



ENHANCING PHYSICIAN RECRUITMENT & RETENTION



The Annual Report
of the Alberta Rural
Physician Action Plan

1 April 2002 ~ 31 March 2003



CONTACT INFORMATION

David Kay, CHE, Program Manager
Alberta Rural Physician Action Plan
1000 Manulife Place
10180 – 101 Street NW
Edmonton, Alberta
Canada
T5J 3S4

Toll free: 1-866-423-9911
Phone: 780-423-9911
Fax: 780-423-9917
E-mail: Alberta-RPAP@rpap.ab.ca
Web sites: www.rpap.ab.ca
www.arfmn.ab.ca





1 May 2003

The Honourable Gary Mar, Q.C.
Minister of Health and Wellness
323 Legislature Building
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 2003.

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 2003 have been considered in its preparation.

Respectfully submitted by

Odell Olson, MD
Chair, RPAP Coordinating Committee



TABLE OF CONTENTS

■ Letter of Accountability	1
■ Message from the Chair and Program Manager.....	4
■ Highlights and Accomplishments of 2002 – 2003	5
Progress on Retention Plan	12
Environmental Scan.....	13
Future Directions	15
Financial Summary	16
About the Rural Physician Action Plan	17
Organizational Chart.....	20
Directions Taken	21



ENHANCING PHYSICIAN RECRUITMENT AND RETENTION

This second Annual Report of the Alberta Rural Physician Action Plan (RPAP) provides a summary of progress made on goals identified in our current three-year Business Plan covering the period 2002 to 2005.

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. For this reason, RPAP has increased its work with collaborative partners to implement strategies that will ultimately result in further enhancements to physician practice and rural health care.

Based on evidence that indicates that one of the most cost effective ways to recruit and retain rural health workers is to recruit young people from rural areas, RPAP began work this year to develop a comprehensive package of initiatives to encourage rural high school students to pursue rural medical careers. A similar program of initiatives to encourage first and second year medical students to consider rural practice has been enhanced and expanded.

To address some of the professional issues related to rural physician retention, RPAP is working with partners to develop a new training program in general emergency medicine skills that will enable rural physicians to develop and maintain these skills more easily. A sabbatical leave pilot program is also now underway.

RPAP is also working to find new ways to enhance the ability of regional health authorities and rural communities to recruit and retain physicians. A new Community Development and Partnership Grant Program was implemented to encourage the development of physician recruitment and retention plans, and a community toolkit is under development which will provide tips and tools for physician recruitment and retention. RPAP worked with provincial, regional and community partners to sponsor Rural Health Week – an opportunity to raise awareness and showcase its challenges and success stories.

This past year has been a year of significant growth in RPAP programs. Over the coming year, RPAP will work to consolidate many of the gains that have been made.

Yours truly,

Dr. Odell Olson,
Chair

David Kay, CHE,
Program Manager



Dr. Odell Olson,
Chair



David Kay, CHE,
Program Manager



HIGHLIGHTS & ACCOMPLISHMENTS

2002-2003



New Supports for High School Students



Extensive evidence indicates that one of the most cost effective ways to recruit and retain rural health workers is to recruit young people who grew up in rural areas and who have an interest in practicing there. With that evidence in mind, RPAP is developing a comprehensive package of interlocking initiatives that will encourage rural high school students to pursue rural medical careers.

The RPAP believes this initiative is strengthened by working with a group of like-minded partners who are also interested in encouraging rural health careers. Together with educational and community organizations, the partners will help build a pool of rural candidates for health careers.



New Supports for Medical Students

Working Group on Rural Undergraduate Medical Education

This group was launched to recommend changes to the RPAP Rural Rotations Program.



RPAP Medical Students' Initiatives Coordinator

A new Medical Students' Initiatives Coordinator was engaged to develop and implement programs that will encourage and influence medical students to pursue a rural medical career.



New Programs for Medical Students

RPAP launched several new initiatives over this past year to encourage first and second year medical students to consider rural medical practice:

- **Medical Student Tours** give students an opportunity to listen to rural physicians discuss the day-to-day realities of rural medicine and to get a first hand account of the life of a rural physician. The tours include guest speakers, hospital and EMS tours, and other demonstrations;



- **The Shadowing Program** grew out of the medical student tours. Feedback received from students indicated that they felt that they did not get enough exposure to rural medicine in their early medical school education. This program enables interested medical students to follow rural physicians for a weekend on call and to see what rural medicine has to offer;
- **The Mentoring Program** provides selected second year medical students with rural Faculty Advisors/Mentors from the University of Calgary who provide a positive role model and encourage students to pursue a rural medical career;
- **Medical Skills Training** enables interested students to attend “skills days” where they learn casting, suturing, injections etc. Students often feel they have to wait a long time through medical school before they actually learn the practical skills related to medicine; and
- **The Student Summer Elective Support Program** provides matching grants of \$2,500 to regional health authorities (RHAs) to encourage the hiring of a first or second year medical student for summer clinical and research experience, and in so doing, to further expose these early careerists to rural medical practice.

