

# The Alberta Rural Physician Action Plan



## BUSINESS PLAN

**2008-2009 to 2010-2011**

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## Table of Contents

Table of Contents .....	1
Introduction .....	2
The RPAP's Vision .....	2
The RPAP's Mission .....	2
Partnerships.....	3
RPAP Governance & Management.....	3
The RPAP's Clients .....	4
Programs and Services .....	5
Evaluation Framework.....	6
Accomplishment of the Previous Goals and Strategies .....	7
Environmental Scan and Challenges .....	8
Communications Strategic Plan .....	13
Initiatives, Key Performance Indicators and Targets.....	14
Financial Requirements.....	23

## Introduction

The RPAP responds to evidence and needs and focuses its resources on relevant outcomes. It advocates on behalf of rural physicians and uses community-based approaches and collaborative partnerships to deliver innovative and enriching programming that positively influence physicians' decisions about moving to and remaining in a rural Alberta community. As a result of the RPAP's focus, experience and ongoing work with rural physicians and their families and rural communities, the organization provides leadership and expertise on issues related to rural medical care.

Since its creation in 1991, RPAP has developed initiatives to address the professional and lifestyle/community factors that influence physicians' decisions about moving to and remaining in a rural Alberta community. 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 practise in rural Alberta; the degree of professional isolation experienced by rural physicians; and the financial support (funding models that provide security and flexibility for the physician and recognition of the physician as a community resource) provided to them. Lifestyle issues include personal and family isolation encountered by the physician and his/her family.

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

## 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 (AHW), Alberta Advanced Education and Technology (AET) (Health Programs, Public Institutions Branch), Alberta Employment and Immigration (AEI), Alberta Finance and Enterprise (Northern Alberta Development Council), and Alberta Culture and Community Spirit (Libraries, Community & Volunteer Sector Services Branch)
- UofA and UofC Faculties of Medicine
- Alberta Medical Association (AMA) and its Section of Rural Medicine
- Alberta College of Family Physicians
- Alberta Health Services (AHS)
- Careers: the Next Generation and similar organizations
- Alberta Chambers of Commerce
- College of Physicians & Surgeons of Alberta (CPSA)
- Alberta's post-secondary institutions and community colleges

## 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 Board is appointed by the Members of the corporation which consist of Alberta Health Services, the Alberta Medical Association (AMA and its Section of Rural Medicine), and the College of Physicians and Surgeons of Alberta.

The RPAP Team of staff and consultants implements the directions set out by the Board of Directors.

## 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) AHS and its partner rural communities.

## The RPAP's Clients

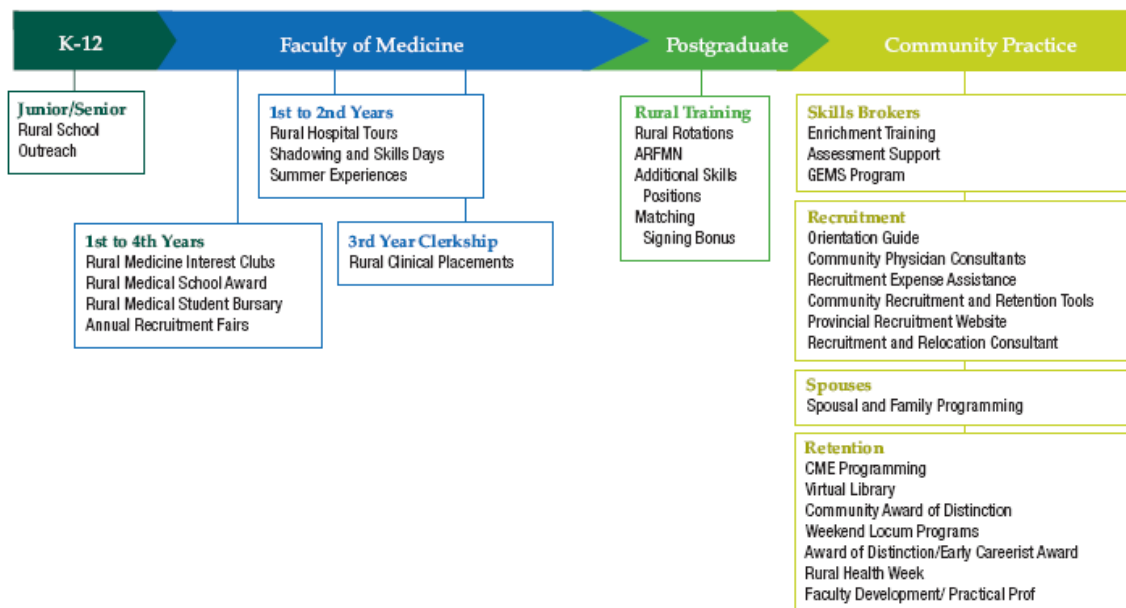
The RPAP Board of Directors holds as a central tenet that its initiatives should improve the quality of rural health care. It recognises that all programs need not apply to all clients, but that there is a need to define a rural advantage and to adequately fund what the RPAP promises.

