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

Mission
The RPAP’s primary responsibility is to support rural-remote physicians, their families and their communities. The organization works to achieve its vision and to thereby improve the quality of rural health care by:

• Offering a sequential series of initiatives in rural medical education, recruitment and retention; and
• Enhancing collaborative partnerships that help the RPAP to achieve its mandate.
1 December 2005

The Honourable Iris Evans
Minister of Health & Wellness
107 Legislature Building
10800 - 97 Avenue
Edmonton, AB   T5K 2B6

Dear Honourable Iris Evans:

Re: Letter of Accountability
I have the honour, on behalf of the Alberta Rural Physician Action Plan (RPAP) Coordinating Committee, to present our Annual Report for the fiscal year ended 31 March 2005.
This Annual Report was prepared under our direction and outlines the RPAP's accomplishments and future direction.
All material economic and fiscal implications known as of 31 March 2005 have been considered in its preparation.

Respectfully submitted by

[Signature]

Odell Olsen, MD
Chair, RPAP Coordinating Committee
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of Accountability</td>
<td>3</td>
</tr>
<tr>
<td>Message from the Chair and Program Manager</td>
<td>4</td>
</tr>
<tr>
<td>2004 – 2005 Highlights and Accomplishments</td>
<td>9</td>
</tr>
<tr>
<td>Evaluations Undertaken</td>
<td>16</td>
</tr>
<tr>
<td>Financial Summary</td>
<td>17</td>
</tr>
<tr>
<td>Looking Ahead - Environmental Scan</td>
<td>18</td>
</tr>
<tr>
<td>Future Directions</td>
<td>19</td>
</tr>
<tr>
<td>About the Alberta Rural Physician Action Plan</td>
<td>20</td>
</tr>
<tr>
<td>Sequential Series of Initiatives (chart)</td>
<td>21</td>
</tr>
<tr>
<td>RPAP Governance, Organization and Linkages</td>
<td>22</td>
</tr>
<tr>
<td>Organization Chart</td>
<td>25</td>
</tr>
<tr>
<td>An Extensive Evaluation Regime</td>
<td>26</td>
</tr>
<tr>
<td>Alberta Rural Family Medicine Network</td>
<td>27</td>
</tr>
<tr>
<td>Rural Physician Spousal Network</td>
<td>33</td>
</tr>
</tbody>
</table>
RPAP at a Crossroads

The RPAP was created in 1991 as a province-wide, comprehensive and integrated health workforce agency (RPAP) formed for the education, recruitment and retention of rural practitioners.

RPAP has evolved to meet changing needs and offers an extensive menu of interlocking initiatives targeted at students (rural high school, medical school and residents); practising rural physicians and their families; and health regions and their rural communities.

RPAP focuses on the professional, community, lifestyle and family factors that influence health human resource recruitment and retention. It uses an “education pipeline” strategy to help recruit and retain enough physicians for rural Alberta. This education pipeline –

- starts in rural high school with outreach programs aimed at encouraging students to consider rural medical careers;
- includes undergraduate experiences in rural medicine including rural medical interest clubs, financial supports, rural shadowing experiences for 1st and 2nd year students and rural training in 3rd and 4th years;
- provides postgraduate/resident rural medical training including RPAP’s rural-based Family Medicine residency program centered out of Red Deer, Grande Prairie, Lethbridge and Medicine Hat;
- provides support to health regions, rural communities and physicians for their recruitment and retention of rural physicians; and
- supports retention through the development of rural preceptors and spousal/family programming.

Message from the RPAP Chair and Program Director

Dr. Odell Olsen, Chair

David Kay, CHE, Program Manager
Other strategies employed by RPAP include the active cultivation of partnerships; a community development approach to assist rural communities with physician recruitment and retention; and a multi-year evaluation framework to guide its work.

The Trilateral Agreement currently being implemented in Alberta sees physicians, regional health authorities and Alberta Health and Wellness as equal partners. Through the Agreement, Local Primary Care Initiatives (now called Primary Care Networks) are being established. The RPAP is examining the attributes of success and leadership skills that will be important for successful recruitment and retention in this new environment.

While the Province has made gains in attracting and retaining physicians, there continues to be both a shortage (in overall numbers and generalists/specialists), and a maldistribution (rural/remote vs. regional vs. suburban/metro) of physicians in rural Alberta (and rural Canada).

To better meet the challenges of the present and the future, RPAP is moving towards incorporation as a not-for-profit company funded by Alberta Health and Wellness. It also plans to use the results of the external evaluation the Coordinating Committee has commissioned to reassess how the RPAP can improve its education pipeline and recruit more physicians to Alberta’s smaller communities.

Yours truly,

Dr. Odell Olson, Chair

[Signature]

David Kay, CHE, Program Manager
Supports for Students

**ENCOURAGING RURAL MEDICAL CAREERS**

Based on extensive research evidence that indicates one of the most cost-effective ways to recruit and retain rural health workers is to recruit young people who grew up in rural areas and who have an interest in practising there, RPAP developed a new rural school outreach program and new web and print materials to encourage junior and senior high school students to consider a career in rural medicine.

Outreach activities this year were generally of two types:

- Career Days, generally run with other schools and professions, consist of a full or half day of interaction with students and teachers. RPAP provides personal interaction with RPAP representatives, often a rural resident, medical student or community physician as well as information through a tabletop display, handouts, and giveaways; and
- Lunch and Learns which are held over the lunch period in school and involve a Power Point presentation with a question and answer session led by a rural resident or medical student. As well, a tabletop display and handouts are available.

