



RPAP | Health Workforce for Alberta

2013 — 2014 Key Performance Indicators Report



R P A P

**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.

2013-2014

Key Performance Indicators (KPI) Report

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2013-2014 Key Performance Indicators Report

This is the ninth report on key performance data for The Alberta Rural Physician Action Plan (RPAP).

Key Performance Indicators (KPI)

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.

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 (2011-2014), 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 2013-2014 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 1

Goal #1

To Support the Attraction of a Competent Physician Workforce

The RPAP has established several initiatives to support the attraction of a competent workforce. Some of these are targeted to encourage rural high school students, underrepresented in Canadian medical schools, to consider rural medicine as a career. Some target 1st through 3rd year post-secondary students, potentially interested in medicine. And others 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

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

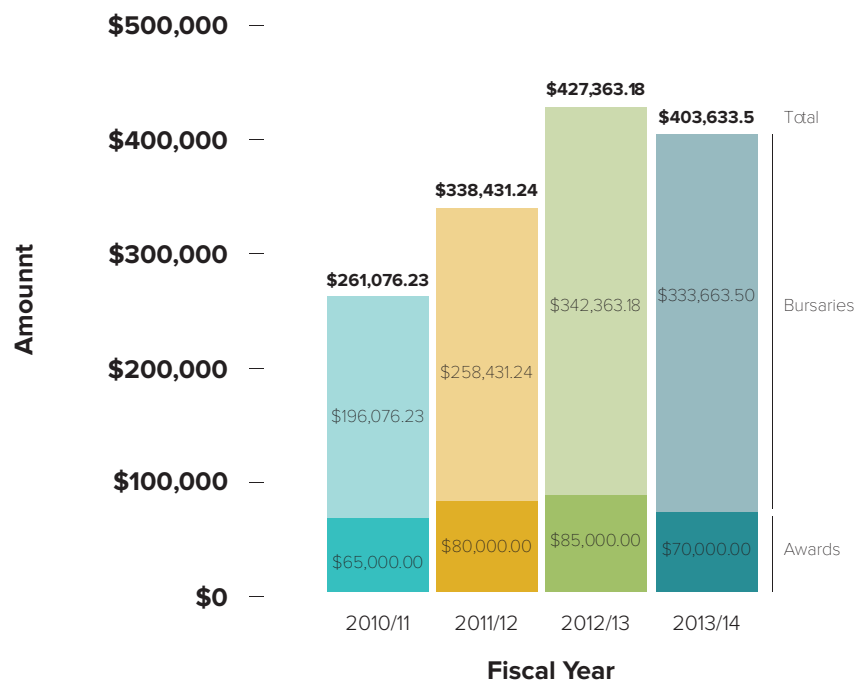
The RPAP Rural Medical School Award provides \$5,000 for each year of medical studies to assist with the student's tuition, accommodation, living and/or travel expenses. Each year, up to six Rural Medical School Awards are available.

The RPAP John N. Hnatuik Rural Medical Student Bursary provides full tuition, including differential fees, for each year of medical studies. Each year, up to ten Rural Medical Student Bursaries are available.

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.

Rural Medical School Awards and Bursaries Amounts



**1.1
KPI Number of Rural Medical School Awards.**

Results: During 2013-2014 four Rural Medical School Awards were granted at the University of Alberta (U of A), and none at the University of Calgary (U of C). Four awards were granted during 2012-2013 and six awards were granted during 2011-2012.

To date, of the 42 (26 U of A and 16 U of C) students who received the award, eight have completed their residency and are now practicing in Alberta. 5/8 (62.5%) are practicing in rural Alberta.

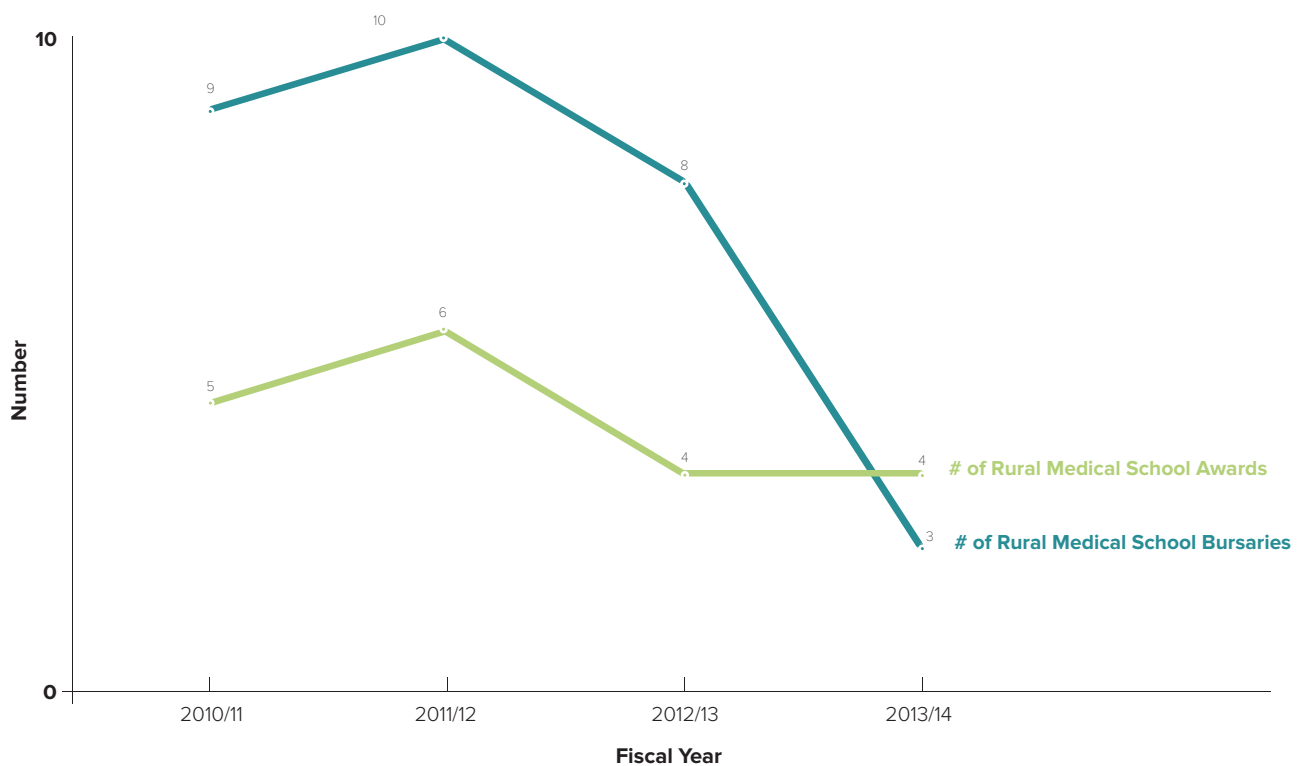
**1.2
KPI Number of Rural Medical School Bursaries.**

Results: During 2013-2014 three Rural Medical School Bursaries were granted, two at the University of Alberta (U of A), and one at the University of Calgary (U of C). Eight bursaries were granted during 2012-2013 and ten bursaries were granted during 2011-2012.

To date, of the 52 (33 U of A and 19 U of C) students who received the bursary, fourteen have completed their residency and are now practicing in Alberta. 11/14¹ (79%) are practicing in rural Alberta.

1 - We are following up with the physicians who decided to practice in urban Alberta.

Number of Rural Medical School Awards and Bursaries.



2. SCHOOL OUTREACH PROGRAM

The RPAP School Outreach Program is carried out by the RPAP's Community Physician Recruitment Consultants (CPRCs) 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 website was launched on January 16, 2013, as 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 2013-2014, the RPAP CPRCs together took part in 16 outreach activities – in Calgary (x2), Edmonton (x2), Banff, Oyen, Fort Macleod, Westlock, Taber, Lethbridge (x2), Olds, Picture Butte, Cardtson, Redwater, Grande Prairie. These events resulted in a 61%² increase in the number of unique visitors to the BeADoctor website. The target for this KPI is 12 activities per year.

2 - Measure is taken over a 3 month timeframe in 2013 and 2014 : 1007 unique visitors between January and March 2014 vs. 624 unique visitors between January and March 2013

3. RURAL COMMUNITY EXPOSURE AND RURAL SKILLS WEEKENDS

Rural Community Exposure and Medical Skills Weekends or "Skills Days" are arranged by the RPAP Medical Students' Initiatives Coordinator and U of A/U of C Rural Medical Interest Group (RMIG) student representatives. Local health care professionals are recruited to teach students specific procedural skills such as starting IVs, casting, and suturing. They also conduct a tour of the local health care facility. There may be an EMS in-service and scenarios as well as fire/search and rescue demonstrations.

Objective

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

3.1

KPI Number of rural medical Skills Days

Results: During 2013-2014, there were four rural medical Skills Days. This included the Alberta Medical Students Conference Annual Retreat (AMSCAR), as well as medical Skills Days in Westlock, Pincher Creek and Camrose. Approximately 223 medical students from the U of A and the U of C attended the AMSCAR and 189 medical students attended the Skills Days. Furthermore, the RPAP was present at the University of Alberta Clues Fair.

There were five rural medical Skills Days during 2012-2013 and four during 2011-2012. The target for this KPI is three rural medical Skills Days per year.

3.2

KPI Percentage of medical students who attended a rural medical Skills Days who indicated an overall satisfaction with the experience.

Results: During 2013-2014, 100% of survey respondents indicated overall satisfaction with the Skills Days. This compares to 99% in 2011-2012 and 97% in 2011-2012. The target for this KPI is 90% indicating overall satisfaction.

During 2013-2014, 100% of survey respondents indicated that the Skills Day had a positive impact on their interest in practicing rural medicine. This compares to 97% in 2012-2013.

