

The Annual Report
of the Alberta Rural
Physician Action Plan

1 April 2003 – 31 March 2004



*evolving to meet
changing needs*



RPAP
Alberta Rural Physician
Action Plan

Funded by
Alberta
HEALTH AND WELLNESS




vision

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

mission

RPAP will achieve its VISION by:

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



1 July 2004

The Honourable Gary Mar, Q.C.
Minister of Health & Wellness
228 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 (RPAP) Coordinating Committee, to present the annual report for the fiscal year ended 31 March 2004.

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

All material economic and fiscal implications known as of 31 March 2004 have been considered in its preparation.

Respectfully submitted by

Odell Olsen, MD
Chair, RPAP Coordinating Committee





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Message from the RPAP Chair and Program Director

evolving to meet changing needs

Just as rural medicine is evolving as it responds to emerging technologies, new payment options, changes in health care service delivery, and the need for enhanced skills by rural health professionals, so too, is the RPAP. Over the past twelve years since the RPAP was established, the organization has changed to better meet the needs of rural Alberta and to support rural physician education, recruitment, and retention.

When it was first established in 1991, the RPAP's resources were focused on the education and training of the next generation of physicians and in supporting existing rural physicians through continuing medical education (CME) offerings and a rural locum service.

In the next decade, the RPAP added additional supports for physician recruitment in order to address the chronic shortage of rural physicians in the province. The organization worked with Alberta rural communities to recruit interested physicians from Canada and all around the world.



Dr. Odell Olson, Chair



David Kay, CHE, Program Manager

RPAP recognized that recruitment efforts alone would not provide long-term solutions to the rural physician shortage in the province. Reforms to its education and training initiatives were also needed. And so beginning in 2000, the RPAP implemented enhancements to its Enrichment training program, including the introduction of the Skills Broker role.

Physicians trained in urban centres, even with the decade-old RPAP rural rotations program, were not as interested or necessarily prepared to meet the broad demands of rural practice. In response to this need, the RPAP worked with the University of Alberta and University of Calgary to develop the Alberta Rural Family Medicine Network - a dedicated rural-based, family medicine residency program.

RPAP's evolving brand:

Just as RPAP has evolved to meet the changing needs of physician education, recruitment, and retention so, too, has RPAP's brand.

RPAP's first brand was used from 1996 to 2000.



RPAP's second brand was used from 2000 To 2003.



The newly refreshed brand, launched in 2003, better reflects the work the organization does with many different audiences.



After focusing its attention on the development of physician recruitment and education initiatives for the first decade, the RPAP identified that physician retention was another important area deserving specific focus. Initiatives were developed, beginning with a new multi-year retention work plan in 2001, to support and encourage physicians to continue to maintain their interest and commitment to rural practice. This included the development of the Rural Physician Consultant role and strengthening the Rural Physician Spousal Network (RPSN).

In 2003, the RPAP completed a review of its rural undergraduate medical education initiatives with an aim to increase the number of rural original students in medical school and to better support early careerists. A number of new initiatives were created and will be fully developed in 2004-2005. Our Coordinating Committee also reviewed its policy governance approach, and formally confirmed a role statement and the RPAP Mission.

The role of the Coordinating Committee is to:

- Define policy, goals and objectives,
- Allocate the budget,
- Formulate the Vision, and
- Evaluate the fulfillment of policy, goals and objectives.

The role of the Program Manager is to:

- Implement the Vision,
- Establish the necessary structures/mechanisms to support the Vision,
- Allocate the necessary resources and staff within the budget, and
- Meet the RPAP Coordinating Committee's goals and objectives.

Finally, in this past year, a historic Trilateral Agreement was put in place in Alberta which sees physicians, regional health authorities and Alberta Health and Wellness as equal partners. Through the Agreement, Local Primary Care Initiatives are being established.

And just as the RPAP's programming has evolved over the years to meet changing needs, so too has its brand. Over the past few months it has been refreshed again to better reflect the work the organization does in physician education, recruitment, and retention.

The RPAP will continue to adjust and to support rural physicians on important new directions such as these.

Yours truly,

Dr. Odell Olson, Chair

David Kay, CHE, Program Manager



2003 ~ 2004 Highlights and Accomplishments

Supports for Students

Encouraging Consideration of a Medical Career

Based on extensive research evidence that indicates 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, the RPAP is developing a tool kit to use when making presentations to junior and senior high school students across the province.



New Medical Student Award Established

The RPAP Rural Medical School Award encourages students, who come from a designated rural area, to pursue a career in rural medicine by reducing their financial burden. Award holders receive \$5,000 each year during their medical studies to assist with their tuition, accommodation, living and/or travel expenses. The Award is available to students in any year of their medical degree. Once accepted, the student will receive the Award every year until medical school graduation, contingent upon their meeting the program requirements. The number of Awards available from the RPAP may vary on an annual basis. The intent is to grant up to two Awards per medical school per year.

Support for UofA Ambassador Program

RPAP is also participating in a UofA initiative designed to promote medicine as a career. While current programs are focused on the urban high school student, the plan is to extend the program to include rural students by sending special invitations to rural high schools for representatives to attend University Preview Days and the UofA Leadership Conference. In addition, medical student “ambassadors” will travel to selected rural high schools to help overcome some of the barriers that rural students see to a medical career.

