



### RPAP | Health Workforce for Alberta is the Alberta Rural Physician Action Plan

### Our Vision

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

### **Our Mission**

the Alberta Rural Physician Action Plan supports Alberta's rural physicians, their families and communities in improving the quality of rural health care by offering comprehensive, integrated initiatives to enhance rural medical services, education, recruitment, and retention.

### 2014-2015 Key Performance Indicators (KPI) Report

Published by RPAP | Health Workforce for Alberta

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## Key Performance Indicators Report Section One



### **Key Performance Indicators**

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

The RPAP has developed KPI 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 key performance indicators 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 the RPAP's vision, mission, and related goals. Each goal yields a set of KPI that are systematically measured, monitored and reviewed.



Section 1 of the KPI report includes information related to RPAP-specific key performance indicators for the 2014-2015 fiscal year (April to March).

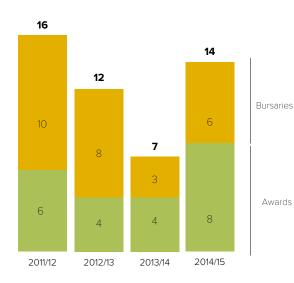
Section 2 of the KPI report includes information related to RPAP-funded and supported initiatives delivered by the University of Alberta and the University of Calgary. Section 2 follows the academic year and is normally completed by November.

## Goal #1

## To Support the Attraction of a Competent Physician Workforce

RPAP has established several initiatives to support the attraction of a competent workforce.

Some of these initiatives are targeted to encourage rural high school students, under-represented in Canadian medical schools, to consider rural medicine as a career. Others target first through third year post-secondary students who are potentially interested in medicine. RPAP also has initiatives that are aimed at providing medical students and resident physicians with a positive training experience in rural Alberta.



## 1. AWARDS AND BURSARIES TO PROMOTE RURAL MEDICAL CAREERS

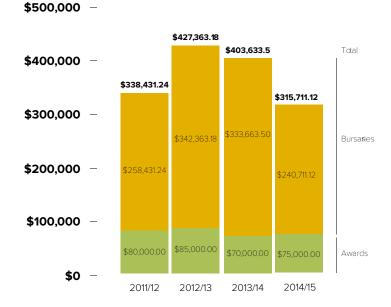
RPAP offers two financial support initiatives to medical students: the Rural Medical School Award, and the John N. Hnatuik Rural Medical Student Bursary.

For more information on financial support initiatives for medical students, visit **rpap.ab.ca/medical-students**.

#### Objective

These two initiatives aim to encourage students who come from a designated rural area to pursue a career in rural medicine by reducing their financial burden.

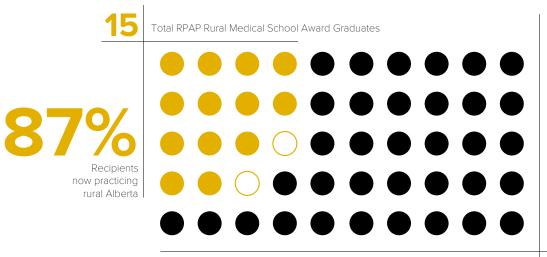
(Above) Number of Rural Medical School Awards and Bursaries (Right) Amount of Rural Medical School Awards and Bursaries



#### 1.1/Number of Rural Medical School Awards.

Results: During 2014-2015, seven Rural Medical School Awards were granted at the University of Alberta (U of A) and one at the University of Calgary (U of C). Four awards were granted during 2013-2014 and four awards were granted during 2012-2013. These awards totaled a value of \$75,000 in 2014-2015, this compares to \$70,000 in 2013-2014 and \$85,000 in 2012-2013.

To date, of the 50 (33 U of A and 17 U of C) students who received the award, 15 have completed their residency and 13/15 (87%) are now practicing in Alberta. 7/15 (47%) are practicing in rural Alberta.



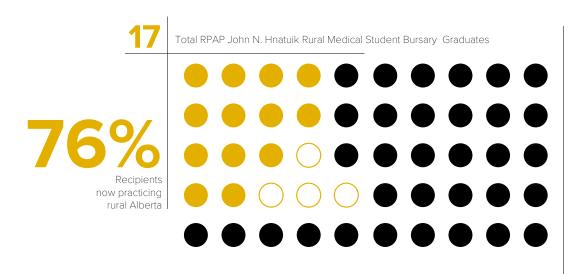
Total RPAP Rural Medical School Award Recipients

**50** 

#### 1.2/Number of Rural Medical School Bursaries.

Results: During 2014-2015 6 Rural Medical School Bursaries were granted, four at the University of Alberta (U of A) and two at the University of Calgary (U of C). Three bursaries were granted during 2013-2014 and eight bursaries were granted during 2012-2013. These bursaries totaled a value of \$240,711.12 in 2014-2015, this compares to \$333,663.50 in 2013-2014, and \$342,363.18 in 2012-2013.

