
Alberta Rural Physician Action Plan



BUSINESS PLAN

2005-2006 to 2007-2008

Alberta Rural Physician Action Plan
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Introduction

The Alberta Rural Physician Action Plan (RPAP) is one of Canada's only comprehensive, integrated and sustained programs for the education, recruitment and retention of physicians for rural practice. It was established in early 1991 by the Alberta Government to develop and implement a comprehensive action plan for the recruitment and retention of rural physicians to help overcome continuing rural physician shortages.

Since its creation in 1991, the RPAP has developed initiatives to address the professional and lifestyle factors that influence physicians' decisions about moving to and remaining in a rural Alberta community. The recruitment and retention of physicians is a "complex interplay" of many variables, not all of which the 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 provided to them. Lifestyle issues include the personal and family isolation encountered by the physician and family.

This is the third three-year business plan for the RPAP. The business plan sets out the major goals, initiatives, performance measures and targets to be accomplished by the RPAP in the years 2005-2008.

The RPAP's Vision

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

The RPAP's Mission

The RPAP will achieve its Vision by:

- Offering a sequential series of initiatives in rural medical education, recruitment and retention; and
- Enhancing collaborative partnerships.

Partnerships

Partnerships play a key role in helping the RPAP carry out its mandate and to improve the overall rural health care landscape. Partnerships, both formal and informal, 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.

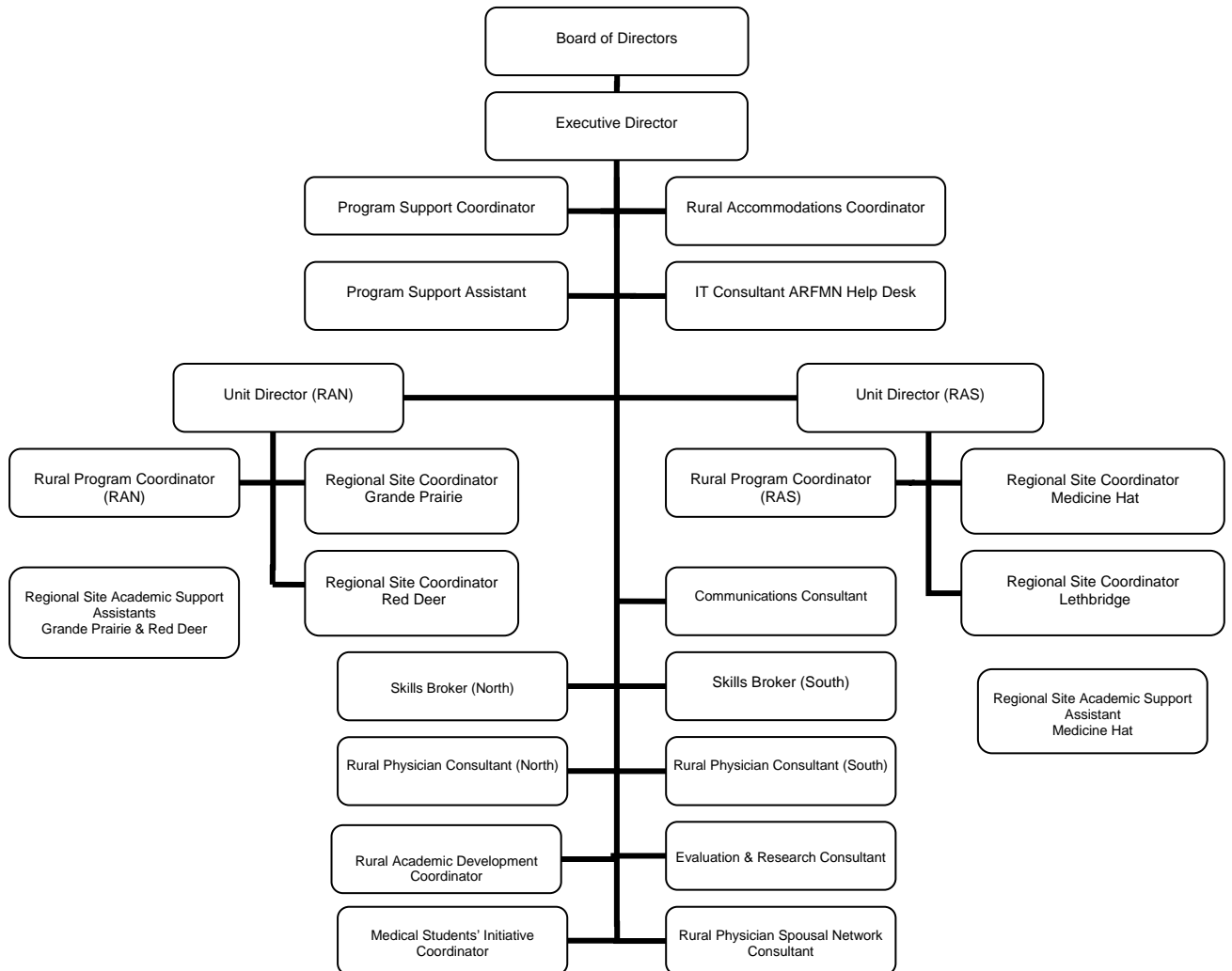
Throughout the next three-year period, the RPAP intends to continue to nurture its strategic partnerships with the following:

- Alberta Health and Wellness and Alberta Advanced Education (Health Programs, Public Institutions Branch)
- UofA and UofC Faculties of Medicine
- Alberta Medical Association (AMA)
- AMA Section of Rural Medicine
- Alberta's Regional Health Authorities (RHAs)
- Careers: the Next Generation
- Alberta Community Development (Libraries, Community & Volunteer Sector Services Branch)
- College of Physicians & Surgeons of Alberta (CPSA)
- SAIT Health Sciences
- UofC Faculty of Nursing
- UofA Rehabilitation Medicine

RPAP Governance & Management

The RPAP Board of Directors (RPAP Board) is the governance body for the RPAP, which is incorporated as a not-for-profit company under Part 9 of the *Companies Act*. The RPAP Team implements the directions set out by the Board of Directors.

Organizational Chart



Target Groups

The RPAP focuses its work on three target groups:

- 1) Rural high school students, undergraduate medical students, postgraduate medical students (Residents) and rural preceptors;
- 2) Practising rural physicians and their families; and
- 3) RHAs and their partner rural communities.

