

The Annual
Report of the
Alberta Rural
Physician
Action Plan



Making a
Difference

1 April 2001 ~ 31 March 2002



Funded by





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1 November 2002

The Honourable Gary Mar, Q.C.
Minister of Health & Wellness
323 Legislature Building
10800-97th Avenue
Edmonton, AB T5K 2B6

Dear Honourable Gary Mar:

Re: Letter of Accountability

I have the honour, on behalf of the Alberta Rural Physician Action Plan Coordinating Committee, to present the annual report for the fiscal year ended 31 March 2002.

This Annual Report was prepared under our direction and outlines the Committee's accomplishments and future direction.

All material economic and fiscal implications known as of 31 March 2002 have been considered in its preparation.

Respectfully submitted by

Odell Olson, MD
Chair, RPAP Coordinating Committee



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Making a Difference . . .

enhancing rural health care

This is the first Annual Report of the Alberta Rural Physician Action Plan (RPAP). It provides a summary of progress made on goals identified in our first three-year Business Plan covering the period 1999-2002.

The issue of physician shortages in rural Alberta was first addressed in June 1990 in the "Proposed Action Plan for Addressing Rural Physician Recruitment and Retention Issues" drafted by Alberta Health and its External Advisory Committee on Physician Manpower. In early 1991, RPAP was established by the Government of Alberta to develop a comprehensive action plan aimed at enhancing rural physician recruitment and retention.

Over the past decade, RPAP has worked collaboratively with practicing physicians, regional health authorities, universities and professional associations to plan, develop and implement its initiatives. For the first ten years after it was established, RPAP focused its attention primarily on recruitment and rural medical education initiatives. More than one dozen initiatives, some medium and others long-term in nature, have been implemented in order to influence physicians' decisions about moving to and remaining in a rural Alberta community.

In 2001, the RPAP shifted its focus slightly to also include concentrated work on physician retention in support of its recruitment and medical education initiatives. Through a multi-stakeholder process, RPAP developed a new multi-year retention work plan "Retention of Rural Physicians: An Action Plan for 2001-2002 and Beyond," which is now being implemented.

In fulfilling its vision, RPAP continues to be challenged by a broad spectrum of needs, opportunities and risks, some of which fall outside RPAP's mandate and purview. Therefore, the organization will continue to work with its collaborative partners to better understand the factors influencing physician practice in rural Alberta, and to implement strategies that will ultimately result in further enhancements to rural health care.

Yours truly,

Dr. Odell Olson, Chair
RPAP Coordinating Committee

David Kay, CHE, RPAP Program Manager

About the Alberta Rural Physician Action Plan

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

RPAP's Vision

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

RPAP Governance

The RPAP Coordinating Committee (RPAP CC) is the governance body for the organization. This Committee is responsible to the Minister of Health and Wellness for providing policy advice on issues related to the recruitment and retention of rural physicians, including:

- The establishment of provincial goals, objectives and strategies,
- The introduction of new programs,
- The development of policy, goals, objectives and performance criteria for each RPAP initiative,
- Evaluation of the RPAP and RPAP initiatives on a regular basis,
- Recommendations to the Minister of Health and Wellness regarding the creation of major new programs or significant modifications to existing programs to enhance rural physician recruitment and retention,
- Advice to the Minister of Health and Wellness on matters related to the efficient and effective administration of programs pertaining to rural physician recruitment and retention, and
- The allocation of the RPAP budget.

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

- Recommending criteria for any changes to the list of eligible facilities, including non-hospital facilities, and
- Providing recommendations to the Minister of Health and Wellness, upon his or her request, on specific applications from the regional health authorities for changes to the facility list.

The RPAP CC is comprised of a variety of stakeholders with an interest in the recruitment and retention of rural physicians in Alberta. These stakeholders work together in a cooperative and collaborative manner to try to address the underlying issues of rural physician recruitment and retention.

The seven members of the RPAP CC represent the following five organizations:

Dr. Odell Olson, Chairman and **Mr. Brian Hrab**, rural regional health authorities (RHAs),

Dr. Peter Lindsay (until September 2001), **Dr. Allan Garbutt** (beginning October 2001) and **Dr. Gary Nelson** (until March 2002), **Dr. David O’Neil** (beginning April 2002), Alberta Medical Association Section of Rural Medicine,

Dr. Brendan Bunting (RPAP Vice-Chair), Alberta Medical Association,

Dr. Sebastian David, College of Physicians and Surgeons of Alberta (CPSA), and

Ms. Patricia James, Alberta Health and Wellness.