In the program’s first year, presentations were made to more than a thousand students in 2004-2005. Early on, RPAP learned the importance of having medical students or residents involved in delivering the program as they have an excellent connection to the younger students.

To support RPAP’s interest in having younger students consider rural medicine as a career option, a new section was developed for the RPAP web site. Information for Youth provides details about what rural physicians do, the process to become a doctor, how much a medical education costs and how students can prepare to become a rural physician. To view the new pages, go to www.rpap.ab.ca/ify/career.html

**NEW RURAL DEANS**

In 2003, the RPAP completed a review of its rural undergraduate medical education initiatives with an aim to increase the number of rural original students in medical school and to better support early careerists. A menu of initiatives was developed to recruit rural and urban students to medical school, strengthen family medicine exposure in the undergraduate curriculum, and cultivate medical students.
interested in rural practice. One of these initiatives included, in partnership with the Universities of Alberta and Calgary, the recruitment and funding of a new Associate Dean, Rural/Regional for each university. Position descriptions were developed and recruitment efforts launched in 2004. Candidates are expected to be in place by 2005.

NEW “RURAL STREAM” UNIT DIRECTORS RECRUITED

RPAP recruited two new Unit Directors to manage each node of its 60-position Alberta Rural Family Medicine Network (ARFMN) or “rural stream” for Family Medicine training. One node is affiliated with the Department of Family Medicine at the University of Alberta and the other with the Department of Family Medicine at the University of Calgary. The terms of ARFMN’s inaugural Unit Directors Dr. Hugh Hindle - Rural Alberta North node (RAN) and Dr. Doug Myhre - Rural Alberta South node (RAS) end in 2005. The transition and orientation process for the new unit directors started in late 2004. Dr. Fred Janke of Sylvan Lake is the new RAN Unit Director and Dr. Peter Koegler of Lethbridge is his RAS counterpart.

FACULTY DEVELOPMENT WORKSHOPS SPONSORED

Faculty development workshops are sponsored by RPAP each year and organized by the U of A Department of Family Medicine and the U of C Office of CME and Professional Development. These workshops provide rural physician preceptors with an opportunity to increase their teaching skills. Preceptors are a critical link in the education and training of medical students and residents in rural Alberta.

NEW FACULTY WEB PAGES DEVELOPED

The RPAP developed new preceptor development web pages to support preceptors for ARFMN’s Rural Alberta North and Rural Alberta South programs as well as RPAP’s Rural Rotations Program for medical students and residents. The web pages provide answers to questions, teaching strategies and quick tips to help preceptors work even more effectively with medical students and residents. The new pages can be viewed at www.arfmn.ab.ca

SUMMER STUDENT EXPERIENCE PROGRAM

Last summer, a handful of Alberta medical students participated in the RPAP Summer Experience Program. This program provides matching grants of $2,500 to regional health authorities to foster the hiring of first- or second-year medical students who complete a 4 to 12 week summer clinical and research experience. The program’s aim is to provide further exposure of early careerists to rural medical practice. This year an RPAP Research Assistant contacted every RHA to promote and assist with RHA/student plans. Many medical students expressed interest in participating in the Summer Student Experience Program. In fact, there are now more students interested than there are placements available.
Supports for Rural Medical Interest Groups

Rural Medical Interest Groups (RMIGs) at both the University of Alberta and University of Calgary help to support and encourage medical students’ interest in rural medical careers. Working with RMIG members at the Universities of Calgary and Alberta, RPAP completed the development of web pages for the U of A RMIG this year to complement the web pages previously developed for the U of C RMIG. Over the past two years, RPAP has developed a series of tools to enable the two RMIGs to communicate more effectively. The new tools include web pages for each of the RMIGs, hosted by RPAP, which provide opportunities for members to learn about rural student initiatives and activities; tabletop displays; and a brochure to support the groups’ recruitment efforts. A display wall, related to the opportunities of rural medicine, is under development for the renovated BACS Resource Centre of the Health Sciences Building at the University of Calgary.

First Medical Student Award Recipients Named

Four medical students were chosen as the inaugural RPAP Rural Medical School Award recipients. This award annually provides $5,000 for each year of medical studies for four Alberta students. This year’s recipients were Serena Crum, Mark Prins, Daniel Read and Philip Davis.

Activities Sponsored for Medical Students

RPAP sponsors many activities to encourage medical students to consider a career in rural medicine. Activities undertaken this year include:

- Letters sent in October to all existing preceptors asking for their ongoing support and to all Site Chiefs in rural Alberta requesting preceptor volunteers from local physicians for RPAP’s Shadowing and Summer Student Experience Programs. There are now have 46 sites and 168 physicians involved. From two to eight shadowing events are held every month. Often the 1st and 2nd year medical students spend the weekend with two different physicians depending on how call schedules work. Many students tell of their amazing experiences with incredibly dedicated and caring doctors in these rural towns;

- An Information Night was held at the U of C with good attendance. Medical students signed up for almost all available weekend shadowing opportunities through to March of 2005;