Working Group on Rural Undergraduate Medical Education

In December 2002, the RPAP Coordinating Committee (CC) identified its desire to shift rural medical education towards an emphasis on more clinical skills to significantly improve the training and recruitment of Alberta trainees committed to and prepared

for rural practice. Discussions with various stakeholders identified alternatives to current rural medical education initiatives - such as the RPAP-funded rural rotations - that might achieve the RPAP's desired changes.

To that end, the RPAP launched a time-limited working group on undergraduate rural medical education to recommend changes to the current RPAP Rural Rotations Program. The Working Group filed its report and recommendations in September 2003, making seven recommendations regarding a menu of initiatives to recruit rural and urban students to medical school, strengthen family medicine exposure in the undergraduate curriculum, and cultivate medical students interested in rural practice. To view the document, go to www.rpap.ab.ca

Changes to Summer Student Experience Program

This RPAP program provides matching grants of \$2,500 to regional health authorities to foster the hiring of first or second-year medical students who complete a four – twelve week summer clinical and project experience. Its aim is to provide further exposure of early careerists to rural medical practice. This year an RPAP Research Assistant contacted every RHA to promote and assist with RHA/student plans. Reflecting the development of primary care, a strategy will be developed that could see the evolution of the Summer Student Experience Program into a modest interdisciplinary placement experience.



Supports for the Rural Medical Interest Groups

RPAP-supported Rural Medical Interest Groups (RMIGs) at both the University of Alberta and University of Calgary help to support and encourage medical students' interest in rural medical careers. Working initially with RMIG members at the University of Calgary, RPAP is developing a series of communication tools that will enable the Group to communicate more effectively. The new tools included :

- Web pages, hosted by RPAP, which provide opportunities for members to learn about rural student initiatives and activities and to post their experiences for others to share;
- Brochure to support the Group's recruitment efforts; and
- Display wall, related to the opportunities of rural medicine, which replaces the outdated display in the BACS Resource Centre of the Health Sciences Centre, University of Calgary.



Supports for Physicians Currently Practising in Rural Alberta

Physician and Family Health Promotion Pilot

The demand on physicians to provide care for others can create situations where physicians do not look after their own health needs. RPAP 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 health risks earlier, illness and disability can be prevented and the improved quality of life will increase the retention of physicians in rural Alberta. Nineteen physicians and their families are participating. The pilot is being offered in concert with the Alberta Medical Association's Physician and Family Support Program (PFSP).

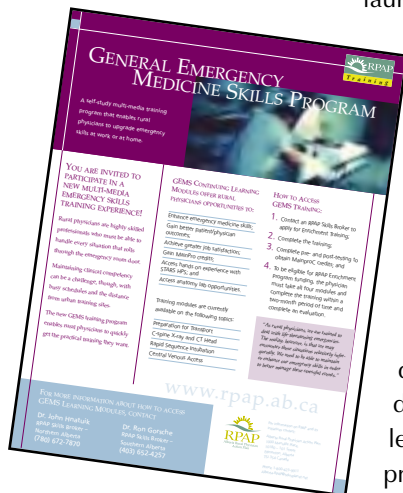
New Emergency Medicine Training Program Launched

RPAP's new General Emergency Medicine Skills (GEMS) training program was launched in January of 2004. The significant level of interest expressed by rural physicians in Alberta and elsewhere created the need for a reassessment of the program and the planning for an earlier delivery of further phases of the program. Initially it was determined that GEMS would be offered to 20 – 30 rural physicians in Alberta, however, more than 110 signed up. The RPAP subsequently determined that it will try to accommodate all interested rural Alberta physicians. This program is unique because of its comprehensiveness. The hands-on component is being offered in collaboration with the Alberta Shock Trauma Air Rescue Service (STARS).

Rural physicians who practice emergency medicine are sometimes challenged to develop and maintain their skills. This new program provides professional development to address these needs through a series of didactic and practise learning modules. The initial modules include C spine/CT, central venous access, preparing the patient for transport, and RSI (rapid sequence induction). Practise components are accessed through the use of the STARS Human Patient Simulator and university anatomy labs. It is anticipated that through this initiative, the expectations of rural physicians and health service organizations towards maintenance of clinical competency will be met and will lead to increased retention rates for rural physicians.

Sabbatical Leave Pilot

As an added incentive to encourage physicians to remain in rural Alberta, RPAP, the former RHA #5 and the David Thompson Health Region partnered to introduce a pilot program that enabled physicians to take a sabbatical leave of up to four months. It was aimed at preventing burnout, promoting health and well-being and enabling additional skills training. The pilot's evaluation is currently being completed.





Dr. David Miller

2003 Rural Physician Award of Distinction

Following a public nomination process, the RPAP presented the second annual Award of Distinction in June to Dr. David Miller at a community celebration in Beaverlodge. This award honours and recognizes the work of all rural family physicians 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 the RPAP's Retention Work Plan to encourage long-term rural practice. Each year for the Award community event, the RPAP produces a tribute video related to the medical and other contributions of the Award recipient. This tribute video was shown to publishers of Alberta weekly newspapers in September 2003 as well as to the Alberta Rural Caucus in March 2004. The Alberta Weekly Newspapers Association is a partner with the RPAP for the Award of Distinction and the annual Rural Health Week.

