a "complex interplay" of many variables, not all of which the Alberta RPAP can influence. These variables can be grouped into two major categories: ***professional*** issues and ***lifestyle*** issues.

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 addresses these variables with a variety of initiatives as depicted in the following diagram:


Factors Influencing Rural Physician Recruitment & Retention
RPAP Intervention
Confidence & Competence of New Graduates
Rural Rotations Program for Medical Students & Residents
Alberta Rural Family Medicine Network - RAN & RAS
Additional Skills Training
Professional Issues
Professional Isolation
CME Programs for Rural Physicians & Virtual Library
Enrichment Program
Financial Support
Rural On-Call Remuneration Program
Matching Signing Bonus
Recruitment Expense Reimbursement Program
Lifestyle/ Community Issues
Personal & Family Isolation
Rural Locum Programs
Royal College Re-entry Program
Rural Physician Spousal Network (RPSN)
Retention Workplan 2001 and Beyond

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. Access to timely medical care (for example rural radiology services) and changes in the number and skill sets of physicians are required (for example the cohort of GP-anaesthetists, GP-surgeons and GP-obstetricians is aging and not being replenished fast enough nor with the same skill set). The Committee will need to continue to work with its stakeholders to address these changes.

- Changes in Post-Graduate Medical Education (PGME) – in the previous three-year business plan, the RPAP implemented the proposed national changes to the system of PGME as it pertained to Family Medicine. The ARFMN was implemented in 2000-2001. The RPAP Co-ordinating Committee must continue to take a leadership role in evaluating and guiding the ARFMN, and in the training of suitable numbers of competent physicians for rural Alberta, especially the Additional Skills Training positions for PGY3s.

- Personal and Family Isolation – the Committee has strived to meet the need for innovative programs to support the rural physician and family. This is critical if they are to be retained and integrate into their communities. The RPSN continues to grow and evolve. RPAP support to and encouragement for the RPSN, coupled with the community development work of the rural physician consultants, will continue to be extremely important.

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 RPAP Co-ordinating Committee has selected the following challenges as priorities for this second three-year business plan together with specific strategies to address the challenges.

These five 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 rural medical education, continuing medical education and clinical care in rural medical practice, and thus support distance education, and 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.

4. To support the physician and family and positively affect the factors that influence retention. As but one example, the RPAP Co-ordinating Committee will need to consider the findings of the upcoming "on-call syndrome" study.

5. To promote rural medicine as a viable professional career amongst rural high school students and junior medical students.

Strategies

1. The RPAP will continue its leadership role concerning additional skills training for residents and enrichment training for practicing rural physicians. In doing so, the RPAP Co-ordinating Committee will consider changes to the PGY3 Additional Skills Training positions it oversees to better deploy them to meet rural practice needs, and it will develop new training blocks such as G.E.M.S. (General Emergency Medicine Skills) for Rural Physicians.

2.1. The RPAP will develop business plans with its partners 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. This work will build upon the recommendations arising from the 2000-2001 external evaluation report on CME programs for rural physicians

2.2. The RPAP will also take steps to protect the RPAP's intellectual property rights on behalf of the Crown for goods and services developed with RPAP funds.

3. The RPAP will continue to offer a series of grant programs supporting local initiatives and will continue to implement the 2001 retention work plan.

4. The RPAP will take a leadership role in addressing the issues arising from the recent "on-call syndrome" study. A working group will be established to examine the findings and make recommendations to the Co-ordinating Committee.

5. The RPAP will work with the Faculties of Medicine, AMA Section of Rural Medicine and other partners to promote rural medicine as a viable career option for rural high school students. The RPAP will also develop strategies to assist rural high school students to successfully enter medical school and once admitted consider rural practice as a career path, and sustain that interest.

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 define a rural advantage and to adequately fund what the RPAP promises. The Co-ordinating Committee also recognizes the importance of developing and maintaining a beneficial rural differentiation as a recruitment and retention strategy.

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

> the RPAP's primary responsibility is to support rural-remote communities and physicians in those communities.