Drs. John Hnatuik and Ron Gorsche, RPAP Skills Brokers, assist physicians in rural communities to upgrade their existing skills or to gain new skills to better meet the medical needs of their community.



Ms. Monica Kohlhammer and Ms. Terri Taylor, RPAP Rural Physician Consultants, assist physicians, regional health authorities and rural communities to enhance rural physician practice.

The RPAP Team implements the directions set out by the Coordinating Committee and consists of the following individuals:

Mr. David Kay, RPAP Program Manager,

Ms. Janice Drinkill, RPAP Program Support Coordinator,

Drs. John Hnatuik and Ron Gorsche, RPAP Skills Brokers,

Ms. Terri Taylor, RPAP Rural Physician Consultant for Northern Alberta and Administrator of the Rural Physician Spousal Network (RPSN),

Ms. Monica Kohlhammer, RPAP Rural Physician Consultant for Southern Alberta, and

Ms. Rhonda Crooks, Communications Consultant.

Other important people related to RPAP include:

Ms. Tamara Mitchell-Schultz, Administrative Assistant, University of Alberta, Department of Family Medicine,

Ms. Patricia Lishman, Rural Initiatives Coordinator, University of Calgary, Office of CME and Professional Development,

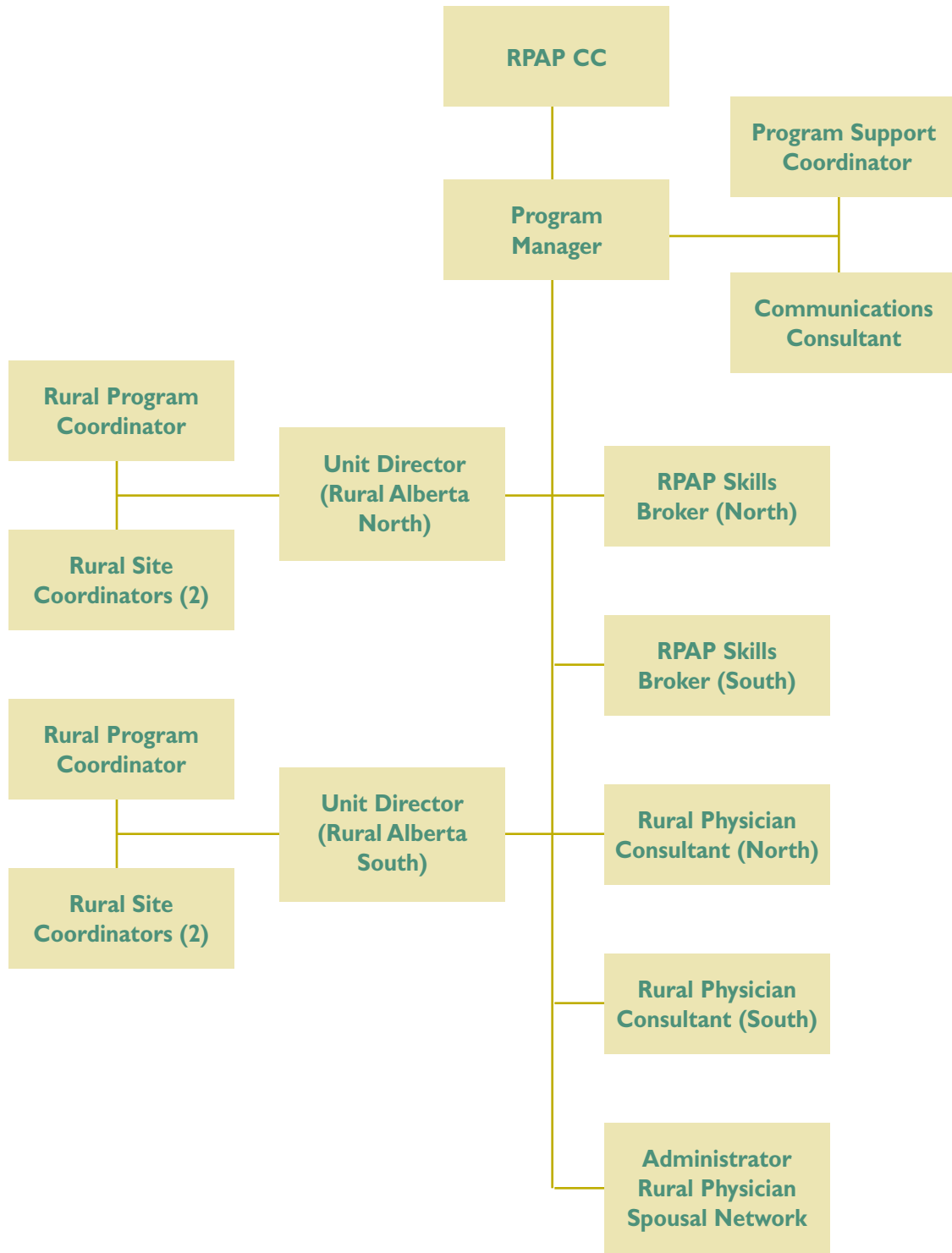
Dr. Rick Spooner, Acting Rural Coordinator, University of Alberta, Department of Family Medicine,

