*Community A&R Conference - 10 October 2012

* Current Issues in Physician Training, Recruitment & Retention

Community Physician Attraction & Retention

Serve rural Alberta since 1992
* Your questions - what should we talk about?
* Context
* Training & Licensure
  * Pathway to become a physician
  * Licensure & credentialing
  * Doctor! Doctor! Where is the Doctor? - some stats
* Attraction, Recruitment & Retention
  * Best practices appendix
Context
* We know that:
  * the level of health services in a rural community affects industry attraction, community sustainability & the communities’ quality of life
  * is a shortage of physicians (in Canada, in many parts of the World) & that they are not distributed to the areas of need
  * International Medical Graduates (IMGs) will continue to represent a sizeable part of the physician workforce into the future
  * work life balance issues affect Recruitment & Retention (R&R)
  * the community can play a key role in Attraction & Retention
* A lot is being done.
* We need to celebrate our successes.
* There are no quick fixes.
* We are following « best practices »
* ~494 physician vacancies in Alberta
* 58 rural communities looking for 157 physicians
* First Year Medical Students - up 80%
  * 1999/20 - 185
  * 2011/12 - 334
* # of students/residents completing rural clinical - up 34%
  * 2009/10 - 385
  * 2011/12 - 514
  * (excluding RAS and RAN)
* Currently RAS - 26; RAN - 35 (year 1 & 2)
Training & Licensure
Pathway to be a Doctor
### Alberta Rural Clinical Placement Options

<table>
<thead>
<tr>
<th>Medical School (undergrad) 3.5–4 yrs</th>
<th>Residency Training (postgrad) 2-4+ yrs</th>
</tr>
</thead>
</table>

#### Clerks (Medical School Yrs. 3/4)
- RPAP/UofA/UofC
  - Rural Rotations Program (mandatory FM clerkship blocks, elective FM/RC clerkship blocks, FM/RC residency blocks)

#### Family Medicine (FM) Residents
- RPAP/UofA/UofC
  - Rural-based RAN/RAS programs
- UofA/UofC
  - Integrated Community Clerkship (ICC)

#### Royal College (RC) Residents
- UofC
  - Certain RC Residency Programs
Rural Facilities as Teaching Sites
* 1311 trainees started family medicine in 2012

* 83% are graduates of Canadian medical schools

* 16% are Internationally trained graduates (60% CSA’s)

* 1% US graduates

*Family Medicine Training at July 1 2012*
* New initiative accelerates entry to Queen's Medical School

* Queen's Medical School and the Faculty of Arts and Science have partnered in a new initiative, Queen's University Accelerated Route to Medical School or "QuARMS". Unique in Canada, QuARMS will prepare 10 Queen's Chancellors Scholarship nominees to enter medical school after two years of undergraduate study in a special program in the Faculty of Arts and Science.
In Alberta there are 3 steps to register as an Alberta physician:

* Step 1: Online Eligibility Review (a pre-screening process to determine if individuals are eligible to apply for a medical licence in Alberta)
* Step 2: Application for Registration
* Step 3: Registration eAppointment

WHERE’S YOUR LICENSE?
There are three steps in the registration process for physicians who have not previously practiced in Alberta: the eligibility review, the application for registration, and the registration eAppointment including payment of fees as appropriate.
* In Canada, each provincial/territorial medical regulatory authority issues licenses for that jurisdiction. They are NOT portable.

* Canada DOES NOT have a national license for physicians

* In Alberta, the College of Physician and Surgeons of Alberta (CPSA) licenses physicians under the Health Professions Act (HPA)

WHERE’S YOUR LICENSE?
*Registration in Alberta under the Agreement on Internal Trade (AIT) - Physicians who are Canadian citizens or Permanent Residents and who have an independent practice licence in a Canadian province or territory may be eligible for a licence in Alberta, regardless of whether or not they meet the registration requirements of the CPSA under the Health Professions Act (HPA).