To date, of the 58 (37 U of A and 21 U of C) students who received the bursary, 17 have completed their residency and are now practicing in Alberta. 13/17 (76%) are practicing in rural Alberta – the other four physicians have chosen to repay the bursary.



Total RPAP John N. Hnatuik Rural Medical Student Bursary Recipients

**58** 

### 2. SCHOOL OUTREACH PROGRAM

The RPAP School Outreach Program is carried out by RPAP's Community Recruitment Consultants (CRCs) in collaboration with the local Alberta school divisions, individual schools, the Alberta Teachers' Association, Alberta post-secondary institutions, high-school guidance counsellors and post-secondary representatives. Program activities include attending career fairs, meeting with key representatives and delivering "medicine as a career" presentations.

The BeADoctor.ca website is an additional feature of the School Outreach Program.

### Objective

To encourage students from rural Alberta to consider a career in rural medicine.

2.1/KPI Number of activities undertaken by RPAP towards encouraging students from rural Alberta to consider a career in rural medicine.

Results: During 2014-2015, RPAP's CRCs together took part in 11 outreach activities – in Grande Prairie, Westlock, Lethbridge (x5 – includes surrounding small communities), Taber, Red Deer, Calgary, and Banff. These events resulted in a 62% increase in the number of unique visitors to the BeADoctor.ca website. The target for this KPI is 12 activities per year.

1 - 2013-2014 visitors to the website: 2534. 2014-2015 visitors to the website: 4105

### 3. RPAP Medical Skills Weekend Events

RPAP Medical Skills Weekend Events are arranged by the RPAP Medical Students' Initiatives Coordinator and university Rural Medical Interest Group (RMIG) student representatives. Local health care professionals are recruited to teach students in health care disciplines specific procedural skills such as starting IVs, casting, and suturing. They also conduct a tour of the local health care facilities and community.

### Objective

To expose medical students to rural practice and the array of skills required to practice rural based healthcare effectively.

#### 3.1/KPI Number of Rural Medical Skills Events

Results: During 2014-2015, there were six Rural Medical Skills Events. This included the Alberta Medical Students Conference Annual Retreat (AMSCAR), the Skills Station during the Lethbridge School Outreach event as well as Medical Skills Weekend events in Bow Island, High Level, Siksika, and Vegreville. Approximately 250 students from the U of A and the U of C attended RPAP sessions during the AMSCAR and 213 students attended the Skills Days (130 medical students, 61 nursing students, eight physiotherapy students, six respiratory students, and eight social work students). Furthermore, the Skills Station at Lethbridge was attended by 56 students and the Skills Scenario was performed in front of approximately 200 students.

There were four Rural Medical Skills Events during 2013-2014 and five during 2012-2013. The target for this KPI is three Rural Medical Skills Events per year.

### 3.2/KPI Percentage of medical students who attended a RPAP Medical Skills Weekend Event who indicated an overall satisfaction with the experience.

**Results:** During 2014-2015, 100% (90/90 evaluations) of survey respondents indicated overall satisfaction with the event. This compares to 100% in 2013-2014 and 99% in 2012-2013. The target for this KPI is 90% indicating overall satisfaction.

During 2014-2015, 93% (85/91<sup>2</sup> evaluations) of survey respondents indicated that the Skills Events had a positive impact on their interest in practicing rural medicine. This compares to 100% in 2013-2014 and 97% in 2012-2013.

<sup>2 —</sup> The six evaluations which did not report a positive impact scored three out of five on the item "My view of practicing in a rural location has improved".
Among these, three mentioned in their comments that their impression of rural practice was already very positive and only one reported that the experience had degraded his view of rural practice; the remaining two did not offer any comments.

### 4. SHADOWING INITIATIVE

RPAP helps organize opportunities for medical students to job shadow rural physicians. First-year and second-year medical students have an opportunity to shadow a rural physician for all, or part of, a weekend on-call. There are approximately 50 rural sites involved, with up to 100 physicians who are willing to have a medical student shadow them.