Orientation Follow-Up for New Physicians

In order to help smooth the transition for physicians new to rural practice and to help sort out any issues they might have in adjusting to rural life, the RPAP Physician Consultants provide telephone follow-up to new physicians in the province approximately 12 weeks after they arrive. Through this ongoing process, the RPAP identifies themes regarding physician newcomer experiences, issues and suggestions for future remedy. Physicians seem very pleased to receive the call welcoming them to Alberta as well as a copy of the RPAP Orientation Guide. For the vast majority of newcomers, their experience here has been positive and their communities supportive. As a result of these ongoing telephone calls, recommendations for improvements in the RPAP newcomer orientation process have been identified. In addition, the Orientation Guide is being updated for 2004-2005.

New Research Assistants

Rural physicians who have an interest in conducting research can now find help through the RPAP's modest Research Program. Two RPAP Research Assistants (one each for Northern and Southern Alberta) help rural physicians to assess and determine their research needs. The Assistants also provide information regarding available resources, funding, training, and consultation. A large part of their time is spent supporting the research and evaluation needs of the RPAP and its Alberta Rural Family Medicine Network (ARFMN).



Kim Simmonds (North)



Brenda Gaida (South)

Supports for Regional Health Authorities



Community (Recruitment and Retention) Resource Guide

This new tool was developed to help rural communities, regional health authorities and rural physicians work together collaboratively and to contribute to longer-term recruitment and retention efforts for physicians. Communities that are successful in recruiting and retaining physicians almost always have a strategic, focused and well-researched plan to attract physicians to their area and to ensure their long-term satisfaction. The resource was piloted in northern Alberta and will be published and deployed beginning in April 2004.

Partnerships

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

Rural Health Week

The second annual Alberta Rural Health Week was celebrated 16-22 June 2003. This special week, originated and facilitated by the RPAP, was the result of the collaboration of 30 groups representing many provincial and regional rural health interests.



The annual special week offers opportunities for community partners to profile the challenges of rural health service delivery as well as to showcase the positive contributions of rural health professionals and organizations. By working together and focusing their activities during this one week period, community partners believe that they can increase awareness and recognition of rural health challenges, innovations and success stories.

For 2004, the RPAP is developing a new Rural Health Week web site. To view the site, go to www.ruralhealthweek.ab.ca.

High School/Early Careerist Program

See description of this program in **Supports for Students** above. The RPAP has worked with other organizations to develop strategies to increase the pool of rural youth thinking about practising rural medicine or a rural health science profession.

Education Partners - University of Calgary, Faculty of Nursing; Southern Alberta Institute of Technology, Health Sciences; and University of Alberta, Faculty of Rehabilitation Medicine

A healthy collaboration with a focus on education and the sharing of experience building clinical capacity is the purpose of these partnerships. Members of each partnership meet regularly to share information and to consider initiatives of benefit to students of both rural medicine and the other health disciplines.

Communication Activities

The RPAP undertook many initiatives to enhance and support its communication effectiveness.

Communications Strategic Plan

The RPAP's communications strategic plan was updated to reflect progress to date and to continue to support the organization's directions and goals.

Refreshed Brand and Updated Information

The RPAP brand was refreshed to have it better reflect the RPAP audiences and the work that it does in the recruitment, education, and retention of rural physicians. This refreshed brand was subsequently applied to updated RPAP brochures and the RPAP web site.

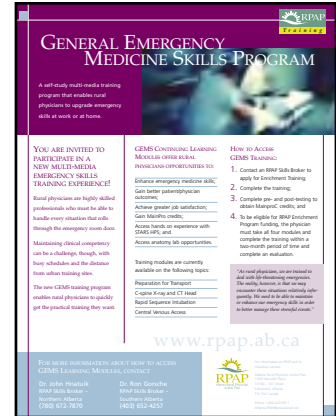


RPAP Web Site

The RPAP patriated its web and mail server functions to its Edmonton office. These functions were previously housed at the UofC Faculty of Medicine. A 'help-desk' function for the RPAP's Alberta Rural Family Medicine Network (ARFMN) laptops and other RPAP users was established and the RPAP office server/network functions were enhanced. In addition, the RPAP web site was redesigned to enhance functionality and to make it more user-friendly for RPAP audiences.

GEMS Training

The RPAP designed, produced and launched this new multi-media and state-of-the-art self-study training program (four CD set plus materials) to enable rural physicians to maintain their competencies in General Emergency Medicine Skills (GEMS).