*Licensure with the CPSA is NOT the same as obtaining a work permit as an IMG via the Government of Canada and immigrating to Canada

*WHERE’S YOUR LICENSE?
Candidates must have:
* Evidence of English language proficiency
* An acceptable medical or osteopathic degree, and
* One of:
  * Successful completion of a postgraduate program of Family Medicine training in Canada, one of LMCC or CCFP, and Part B of the assessment process; or
  * Successful completion of a postgraduate program of medical training of at least 24 months duration outside of Canada containing 4 months of community-based primary care; a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery, and Internal Medicine; the Medical Council of Canada Evaluating Examination (MCCEE), and Part A and Part B of the assessment process satisfactory to the Registrar.

* Conditional licence (Provisional Register Conditional Practice) - Family Practice
* Prior obtaining a license to practice on the Provisional Register, IMGs must undergo and successfully pass a practice readiness assessment. There are two unique components to a practice readiness assessment, and most, but not all, IMGs must undergo and successfully pass both components:

* 1. **Preliminary Clinical Assessment:** An Applicant (Candidate) is placed in the actual practice setting of an approved Assessor for assessment of clinical competence through direct observation. Depending on the qualifications of the Applicant, the College determines the duration of the preliminary clinical assessment as follows:

   I. Family Practice: Two weeks (for Applicant trained in Australia (some), UK, Ireland), or Three months (all others)

   II. Specialist: Three months (all)

* Practice Readiness Assessments in Alberta for International Medical Graduates (IMGs)
2. **Supervised Practice Assessment**: An Applicant is in his/her own practice setting acting as the Most Responsible Physician able to bill for his/her services. An approved Assessor visits on a regular basis to assess clinical competence through chart review and case-based discussion. The duration of a supervised practice assessment is three months regardless of qualifications or specialization.

* Practice Readiness Assessments for IMGs
Alberta Pathway to be licensed as a Doctor – IMGs (UK/Ireland)

Recognized MD (IMED) & Evidence of English language proficiency

GP/Specialist: PG (24/48 mos); MCCEE; PRA Parts A & B

PRA requires a sponsor. The sponsor is the organization offering the post

CCT/CSCST

Provisional Register Conditional Practice

Continuous Professional Learning

MCC = Medical Council of Canada
MCC EE = Evaluating Exam
PRA = Practice Readiness Assessment
MD = Medical Degree
PG = postgraduate training program
CCT = Certificate of Completion of Training
CSCST = Certificate of Successful Completion of Specialty Training
Follow the questions in these self-assessment flow charts to decide if you should fill out an eligibility review form. Note that printable versions of these charts are available from the LINKS button, as is more information on independent practice permits and independent conditional practice permits.
The application for registration is the process whereby you provide documents and information that prove you to be an ethical, competent, and accountable medical professional.
The Application Tracking System allows you to track the status of your application. Using the system, you can see which documents you or other agencies or individuals are required to provide, and which of those documents have been received and processed by the Registration Department.

**Checklist / Status**

- **CPSA Tracking #:** CPSA.00
- **Surname:**
- **Given Name(s):**

**Legend:**

- Dates appearing below imply that the appropriate action has been completed and/or the documentation has been received.
- A status of "Undetermined" indicates that CPSA is in the process of determining if action and/or documentation is required.
- A status of "Not yet received" indicates that the appropriate action has NOT been completed and/or the documentation has NOT been received.
- A status of "Not applicable" indicates that the action and/or documentation is not required in your circumstance.

- **Eligibility Review Form submitted on:** 02-Nov-2008
- **Eligibility Review Form review completed on:** 25-Nov-2008
- **Application For Registration Form issued on:** 08-Dec-2008
- **Verification of Medical Degree completed:** Unknown
- **Sponsorship letter received on:** 05-Feb-2009

**Preliminary Assessment:**
- **Undetermined**

**Assessment details received:**
- **Details not yet received**

**Assessor:**
- **Unknown**

**Location:**
- **Unknown**

**Term Length:**
- **Unknown**

**Start:**
- **Undetermined**

**Physician Credentials Registry of Canada (PCRC)**

The College uses the services of the Physician Credentials Registry of Canada (PCRC) to verify the authenticity of your medical credential documents. The College will tell you what documents need to go through the PCRC.
Step 3: Registration eAppointment

The registration eAppointment is the final required component of physician registration. During the eAppointment, you will be asked to accept certain agreements and confirm your declaration. You will also learn important facts about practicing in Alberta including:

- Prescribing practices.
- Complaint investigation.
- Practice Readiness Assessments.
- Measures to ensure physician wellness.
- Accreditation.
- Professional development requirements.
- Professional expectations.