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 in 1991, together with its partners, to implement an effective series of initiatives in rural medical education, recruitment and retention.

Over the course of the three previous 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 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.



## 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.

<p><b>Key Performance Indicators (KPI) and RPAP databases</b></p> <ul style="list-style-type: none"> <li>• KPI specific to individual programs</li> <li>• Enrichment Training database</li> <li>• Physician Preceptor database</li> <li>• Retention database</li> </ul>	<p><b>Operational Surveys</b></p> <ul style="list-style-type: none"> <li>• RPAP Communications Strategic Plans</li> <li>• Retention Work Plan</li> <li>• Informal feedback through RPAP's Community Physician Consultants and Skills Brokers</li> <li>• Informal feedback from the field</li> <li>• Rural Physician Spousal and Family Programming assessments</li> <li>• Effect of Enrichment Training on Rural Physician Retention – ongoing</li> <li>• Stakeholder Consultations - 2006</li> </ul>
<p><b>Specific Research and Studies</b></p> <ul style="list-style-type: none"> <li>• 1989 -1995, 1996 - 2000 &amp; 2001 - 2004 Family Medicine Cohort studies – completed</li> <li>• Rural UGME Working Group Report – implementation ongoing</li> <li>• Recruitment/Retention (Pockets of Good News) Update - 2002</li> <li>• Recruitment Fairs - 2002</li> <li>• IMGs - 2000</li> <li>• Medical Students' Career Decision-making during Clerkship – 2006</li> <li>• Community-based Strategies for Physician Retention in Rural Alberta – 2007</li> <li>• Family Medicine Resident Practice Outcomes &amp; Policy Outcomes - 2007</li> </ul>	<p><b>External Evaluations</b></p> <ul style="list-style-type: none"> <li>• Additional Skills Training and Enrichment Programs – 2000</li> <li>• CME Programs for Rural Physicians – 2000</li> <li>• Rural On-Call Remuneration Program – 2001</li> <li>• Rural Locum Program (RLP) – 2003</li> <li>• Rural Physician Spousal Network (RPSN) – 2003</li> <li>• Alberta Rural Family Medicine Network (ARFMN) – 2004</li> <li>• General Emergency Medicine Skills (GEMS) Program - 2006</li> <li>• RPAP – 2006</li> </ul>

## Accomplishment of the Previous Goals and Strategies

Many of the goals and strategies described in the 2005-2008 business plan have been fulfilled, including:

- The redevelopment of RPAP's successful 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. Two additional modules (Emergency Surgical Procedures and Shock) were added to the four refreshed training modules 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 continuing expansion of the RPAP/Faculty of Medicine'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.
- RPAP's stepped up direct support of recruitment both domestic and international (UK). This is being accomplished through a new provincial physician recruitment web site, AlbertaPhysicianLink.ab.ca, and a new recruitment and relocation consultant whose role is to case manage and path find the numerous leads developed on behalf of the RPAP for the provinces provincial and regional health authorities. Annual mini recruitment & retention workshops were also introduced to facilitate networking amongst the provinces physician recruiters and to share best practices. This work complements RPAP's community development efforts to help establish community recruitment & retention committees.
- Extensive improvements to RPAP web sites occurred. This included new web sites for Rural Medical Interest Groups, faculty development (PracticalProf.ab.ca), the Virtual Library (VLibrary.ab.ca) and school outreach.
- The introduction of The Alberta Rural Community Recruitment and Retention Award in partnership with the Alberta Chambers of Commerce. The Award recognizes a rural Alberta community that has best developed innovative and collaborative approaches and solutions resulting in successful physician recruitment and retention in their area.



## 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:

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• RPAP has developed a high level of credibility beyond its small size with rural physicians, Government and the former health regions. In part, this has occurred through the effective cultivation of positive stakeholder relations and partnerships with a wide cross-section of constituencies. RPAP is also actively engaging the community through a variety of its initiatives to help address physician recruitment and retention issues.</li> <li>• RPAP offers an integrated and comprehensive approach to recruitment and retention via the “education pipeline”. RPAP is also a proven supporter of continuing professional development for rural physicians through its Enrichment Training program, GEMS program and preceptor development activities.</li> <li>• RPAP is nimble and innovative; it is a “value-added” organization that “gets things done”. The RPAP benefits from a small but dedicated Board and staff.</li> <li>• RPAP has proven that it is having a positive influence on rural physician recruitment and retention.</li> </ul>	<ul style="list-style-type: none"> <li>• Technologies such as Wellnet, BEAMcast and simulation enable RPAP to develop new programs for its clients.</li> <li>• The RPAP is well positioned to develop programs to attract Aboriginal youth and ex-oil patch workers to consider careers in health care including medicine.</li> <li>• The Health Workforce Action Plan (HWAP) is a demonstration of political will to tackle important health human resource issues. RPAP can lead the development and implementation of new, targeted initiatives to enhance rural health care using HWAP funds.</li> <li>• The current political will to address many of the issues facing the Province provides the RPAP with other opportunities to influence university policies for the benefit of rural health care. RPAP, for example, can promote the direct and real input of rural preceptors and communities.</li> <li>• Primary health care and local primary care initiatives are rolling out across Alberta. The RPAP is well positioned to take a supportive role in this area and with chronic disease management initiatives through its Enrichment Training program.</li> <li>• The RPAP may support other health care professionals if their needs are congruent with the needs of the RPAP’s primary target, rural physicians.</li> </ul>