The RPAP's Clients

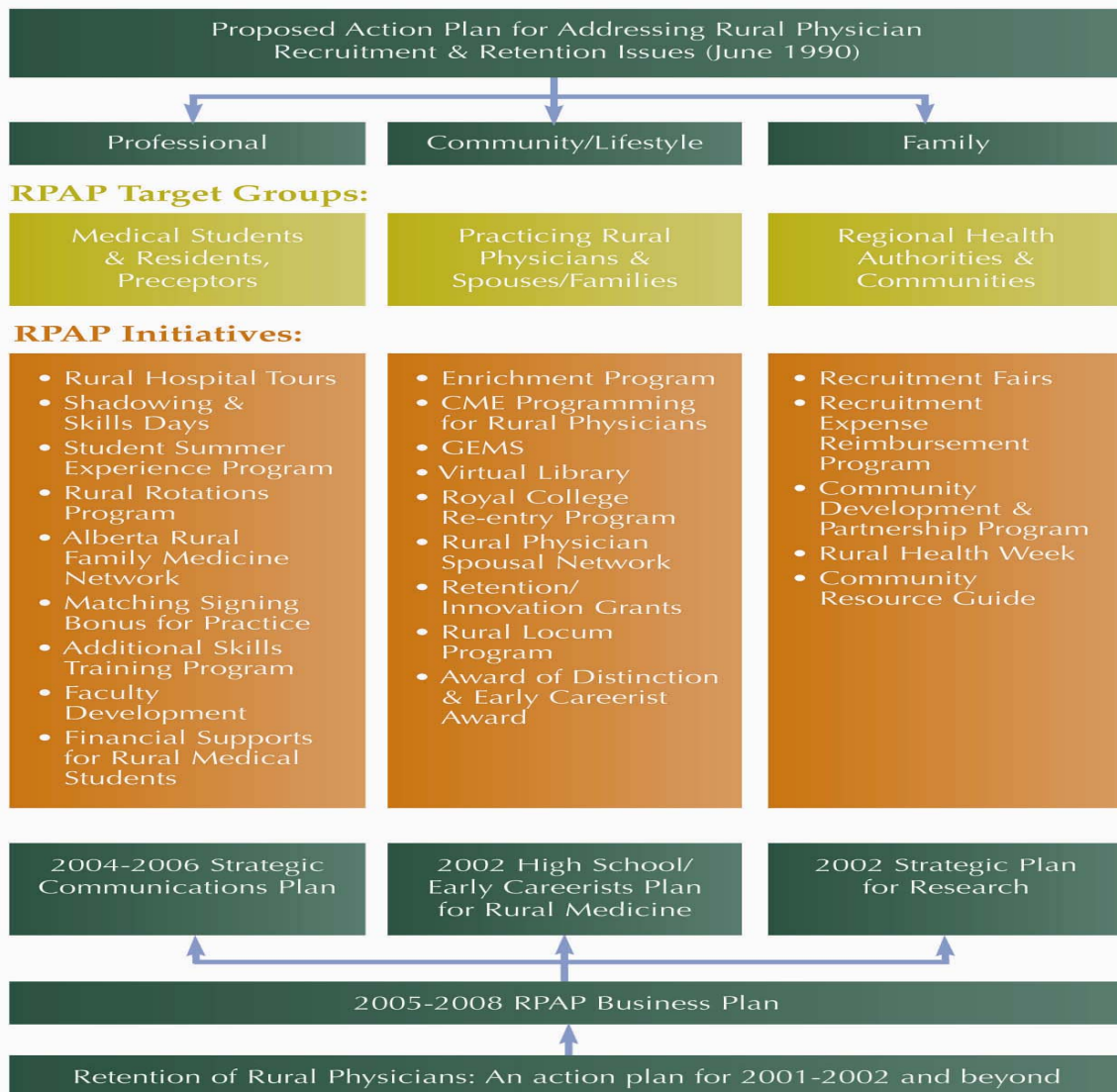
The RPAP Board of Directors holds as a central tenet that its initiatives should improve the quality of rural health care. It recognises that all programs need not apply to all clients, but that there is a need to define a rural advantage and to adequately fund what the RPAP promises.

The Board of Directors recognizes the importance of developing and maintaining a beneficial rural differentiation as a recruitment and retention strategy. To that end the RPAP Board of Directors has determined that the RPAP's primary responsibility is to support rural-remote communities and physicians in those communities. Furthermore, the RPAP Board of Directors recognizes that the RPAP can not function at the exclusion of or operate in isolation of the needs of metro/urban physicians, but that it is first and foremost an advocate for rural physicians.

Programs and Services

The Alberta Rural Physician Action Plan has worked diligently since its establishment to implement an effective series of initiatives in rural medical education, recruitment and retention. Over the course of the first and second business plans, numerous building blocks have been put in place, innovative programming undertaken, and work done to fine tune various initiatives and practices and to solidify the Plan.

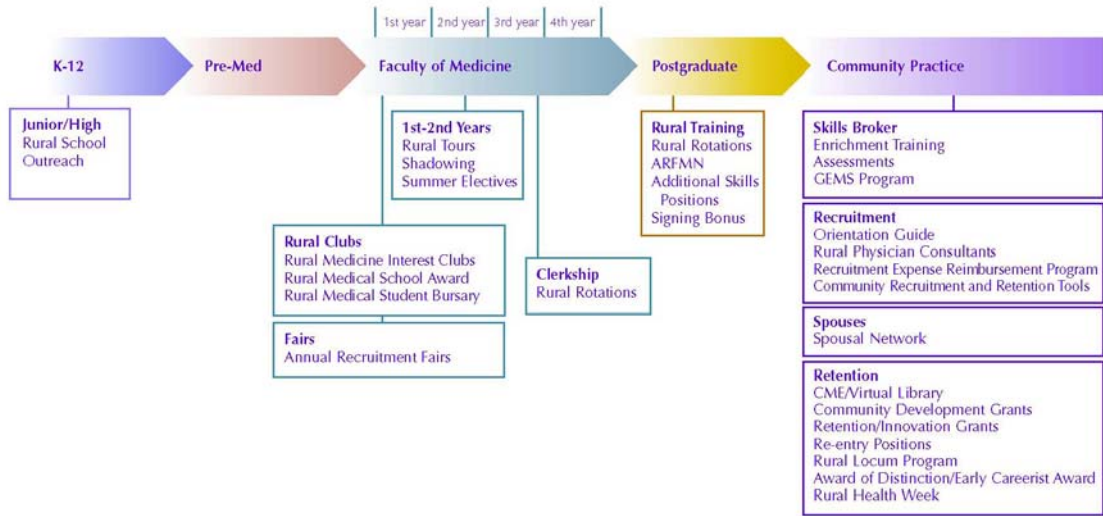
The following diagram illustrates the work of the RPAP through the lens of the original 1990 Action Plan with its target groups and consideration of the factors that influence physician recruitment and retention.