Dr. David Topps, Rural Coordinator, University of Calgary, Department of Family Medicine,

Dr. Hugh Hindle, Unit Director, Rural Alberta North, Alberta Rural Family Medicine Network,

Dr. Doug Myhre, Unit Director, Rural Alberta South, Alberta Rural Family Medicine Network, and

Ms. Brenda Gilboe, Rural Locum Program Manager, Alberta Medical Association.



The RPAP program has a staff of six part-time contract consultants plus a full-time contract program manager. The RPAP's Alberta Rural Family Medicine Network (ARFMN) has a staff of eight part-time contract consultants lead by a physician unit director for each of its Rural Alberta North and Rural Alberta South nodes. Together, there are nearly 60 rural preceptors in 24 rural Alberta communities who act as faculty for the 20 first year and 20 second year rural-based ARFMN family medicine residents.

About Physician Recruitment & Retention

Canadians living in rural and remote areas of the country have always found physician services less accessible than their city-dwelling counterparts. The problem is as old as written commentary on physician resource issues in this country. For the most part, the reasons are no mystery – there is a fundamental mismatch between the needs of rural and remote communities on the one hand, and the needs and choices of (and influences on) those who become physicians on the other.

(Barer, Morris L. & Stoddart, Greg L. (1999). Improving Access to Needed Medical Services in Rural and Remote Canadian Communities: Recruitment and Retention Revisited, a discussion paper prepared for the Federal/Provincial/Territorial Advisory Committee on Health Human Resources, page 2.)

The Society of Rural Physicians of Canada (SRPC) reports that towns under 10,000 account for 22% of the Canadian population and yet they are served by only 17% of the nation’s family physicians. With specialists and the high technology of large cities distant, rural physicians generally work in small groups in settings which require a broad spectrum of clinical skills.

In Alberta, roughly 26% of the population is rural and is served by roughly 20% of the Province’s general practitioners/family physicians (1996 data). Historically, Alberta has faced both supply and distribution challenges for physicians, much the same as most other jurisdictions.

Province	Population	Rural Pop	% Rural	GP/FP	Rural GP/FP	%Rural	Urban Pop/GP	Rural Pop/GP
All	28,846,761	6,396,906	22.2%	28,983	4,775	16.5%	927	1,340
Newfoundland	551,792	306,924	55.6%	579	254	43.9%	753	1,208
Ontario	10,753,573	1,596,138	14.8%	10,215	1,022	10.0%	996	1,562
Manitoba	1,113,898	371,338	33.3%	1,064	306	28.8%	980	1,214
Saskatchewan	990,237	428,565	43.3%	872	230	26.4%	875	1,863
Alberta (1996)	2,696,826	694,474	25.8%	2,453	476	19.4%	1,013	1,459
British Columbia	3,724,500	576,663	15.5%	4,396	567	12.9%	822	1,017

(Source SRPC www.srpc.ca)

Alberta's two medical schools (the University of Alberta in Edmonton and the University of Calgary) graduate approximately 67 family medicine residents per year, and a further eight positions for International Medical Graduates (IMGs). Beginning July 2003, an additional 20 rural-based residents will graduate through RPAP's Alberta Rural Family Medicine Network.