<p><b>Strengths</b></p>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>As a result of chronic and persistent physician shortages, RPAP is well positioned to support domestic and international recruitment initiatives on behalf of the province and health care organizations.</li> </ul>
<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>While audiences especially rural physicians are generally aware of RPAP the organization, they are sometimes not aware of the breadth of RPAP programming; “what have you done for me lately”.</li> <li>The impact of RPAP’s initiatives is often difficult to directly assess particularly in the short and intermediate terms.</li> <li>The RPAP has a number of program gaps such as initiatives to attract Aboriginal youth and ex-oil patch workers to consider careers in health care including medicine; or initiatives targeted to late careerists.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>An increase in the prevalence of direct funding to the universities for rural medical education and continuous professional development rather than through RPAP minimizes the ability of RPAP to shepherd these initiatives for the benefit of rural physicians and to promote the direct and meaningful input of rural preceptors.</li> <li>Alberta’s health regions were contracted into a single organization. Rural health care professionals may see increased influence of urban health care and specialists in their day-to-day activities. In addition, extensive health human resource shortages threaten the viability of rural health care, e.g. the shortage of RNs overall and the absence of RNs with obstetrics and surgical expertise.</li> <li>Generational changes affecting the interest by early careerists to select generalist careers, exacerbated by the universities’ failure to equally promote generalism and specialization could harbour the potential for the collapse of rural health care.</li> </ul>

## Additional Key External Factors Facing RPAP:

- Access to Medical Care – the RPAP must continually assess access to timely medical care (for example rural obstetrical and surgical 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) – RPAP and Faculty collaboration on establishing the Associate Deans Rural/Regional is facilitating changes within the Faculties in support of rural medical education. Examples include the rural integrated community clerkships and growing Faculty support for more distributed medical education. While this activity is desirable and part of the original goals of the RPAP, the RPAP must continue its leadership role in order to maximize the positive learning experience afforded learners and to promote the direct and meaningful input of rural preceptors.
- Personal and Family Isolation – the RPAP has strived to meet the need for innovative programs to support the rural physician and family, and its rural physician and family programming continues to evolve. RPAP support to and encouragement of the community development work of the Community Physician Consultants to establish sustainable community recruitment and retention committees 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 or goals 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/Goals

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 support cultivating additional rural preceptors especially specialty preceptors, the provision of relevant, accessible and high quality faculty development, 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 and 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, pre-medicine students and junior medical students.

## Strategies

1. The RPAP will continue its leadership role concerning enrichment training for practicing rural physicians. In doing so, the RPAP 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. It will also work with stakeholders to explore the introduction and adaptation of the Comprehensive Advanced Life Support (**CALS**) training program as exists in rural USA.
  - 2.1. The RPAP will work with the Faculties of Medicine and other parties to develop improvements in rural medical education through a new tri-partite collaboration. It will focus on the development of the RPAP education committee to assist the Alberta Rural Family Medicine Network, and the RPAP will facilitate the intra-provincial coordination 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.
  - 2.2. The RPAP will continue to support its rural faculty development and assessment capabilities in support of effective distributed medical education. This will occur in partnership with the Faculties of Medicine and the Associate Deans Rural/Regional.
3. The RPAP will improve its support of initiatives enabling local, regional, provincial and international (UK) recruitment and retention through sustainable community recruitment and

retention committees, its case management and clearing house functions, and the building of local AHS recruitment and retention capacity.