Since 1991, the RPAP together with its partners, have implemented a relatively comprehensive series of initiatives. In recent years the RPAP has worked to fill in the gaps in its programming in order to get the sequential series of initiatives (illustrated below) other jurisdictions have shown to be the most effective.

The RPAP is about **programs and services**

The RPAP works diligently to implement an effective series of initiatives in rural medical education, recruitment and retention.



Evaluation Framework

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

Operational Surveys

- RPAP Communications Strategic Plans
- Retention Work Plan
- Informal feedback through RPAP's Rural Physician Consultants and Skills Brokers
- Informal feedback from the field
- Rural Physician Spousal Network assessments
- Effect of Enrichment Training on Rural Physician Retention – ongoing

Specific Research and Studies

- 1989 -1995 & 1996 -2000 Family Medicine Cohort studies – completed
- 2001-2004 Family Medicine Cohort study - to begin
- Rural UGME Working Group Report – implementation underway
- Recruitment/Retention (Pockets of Good News) Update - 2002
- Recruitment Fairs - 2002
- IMGs - 2000
- Medical Students' Career Decision-making during Clerkship – underway
- Community-based Strategies for Physician Retention in Rural Alberta – underway
- Family Medicine Resident Practice Outcomes & Policy Outcomes - underway

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 - underway
- RPAP – 2005

Accomplishment of the Previous Goals and Strategies

Many of the goals and strategies described in the 2002-2005 business plan have been fulfilled, including:

- The successful development and deployment of the RPAP's first continuing medical education program, General Emergency Medicine Skills (GEMS). GEMS is a self-study multi-media training program that enables rural physicians to upgrade emergency skills at work or at home. Training modules are currently available on the following topics: Preparation for Transport, C-spine X-ray and CT Head, Rapid Sequence Intubation, and Central Venous Access. GEMS provides rural physicians opportunities to enhance emergency medicine skills, gain better patient/physician outcomes, achieve greater job satisfaction, gain MainPro credits, and access hands on experience with the STARS Human Patient Simulator (HPS) and university anatomy labs.
- The further refinement of the Enrichment Training Program through the introduction of the Emergency Medicine Enrichment (EME) program. The EME program provides an additional opportunity for rural physicians to acquire between 1 - 6 months of emergency medicine training.
- The expansion of the RPAP's rural stream, the Alberta Rural Family Medicine Network (ARFM) from its original 40 postgraduate medical education positions in the two-year program to 60 commencing in 2005.
- Continued refinements to the Rural Physician Spousal Network (RPSN) to focus on "at risk" rural physician spouses and families.
- Ongoing adjustments to the annual rural physician recruitment fairs held at the Universities of Alberta and Calgary based on participant feedback. A recruitment and retention workshop will be added beginning September 2005.
- Extensive improvements to RPAP promotional materials as a result of the 2002-2004 Communication Strategic Plan. This included a new visual identity, new brochures, new web sites and new display systems.
- The introduction of the Award of Distinction in 2002 and the Early Careerist Award in 2005 as part of the 2001 multi-year Retention Work Plan. These recognition programs identify the contributions of all rural physicians, especially those 'unsung heroes' who provide rural communities with outstanding medical services and who also make huge contributions to

medical practice and their communities at different points in their careers.

- The development of a comprehensive Orientation Guide in the Fall of 2002 which is given to all new rural physicians. Within six weeks of their arrival, one of the RPAP's two Rural Physician Consultants calls each new physician personally and welcomes them to Alberta. During the call the new physician is asked about their experiences to date and to identify any special needs. The call is also used to assess their adaptation to the community and efforts to make them feel comfortable, to provide an overview of RPAP services including the Rural Physician Spousal Network, to refer any specific issues or requests to the Rural Physician Consultants, and to track e-mail addresses and spousal contact information.
- The creation of Rural Health Week beginning in 2003 and held on the third week of June. This special week, originated and facilitated by the RPAP, is the result of the collaboration of more than 30 groups representing many provincial and regional rural health interests. The annual special week offers opportunities for community partners to profile the challenges of rural health service delivery as well as to showcase the positive contributions of rural health professionals and organizations. For 2004, the RPAP developed a new Rural Health Week web site, www.ruralhealthweek.ab.ca.
- The beginning of a series of initiatives such as the Career Days and "Lunch and Learns" activities targeted to rural high school students, and the Summer Student Experience Program, Shadowing, Skills Days and Rural Tours initiatives for first and second year medical students who are members of the RPAP-sponsored Rural Medical Interest Groups at the University of Alberta and the University of Calgary. These initiatives were developed through the 2002 RPAP High School/Early Careerist Business Plan to help overcome declining numbers of students choosing family practice and rural medical careers. The expansion of the Career Days and a summer experience for rural high school students in partnership with Careers: the Next Generation will occur beginning Fall 2005.
- The creation of financial supports for rural-origin medical students. These include the \$5,000 RPAP Rural Medical School Award sponsored by the Alberta Rural Physician Action Plan (RPAP) and introduced in 2004, and a new RPAP Medical School Bursary which covers the entire cost of medical school tuition and fees. The RPAP Medical School Bursary program begins in 2005 and is offered through the RPAP and is jointly funded by Alberta Health and Wellness and Alberta Advanced Education. The aim of these programs is to encourage students who come from a designated rural area to pursue a career in rural medicine by reducing their financial burden.

- A new Community Development and Partnership Grant program was introduced as a complement to the work of two Rural Physician Consultant positions. Building on these initiatives, the RPAP developed a Community Recruitment and Retention Guide during 2003 and then began its deployment in 2004. The Guide and a host of tools developed throughout 2004 and into the Fall of 2005, serves as both a resource guide and a work book and is introduced through a community development process involving Alberta Community Development.
- Implementation of the numerous recommendations of the RPAP's 2003 Rural Undergraduate Medical Education Working Group report.

Environmental Scan and Challenges

In fulfilling its vision, the RPAP continues to be challenged by a broad spectrum of needs, opportunities and risks, some within the mandate of the RPAP or the mandate of its stakeholders, and others outside its purview.