2003 Award Tribute Video

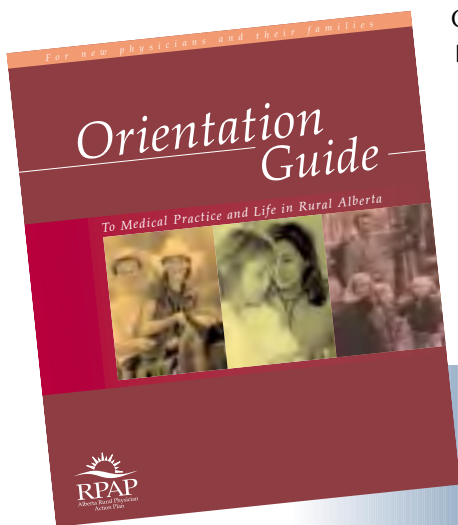
A new video resource was produced to honour Dr. David Miller of Beaverlodge, the 2003 recipient of the RPAP Award of Distinction. Besides its showing at the Award community celebration, the video was also presented to Alberta weekly newspaper publishers and editors at their September 2003 conference and to members of the Alberta Rural Caucus March 2004.

WONCA

The RPAP presented three posters and papers at the 6th WONCA Rural Health Conference in Santiago de Compostela, Spain in September 2003. 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.

Articles for Publication

Articles were prepared for publication on topics including the Rural Physician Spousal Network (CMAJ 18 Feb 2003). Other articles on the RPAP Skills Brokers, Rural Physician Consultants, the new Medical Student Initiatives Coordinator role, and the RPAP will be submitted in 2004. The RPAP also began to offer some of its RPAP News articles to other national publications.



Orientation Guide

Work was launched to update the Orientation Guide for rural physician newcomers to the province.

New Evaluations To Determine RPAP Program Effectiveness



Spousal Network Evaluation Completed

A full program evaluation of the Rural Physician Spousal Network (RPSN) was conducted between May and September 2003. This was the first time the program was formally assessed since its inception in 1999.

GEMS

Two physicians who previewed the four new General Emergency Medicine Skills (GEMS) training modules for RPAP were interviewed in order to gather input for finalization of the modules.

Physician and Family Health Promotion Pilot

All 36 participants in the new RPAP-PFSP Physician and Family Health Promotion Pilot completed a comprehensive personal health assessment and received a personal profile that reflects their health risks with specific recommendations on lifestyle changes and job-related concerns. In addition, all those who had specific health questions or who had identified risks were contacted with follow-up information. Nineteen of the participants are physicians and seventeen are family members. A mid-point evaluation on the pilot will be done in June 2004 with a comprehensive medical assessment of the participants scheduled for June 2004 and a repeat on-line assessment by September 2004. The final external evaluation report is due in early October 2004.

Sabbatical Leave Pilot

Four physicians were chosen for the pilot and have completed their sabbaticals. An external evaluation is being completed. If evaluation of the pilot proves this program to be effective, it may be offered to all other health regions.

Rural Locum Program

The RPAP funded a follow-up evaluation of the Rural Locum Program covering the period 1995 (the date of the first evaluation) through to 2003. Overall, the evaluation was very positive with a small number of recommendations that the RLP and the RPAP are considering. To view the document, go to www.rpap.ab.ca

RPAP

To complete the current multi-year evaluation cycle, an overall external evaluation of the RPAP will be held in 2004-2005.

Evaluation of Crisis Management in the Simulator

The RPAP completed an external evaluation of this program which it funded for FP-Anaesthetists working through the Society of Rural Physicians of Canada (SRPC).



Financial Summary 2003 - 2004

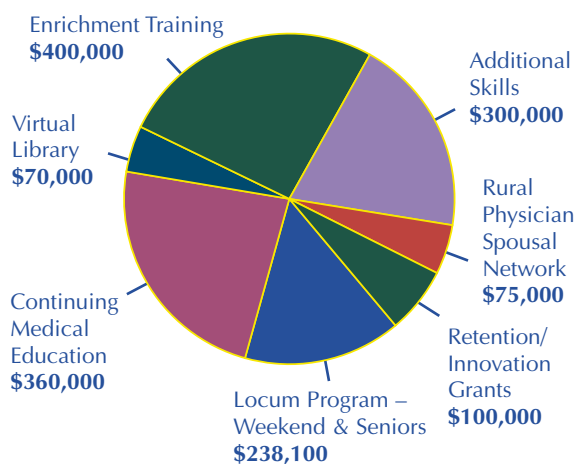
The RPAP operates within a fixed Government grant of \$4.12M (an increase of \$320,000 over 2002-2003) and an additional \$1.9m for its Alberta Rural Family Medicine Network (ARFMN).

The following pie charts illustrate the RPAP expenditures for 2003-2004.

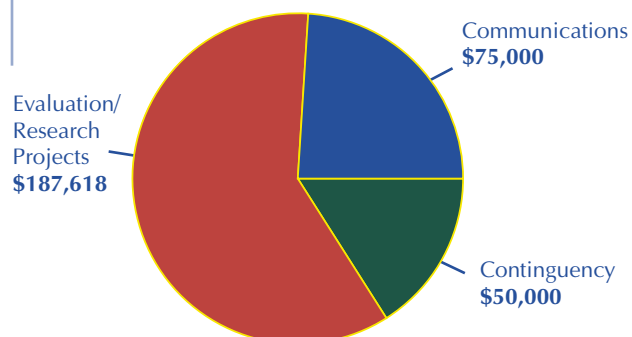
The RPAP CC has approved a set of expenditure guidelines that direct the expenditures of its Government grant. In addition, a grant agreement exists between Alberta Health and Wellness (AHW) and the College of Physicians and Surgeons (CPSA) to administer the grant funding to the RPAP on behalf of the RPAP. Since 1996-1997, the College of Physicians and Surgeons of Alberta has provided the accounting functions for the RPAP, a service which it greatly values.