New Supports for Physicians Currently Practicing in Rural Alberta



Physician and Family Health Promotion

The demand on physicians to provide care for others can create situations where they do not look after their own health needs. RPAP, along with the AMA’s Physician and Family Support Program, is piloting a new independent and confidential service in the Chinook Health Region to encourage early help seeking, medical follow up and healthy lifestyles by physicians and their families. It is hoped that by identifying physician family health risks earlier, illness and disability can be prevented and the improved quality of life will increase the retention of physicians in rural Alberta.

New Training for General Emergency Medicine Skills (GEMS)

Rural physicians who practice emergency medicine are sometimes challenged to develop and maintain their skills. This new program will provide professional development to address those needs through a series of didactic and practice learning modules. The initial modules will include C-spine X-ray and CT Head, Central Venous Access, Preparation for Transport and Rapid Sequence Intubation (RSI).



This program is unique because of its comprehensiveness. At the completion of the modules, the STARS Human Performance Simulator will be booked to visit the town of the participant so that the newly learned skills can be practiced hands-on. If further hands-on experience is required, the candidate will participate in a one month elective at the tertiary university center which will include anatomy lab exposure.

The majority of the GEMS modules will be available on CD by late Summer 2003. It is hoped that, through this initiative, the expectations of family physicians and health service organizations towards maintenance of clinical competency will be met and this new option to acquire skills will lead to increased retention of rural physicians.



This award honours
and recognizes the work
of all rural physicians.

Award of Distinction

Following a public nomination process, RPAP presented the first annual Rural Physician Award of Distinction in June 2002 to Dr. Stuart Iglesias at a community celebration in Hinton. This 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 in RPAP’s Retention Plan to encourage long-term rural practice.

Sabbatical Leave Pilot Program

As an added incentive to encourage physicians to remain in rural Alberta, RPAP, RHA #5 and David Thompson Health Region have partnered to introduce a pilot program that enables four physicians to take a sabbatical leave of up to four months. A contribution is provided towards overhead expenses and locum coverage is arranged. The program aims to prevent burnout, promote health and well-being, and enable training for additional skills. If evaluation proves this program effective, it may be expanded to other rural regions.

Defining Menu of Special Skills

RPAP worked with the College of Physicians and Surgeons of Alberta and other stakeholders to define the menu of special skills for GP-Surgeon, GP-Obstetrics and GP-General Internal Medicine. RPAP Skills Brokers can assist rural physicians to obtain these skills.



New Pilot RPSN Bursary to Support Physician Spouses

Recognizing the personal and professional development needs of rural medical spouses, the Alberta Rural Physician Spousal Network (RPSN) is now offering bursaries to assist rural medical spouses or partners to undertake further education or training. Bursaries are intended to enhance the quality of life and/or career opportunities and to aid in the retention of the medical family in rural Alberta.

Supports for Regional Health Authorities

Community Development and Partnership Grant

RPAP now provides one-time grants of up to \$5,000 per community, or a total of \$10,000 per regional health authority, for the development of community/RHA recruitment and retention materials as part of a comprehensive recruitment and retention plan. The purposes of the grant are to foster the development of community/regional health authority/local physician relationships; a comprehensive community/RHA recruitment and retention plan; and materials required as part of the plan such as pamphlets/information sheets/CDs.



Community Tool Kit

There is a significant population of rural citizens who are under served in physician services because of their communities' inability to recruit and retain rural physicians. To address this issue, RPAP is working with interested stakeholders to develop an easy-to-use and practical community toolkit that community leaders, RHAs and physicians can use to recruit and retain physicians. The kit will provide tips and information on: "how to" community organizing and planning, professional practices, quality of life and lifestyle expectations of the doctor and family, and integration of the physician family into the community.