4. The RPAP will continue to seek out partners to foster rural physician and family health and well being. It will also develop new initiatives to support late careerist physicians with an aim to retain them longer in rural medicine, and to use their skills and experience through such avenues as rural locum assignments and the teaching of the next generation of physicians.
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, pre-medicine student and medical students in their beginning years. The RPAP will also develop additional strategies to assist Canadian IMGs return to Alberta for residency training and IMGs to obtain residency training in rural Alberta

## Communications Strategic Plan

These next few years will continue to 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 clarify and communicate its roles in physician recruitment and retention and proactively proclaim the 'value added' and 'expertise' that it brings to the table that differentiates it from other organizations. Without putting others down, the RPAP will speak to its uniqueness and the comprehensiveness of its services.
  - Given the growing competitiveness for family physicians (urban and rural), there will be more competition for dollars, more accountability needed and more pressure on RPAP to demonstrate its effectiveness:
  - RPAP will communicate regularly to rural physicians on specifically what it is doing to address issues they face. As one example of what it is doing, the RPAP will identify and promote the attributes of successful rural practice models.
  - RPAP will identify the myths about rural practice and then proactively debunk those myths and promote the advantages of rural practice.
  - 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 will continue to be pursued where it makes sense.
- Wherever possible, RPAP will use messaging about its programs and services as the 'carrier' for its positioning statements to avoid appearing self-serving and to help remove any political overtones. Talking about RPAP programs and services also helps audiences to see the connection between the role statements and programming delivered.

## 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
- Alberta Health Services and its partner 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 (Community Physician Consultant) and usually 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. Skills Days/Rural Tours and Shadowing Experiences

The skills days/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, and skills stations. 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 skills days/rural tours and shadowing experiences address 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 funded by Alberta Health and Wellness 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 Externship Program**

The purpose of the summer externship 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 \$1,000 to a medical student who has completed their first, second or third year, and who has obtained the agreement and support of AHS or a Voluntary Operator to sponsor a summer experience of 4 weeks duration.

The summer externship program addresses the needs of the following target groups:

- Undergraduate medical students



The summer externship 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
- AHS and its 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

## 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 and Senior's Weekend Locum Programs**

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 weekend locum program was added in 1999.

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

- Practising rural physicians

The programs 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. Physician Spousal and Family Programming**

RPAP's Physician Spousal and Family Programming aims to promote the recruitment and retention of rural physicians in Alberta through spousal networking, communication and programs that foster personal growth and satisfaction with rural living. The programming reflects the RPAP's community development model for recruitment and retention.

Physician Spousal and Family Programming addresses the needs of the following target groups:

- The spouses and families of practising rural physicians

Physician Spousal and Family Programming directly addresses the Vision and Mission of the RPAP by:

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

## 7. Award of Distinction and 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 AHS, Voluntary Operators and Rural Communities

### 1. Recruitment and Retention Support

RPAP's direct recruitment and retention support helps to attract new physicians to the province in two ways: building regional and community recruitment and retention capacity, and directly supporting domestic and international (UK) physician recruitment.

RPAP uses a community development approach through its Community Physician Consultants to: assist the formation and sustaining of community recruitment and retention committees, by identifying best recruitment and retention practices and sharing these via print and web-based material, by hosting regional and provincial workshops for community representatives, and through annual recruitment and retention workshops for Alberta Health Services physician recruiters.

RPAP also directly supports domestic and international (UK) physician recruitment through its provincial physician recruitment web site – [www.AlbertaPhysicianLink.ab.ca](http://www.AlbertaPhysicianLink.ab.ca) – which lists physician vacancies for **all** of Alberta, and its Recruitment and Relocation Consultant. The R&R Consultant complements the community development work RPAP performs to help establish community recruitment and retention committees. The R&R Consultant case manages, tracks and follows up on leads developed through inquiries to AlbertaPhysicianLink, from J-1 visa returnees and Alberta trainees, as well as leads developed from attendance at recruitment fairs.

The recruitment and retention support initiatives addresses the needs of the following target groups:

- Practising rural physicians
- AHS and its partner communities, and Voluntary Operators

The recruitment and retention support initiatives directly addresses the Vision and Mission of the RPAP by:

- Providing necessary information for and assistance with physician recruitment and retention

## **2. Community Recruitment and Retention Grants**

The purpose of the community recruitment and 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 recruitment and retention grants program addresses the needs of the following target groups:

- Practising rural physicians

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

- Addressing professional and lifestyle issues important for physician retention

## **3. Recruitment Support Program**

The purpose of the recruitment support program is to support rural/regional physician recruitment by providing an honorarium to preceptors conducting assessments for practice-eligible physicians required to undergo a period of assessment as a condition of approving basic licensure and additional privileges (i.e., FP anaesthesia, GP surgery).

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

- AHS and its partner communities, and Voluntary Operators

The recruitment expense 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

#### **4. Alberta Rural Community Recruitment and Retention Award**

The Alberta Rural Community Recruitment and Retention Award recognizes a rural Alberta community that has best developed innovative and collaborative approaches and solutions resulting in successful physician recruitment and retention in their area. Communities can nominate themselves or be nominated by others.

The award addresses the needs of the following target groups:

- AHS and its partner rural communities, and Voluntary Operators

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

- Addressing lifestyle issues important for physician recruitment and retention
- AHS and its partner rural communities, and Voluntary Operators

## Financial Requirements

The purpose of this financial summary 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 \$8.07M in 2007-2008 will increase in each year of the three years of this business plan to compensate for price inflation and medical school and postgraduate seat increases, and the growth in distributed medical education promoted by the Government of Alberta. In addition, RPAP will seek additional, targeted funding sources, such as AEI, to deliver recruitment and retention pilot initiatives not funded by AHW.