4. SHADOWING INITIATIVE

The 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

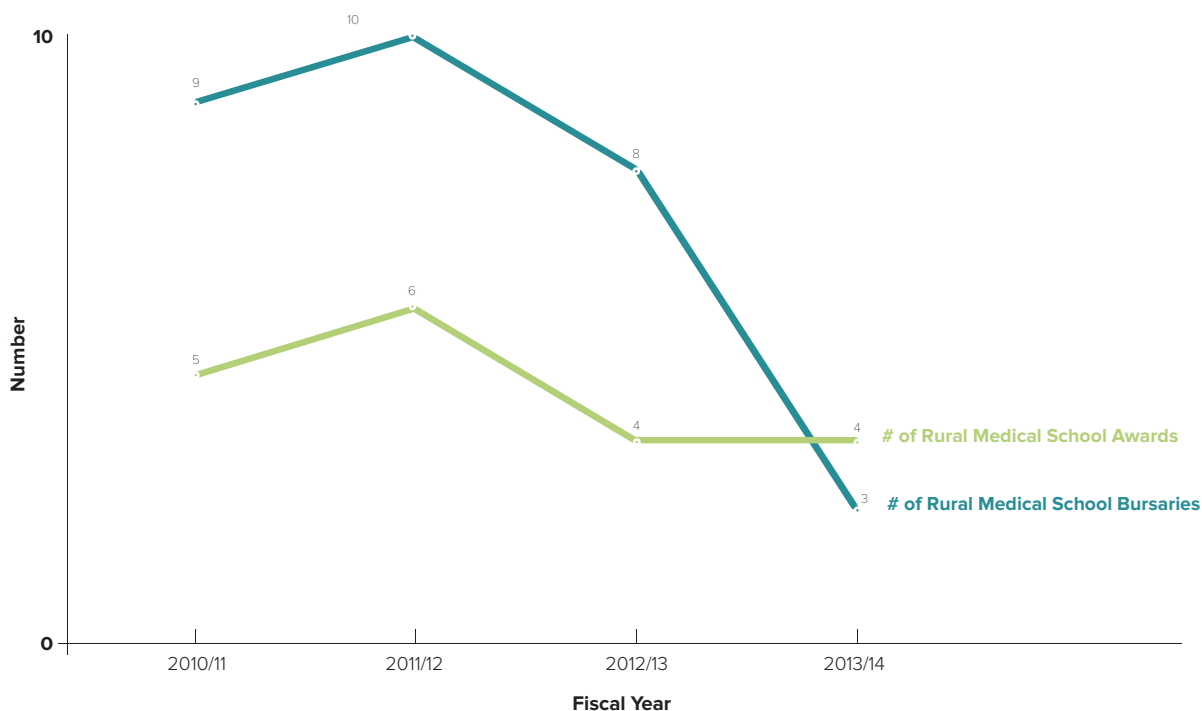
To expose medical students to rural medical practice early and often.

4.1

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

Results: During 2013–2014, 95 students³ participated in the RPAP Shadowing Initiative (12 U of A, 83 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 647⁴. Therefore, in 2013-2014 the percentage of first-year and second-year medical students who participated in the Shadowing Initiative was 15% (95/647). This compares to 18% (120/663) for 2012-2013. The target for this KPI is 20% of first-year and second-year medical students participating in the shadowing initiative per year.

KPI 4.1 Percentage of rural physician preceptors who indicated overall satisfaction with the Shadowing Initiative.



4.2

KPI Number of rural general practitioners who participated in the Shadowing Initiative.

Results: During 2013–2014, 67 physicians were involved in the Shadowing Initiative (22 U of A and 45 U of C), many of whom participated on several occasions throughout the year. This compares to 73 physicians involved during 2012-2013 and 2011-2012. The target for this KPI is 80.

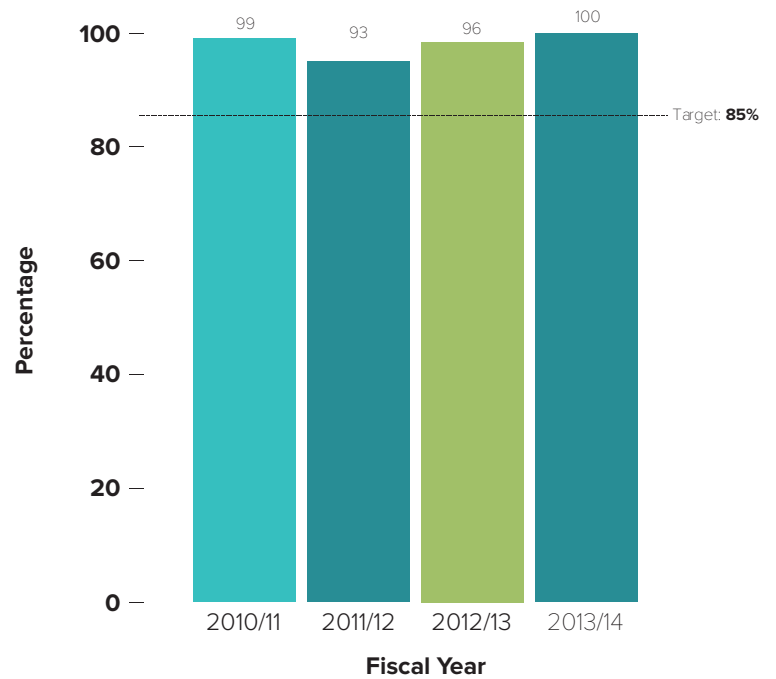
3 - Students may take part in multiple shadows, a total of 201 shadow experiences took place.

4 - To be confirmed.

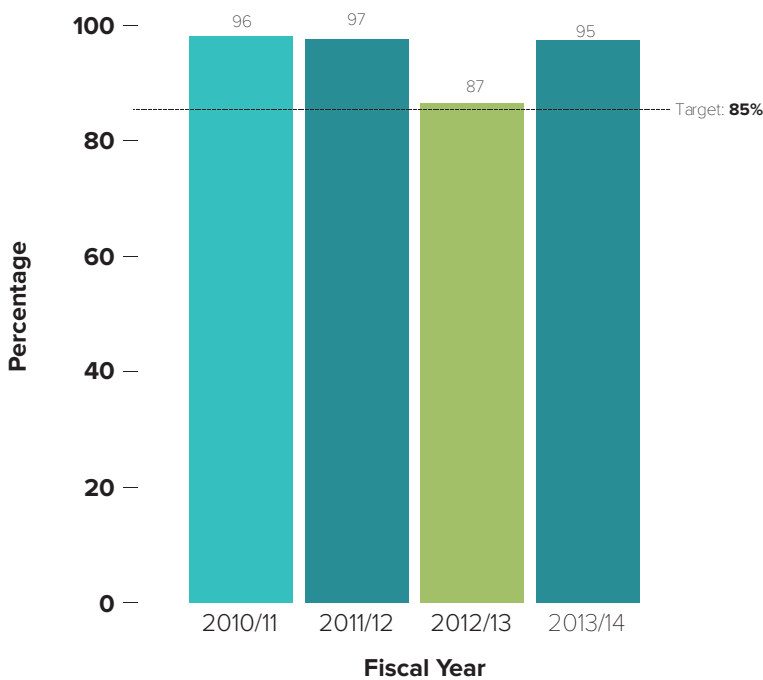
4.3
KPI Percentage of rural physician preceptors who indicated overall satisfaction with the Shadowing Initiative.

Results: During 2013–2014, of the physicians who responded to the evaluation survey, 100% indicated an overall satisfaction with the Shadowing Initiative. This is consistent with the results from 2012-2013 (96%) and 2011-2012 (93%) and exceeds the target of 85% set for this KPI.

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



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



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

Results: During 2013–2014, of the students who responded to the evaluation survey, 95% indicated overall satisfaction with the Shadowing Initiative. This is an increase compared to the 87% achieved in 2012-2013 and compares to the 97% in 2011-2012. The target for this KPI is of 85%.

5. ADDITIONAL SKILLS TRAINING

The RPAP and the Universities of Alberta and Calgary provide an opportunity for post-graduate trainees to complete up to one additional year in training to help prepare them for rural practice. Additional Skills Training (AST) positions are available through the RPAP at both universities in areas such as anaesthesia, surgery, obstetrics, GI medicine, and palliative care. The type of training taken will depend upon the residents' interests and the needs of the rural community where they will be practicing.

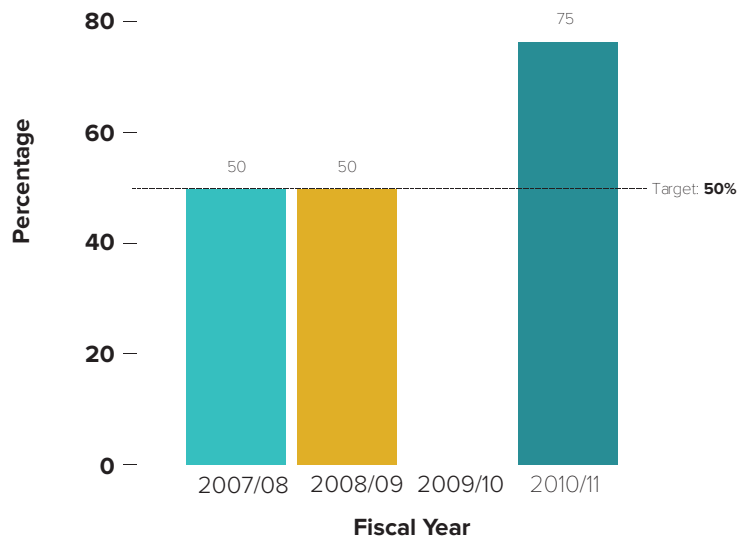
Objective

To provide an opportunity for post-graduate trainees to receive additional training to help them prepare for rural practice.