Grant agreements also exist between the AHW (on behalf of the RPAP) for the infrastructure grants the RPAP provides to the two Faculties of Medicine for RPAP-directed rural initiatives.

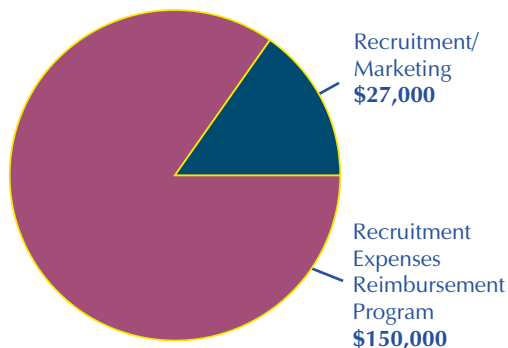
Practicing Rural Physicians and Families



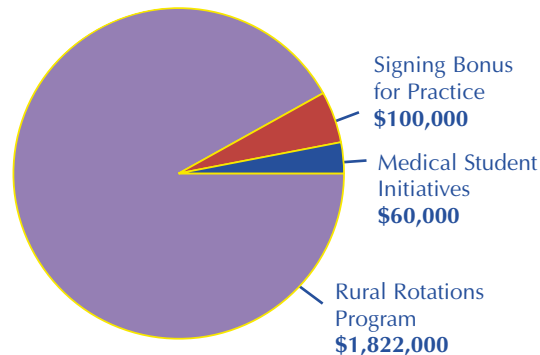
RPAP Program Support



RHAs/Partner Communities



Medical Students, Residents and Preceptors





Looking Ahead – An Environmental Scan

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.

The provincial drought and BSE crisis are having a significant toll on the economic viability of many rural communities as farmers and ranchers have fewer dollars to spend. Many may be driven from the rural areas to seek jobs in the bigger centres and this population reduction would impact rural medical practices and could result in the closing of some health facilities.

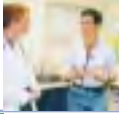
A new Alberta Trilateral Agreement creates an exciting new partnership environment establishing physicians, regional health authorities and Alberta Health and Wellness as equal partners. New Local Primary Care Initiatives to be established under the Agreement provide new opportunities for rural physicians. One result of these is that even more rural physicians will likely be working in interdisciplinary teams. RPAP is well positioned to take a leadership role in primary care renewal by providing rural physicians with information related to successful practice attributes.

2004 is an election year for the federal government, Alberta municipalities and possibly the Alberta government. Health care is one of the major issues for most Albertans and there will be positioning by candidates related to health service delivery and expenditures. Election results may lead to further changes in health service delivery.

The RPAP will have many opportunities to speak to the “value-added” it brings to the Alberta health system including the MLA Rural Development Initiative Steering Committee as it develops a rural development strategy for Alberta. Working in partnership with other organizations to achieve common goals will continue to be an important approach for the RPAP to take.

To help overcome declining numbers of students choosing family practice and rural medical careers, the RPAP will need to continue its work to positively influence junior and senior rural high school students as well as first and second-year medical students towards rural medical careers.





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 and 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 among rural high school students and junior medical students.
6. To act in a leadership role in order that the RPAP and its many partners might be aware of potential future needs and prepare for them.

2004 – 2005 Work Plan

Specifically, the RPAP will work this year to:

1. Implement the initiatives described in the 2002 – 2005 Business Plan and the companion plans, with particular focus on pre-university students and early careerists, within the approved budget and within the RPAP’s ongoing priorities.
2. Implement the recommendations contained in the external evaluation reports of the RPAP and RPAP initiatives as approved by the RPAP CC, and the recommendations of the Rural Undergraduate Medical Education Working Group report.
3. Continue to forge positive relationships with stakeholders and related organizations.

In short, over the next two years, the RPAP Coordinating Committee has identified the need for the organization to stay the course, complete projects under way, work on implementing reforms to rural undergraduate medical education programming, and continue developing partnerships where it makes sense.