### Operating Budget 2008-2009 to 2010-2011

Forecast operating revenue from AHW for the next three years:

	2008-2009	2009-2010	2010-2011
Total RPAP Budget	\$8,984,119	\$9,028,184	\$9,569,875





# Key Performance Indicator Tracker

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The Key Performance Indicator (KPI) Tracker helps the RPAP track the primary success factors for its operations. KPIs are predetermined measurements that reflect the critical success factors of an organization. These KPIs are derived from the current business plan (2008-2011) and have evolved from the earlier KPI developed for the first business plan (1999-2002).

The following table outlines a variety of strategies to reach the RPAP's Vision and Mission and related goals. Each goal yields a set of KPIs that can be measured and monitored regularly. These KPIs should give the RPAP insight into the direction that the organization is headed.

A dashboard will be developed from these KPI for reporting purposes beginning in January 2009.

**Version:** [1.6]

**Date published:** 9 April 2009

**Source:** [Current RPAP KPI; 2008-2011 RPAP Strategic Plan; NSW Rural Doctors Network; Health Workforce Queensland]

**Responsible Reporting Party:** RPAP unless noted.

**Goal 1: To support the attraction of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
Provide awards and bursaries to promote rural medical careers	<ul style="list-style-type: none"> <li>Rural Medical School Award</li> <li>Rural Medical Student Bursary</li> </ul>	<ul style="list-style-type: none"> <li>Awards and bursaries advertised via RMIG executive</li> <li>Website award and bursary information updated annually</li> </ul>	<ul style="list-style-type: none"> <li>4 medical student awards per year</li> <li>10 medical school bursaries per year</li> </ul>	<ul style="list-style-type: none"> <li># awards/ bursaries granted per year</li> </ul>
Encourage rural high school students to pursue rural medical careers	<ul style="list-style-type: none"> <li>School outreach program</li> </ul>	<ul style="list-style-type: none"> <li>Career visits to local schools, district career fairs and ATA conferences</li> <li>Link with UofA MD Ambassador program &amp; similar UofC initiatives</li> <li>Update medical careers website regularly</li> </ul>	<ul style="list-style-type: none"> <li>12 school outreach events attended per year</li> </ul>	<ul style="list-style-type: none"> <li># outreach activities per year</li> </ul>
	<ul style="list-style-type: none"> <li>Local initiatives to promote rural health careers supported</li> </ul>	<ul style="list-style-type: none"> <li>Link with ECHR ECHO, Careers; Next Generation and similar initiatives</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
	<ul style="list-style-type: none"> <li>Health careers summer camps</li> </ul>	<ul style="list-style-type: none"> <li>Co-sponsor a northern and southern health careers summer camp</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
	<ul style="list-style-type: none"> <li>Pre-med clubs</li> </ul>	<ul style="list-style-type: none"> <li>Offer speakers and information for UofL and UofC pre-med clubs</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Provide supports to medical students and Residents in choosing rural placements/ careers	<ul style="list-style-type: none"> <li>Rural tours/skills days</li> </ul>	<ul style="list-style-type: none"> <li>Assist with the planning of the annual Alberta Medical Students Conference and Retreat (AMSCAR)</li> <li>Hold AMSCAR skills day</li> <li>Hold UofA &amp; UofC RMIG rural tour/skills</li> </ul>	<ul style="list-style-type: none"> <li>3 skills days/rural tours held per year – 1 AMSCAR &amp; 1 each UofA/ UofC RMIGs</li> <li>75% positive satisfaction rating by respondents</li> </ul>	<ul style="list-style-type: none"> <li>% positive response rating per event</li> </ul>

**Goal 1: To support the attraction of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>Shadowing program</li> </ul>	<ul style="list-style-type: none"> <li>Weekend shadowing experiences organized for 1<sup>st</sup> &amp; 2<sup>nd</sup> year RMIG students</li> <li>Financial support to shadowing student &amp; preceptor</li> </ul>	<ul style="list-style-type: none"> <li>50 shadowing experiences per year</li> <li>75% positive satisfaction rating by respondents – learners, preceptors</li> </ul>	<ul style="list-style-type: none"> <li># shadowing experience held per year</li> <li>% positive response rating per event</li> </ul>
	<ul style="list-style-type: none"> <li>Summer externship program</li> </ul>	<ul style="list-style-type: none"> <li>Organize SEP positions with RHAs &amp; preceptors</li> <li>Financial support to SEP students &amp; preceptors</li> </ul>	<ul style="list-style-type: none"> <li>10 SEP positions avail. per year</li> <li>75% positive satisfaction rating by respondents – learners, preceptors</li> </ul>	<ul style="list-style-type: none"> <li># SEP positions filled per year</li> <li>% positive response rating per event</li> </ul>
	<ul style="list-style-type: none"> <li>Rural Medical Interest Groups</li> </ul>	<ul style="list-style-type: none"> <li>Annual planning session with each RMIG executive</li> <li>Annual medical school orientation session at each Faculty</li> <li>Financial support &amp; offer speakers and information</li> <li>Update RMIG website regularly</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