5.1 KPI Percentage of physicians who are in rural Alberta three years after completing their AST.

Results: Four physicians completed AST in 2010-2011, 75% are currently practicing in rural Alberta. One physician completed AST in 2009-2010 and was practicing in British Columbia three years later. Four completed the program in 2008-2009 and 50% of them were in rural Alberta practice three years later. The target set for this KPI is 50%.

5.1 KPI Percentage of physicians who are in rural Alberta three years after completing their AST.



Goal #2

To Support the Recruitment & Retention of a Competent Physician Workforce

The RPAP has established several activities to support the physician attraction and retention efforts of local rural communities, Primary Care Networks, group practices, and Alberta Health Services and Covenant Health. These activities include publicizing vacancies via the provincial Alberta Physician Link (APL); providing support to physician recruiters, local attraction and retention committees, and the AMA's physician locum program; and assisting with the costs of recruiting physicians.

6. ALBERTA PHYSICIAN LINK

The Alberta Physician Link 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.

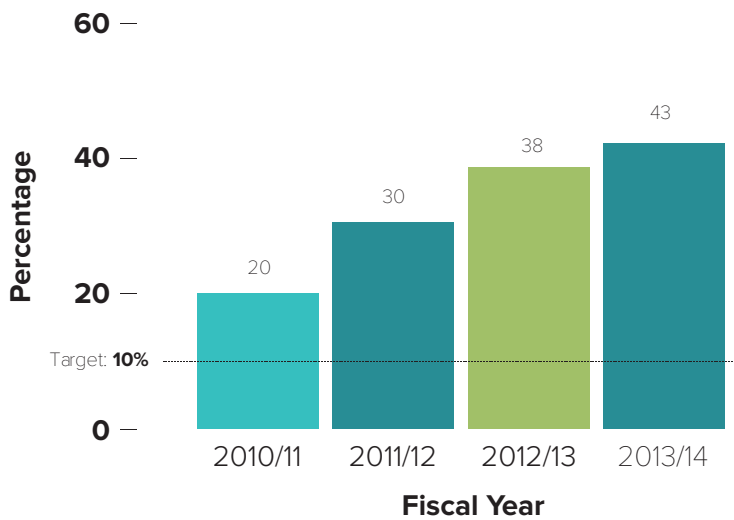
Alberta Physician Link strives to meet the needs of:

- The province's publicly supported entities (Alberta Health Services, Covenant Health, Primary Care Networks, individual physician practices, and academic departments) by posting their physician practice opportunities;
- Alberta's rural communities who work with those publicly supported entities to attract physicians to their communities; and
- Prospective candidates (Alberta's resident physicians and practising physicians, and practising physicians elsewhere in Canada and around the world) who are looking for physician practice opportunities in publicly supported entities in Alberta.

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.

6.1 KPI Percentage of APL Registrations that Proceeded to Successful CPSA Application.



6.1 KPI Percentage of APL registrations that proceed to successful CPSA application.

Results: During 2013-2014, 43% (145/340) of Alberta Physician Link registrations proceeded to successful CPSA application. This performance was higher than the performance recorded in 2012-2013 (38%) and 2011-2012 (32%) and exceeded the 10% target set for this KPI.

As of March 2014 there were 537 position vacancies posted on APL, including 206 for rural Alberta. This marks an increase from the March 2013 reported total of 404 position vacancies, including 196 for rural Alberta. Due to APL process changes, comparable data for March 2012 is unavailable.

7. SUPPORT TO PHYSICIAN RECRUITERS

The 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.\

7.1

KPI Percentage of participants who indicated satisfaction with the RPAP recruitment and retention workshops.

Results: During 2013-2014, the RPAP held together with the Professional Association of Resident Physicians of Alberta (PARA), three resident recruitment events where attendees had an opportunity to spend one-on-one time with recruiters and hear about job opportunities and the recruitment process. These took place in Calgary, Red Deer and Edmonton, respectively on the 14th, 15th, and 16th of January 2014. 100% of the surveyed attendees indicated that they were satisfied with the events.

Similarly, during 2012-2013 three RPAP/PARA resident recruitment events took place, and two in 2011-2012. Each year 100% of the recruiters and 100% of the surveyed RPAP/PARA event attendees indicated satisfaction. The target for this KPI is 100% satisfaction.

8. WEEKEND AND SENIOR'S WEEKEND LOCUM PROGRAM

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.

The Senior's Weekend Locum Program is designed to decrease or eliminate weekend hospital call. This option is available to physicians who: (1) are older than 54 years of age; (2) have practiced in rural Alberta for more than nine years; and (3) practice in communities with fewer than 16 physicians.

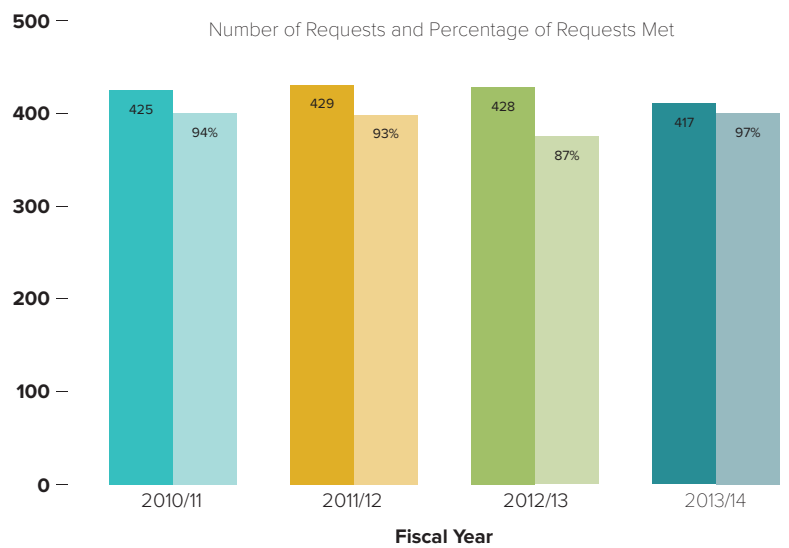
Objective

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

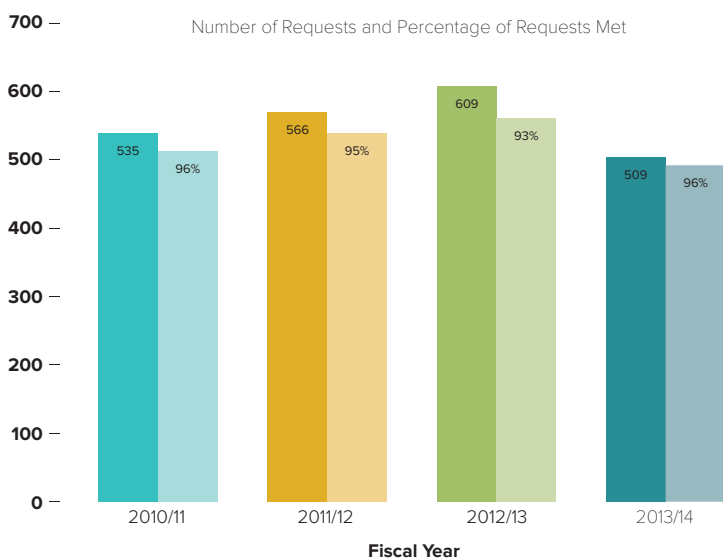
8.1 KPI Number of requests for the Weekend Locum Program and percentage of requests met.

Results: In 2013-2014, there were 417 requests for the Weekend Locum Program, and 97% (403/417) of the requests were met. As illustrated below, these results are consistent with prior years. There is no target for this KPI.

KPI 8.1 Number of requests for the Weekend Locum Program and percentage of requests met.



KPI 8.2 Number of requests for the Senior's Weekend Locum Program and percentage of requests met.



8.2

KPI Number of requests for the Senior's Weekend Locum Program and percentage of requests met.

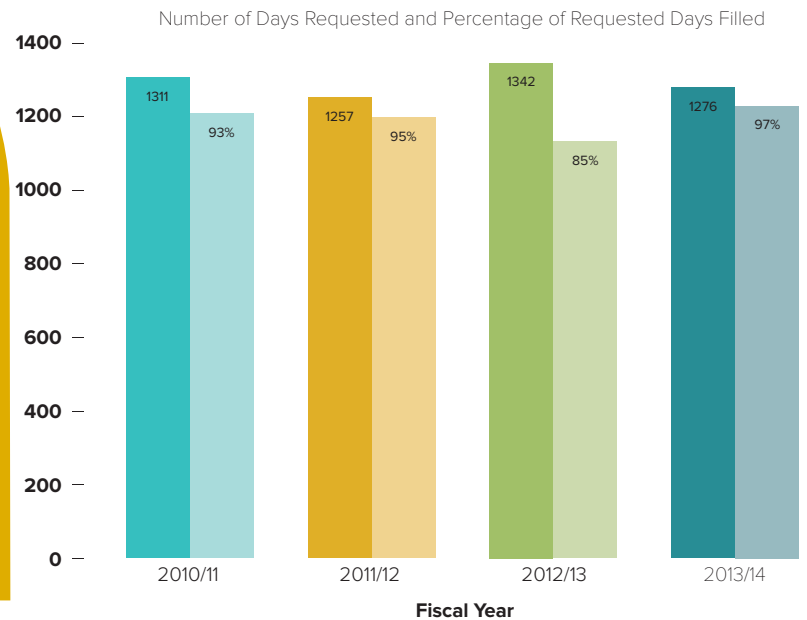
Results: In 2013-2014, there were 509 requests for the Senior's Weekend Locum Program, and 96% (488/509) of the requests were met. As illustrated below, this represents a slight decrease in the number of requests, but an increase in the number of requests met. There is no target for this KPI.