Partly as a result of RPAP initiatives, including mandatory and elective rural rotations for all medical students and family medicine residents, roughly 18-22%¹ of Alberta family medicine graduates practice in rural communities. This compares favourably with 4-13% for the five Ontario medical schools over the past 10 years. The three-year retention rate (January 1998-January 2000) for rural Alberta is 86.6%.

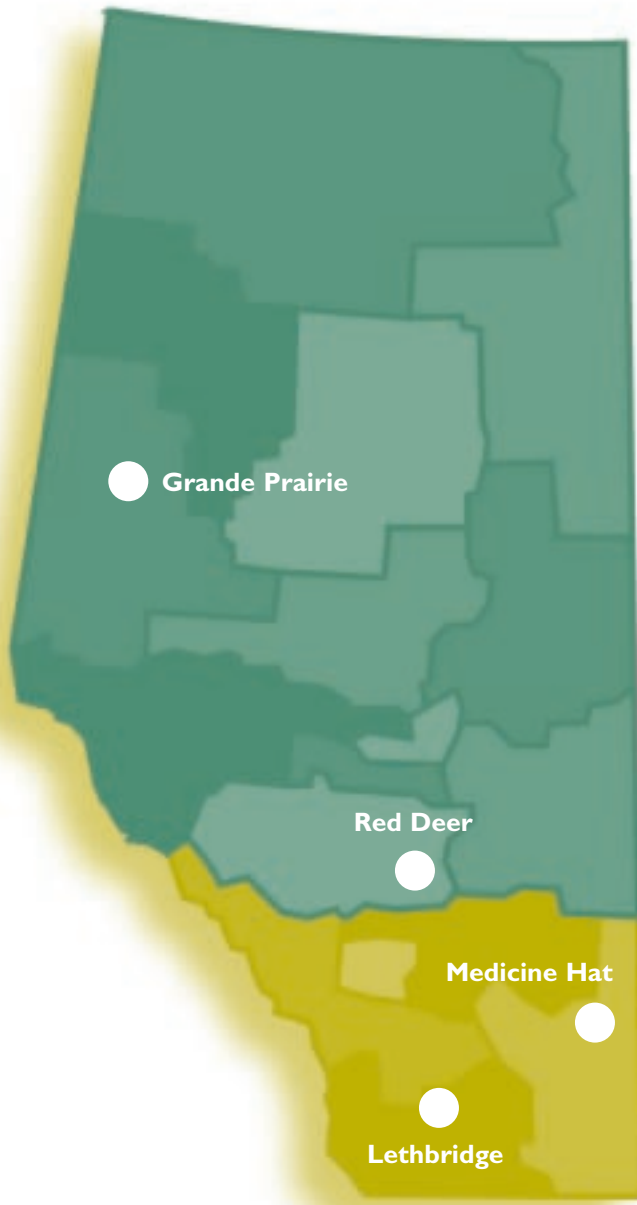
The Province of Alberta is comprised of 661,190 sq. km (6.6% of national total, roughly twice the area of Japan), and ranges 1,223 km north to south and 660 km east to west. Alberta is divided into 17 regional health authorities (RHAs) which are responsible for promoting and protecting the health of the regional population; assessing health needs; determining service priorities; ensuring access to health care services; and supporting responsive, integrated, community-oriented care. In addition, there are two province-wide authorities that provide leadership and expertise for cancer treatment and mental health services.

Most physicians practicing within an RHA are independent contractors, either as solo practitioners or as members of medical practice groups. The Province's 5,451 physicians are predominantly paid Fee-for-Service (FFS) by the Provincial Government according to a fee schedule negotiated between the Government and the medical profession through the Alberta Medical Association (AMA). The Medical Services Budget from which the fees are paid is co-managed by Government and the AMA.



¹Hutten-Czapski PTAD (2002). Who Makes Canada's Rural Doctors? Canadian Journal of Rural Medicine, 7(2): 95-100.

Map of Alberta



showing health authorities and Alberta Rural Family Medicine Network (ARFMN) home bases

The First Ten Years

Since its creation in 1991, RPAP has developed initiatives to address the 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 Alberta RPAP can influence. These variables can be grouped into two major categories: *professional* issues and *lifestyle-community* issues.

