Welcome to the 2017-2020 RPAP Strategic Plan.

Strategic planning is recognized as the key managerial process to guide an organization on a specific path, to ensure that the business intended is achieved within the cost, time lines and expected outcomes. In the publicly-funded program services realm, the goal is to provide a valid, valued, cost effective service that improves the lives of the recipients.

In this regard, we believe that the following three-year Rural Physician Action Plan (RPAP) Strategic Plan will help demonstrate, through a number of new and renewed programs for rural physicians and rural health professionals, that the Government of Alberta cares for rural Albertans in a number of government and non-governmental ways.

What is slightly different in this strategic plan is that RPAP was asked to develop a ‘business case’ to support the request for continuation of funding. The challenge in developing a business case for a public service is being certain that the service offering represents the need of the intended group of citizens to be served. To achieve the latter, RPAP spent the month of January 2017 asking our key stakeholders how a small but well-established NGO could help them. The following pages outline the response we received and the programs and services RPAP is sustaining, building, or rebuilding to meet our stakeholders’ requests.

RPAP is an extraordinary rural focused service, unique in Canada in the breadth of services provided. We are successful in that we employ extraordinarily passionate people, who truly desire to help rural Albertans. We are guided by a thoughtful, competent, and experienced Board of Directors, all of whom live and work outside the major urban centres, to achieve the goals and objectives outlined.

On behalf of the Board of Directors and staff of RPAP, I want to thank the Ministry of Health for considering the continuation of funding for our non-governmental organization, whose sole purpose over the last quarter century is to help rural Alberta attain better access to health care.

We trust that the Ministry of Health will always see RPAP as a good investment. RPAP is here to improve the lives of rural Albertans.

Respectfully submitted,

Bernard C. Anderson, MPA, MAdEd
Executive Director
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Executive Summary

The redevelopment of RPAP was prompted by a Ministry of Health review of RPAP’s programs and services in 2016; it was both timely and welcomed.

This review resulted in the Ministry advising RPAP to transfer RPAP’s physician medical resident programs to the Province of Alberta’s two medical schools, located within the University of Alberta and the University of Calgary. This transfer, took effect April 1, 2017.

Concurrently with this RPAP program change, the Ministry of Health’s Deputy Minister, Dr. Carl Amrhein, in recognizing the need for further support of rural health workforce issues, asked RPAP to develop services beyond those provided to rural physicians to other health care providers. The Board and staff of RPAP welcomed this change of mandate and the opportunity to further work with the Ministry to address rural health workforce issues.

To best understand what RPAP could provide rural communities within the context of this new mandate, we asked them. The business case for continued support from the Ministry of Health stems from rural Albertan communities seeing value in RPAP’s work, and their consistent desire to have RPAP continue to help attract and retain physicians and other health care providers to live and work rurally.

We trust our research and presentation of this strategic plan validates the Ministry of Health’s continued investment in rural Alberta through RPAP programs and services.

RPAP’s Strategic Actions

1. Replicate RPAP’s successful rural physician support programs and services to support key allied health providers

2. Increase social media and traditional media strategies to share the rural health care story

3. Increase the number of community attraction and retention committees currently supported by RPAP; and develop each committee’s capacity to address their community’s rural health care workforce issues

4. Build RPAP’s secondary research capacity to advance rural health care and rural health care workforce issues and solutions to key stakeholders/partners

5. In partnership with rural indigenous communities, determine/develop strategies which support the attraction and retention of allied health providers

6. Increase participation in RPAP’s ‘Practicing Rural Physician Support’ programs

7. Create a sustainable and diverse funding model

8. Foster a culture of innovation, skill and professionalism

9. Update the brand to reflect RPAP’s new vision of supporting healthcare/health workforce in rural Alberta
A Brief History of RPAP

It wasn’t long ago that many rural and remote Alberta communities were facing a health care crisis.

In the early ‘90s, the number of physicians practicing in rural Alberta was dwindling. An inability to attract new doctors placed a strain on many rural and remote Alberta communities, who depended on their family physicians to survive and thrive. In desperate need of a plan to attract and retain rural physicians, the province created a working group, who developed 16 initiatives to influence physicians’ decisions about moving to, and remaining in rural Alberta. Launched a quarter-century ago, these 16 recommendations would come to be known as the Alberta Rural Physician Action Plan (RPAP).