- Two groups of 60 medical students spent amazing days getting a feel for what a career in rural medicine is all about through their participation in RPAP-sponsored Tour/Skills Days in December. Each group was hosted by area physicians and the Site Leader, toured the local hospital, heard stories about rural medicine, and was taught and practised some medical skills (suturing, intubation and IV starts). The University of Alberta group spent the day in Viking – their tour also included a visit to a local Hutterite Colony. University of Calgary medical students spent their day in Drumheller then toured the Tyrell Museum; and,

- RPAP provided sponsorship support for the First Annual Alberta Medical Students’ Conference and Retreat (FAMSCAR) held in Banff in early February. The weekend attracted more than 200 medical school students who attended a number of excellent education sessions mixed together with important social events.
Supports for Physicians Currently Practising in Rural Alberta

**Physician and Family Health Promotion Pilot**

The demand on physicians to provide care for others can create situations where physicians do not look after their own health needs. In concert with the AMA’s Physician and Family Support Program (PFSP), the RPAP piloted a new independent and confidential service in the Chinook Health Region to encourage early help seeking, medical follow up and healthy lifestyles by physicians and their families. It was hoped that by identifying health risks earlier, illness and disability could be prevented and that the improved quality of life would increase the retention of physicians in rural Alberta. Nineteen physicians and their families (a total of 36 people) participated. An evaluation of the pilot was completed in 2004 and, while some participants made progress in taking steps to address identified lifestyle and health concerns, the evaluation concluded that the initiative as structured did not merit extension to other parts of the province at this time.

**Sabbatical Leave Pilot Program**

As an added incentive to encourage physicians to remain in rural Alberta, RPAP, the former RHA #5 and David Thompson Health Region partnered to introduce a pilot program that enabled physicians to take a sabbatical leave of up to four months. This program was aimed at preventing burnout, promoting physician health and well-being and enabling additional skills training. A contribution was also provided towards overhead expenses. An evaluation was completed this year on this innovative pilot program. Learnings from the pilot will be used by the RPAP as it develops new retention initiatives.

**General Emergency Medicine Skills (GEMS) Training**

Deployment of the program and modules for the RPAP’s new General Emergency Medicine Skills (GEMS) Training Program, launched in January of 2004, were distributed to more than 100 rural physician participants. Rural physicians who practice emergency medicine are sometimes challenged to develop and maintain their skills. This new program provides professional development to address these needs through a series of didactic and practice learning modules. The modules include C-spine and CT Head, central venous access, preparing the patient for transport, and RSI (rapid sequence induction). Practise components are accessed through the use of the STARS Human Patient Simulator and university anatomy labs. It is anticipated that through this initiative, the expectations of family physicians and health service organizations towards maintenance of clinical competency will be met and will lead to increased retention rates for rural physicians. This program is unique because of its comprehensiveness. An evaluation of the GEMS program will be completed in 2006.
ATTRIBUTES OF SUCCESS

To support its primary audience – rural physicians - the RPAP undertook an extensive literature review over the summer of 2004 to identify attributes of successful medical practitioners and successful medical practices. Identifying attributes of success and leadership skills will be of importance during the deployment of Alberta’s new Local Primary Care Initiatives. In addition, this information may be of use to rural physicians when they are looking for a new practice or reviewing their current practice to find improvements.

Given that the literature did not provide any Alberta data, RPAP expects to survey rural physicians in this province in 2005 to determine whether attributes identified by the literature resonate with Alberta physicians. Information generated through this project is expected to be shared with Alberta rural physicians and other key stakeholders through one-on-one meetings between RPAP team members and physicians, through training sessions and presentations, and through articles in RPAP News. This project will also help identify gaps in the current literature.

ENRICHMENT PROGRAM

The Enrichment Program continues to be a very popular program for rural physicians who wish to improve current skills or to gain new knowledge. The RPAP greatly appreciates the cooperation and time spent by the university departments asked to provide Enrichment Program training. The RPAP has initiated a longitudinal, matched, case-control study called the PREP Study of Enrichment participants to determine use of skills acquired and retention long term. The first results will be available in 2006.

2004 RURAL PHYSICIAN AWARD OF DISTINCTION

Following a public nomination process, RPAP presented the third annual Award of Distinction to Dr. Michael G. Boorman at a community celebration in Rimbey in June. Dr. Boorman was selected based on his well-rounded contributions to rural medicine, significant contributions to his community and his international service. This award honours and recognizes the work of all rural physicians who provide Alberta rural communities with outstanding medical services and who also make significant contributions to medical practice and their communities by teaching other medical personnel, conducting research or working as community volunteers. The Award is one strategy in RPAP’s long-term Retention Work Plan to encourage long-term rural practice. Each year for the Award community event, RPAP produces a tribute video related to the medical and other contributions of the Award recipient. The Alberta Weekly Newspapers Association is a partner with the RPAP for the Award of Distinction and the annual Rural Health Week.

ORIENTATION GUIDE UPDATED

In order to help smooth the transition for physicians and their families new to rural practice, the RPAP provides each new rural physician with a copy of its Orientation Guide as well as a call from a Physician Consultant who helps to identify any transition issues and to suggest remedies. The RPAP Orientation Guide provides information related to settling into a rural community, family and lifestyle issues, and professional practice. The Guide was updated this year to reflect current contact and other information.
Supports for Regional Health Authorities

**COMMUNITY (RECRUITMENT AND RETENTION) RESOURCE GUIDE**

Deployment of this new RPAP Resource Guide began in 2004. The new tool was developed to help rural communities, regional health authorities and physicians to work together collaboratively and to contribute to longer-term recruitment and retention efforts for physicians. Communities that are successful in recruiting and retaining physicians almost always have a strategic, focused and well-researched plan to attract physicians to their area and to ensure their long-term satisfaction. The RPAP’s focus on communities is founded on its belief that physician recruitment and retention issues are a local concern and that community action, in partnership with the RHA and local physicians, can have a positive effect in attracting and retaining physicians.