Professional issues include the confidence and competence of new graduates to practice in rural Alberta, the degree of professional isolation experienced by rural physicians, and the financial support provided to them. *Lifestyle-community* issues include the personal and family isolation encountered by the physician and family.

The Alberta RPAP addressed these variables with a variety of initiatives summarized in the following table. Complete details on the RPAP initiatives may be found on its web site www.rpap.ab.ca

Target Group Initiative	Initiatives
Undergraduate Medical Students, Post-graduate Medical Residents, the two Faculties of Medicine at the Universities of Alberta (in Edmonton and Calgary) and rural preceptors	Mandatory and elective rural rotations for Calgary/Edmonton-based medical students and family medicine and specialty residents
	Alberta Rural Family Medicine Network (ARFMN) and its Rural Alberta North and Rural Alberta South units with 20 rural-based family medicine residents in Year 1 and Year 2
	Faculty development support for rural preceptors
	Additional skills residency training positions for residents in such areas as GP-Surgery, GP-Obstetrics, GP-Anaesthesia
	Matching signing bonus for practice
Currently Practising Rural Physicians	CME Programming – including teleconferencing, regional conferencing, videoconferencing, the Internet-based Medical Information Service and the Virtual Library
	Enrichment Program – skills acquisition and maintenance of competence training of up to 12 months training
	Rural Locum Programs – short term (up to 4 weeks/yr), weekend, seniors (+54 yrs)
	Rural On-Call Remuneration Program
	Royal College (specialty) re-entry positions
	Rural Physician Retention/Innovation Grant Program
	Retention initiatives – including LMCC exam preparation workshops, Rural Physician Spousal Network (RPSN), Rural Physician Consultants – north and south – to enhance rural physician practice
	Multi-year retention work plan including Award of Distinction
	RuralNet – an Internet network service for rural Alberta physicians

Target Group Initiative

Initiatives

Rural RHAs and their Partner Communities

Multi-year retention work plan including Rural Health Week

Recruitment Fairs aimed at medical students and residents

Recruitment Expense Reimbursement Program

An Extensive Evaluation Regime

The RPAP is always cognizant of the need to assess the effectiveness of its initiatives. It has implemented a comprehensive evaluation framework consisting of four domains - Key Performance Indicators (KPI) for most of its initiatives; a rolling three-year cycle of external evaluations of its major initiatives; specific research studies in areas of interest that add to the understanding of new program needs and the effectiveness of current programs; and operational surveys which are less formal feedback mechanisms.

This framework outlined below continuously evolves to meet program needs.

Key Performance Indicators (KPI) and RPAP database

Specific to individual programs

External Evaluations:

Additional Skills Training and Enrichment Programs — completed 2000

CME Programs for Rural Physicians — completed 2000

Rural On-Call Remuneration Program — completed 2001

Rural Locum Program — 2002

RPAP — 2003

Effect of Enrichment Training on Rural Physician Retention — ongoing

Specific Research/Evaluation Studies:

Family Medicine Cohort studies — 1989-1995 completed; 1996-2000 underway

IMGs — completed 2000

Recruitment/Retention Update — 2002

Recruitment Fairs — 2002

Rural Rotations — underway

ARFMN — to begin

Supporting “Rural” Medical Students — to begin

Operational Surveys:

RPAP Communications Strategic Plan and focus sessions

Retention Work Plan and focus sessions with early careerists

Informal feedback through RPAP’s Rural Physician Consultants & Skills Brokers

Informal feedback from the field

Rural Physician Spousal Network assessments

A 1996 external evaluation report of the RPAP stated that the Alberta RPAP, on balance, “has been effective in stabilizing the overall level of physicians in rural Alberta since 1991 in the face of major and ongoing changes to the Alberta Health System.”² A follow-up evaluation of the RPAP is to occur during 2003-2004.

² C.A. MacDonald & Associates (1996). Evaluation of Rural Physician Action Plan. Alberta Health, page 121.

Highlights / Accomplishments of 2001–2002

NEW PHYSICIAN RETENTION PLAN

RPAP began developing a new multi-year work plan in 2001 “Retention of Rural Physicians: An Action Plan for 2001-2002 and Beyond.” After focusing its attention on the development of physician recruitment and education initiatives for the first decade after its establishment, RPAP identified that physician retention was an important area deserving specific focus to buttress its medical education and recruitment initiatives. The Retention Plan was developed through a multi-stakeholder process and is now being implemented.