Since 1992, RPAP has served effectively as a collaborative partner and trusted advocate for rural Alberta communities trying to achieve greater access to health care. Rural Albertans have benefited from RPAP initiatives, such as medical education programming for present and future rural physicians, and physician attraction and retention committee support. During this time, RPAP has grown in scope, and stepped into areas where there was a need, collaborating with Alberta universities to encourage rural medical practice amongst medical students and resident physicians. RPAP is now recognized as an innovator and leader across Canada in the attraction and retention of physicians to rural areas.

Although the physician distribution issues of the early ‘90s haven’t disappeared completely, we’ve made great strides to address physician attraction and retention in rural Alberta. Recognizing our success, the Ministry of Health has asked that we expand our mandate to meet the broader health workforce requirements of rural, remote, and indigenous communities. Stepping away from our role in rural family medicine education, we have been asked to provide support services beyond physicians to other health providers, including nurses and nurse practitioners, occupational and physical therapists, midwives, and paramedics.

While our scope is expanding, our efforts will remain firmly focused in, and for, rural Alberta, as they always have.
The Path to Renewal

As Alberta’s health system continues to evolve, rural health care continues to face multiple challenges: increasing health costs, decrease in employment opportunities, an aging population, rising incidences of multiple chronic disease, limited access to health care, and communities struggling to attract and retain key health care providers.

This strategic plan strives to deliver greater value to rural Alberta, in support of delivering better access to quality, sustainable health care, through empowering communities and supporting rural health providers. RPAP will step up and speak out for rural communities, ensuring their health care issues and ideas are being heard. We will continue to evolve and innovate, researching and promoting best and promising practices in support of rural health care excellence in health workforce policy and planning. Recognizing that diverse communities require different solutions, we will reach out to our indigenous communities, and discuss how we can best offer support to their health care workforce attraction and retention solutions.

Helping with innovation in rural health workforce planning, accessible continued professional education for rural health care providers, and community development and retention of the rural health workforce, are all areas that RPAP can uniquely respond.

Renewal means substantive change for the RPAP organization. For several years, staffing and programs have primarily been built around supporting physicians rurally, and orienting family medicine residents from Alberta’s two medical schools to practicing medicine rurally.

The leadership team has been prefacing this change since November 2016, and is now ready and excited about a new opportunity to serve rural Alberta. Changing the organization to reflect the direction provided by the Ministry of Health, and the expectations provided by our stakeholders, means changes to RPAP’s governance model, program policies, organizational structure, and how funding is distributed across our operational and program areas. This includes making investments in the appropriate human and capital resources to effectively manage these changes.

The RPAP Board of Directors and staff are grateful to the Ministry of Health for this opportunity to continue to serve rural Albertans, and for our long-standing partnership in rural health workforce planning.
Creating a More Representative Governance Model

RPAP has a physician centric model of governance.

Representation has been drawn from Alberta Health Services, the College of Physicians and Surgeons of Alberta, the Alberta Medical Association, the University of Calgary Cumming School of Medicine, the University of Alberta Faculty of Medicine and Dentistry, and includes executive level representation from the Ministry of Health. Going forward the Board will need to be re-constituted to reflect the broader mandate as derived from the direction provided by the Ministry of Health.

To insure we are building the right governance model for the next 25 years, RPAP is currently researching non-governmental organizations to determine the best model to support the achievement of our strategy. A renewed Board will be in place no later than April 1, 2018.
There will be a movement toward more service provision, and slightly less allocated to program expenditures for existing programs.

Living Within Our Financial Means

The new mandate for RPAP is an extraordinary opportunity to realign how we serve rural Albertan health providers. In this context, over the next three years there will be a movement toward more service provision, and slightly less allocated to program expenditures for existing programs, supplemented with an intended goal of having at least one-half of the RPAP team living in rural communities. Capacity for new program development is restricted to existing resources, and will require important policy changes in current programs. For example, RPAP has been issuing multi-year bursaries for medical students, which create a long-term commitment. Effective April 1, 2017, and in alignment with our annual funding agreement, the bursary program was revised to one year’s tuition reimbursement, with notice on RPAP’s website that these programs are under review.
Improving as an Organization

**Staff Development**
We are pleased to advise RPAP is developing a rural health workforce planning and community development curriculum to set a learning standard for all staff and all new staff as we grow in our ability and capacity to serve rural Alberta.

**Human Resource Policies**
As a renewed RPAP emerges, the existing human resource policies must be modernized. Areas needing renewal and currently under review, include working conditions, total compensation, and career/succession planning.
RPAP Today

Vision
To help rural Alberta have and sustain the right number of rural health practitioners in the right places, offering the right services, through community and professional development programs, services, and evidence-informed advocacy.

