

# The Alberta Rural Physician Action Plan



## BUSINESS PLAN

**2011-2012 to 2013-2014**

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Revised:

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## Introduction

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 influences 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 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. And in doing so recognizes that the attraction and retention of physicians is a "complex interplay" of many variables, not all of which the RPAP can influence.

In the intervening years since RPAP was formed, it has been quite innovative and adaptive to changing circumstances; in some cases leading change.

RPAP's formative years in the 1990s resulted in the establishment of the rural locum program, rural rotations for medical students and resident physicians, the skills enrichment program, and rural continuing medical education (CME) offerings. These initiatives continue to be the bedrock of RPAP's integrated and comprehensive programming in 2011.

The early 2000s saw the development of the skills broker and community physician consultant roles which provided a "great leap forward" for rural physician skills enhancement and RPAP's movement into supporting community physician attraction and retention. This was also a period of rapid growth for rural medical education including the creation of the Alberta Rural Family Medicine Network (ARFMN), a unique RPAP - UofA/UofC departments of Family Medicine partnership; the start of a significant increase in medical school capacity in Alberta; and changes in medical school training. The Rural Alberta North (RAN) and Rural Alberta South (RAS) nodes of the ARFMN will celebrate the 10<sup>th</sup> anniversary of the graduation of the first class of rural-trained family physicians in 2013. RPAP and the two faculties of medicine also established associate dean, rural/regional positions to move the rural agenda forward in the universities.

The latter part of the 2000s saw the universities move to "mainstream" rural medical education, both as a serious education platform but also as a mitigation strategy to accommodate the medical school expansion started in the beginning of 2000. Through in part by RPAP's early leadership and then through the leadership of the associate deans, rural/regional, the universities

have assumed greater leadership for advances in rural medical education (RME)/distributed learning. While not leaving the RME playing field, RPAP is reorienting its focus to school outreach initiatives to encourage more rural origin applications to medical school; on an augmented community engagement campaign in support of the proper role of Alberta's rural communities in physician attraction and retention; more robust skills enhancement for rural physicians; and provincial-level physician attraction through its state-of-the-art AlbertaPhysicianLink web site and related marketing, its new early careerist support initiative to assist Alberta graduates to stay in the Province and to successfully transition into rural practice, community attraction and retention conferences/videoconference, and physician recruiter workshops. It is in these strategic areas that RPAP can be most value-added.

## **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.

## **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 (AHS), the Alberta Medical Association (AMA and its Section of Rural Medicine), and the College of Physicians and Surgeons of Alberta (CPSA).

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

## 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), 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), its Section of Rural Medicine, and the North, Central and South Zone Medical Staff Associations (ZMSA)
- Alberta College of Family Physicians (ACFP)
- Alberta Health Services (AHS)/Covenant Health
- Alberta Chambers of Commerce (ACC), Alberta Association of Municipal Districts and Counties (AAMDC), and Alberta Urban Municipalities Association (AUMA)
- College of Physicians & Surgeons of Alberta (CPSA)
- Alberta's post-secondary institutions and community colleges

## Target Groups

The RPAP focuses its work on four target groups:

- 1) Rural high school students, undergraduate medical students, postgraduate medical students (residents physicians or Residents) and rural preceptors;
- 2) Practising rural physicians; and
- 3) AHS, Covenant Health and Primary Care Networks; and
- 4) Alberta's 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.