Together with Alberta Community Development (ACD), RPAP has worked with the communities of La Crete, Vegerville, Three Hills/Trochu and the Smoky River Region to date. Upon invitation, the RPAP sponsors a presentation on the Resource Guide to community committees after which a regional ACD Community Development Officer or one of RPAP’s two Rural Physician Consultants acts as a local resource to facilitate community planning work. The partnership between ACD and the RPAP enables each organization to contribute its unique body of knowledge to enhance community capacity in support of physician recruitment and retention and in meeting common goals.

**Partnerships**

Partnerships play a key role in helping the RPAP carry out its mandate and to improve the overall rural health care landscape. Partnerships are formed to meet varying needs which may include gathering knowledge and skills, sharing risks and costs associated with providing services, and capitalizing on the interdependencies of organizations in the achievement of common goals. In addition to the partnerships already described above, the following partnerships are seen as important ongoing initiatives:

**RURAL HEALTH WEEK**

The third annual Alberta Rural Health Week was celebrated June 13 – 19, 2004. This special week, facilitated by the RPAP, was the result of the collaboration of more than 40 groups representing many provincial, regional and local health and rural community interests. Using the theme “Grow Your Own,” participating organizations this year profiled the many special programs that exist to encourage young people from rural areas to train in the health professions and to go back to work and live in rural Alberta.

This annual special week offers opportunities for community partners to profile the challenges of rural health service delivery as well as to showcase the positive contributions of rural health professionals and organizations. By working together and focusing their activities during this one week period, community partners believe that they can increase awareness and recognition of rural health challenges, innovations and success stories.

In 2004, a new Rural Health Week web site was developed by the RPAP for the
participating organizations to showcase stories of rural health innovation and success. To view Rural Health Week activities or related stories, go to www.ruralhealthweek.ab.ca

EDUCATION PARTNERS - UNIVERSITY OF CALGARY, FACULTY OF NURSING; SOUTHERN ALBERTA INSTITUTE OF TECHNOLOGY, HEALTH SCIENCES; AND UNIVERSITY OF ALBERTA, FACULTY OF REHABILITATION MEDICINE

A healthy collaboration with a focus on education and the sharing of experience building clinical capacity is the purpose of these partnerships. Members of each partnership meet as required to share information and to consider initiatives of benefit to students of both rural medicine and the other health disciplines. Partnerships offer opportunities for organizations to work together to achieve common goals and may also result in the more effective use of resources and in leveraging resources to achieve results that could not be achieved by any one organization.

Communication Activities

RPAP undertook many initiatives to enhance and support its communication effectiveness.

COMMUNICATIONS STRATEGIC PLAN

RPAP’s Communications Strategic Plan was updated to reflect progress to date and to continue to support the organization’s directions and goals.

2004 AWARD TRIBUTE VIDEO

A new video resource was produced to honour Dr. Michael G. Boorman of Rimbey, the 2004 recipient of the Alberta Rural Physician Award of Distinction. Besides its inaugural showing at the Award community celebration, the video is also presented to Alberta weekly newspaper publishers and editors at their annual September conference, to medical students and residents and to other appropriate audiences.

RPAP PRINT MATERIALS UPDATED

All RPAP print materials were updated over the past year.

ORIENTATION GUIDE

The Orientation Guide for rural physician newcomers and their families to the province was updated.
The following evaluations were undertaken to help determine RPAP program effectiveness:

**Spousal Network Evaluation Completed**

Recommendations of a December 2003 full program evaluation of the Rural Physician Spousal Network (RPSN) were implemented. This was the first time the program was formally assessed since its inception in 1999.

**Physician and Family Health Promotion Pilot**

All 36 participants in the new RPAP/PFSP Physician and Family Health Promotion Pilot completed a comprehensive personal health assessment and received a personal profile that reflected their health risks with specific recommendations on lifestyle changes and job-related concerns. In addition, all those who had specific health questions or who had identified risks were contacted with follow-up information. Nineteen participants were physicians. As a result of the evaluation, it was determined that no further action would be taken on this project at this time.

**Sabbatical Leave Pilot Program**

Four physicians were chosen for the pilot and have completed their sabbaticals. An evaluation showed this program to be effective. Learnings from the pilot will be used by the RPAP as it develops new retention initiatives.

**RPAP**

To complete the current multi-year evaluation cycle, an overall evaluation of the RPAP was launched in 2004. Results will be reported in the 2005-2006 annual report.
In 2004 - 2005, RPAP operated within a fixed Government grant of $4.798m including $1.9m for its Alberta Rural Family Medicine Network.

The following pie charts illustrate the RPAP expenditures for 2004-2005.

The RPAP Coordinating Committee has approved a set of expenditure guidelines that direct the expenditures of its Government grant. In addition, a grant agreement exists between Alberta Health and Wellness (AHW) and the College of Physicians and Surgeons (CPSA) to administer the grant funding to the RPAP on behalf of the RPAP. Since 1996-1997, the College of Physicians and Surgeons of Alberta has provided the transactional accounting functions for the RPAP, a service which it greatly values.

