

## Choosing the Rural Route

The impact of the Alberta Rural Family Medicine Network rural residency program on access to healthcare in rural Alberta

**RPAP**

Prepared by  
RPAP | Health Workforce for Alberta



### **Alberta Rural Physician Action Plan**

RPAP | Health Workforce for Alberta is an independent, not-for-profit company funded by the Alberta Ministry of Health. Established in 1991 by the Government of Alberta, RPAP supports the ongoing efforts of Alberta's rural physicians, their families and communities to improve the quality of rural health care.

Since its inception, RPAP has implemented an integrated and comprehensive series of initiatives to enhance the education, attraction, recruitment and retention of rural health care practitioners.

RPAP employs the following strategies supporting rural Alberta communities:

#### **Education For Present And Future Rural Alberta Physicians**

RPAP supports students who are considering or pursuing a career in medicine; and ensures practising rural Alberta physicians have the training and resources they need, regardless of where they live.

#### **Rural Alberta Community Physician Recruitment Support**

RPAP works with provincial government departments, local and provincial agencies, and partner groups to support recruitment of physicians for rural Alberta communities.

#### **Rural Alberta Community Physician Attraction And Retention Support**

RPAP offers a variety of resources to help individuals start and manage rural community physician attraction and retention committees.

**Established in 2001, the Alberta Rural Family Medicine Network (ARFMN) – a unique collaborative venture of the RPAP, the family medicine departments of the universities of Alberta and Calgary, Alberta’s rural physicians and Alberta Health Services – offers dedicated, rural-based family medicine residency training to prepare competent physicians for the broad demands of rural practice.**

ARFMN’s two branches, Rural Alberta North (RAN) and Rural Alberta South (RAS), provide resident physicians with an opportunity to train in the environment where they will eventually practice. Resident physicians are taught largely by practicing rural faculty, supported by full-time academic faculty, and use the academic resources of their parent family medicine departments and faculties of medicine. This training leads to eligibility for certification in family medicine with the College of Family Physicians of Canada.

The program builds upon over a decade of RPAP funding, which supports rural undergraduate and family medicine training in specialty blocks, as well as additional skills training offered through the University of Alberta and the University of Calgary.

### **Why this study?**

As part of its evaluation framework, the RPAP recently undertook a study of its RAN & RAS programs.

Having started in 2001, these programs now have sufficient longitudinal data, enabling us to better understand their impact on rural Alberta.



Finding #1

**The Alberta Rural Family Medicine Network (ARFMN) continues to have a strong positive impact on the attraction, distribution and retention of physicians for rural practice.**

The two-year Family Medicine curriculum provides training mainly in rural and regional community and hospital practices within rural Alberta. The curriculum is taught largely by rural-based family physicians and specialists attached to the Family Medicine and Royal College specialty departments of the Universities of Alberta or Calgary.

RAN and RAS work collaboratively and offer a number of joint programs using the academic resources of both units, both parent Family Medicine departments and both Faculties of Medicine.

RAN and RAS each accept only 10 - 17 residents per year through the Canadian Resident Matching Service (CaRMS). Currently, there are more eligible applicants than spaces available for each program.

ARFMN provides a range of support services for residents, including:

**CaRMS Matching and New Resident Orientation**

RPAP works with provincial government departments, local and provincial agencies, and partner groups to support recruitment of physicians for rural Alberta communities.

**Financial Assistance**

Funding to cover accommodation and travel expenses for training in rural communities

**Medical Informatics Tools**

Technology funding to resident physicians; and a variety of current medical informatics tools. This includes resident access to RPAP's PracticalDoc.ca, which provides access to key clinical resources and teaching tools for Canada's rural physicians, as well as access to RPAP's GEMS program.

**Education Sessions and Workshops**

Monthly academic sessions to discuss topics relevant to family medicine. In addition, workshops are organized by the RAN and RAS branches throughout the year and held in various communities.

**Additional Skills Training**

The RPAP and the Universities of Alberta and Calgary provide an opportunity for postgraduate trainees to take up to an additional one year in training to help prepare them for rural practice.

Finding #2

### Medical residents establish roots in rural Alberta

Figures 1 and 2 show that physicians who complete their residency with ARFMN, through RAN or RAS, are much more likely to choose to practice medicine in a rural location.

**Compared to traditional residents, RAN and RAS residents are seven times more likely to choose to settle in rural Alberta in general; and eight times more likely to settle in “Rural 1” (communities outside of a defined urban, exurban or regional area).**

Physicians who complete their residency with ARFMN are highly likely to choose to practice medicine in a rural location.

Figure 1  
**Geographic Distribution of Physicians after Traditional Residency vs. after Rural Residency**