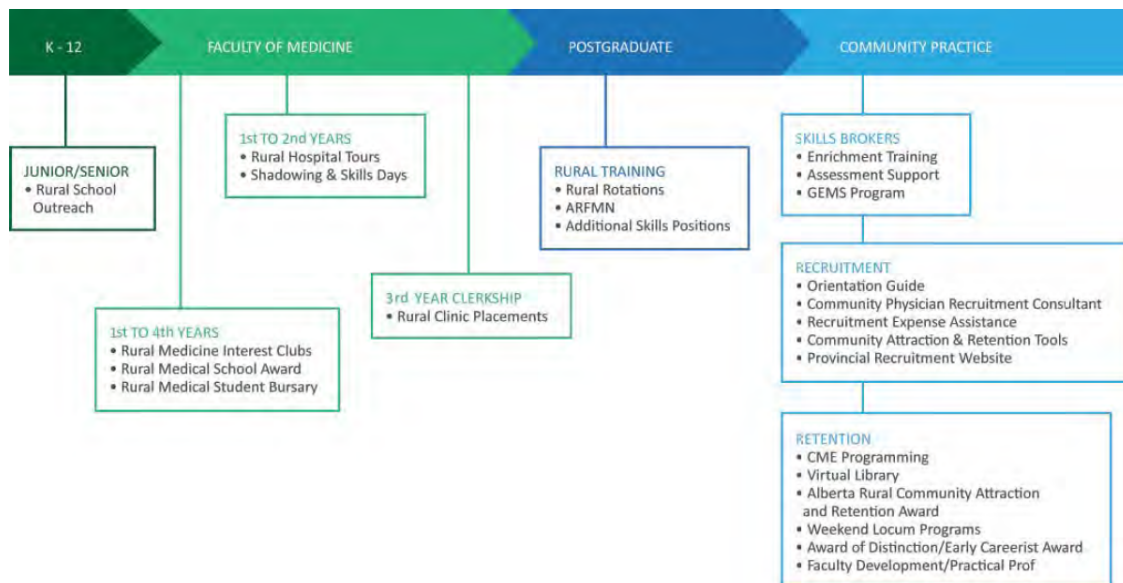
The Board of Directors recognizes the importance of developing and maintaining a beneficial rural differentiation as a recruitment and retention strategy. To that end, the RPAP Board of Directors has determined that the RPAP's primary responsibility is to support rural-remote communities and physicians in those communities. Furthermore, the RPAP Board of Directors recognizes that the RPAP cannot 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 four 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) what RPAP and other jurisdictions have shown to be the most effective.

### Sequential Series of Initiatives



## Evaluation Framework

The RPAP is cognizant of the need to assess the effectiveness of its initiatives. For a number of years now, 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 (funding permitted);
- 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 Privileges database</li> <li>• Retention database</li> <li>• Accommodation 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 - ongoing</li> <li>• Informal feedback through RPAP's Community Physician Recruitment Consultants and Skills Brokers</li> <li>• Ongoing informal feedback from the field</li> <li>• Early careerist needs assessments – 2008/2009</li> <li>• Effect of Enrichment Training on Rural Physician Retention – 2011</li> <li>• Stakeholder Consultations – 2006</li> <li>• CME Stakeholder Consultation - 2009</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; 2005-2009 to begin 2011</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>• Rural Rotations Program – 2011-2012</li> <li>• Community Engagement activities – planned 2012</li> <li>• RPAP – 2006; planned 2013</li> </ul>



## Accomplishment of the Previous Goals and Strategies

Many of the goals and strategies described in the 2008-2011 business plan have been fulfilled, including:

1. RPAP continued its leadership role concerning Enrichment training for practicing rural physicians. RPAP completed the refreshing of its GEMS (General Emergency Medicine Skills) training program for rural physicians, based on rural physician derived needs. All six modules were revised and made available exclusively on-line. A derivation of the Enrichment training program was developed to recognize the challenge of organizing leaves in many communities for skills training of less than 2 weeks (10 days). "Focused Individual Rural Staff Training" (FIRST) was developed. This Enrichment training variation was developed for groups of physicians in a clinic/community to collectively take the training for a minimum of 10 days/year. The local chief of staff approves the training and the Enrichment training honoraria goes to the hospital or physician group. Simulation and targeted ultrasound (EDTU) are examples incorporated into this variation. RPAP also explored the adaptation of the Comprehensive Advanced Life Support (**CALS**) training program as exists in rural USA. Unfortunately, CALS was not seen as meeting the need for a single, life support re-certification course. RPAP is now working with the Rural Coordinating Centre BC (RCCbc) to fully develop and possibly bring the **CARE** (Comprehensive Approach to Rural Emergencies) course to Alberta.
2. RPAP, the Faculties of Medicine, and AHS introduced a new tri-partite collaboration (the Joint Coordinating Committee on Rural Medical Education) in 2008 to develop improvements in rural medical education. Unfortunately the initial enthusiasm for the promise of the committee could not be sustained in the face of other events such as health reform, budget challenges and senior leadership changes. The RPAP Education Committee was refocused to concentrate on the Alberta Rural Family Medicine Network, and organizational changes were completed in the Rural Alberta North and South nodes (RAN and RAS) to align with department of Family Medicine interests. The funds directed to the Rural Rotations Program and its reimbursement guidelines were altered to maximize the number of learners able to experience a rural clinical placement.
3. The RPAP continued its support of rural faculty development through its PracticaProf web site and support of Cabin Fever and Fall Harvest in conjunction with the Faculties of Medicine. It also explored developing a national rural physician faculty development/CME web site with the Rural Ontario Medical Program (ROMP) called Practical Doctor. This project will be tabled until later in 2012 when other priorities will permit its full execution.

4. The RPAP improved its support of initiatives enabling local, regional, provincial and international (UK) physician recruitment and retention. This occurred through the provincial physician recruitment web site, AlbertaPhysicianLink.ab.ca and related case management and clearing house functions; and through RPAP's support of nearly two dozen community attraction and retention committees, and the building of local physician recruitment capacity. The annual community attraction and retention (A&R) conferences, cultural integration initiative, periodic physician recruiter workshops, and community A&R videoconferences continued to be successful avenues for A&R support.
5. Although an area planned for activity, RPAP did not develop any specific initiatives to support late careerist physicians. The aim of this goal was 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. This will be a focus for completion in this strategic plan.
6. RPAP continued its efforts 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 bursary and award programs, School Outreach Program, Rural Medical Interest Groups, the popular shadowing experiences and expanded skills days contributed to meeting this goal. The return-in-service commitment, application deadline, application criteria for the John N. Hnatuik Rural Medical School Bursary were revised to further assist rural origin medical students with the cost of medical school. Working through its membership on the Alberta IMG Program Steering Committee additional strategies to assist Canadian IMGs return to Alberta for residency training and IMGs to obtain residency training in rural Alberta were pursued.

## 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"> <li>• RPAP has developed a high level of credibility beyond its small size with rural physicians, Government and rural communities. 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 attraction 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 <i>Wellnet</i>, social media and simulation enable RPAP to develop and deliver new programs for its clients.</li> <li>• The RPAP is well positioned to develop and deliver programs to assist Alberta graduates to remain in Alberta, such as its new careerist support initiative; and to channel the contribution of late careerists through being locums and preceptors.</li> <li>• The Health Workforce Action Plan (HWAP) is a demonstration of political will is tackling important health human resource issues. Using HWAP funds RPAP can lead the development and implementation of new, targeted initiatives to enhance rural physician attraction and retention.</li> <li>• The current political will to address many of the issues facing the Province provides the RPAP with other opportunities to influence policies for the benefit of rural health care. RPAP, for example, can promote the direct and real input of rural preceptors and communities, and channel community assets into meaningful physician attraction and retention efforts.</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 specialist linkages and chronic disease management initiatives through its Enrichment Training program.</li> </ul>