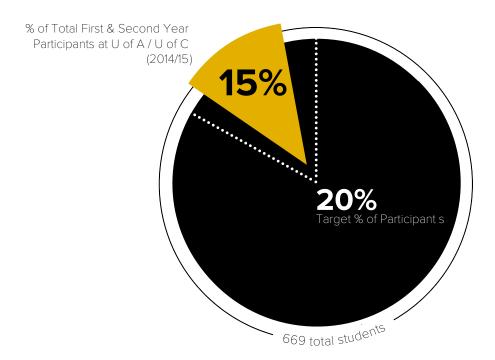
### Objective

To expose medical students to rural medical practice early and often.

### 4.1/Percentage of first-year and second-year medical students who participated in the Shadowing Initiative.

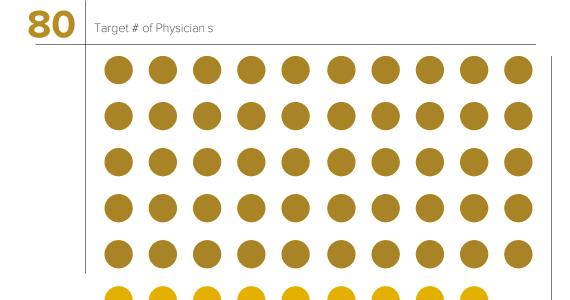
Results: During 2014–2015, 101 students³ participated in the RPAP Shadowing Initiative (30 U of A, 71 U of C). The total number of students who were in first and second years of medical school at U of A and U of C combined was 669⁴. Therefore, in 2014-2015 the percentage of first-year and second-year medical students who participated in the Shadowing Initiative was 15% (101/669). This compares to 14% (95/669) for 2013-2014. The target for this KPI is 20% of first-year and second-year medical students participating in the shadowing initiative per year.

- 3 Students may take part in multiple shadows; a total of 222 shadow experiences took place.
- 4 To be confirmed, it has been assumed that the number of students in 2014-2015 was identical to 2013-2014 while awaiting official numbers from the U of A and U of C.



### 4.2/Number of rural general practitioners who participated in the Shadowing Initiative.

Results: During 2014–2015, 89 physicians were involved in the Shadowing Initiative (24 U of A and 65 U of C), many of whom participated on several occasions throughout the year. This compares to 67 physicians involved during 2013-2014 and 73 in 2012-2013. The target for this KPI is 80.



Physicians involved in the Shadowing Initiative (2014/15)

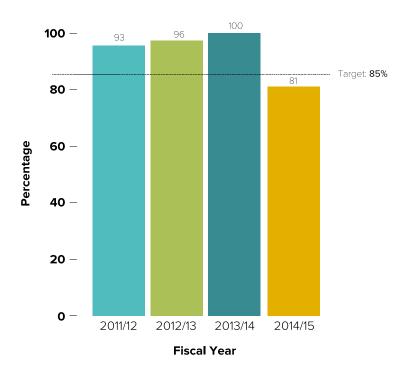
89

+33%

since 2013/14

## 4.3/Percentage of rural physician preceptors who indicated overall satisfaction with the Shadowing Initiative.

Results: During 2014–2015, of the physicians who responded to the evaluation survey, 81% indicated an overall satisfaction with the Shadowing Initiative. This is a decrease from the results from 2013-2014 (100%) and 2012-2013 (96%) and is below the target of 85% set for this KPI.



### 100 -97 95 91 87 Target: 85% 80 -Percentage 60 -40 -20 -0 -2011/12 2012/13 2013/14 2014/15 **Fiscal Year**

## 4.4/Percentage of students who indicated overall satisfaction with the Shadowing Initiative.

Results: During 2014–2015, of the students who responded to the evaluation survey, 91% indicated overall satisfaction with the Shadowing Initiative. This is comparable to the 95% achieved in 2013-2014 and the 87% in 2012-2013. The target for this KPI is of 85%.

## Goal #2

## To Support the Recruitment & Retention of a Competent Physician Workforce

RPAP has established several activities to support the physician attraction and retention efforts of local rural communities.