8.3

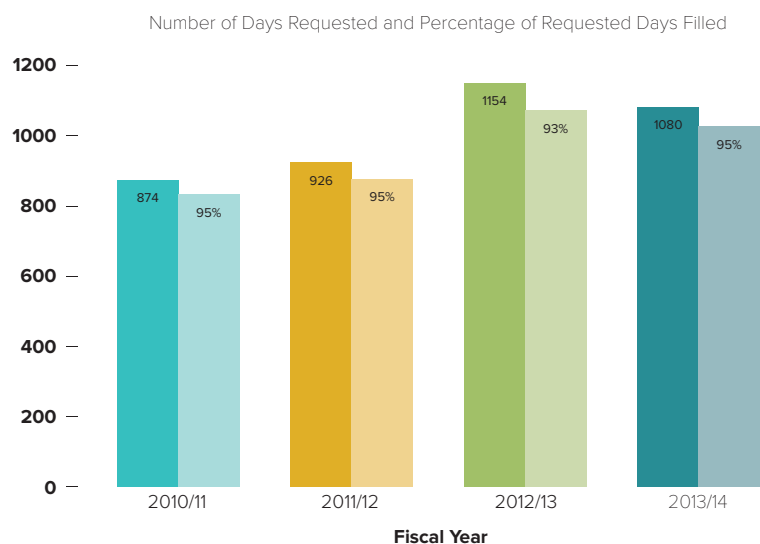
KPI Number of days requested and filled for the Weekend Locum Program.

Results: In 2013–2014, 1276 days were requested for the Weekend Locum Program, and 97% (1233/1276) of the days requested were filled. This represents an increase in both number of days requested that were filled, as well as an increase in the percentage of requests filled. The target for this KPI is 1214 days filled (the three year average of number of days filled plus 2%).

KPI 8.3 Number of days requested and percentage of requested days filled for the Weekend Locum Program.



KPI 8.4 Number of days requested and filled for the Senior's Weekend Locum Program.



8.4

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

Results: In 2013–2014, 1080 days were requested for the Senior's Weekend Locum Program, and 95% (1025/1080) of the days requested were filled. The target for this KPI is 1014 days filled (the three year average of number of days filled plus 2%).

9. SUPPORT FOR LOCAL PHYSICIAN ATTRACTION AND RETENTION EFFORTS

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

- The RPAP's Community Physician Recruitment Consultants (CPRCs) 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, and the administration of the Community Physician Attraction and Retention Website.
- The 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.
- In addition, the RPAP utilizes a physician newcomer contact process to support the integration of new physicians to Alberta. The RPAP connects with newcomer physicians for three reasons:
 1. To let newcomers know about/remind them about the RPAP.
 2. To check on how they are settling in and if they have been contacted by the local physician attraction and retention committee (if there is one in their community).
 3. To see if the newcomers require any resources/connections which the RPAP can provide.
- An important aspect of the Rural Community Physician A&R Committees' work is the effort 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. The RPAP Community Physician Recruitment Consultants assist the A&R committees to achieve this integration.

Objective

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

9.1

KPI Number of Community Physician Attraction and Retention Committees supported.

Results: During 2013-2014, RPAP staff, including three Community Physician Recruitment Consultants, supported 32 Community Physician A&R Committees. This performance is in line with the 2012-2013 total of 32 Community Physician A&R Committees supported, and the 2011-2012 total of 26 Community Physician A&R Committees supported.

9.2

KPI Community Physician Attraction and Retention Committees member overall satisfaction with the supports provided by the RPAP.

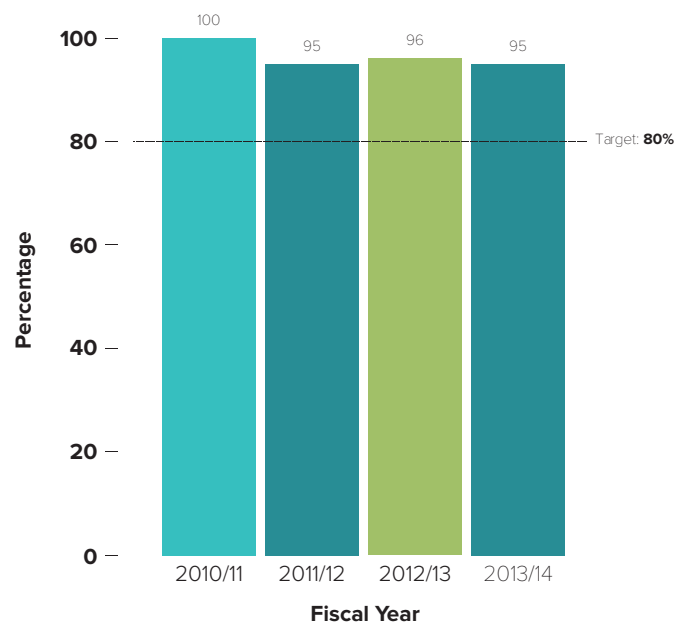
Results: The satisfaction survey for the Community Physician Attraction and Retention Committee members is currently being administered. Results will be reported in the 2014- 2015 KPI report. During 2012-2013, 92% (46/50) of the Community Physician Attraction and Retention Committee members surveyed indicated that they were satisfied with physician attraction supports provided by the RPAP. 84% (42/50) of the members indicated that they were satisfied with physician retention supports provided by the RPAP.

9.3

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

Results: During 2013-2014, 102 participants attended the annual RPAP/Northern Alberta Development Council (NADC) Rural Alberta Community Physician Attraction and Retention Conference. 95% (70/74) of survey respondents indicated overall satisfaction with the event. During 2012-2013, 114 participants attended the conference and 96% (85/89) of survey respondents indicated overall satisfaction. During 2011-2012, 114 participants attended the conference and 95% (86/91) of survey respondents indicated overall satisfaction. The target for this KPI is 80% indicating overall satisfaction.

KPI 9.3 Percentage of participants who indicated satisfaction with the annual RPAP/NADC Rural Alberta Community Physician Recruitment and Retention Conference.



9.4

KPI Number of rural newcomer physicians contacted.

Results: During 2013-2014, RPAP staff made direct contact with 100% (189/189) of rural newcomer physicians, connecting them to RPAP resources, supports and services. This is in line with results from previous years, 100% (120/120) during 2012-2013 and 100% (135/135) during 2011-2012. The target for this KPI is direct contact with 100% of rural physician newcomers.

9.5

KPI Number of exit interviews conducted with physicians leaving rural communities.

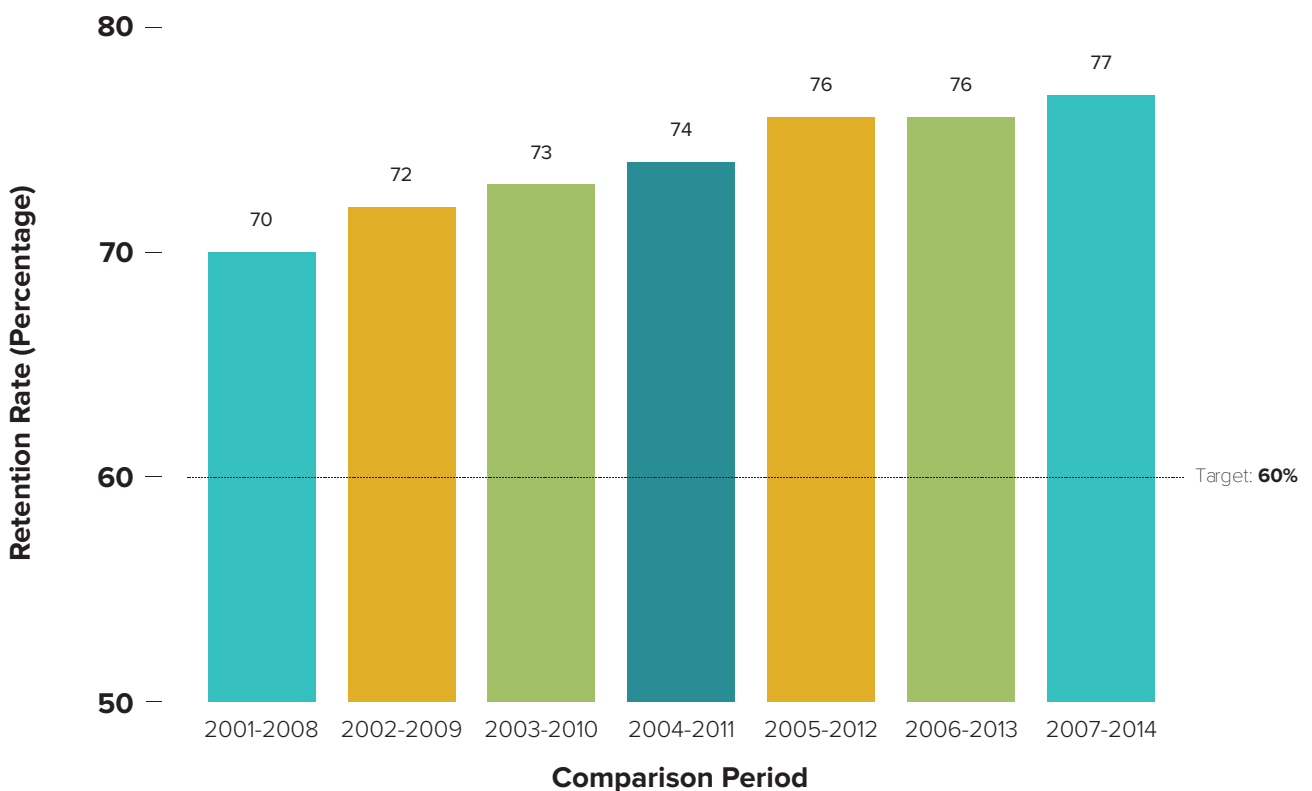
Results: RPAP staff interviewed 36 exiting physicians during 2013-2014. Stated reasons for leaving included better career opportunities (33%), distance with family or personal reasons (33%), wanting to pursue further training (19%) and retirement. Nine exit interviews were conducted during 2012-2013 and two during 2011-2012. The target is 10 exit interviews per year.