Rural Health Week

Rural health service delivery faces some unique challenges not seen in urban areas – large geographic distances, access to health services, and issues related to recruitment and retention of rural health workers. In this past year, RPAP facilitated the development of a new special week to help raise awareness and showcase some of the unique positive contributions and skills of rural health professionals and organizations. Celebrated in mid June, Rural Health Week was the result of the collaboration of a group of 20 provincial and regional rural health organizations who worked together to provide rural media and the public with information on rural health innovations and success stories. During Rural Health Week, RPAP announced the recipient and co-hosted a community celebration for the first Rural Physician Award of Distinction. Access to quality health services contributes to the quality of life for rural Albertans.





Partners provide important insights and resources that contribute to more effective initiatives, programs and services.

New Partnerships

RPAP expanded its collaboration and partnership with professional, educational and community partners in this past year. Partners provide important insights and resources that contribute to more effective initiatives, programs and services. Examples of new partnerships formed include the work on the development of the Sabbatical Leave Pilot Program, High School/Early Careerist Initiatives for Rural Medicine, Community Tool Kit, Physician and Family Health Promotion Pilot, Rural Health Week, and new training in General Emergency Medical Skills (GEMS).

New Research to Better Understand Physician Recruitment/Retention Issues

New Research Strategic Plan Developed

In its 2002-2005 Business Plan, RPAP identified three ongoing research-related needs relevant to its mandate:

- the need to undertake research and/or support research conducted by others that addresses information gaps relevant to RPAP's mandate and other related initiatives;
- the need to publicize findings of RPAP-supported research and other relevant rural health research; and
- the need to support practicing rural physicians who wish to use research findings or to conduct research relevant to rural medicine (i.e. providing information regarding available research resources, funding, training, consultation, support, etc.)



To address these needs in a coordinated and comprehensive manner, RPAP developed a Strategic Plan for Research that complements and strengthens RPAP's existing evaluation framework. RPAP will link to existing researchers and research resources.

Rural Research Assistants

To support the rural research plan outlined above, RPAP will engage one to two rural research assistants. These assistants will collaborate and coordinate RPAP's research/evaluation activities.

New Evaluations to Determine RPAP Program Effectiveness

The RPAP is always cognizant of the need to assess the effectiveness of its initiatives. As part of its ongoing multi-year evaluation cycle, RPAP began the following program evaluations this year:

- **Rural Locum Program**
Evaluation started March 2002; to be completed by September 2003.
- **Rural Physician Spousal Network**
Evaluation started November 2002; to be completed by June 2003.
- **Alberta Rural Family Medicine Network**
Evaluation started February 2003; to be completed by March 2003.

A follow-up evaluation of the entire RPAP will take place in 2003 – 2004.

New Communication Opportunities

Communications Strategic Plan

RPAP's communications strategic plan was updated in order to support the new directions and goals identified in the organization's 2002 – 2005 Business Plan.

WONCA

RPAP presented six posters and papers at the WONCA Rural Medicine Conference in Melbourne, Australia in April 2002. Conference participation has resulted in enquiries about RPAP and RPSN programming, new ideas and contact with individuals and organizations with similar interests throughout the world.



New Orientation Guide

A new Orientation Guide was developed to ease the transition into rural medical practice and life in rural Alberta for new physicians and their families. Initially, the new resource was mailed to all rural physicians in the province. On an ongoing basis now, it is sent to new rural physician registrants. In addition to providing the Guide, RPAP also launched a follow-up process for new rural physicians to welcome them to the province, assess their adaptation to the community, provide information about RPAP programs and services, and identify any unmet needs interfering with their easy transition to rural practice here.

New Resource Guide for Immigrant Physicians

This new resource guide, "Recruiting and Immigration Steps for International Medical Graduates," is intended to clarify the processes involved with recruiting international medical graduates. It explains steps to be taken by both the regional health authority which must coordinate the process, and the international medical graduate physician.

New Video Resources

Several new video resources were produced to support RPAP programs:

- **A Place in the Heart** provides a brief overview of the work that RPAP does to support physician education, recruitment and retention, and
- **A Tribute to Dr. Stuart Iglesias** was produced to honour Dr. Iglesias, the first recipient of the RPAP's Rural Physician Award of Distinction.



Photo Contest

To address RPAP's ongoing need for interesting visual elements that can be used in communications, rural physicians and their families were encouraged to send in entries to this contest. Winners received prizes and entries were published in one issue of RPAP News.

Steps Taken to Protect RPAP Intellectual Property

RPAP has reviewed pertinent law and branded its website to protect its trademark.



PROGRESS ON RETENTION PLAN

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.