### 5. APLJobs.ca

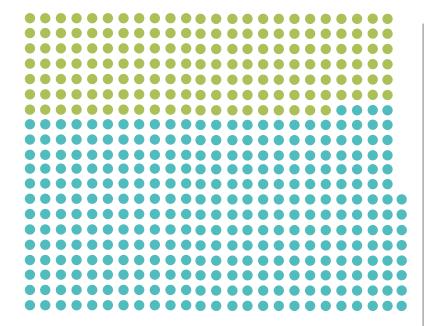
The APLJobs.ca website is designed to link doctors from around the world with opportunities to practice in Alberta and serves as a one-stop provincial information source for physician recruitment.

### Objective

To be the main Internet location for physician vacancies for publicly supported entities in Alberta, thereby supporting the recruitment/attraction efforts of those publicly supported entities and Alberta's communities.

AS OF APRIL 2015, APLJOBS, CA HAD

**488** TOTAL VACANCIES POSTED



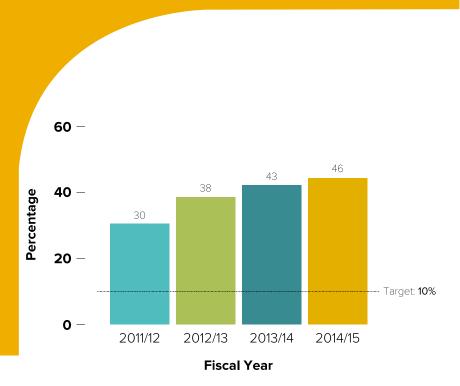
FOR RURAL ALBERTA 16

<sup>\*—</sup> As of November 2014 the configuration of the APLjobs.ca website has changed and no longer allows several openings to be advertised under one posting. Additionally, a new process for deactivating and removing old postings was implemented.

### 5.1/Percentage of APL registrations that proceed to successful CPSA application.

Results: During 2014-2015, 46% (160/351) of APLJobs.ca registrations proceeded to successful CPSA application. This performance was higher than the performance recorded in 2013-2014 (43%) and in 2012-2013 (38%) and exceeded the 10% target set for this KPI.

As of the end of April 2015 there were 488 postings on APL, including 164 for rural Alberta. This marks an increase from the April 2014 reported total of 219 postings, including 103 for rural Alberta. Due to APL process changes, comparable data for April 2013 is unavailable.



### 6. SUPPORT TO PHYSICIAN RECRUITERS

RPAP has introduced regular "recruitment and retention workshops" to facilitate networking among the province's physician recruiters and to share best practices. This work complements RPAP's community engagement efforts to establish Community Physician Attraction and Retention Committees.

### Objective

To increase the skills and knowledge base of the province's physician recruiters.

### 6.1/Percentage of participants who indicated satisfaction with the RPAP recruitment and retention workshop(s) and events.

**Results:** During 2014-2015, RPAP held one workshop and provided ongoing one-on-one support to 13 AHS recruiters. Training and discussion topics covered at the workshop and throughout the year included practice assessment, enrichment program opportunities and APL. The workshop evaluation form was not administered in 2014-2015. In 2013-2014 and 2012-2013, recruiters indicated 100% satisfaction.

In addition, RPAP partnered with the Professional Association of Resident Physicians of Alberta (PARA), to conduct three resident recruitment events where attendees had an opportunity to hear about job opportunities and the recruitment process. These took place in Calgary, Edmonton and Red Deer throughout February and March 2015. As in 2013-2014 and 2012-2013, 100% of the surveyed RPAP/PARA 2014-2015 event attendees indicated satisfaction.

### 7. WEEKEND AND SENIOR'S WEEKEND LOCUM PROGRAM

RPAP | Health Workforce for Alberta supports AMA Physician Locum Services®, providing short-term locum service to rural physicians practising in communities with four or fewer physicians.

The Weekend Locum Program was initiated in 1995 to provide relief to ensure that weekend call for rural physicians was no greater than one in four weekends. A Senior's Weekend Locum Program was added in 1999. Both programs are funded by the RPAP and administered by the Alberta Medical Association on its behalf.

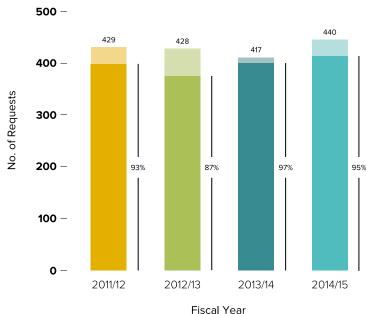
Visit rpap.ab.ca/locums for more information on Physician Locum Services.