Mission
For RPAP to transition from a rural physician support program to a rural allied health providers and community development agency.
A Renewed Plan for Rural Alberta

Based on the strategic analysis of the January 2017 Rural Stakeholder Survey (Appendix A), there is a significant opportunity for RPAP to play a greater role in the support of rural communities and rural allied health providers.

The actions and objectives outlined in this plan are what the RPAP Board of Directors and staff trust RPAP can deliver within the existing funding envelope.

RPAP has been maintaining existing programs while working collaboratively with the medical schools to transfer the physician resident programs. At the same time, we have spent considerable time assessing organizational competency, meeting with key stakeholders, and researching physician and allied health services in other jurisdictions, all with the intent of rebuilding RPAP into a health providers service.

We are proposing a three-year transformation period to achieve the transition from being a rural physician support program to a rural health providers/rural community development agency, with major program changes to occur in year one.
Strategic Actions
Strategic Actions

There are nine strategic actions that frame RPAP’s renewal:

1. Replicate RPAP’s successful rural physician support programs and services to support key allied health providers
2. Increase social media and traditional media strategies to share the rural health care story
3. Increase the number of community attraction and retention committees currently supported by RPAP; develop committee’s capacity to address their community’s rural health care workforce issues
4. Build RPAP’s secondary research capacity to advance rural health care and rural health care workforce issues and solutions to key stakeholders/partners
5. In partnership with rural indigenous communities, determine/develop strategies which support the attraction and retention of allied health providers
6. Increase participation in RPAP’s ‘Practicing Rural Physician Support’ programs
7. Create a sustainable and diverse funding model
8. Foster a culture of innovation, skill and professionalism
9. Update the brand to reflect RPAP’s new vision of supporting healthcare/health workforce in rural Alberta
Strategic Action One

Replicate RPAP’s successful rural physician support programs and services to support key allied health providers

Specific Actions (within 12 months)

1. Commence with an evaluation of physician programs assessing what is working well, what could work better, and what makes sense to duplicate

2. Consider other pilot/demonstration projects in addition to the rural rotation nursing program, e.g., Physiotherapists, Med-lab Technicians, Paramedical, Nurse Practitioners, Midwives, etc.

3. Develop new programs under a social enterprise model

Objective

Where professionally appropriate and sustainable, implement support programs for rural allied health providers similar to the programs and services RPAP offers rural physicians.
Strategic Action Two
Increase social media and traditional media strategies to share the rural health care story

Specific Actions (within 12 months)

1. **Leverage mobile technology to tell the rural story**: Twitter, Facebook, Instagram
2. **Redevelop the RPAP website** to make it more interactive/dynamic: e.g., a page listing rural consultants ‘In Your Community’; a section dedicated to the rural health voice.
3. **Evaluate past experience/history/data information** through the ‘what works well, what could work better’ lens
4. **Leverage small newspapers** in rural communities to share the rural health story
5. **Bring social media attention** to more rural health workforce issues and solution

**Objective**
Facilitate opportunities, leverage social media and traditional media to bring a stronger voice to rural health workforce issues and accomplishments.
Strategic Action Three

Increase the number of community attraction and retention (AR) committees currently supported by RPAP; develop committee’s capacity to address their community’s rural health workforce issues

Specific Actions (within 12 months)

1. Target establishment of 50 active AR committees by Fall 2017, 75 rural communities involved in AR committees by Fall 2018
2. Full compliment of rural health provider consultants in place by Q2, 2017/18
3. Leverage work with Health Advisory Committees
4. Develop new educational tools, resources to support rural communities health workforce issues
5. Ongoing Continuous Quality Improvement approach for RPAP staff/consultants
6. Revitalize policy for AR grants
7. Expand networking and liaison capacity between communities toward addressing health workforce issues

Objective

Build community capacity to attract and retain health care providers and their families.
Strategic Action Four

Build RPAP’s secondary research capacity to advance rural health care and rural health care workforce issues and solutions to key stakeholders/partners

Specific Actions (within 12 months)

1. Recruit for a health research coordinator/disseminator/interpreter
2. Establish/re-create a research/information database for rural communities
3. Develop a rural health workforce research agenda
4. Support key research underway with relevant partners: e.g., Enhanced Surgical Skills review.
5. Seek research funding through various health foundations

Objective

Develop evidence driven policy advice and evidence informed advocacy for the betterment of rural health care.
Strategic Action Five

In partnership with rural Indigenous communities, determine/develop strategies which support the attraction and retention of allied health providers

Specific Actions (within 12 months)