"Retention of Rural Physicians: An Action Plan for 2001-2002 and beyond" was developed through a multi-stakeholder process in 2001. In its first year, two Rural Physician Consultants were hired to work on an ongoing basis with rural physicians, regional health authorities and rural communities to address the three main factors influencing physician retention: professional, family/lifestyle and community issues. During 2002-2003, the Consultants have worked with physicians, regional health authorities, and community partners to address physician issues and unmet needs.

The retention plan to date reflects the increased awareness of RPAP in the community, the building of relationships, and the development of services to support rural physicians and to influence students in a career in rural medicine. As the plan moves forward, relationships are strengthened, the evaluation of new services provides clearer direction for RPAP, and the needs of physicians in a changing rural landscape are better understood.



"Retention of Rural Physicians:
An Action Plan for 2001-2002
and beyond" was developed
through a multi-stakeholder
process in 2001.



ENVIRONMENTAL SCAN

2002–2003



In fulfilling its vision, 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.

In December 2002, a strategic planning meeting was held to consider the significant policy announcements anticipated from the Government into Summer 2003. These policy initiatives have the potential to dramatically affect the provision of health care in rural Alberta over the next number of years, to impact rural physicians and their families, medical residents and medical students, and the programs and services of the Rural Physician Action Plan.

The RPAP Coordinating Committee identified some of the influences driving events over the next few years including:

- Implementation strategies for the Premier's Council on Health report, including the RHA boundary changes;
- The recommendations from the Health Minister's Committee to Develop a Rural Health Strategy for Alberta, chaired by Dave Broda, MLA for Redwater;
- Government department responses to The Framework for Rural Development, prepared through a consultation process by Alberta Agriculture, Food and Rural Development; and
- Alberta Medical Association and Alberta Health and Wellness negotiations for a new master agreement for the Medical Services budget.



Also discussed at this planning session were changes that would be desired over the next few years. These changes include a need to shift rural medical education towards a training emphasis involving more clinical skills such as obstetrics, and the need to significantly improve the training and the recruitment of Alberta trainees truly committed to and prepared for rural practice.

To that end, the RPAP has launched a time-limited working group on undergraduate rural medical education to recommend changes to the current RPAP Rural Rotations Program. Its impact could be as far reaching as the results achieved by the 1999-2000 RPAP working

groups on Additional Skills Training and Postgraduate Medical Education. The RPAP rural undergraduate medical education working group is scheduled to conclude its work and to file a report by the end of November 2003.

Recent discussions with various stakeholders have identified alternatives to current rural medical education initiatives such as the RPAP-funded rural rotations. These alternatives include problem/case-based learning in the first one to two years of medical school facilitated in communities outside the large urban homes of medical schools, and rural-based undergraduate medical school programs, which have demonstrated the success

of rural-based medical school training using small rural colleges. In addition, the new Northern Ontario Medical School is assembling faculty, developing curricula, and working on admissions policies focused on getting the right medical students admitted to be able to return to rural Ontario and Canada.

The RPAP Coordinating Committee has decided to maintain its working definition of “rural” after re-regionalization of health authorities on 1 April 2003. For RPAP, the working definition of “rural” will continue to be “communities outside the Capital and Calgary Health Regions (boundaries as of 31 March 2003).”

Finally, an extensive range of reviews and external evaluations of RPAP initiatives and programs will occur throughout 2003-2004, including an external review of the entire RPAP.

RPAP’s challenge is to be both responsive to these influences by developing interventions to shore up and enhance the rural advantage, and to assess what RPAP currently does and to make improvements as required.



FUTURE DIRECTIONS

Over the next few years as part of our second three-year business plan, RPAP plans to address the following broad directional changes and innovations:

1. To provide physicians in training with the right skills and a sense of competence and confidence to choose rural practice as a desired opportunity, and to provide practising rural physicians with the ability to easily obtain additional skills that will improve the standard of care in their community;
2. To make best use of existing and emerging information technologies for rural medical education, continuing medical education and clinical care in rural medical practice, and thus support distance education, and address the sense of professional isolation experienced by rural physicians;
3. To support local community initiatives and develop creative programs that address innovative ideas for physician retention;
4. To support the physician family and to positively affect the factors that influence retention. For example, to consider the findings of the “on-call syndrome” study;
5. To promote rural family medicine as a viable professional career amongst rural high school students and junior medical students; and
6. 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.



2003 – 2004 Work Plan

Going into the new fiscal year, 2003-2004, RPAP will work to consolidate the gains made over the past few years and to:

- Implement the initiatives described in its 2002-2005 Business Plan and the companion plans within the approved budget and within the RPAP’s ongoing priorities;
- Implement the recommendations contained in the external evaluation reports of the RPAP and RPAP initiatives as approved by the RPAP CC; and
- Continue to forge positive relationships with stakeholders and related organizations.