Grant agreements also exist between the AHW (on behalf of the RPAP) for the infrastructure grants the RPAP provides to the two Faculties of Medicine for RPAP-directed rural initiatives.
Looking Ahead — An Environmental Scan

The following key external factors will contribute to the environment that RPAP will work in over the next few years:

- **Access to Medical Care** – the RPAP must continually assess access to timely rural medical care (for example rural radiology services) and changes in the number and skill sets of rural physicians. For example, the cohort of FP-anaesthetists, GP-surgeons and GP-obstetricians is aging and not being replenished fast enough or with the same skill set. The RPAP will need to continue to work with its stakeholders to address these changes.

- **Changes in Undergraduate (UGME) and Postgraduate Medical Education (PGME)** – the RPAP implemented the Alberta Rural Family Medicine Network (ARFMN) starting in 2000-2001 as part of the 2002-2005 three-year business plan. An additional 10 PGY positions per year were added beginning in 2005. And beginning in 2004, an expansion in the number of learners taking rural rotations during UGME and PGME specialty blocks occurred. While this activity is desirable and part of the original goals of the RPAP, the organization must continue to take a leadership role in guiding, coordinating and evaluating the ARFMN and the Rural Rotations Program in order to maximize the positive learning experience afforded learners and to mitigate preceptor burnout.

- **Personal and Family Isolation** – the RPAP has strived to meet the need for innovative programs to support the rural physician and his/her family. This is critical if rural physicians and families are to be retained and integrated into their communities. Examples of this work include the Rural Physician Spousal Network (RPSN) and the Sabbatical Leave and Physician and Family Health Promotion pilots in 2003-2004. The RPSN continues to grow and evolve. RPAP support to and encouragement for rural physician spousal programming, coupled with the community development work of the Rural Physician Consultants, will continue to be extremely important.
Future Directions

In the final year of its second three-year business plan, RPAP plans to continue to address the following broad directional changes and innovations:

1. To provide physicians in training with the right skills and a sense of competence and confidence to choose rural practice as a desired opportunity, and to provide practising rural physicians with the ability to easily obtain additional skills that will improve the standard of care in their community;

2. To make best use of existing and emerging information technologies for rural medical education, continuing medical education and clinical care in rural medical practice, and thus support distance education, and address the sense of professional isolation experienced by rural physicians;

3. To support local community initiatives and to develop creative programs that address innovative ideas for physician retention;

4. To support the physician and family and to positively affect the factors that influence retention. For example, to consider the findings of the “on-call syndrome” study;

5. To promote rural family medicine as a viable professional career amongst rural high school students and junior medical students; and

6. To act in a leadership role in order that RPAP and its many partners might be aware of potential future needs and prepare for them.

2005 – 2006 Work Plan

The RPAP Coordinating Committee approved the following Operational Objectives for 2005-2006:

1. Emphasize initiatives dealing with
   • The cultivation of rural high school and pre-med students and early careerists
   • The coordination of learners to prevent preceptor burnout
   • The cultivation of additional preceptors and training sites so that the incremental ARFMN positions can be implemented by 2006-2007;

2. Establish the RPAP as a not-for-profit legal entity within the framework proposed and transition RPAP operations to this new entity;

3. Implement the recommendations contained in the external evaluation reports of the RPAP and the RPAP initiatives as approved by the RPAP Coordinating Committee, and the recommendations of the Rural Undergraduate Medical Education Working Group report; and,

4. Continue to forge positive relationships with stakeholders and related organizations.

In 2005, the RPAP Coordinating Committee will complete a new three-year business plan covering the period 2005-2008 which will set the stage for the RPAP’s next evolution in support of rural Alberta.
The RPAP responds to evidence and needs and focuses its resources on relevant outcomes. It advocates on behalf of rural physicians and uses community-based approaches and collaborative partnerships to deliver innovative and enriching programming that positively influences physicians’ decisions about moving to and remaining in a rural Alberta community.

As a result of the RPAP’s focus, experience and ongoing work with rural physicians and their families and rural communities, the organization can provide leadership and expertise on issues related to rural medical care.
Directions Taken

Since its creation in 1991, RPAP has developed initiatives to address the professional and lifestyle/community factors that influence physicians’ decisions about moving to and remaining in a rural Alberta community. The recruitment and retention of physicians is a “complex interplay” of many variables, not all of which the Alberta RPAP can influence. These variables can be grouped into two major categories: professional issues and lifestyle issues.

Professional issues include the confidence and competence of new graduates to practise in rural Alberta; the degree of professional isolation experienced by rural physicians; and the financial support (funding models that provide security and flexibility for the physician and recognition of the physician as a community resource) provided to them. Lifestyle issues include personal and family isolation encountered by the physician and his/her family.

The RPAP addresses these variables with a variety of initiatives summarized in the following table:
RPAP Governance

RPAP Coordinating Committee

The RPAP Coordinating Committee (RPAP CC) is the governance body for the organization. This Committee is responsible to the Minister of Health and Wellness for providing policy advice on issues related to the recruitment and retention of rural physicians, including:

- The establishment of provincial goals, objectives and strategies;
- The introduction of new programs;
- The development of policy, goals, objectives and performance criteria for each RPAP initiative;
- Evaluation of the RPAP and RPAP initiatives on a regular basis;
- Recommendations to the Minister of Health and Wellness regarding the creation of major new programs or significant modifications to existing programs to enhance rural physician recruitment and retention;
- Advice to the Minister of Health and Wellness on matters related to the efficient and effective administration of programs pertaining to rural physician recruitment and retention; and
- The allocation of the RPAP budget.