1. Develop a position paper on what role RPAP could provide rural Indigenous communities
2. Offer Skills Weekends on-reserve (Up to three sessions, fully funded)
3. Seek relationship building opportunities with First Nations/Metis Associations

Objective

Determine and deploy an active role for RPAP in the provision of rural indigenous health services.
Strategic Action Six

Increase participation in RPAP’s ‘Practicing Rural Physician Support’ programs

Specific Actions (within 12 months)
1. Increase face-to-face program marketing
2. Evaluate each and every program for utilization and quality of results
3. Expand shadowing/mentorship opportunities
4. Investigate, leverage virtual training methods

Objective

Increase program participation and expand the number of remote rural participants.
Strategic Action Seven

Create a sustainable, multi-year and diverse funding model

Specific Actions (within 12 months)

1. Drive greater value for rural health workforce development by repurposing, reallocating funds from existing programs and services
2. Investigate local and national foundations to assess RPAP’s viability of being funded for special projects in relation to rural health care
3. Apply for charitable status for RPAP
4. Where possible, leverage existing resources through partnership investments in research and development opportunities

Objective

Broaden RPAP’s funding base so that RPAP is a permanent part of rural Alberta’s health workforce planning strategy.
Strategic Action Eight

Foster a culture of innovation, skill and professionalism

Specific Actions (within 12 months)

1. Develop a staff attraction and retention plan
2. Review RPAP’s total compensation for staff
3. Develop individual learning plans to advance team capacity to best respond to the new mandate
4. Develop a corporate learning plan to advance team capacity to best respond to the new mandate
5. Reorganize the staff composition and reporting structure to meet the new mandate
6. Build rural staff presence and capacity

Objective

Transition the existing team through the change from a physician focused organization to a rural allied health workforce planning and community development agency.
Strategic Action Nine

Update the brand to reflect RPAP’s new vision of supporting healthcare/health workforce in rural Alberta

Specific Actions (within 12 months)

1. Develop a concept for a new brand that reflects our new goal and actions while respecting our historical significance and contributions to rural physician development

2. Create a plan for launching the rebrand that respects internal and external stakeholders and is fiscally responsible

3. Launch the new brand throughout Alberta while celebrating a renewed and refocused RPAP

4. Maintain the historical integrity of the RPAP brand

Objective

RPAP’s brand is synonymous with rural Alberta healthcare and workforce planning.
What’s Next?

2017-2018 will be a year of transition and renewal. A proper balance needs to be struck between what RPAP must accomplish to continue to be a value-added service to rural Alberta and the Ministry of Health, weighted against the degree of risk that undertaking these changes afford the organization and the communities we serve. Adopting the strategies set out in this document will require moving into exciting yet unknown territories that bring with it an inherent level of risk and uncertainty. The Ministry of Health’s continued support and partnership is an enabler of the important work we do.

Moving forward, this transition is an enormous opportunity for RPAP to reset and better serve a broader constituency of rural health providers and rural Albertans.
Hitting the Ground Running

During this year of transition for RPAP we are ‘hitting the ground running’ with the launch of two new initiatives that provide pathways to solutions to rural health workforce issues.

Rural Nursing Pilot Project

Beginning in September 2017, up to 25 University of Alberta registered nursing students, or students completing the nurse practitioner stream, will receive funding to live at RPAP managed properties in rural Alberta communities to practice their skills for an average of 340 to 400 hours. Research has clearly demonstrated when the health student’s learning experience includes exposure to rural health delivery, they are more likely to work in a rural community upon graduation.

Provincial Community and Rural Maternity Care Plan

Alberta Health Services and RPAP are collaborating on the delivery of a rural maternity care plan for central Alberta. The goals of the plan are to:

• Establish and validate the need for a Provincial Community and Rural Maternity Care Plan
• Standardize the planning approach
• Obtain consensus on key areas that need to be addressed to support rural maternity care planning

RPAP is providing a Senior Project Manager to coordinate this project, which commences in AHS Central Zone this summer. RPAP is proud to partner in these new initiatives which reflect our new mandate.
Appendices
A survey question was distributed 4 January 2017 to several audiences, entitled “RPAP is evolving: How can we serve you better?”, and contained the following text:

For a quarter of a century, the Alberta Rural Physician Action Plan (RPAP) has served as a collaborative partner and trusted advocate for rural Alberta communities trying to achieve greater access to health care. During this time, RPAP has worked with rural Albertans, and partners in government and healthcare, to successfully attract and retain physicians to practice in rural Alberta.