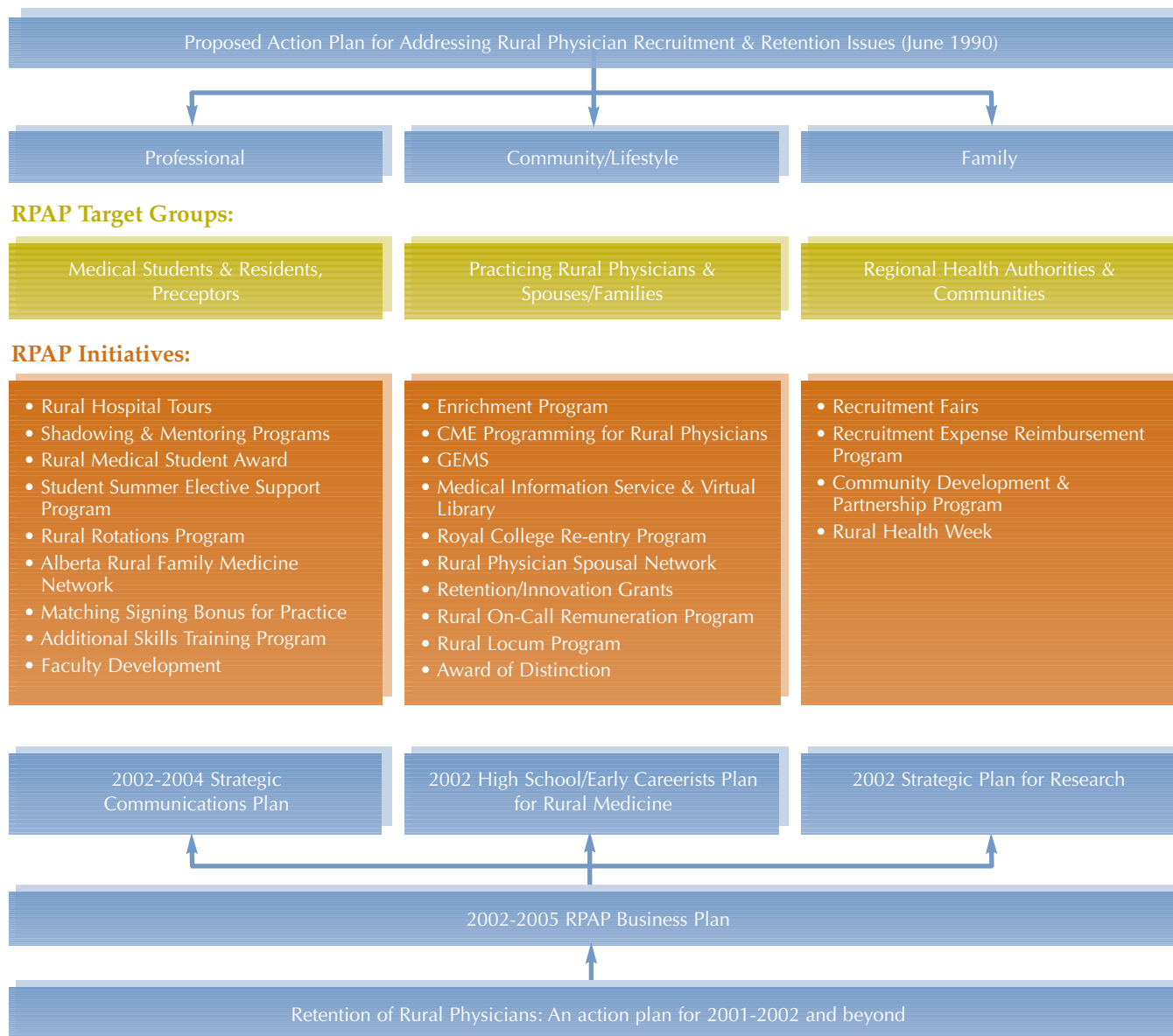


About the Alberta Rural Physician Action Plan

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

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



The RPAP's Mission

The RPAP will achieve its Vision by:

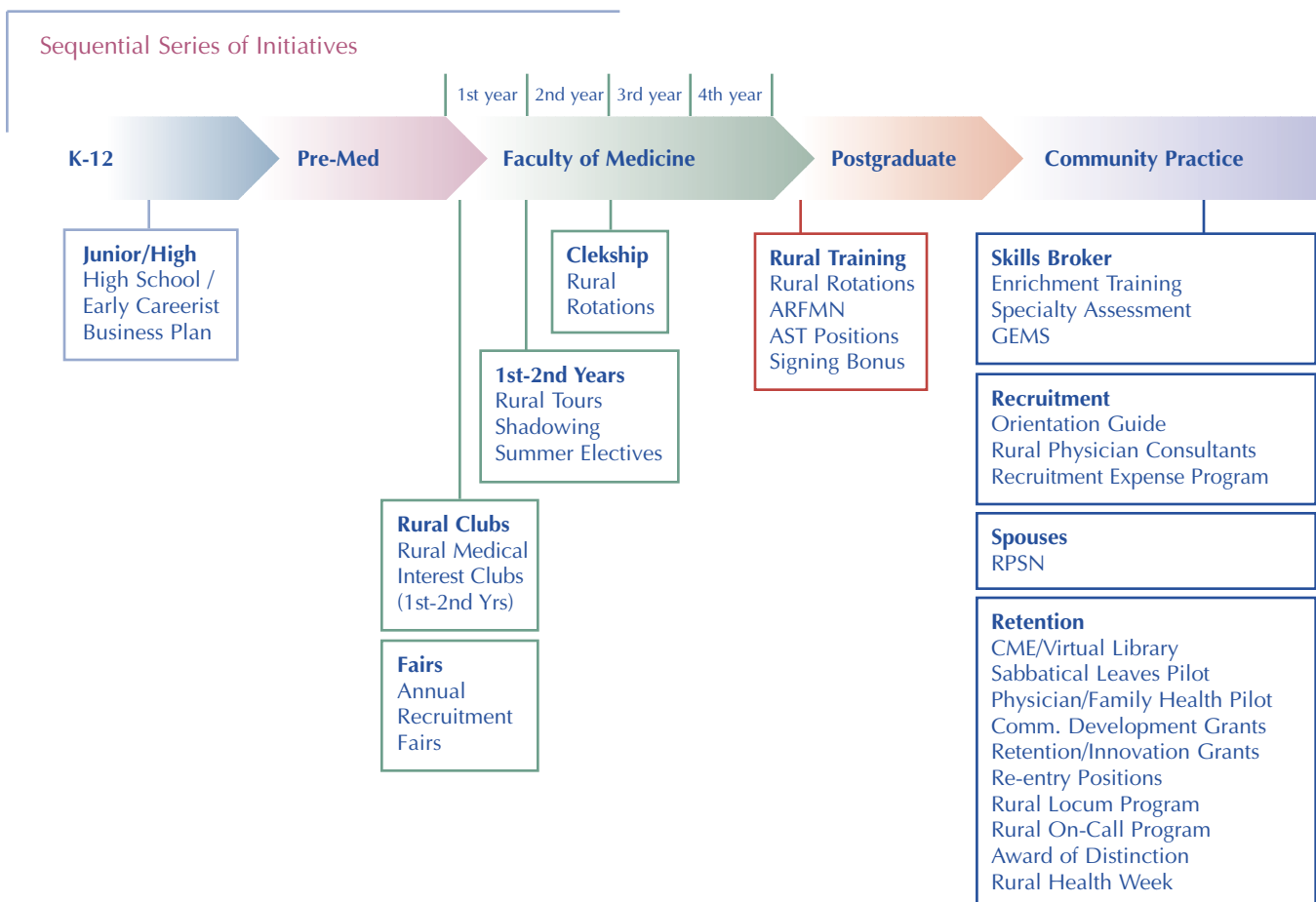
- Offering a sequential series of initiatives in rural medical education, recruitment and retention; and
- Enhancing collaborative partnerships.