<p><b>Strengths</b></p>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <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> <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. Examples include the 89-day locum initiative, the attraction of practice eligible physicians from the UK and Holland, the provincial AlbertaPhysicianLink web site, engagement of Irish-based Canadian medical students abroad.</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. RPAP struggles to develop sufficient analytical and research capabilities to both inform new directions and to evaluate current initiatives.</li> <li>• The RPAP has a number of program gaps such as initiatives to help rebalance physician work life; to attract Aboriginal youth and undergraduate students in community colleges/ universities to consider careers in health care including medicine; or initiatives targeted to late careerists.</li> <li>• RPAP struggles to sufficiently fund a number of strategic initiatives such as the rural rotations program for medical students and resident physicians, and harvest sufficient funds for new and innovative interventions.</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, reduces the accountability for these funds, and to promote the direct and meaningful input of rural preceptors.</li> <li>• Alberta's health regions were contracted into a single organization, Alberta Health Services. 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 has facilitated 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 a level of leadership in order to maximize the positive learning experience afforded learners and to promote the direct and meaningful input of rural preceptors. The elimination of the associate dean, rural/regional affairs position and the creation of an associate dean, community engagement with four directors including one for rural health at the UofA is potentially a retrogressive step.
- 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 engagement work of the Community Physician Recruitment Consultants to establish sustainable community attraction and retention committees continues to be extremely important. RPAP must also partner with others to develop interventions for enhanced work life balance amongst rural physicians.

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 where appropriate. In so doing the RPAP must continue to support the cultivation of additional rural preceptors especially specialty preceptors; the provision of relevant, accessible and high quality faculty development; and better coordination of learners and preceptors to prevent preceptor burnout and maximize the number of clinical placements. At the same time as distributed education flourishes, in part as a mitigation strategy for medical school expansion, RPAP must continue to champion in rural/regional training experiences the rural differentiation it fosters and to highlight instances in which distributed education from the urban academic centres challenges the strengths of rural educational experiences.
3. To support local initiatives and develop creative programs that address innovative ideas for rural physician attraction and retention.
4. To support the physician and family and positively affect the factors that influence recruitment and retention such as work life balance.
5. To promote rural medicine as a viable professional career amongst rural high school students, students in undergraduate colleges/universities, 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 work with stakeholders to explore the introduction of the Rural Coordinating Centre BC (RCCbc) **CARE** (Comprehensive Approach to Rural Emergencies) course. And it will take a “watchful brief” on the development by UofA and UofC CME network and assess how best to meet the CME needs of rural physicians by conducting its own needs assessment.

2. The RPAP will work with the Faculties of Medicine, Alberta Health Services/Covenant Health and other parties to fully implement its new careerist support initiative which aims to assist Alberta graduates to stay in the Province and to successfully transition into rural practice.
3. The RPAP will continue to support its rural faculty development capabilities in support of effective distributed medical education. This will occur in partnership with the Faculties of Medicine. RPAP will also continue its work with the CPSA on improvements to the assessment process for practice eligible physicians. When the new College assessment process is implemented by April 2011, RPAP will align its Recruitment Support Program accordingly.
4. The RPAP will continue its support of initiatives enabling local, regional, provincial and international (UK/Holland) attraction and retention through sustainable community attraction and retention committees; its case management and clearing house functions; and the building of local physician recruiter capacity. A new community physician attraction and retention web site loaded with toolkits, education resources and other functions will be launched by June 2011 for the exclusive use of Alberta's rural community attraction and retention committees.
5. 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.
6. The RPAP will develop strategies to assist Canadian IMGs to return to Alberta for residency training and clinical practice in rural Alberta.
7. RPAP will improve its evaluation and analysis capabilities to both inform new directions and to evaluate current initiatives.

## 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.

The communications strategic plan will be updated annually to align with this business plan.



## 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 four major target groups:

- 1) Rural high school students, undergraduate medical students, postgraduate medical students (Residents) and rural preceptors;
- 2) Practising rural physicians; and
- 3) AHS, Covenant Health and Primary Care Networks; and
- 4) Alberta's 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 display is available along with handouts, giveaways and personal interaction with RPAP representatives (Community Physician Recruitment 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 and the John N. Hnatuik Rural Medical Student Bursary aim 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. 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 resident physicians 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 learners to rural practice as part of their training
- Developing a level of sensitivity to the challenges of rural practice
- Acculturating learners to a rural lifestyle

## 5. 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

## **6. Additional Skills Training for Residents**

The additional skills training (AST) initiative provides an opportunity for residents physicians 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 physician's interests and the needs of the rural region he/she will be practising in.