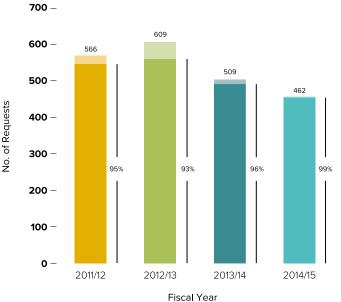
### Objective

To support practicing rural physicians with an aim to retain them longer in rural medicine.

## 7.1/Number of requests for the Weekend Locum Program and percentage of requests met.

Results: In 2014-2015, there were 440 requests for the Weekend Locum Program, and 95% (419/440) of the requests were met. As illustrated below, these results show an increase in the number of requests and a slight decrease in the percentage of requests met compared to the previous years. There is no target for this KPI.



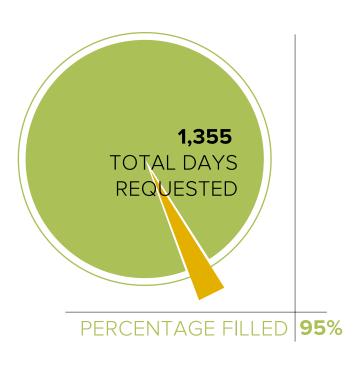


## 7.2/Number of requests for the Senior's Weekend Locum Program and percentage of requests met.

Results: In 2014–2015, there were 462 requests for the Senior's Weekend Locum Program, and 99% (456/462) of the requests were met. As illustrated below, this represents a slight decrease in the number of requests, but an increase in the percentage of requests met. There is no target for this KPI.

## 7.3/Number of days requested and filled for the Weekend Locum Program.

Results: In 2014–2015, 1355 days were requested for the Weekend Locum Program, and 95% (1287/1355) of the days requested were filled. This represents an increase in the number of days requested that were filled, and a slight decrease in the percentage of requests filled. The target for this KPI is 1246 days filled (the three year average of number of days filled plus 2%).





## 7.4/Number of days requested and percentage of requested days filled for the Senior's Weekend Locum Program.

Results: In 2014-2015, 1061 days were requested for the Senior's Weekend Locum Program, and 99% (1046/1061) of the days requested were filled. The target for this KPI is 1069 days filled (the three year average of number of days filled plus 2%).

### 8. SUPPORT FOR LOCAL PHYSICIAN ATTRACTION AND RETENTION EFFORTS

RPAP uses several means to support community physician attraction and retention efforts:

- RPAP's Community Recruitment Consultants (CRCs) are involved In supporting the
  development and enhancement of local physician attraction and retention (A&R) committees.
  This involvement includes participation in community engagement activities, such as the annual
  Rural Alberta Community Physician Attraction and Retention Conference.
- RPAP's support for physician attraction and retention extends to providing grants for innovative
  program ideas to promote the attraction and retention of rural physicians or for project ideas at
  the local level to encourage A&R. It includes reimbursement of specified recruitment costs to
  Alberta Health Services/Covenant Health, clinics, and candidates.
- RPAP utilizes a physician newcomer contact process to support the integration of new physicians to Alberta.

RPAP CRCs work with communities to facilitate the integration of the physicians and their families into the community. These A&R committees seek to connect family members with relevant networks and systems found in the community, including employment opportunities for the accompanying spouse or family partner, as well as extra-curricular activities for children.

### Objective

To support the establishment and sustainability of Community Physician Attraction and Retention (A&R) Committees and their efforts.

For more information on RPAP supports for rural community physician attraction and retention, please visit **albertaruralhealth.ab.ca**.

### 8.1/Number of Community Physician Attraction and Retention Committees supported.

Results: During 2014-2015, RPAP staff, including three Community Physician Recruitment Consultants, supported 39 Community Physician A&R Committees. This performance marks an increase from the 2013-2014 total of 32 Community Physician A&R Committees supported, and the 2012-2013 total of 32 Community Physician A&R Committees supported.

### 8.2/Number of communities visited

Results: During 2014-2015, RPAP staff visited 40 RPAP engaged communities during the year (17 in Southern Alberta, 14 in Central Alberta and nine in Northern Alberta). In 2013-2014, RPAP staff visited 44 RPAP engaged communities (16 in Southern Alberta, 17 in Central Alberta and 11 in Northern Alberta.