SWOT Analysis (Internal & External)

The Internal Strengths & Weaknesses of the RPAP, and the External Opportunities & Threats it faces, can be summarized as follows:

Strengths	Opportunities
<ul style="list-style-type: none"> • RPAP has proven that it is having a positive influence on rural physician recruitment and retention. • RPAP is actively engaging the community through a variety of its initiatives to help address physician recruitment and retention issues. • Based on feedback awareness of the RPAP among the organization's primary audiences is good. • RPAP has assembled a good range of effective communication vehicles. • RPAP has experienced significant growth and development as an organization. • RPAP regularly evaluates the effectiveness of its programming to ensure programs address current needs. • RPAP is not afraid to expose the sores and to suggest the sauves for problems related to rural physician education, recruitment and retention. 	<ul style="list-style-type: none"> • Primary health care and local primary care initiatives will soon roll out across Alberta. The RPAP is well positioned to take a supportive role in this area and may have a role as an advisor on occasion. • Given that boundaries are blurring and former "rural" issues are becoming "provincial" in nature, the RPAP may support all physicians (rural, urban and regional) if their needs are congruent with the needs of the RPAP's primary target, rural physicians. • As a result of primary care initiatives, more rural physicians will be working in interdisciplinary teams. RPAP's messages may penetrate a greater number of health professionals. • Partnerships will be seen as a "best practice" for organizations to become more effective. RPAP is well down this road. • RPAP should continue to work to positively influence junior and senior rural high school students as well as medical students towards a career in rural medicine. • Given its expertise in rural issues, the RPAP should identify, elaborate on, and promote initiatives in support of the Rural Development Strategy, and the attributes related to successful rural practice models.

Weaknesses

- There may be a questioning of the roles of the AMA, the RHAs, and RPAP if it is perceived there is a blurring or **convergence in “territory.”** The RPAP feels it is more important for a team or partnership approach to provide solutions to the needs of rural Alberta and within the mandate of the RPAP particularly as rural physician recruitment and retention is a “complex interplay” of many variables, not all of which the RPAP can influence, and involves many interdependent organizations.
- The understanding of what constitutes rural and rural/remote by RPAP and by other stakeholders.
- Does RPAP need to become an **advocate for all physicians** (rural/remote and regional) as primary care reform rolls out, rather than just advocate for rural/remote physicians?
- **Barriers to access CME programming** such as cost and distance affects retention of rural/remote physicians.
- While audiences are increasingly aware of RPAP the organization, they demonstrate that they are **sometimes not aware of the breadth** of RPAP programming.

Threats

- As boundaries blur and “rural” issues become “provincial” issues, there **may not be as strong and compelling a case for health dollars and programming that is rural-focused or physician-focused only.** RPAP may evolve into a more “provincially-focused” and or multidisciplinary workforce organization.
- There will be **increased pressure on health dollars** generally and more accountability expected. RPAP will need to be even more strategic with its budget.
- There will continue to be a blurring or convergence in the “territory” between RPAP, AMA, AHW, CPSA and the health regions. Many of the physician recruitment/retention issues that exist in rural Alberta also now exist in urban Alberta.
- Alberta’s **health regions will likely be contracted further** resulting in even bigger health regions. Rural health care professionals may see increased influence of urban health care in their day-to-day activities.
- The **drought and BSE crisis are having a significant toll** on the economic viability of many rural communities as farmers and ranchers have fewer dollars to spend. More could be driven from the rural areas to seek jobs in the bigger centres. The reduction in the population size of rural communities may result in closures of some health facilities. Rural physicians may relocate their practices or simply move to an urban setting.

Some of the additional Key External Factors facing the RPAP are summarized below:

- Access to Medical Care – the RPAP must continually assess access to timely medical care (for example rural radiology services) and changes in the number and skill sets of physicians. For example the cohort of FP-anaesthetists, GP-surgeons and GP-obstetricians is aging and

not being replenished fast enough nor with the same skill set. The RPAP will need to continue to work with its stakeholders to address these changes.

- Changes in Undergraduate (UGME) and Postgraduate Medical Education (PGME) – the RPAP implemented the Alberta Rural Family Medicine Network (ARFMN) starting in 2000-2001 as part of the previous three-year business plan. An additional 10 PGY positions per year were added beginning in 2005. And beginning in 2004, an expansion in the number of learners taking rural rotations during UGME and PGME specialty blocks occurred. While this activity is desirable and part of the original goals of the RPAP, the RPAP must continue to take a leadership role in guiding, coordinating and evaluating the ARFMN and the Rural Rotations Program in order to maximize the positive learning experience afforded learners and to mitigate preceptor burnout.
- Personal and Family Isolation – the RPAP has strived to meet the need for innovative programs to support the rural physician and family. Examples include the sabbatical leave and the physician and family health promotion pilots in 2003-2004 and the Rural Physician Spousal Network (RPSN). This is critical if rural physicians and families 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 Internal Strengths & Weaknesses of the RPAP, and the External Opportunities & Threats it faces; and the additional Key External Factors facing the RPAP summarized above set the context for this business plan, and point to the direction the RPAP must go.

Within this context, the RPAP Board of Directors has selected the following challenges as priorities for this third 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 maximize the opportunities available for effective rural medical education and rural physician retention and to leverage the extensive use of local community educational resources. In so doing the RPAP must continue to cultivate additional rural preceptors especially specialty preceptors and better coordinate learners and preceptors to prevent preceptor burnout.
3. To support local initiatives and develop creative programs that address innovative ideas for rural physician recruitment retention.
4. To support the physician and family and positively affect the factors that influence recruitment and retention.
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 will consider additional changes to the PGY3 Additional Skills Training (AST) positions it oversees to better deploy them to meet rural practice needs, it will continue to develop new training programs modelled on the GEMS (General Emergency Medicine Skills) program for rural physicians, based on rural physician derived needs, and it will work with stakeholders to explore the introduction of a GP-Radiology program as exists in Australia.
 - 2.1. The RPAP working with the Faculties of Medicine will fully develop the jointly funded Associate Dean Rural and Regional Affairs/Health positions introduced late in 2004-2005, and will complete the implementation of the 2003 Rural UGME Working Group report recommendations, including the introduction of a rural undergraduate stream perhaps centered at a regional clinical campus.
 - 2.2. The RPAP will implement the recommendations of the 2004 ARFMN external evaluation, including the redevelopment of the RPAP education subcommittee to assist with intra-provincial coordination of all rural medical education placements. In this regard, the RPAP will shepherd the deployment of HSPnet to support the coordination of rural and regional clinical placements, as part of the province-wide implementation of HSPnet.
 - 2.3. The RPAP will improve its rural faculty development and assessment capabilities in support of effective distributed medical education. This will occur in partnership with the Faculties of

Medicine, the new Associate Deans Rural/Regional and through the work of the new RPAP Rural Academic Development Coordinator role.