9.6

KPI 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 2013-2014 for rural physicians shows that 77% had been practicing in rural Alberta since 2006. As illustrated below, this seven year retention rate has improved steadily since 2006-2007. The target for this KPI is 60%.

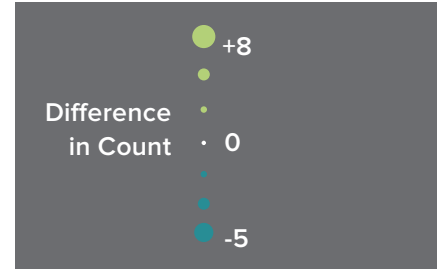
KPI 9.6 Percentage of rural physicians practicing in rural Alberta for seven years (according to the annual census at the time).



9.7

KPI Change to the number (headcount) of physicians practicing in rural Alberta.

Results: The number (headcount) of physicians practicing in rural Alberta during 2013-2014 was 2012. This compares to 1965 during 2012-2013 (for a one year increase of 47), 1888 during 2011-2012 and 1829 during 2010-2011. The change between 2012-2013 and 2013-2014 by community is shown below. Green indicates an increase and blue indicates a decrease. The larger the circle, the greater the increase/decrease.



Goal #3

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

The RPAP has established several activities to support the physician. These include Enrichment Training, Continuing Medical Education (CME) events, an awards program, support to Community A&R Committees, and the new PracticalDoc.ca website.

10. ENRICHMENT PROGRAM

The RPAP provides coordination and funding for customized enrichment training for rural and regional physicians. After an application detailing the training request is submitted, the RPAP Skills Broker reviews the application for approval and “brokers” the request to the training organization. Upon approval, the RPAP provides an honorarium for both the trainee and the preceptor. Training is provided for periods of less than two weeks (through FIRST) to up to one year.

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. Rural physicians must be able to handle every situation that rolls through the ER doors. Maintaining clinical competency can be a challenge with busy schedules and distance from urban training sites. The RPAP, in partnership with the Shock Trauma Air Rescue Society (STARS), provides this opportunity to rural physicians.

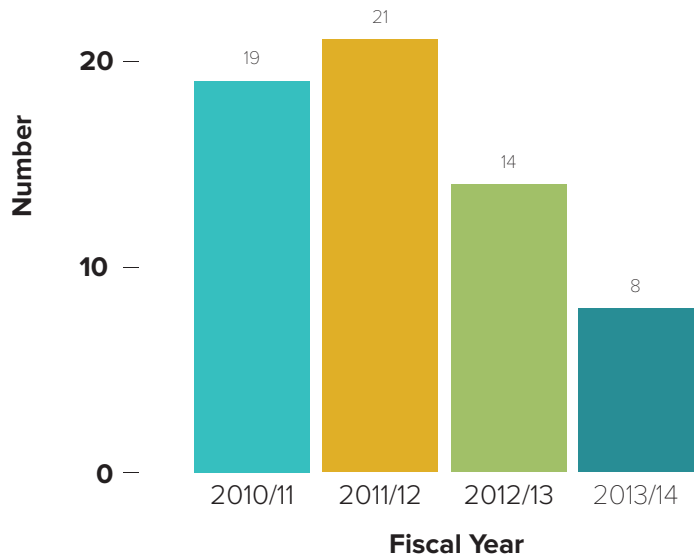
Objective

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.

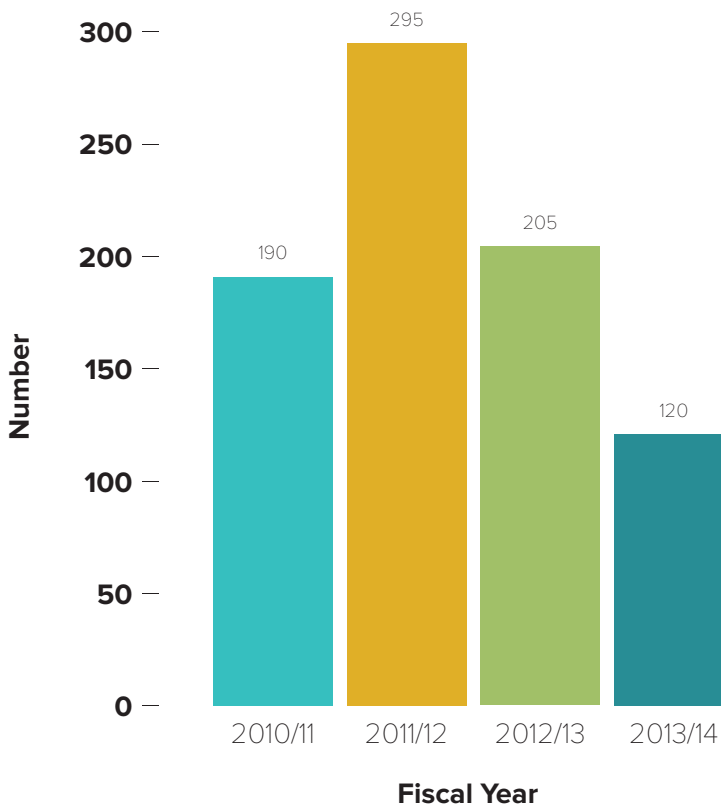
10.1
KPI Number of physicians accepted into the Enrichment Training Program.

Results: 8 physicians were accepted into the Enrichment Training Program during 2013–2014, and there were six disciplines offered. This compares to 14 physicians and seven disciplines during 2012–2013 and 21 physicians and ten disciplines in 2011–2012. There is no target set for this KPI.

KPI 10.1 Number of physicians accepted into the Enrichment Training Program.



KPI 10.2 Number of Enrichment Training Program weeks.



10.2
KPI Number of Enrichment Training Program weeks.

Results: During 2013–2014, there were 120 Enrichment Training Program weeks. This compares to 205 during 2012–2013 and 295 during 2011–2012. The decrease in the number of weeks during 2013–2014 was caused by the temporary decrease in the Enrichment Training Program budget⁵. There is no target for this KPI.

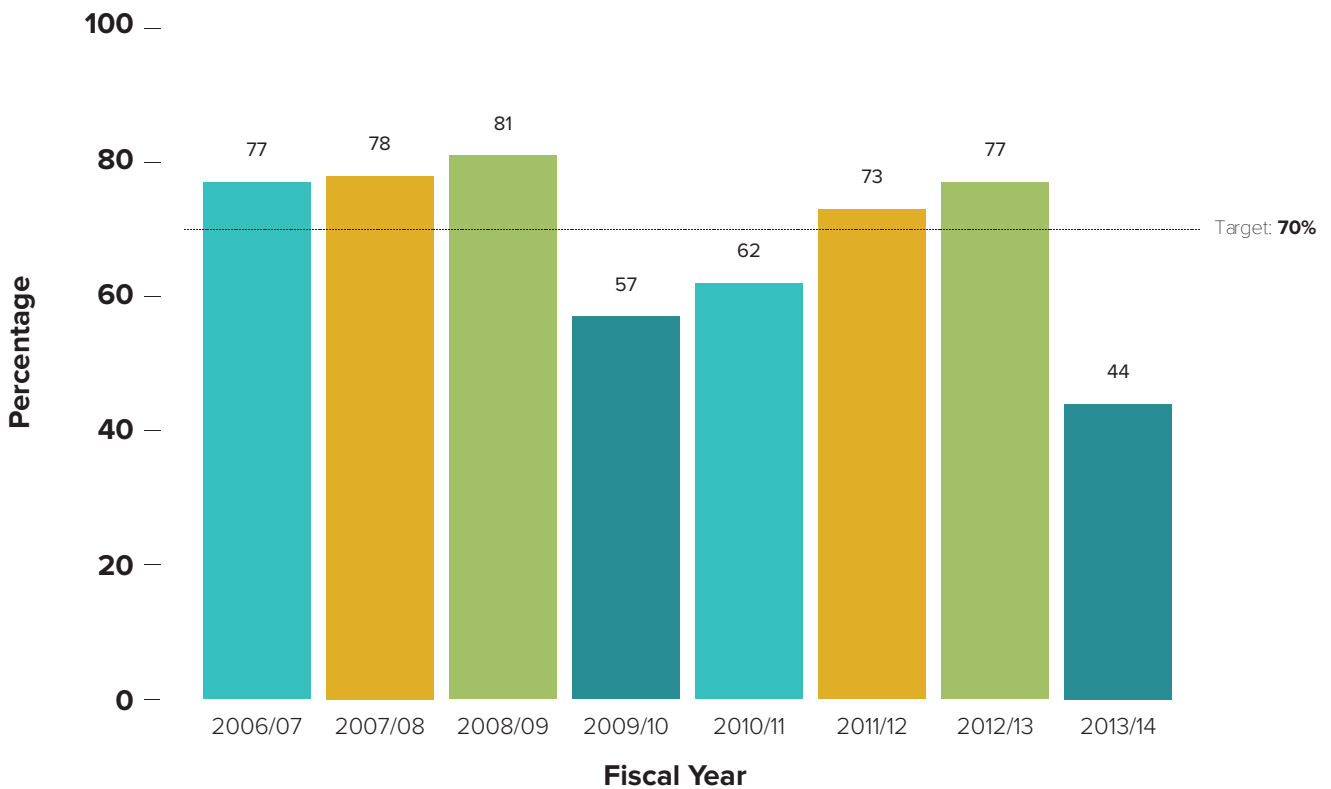
⁵ - Though the budget was restored mid-year, the intake had already been adversely affected.

10.3

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

Results: 44% of the rural Physicians who completed the Enrichment Training Program during 2009-2010 were practicing in rural Alberta after three years, during 2013–2014. This is down from the 2012-2013 and 2011-2012 results of 77% and 73%, respectively. The target for this KPI is set at 70%.