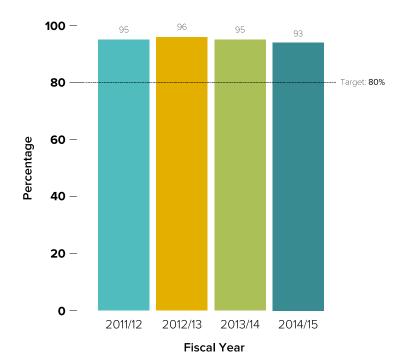
There is currently no target for this KPI.

### 8.3/Community Physician Attraction and Retention Committees member overall satisfaction with the supports provided by RPAP

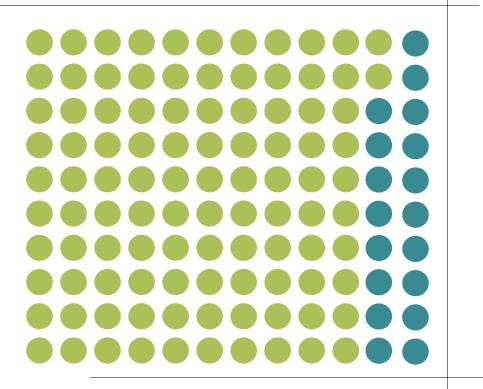
Results: The last external evaluation of Community Physician Attraction and Retention (CPAR) Committee satisfaction with the supports provided by the RPAP was in 2012-2013. At that time, 92% (46/50) of the CPAR members surveyed indicated that they were satisfied with physician attraction supports provided by the RPAP. And 84% (42/50) indicated that they were satisfied with physician retention supports provided by the RPAP.

## 8.4/Percentage of participants who indicated satisfaction with the annual RPAP/NADC Rural Alberta Community Physician Attraction and Retention Conference.

Results: During 2014-2015, 120 participants attended the annual Rural Alberta Community Physician Attraction and Retention Conference. 93% (52/56) of survey respondents indicated overall satisfaction with the event. During 2013-2014, 102 participants attended the conference and 95% (70/74) of survey respondents indicated overall satisfaction. During 2012-2013, 114 participants attended the conference and 96% (85/89) of survey respondents indicated overall satisfaction. The target for this KPI is 80% indicating overall satisfaction.



120 people attended the 2014/15 conference compared to 102 the previous year.



**INCREASE** 

18%

### 8.5/Number of rural newcomer physicians contacted.

Results: During 2014–2015, RPAP staff made direct contact with 100% (176/176) of rural newcomer physicians, connecting them to RPAP resources, supports and services. This is comparable with results from previous years, 100% (189/189) during 2013-2014 and 100% (120/120) during 2012-2013. The target for this KPI is direct contact with 100% of rural physician newcomers.

### 8.6/Number of exit interviews conducted with physicians leaving rural communities.

Results: In 2014-2015, five physicians were interviewed by RPAP staff. This follows 36 exit interviews conducted during 2013-2014, nine exit interviews during 2012-2013 and two during 2011-2012. The target is ten exit interviews per year.

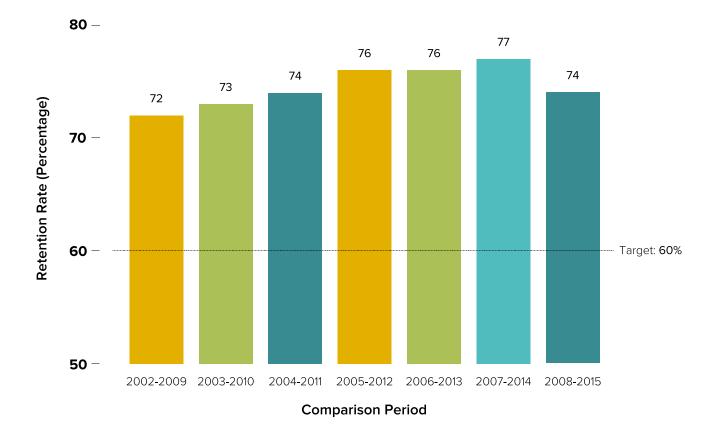
Based on the 2013-2014 and 2014-2015 responses (cumulative), stated reasons for leaving include:

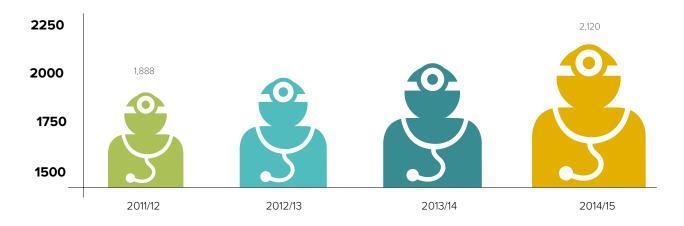
- better career opportunities (for example, the opportunity for better work hours and/or less overhead and the opportunity to use certain specialist skills (35%),
- family or personal reasons (for example, proximity to the University and career opportunities for their spouse) (31%),
- to pursue further training (16%), and;
- to complete a practice assessment and retirement.