3. The RPAP will continue to offer a series of programs supporting local recruitment and retention initiatives and will continue to implement the 2001 Retention Work Plan.
4. The RPAP will continue to seek out partners to foster rural physician and family health and well being.
5. The RPAP will work with the Faculties of Medicine, the AMA Section of Rural Medicine, Careers: the Next Generation and other partners to promote rural medicine as a viable career option for rural high school students. The RPAP will also develop additional 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.

Communications Strategic Plan

These next few years will be very important for RPAP from a strategic point of view. Given the results of the environmental scan above, the following work on strategic positioning will be undertaken:

- RPAP will identify and proclaim the ‘value added’ and ‘expertise’ that it brings to the table and to differentiate its role from that of other organizations. RPAP is well suited and prepared to deal with “rural” health care issues. It will be proactive putting this point across, not defensive or apologetic. It will speak to its uniqueness and the comprehensiveness of its services that sets it apart from others.
- Given the continuing financial pressures in the health care area, and the growing competitiveness for family physicians (urban and rural), there will be more competition for financial resources, more accountability and more pressure on RPAP to demonstrate its effectiveness. Besides the impressive program evaluation results RPAP can point to, partnering organizations can also be valuable and credible third parties who can speak to the organization’s effectiveness. Partnerships are an important strategic asset and will continue to be pursued where it makes sense.
- RPAP will continue to put a “face” on rural health care by working on issues related to rural physicians and to keep them before the public and stakeholders.
- RPAP will identify and promote the attributes of successful rural practice models.
- RPAP will coordinate its projects and roll them out in a seamless, strategic and targeted fashion.
- Wherever possible, what RPAP is (and is not) and the breadth and inter-relatedness of its programming will be explained. Talking about RPAP programs and services also helps audiences to see the connection between the role statements and programming delivered. Beyond these strategic realignments, RPAP will maintain its current communications programming, developing new materials or refining current materials as necessary.

Initiatives, Key Performance Indicators and Targets

The RPAP Board of Directors has adopted the following initiatives, key performance indicators (KPIs) and targets according to the following three major target groups:

- Undergraduate medical students, postgraduate medical students (Residents) and rural preceptors;
- Practising rural physicians and their families; and
- RHAs and their partner rural communities.

The RPAP will work towards the achievement of the goals specified for each initiative below, and the key performance indicators and targets that have been established for them. The key performance indicators and targets for each initiative are contained in Appendix 1.

Support for Learners

1. School Outreach - Career Days and Lunch and Learns

Career Days consist of a full or half day of interaction with students and teachers, generally participating with other schools and professions. A table top display is provided along with handouts, giveaways and personal interaction with RPAP representatives (Skills Broker and Rural Physician Consultant) and often a rural Resident and/or medical student.

"Lunch and Learns" consist of a Power Point presentation with a question and answer session led by a rural Resident or medical student. As well, the table top display and handouts are available. This is generally held over a 1 hour lunch period in a school. The school guidance counsellor in most situations assists in coordination.

The career days and lunch and learns addresses the needs of the following target groups:

- Rural junior and high school students

The career days and lunch and learns directly addresses the Vision and Mission of the RPAP by:

- Influencing rural junior and high school students to consider rural medical careers

2. Rural Tours & Shadowing Experiences

The rural tours take first and second year rural medical interest group students to rural communities as part of an orientation to rural practice. The tours follow the format of guest speakers, hospital tours, EMS tours and scenarios as well as presentations from fire/search and rescue. The shadowing program is an attempt to increase the rural experience of early careerists by having medical students follow rural physicians for a weekend on call. This gives them another

opportunity to see what rural medicine has to offer which will generate future and continued interest in rural medicine.

The rural tours and shadowing experiences addresses the needs of the following target groups:

- Undergraduate medical students

The rural tours and shadowing experiences 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
- Acculturating students to a rural lifestyle

3. Financial Support for Medical Students

The RPAP Rural Medical School Award sponsored by the Alberta Rural Physician Action Plan (RPAP) and the RPAP Rural Medical Student Bursary offered through the RPAP and jointly funded by Alberta Health and Wellness and Alberta Advanced Education aims to encourage students who come from a designated rural area to pursue a career in rural medicine by reducing their financial burden.

The financial supports for medical students address the needs of the following target groups:

- Undergraduate medical students

The financial supports for medical students directly address the Vision and Mission of the RPAP by:

- Providing a financial incentive to practise in rural Alberta

4. Summer Student Experience Program

The purpose of the summer student experience program is to encourage RHAs to hire a medical student during their summer and in so doing further expose early careerists to rural medical practice. The program provides grants of a minimum of \$1,000 and up to a maximum of \$3,000 to a medical student who has completed their first, second or third year, and who has obtained the agreement and support of a RHA to sponsor a summer experience of 4-12 weeks duration.

The summer student experience program addresses the needs of the following target groups:

- Undergraduate medical students

The summer student experience program 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
- Acculturating students to a rural lifestyle

5. Rural Rotations 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 and regional preceptors. The RPAP provides funding for accommodation, travel and an honorarium for the 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 occasional 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
- Acculturating students to a rural lifestyle

6. 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 and 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 and their families
- 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
- Acculturating Residents to a rural lifestyle

7. Additional Skills Training for Residents

The additional skills training (AST) initiative provides an opportunity for 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, palliative care and paediatrics. The type of training taken depends on the Resident'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

8. Matching Signing Bonus for Practice

The matching signing bonus for practice program is a joint effort between the RPAP and participating 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:

- Regional health authorities and their partner rural communities

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

- Providing a financial incentive to practice 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.

Support for Practicing Physicians

1. Continuing Medical Education Programming for Rural Physicians

Continuing Medical Education (CME) 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 joint tele-videoconferencing 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

2. Enrichment Training Program

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

- Practising rural physicians

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

- Addressing the professional issues that affect retention, such as the ability to acquire additional skills with which to expand their professional competence and to meet the medical needs of the community

3. General Emergency Medicine Skills (GEMS) Training Program

GEMS is a self-study multi-media training program that enables rural physicians to upgrade emergency skills at work or at home.

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

- Practising rural physicians

The GEMS 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

4. 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, and complement the original rural locum program initiated through the RPAP in 1992.

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

- Practising rural physicians

The weekend locum program and the senior's enhancement directly address the Vision and Mission of the RPAP by:

- Addressing lifestyle issues important for physician retention

5. Virtual Library

The virtual library provides access to Internet-based medical textbooks, journals and other resources for rural physicians.