The RPAP CC is comprised of a variety of stakeholders who work together in a cooperative and collaborative manner to try to address the underlying issues of rural physician recruitment and retention.

The seven members of the RPAP CC represent the following five organizations:

- Dr. Odell Olson, Chairman and Mr. Brian Hrab (until December 2004) and Mr. John Vogelzang, regional health authorities (RHAs);
- Drs. David O’Neil and Allan Garbutt, Alberta Medical Association Section of Rural Medicine;
- Dr. Clayne Steed, Alberta Medical Association;
- Dr. Sebastian David (until December 2004) and Ms. Irene Pfeiffer, College of Physicians and Surgeons of Alberta (CPSA); and
- Mr. Barry Brayshaw, Alberta Health and Wellness.
The RPAP Team implements the directions set out by the Coordinating Committee and consists of the following individuals:

- **David Kay**, Program Manager;
- **Janice Drinkill**, Program Support Coordinator, and **Bev Maxwell**, Program Support Assistant;
- **Bunny Edwards**, Rural Accommodation Support Coordinator;
- **Drs. John Hnatuik** and **Ron Gorsche**, RPAP Skills Brokers for Northern and Southern Alberta;
- **Monica Kohlhammer** (Rural Physician Consultant – North) and **Leah Lechelt** (until December 2004) and **Nancy Rowan** (Rural Physician Consultant – South);
- **Gail Wacko** (until December 2004), Administrator for the Rural Physician Spousal Network (RPSN);
- **Rhonda Crooks**, Communications Consultant;
- **Kim Simmonds** (until December 2004) and **Brenda Gaida**, Research Assistants for Northern and Southern Alberta; and
- **Bev Garbutt** (until June 2004) and **Rosemary Burness**, Medical Students’ Initiatives Coordinator.

The RPAP team is complemented by members of its Alberta Rural Family Medicine Network (ARFMN) team:

- **Dr. Les Cunning** chairs the RPAP’s Rural Family Medicine Network Education Subcommittee;
- **Dr. Hugh Hindle**, Unit Director, Rural Alberta North (RAN), Alberta Rural Family Medicine Network (ARFMN);
- **Jean Blinkhorn**, Rural Program Coordinator, RAN;
- **Drs. Fred Janke** (Red Deer) and **Sarah Brears** (Grande Prairie) (until July 2004) and **Richard Martin**, Regional Site Coordinators, RAN;
- **Dr. Doug Myhre**, Unit Director, Rural Alberta South (RAS), Alberta Rural Family Medicine Network (ARFMN);
- **Chris Harty**, Rural Program Coordinator, RAS; and
- **Drs. Peter Koegler** (Lethbridge) and **Sid Harrison** (Medicine Hat), Regional Site Coordinators, RAS.

Other important people related to the RPAP include:

- **Tamara Mitchell-Schultz**, Administrative Assistant, Family Medicine, University of Alberta;
• **Dr. Fraser Brenneis**, Undergraduate Education Program Director, Family Medicine, University of Alberta;

• **Dr. Michael Allan**, Additional Skills Training and Rural Rotations Coordinator, Family Medicine, University of Alberta;

• **Dr. Doug Klein**, Assistant Director, In-house and PGME Programs (RPAP), Continuing Medical Education, University of Alberta;

• **Patricia Lishman**, Rural Initiatives Coordinator, Faculty of Medicine, University of Calgary;

• **Dr. Mo Verjee**, Clerkship Director, Family Medicine, University of Calgary;

• **Dr. David Topps**, Rural Coordinator, Family Medicine, University of Calgary; and

• **Brenda Gilboe**, Rural Locum Program Manager, Alberta Medical Association.
The RPAP is cognizant of the need to assess the effectiveness of its initiatives. It has implemented a comprehensive evaluation framework consisting of four domains:

- Key Performance Indicators (KPI) for most of its initiatives;
- A rolling multi-year cycle of external evaluations of its major initiatives;
- Specific research studies in areas of interest that add to the understanding of new program needs and the effectiveness of current programs; and
- Operational surveys which are less formal feedback mechanisms.

This framework outlined below continuously evolves to meet program needs.

### Key Performance Indicators (KPI) and RPAP databases
- KPI specific to individual programs
- Enrichment Training database
- Physician Preceptor database
- Retention database

### Operational Surveys
- RPAP Communications Strategic Plan
- Retention Work Plan
- Informal feedback through RPAP’s Rural Physician Consultants and Skills Brokers
- Informal feedback from the field
- Rural Physician Spousal Network assessments
- Effect of Enrichment Training on Rural Physician Retention (PREP) – ongoing

### Specific Research and Studies
- 2001-2004 Family Medicine Cohort study - to begin
- Rural UGME Working Group Report – implementation underway
- Recruitment/Retention (Pockets of Good News) Update - 2002
- Recruitment Fairs - 2002
- IMGs - 2000
- Medical Students’ Career Decision-making During Clerkship – underway
- Community-based Strategies for Physician Retention in Rural Alberta – underway
- Family Medicine Resident Practice Outcomes & Policy Outcomes - underway

### External Evaluations
- Additional Skills Training and Enrichment Programs – 2000
- CME Programs for Rural Physicians – 2000
- Rural On-Call Remuneration Program – 2001
- Rural Locum Program (RLP) – 2003
- Rural Physician Spousal Network (RPSN) – 2003
- Alberta Rural Family Medicine Network (ARFMM) – 2004
- General Emergency Medicine Skills (GEMS) Program - underway
- RPAP – underway
The Annual Report
of the Alberta Rural Family
Medicine Network

1 April 2004 – 31 March 2005
This is the second annual report of the RPAP’s Alberta Rural Family Medicine Network (ARFMN).