KPI 10.3 Percentage of Enrichment Program trainees remaining in rural Alberta and utilizing their special skill three years after receiving the training.



10.4

KPI Number of physicians completing the General Emergency Medicine Skills (GEMS) Program.

Results: During 2013-2014, 2 physicians completed the GEMS program. 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. Steps are in motion to address the issues encountered and to return the number of GEMS program completions to normal for 2014-2015.

The target for this KPI is 20 completions per year.

11. PRACTICAL DOC

Practical Doc 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.

11.1

KPI Number of unique visitors to the Practical Doc website

Results: During 2013-2014 PracticalDoc.ca received 15383 unique visits⁶, averaging 1282 unique visits per month, which represents a strong increase over its launch year, 2012-2013, with 5667 visits⁷, averaging 945 unique visits per month. There is no target set for this KPI.

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

12. 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 twelve 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 RPAP Early Careerist Award honours and recognizes the significant contributions of a rural physician within their first twelve years of practice. Individuals selected for this award are innovative, energetic, and passionate about rural medicine and the rural lifestyle. They are seen to be current or future leaders in their field and are already making a difference for their clients, their community, and medical practice.

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. The award is offered in partnership with the Alberta Chambers of Commerce (ACC).

Objective

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

12.1

KPI Number of nominees for the Award of Distinction.

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

12.2

KPI Number of nominees for the Early Careerist Award.

Results: During 2013–2014 as in 2012-2013, there were no nominees for the Early Careerist Award. This compares to two nominees during 2011-2012 and no nominees during 2010-2011. The target is five nominees per year. Beginning 2014-2015 the Early Careerist Award will be merged into the Award of Distinction.

12.3

KPI Number of nominees for the Alberta Rural Community Attraction and Retention Award.

Results: During 2013-2014 there were two nominees for the Alberta Rural Community Attraction and Retention Reward. This compares to two nominees during 2012-2013 and eight nominees during 2011-2012. The target is five nominees per year.



Section 2

Performance of the University of Alberta and the University of Calgary for the 2013-2014 Academic Year

This section of the report presents information related to Key Performance Indicators (KPI) associated with RPAP-funded and supported initiatives provided by the University of Alberta (U of A) and the University of Calgary (U of C) that are designed to expose medical students and resident physicians to rural-based practice. The KPI in this section of the document relate to two of the three RPAP goals.

The data in this section were submitted by the respective universities at the end of October 2014. The data are by academic year rather than fiscal year.

In Regards to Goal 1:

To Support the Attraction of a Competent Physician Workforce

13. U of A and U of C RURAL ROTATIONS

In collaboration with the U of A and U of C, RPAP provides funding and support to encourage medical students and resident physicians to do mandatory and elective rotations with rural and regional preceptors. Alberta medical students and resident physicians receive funding for travel and accommodations, and preceptors receive an honorarium directly from the RPAP. The preceptors in each of the training sites also have a direct link to the university they are affiliated with and are supported through RPAP-funded faculty development initiatives and faculty on-site visits.

Objective

To encourage rural practice and provide medical students and resident physicians with a positive experience of rural Alberta.

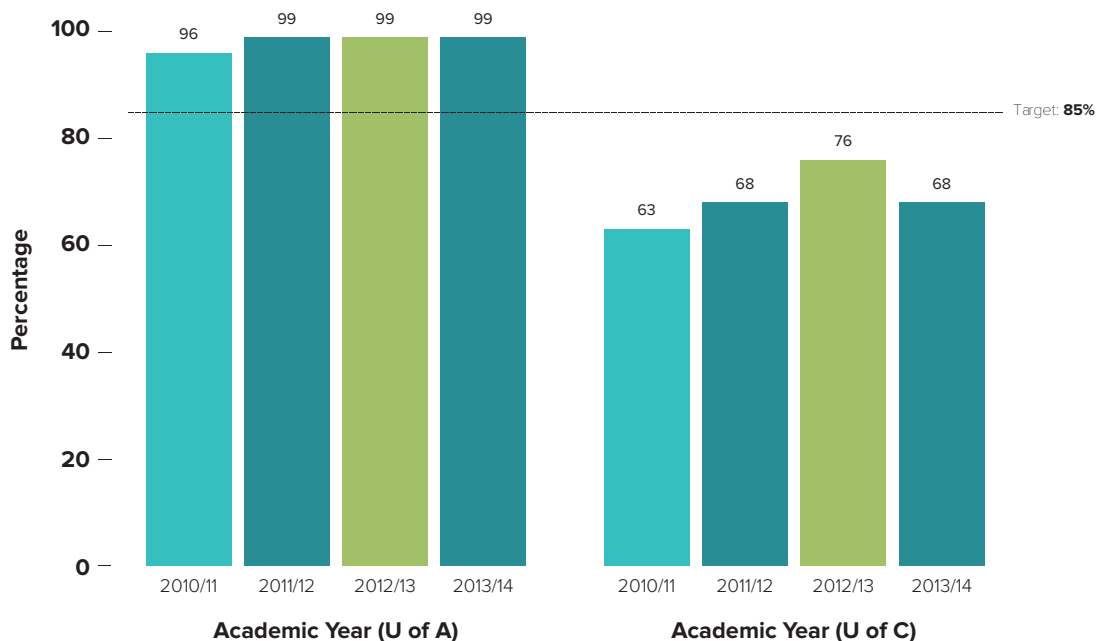
13.1

KPI Percentage of all third-year medical students who received a rural/regional rotation (U of A/U of C).

U of A Results: During the 2013-2014 academic year, 99% (144/145) of U of A third-year medical students completed at least one rural or regional rotation. This compares to 99% (154/156) during the 2012-2013 academic year and 99% (167/169) during the 2011-2012 academic year. The target for this KPI is 85%.

U of C Results: During the 2013-2014 academic year, 68% (120/177) of third-year medical students completed at least one rural or regional rotation. This compares to 76% (126/165) during the 2012-2013 academic year and 68% (119/174) during the 2011-2012 academic year. The target for this KPI is 85%.

KPI 13.1 Percentage of all third-year medical students who participated in a rural/regional rotation (U of A/U of C).



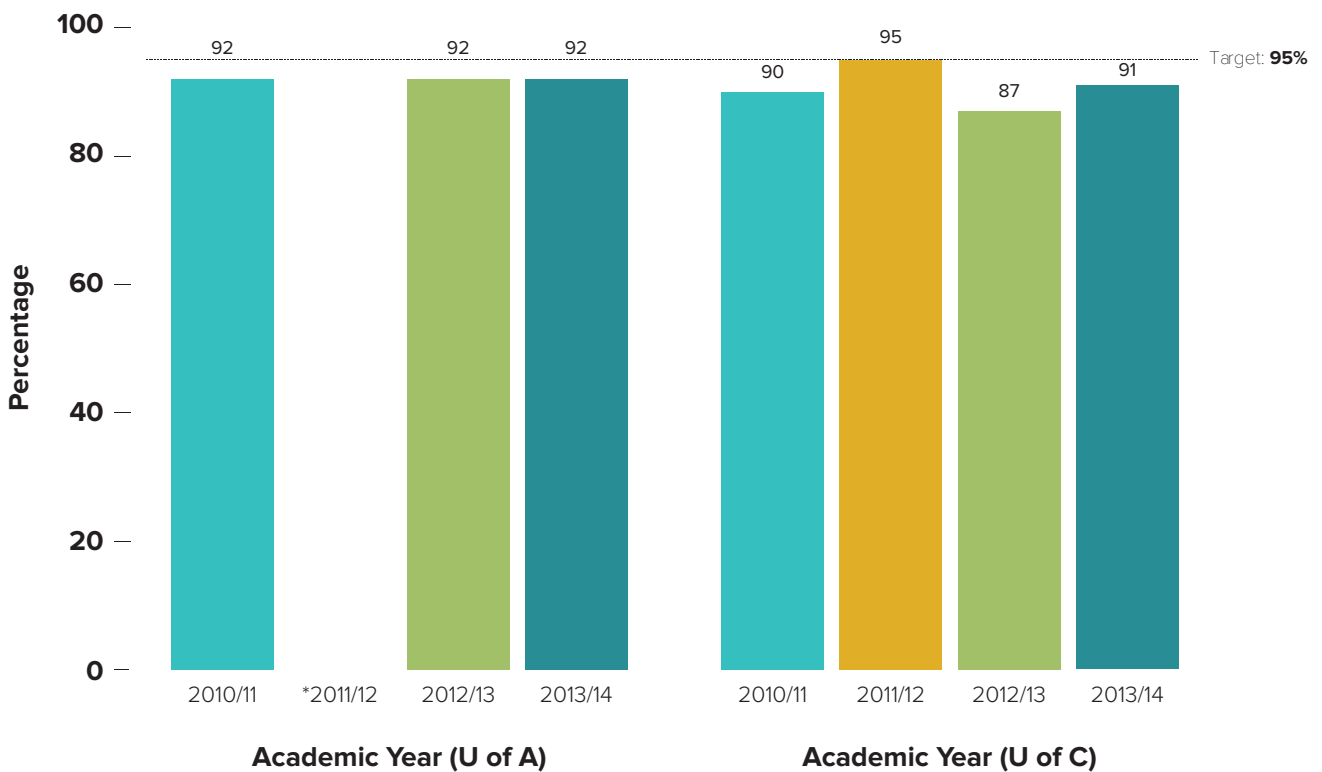
13.2

KPI Percentage of those third-year medical students (clerks) who received a rural/regional rotation and indicated an overall satisfaction with their rural experience (U of A/U of C).

U of A Results: During the 2013-2014 academic year, 92% (132/144) of the third-year U of A medical students who received a rural/regional rotation and responded to the survey indicated an overall satisfaction with their rural experience. This compares to 92% (120/131) for the 2012-2013 academic year. *Data for the 2011-2012 academic year was not collected. The target for this KPI is 95%.