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

- Family Medicine and Royal College Residents
- 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

## **7. New Careerist Support Initiative**

The new careerist support initiative provides a mentorship opportunity between practicing physicians and graduating residents to facilitate career exploration, career counselling, and role modeling, and a series of workshops and information to ease the transition into practice.

The workshops include: "Billing Issues" with AMA Billing Support, "Practice Management Considerations" with AMA Practice Management, "Healthy Practice, Healthy Life" with Physician and Family Support Program, and "Getting ready for practice in Alberta" with support from the CPSA.

The new careerist support initiative addresses the needs of the following target groups:

- Family Medicine Residents

The new careerist support 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 will be coordinated through a new provincial approach and a single, joint associate dean and rural

director. Jointly each university currently provides 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 and its variations, Focused Individual Rural Staff Training (FIRST) and Emergency Medicine Enrichment (EME), are 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. 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 community attraction and retention capacity (see 5. Community Engagement Activities below), and directly supporting domestic and international (UK) physician recruitment.

RPAP 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 associated marketing/advertising. The Community Physician Recruitment Consultants case manage, track and follow 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, Voluntary Operators
- Rural communities

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 Attraction and Retention Grants**

The purposes of the community physician attraction and retention grants program are to foster the development of project ideas for physician attraction and retention targeted at the local level i.e. a formal, comprehensive community physician attraction and retention plan, marketing materials required as part of the community physician attraction and retention plan, such as pamphlets/information sheets/CDs, or other activities as outlined in the plan, or administrative support for the community physician attraction and retention committee.

The grants are intended to provide one-time funding for a short-term project or seed funding for a long-term project i.e. sustaining a community physician attraction and retention committee, or the development of materials or other resources that are determined to be required to support attraction and retention.

The community physician attraction and retention grants program addresses the needs of the following target groups:

- Practising rural physicians
- Rural communities

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. The Program has two components: 1) CPSA Practice-Ready Assessments, and 2) assessments to determine Clinical Privileges.

Recruitment Support Program - Practice-Ready Assessments provides an honorarium to candidates undergoing a CPSA practice-ready assessment before final determination of licensure.

Recruitment Support Program - Clinical Privileges provides an honorarium to candidates undergoing an assessment for additional skills, such as C-Sections and FP-Anaesthesia, necessary to determine a grant of clinical privileges, and to their preceptor.

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

- Practicing rural physicians
- AHS, Voluntary Operators
- Rural communities

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

- Providing financial support to practise in rural Alberta
- Addressing professional issues important for physician attraction 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, Voluntary Operators
- Rural communities

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

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

#### **5. Community Attraction and Retention Activities**

RPAP uses a community engagement approach through its Community Physician Recruitment 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 its recruitment and retention workshops for Alberta Health Services physician recruiters.

The new AlbertaRuralHealth website was re-designed exclusively for community attraction and retention (A&R) committees as a portal for their communities' A&R activities, and RPAP A&R tools, educational material and other information.

RPAP's community A&R activities address the needs of the following target groups:

- Rural communities

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

## 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 \$9.226M in 2011-2012 will potentially increase in year two 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 which was not fully funded during the last two years of the previous business plan. In addition, RPAP will seek additional, targeted funding sources, such as HWAP, to deliver recruitment and retention pilot initiatives not funded by the AHW grant.

### Operating Budget 2011-2012 to 2013-2014

Forecast operating revenue from AHW for the next three years:

	2011-2012	2012-2013	2013-2014
Total RPAP Budget	\$9,226,000	\$9,569,875	\$10,144,067