Established in 2001, ARFMN offers dedicated, rural-based Family Medicine residency training to prepare competent physicians for the broad demands of rural practice. The Network is a unique collaborative venture of the Alberta Rural Physician Action Plan (RPAP), the Family Medicine departments of the Universities of Alberta and Calgary, Alberta’s rural physicians and regional health authorities.

Several factors led to the development of the program: Alberta’s chronic shortage of rural family physicians, its dependence on the recruitment of physicians from other countries to fill gaps, and reports of an RPAP working group and the College of Family Physicians of Canada (CFPC) which recommended the establishment of separate rural residency training programs.

Based on the premise that the best setting for training rural family physicians is rural family practice, 30 residents (up from 20 in previous years) are accepted into the program each year and exposed to a wide variety of rural medicine. The program appeals to residents who prefer self-directed learning, more hands-on training experiences and the wonderful lifestyle opportunities presented by practice in rural Alberta communities.

This 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 and Calgary.

ARFMN’s two nodes, Rural Alberta North (RAN) and Rural Alberta South (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. Beginning in 2005, each node accepts 15 residents (up from 10 per node) per year through the Canadian Resident Matching Service (CaRMS).
2004 – 2005 Highlights

- RAS and RAN continued to refine programming based on resident and preceptor feedback. RAN and RAS remain two of the nation’s most elective-rich programs that allow learners to tailor their time to areas of interest and community need.
- Infrastructure dollars continued to be provided to teaching practices to assist the preceptors with videotaping requirements and the establishment of teaching space in their offices.
- Faculty development sessions are held each year to provide rural physician preceptors with an opportunity to increase their teaching skills. Preceptors are a critical link in the education and training of medical students and residents in rural Alberta. In 2004-2005, new faculty development web pages were created to add to the ARFMN’s faculty development tool kit.
- Following a review of its organization and programming by members of the CFPC accreditation committee, ARFMN’s RAN node and its U of A main Family Medicine program received full accreditation. Very favourable comments were received.

Financial Summary

The ARFMN operates within a fixed Government grant of $1.9m. The following pie charts illustrate the ARFMN expenditures for 2004-2005.
GOALS
ARFMN’s RAN and RAS nodes strive to provide medical graduates with extensive experience with the clinical conditions faced in rural practice, and trainees with the knowledge and skills required to meet these service demands and grounding in the realities of rural practice.

BENEFITS
This residency program provides residents with an opportunity to train in the environment where they will eventually practice, to be taught largely by practicing rural faculty supported by full-time academic faculty, and to take advantage of the resources of both Alberta Faculties of Medicine networked together.

The program offers a more personal, preceptor-based learning experience than can be offered through traditional tertiary-based programs. Residents are exposed to an intense clinical experience that maximizes procedural skill acquisition and early and effective patient management.

Equally importantly, RAN and RAS build upon a decade of RPAP-funded rural undergraduate, Family Medicine and specialty training blocks and Additional Skills training offered through the University of Alberta and the University of Calgary.

CURRICULUM
Family Medicine residents of RAN and RAS enjoy a high quality of residency training provided through these units of the provinces’ two fully accredited Family Medicine departments. This training leads to eligibility for certification in Family Medicine with the College of Family Physicians of Canada.

The clinical curriculum offers significant flexibility with respect to site, sequence and length of experiences. While similar to the main Family Medicine programs and to each other, the curricula of Rural Alberta North and Rural Alberta South have some variability. The general curriculum of both Nodes or units is comprised of core and elective rotations and a schedule of academic events that includes seminars, case presentations, rounds and workshops.

Eighteen third year Post Graduate (PGY3) positions are available through the auspices of the RPAP to provide an opportunity for residents to take up to an additional one year of training to further help prepare them for rural practice. Each resident taking advantage of this program is required to negotiate a return in service agreement (RiSA) with one of Alberta’s regional health authorities or the Rural Locum Program.
**Resident Support**

The Alberta Rural Family Medicine Network provides a range of support services for residents, including:

**Financial Assistance**

The ARFMN provides funding in the form of accommodation and travel expenses for training in a rural community outside the “home base.” In addition, expenses related to attending academic sessions are also reimbursed.

**Medical Informatics Tools**

Rural Alberta North and Rural Alberta South offer a variety of current medical informatics tools to facilitate communication, delivery of academic programming, and evidence-based medical practice skills.

The Network provides Internet access to all residents at each training site. In addition, all residents receive a laptop computer and an iPAQ device for use during their residency. These devices are pre-loaded with a variety of clinical and support software and allow ARFMN residents to maintain a current procedure log.

Upon admission to the program, every RAN and RAS resident is given an ARFMN e-mail account and access to the ARFMN’s Exchange Server. Exchange Server is used as a key portal for residents and staff to stay connected, to access their e-mail, tasks and calendar, and to review and download forms, policies and academic material through Public Folders.