U of C Results: During the 2013-2014 academic year, 91% (109/120) of the third-year U of C medical students who received a rural/regional rotation and responded to the survey indicated an overall satisfaction with their rural experience. This compares to 87% (68/78) for the 2012-2013 academic year and 95% (89/94) for the 2011-2012 academic year. The target for this KPI is 95%.

KPI 13.2 Percentage of those third-year medical students (clerks) who received a rural/regional rotation and indicated overall satisfaction with their rural experience (U of A/U of C).



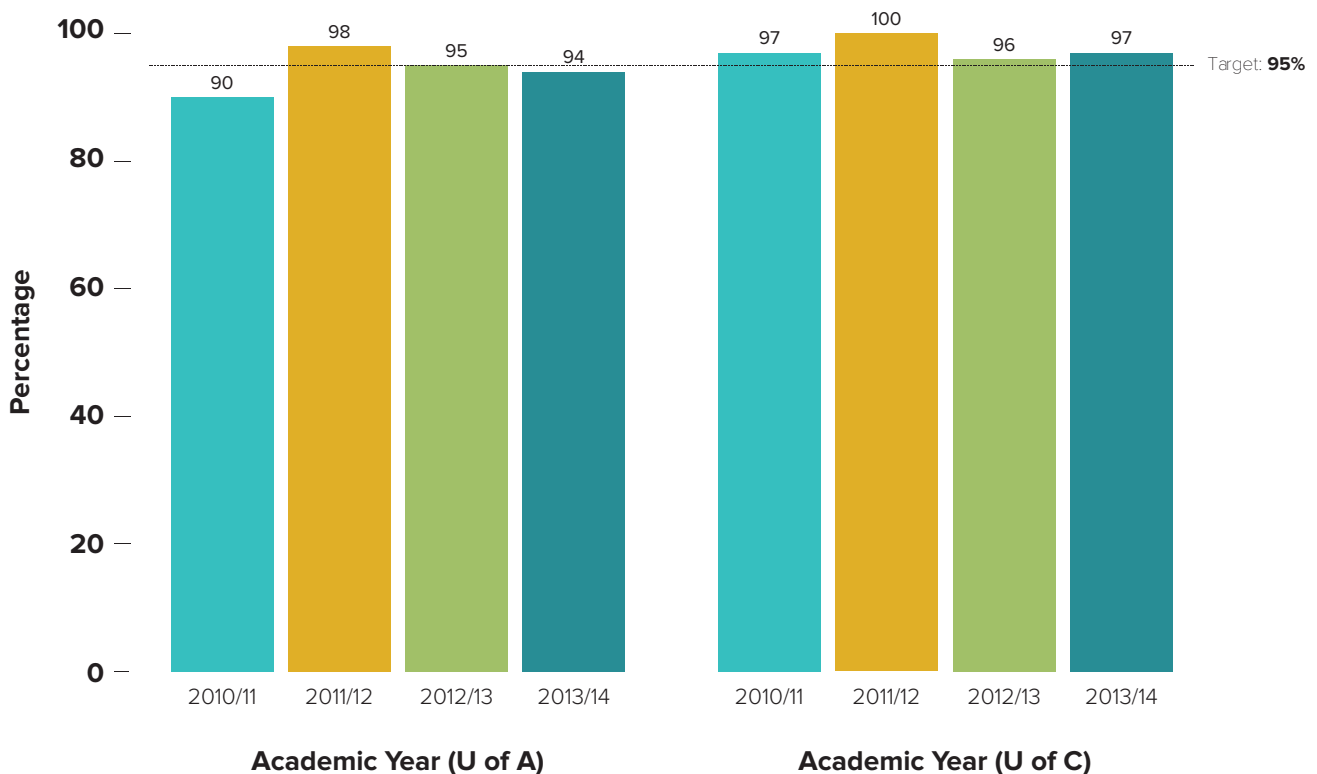
13.3

KPI Percentage of those Family Medicine residents who received a rural/regional rotation and who indicated an overall satisfaction with that experience (U of A/U of C).

U of A Results: During the 2013-2014 academic year, 94% (51/54) of the traditional Family Medicine residents at the U of A who received a rural/regional rotation and responded to the survey indicated an overall satisfaction with their rural experience. This compares to 95% (59/62) during the 2012-2013 academic year and 98% (51/52) during the 2011-2012 academic year. The target for this KPI is 95%.

U of C Results: During the 2013-2014 academic year, 97% (58/60) of the traditional Family Medicine residents at the U of C who received a rural/regional rotation and responded to the survey indicated an overall satisfaction with their rural experience. This compares to 96% (45/47) during the 2012-2013 academic year and 100% (45/45) during the 2011-2012 academic year. The target for this KPI is 95%.

KPI 13.3 Percentage of those Family Medicine residents who received rural/regional rotation and who indicated an overall satisfaction with that experience (U of A/U of C).



13.4

KPI Percentage of third-year clerkship rural preceptors or “primary site” coordinators who indicated an overall satisfaction with the program (U of A/U of C).

U of A Results: During the 2013–2014 academic year, 100% (9/9) of U of A clerkship preceptor respondents reported an overall satisfaction with the program. This compares to 100% (15/15) during the 2012-2013 academic year and 100% (15/15) during the 2011-2012 academic year. The target for this KPI is 95%.

U of C Results: During the 2013–2014 academic year, 85% (17/20) of U of C clerkship preceptor respondents reported an overall satisfaction with the program. This compares to 100% (23/23) during the 2012-2013 academic year and 100% (18/18) during the 2011-2012 academic year. The target for this KPI is 95%.

13.5

KPI Percentage of post-graduate or medical resident preceptors or “primary site” coordinators who indicated an overall satisfaction with the program (U of A/U of C).

U of A Results: During the 2013–2014 academic year, 100% (10/10) of U of A post-graduate preceptor respondents reported overall satisfaction. This compares to 93% (14/15) during the 2012–2013 academic year and 100% (10/10) during the 2011-2012 academic year. The target for this KPI is 95%.

U of C Results: During the 2013–2014 academic year, 90% (18/20) of U of C post-graduate preceptor respondents reported overall satisfaction. This compares to 94% (17/18) during the 2012–2013 academic year and 100% (12/12) during the 2011-2012 academic year. The target for this KPI is 95%.

13.6

Number of weeks of undergraduate medical education being performed in Alberta outside Edmonton/ Calgary by community per year (U of A/U of C).

U of A Results: U of A results for this KPI were not reported.

U of C Results: During the 2013-2014 academic year, 869 weeks of undergraduate medical education were performed in 40 communities outside Calgary. This compares to 1010 weeks in 37 communities during the 2012-2013 academic year and 929 weeks in 34 communities during the 2011-2012 academic year. There is no target for this KPI.

13.7

KPI Number of weeks of post-graduate medical education being performed in Alberta outside Edmonton/ Calgary by community per year (U of A / U of C).

U of A Results: U of A results for this KPI were not reported.

U of C Results: During the 2013-2014 academic year, 1667 weeks of post-graduate medical education were performed in 28 communities outside Calgary. This compares to 1580 weeks in 28 communities during the 2012-2013 academic year and 1092 weeks in 20 communities during the 2011-2012 academic year. There is no target for this KPI.

13.8

KPI Percentage of Family Medicine graduates in the traditional program who are practicing in rural/regional communities in Alberta three years after graduation (U of A/U of C).

U of A Results: Of the 79 Family Medicine students who graduated from the U of A traditional program in 2011, 15 are practicing in an Alberta rural/regional community after three years (in 2014). This represents a 19% retention rate (15/79). This compares to a 17% three-year retention rate (15/88) for the students having graduated from the U of A traditional program in 2010. The target for this KPI is 25%.

U of C Results: Of the 50 Family Medicine students who graduated from the U of C traditional program in 2011, 5 are practicing in an Alberta rural/regional community after three years (in 2014). This represents a 10% retention rate (5/50). This compares to a 5.5% retention rate (2/36) for the students having graduated from the U of C traditional program in 2010. The target for this KPI is 25%.

14. ALBERTA RURAL FAMILY MEDICINE NETWORK (ARFMN)

The Alberta Rural Family Medicine Network (ARFMN) offers a two-year rural-based Family Medicine residency training program that focuses mainly on rural and regional community and hospital practices within rural Alberta. The program is offered collaboratively through the University of Alberta and University of Calgary Family Medicine residency programs, Rural Alberta North (RAN), and Rural Alberta South (RAS), respectively.

Rural Alberta North and Rural Alberta South each accept 10 to 20 resident physicians per year through the Canadian Resident Matching Service (CaRMS). The curriculum is taught largely by rural-based family physicians and specialists attached to the Family Medicine and Royal College specialty departments of both universities.

The Network is a collaborative venture of the RPAP, the Family Medicine departments of the Universities of Alberta and Calgary, Alberta's rural physicians, Alberta Health Services and Covenant Health.

The RPAP provides extensive support to the Network's residents, both financial and infrastructural, and it also supports ongoing faculty development to preceptors through its Practical Prof webpages.

Objective

To offer dedicated family medicine residency training to prepare competent physicians for the broad demands of rural practice and to help the attraction and retention of physicians in rural Alberta.