### 8.7/Percentage of rural physicians practicing in rural Alberta for seven years (according to the annual census at the time).

Results: The seven year retention rate in 2014–2015 for rural physicians shows that 74% had been practicing in rural Alberta since 2008.

The target for this KPI is 60%.



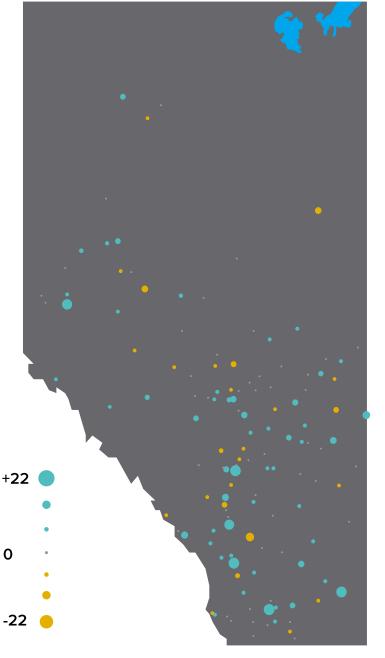


## 8.8/Change to the number (headcount) of physicians practicing in rural Alberta.

(Above) The number (headcount) of physicians practicing in rural Alberta during 2014-2015 was 2120. This compares to 2012 during 2013-2014 (for a one year increase of 108).

(Right) Blue indicates an increase and yellow indicates a decrease.

The larger the circle, the greater the increase/decrease.



Difference in Physician Count

## Goal #3

# To Support the Physician and Positively Affect the Factors that Influence Recruitment and Retention

RPAP has established several activities to support practising rural Alberta physicians.

### 9. ENRICHMENT PROGRAM

RPAP coordinates and funds customized enrichment training for rural and regional physicians.

General Emergency Medical Skills (GEMS), also part of the Enrichment Program, is an on-line, multimedia emergency skills training experience with a hands-on simulation component that enables rural physicians to upgrade their ER skills at work or at home.

### Objective

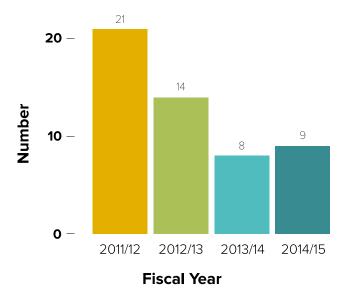
To assist physicians in rural or regional communities in upgrading existing skills or in gaining new skills to meet the medical needs of their community and surrounding areas, including general emergency medicine skills.

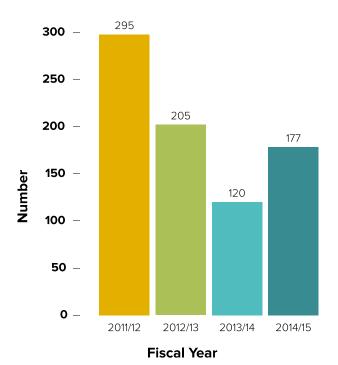
For more information on skills enrichment for practising rural Alberta physicians, please visit **rpap.ab.ca/alberta-physicians**.

### 9.1/Number of physicians accepted into the Peter K. Lindsay Enrichment Training Program.

Results: Nine physicians were accepted into the Peter K. Lindsay Enrichment Training Program during 2014–2015, and there were eight disciplines offered. This compares to eight physicians and six disciplines during 2013-2014 and 14 physicians and seven disciplines in 2012-2013

There is no target set for this KPI.





## 9.2/Number of Enrichment Training Program weeks.

Results: During 2014–2015, there were 177 Enrichment Training Program weeks. This compares to 120 during 2013-2014 and 205 during 2012-2013. The decrease in the number of weeks during 2013-2014 was caused by the temporary decrease in the Enrichment Training Program budget<sup>6</sup>.