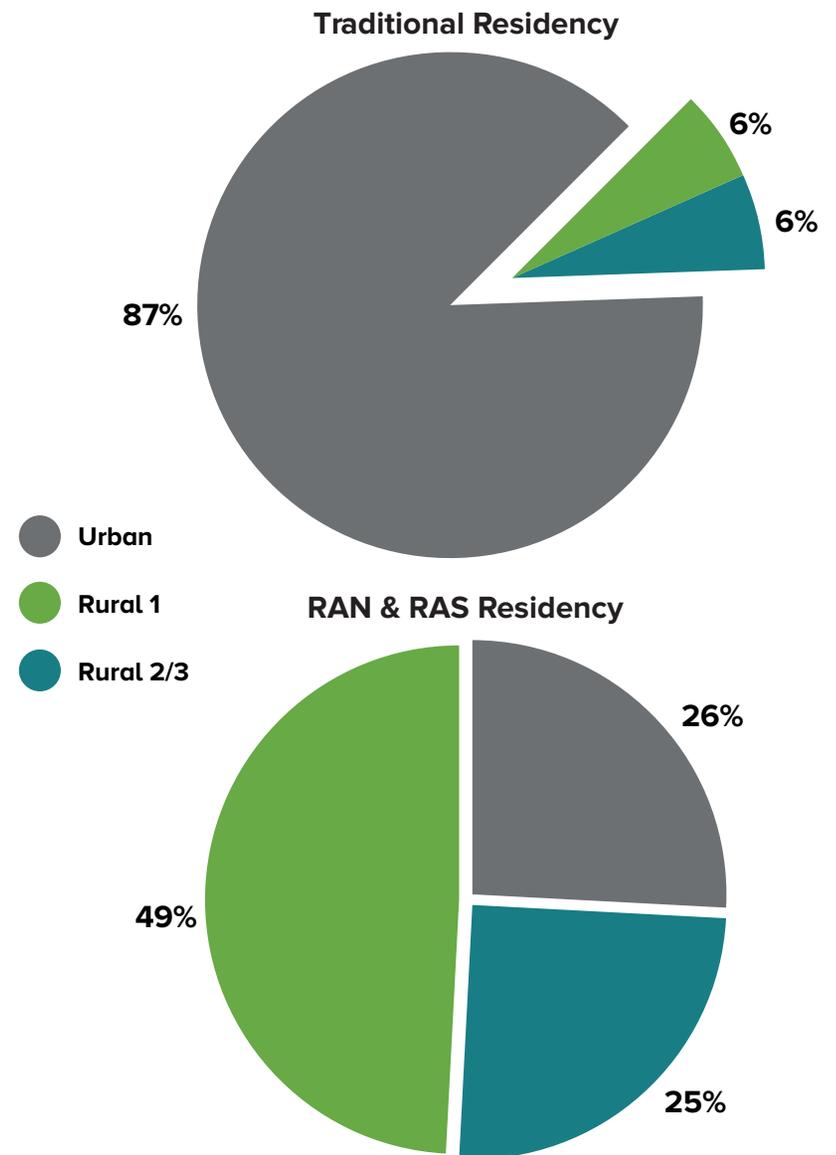


Figure 2

### Map of the Geographic Distribution of Physicians after Traditional Residency vs. after RAN/RAS Residency (April 2014)



Finding #3

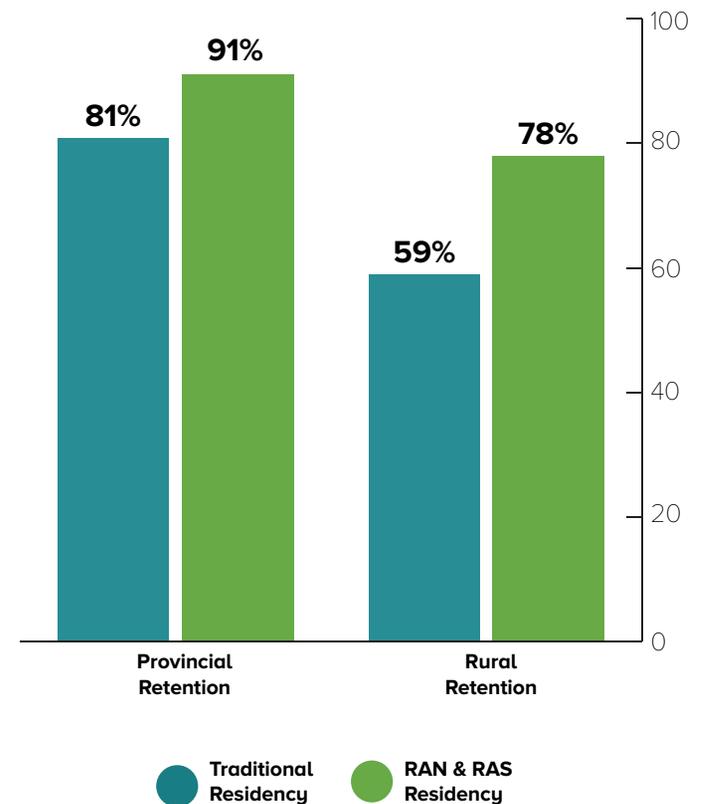
### Graduates of the program stay in rural Alberta

As shown in Figure 3, the 7-year retention rate for physicians who complete RAN and RAS and settle in rural Alberta is 78%. This compares to a rate of 59% for the physicians from the traditional program.

In addition, RAN and RAS graduates are more likely to remain in the province — the 7-year retention rate for physicians who complete RAN and RAS and settle in Alberta (rural or urban) is 91%, compared to a rate of 81% for physicians from the traditional program.

Figure 3

### 7-Year Retention Rates after Traditional Residency vs. after RAN/RAS Residency



## Conclusion

The RAN and RAS programs consistently outperform the traditional residency system in both increasing the number of physicians in rural areas and retaining these physicians in areas of high need.

By training medical graduates in a rural/regional setting we are able to focus on those candidates who already have an interest in rural practice. Starting their training in this context allows residents to fully experience the benefits of working and living in smaller communities.

Where an urban physician may have difficulty in transitioning to a smaller community, RAN and RAS graduates have the advantage of first-hand experience— understanding the benefits and challenges of this unique environment.



## Recommendation

In line with Alberta Health’s mandate to “develop a patient focused, efficient and sustainable healthcare delivery system”, **RPAP strongly recommends expanding the RAN and RAS programs to help increase the attraction and retention of physicians in rural Alberta.**

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### **Websites**

[rpap.ab.ca](http://rpap.ab.ca)

[APLJobs.ca](http://APLJobs.ca)

[AlbertaRuralHealth.ab.ca](http://AlbertaRuralHealth.ab.ca)

[PracticalDoc.ca](http://PracticalDoc.ca)

[BeADoctor.ca](http://BeADoctor.ca)