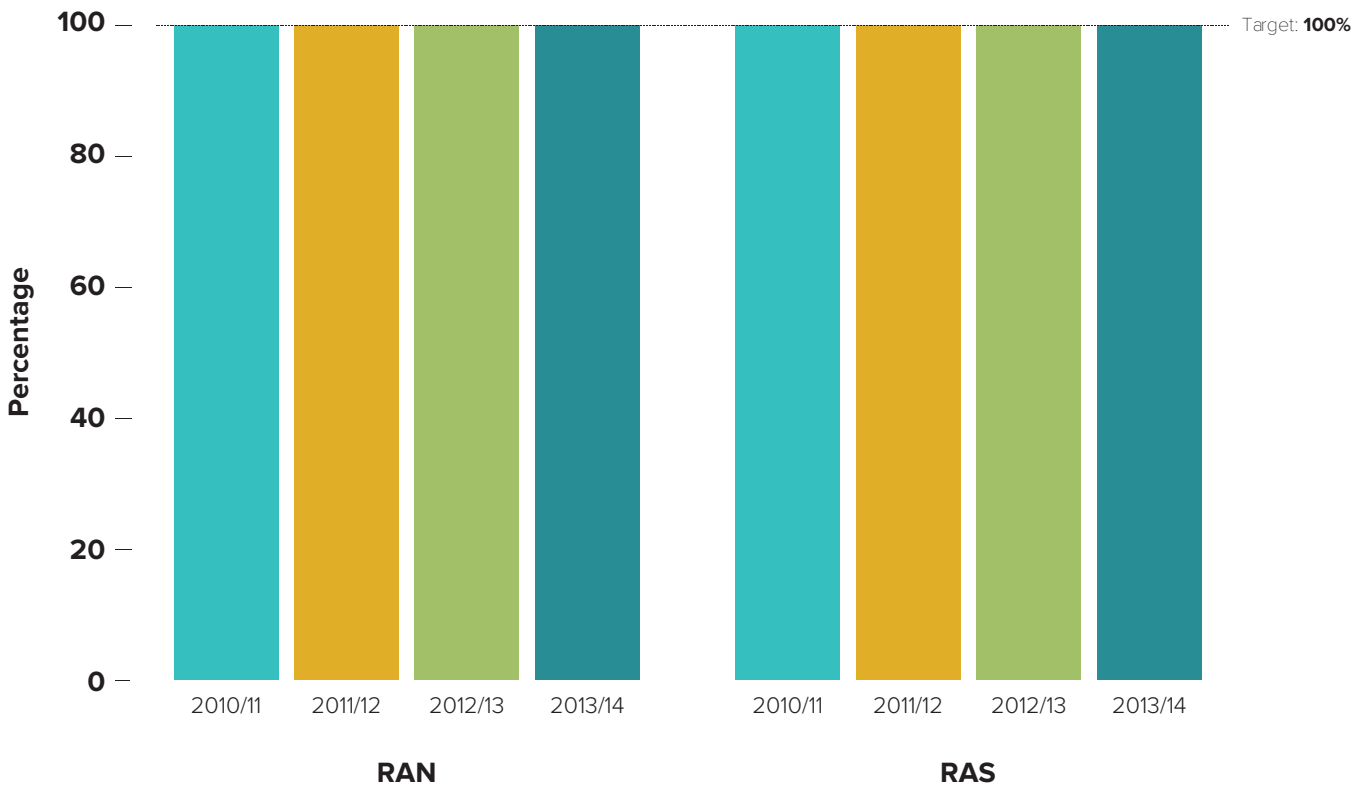
14.1

KPI Percentage of RAN/RAS first year resident (PGY1) positions filled per year.

Rural Alberta North (RAN) Results: During the 2013-2014 academic year, 100% (16/16) of the RAN PGY1 positions were filled. This compares to 100% (16/16) for 2012-2013 and 100% (17/17) for 2011-2012. The target for this KPI is 100%.

Rural Alberta South (RAS) Results: During the 2013-2014 academic year, 100% (14/14) of the RAS PGY1 positions were filled. This compares to 100% (14/14) for each of the two prior academic years. The target for this KPI is 100%.

KPI 14.1 Percentage of RAN/RAS first year resident (PGY1) positions filled per year.



14.2

KPI Percentage of RAN/RAS graduates who are practicing in rural or regional communities in Alberta three years after graduation.

Rural Alberta North (RAN) Results: Of the 18 residents who completed the ARFMN (RAN) program in 2011, 7 were still practicing in an Alberta rural/regional community after three years (in 2014). This represents a 39% retention rate (7/18). In 2012 and 2013, the three year retention rate was 67% (8/12). The target for this KPI is 75%.

Rural Alberta South (RAS) Results: Of the 16 residents who completed the ARFMN (RAS) program in 2011, 10 were still practicing in an Alberta rural/regional community after three years (in 2014). This represents an 63% retention rate (10/16). In 2013, the three year retention rate was 83% (10/12) and 56% (5/9) in 2012. The target for this KPI is 75%.

14.3

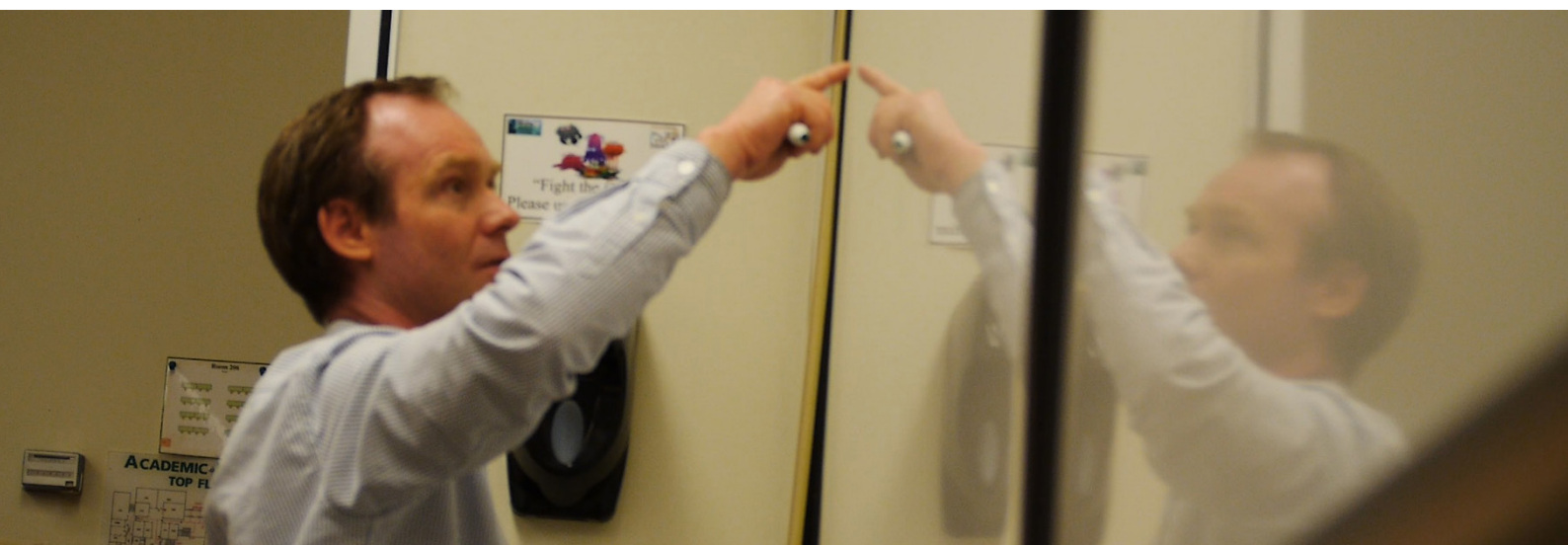
KPI Number of rural/regional preceptors who attended the annual Alberta Rural Family Medicine Network (ARFMN) faculty development conference (Cabin Fever).

53 rural/regional preceptors attended the 2014 Cabin Fever conference. 85% (45/53) of the rural/regional preceptors were family physicians, 15% (8/53) of the rural/regional preceptors were specialists. 92 rural/regional preceptors attended the 2013 Cabin Fever conference. 89% (82/92) of the rural/regional preceptors were family physicians, 11% (10/92) of the rural/regional preceptors were specialists. There is no target set for this KPI.

14.4

KPI Number of first year rural/regional preceptors who attended the annual ARFMN faculty development conference (Cabin Fever).

In 2014, 18 of the 53 rural/regional preceptors were first time conference attendees. This compares to 29/92 in 2013 and 18/61 in 2012. There is no target set for this KPI.



In Regards to Goal 3: To Support the Physician and Family and Positively Affect the Factors that Influence Recruitment and Retention.

15. CONTINUING MEDICAL EDUCATION / CONTINUOUS PROFESSIONAL LEARNING (CME / CPL)

The RPAP provides funding to the University of Calgary Continuing Medical Education/ Continuous Professional Learning (CME/CPL) office to work with rural physicians to provide high quality CME/CPL to meet the needs of rural Alberta.

Initiatives and partnerships include MDcme.ca and the U of C RPAP-sponsored video-conferencing program.

Objective

To support professional learning opportunities for practicing rural physicians.

15.1

KPI Number of videoconference sessions and average number of attendees.

During the 2013-2014 academic year, a total of 30 videoconference sessions were held with participation from 59 rural/regional sites. Average attendance was 160 (4800/30).

The program was previously run separately by both U of C and U of A. During the 2012-2013 academic year U of C held 30 sessions in 34 rural/regional sites for an average attendance of 125 (3750/30). The U of A held 30 sessions in 30 rural/regional sites, for an average attendance of 57 (1710/30).

During the 2011-2012 academic year, U of C held 30 sessions in 33 rural/regional sites, for an average attendance of 86 (2580/30). The U of A held 30 sessions in 20 rural/regional sites, for an average attendance of 58 (1740/30).

There is no target set for this KPI.

15.2

KPI Percentage of participants attending videoconference sessions who indicated an overall satisfaction with the presentations.

Of the health professionals who attended the videoconference sessions during the 2013–2014 academic year, 93% indicated an overall satisfaction with the presentations. This compares to 96% at U of C and 98% at U of A during the 2012-2013 academic year and 92% at U of C and 98% at U of A during the 2011-2012 academic year. The target set for this KPI is 75%.



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