The ARFMN web site is also used as a key portal for residents, preceptors and staff through which to access their ARFMN Web Outlook and university web mail accounts and to use the universities’ WebCT facilities.

Residents also have access to RPAP’s Virtual Library, which provides free access to Internet-based medical textbooks, journals and other resources. The Virtual Library is funded by the RPAP and is administered by the Medical Information Service (MIS) of the University of Calgary on its behalf. The MIS website contains extensive links to medical resources on the Internet.

**Education Sessions and Workshops**

On a monthly basis, both RAN and RAS provide academic sessions to discuss important issues relevant to family medicine. These sessions are generally organized by the residents themselves and involve presenters from a variety of specialties, clinical and full-time faculty. They are delivered from one or both nodes (RAN or RAS) or from the respective Family Medicine departments. Many academic sessions are recorded or videotaped for later access. RAS delivers academic sessions during the year to its parent academic university.

In addition, workshops are organized throughout the year and held in various communities. Topics include, but are not limited to, Evidence-Based Medicine, Geriatrics, Palliative Care, Aboriginal Medicine, Practice Management and Communication Skills.
### ARFMN Unit Staff and Residents

#### RAN

Dr. Hugh Hindle, Unit Director and Faculty Advisor  
Jean Blinkhorn, Rural Program Coordinator North  
Dr. Fred Janke, Regional Site Coordinator, Red Deer  
Dr. Sarah Brears/Richard Martin, Regional Site Coordinators, Grande Prairie

#### RAN Residents (by entry year)

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Amel Abdallah, Gina Arps, Zoe Filyk, Nehal Neamatullah, Colin Oberg, Tom Peebles, Tim Yep</td>
</tr>
<tr>
<td>2002</td>
<td>Shauna Archibald, Brad Bahler, Mark Darby, Mandy Hyde, Richard Letkeman, Josh Olson, Tammy Paulgaard, Dave Sinha, Clayton Tuffnell, Marci Wilson</td>
</tr>
<tr>
<td>2003</td>
<td>Kim Anderson-Hill, Tim Ayas, Jared Bly, Lauralee Dukeshire, Sharlene Hudson, Mark Langer, Matthew Simmonds, Jason Unger, Shengtao Yao, Jared Yeung</td>
</tr>
<tr>
<td>2004</td>
<td>Stephanie Anderson, Candace Chow, Gary Davidson, Julie Hernberger, Lina Kung, Nicole Mathews, Margaret Naylor, Carla Pilch, Jo Ann Robinson, Andi Scheibenstock</td>
</tr>
</tbody>
</table>

#### RAS

Dr. Doug Myhre, Unit Director  
Chris Harty, Rural Program Coordinator South  
Dr. Sid Harrison, Regional Site Coordinator, Medicine Hat  
Dr. Peter Koegler, Regional Site Coordinator, Lethbridge

#### RAS Residents (by entry year)

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Rick Buck, Sarah Makhdoom, Ian Phelps, Sue Bornemisza, Maha Hadi, Brigitte Dohm, Asma Sayeed, Lily Toma, Ludek Podhradsky</td>
</tr>
<tr>
<td>2002</td>
<td>Amelia Correia, Sergiu Ciubotaru, Anita Augustine, Clint Drever, Baljinder Mann, Bilal Mir, Dubravka Rakic, Sandy Tam, Hany Youakim</td>
</tr>
<tr>
<td>2004</td>
<td>Aaron Coma, Gavin Parker, Megan Milliken, Erin Ewing, Amanda Wagler, Scott Bicek, Catherine de Caigny, Sue Byers, Amy Gausvik, Wayne Burton</td>
</tr>
</tbody>
</table>
The Annual Report of the Rural Physician Spousal Network

1 April 2004 – 31 March 2005
The Rural Physician Spousal Network (RPSN), sponsored by the RPAP, is a voluntary organization dedicated solely to supporting Alberta’s rural physician spouses and their families. It works to promote the retention of rural physicians through spousal networking, communication and programs that foster personal growth and satisfaction with rural living.

The RPSN hosts dozens of events throughout the year all across the province to give rural physician spouses, partners and children a chance to get together for workshops seminars, retreats or social get-togethers.

Some of the events held over the 2004/2005 year include:

- Rock’N Roll for Rural Medicine, Emergency Medicine for Rural Hospitals CME, Banff, January
- Laughter as the Best Medicine, Cabin Fever, Kananaskis, February
- The Joy of Stress!, Fort McMurray, February
- Chinese Food Luncheon, Peace River, April
- Meeting and Baby Shower for Local Physician, Fort McMurray, April
- Morning Tea at Jeffrey’s Café, Grande Prairie, May
- Dinner and Recognition for First RPSN Chair and Advisory Committee Members, Edmonton, June
- Spousal/Family Breakfast at Spring Seeding, Edmonton, June
- Watercolour Painting Event, Drayton Valley, June
- The Heebee-Jeebees Perform, Region 8 CME Event, Grande Prairie, June
- Connection, Camaraderie, Friendship and Fun!, Rural Alberta North and South Medical Resident Orientations, Rocky Mountain House, June
- Spousal/Family Autumn Art Adventure, Rural Emergency and Family Medicine Update, Jasper, September
- A Day Like No Other…Spousal Retreat, Edmonton, November