The College maintains the right to request a candidate appear for an in-person registration appointment.
Application for Medical Registration in Canada (AMRC)

* Common application point for Canada
* Submit to relevant College

Benefits:
* Standard questions
* One application; multiple Colleges
* Source verification with application

Timing: Pilot project January 2013
* Joint LMCC QE II & CCFP exam (Spring 2013, $4,600) - Canadian Trained FM Applicants; RC applicants need MCC QE II $2,190 & Royal College training assessment & fellowship exam

* CPSA License
  * CPSA Eligibility (pre-screening) Review (online; $210)
  * CPSA Application for Registration (online) - begin ~90 days before start of practice
  * CPSA eAppointment (online; License fee $1,960)

* Upgrade CMPA membership category (FM: $1,152 to $4,788)

* CPSA Triplicate Prescription (form)
* AHCIP Practitioner ID/Business Arrangement Number (forms)
* WCB Billing Number (form)
* AMA PLS Application
* AHS/CH Medical Staff Appointment & Privileges

* The Paperwork/Steps
* 5 AHS operational Zones: North, Edmonton, Central, Calgary, South
* Zone Medical Director (ZMD) & Associate ZMDs
* Zone Medical Affairs Manager/Director
* Zone Physician Resource Planners
* Zone Clinical Departments w/ Heads/Executives
* Zone ARC, ZMAC

* Zone Medical Affairs
* Most physicians require a medical staff appointment and clinical privileges.
* Practitioners typically work out of one or more of the five AHS Zones: North, Edmonton, Central, Calgary and South.
* Appointments are provincial, not zone-based, but your Clinical Privileges and assignment to a (primary) Clinical Department are zone-based.
* In most cases your application will result in your appointment to the Probationary Staff for 12 - 24 months when, following a satisfactory performance review, Practitioners move to Active Staff. Other staff categories include: Temporary Staff, Community Staff; and Locum Tenems Staff: For temporary placement of Locum Tenems physicians in an existing practice or facility.
* Section 3.4 of the AHS medical staff bylaws outlines the application process.
* To obtain a medical staff application, contact the pertinent Zone Medical Affairs Office.
* AMA
  * CME benefit
  * Clinical Stabilization Initiative - RRN Payments, Retention Bonus, Cost of Business Payments
  * Physician Locum Services
  * Insurance programs
  * CMPA membership fee rebate

* RPAP
  * Enrichment Training
  * CME Training
  * Practical Prof
  * Practical Doc

* Practice Supports
* Of the 69,699 active physicians in Canada in 2010, 35,366 were family medicine physicians and 34,333 were specialist physicians. In 2010, the number of physicians in Canada increased by 2.3% from 2009.¹

* Domestic Recruitment - Graduates of Canada’s 17 medical schools
  * 3,060 applicants matched to PGY1 positions in 2012 (CaRMS)
  * Canadian faculties of medicine awarding a record number of medical degrees in 2011 (2,573), an increase of 35% over 2005, and 60.5% over 2000.¹

* International Recruitment - IMGs (International Medical Graduates) - 23.2% of total workforce @ 2010 (CIHI)¹
  * top 10 source countries of new FM IMGs to Alberta (not in order) Ireland, the U.K., Poland, South Africa, Pakistan, U.S., India, Egypt, France, Romania
  * approximately 27% of IMGs², despite having an MD degree or equivalent obtained outside Canada, were actually raised in Canada

* In 2010, the average age of the physician workforce was 50.0, with the average family medicine physician being 49.5 and the average specialist being 50.5. Avg. Alberta MD Retirement Age 68.0@ 2010¹

  * ¹ Supply, Distribution and Migration of Canadian Physicians, CIHI, Dec. 2011
Figure 2: First-year enrollment in Canadian faculties of medicine, 1995/96 to 2009/10

Source: AFMC (2010).