The virtual library addresses the needs of the following target groups:

- Practising rural physicians

The virtual library directly addresses the Vision and Mission of the RPAP by:

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

6. Royal College Re-entry Program

Under the auspices of the 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 the professional issues important for physician retention

7. Rural Physician Spousal Network

The Rural Physician Spousal Network (RPSN) aims "to promote the retention of rural physicians in Alberta through spousal networking, communication and programs that foster personal growth and satisfaction with rural living." The Network reflects the RPAP's community development model for retention through its process of seeking local involvement, empowering volunteers and building on communities' strengths.

The RPSN addresses the needs of the following target groups:

- The spouses and families of practising rural physicians

The RPSN directly addresses the Vision and Mission of the RPAP by:

- Addressing lifestyle issues important for physician retention, such as spousal/family well-being and integration into the community

8. Retention/Innovation Grants

The purpose of the rural physician innovation/retention grants program is to foster the development of innovative program ideas for the benefit of rural physicians or project ideas for physician retention targeted at the local level. The grants are intended to provide one-time funding for a short-term project or seed funding for a long-term project.

The innovation/retention grants program addresses the needs of the following target groups:

- Practising rural physicians

The innovation/retention grants program directly addresses the Vision and Mission of the RPAP by:

- Addressing professional and lifestyle issues important for physician retention

9. Award of Distinction & Early Careerist Award

The award of distinction and early careerist award were created to recognize the contributions of all rural physicians, especially those 'unsung heroes' who provide Alberta rural communities with outstanding medical services and who also make huge contributions to medical practice and their communities at different stages of their careers.

The award of distinction and early careerist award addresses the needs of the following target groups:

- Practising rural physicians

The award of distinction and early careerist award directly addresses the Vision and Mission of the RPAP by:

- Addressing lifestyle issues important for physician retention

Support for Regional Health Authorities and Rural Communities

1. RPAP Recruitment Fairs

The RPAP rural physician recruitment fairs held with the two faculties of medicine provide an opportunity for medical students and residents to meet with RHAs, physicians and community representatives from around the Province. This is the perfect time to start building relationships for future rotations and practice after graduation. The Regional Health Authorities, their partner rural communities, the Rural Locum Program and other organizations are represented at the Fairs.

The RPAP rural physician recruitment fairs address the needs of the following target groups:

- Undergraduate medical students
- Family Medicine and Royal College Residents
- Regional Health Authorities and their partner rural communities

The RPAP rural physician recruitment fairs directly address the Vision and Mission of the RPAP by:

- Providing necessary RPAP information and assisting with physician recruitment/retention
- Developing a level of sensitivity to the challenges of rural practice

2. Recruitment Expense Reimbursement Program

The purpose of the recruitment expense reimbursement program is to support rural physician recruitment by reimbursing some of the expenses incurred by rural RHAs and newly recruited physicians.

The recruitment expense reimbursement program addresses the needs of the following target groups:

- Regional Health Authorities and their partner communities

The recruitment expense reimbursement program directly addresses the Vision and Mission of the RPAP by:

- Providing a financial incentive to practise in rural Alberta
- Addressing professional issues important for physician recruitment, such as assessments necessary to meet CPSA licensing requirements

3. Community Development & Partnership Grants

The purposes of the community development & partnership grant program are to foster the development of community-RHA-local physician relationships, a comprehensive community-RHA recruitment and retention plan, and materials/activities required as part of the plan.

The recruitment expense reimbursement program addresses the needs of the following target groups:

- Regional Health Authorities and their partner rural communities

The community development & partnership grant program directly addresses the Vision and Mission of the RPAP by:

- Addressing professional and lifestyle issues important for physician recruitment and retention

4. Rural Health Week

Rural innovation, success stories and quality skills are celebrated each year during the third week of June through Rural Health Week in Alberta. This special week is the result of the collaboration of the RPAP and representatives from many provincial and regional rural health interests. Rural Health Week provides an annual focus to raise awareness and showcase some of the unique positive contributions and skills of rural health professionals and organizations.

Rural Health Week addresses the needs of the following target groups:

- Rural Health Authorities and their partner communities

Rural Health Week directly addresses the Vision and Mission of the RPAP by:

- Addressing professional and lifestyle issues important for physician recruitment and retention

Financial Requirements

The purpose of this financial plan is to identify the anticipated financial resources to be used to achieve the goals of the RPAP Board of Directors.

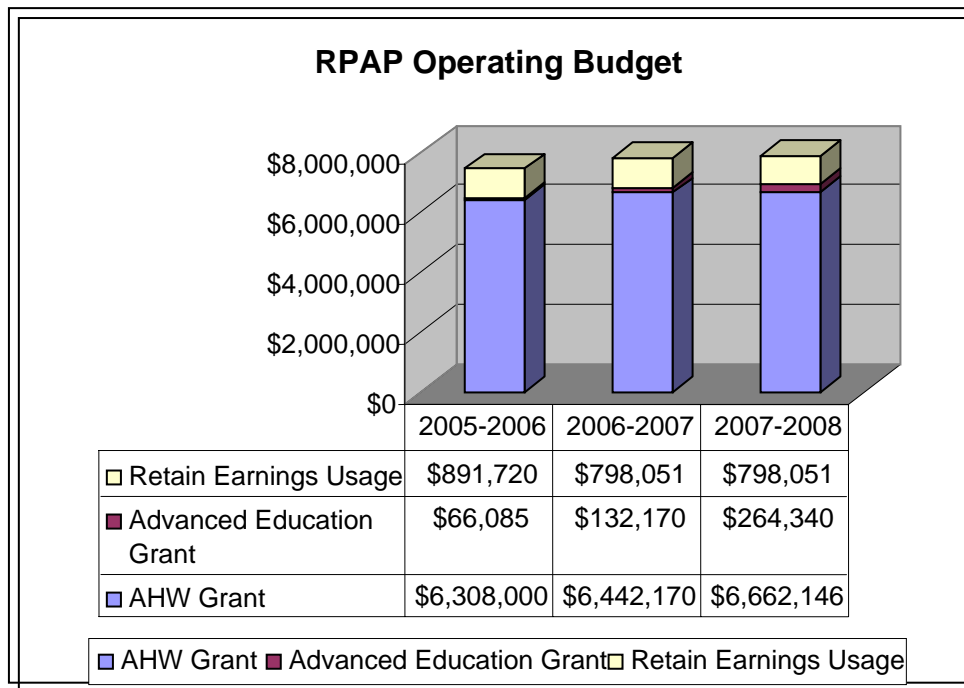
Operating Assumptions

Baseline funding from Alberta Health and Wellness currently at \$6.02 M for the RPAP including \$1.9M for the ARFMN in 2004-2005 will increase in each year of the three years of this business plan as the Medical School Bursary program and the 20 incremental ARFMN PGY1 and PGY2 positions come on line.