NEW SUPPORTS FOR MEDICAL STUDENTS AND RESIDENTS

ARFMN LAUNCHED

Based on research that shows medical residents trained in rural settings are more likely to choose to practice there, RPAP launched the Alberta Rural Family Medicine Network (ARFMN) – a unique collaborative venture with the province’s Faculties of Medicine, rural physicians and rural regional health authorities. Through the Network, a rural-based Family Medicine residency training program is offered through two nodes, which are units of the Universities of Alberta and Calgary. Rural Alberta North and Rural Alberta South each accept 10 residents per year into their program, which offers a more preceptor-based learning, and intense clinical experience that maximizes procedural skill acquisition and early and effective patient management.

NEW SUMMER STUDENT ELECTIVE SUPPORT PROGRAM

RPAP is piloting this new program to provide matching grants of \$2,500 to regional health authorities to foster the hiring of a medical student who has completed their first or second year, and in so doing, further expose early careerists to rural medical practice. The matching grants are intended to provide funding for a 4-12 week summer clinical and research experience for up to eight medical students. Priority is given to medical students from the Universities of Alberta and Calgary who demonstrate an orientation to rural medical practice.



NEW SUPPORTS FOR PHYSICIANS CURRENTLY PRACTICING IN RURAL ALBERTA

AWARD OF DISTINCTION

Rural family physicians who demonstrate superior commitment and contributions to their community will be recognized through a new award program announced by RPAP in August 2001. The new award

honours and recognizes the work of all rural physicians but especially those ‘unsung heroes’ who provide Alberta rural communities with outstanding medical services and who also make significant contributions to medical practice and their communities by teaching other medical personnel, conducting research or working as community volunteers. This is one strategy of RPAP’s Retention Plan to encourage long-term rural practice.

NEW SUPPORTS FOR REGIONAL HEALTH AUTHORITIES

NEW RURAL PHYSICIAN CONSULTANTS

Research gathered during development of RPAP’s Retention Plan and the update on the Pockets of Good News shows how important communities and regional health authorities can be in physician recruitment and retention. Important considerations for physicians and their families in deciding to locate or remain in a rural community relate to attributes of the community, such as opportunities for the physician and family, welcoming attitude and continued involvement to ensure that the family is not isolated. While many of these attributes are outside the purview of the RPAP, the organization can act as a facilitator. To that end, RPAP has contracted two new Rural Physician Consultants who assist rural communities to enhance rural physician practice opportunities locally.

FALL TOUR TO BETTER UNDERSTAND RURAL NEEDS

The RPAP CC Chair, Vice-Chair and Program associates toured most rural regional health authorities in the Fall of 2001. This tour enabled RPAP to learn firsthand about physician recruitment/retention issues and to share information about RPAP programs that support rural physician practice.

NEW RESEARCH TO BETTER UNDERSTAND PHYSICIAN RECRUITMENT/RETENTION ISSUES

RESULTS OF ON-CALL STUDY

Do the opportunities to practice emergency skills and augment income through on-call result in any negative social, recreational or family impacts? The Alberta Heritage Foundation for Medical Research, ALTANA Pharma – Canada, the College of Family Physicians (Alberta Chapter) and the RPAP funded a study to determine the impact of these on-call duties on rural physicians, their spouses and children. The major impact found was the children’s sense of loss and outright abandonment by their physician parent during the period of on-call duty.

The conclusion reached was that on-call, which can influence the children for a minimum of a quarter of their lives, is not a minor inconvenience and exposes physician and child to a lifetime of disruption and missed opportunities.

UPDATE OF POCKETS OF GOOD NEWS

For the first decade following its creation, RPAP focused on developing physician recruitment and education initiatives. As part of that work, it commissioned a study in 1994, entitled “Pockets of Good News,” to assess what Alberta communities were doing to recruit and retain physicians. In 2001, RPAP began implementation of a new action plan focusing on physician retention. The findings of the 1994 Pockets of Good News were updated in early 2002 to focus on retention. (See textbox below for a summary of the findings.)