**Goal 1: To support the attraction of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>Rural rotations program</li> </ul>	<ul style="list-style-type: none"> <li>Medical students and Residents undertake rural placements coordinated by each Faculty</li> <li>Suitable, family friendly accommodation provisioned</li> <li>Extra expenses associated with the placement reimbursed</li> <li>Preceptor honoraria provided</li> </ul>	<ul style="list-style-type: none"> <li>85% of all clerks complete a rural/regional rotation per year</li> <li>95% positive satisfaction rating on the rotation by respondents – clerks, residents, preceptors</li> <li>25% of Family Medicine graduates practice in Alberta rural/regional communities 3 years after graduation (UofA/UofC)</li> </ul>	<ul style="list-style-type: none"> <li>% of clerks who receive a rural/regional rotation per faculty per year (UofA/UofC)</li> <li>% positive response rating per year by all respondents – clerks, residents, preceptors (UofA/UofC)</li> <li># Royal College programs which have residents completing rural/regional rotations per year (UofA/UofC)</li> <li># weeks of UGME &amp; PGME being performed outside Calgary/Edm by community per year (UofA/UofC)</li> <li>% of Family Medicine graduates practicing in Alberta rural/regional communities 3 years after graduation (UofA/UofC)</li> </ul>

**Goal 1: To support the attraction of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>• CaRMS Interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Financial support to Family Medicine depts. for interview venues</li> <li>• Financial support to RAN/RAS residents &amp; rural preceptors to participate in CaRMS interviews</li> <li>• Marketing material maintained for RAN &amp; RAS programs</li> </ul>	<ul style="list-style-type: none"> <li>• 100% RAN/RAS PGY1 positions filled per year</li> </ul>	<ul style="list-style-type: none"> <li>• % of RAN/RAS PGY1 positions filled per year (UofA/UofC)</li> </ul>
	<ul style="list-style-type: none"> <li>• Advise medical students and Residents of RPAP initiatives &amp; rural practice</li> </ul>	<ul style="list-style-type: none"> <li>• Host annual RPAP Meet and Greet nights for each RMIG</li> <li>• Provide financial support to each FMRA for retreats and social events</li> <li>• Attend medical school &amp; Resident functions</li> <li>• Update RPAP websites regularly</li> <li>• Annual letter to all medical students, Residents &amp; preceptors re RPAP initiatives/supports</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• Additional Skills Positions PGY3</li> </ul>	<ul style="list-style-type: none"> <li>• 18 Additional Skills Training positions are available, e.g. anaes, surg., OBS, pall. care</li> <li>• Preceptor honoraria provided</li> </ul>	<ul style="list-style-type: none"> <li>• 50% residents completing AST remain in rural practice 3 years after completing this training</li> </ul>	<ul style="list-style-type: none"> <li>• % AST physicians in rural practice 3 years after training</li> </ul>

**Goal 1: To support the attraction of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>ARFMN – RAN and RAS</li> </ul>	<ul style="list-style-type: none"> <li>Provide financial assistance to minimize the extra costs of rural residency</li> <li>Provide free medical informatics such as laptop, TELUS Dial-up, Up-to-Date subscription, \$400 PDA credit</li> <li>Provide free education sessions such as hemodynamic instability and STARS courses</li> <li>Annual joint orientation and retreats</li> <li>Suitable, family friendly accommodation provisioned</li> <li>Provide preceptor honoraria</li> <li>PracticalProf faculty development website &amp; tools developed &amp; maintained</li> </ul>	<ul style="list-style-type: none"> <li>75% of RAN/RAS graduates practice in Alberta rural/regional communities 3 years after graduation</li> </ul>	<ul style="list-style-type: none"> <li>% of RAN/RAS graduates practicing in Alberta rural/regional communities 3 years after graduation</li> <li># 1<sup>st</sup> year and total # rural/regional preceptors at Cabin Fever per year (UofC)</li> </ul>
	<ul style="list-style-type: none"> <li>Infrastructure grants to each university</li> </ul>	<ul style="list-style-type: none"> <li>Faculty &amp; support staff hired in support of rural initiatives</li> <li>Assoc Deans Rural positions funded</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Support integrated horizontal distributed education	<ul style="list-style-type: none"> <li>UofA and UofC rural integrated community clerkship</li> </ul>	<ul style="list-style-type: none"> <li>Suitable, family friendly accommodation provisioned at ICC sites</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