Operating Budget 2005-2006 to 2007-2008

Forecast operating budget for the next three years:

	2005-2006	2006-2007	2007-2008
Total RPAP Budget	\$7,261,390	\$7,372,391	\$7,724,537



Appendix 1 – RPAP Program Goals, Key Performance Measures and Targets

1. **Additional Skills Training**
2. **Matching Signing Bonus**
3. **Enrichment Program**
4. **Recruitment**
5. **Weekend Locum Program**
6. **Job Shadowing/ Rural Tours**
7. **Summer Student Experience Program**
8. **School Outreach Program**
9. **Community Development**
10. **Research**
11. **Communications**
12. **U of C & U of A Rural Rotation**
13. **U of C & U of A Continuing Medical Education**
14. **Spousal Network**

RPAP Program Goals, Key Performance Measures and Targets

1. Additional Skills Training

Goal	KPI	Target
Additional Skills training will reflect the unique needs for special medical skills of RHAs and their rural communities	• Percent of all available additional skills positions filled	100%
	• Percent of additional skills training positions that match the need as expressed by residents.	100%
Residents will choose to practice 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	100%
	• Percent of residents completing AST training who are in rural practice three years after completing their third year of training	50%

2. Matching Signing Bonus

Goal	KPI	Target
Residents will choose to practice in rural Alberta upon graduation	• Percent of physicians remaining in rural Alberta practice three years after receiving the matching signing bonus	60%
	• Percent of physicians remaining in rural practice five years after receiving the matching signing bonus	40%

3. Enrichment Program

Goal	KPI	Target
The number and skill set of physicians practising in rural Alberta meets Health Regional and community needs	• Enumeration of the number of physicians accepted and the disciplines represented	100%
	• Enumeration of the number of physicians whose enrichment training was not accepted and the disciplines represented	100%
Physicians will choose to remain in rural practice in Alberta for longer periods	• Percent of trainees remaining in the region utilizing their special skills one year and three years after receiving the training	90% (1 year) 70% (3 years)

4. RPAP Recruitment

Goal	KPI	Target
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"> Enumeration of the number of vacancies by Health Region and physician type each month 	100 %

5. Weekend Locum Program

Goal	KPI	Target
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"> To be revised by David Kay 	

6. Shadowing Initiative

Goal	KPI	Targets
Increase the rural experience of early careerists (1 st and 2 nd year medical students) by having students follow rural physicians for a weekend on-call.	<ul style="list-style-type: none"> Percent of 1st and 2nd year medical students who choose to participate in the Shadowing Initiative. 	70%
Increase the number of rural physicians participating in the RPAP Shadowing Initiative.	<ul style="list-style-type: none"> Percent of rural general practitioners who are asked and who participate in the RPAP Shadowing Initiative 	100%
Rural physicians will value the opportunity to participate as preceptors in the RPAP Shadowing initiative.	<ul style="list-style-type: none"> Percent of rural preceptors indicating an overall satisfaction with the Shadowing Initiative. 	80%
	<ul style="list-style-type: none"> Percent of rural preceptors who indicate they believe the experience has increased the medical student's desire for rural practice. 	90%
The Shadowing will positively contribute to the early careerists selecting to enter a rural residency program or to practice in a rural community.	<ul style="list-style-type: none"> Percent of all 1st and 2nd year medical students who participated In the Job Shadowing Initiative with respect to the following questions: <ol style="list-style-type: none"> Did the job shadowing experience increase or decrease the medical student's desire for rural practice? 	100%

Goal	KPI	Targets
	<ol style="list-style-type: none"> 2. Did the job shadowing experience increase or decrease the medical student's desire for family practice? 3. Percent of medical students planning to practice in rural areas prior to the Job Shadowing experience? 4. Percent of medical students who participated in the Job Shadowing <ul style="list-style-type: none"> • Number of medical students who participated in the Job Shadowing Initiative that select to enter a rural residency program. • Number of rural residents who participated in the Job Shadowing Initiative select to practice in a rural community? 	<p>To be collected starting: 2007 UofC & 2008 UofA</p> <p>To be collected starting: 2009 UofC & 2010 UofA</p>

7. Summer Student Experience Program

Goal	KPI	Targets
<p>Medical Students will increase their interest in rural Medical Practice.</p>	<ul style="list-style-type: none"> • Percent of medical students who use a rural physicians as a mentor/faculty advisor • Enumeration of the number of students involved in the summer student experience program including location, school, project title 	<p>50%</p> <p>100%</p>

8. School Outreach Program

Goal	KPI	Target
Junior and High School Rural Students will increase their interest in attending medical school.	<ul style="list-style-type: none"> • Number of guidance counsellors provided with current, accurate medical school admissions information. • Percent of rural students who attended and registered at a school outreach activity who apply for admission to medical school • Number of students who attend school outreach activities 	To be established.

9. Community Development

Goal	KPI	Target
To increase the capacity of rural communities to participate with their RHA and their local physicians in recruitment and retention activities.	<ul style="list-style-type: none"> • Number of meetings with communities and physicians • Number of recruitment and retention committees established • Enumeration of the number of formal recruitment and retention activities implemented including location and nature of the activity • Percentage of rural communities, RHAs and local physicians that are satisfied with RPAP-ACD involvement in their recruitment and retention activities 	To be established.