Source: Nadeem Esmal, Canada’s physician supply, Fraser Forum, March/April 2011
Number of Participants and Available Positions by Medical School
2012 R-1 Main Residency Match - First iteration

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Participating Graduates</th>
<th>Positions</th>
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<td></td>
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<td>Specialty</td>
<td>Family Med.</td>
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<tr>
<td></td>
<td></td>
<td>Positions</td>
<td>Positions</td>
<td>#</td>
<td>%</td>
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<tr>
<td>Memorial University of Newfoundland</td>
<td>59</td>
<td>43</td>
<td>33</td>
<td>43.4</td>
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<td>Dalhousie University</td>
<td>101</td>
<td>70</td>
<td>55</td>
<td>44.0</td>
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<td>Universite Laval</td>
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<td>122</td>
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<td>Universite de Sherbrooke</td>
<td>169</td>
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<td>67</td>
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<td>104</td>
<td>64</td>
<td>66</td>
<td>50.8</td>
<td>130</td>
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<td>253</td>
<td>163</td>
<td>39.2</td>
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<tr>
<td>McMaster University</td>
<td>199</td>
<td>122</td>
<td>88</td>
<td>41.9</td>
<td>210</td>
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<td>Northern Ontario School of Medicine</td>
<td>54</td>
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<td>The University of Western Ontario</td>
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<td>76</td>
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<td>University of Manitoba</td>
<td>107</td>
<td>76</td>
<td>45</td>
<td>37.2</td>
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<td>University of Saskatchewan</td>
<td>87</td>
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<td>38</td>
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<td>152</td>
<td>94</td>
<td>64</td>
<td>40.5</td>
<td>158</td>
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<tr>
<td>University of Calgary</td>
<td>176</td>
<td>107</td>
<td>75</td>
<td>41.2</td>
<td>182</td>
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<tr>
<td>University of British Columbia</td>
<td>266</td>
<td>160</td>
<td>122</td>
<td>43.3</td>
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<td><strong>Total</strong></td>
<td><strong>2672</strong></td>
<td><strong>1796</strong></td>
<td><strong>1349</strong></td>
<td><strong>42.9</strong></td>
<td><strong>3145</strong></td>
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</table>

Note 1: 91% of the total positions filled in the First Iteration.
Note 2: 90% of Family Medicine positions filled in the First Iteration.
Note 3: 92% of Specialty positions filled in the First Iteration.

Source: Applicant and Program Statistics for 2012 Match, CaRMS.ca, 2012
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<tr>
<td>1979</td>
<td>655</td>
<td>148</td>
<td>1,250</td>
<td>723</td>
<td>10,053</td>
<td>13,453</td>
<td>1,516</td>
<td>1,242</td>
<td>2,698</td>
<td>4,612</td>
<td>27</td>
<td>36</td>
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<td>1989</td>
<td>971</td>
<td>180</td>
<td>1,752</td>
<td>986</td>
<td>13,754</td>
<td>19,568</td>
<td>1,920</td>
<td>1,517</td>
<td>4,146</td>
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<td>1999</td>
<td>925</td>
<td>180</td>
<td>1,888</td>
<td>1,162</td>
<td>15,582</td>
<td>20,701</td>
<td>2,049</td>
<td>1,568</td>
<td>4,962</td>
<td>7,812</td>
<td>41</td>
<td>53</td>
<td>11</td>
<td>56,914</td>
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<td>2009</td>
<td>1,117</td>
<td>233</td>
<td>2,174</td>
<td>1,480</td>
<td>17,430</td>
<td>24,515</td>
<td>2,238</td>
<td>1,703</td>
<td>7,554</td>
<td>9,548</td>
<td>74</td>
<td>43</td>
<td>12</td>
<td>68,101</td>
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<tr>
<td>2010</td>
<td>1,152</td>
<td>236</td>
<td>2,126</td>
<td>1,546</td>
<td>17,797</td>
<td>25,044</td>
<td>2,311</td>
<td>1,778</td>
<td>7,882</td>
<td>9,708</td>
<td>72</td>
<td>34</td>
<td>13</td>
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<tr>
<th>Percentage Change</th>
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<tbody>
<tr>
<td>1979-1989</td>
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<tr>
<td>1989-1999</td>
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<tr>
<td>1999-2009</td>
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Figure 14: Percentage of New Physicians (1996 to 2000) Who Were Continuously Active in the Jurisdiction Where They First Registered, 5 and 10 Years Later, by Jurisdiction, Canada