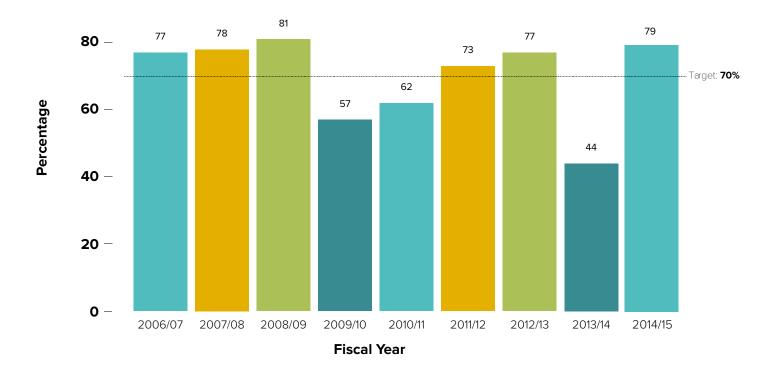
There is no target for this KPI.

<sup>6 -</sup> Though the budget was restored mid-year, the intake had already been adversely affected.

### 9.3/Percentage of Enrichment Program trainees remaining in rural Alberta and utilizing their special skills three years after receiving the training.

Results: 79% of the rural Physicians who completed the Enrichment Training Program during 2010-2011 were practicing in rural Alberta after three years, during 2014–2015. This is up from the 2013-2014 and 2012-2013 results of 44% and 77%, respectively. The target for this KPI is set at 70%.

100 -



### 9.4/Number of physicians completing the General Emergency Medicine Skills (GEMS) Program.

Results: During 2014-2015, eight physicians completed the GEMS program. This is up from two physicians in 2013-2014. Due to technical and process issues there were no program completions during 2012-2013 or 2011-2012. 21 physicians completed the program during 2010-2011. The entire GEMS learning platform and on-line modules were updated in 2015 and made accessible on mobile platforms, and a new learning management system (LMS) was implemented. Consequently, a major marketing campaign will occur in 2015-2016 to promote RPAP's suite of enhanced skills training initiatives.

The target for this KPI is 20 completions per year.

### 10. PRACTICALDOC.CA

PracticalDoc.ca was formed in response to the ongoing need to provide practicing rural physicians with a place where they can access online skills, resources, and support. More than a clearinghouse for content, Practical Doc merges the needs of a physician who may be looking for information with the support that can be sometimes hard to find when working in a rural community.

#### Objective

To address professional issues that affect retention, such as promoting life-long learning.

### 10.1/Number of unique visitors to the **Practical Doc website**

Results: During 2014-2015 PracticalDoc.ca received 18657 unique visits<sup>7</sup>, averaging 1555 unique visits per month. This represents an increase over 15383 unique visits in 2013-20148, averaging of 1282 unique visits per month, and 5667 visits9 in 2012-2013 averaging 945 unique visits per month. There is no target set for this KPI.

- Visits measured between Apr. 2014 and Mar. 2015
- Visits measured between Apr. 2013 and Mar. 2014
   Visits measured between Oct. 2012 and Mar. 2013

### 11. RPAP AWARDS

The RPAP Award of Distinction is presented annually to an Alberta rural family physician who has lived and worked in rural Alberta for at least 12 years, and who demonstrates a superior commitment and contribution to the community through medical practice, teaching of other health professionals, conducting research, and volunteering in the community.

The Alberta Rural Community Recruitment and Retention Award recognizes the rural Alberta community that has best developed innovative and collaborative approaches and solutions to attract and retain physicians to their area.

To learn more please visit rpap.ab.ca/awards.

### Objective

To highlight the accomplishments of Alberta rural family physicians and to address lifestyle issues important for physician attraction and retention.

### 11.1/Number of nominees for the Award of Distinction.

Results: During 2014-2015 there were two nominations for the Award of Distinction. The award was deferred in 2013-2014 due to budgetary constraints. This compares to six nominees during 2012-2013 and 2011-2012 and two nominees during 2010-2011. The target is five nominees per year.

### 11.2/Number of nominees for the Alberta Rural Community Attraction and Retention Award.

Results: During 2014-2015 there were three nominees for the Alberta Rural Community Attraction and Retention Award. This compares to two nominees during 2013-2014 and 2012-2013. The target is five nominees per year.

### **RPAP | Health Workforce for Alberta**

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### Websites

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