10. Research

Goal	KPI	Target
To undertake research and/or support research conducted by others, that addresses information gaps relevant to RPAP's mandate, and other RPAP-related initiatives	<ul style="list-style-type: none"> • Number of research studies funded by the RPAP 	1/year

Goal	KPI	Target
To identify avenues to share in the application of research findings (electronic/website, journal publications, conference presentations, etc.).	<ul style="list-style-type: none"> Number of RPAP conducted and/or funded research articles published 	1/year
To support practising rural physicians who wish to use research findings, or conduct research relevant to rural medicine (e.g., provide information regarding available research resources, training, consultation, support, etc.).	<ul style="list-style-type: none"> Percent of RPAP sponsored SEARCH positions filled 	2/intake

11. Communications

Goal	KPI	Target
Audiences will recognize the RPAP and associate it with leadership, facilitation, and delivery of valuable, high quality programming and services that support the recruitment, training and retention of rural physicians and their families.	<ul style="list-style-type: none"> Percent of RPAP's primary audiences viewing as valuable RPAP's information related to the attributes of successful rural practices. 	80%
Physicians practising in rural Alberta and their families will have the information and supports they need from RPAP to enable them to enhance their commitment to locate and remain in rural Alberta	<ul style="list-style-type: none"> Percent of key contacts in Award of Distinction community indicating satisfaction with RPAP leadership, facilitation and supports. 	90%
Physicians practising in rural Alberta and their families will have the information and supports they need from RPAP to enable them to enhance their commitment to locate and remain in rural Alberta.	<ul style="list-style-type: none"> Percent of Rural Health Week participating organizations indicating satisfaction with RPAP's leadership role, facilitation and supports for the week. 	90%

12. University of Calgary/Alberta Rural Rotations

Goal	KPI	Targets
All undergraduate medical students will have the opportunity to receive suitably supervised exposure to rural medical practice	<ul style="list-style-type: none"> Percent of all medical students receiving a rural/regional rotation by university (UofA/UofC) <p>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)</p>	75%
	<ul style="list-style-type: none"> Percentage of those medical students receiving a rural/regional rotation indicating an overall satisfaction with their rural experience by university (UofA/UofC) 	80%
All postgraduate medical residents will have the opportunity to receive suitably supervised exposure to rural medical practice.	<ul style="list-style-type: none"> Percent of all Family Medicine residents by university receiving a rural rotation by the end of their program (UofA/UofC) 	95%
	<ul style="list-style-type: none"> Percentage of Royal College residents receiving a rural/regional rotation by the end of their program by university (UofA/UofC) 	10%
	<ul style="list-style-type: none"> Percentage of traditional program Family Medicine residents receiving a rural/regional rotation of 2 or more months total duration by the end of their program (UofA/UofC) 	100%
	<ul style="list-style-type: none"> Percentage of rural program Family Medicine residents receiving a rural/remote rotation of 4 or more months total duration by the end of their program (UofA/UofC) 	100%
	<ul style="list-style-type: none"> Percentage of those medical residents receiving a rural rotation indicating an overall satisfaction with their rural experience? (UofA/UofC) 	80%
	<ul style="list-style-type: none"> 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) 	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	<ul style="list-style-type: none"> Percent of clerkship rural preceptors or “primary” site coordinators indicating an overall satisfaction with the program and who have individually enumerated their opinion of the program’s <u>strengths and weaknesses</u> by university (UofA/UofC) 	80%

Goal	KPI	Targets
isolation as well as being challenged to learn with their students.	<ul style="list-style-type: none"> Percent of resident rural preceptors or “primary” site coordinators indicating an overall satisfaction with the program and who have individually enumerated their opinion of the program’s <u>strengths and weaknesses</u> by university (UofA/UofC) 	80%
	<ul style="list-style-type: none"> 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) 	90%
The faculties of medicine will be informed regarding the medical needs of rural communities & populations.	<ul style="list-style-type: none"> 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) 	90%
	<ul style="list-style-type: none"> Percent of rural preceptors who have been evaluated for teaching skills and overall performance annually by university (UofA/UofC) 	95%
Residents will choose to practice in rural Alberta upon graduation.	<ul style="list-style-type: none"> Percent of rural teaching sites present 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%
	<ul style="list-style-type: none"> Percent of all clinical clerks and residents enumerated with respect to the following questions: 	100%
	<ol style="list-style-type: none"> Did the rural experience increase or decrease the clinical clerk’s desire for rural practice? (UofA/UofC) 	75%
	<ol style="list-style-type: none"> Did the rural experience increase or decrease the clinical clerk’s desire for family practice? (UofA/UofC) 	75%
	<ol style="list-style-type: none"> Percent of residents planning to practice in rural areas prior to the rural experience? (UofA/UofC) 	No target
	<ol style="list-style-type: none"> Did the rural experience increase or decrease the 2nd year resident’s desire for rural practice? (UofA/UofC) <p>NOTE: The intent of the KPI is to ask these questions of all clerks and residents who take a rural rotation.</p>	75%

Goal	KPI	Targets
	5. What percent plan to practice in rural areas after their rural experience	No Target
	6. What percent of graduates are practising in rural Alberta, regional Alberta and Western Canada/Territories 2 and 5 years post graduation?	
	7. What percent of graduates join the rural locum program?	
	8. What percent of residents feel prepared for rural practice?	75%
The rural rotation will positively contribute to the practice and the community	9. What percent of residents are exposed/acculturated to the rural physician lifestyle?	75%

13. University of Calgary/Alberta Continuing Medical Education

Goal	Key Performance Indicators	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 for rural physicians	1. Percent of participants indicating satisfaction with the RPAP funded CME programs offered (UofA/UofC)	80%
	2. Percent of, and enumeration of which communities participate in regularly scheduled RPAP funded CME teleconferences (UofA/UofC)	60%
	3.a) Percent of rural physicians attending regional conferences along with an enumeration of those courses (UofA/UofC)	60%
	3.b) An evaluation of these courses (“the course met my expectations”)	
Retention Work Plan: Goals related to Professional, family/lifestyle and community to be developed	4. Percent of eligible rural physicians who have registered to use the Virtual Library program (UofC)	
	5. Number of registered users who utilize the MD Consult component of the Virtual Library website on a daily basis (data provided by MD Consult is the average number of different MD Consult users/day) (UofC)	

Goal	Key Performance Indicators	Targets
	6. Percent of registered recent users who are satisfied with the Virtual Library website/find it useful (UofC)	80%

14. Spousal Network

Goal	KPI	Target
Promote awareness of the RPSN, its programs and its services to practising and newly recruited rural-physician spouses and their families; encourage the attainment of a balanced and fulfilling life among rural medical families	<ul style="list-style-type: none"> Percent of rural spouses on the mailing list attending at least 1 RPSN activity during the year 	35%
Foster a sense of community and collegiality among rural spouses and their families; help rural spouses achieve, maintain and enhance their level of satisfaction with rural living	<ul style="list-style-type: none"> Numbers of outreach activities RPSN advisory board members are involved with in their region Percent of rural spouses report that their participation in attending RPSN activities contributes to satisfactory rural living 	1/health region/year 90%
Identify and support rural spouses who may be at risk of not achieving satisfactory quality of life.	<ul style="list-style-type: none"> Number of risk spouses identified and contacted through the RPSN. Percent of new rural spouses welcomed to their community by an RPSN member 	TBD 90%