Source: Supply, Distribution and Migration of Canadian Physicians, CIHI, Dec. 2011
Figure 11  Percent of All Physicians in Canada Who Are IMGs by Community Size (CMA/CA or Rural and Remote) by Province, 2007

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>2011</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
<th>2007</th>
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<td>General Register</td>
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<td>7,012</td>
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<td>Provisional Register</td>
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<td>694</td>
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<td>n/a</td>
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<td>Full Register</td>
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<td>n/a</td>
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<td>6,196</td>
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<td>Special Register</td>
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<td>n/a</td>
<td>1,089</td>
<td>1,004</td>
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<td>Temporary Register</td>
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<td>10</td>
<td>13</td>
<td>12</td>
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<td>Courtesy Register</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
<td>1</td>
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<td>Total</td>
<td>8,045</td>
<td>7,706</td>
<td>7,477</td>
<td>7,214</td>
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<tr>
<td>Female</td>
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<td>2,639</td>
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<td>Male</td>
<td>5,242</td>
<td>5,067</td>
<td>4,953</td>
<td>4,855</td>
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<tbody>
<tr>
<td>Specialist</td>
<td>6,430*</td>
<td>3,956</td>
<td>3,780</td>
<td>3,650</td>
<td>3,490</td>
</tr>
<tr>
<td>Non-Specialist</td>
<td>1,615*</td>
<td>3,750</td>
<td>3,697</td>
<td>3,564</td>
<td>3,428</td>
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*Alberta’s Physician Numbers*

Source: CPSA.ab.ca
* Physician Resource Planning Committee:
  * The PRPC is established to develop a *Provincial Physician Resource Plan for Alberta* that will: (I) describe Alberta’s short and long-term needs for physician services in the context of a changing health care system; and (ii) identify short and long term physician resource supply priorities.
RME Symposium:

* RPAP held a Symposium on 19 Sept. 2012 which brought together key stakeholders to identify current and emerging approaches to rural medical education and the transition to rural clinical practice, identify gaps in the above, and make recommendations on relevant policy directions for Alberta.
*RECRUITMENT, ATTRACTION & RETENTION
* Finding suitable candidates - domestic supply & IMGs
* Licensure through the CPSA including the associated Canadian exam requirements and Practice Readiness Assessment
* Relocation and for many physicians immigration
* Integration

* Four Parts of Physician Recruitment
The right number of physicians in the right places, offering the right services
* **Physician Recruitment**

* Finding Suitable Candidates
  * WoM/Networking
  * Internet ads
  * Recruitment fairs
  * Locums & teaching
  * Community A&R committees
  * Financial incentives

* Licensure
  * Recruitment expense programs
  * Practice readiness assessment facilitation

* Relocation/Immigration
  * Local R&R point person
  * Physician recruiters
  * LMO/work visas

* Integration
  * Orientation - practice & community
  * Physician/spouse mentors/buddies
  * Credentialing
  * CME opportunities
  * Locum programs
*Networking/WoM 44%
Community

RPAP

Faculty of Medicine

AHS/Covenant Health/PCNs/Clinics/FCCs

GoA/CPSA/AMA

* Roles and Involvement - point of intersection
Right Number - Right Places - Right Services
Building Community A&R Capacity

Given the issues influencing recruitment and retention, RPAP believes no one entity can be successful by itself.