**Goal 1: To support the attraction of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
Support new careerist initiatives	<ul style="list-style-type: none"> <li>New careerist support initiative</li> </ul>	<ul style="list-style-type: none"> <li>Orientation checklist, a mentorship component &amp; a series of supplemental workshops</li> </ul>	<ul style="list-style-type: none"> <li>75% positive satisfaction rating by respondents</li> </ul>	<ul style="list-style-type: none"> <li>% positive response rating per event by all respondents</li> </ul>

**Goal 2: To support the recruitment and retention of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
Support the recruitment & retention of a competent physician workforce	<ul style="list-style-type: none"> <li>Publicize vacancies via Alberta Physician Link provincial physician recruitment website</li> </ul>	<ul style="list-style-type: none"> <li>All vacancies – clinics, PCNs, AHS – advertised</li> <li>Current migration &amp; immigration information provided</li> <li>Registered candidates case managed via CPSA to recruiters</li> <li>National &amp; international marketing</li> <li>Attendance at national &amp; international recruitment fairs</li> </ul>	<ul style="list-style-type: none"> <li>10% flip rate</li> </ul>	<ul style="list-style-type: none"> <li>% APL inquires that proceed to successful CPSA application</li> </ul>
	<ul style="list-style-type: none"> <li>Support to regional recruiters</li> </ul>	<ul style="list-style-type: none"> <li>Workshops &amp; up-to-date information provided to regional recruiters</li> </ul>	<ul style="list-style-type: none"> <li>75% positive satisfaction rating by respondents</li> </ul>	<ul style="list-style-type: none"> <li>% positive response rating per event by all respondents</li> </ul>
	<ul style="list-style-type: none"> <li>Offer Weekend &amp; Seniors Weekend locum programs</li> </ul>	<ul style="list-style-type: none"> <li>Fund AMA Physician Locum Services</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li># requests for each program per year (AMA)</li> <li># requests met per program per year (AMA)</li> <li># weeks/ days for each program requested per year (AMA)</li> <li># weeks/ days for each program filled per year (AMA)</li> </ul>



**Goal 2: To support the recruitment and retention of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>Support the establishment &amp; sustainability of community recruitment &amp; retention (R&amp;R) committees/ efforts</li> </ul>	<ul style="list-style-type: none"> <li>Community Physician Consultants aid communities to establish &amp; sustain formal R&amp;R committees</li> <li>Develop, implement &amp; share leading edge community R&amp;R tools</li> <li>Update web-based orientation guide</li> <li>Collaborate with other agencies, e.g. Rural Development, Community Development Officers, NADC</li> <li>Newcomer calls &amp; exit interviews</li> <li>Annual community R&amp;R conference</li> <li>Promote spousal/family initiatives as part of community activities</li> </ul>	<ul style="list-style-type: none"> <li>10 community R&amp;R committees supported per year</li> <li>60% 7-year retention rate for rural physician in current community</li> <li>30 newcomer calls made per year</li> <li>10 exit interviews conducted per year</li> <li>75% positive satisfaction rating by respondents</li> </ul>	<ul style="list-style-type: none"> <li># committees supported per year</li> <li>% rural physicians practicing in the same rural community for 7 years</li> <li># community R&amp;R inquiries per year</li> <li># calls made per year</li> <li># calls made per year</li> <li>% positive response rating per event by all respondents</li> </ul>

**Goal 2: To support the recruitment and retention of a competent physician workforce**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>• Recruitment &amp; Retention Grants</li> </ul>	<ul style="list-style-type: none"> <li>• Grants for innovative program ideas to promote recruitment and retention rural physicians or project ideas for physician recruitment and retention targeted at the local level</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of R&amp;R Grants are awarded per year</li> </ul>	<ul style="list-style-type: none"> <li>• % of funds expended per year</li> </ul>
	<ul style="list-style-type: none"> <li>• Recruitment support program</li> </ul>	<ul style="list-style-type: none"> <li>• Skills Brokers organize assessments required for licensure</li> <li>• Honoraria paid to preceptor</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of REP funds expended per year</li> </ul>	<ul style="list-style-type: none"> <li>• % of funds expended per year</li> </ul>

### Goal 3: To support the physician and family and positively affect the factors that influence recruitment and retention