FINANCIAL SUMMARY

2002-2003



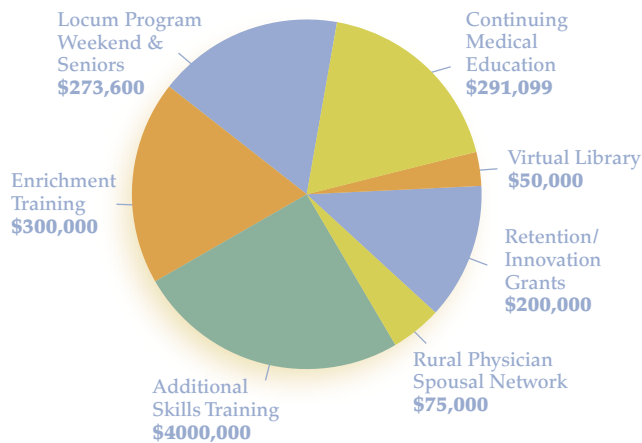
Management Discussion and Analysis

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 2002-2003).

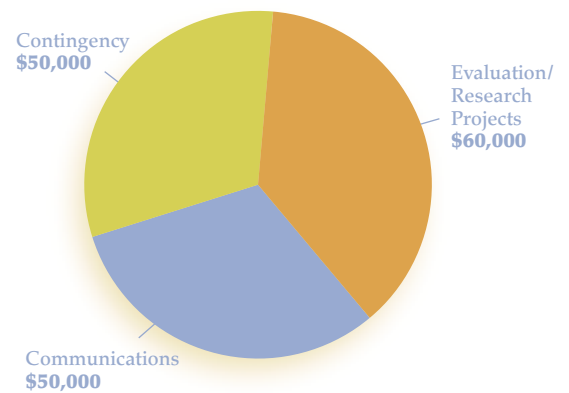
The following pie chart illustrates the RPAP expenditures for 2002 – 2003.

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.

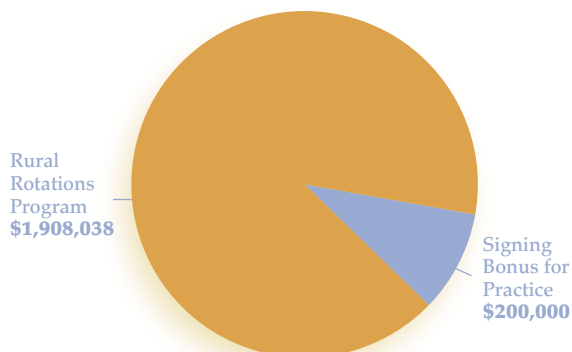
Practicing Rural Physician & Families



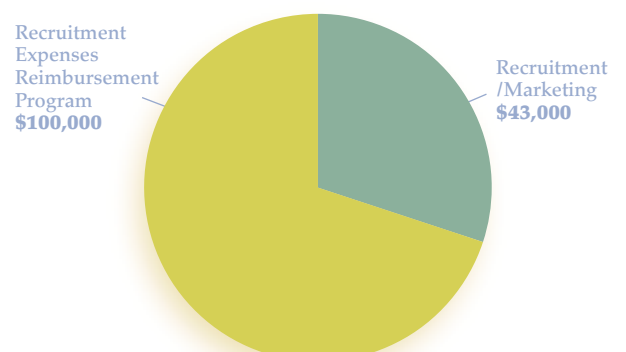
RPAP Program Support



Medical Students, Residents & Preceptors



RHAs/Partner Communities



ABOUT THE RURAL PHYSICIAN ACTION PLAN

RPAP's VISION

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

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 Governance

The RPAP Coordinating Committee (RPAP CC) is the governance body for the organization. This Committee is responsible to the Alberta Minister of Health and Wellness for providing policy advice on issues related to the recruitment and retention of rural physician, 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 for changes to the facility list from the regional health authorities.

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.

RPAP Coordinating Committee

Seven members represent the following five organizations:

- **Dr. Odell Olson**, (Chair) and **Mr. Brian Hrab**, rural regional health authorities (RHAs);
- **Dr. Allan Garbutt** and **Dr. David O'Neil**, Alberta Medical Association Section of Rural Medicine;
- **Dr. Brendan Bunting** (Vice-Chair) until August 2002, and **Dr. Clayne Steed** (Vice-Chair) beginning September 2002, Alberta Medical Association;
- **Dr. Sebastian David**, College of Physicians and Surgeons of Alberta (CPSA); and
- **Mr. Barry Brayshaw**, Alberta Health and Wellness.