Following a review by the Ministry of Health, RPAP is expanding its mandate to provide support services beyond physicians to other health providers, for example, nurses and nurse practitioners, occupational and physical therapists, midwives, and paramedics.

While our scope is expanding, our efforts remain firmly focused in and for rural Alberta!

Before we go too far down the development path toward a renewed rural physician and health care professional services support program, we would love to hear from you. To ensure our involvement with rural Alberta communities is driven by local interests, we invite you to take the time to answer one question for us:

Given our current context, “How could an organization like RPAP deliver greater value to rural Alberta in support of delivering better access to quality, sustainable health care?”

I invite you to contact me personally at bernard.anderson@rpap.ab.ca with your thoughts about how RPAP can help your community achieve solutions to health workforce issues in rural and remote communities. It is greatly appreciated if I could hear from you by the end of this month.

Thank-you for your time and thank-you for your ideas.

Warmest Regards,

Bernard C. Anderson, MPA, MAEd
Executive Director
Alberta Rural Physician Action Plan
587-525-6620
January 2017 Rural Stakeholder Survey

A follow-up survey entitled “RPAP is evolving and we want to hear from you!” was distributed on 23 January 2017, and contained the following text:

Send us your feedback on RPAP’s future direction by January 31, 2017!

The Alberta Rural Physician Action Plan (RPAP) is planning for the future. A review by the Ministry of Health will see RPAP’s mandate expand beyond physicians to provide support services to other health providers, such as nurses and nurse practitioners, occupational and physical therapists, midwives, and paramedics.

While our scope is expanding, our efforts remain firmly focused in and for rural Alberta!

We begin charting a new course next month, but before we go too far down the development path toward a renewed rural physician and health care professional services support program, we have been seeking input from you. A number of responses have been received to date, however, we would love to hear from even more of you!

To ensure our involvement with rural Alberta communities is driven by local interests, we invite you take the time to answer one question for us:

Given our current context, “How could an organization like RPAP deliver greater value to rural Alberta in support of delivering better access to quality, sustainable health care?”

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Please send your thoughts and questions to bernard.anderson@rpap.ab.ca.

Thank-you for your time and thank-you for your ideas.

Warmest Regards,

Bernard C. Anderson, MPA, MAEd
Executive Director
Alberta Rural Physician Action Plan
587-525-6620
RPAP’s KPIs

Goal 1
To Support the Attraction of a Competent Physician Workforce
1. Awards and Bursaries to Promote Rural Medical Careers
2. School Outreach Program
3. Rural Community Exposure and Medical Skills Events
4. Shadowing Initiative

Goal 2
To Support the Attraction and Retention of a Competent Physician Workforce
5. APLJobs.ca
6. Support to Physician Recruiters
7. Weekend and Seniors’ Weekend Locum Programs
8. Support Local Physician Attraction and Retention Efforts

Goal 3
To Support the Physician and Positively Affect the Factors that Influence Recruitment and Retention
9. Enrichment Program
10. PracticalDoc.ca
11. RPAP Awards

Appendix B
2016-2017 RPAP Key Performance Report

This is the eleventh report on key performance data for RPAP | Health Workforce for Alberta (RPAP).

Key performance indicators (KPI) are a set of measurements that are defined based on the overall goals of an organization. They are used to help manage, control and achieve program effectiveness and results.

RPAP has developed KPIs for each of its programs and major target audiences—secondary students in rural Alberta; post-secondary students considering careers in rural medicine; medical students and resident physicians; physicians who are currently practicing in rural Alberta; physicians’ families; Alberta Health Services/Other Operators; and Alberta’s rural communities.

Derived from the current business plan (2014-2017), RPAP KPIs have evolved from the indicators that were first developed for the 1999-2002 business plan. The RPAP Board has established a variety of strategies to reach RPAP’s vision, mission, and related goals. Each goal yields a set of KPIs that are systematically measured, monitored and reviewed.

Section 1 of the KPI report includes information related to RPAP-specific key performance indicators for the 2016-2017 fiscal year (April to March).

Section 2 of the KPI report includes information related to RPAP-funded and supported initiatives delivered by the University of Alberta and the University of Calgary. Section 2 follows the academic year and is normally completed by November.
Our continued thanks to Alberta Health for their financial support of RPAP.
A Renewed Plan for Rural Alberta

As Alberta’s health system continues to evolve, rural health care continues to face multiple challenges: increasing health costs, an aging population, rising incidences of multiple chronic disease, limited access to health care, and communities struggling to attract and retain key health providers.

This strategic plan strives to deliver greater value to rural Alberta, in support of delivering better access to quality, sustainable health care.