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 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	• 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) • Percentage of those medical students receiving a rural rotation indicating an overall satisfaction with their rural experience by university (UofA/UofC)	75% 80%
All postgraduate medical residents will have the opportunity to receive suitably supervised exposure to rural medical practice.	• Percent of all Family Medicine residents by university receiving a rural rotation by the end of their R2 year (UofA/UofC) • Percentage of Royal College residents receiving a rural/regional rotation by university (UofA/UofC) • Percentage of Family Medicine residents receiving a rural rotation of 4 or more months duration (UofA/UofC) • Percentage of those medical residents receiving a rural rotation indicating an overall satisfaction with their rural experience? (UofA/UofC) • 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 & has been validated by a preceptor (UofA/UofC)	95% 10% 60% 80% 60%
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.	• 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) • 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) • 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)	80% 90% 90%
The faculties of medicine will be informed regarding the	• Percent of rural clinical faculty who have been evaluated for teaching skills and overall performance annually by university	95%

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
medical needs of rural communities & populations.	(UofA/UofC) NOTE: Requires the funding of an additional FTE between the two Faculties. This was considered in the ARFMN budget preparation for 2000/2001. • 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)	100%
Residents will choose to practise in rural Alberta upon graduation.	• Percent of all clinical clerks and residents enumerated with respect to the following questions: 1. Did the rural experience increase or decrease the clinical clerk's desire for rural practice? (UofA/UofC) 2. Did the rural experience increase or decrease the clinical clerk's desire for family practice? (UofA/UofC) 3. Percent of residents planning to practice in rural areas prior to the rural experience? (UofA/UofC) 4. Did the rural experience increase or decrease the resident's desire for rural practice? (UofA/UofC) NOTE: The intent of the KPI is to ask these questions of all clerks and residents who take a rural rotation.	100%
The rural rotation will positively contribute to the practice and the community.	• 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	100%

2. Alberta Rural Family Medicine Network (ARFMN)

The Network offers dedicated Family Medicine residency training to prepare comprehensive and competent physicians for rural practice.

The two-year curriculum provides training to the greatest extent in rural and regional community and hospital practices of rural Alberta, and makes extensive use of rural-base physicians acting as teachers and attached to the Family Medicine and Royal College specialty departments of the Universities of Alberta or Calgary.

The RPAP provides all infrastructure supports for the Networks two Nodes – Rural Alberta North (affiliated with the University of Alberta Family Medicine department) and Rural Alberta South (affiliated with the University of Calgary family Medicine department).

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

- Family Medicine Residents
- Rural Preceptors

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

- Offering 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;
- Providing residents with an opportunity to train in the environment in which they will eventually practice, to be taught largely by rural faculty supported by full-time academic faculty, and to take advantage of the resources of both Faculties of Medicine *networked* together; and
- Acculturating students to a rural lifestyle.

The ARFMN is exploring collaboration with the Centre for Rural and Northern Health Research associated with Laurentian University and the Northeastern Ontario Family Medicine Program (NOFMP). An outcome of this potential collaboration may be joining a multi-year tracking study that tracks the Family Medicine residents and graduates of the NOFMP. Using entry, exit and follow-up surveys, the study examines the factors that affect career paths, practice locations, and practice profiles. In particular, it assesses the extent to which training family physicians in rural areas is successful in encouraging physicians to practice in rural communities.

3. 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%

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
	• 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%

4. 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%

5. 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%

6. 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%

7. Weekend Locum Program and Senior's Enhancement

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. A senior's enhancement was added in 1999.

The weekend locum program and the senior's enhancement are administered on behalf of the RPAP through the Alberta Medical Association.