The RPAP Team

Implements the directions set out by the Coordinating Committee and consists of the following contractors:

- **Mr. David Kay**, RPAP Program Manager;
- **Ms. Janice Drinkill**, Program Support Coordinator;
- **Ms. Beverly Maxwell**, Program Support Assistant;
- **Ms. Bunny Edwards**, Rural Accommodations Support Coordinator;
- **Drs. John Hnatuik** and **Ron Gorsche**, RPAP Skills Brokers;
- **Ms. Terri Taylor**, Rural Physician Consultant for Northern Alberta and Administrator of the Rural Physician Spousal Network (until December 2002);





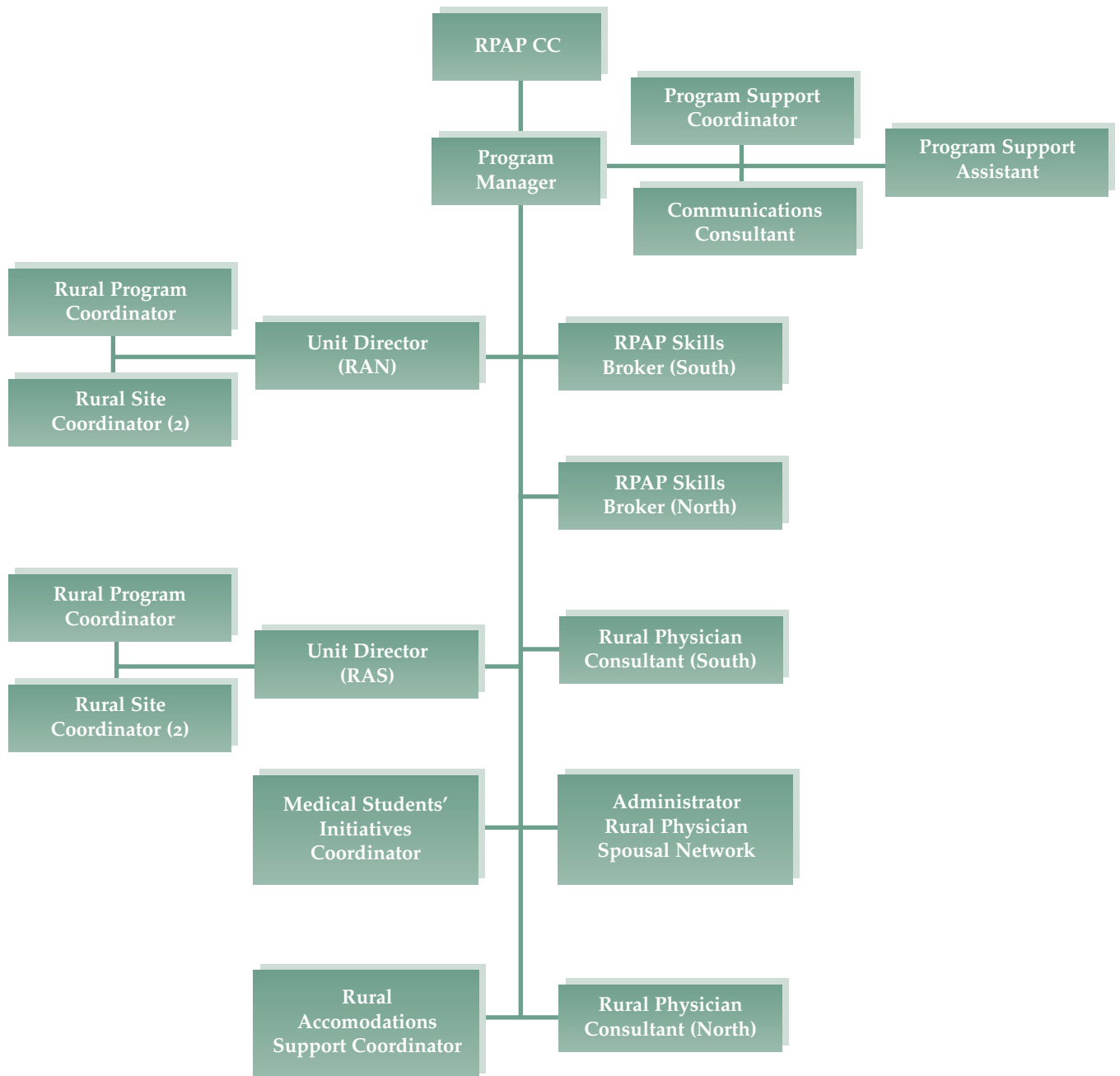
- **Ms. Leah Lechelt**, Rural Physician Consultant for Northern Alberta and Administrator of the Rural Physician Spousal Network (beginning January 2003);
- **Ms. Monica Kohlhammer**, Rural Physician Consultant for Southern Alberta; and
- **Ms. Bev Garbutt**, Medical Students' Initiatives Coordinator; 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. Michael Allan**, Additional Skills Training and Rural Initiatives 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.