Instead, sustainable recruitment and retention requires a collaborative community development approach.
Recruitment, Attraction & Retention

Attraction & Retention Trivia

* What are the top 6 factors influencing choice of first practice site?
  * Significant other’s wishes
  * Medical community friendly to family physicians
  * Recreation and culture
  * Proximity to family and friends
  * Significant other’s employment
  * Schools for children

Recruitment, Attraction & Retention

Top 10 Community Success Factors for Alberta

There are also many examples of communities that successfully retain physicians by compensating for their “uncontrollable” attributes (geographic location, population, etc.) and focusing on attributes they can control (on-call schedule, relationship between physicians and the community, etc.).

Following are the factors that seem to contribute most to a community’s success with recruitment and retention.

Top 10 Community Success Factors for Alberta

1. Strategic approach to recruitment and retention (researched, documented, multi-year, cross-professional, evaluated).
3. Ongoing, organized, community health action group.
4. Multi-faceted approach (community development, marketing, recruitment, incentives, retention strategies).
5. Focus on fit (MD values, skills, compatibility) and a high level of physician/family/community support and involvement.
6. Inter-community competition replaced with cross-community and RHA collaboration.
7. Minimum four-person / five-person medical practice or the ability to replicate these advantages / qualities in a smaller practice.
8. Focus on retention (skills mix, skills enhancement, quality of life, family satisfaction) and succession planning.
9. Stable economy and/or involvement by economic development partners.
10. Geographic / demographic advantage, particularly by one or more of the following:
   - 10,000+ catchment area
   - Less than two-hour commute from Calgary or Edmonton
   - South of the Trans Canada Highway
Community participation can involve:
- (helping to) recruit (and retain) physicians
- organizing the business model (i.e. clinic ownership)
- financial & in-kind contributions (e.g. accommodation)
- integrating the physicians/families into the community

Retention - the Community Realm:

* **Appreciation**: letting the physicians know that their work and contribution to the community is appreciated; acknowledgement of hard work/hours
* **Connection**: feeling like part of the community; people in the community being friendly and providing opportunities for newcomers to be involved; not having enough privacy
* **Active Support**: town council and community works to be responsive to issues and needs that arise that benefit or will benefit not only the physicians but the community as a whole
* **Physical/Recreational Assets**: things such as a library, sports teams, social events, arts events, a gym, etc.

**Attraction & Retention Trivia**

What does the R&R research show?

* First 3 years are critical for retention
* Cultural fit and family are driving forces in turnover
* Part time and flexible work options are growing in practice and importance
* Most important spouse related recruitment strategy = dedicated relocation assistance
Mobilizing the « Community »

Helping rural Albertans recruit the doctors they need

Welcome to RPAP’s Community Attraction and Retention website, where we provide Alberta’s rural communities with information and resources to help attract, recruit and retain physicians in their local communities.

What's New

We're underway!
The 4th Annual Rural Alberta Community Physician Attraction and Retention Conference is underway. Click here to receive live updates on Twitter.
School Outreach Activities - BeADoctor.ca

Considering medicine as a career in Alberta?

If you are a high school or university student and are thinking about applying to medical school, you know you are on the right path. Find out what doctors do and how you can prepare for a rewarding career in medicine.

Learn more about the process of becoming a doctor and job options in rural Alberta. Understand what different medical schools in Alberta look for in aspiring students. You’ll see what you should be doing now to increase your chances of getting in. Find out more about the benefits and exciting opportunities of practicing medicine in rural Alberta.

Please select the option that best fits your lifestyle.

I'm a High School Student

I'm a University Student
* www.RPAP.ab.ca (main RPAP web site, refreshed Nov.)
* www.ARFMN.ab.ca (rural Family Medicine Program, refreshed Nov.)
* www.AlbertaPhysicianLink.ab.ca (recruitment)
* www.AlbertaRuralHealth.ab.ca (community A&R support)
* www.BeADoctor.ca (new medicine as a career web site coming Nov.)

*Thank-you*