The weekend locum program and the senior's enhancement addresses the needs of the following target groups:

- Practising rural physicians

The weekend locum program and the senior's enhancement 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.	• Percent of requests that were filled in a given time period relative to the number of communities who applied (AMA)	80%
	• Percent of community physicians satisfied with the locum provided (AMA)	80%
	• 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)	75%

8. 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	• The number of physicians who apply, and the number of available positions (RPAP)	100% of an expected 4 positions per year

9. 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.	• 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 minimum number of physicians required by individual locations (RPAP)	100%
	• RPAP will strongly encourage each RHA to have a specific medical recruitment & retention plan. The plan should be created with local physicians and community representatives (RPAP)	80% compliance
	• 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)	100% compliance
	• The RPAP Program Manager will include vacancy statistics at each RPAP meeting and will provide the committee with recommendations regarding required actions (RPAP)	100% compliance

10. Retention Work Plan

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

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The RPAP retention workplan addresses the needs of the following target groups:

- Family Medicine and Royal College Residents
- Practising rural physicians and their families

- Rural health authorities and their partner communities

The RPAP retention workplan directly addresses the Vision and Mission of the RPAP by:

- Addressing the lifestyle/community factors that influence retention.

Goal	Key Performance Indicators (Measurement Responsibility)	Targets
To be developed	• To be developed	To be developed

Financial Plan 2002-2003 to 2004-2005

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. Requested funding to address the expected additional cost arising from the 2000 and 2001 increases in the undergraduate class by 54 spots and the introduction of the Alberta IMG program with 8 trainees ($240,680 per year), and necessary increases to the accommodation allowances for the rural rotations programs ($145,700 per year) will not be funded in 2002-2003.

2. Baseline funding from Alberta Health and Wellness will then continue at $3.8 M for the RPAP and $1.9M for the ARFMN in 2002-2003. However, the requested budget increases will be required no later than 2003-2004 to avoid program reductions and cuts.

Operating Budget 2002-2003 to 2004-2005

Baseline Budget

To be attached as Schedule 2 after approvals. Based on a baseline budget of $3.8M and $1.9M.

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 accountable to the Minister of Health and Wellness for providing policy advice on 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
- making recommendations to the Minister regarding the creation of major new programs, or significant modifications to existing programs, to enhance rural physician recruitment and retention
- advising the Minister on matters related to the efficient and effective administration of programs pertaining to rural physician recruitment and retention, and
- the allocation of the RPAP budget

With respect to the Rural On-Call Remuneration Program, the Committee has the following additional responsibilities:

- recommending criteria for changes in the list of eligible facilities, including non-hospital facilities
- providing recommendations to the Minister, upon his request, on specific applications for changes to the facility list from the regional health authorities, and
- evaluating the program

Schedule 2 **2002-2003 RPAP Budget Allocation**

RURAL PHYSICIAN ACTION PLAN: 2002-03

PROGRAM	**2002-2003 Approvals**
1. Rural Rotations Program	$1,908,038
1.1 UofC	$700,725
1.2 UofA	$1,207,313
2. Signing Bonus - Practice (GL 3180)	$200,000
3. Continuing Medical Education	$291,099
3.1 UofC	$154,518
3.2 UofA	$96,581
3.3 Speaker Honorarium	$40.000
4. Enrichment Program (GL 3165)	$300,000
5. Weekend Locum Program (GL 3190)	$215,600
5.1 Seniors Enhancement	$58,000
6. Rural Physician Spousal Network (RPSN) (GL 3190)	$75,000
7. Recruitment/Marketing	$43,000
7.1 - Recruitment Fairs (GL 3175)	$35,000
7.2 - RPAP News (GL 3155)	$8,000
8. Communications (GL 3168)	$50,000
9. Other Expenses (GL 3190)	$60,000
9.1 - External Evaluations	$20,000
9.2 - Research Projects	$40,000
10. Recruitment Expense Reimbursement (GL 3167)	$100,000
11. Retention/Innovation Grants (GL 3170)	$200,000
12. MIS Virtual Library (GL 3170)	$50,000
13. Additional Skills (GL 3195)	$400,000
14. Contingency (GL 3160)	$50,000
SUB TOTAL	$4,000,737
15. Alberta Rural Family Medicine Network (ARFMN) (GL 3166)	$1,900,000
16. Retention Workplan	$400,000
TOTAL	$6,300,737
17. Rural On-call Remuneration Program	$11,668,000
18. Administration (GL 3150)	$125,000