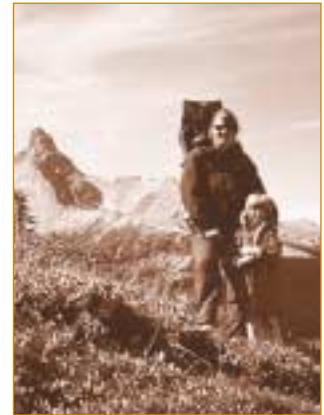


RPAP ORGANIZATIONAL CHART



DIRECTIONS TAKEN

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 Alberta RPAP can influence. These variables can be grouped into two major categories: professional issues and lifestyle issues.



Professional issues include the confidence and competence of new graduates to practice in rural Alberta, the degree of professional isolation experienced by rural physicians, and the financial support provided to them, including funding models that provide security and flexibility for the physician and recognize the physician as a community resource. Lifestyle issues include the personal and family isolation encountered by the physician and family.



The following graphic (page 22) illustrates how the RPAP's initiatives directly relate to its original premise, its vision, to the recruitment and retention variables described above, the RPAP's target audiences and to its Strategic Plan.



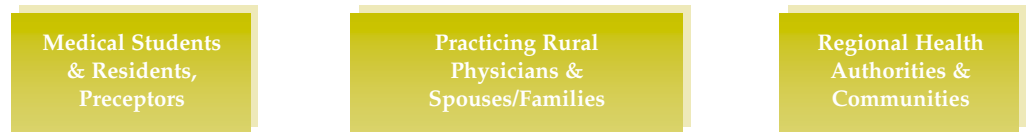
RPAP Vision

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

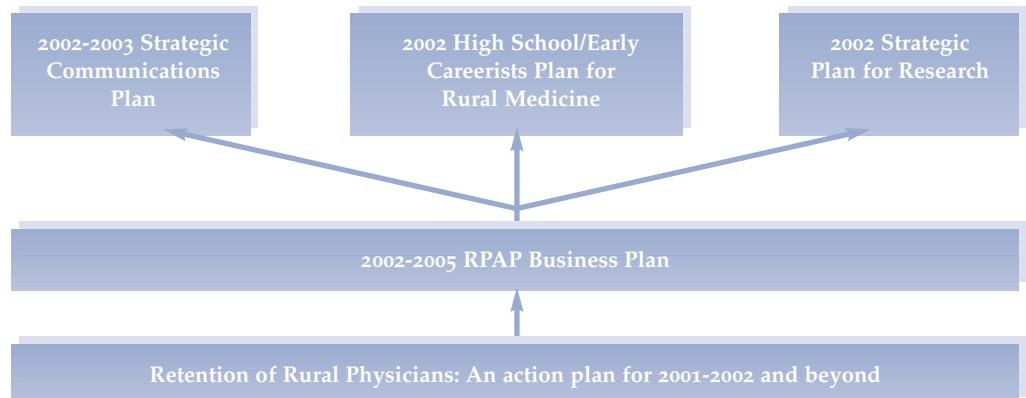
Proposed Action Plan for Addressing Rural Physician Recruitment & Retention Issues (June 1990)



RPAP Target Groups:



RPAP Initiatives:





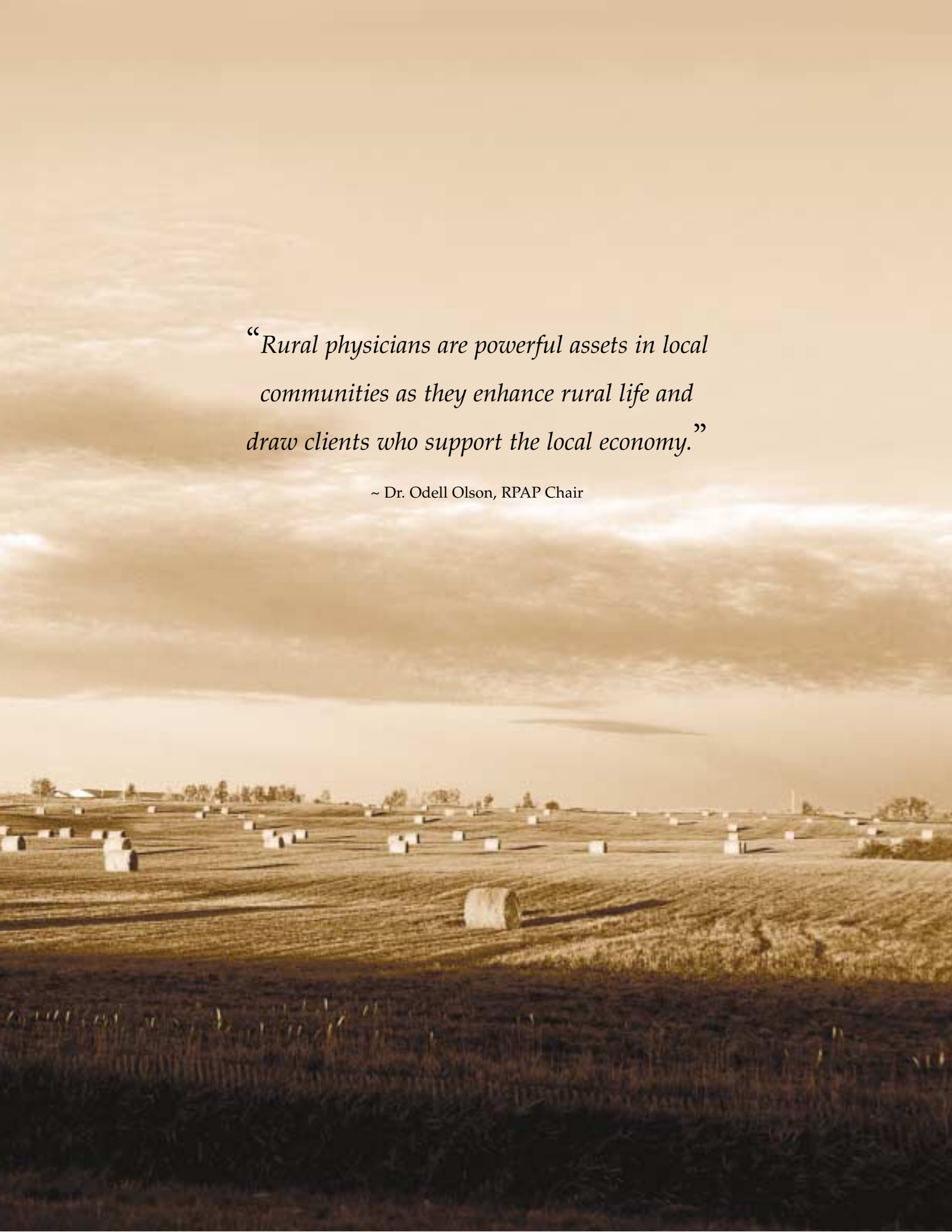
An Extensive Evaluation Regime

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 (RPI) AND RPAP DATABASES	EXTERNAL EVALUATIONS
<ul style="list-style-type: none"> • Specific to individual programs 	<ul style="list-style-type: none"> • Additional Skills Training and Enrichment Programs — completed 2000 • CME Programs for Rural Physicians — completed 2000 • Rural On-Call Remuneration Program — completed 2000 • Rural Locum Program — underway • Rural Physician Spousal Network — 2003 • RPAP —2003 • Effect of Enrichment Training on Rural Physician Retention — ongoing • Alberta Rural Family Medicine Network — underway
SPECIFIC RESEARCH/ EVALUATION STUDIES	OPERATIONAL SURVEYS
<ul style="list-style-type: none"> • Family Medicine Cohort studies: 1989-1995 — completed; and 1996-2000 — underway • Rural Rotations — underway • Recruitment/Retention Update — 2002 • Recruitment Fairs — 2002 • IMGs — completed 2000 • Supporting “Rural” Medical Students — underway • On-call Syndrome — completed 2003 • Rural Physician Stress and Burnout — completed 2002 	<ul style="list-style-type: none"> • RPAP Communications Strategic Plans and focus sessions • Retention Work Plan and focus sessions with early careerists • Informal feedback through RPAP’s Rural Physician Consultants and Skills Brokers • Informal feedback from the field • Rural Physician Spousal Network assessments





“Rural physicians are powerful assets in local communities as they enhance rural life and draw clients who support the local economy.”

~ Dr. Odell Olson, RPAP Chair