SEARCH LINKAGES

Dr. Ron Gorsche, RPAP Skills Broker, was appointed to the Steering Committee of the Swift Efficient Application of Research in Community Health Program (SEARCH) of the Alberta Heritage Foundation for Medical Research. To date, four rural physicians have been trained through SEARCH using RPAP’s Enrichment Program. This program trains health professionals throughout Alberta to conduct research on priority health issues affecting their communities.

RURAL PHYSICIAN SPOUSAL NETWORK (RPSN) SURVEY

In October 2001, surveys were distributed to rural physician spouses in the Province. The purpose of the survey was to solicit feedback on RPSN programs, to gather ideas on further supports RPSN could give to physician spouses to help retain physicians in rural Alberta, to solicit advice from current spouses about what helps new rural physicians and their families thrive, and to identify possible community changes that would enhance physician recruitment and retention. (See RPAP web site for a summary of the results.)

OTHER RPAP-FUNDED RESEARCH

Other research activities currently undertaken include a study of rural physicians who have completed an Enrichment Program and a second Cohort Study of University of Alberta/University of Calgary Family Medicine Residents (1996-2000).

Pockets of Good News Findings

Recruitment continues to be an on-going necessity for rural regions. The biggest problem appears to be filling specialist vacancies in regional centres.

The reduction of on-call responsibilities has made rural practice more acceptable for physicians and their families.

The bulk of new physicians recruited to rural regions are foreign trained (77% of new recruits in 2001) and likely to remain so.

On average, 70% of physicians practicing in rural Alberta in 1996 had been in the same location for at least five years. Eighty-three percent (83%) of those practicing in rural Alberta in 1996 continued to practice in rural Alberta.

More work is required to support communities and regional health authorities in understanding the role communities can play in physician recruitment and retention.

It is important that health regions foster a collegial atmosphere between communities and physicians working there to help ensure physician satisfaction.

Encouraging physicians to choose and stay in rural Alberta is the responsibility of many individuals and organizations. No one party or stakeholder can ensure that a rural physician will choose to stay in a rural community for a significant period of time.

Note: Contact RPAP for a full copy of the results.

Focus of Future RPAP Research

“In Time” career planning for medical students fostering early identification, nurturing and practice.

Leadership skills for physicians.

Partnership development in recruitment and retention of physicians.

Community Toolbox for recruitment and retention of physicians.

COMMUNICATIONS ENHANCEMENTS

RPAP made significant progress in 2001-2002 in developing more strategic communications that support its business plan and physician retention goals. A new RPAP brand or identity was developed. RPAP information packages were developed, brochures upgraded to look more professional and these packages distributed widely throughout the Province. To support recruitment to the new ARFMN residency training programs, an information package was developed which included a CD, video and print materials. TV and print media campaigns were launched to solicit public nominations for RPAP's new Physician Award of Distinction.

Environmental Scan *and* Challenges Ahead

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

SUCCESSFUL PROGRAM CHARACTERISTICS

There are several characteristics of the Program that have permitted RPAP to obtain the trust of its stakeholders, especially the rural physician community, and to positively affect rural physician recruitment and retention.

Although government funded, the RPAP is a decentralized organization staffed by independent consultants, many of whom are rural physicians, that attempts to maintain close ties to its stakeholders and in particular, to the rural physicians of Alberta. In so doing, the RPAP maintains credibility. It also maximizes program dollars put into initiatives.

The small and representative RPAP Coordinating Committee is an effective policy-setting body that stays connected to its target groups and introduces and modifies programs rapidly to meet emerging needs.

FUTURE AREAS OF FOCUS

Following are some of the broad directional changes and innovations that RPAP plans to address over the next few years as part of its second three-year business plan:

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,

To make best use of existing and emerging information technologies for rural medical education, continuing medical education and clinical care in rural medical practice, and to address the sense of professional isolation experienced by rural physicians,

To support local community initiatives and develop creative programs that address innovative ideas for physician retention,

To support the physician and family and positively affect the factors that influence retention. For example, to consider the findings of the “on-call syndrome” study,

To promote rural family medicine as a viable professional career among rural high school students and junior medical students, and

To act in a leadership role to develop future scenarios for rural Alberta, in order that RPAP and its many partners might be aware of potential future needs and to prepare for them.