Directions Taken

Since its creation in 1991, the RPAP has developed initiatives to address the professional and lifestyle/community factors that influence physicians' decisions about moving to and remaining in a rural Alberta community. The recruitment and retention of physicians is a "complex interplay" of many variables, not all of which the RPAP can influence. These variables can be grouped into two major categories: professional issues and lifestyle issues.

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

The RPAP addresses these variables with a variety of initiatives summarized in the following table:





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 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.

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**, regional health authorities (RHAs),
- **Drs. David O'Neil** and **Allan Garbutt**, Alberta Medical Association (AMA) Section of Rural Medicine,
- **Dr. Clayne Steed**, 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 individuals:

- **David Kay**, Program Manager,
- **Janice Drinkill**, Program Support Coordinator, and **Bev Maxwell**, Program Support Assistant,
- **Bunny Edwards**, Rural Accommodation Support Coordinator,
- **Drs. John Hnatuik** and **Ron Gorsche**, RPAP Skills Brokers for Northern and Southern Alberta,
- **Monica Kohlhammer** and **Leah Lechelt**, Rural Physician Consultants for Southern and Northern Alberta,
- **Gail Wacko**, Administrator for the Rural Physician Spousal Network (RPSN),

- **Rhonda Crooks**, Communications Consultant,
- **Kim Simmonds** and **Brenda Gaida**, Research Assistants for Northern and Southern Alberta, and
- **Bev Garbutt**, Medical Students' Initiatives Coordinator.

The RPAP Team is complemented by members of its Alberta Rural Family Medicine Network (ARFMN) Team:

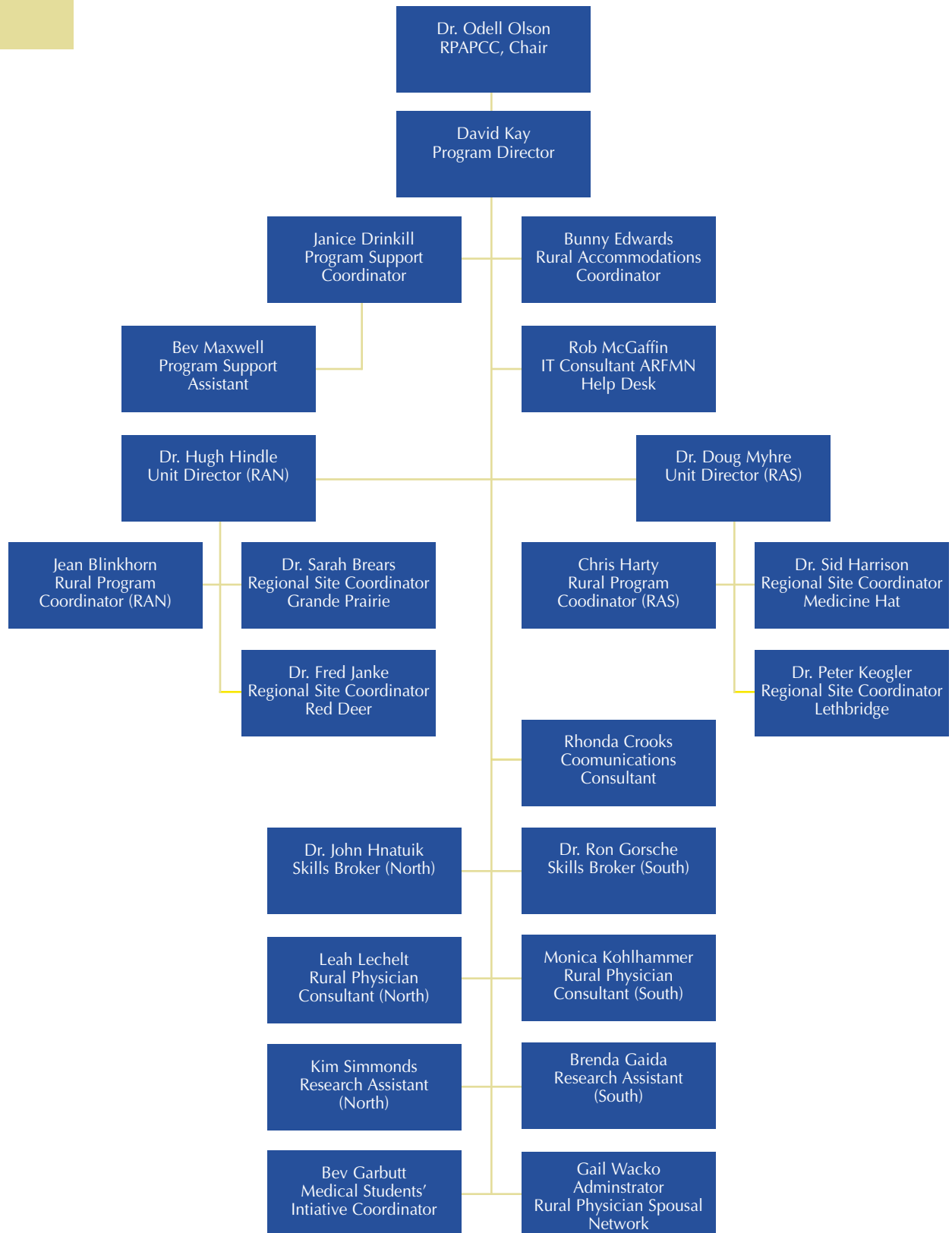
- **Dr. Les Cuning** chairs the RPAP's Rural Family Medicine Network Education Subcommittee,
- **Dr. Hugh Hindle**, Unit Director, Rural Alberta North (RAN), Alberta Rural Family Medicine Network (ARFMN),
- **Jean Blinkhorn**, Rural Program Coordinator, RAN,
- **Drs. Fred Janke** (Red Deer) and **Sarah Brears** (Grande Prairie), Regional Site Coordinators, RAN,
- **Dr. Doug Myhre**, Unit Director, Rural Alberta South (RAS), Alberta Rural Family Medicine Network (ARFMN),
- **Chris Harty**, Rural Program Coordinator, RAS, and
- **Drs. Peter Koegler** (Lethbridge) and **Sid Harrison** (Medicine Hat), RAS, Regional Site Coordinators.

Other important people related to the RPAP include:

- **Tamara Mitchell-Schultz**, Administrative Assistant, Family Medicine, University of Alberta,
- **Dr. Fraser Brenneis**, Undergraduate Education Program Director, Family Medicine, University of Alberta,
- **Dr. Michael Allan**, Additional Skills Training and Rural Rotations Coordinator, Family Medicine, University of Alberta,
- **Dr. Doug Klein**, Assistant Director, In-house & PGME Programs (RPAP), Continuing Medical Education, University of Alberta,
- **Patricia Lishman**, Rural Initiatives Coordinator, Faculty of Medicine, University of Calgary,
- **Dr. Mo Verjee**, Clerkship Director, Family Medicine, University of Calgary,
- **Dr. David Topps**, Rural Coordinator, Family Medicine, University of Calgary, and
- **Brenda Gilboe**, Rural Locum Program Manager, Alberta Medical Association.



Organizational Chart



An Extensive Evaluation Regime



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

This framework outlined below continuously evolves to meet program needs.

Key Performance Indicators (KPI) and RPAP database

Specific to individual programs

Operational Surveys

- RPAP Communications Strategic Plan
- 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

Specific Research/Evaluation Studies

- 1989-1995 & 1996-2000 Family Medicine Cohort studies
 - completed
- Rural UGME Working Group
 - completed
- Recruitment/Retention Update – 2002
- Recruitment Fairs – 2002
- IMGs – completed 2000
- Supporting “Rural” Medical Students
 - underway

External Evaluations

- Additional Skills Training and Enrichment Programs – 2000
- CME Programs for Rural Physicians – 2000
- Rural On-Call Remuneration Program – 2001
- Rural Locum Program – 2003
- Rural Physician Spousal Network – 2003
- ARFMN – underway
- RPAP – to begin
- Effect of Enrichment Training on Rural Physician Retention – ongoing

The 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."¹⁰ A follow-up evaluation of the RPAP will occur during 2004-2005.

¹⁰ C.A. MacDonald & Associates (1996). Evaluation of the Rural Physician Action Plan. Alberta Health, page 121.



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