Strategies	Activities	Outputs	Target	Indicator
Support the development of a skilled and competent physician workforce	<ul style="list-style-type: none"> <li>Provide skills enhancement training</li> </ul>	<ul style="list-style-type: none"> <li>Skills Brokers organize enrichment training of 2 weeks to 12 month duration</li> <li>Honoraria paid to preceptor &amp; candidate</li> <li>GEMS program &amp; STARS HPS - modules continuously revised &amp; new content developed</li> </ul>	<ul style="list-style-type: none"> <li>70% of Enrichment Training Program (ETP) trainees remain in rural Alberta after 3-years</li> <li>20 physicians per year complete GEMS</li> </ul>	<ul style="list-style-type: none"> <li>% of ETP trainees in rural practice after 3 years</li> <li># physicians accepted into the program per year</li> <li># disciplines offered per year</li> <li># ETP training weeks per year</li> <li># completed GEMS participants per year</li> </ul>
	<ul style="list-style-type: none"> <li>Support relevant continuous professional development for rural practitioners</li> </ul>	<ul style="list-style-type: none"> <li>Infrastructure grants to each university for faculty &amp; support staff hired in support of rural CPD incl. regional conf. program, prov. Videoconference program</li> <li>Regional conference speaker honoraria top-up offered</li> </ul>	<ul style="list-style-type: none"> <li>75% positive satisfaction rating by Alberta physician respondents</li> </ul>	<ul style="list-style-type: none"> <li>% positive response rating per event by Alberta physician respondents (UofA/UofC)</li> <li># videoconference attendees per session &amp; per year (UofA/UofC)</li> </ul>
	<ul style="list-style-type: none"> <li>Virtual Library website</li> </ul>	<ul style="list-style-type: none"> <li>Rapid access to selected Internet-based medical textbooks, journals and other resources for rural physicians</li> </ul>	<ul style="list-style-type: none"> <li>50% of eligible users are active users</li> </ul>	<ul style="list-style-type: none"> <li>% of users rated as active users</li> </ul>

**Goal 3: To support the physician and family and positively affect the factors that influence recruitment and retention**

Strategies	Activities	Outputs	Target	Indicator
	<ul style="list-style-type: none"> <li>• Award of Distinction</li> <li>• Early Careerist Award</li> <li>• Community R&amp;R Award</li> </ul>	<ul style="list-style-type: none"> <li>• Awards advertised via RPAP News, AWNA newspapers &amp; Alberta Chambers of Commerce</li> <li>• Website award information updated annually</li> <li>• Award of Distinction &amp; Early Careerist community celebrations</li> <li>• Award of Distinction tribute video</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Award of Distinction nominees per year</li> <li>• 3 Early Careerist Award nominees per year</li> <li>• 3 Community R&amp;R Award nominees per year</li> </ul>	<ul style="list-style-type: none"> <li>• # award nominees per year</li> </ul>

**Goal 4: Provide sound corporate management for the RPAP**

Strategies	Activities	Outputs	Target	Indicator
Provide effective governance support	<ul style="list-style-type: none"> <li>• 5 Board meetings per year</li> <li>• 2-4 FAC meetings per year</li> <li>• 1-2 Education Committee meetings per year</li> <li>• 3-4 Joint Coordinating Committee on RME meetings per year</li> <li>• Board members receive training in governance</li> <li>• Board meeting &amp; annual Board evaluations</li> <li>• New Board member orientation</li> <li>• Annual Exec. Dir. &amp; individual Board member performance reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Business plan objectives are met within the annual budget</li> <li>• Fiduciary and legal duties of Directors met</li> </ul>	•	•
Provide effective management & financial management	<ul style="list-style-type: none"> <li>• Annual financial work plan</li> <li>• 3-year business plan</li> <li>• KPI, annual audit &amp; annual report</li> <li>• Contractual &amp; statutory reporting requirements met</li> <li>• Annual staff performance reviews &amp; contract renewals</li> <li>• Current policies &amp; procedures &amp; position profiles maintained</li> <li>• Monthly financial reporting to FAC</li> <li>• Annual audit &amp; statutory reporting, and monthly financial reporting requirements met</li> </ul>	•	•	<ul style="list-style-type: none"> <li>• % increase in monthly cash flow over past FY</li> <li>• Balanced or surplus financial position at FY end</li> <li>• Annual “clean” external audit</li> </ul>

**Goal 4: Provide sound corporate management for the RPAP**

Strategies	Activities	Outputs	Target	Indicator
<p>Provide effective communications incl. PR and community consultations</p>	<ul style="list-style-type: none"> <li>• Regular stakeholder consultations &amp; reporting</li> <li>• 3-4 issues of RPAP News</li> <li>• 2-3 issues of Practical Prof</li> <li>• 1-2 issues of Spousal/Family newsletter</li> <li>• All web sites are monitored and kept current</li> <li>• Continuous web site traffic reports are monitored &amp; analyzed</li> <li>• Integrity of corporate image maintained</li> <li>• Marketing material kept current &amp; distributed to users in a timely manner</li> <li>• Photo library maintained</li> <li>• Visual identity guidelines maintained</li> <li>• Media opportunities continuously identified</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p>Provide effective IT &amp; communications support</p>	<ul style="list-style-type: none"> <li>• IT systems sustained at a high standard of operational functionality &amp; security</li> <li>• IT disaster recovery procedures maintained &amp; practiced</li> <li>• Additional technology introduced as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>