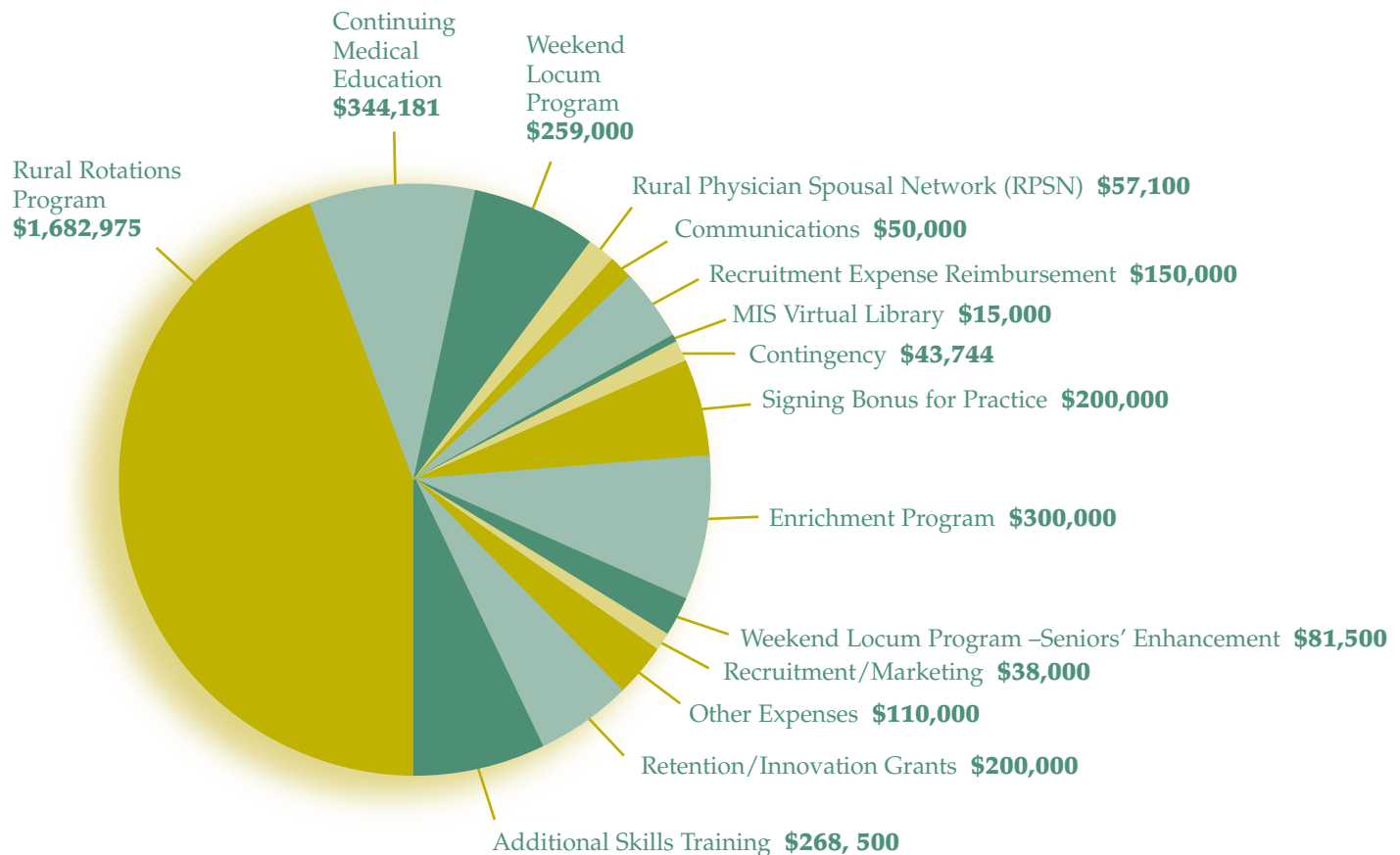
2001-2002 Financial Summary

MANAGEMENT DISCUSSION AND ANALYSIS

RPAP operates within a fixed Government grant of \$3.8m (unchanged since 1998-1999) and an additional \$1.9m for its Alberta Rural Family Medicine Network (new for 2001-2002).

The following pie chart illustrates the RPAP expenditures for 2001 – 2002.

RPAP CC has approved a set of expenditure guidelines that direct the expenditure of its Government grant. Since 1996-1997, the College of Physician and Surgeons of Alberta has provided the accounting functions for the RPAP, a service which it greatly values.





RPAP

Alberta Rural Physician
Action Plan