The Alberta Rural Physician Action Plan
Vision and Mission Statements

THE ALBERTA RURAL PHYSICIAN ACTION PLAN 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.

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Dear Honourable Ron Liepert:

Re: Letter of Accountability

I have the honour to present the Annual Report of The Alberta Rural Physician Action Plan (RPAP) for the fiscal year ended 31 March 2009.

The Annual Report was prepared under the Board’s direction in accordance with the Companies Act (Alberta) and outlines the RPAP’s accomplishments and future direction.

All material economic and fiscal implications known as of 31 March 2009 have been considered in its preparation.

Respectfully submitted on behalf of the RPAP Board,

Clayne Steed, MD
Chair, RPAP Board of Directors
RPAP Award Recipients

**RPAP AWARD OF DISTINCTION RECIPIENTS**

- **Dr. Stu Iglesias**
  Hinton, 2002
- **Dr. David Miller**
  Beaverlodge, 2003
- **Dr. Michael Boorman**
  Rimby, 2004
- **Dr. Elizabeth Racz**
  Drumheller, 2005
- **Dr. Tom Phillips**
  Spirit River, 2006
- **Dr. Lawrence Olfert**
  Drumheller, 2007
- **Dr. Hessel Boschma**
  Wabamun, 2008

**RPAP EARLY CAREERIST AWARD RECIPIENTS**

- **Dr. Michael Kolber**
  Peace River, 2005
- **Dr. Ian Seal**
  Slave Lake, 2006
- No Award Presented, 2007
- **Dr. Tobias Gelber**
  Pincher Creek, 2008
RPAP/ALBERTA CHAMBER OF COMMERCE RURAL COMMUNITY RECRUITMENT & RETENTION AWARD

City of Cold Lake, 2007
Town of Redwater, 2008
As The Alberta Rural Physician Action Plan (RPAP) began the 2008-2009 fiscal year, it did so with
a new three-year business plan to guide its continuing development. At roughly the same time,
Alberta Health Services (AHS) was announced and started the process of merging the nine health
regions and the provincial Cancer Board, Mental Health Board and Addictions Commission into one
provincial health care delivery organization effective 1 April 2009.

The RPAP in preceding years has established numerous programs that have evolved to match the
changes and the circumstances as time has passed. Maintaining our vision and mission that focuses
on medical issues in rural Alberta, the new business plan moves RPAP ahead in emerging and
important areas, building on established programs and sequential initiatives. We anticipate working
with AHS and the common areas of interest in rural Alberta.

Two years ago, RPAP developed three strategic directions using the business plan as inspiration and
supporting RPAP’s education pipeline to respond to the pressures anticipated in the future. These
pressures included an accelerated expansion of rural medical education (RME) and distributed
learning due to the expansion of medical school seats, the need to support a coordinated and formal
approach to physician recruitment at the provincial and local levels, and the need to stem the de-
skilling of rural Alberta.

The three strategic directions developed were:

1. Rural health workforce strategy – implementing an RPAP-like entity for the
   non-physician professions;

2. Skills enhancement/preceptor development – via the RPAP Enrichment program
   and its variations: GEMS, FIRST, EDTU; and through the VLibrary and PracticalProf
   web sites; and,

3. Recruitment and retention – at a provincial level through the AlbertaPhysicianLink
   web site and the New Careerist Support Initiative with Alberta Family Medicine
   and other specialty Residents; and at a community level a stepped up emphasis on
   RPAP’s community Recruitment and Retention (R&R) work.

In developing these strategic directions, RPAP identified that it is uniquely positioned to:

• Strengthen rural communities through its personal interaction and grass roots input
  with community R&R committees and Primary Care Networks (PCNs); and rural
  physician involvement/engagement through its skills enhancement initiatives;
• Focus on the key principle that rural physicians know what rural physicians need; RPAP channels that information and strives to meet those needs; and,

• Get results and advocate on behalf of rural physicians and their families. RPAP has credibility with rural physicians and is nimble, flexible and responsive in support of rural health care.

RPAP will use these strategies to support rural health care, rural physicians and their families, and to rural communities. However, in so doing, RPAP recognizes the need to re-invigorate efforts to engage rural communities, rural physicians, clinic managers and PCNs. It also needs to better market its GEMS offering and develop related ideas like injured child modules with Alberta Childrens’ Hospital and obstetrics with rural ER physicians. These threads will be incorporated into the new initiatives beginning in 2009-2010.

Throughout the Fall and Winter of 2008-2009, the RPAP Board also undertook an extensive review of its programming. This was accomplished as part of its assessment of the 2008-2011 business plan to ensure that the programs and initiatives RPAP offers are still relevant and meeting their intended needs.

The RPAP Board also identified a number of areas in which its programs and initiatives could support physicians in the new Alberta Health Services (AHS) structure. In 2009-2010, RPAP plans to offer the following new initiatives:

• Emergency Department Targeted Ultrasound (EDTU). EDTU is quickly becoming a standard in hospitals. RPAP through its Enrichment Program will facilitate a fixed number of rural physicians to get the EDTU course;

• “Focused Individual Rural Staff Training” (FIRST). Addressing the challenge of organizing leaves in many communities for training skills of less than two weeks (10 days), RPAP - through its Enrichment Program - will introduce a new variation in which groups of physicians in a clinic/community can collectively take the training for a minimum of 10 days/year; and,

• Continued focus on RPAP’s General Emergency Medicine Skills (GEMS) Program. RPAP will explore adding additional modules to the five refreshed and new modules completed in the spring of 2009, and it will seek improved access to simulation training, especially offerings which promote effective teams through communication strategies/de-briefing.
The Board also discussed possibilities for expanded support of physician recruitment that it could offer to AHS and the College of Physicians and Surgeons of Alberta (CPSA). This could include: immigration support, the coordination of CPSA-required assessments, the coordination of site visits, and the offering of integration and mentoring supports to new physicians.

RPAP is also implementing an expanded physician newcomer contact process to support the integration of new physicians to Alberta.

As a unified and integrated provincial health care delivery system, geographically developed around five “zones” takes root, the business of providing health care services and many thousands of hours of health care education to hundreds of health science learners will continue in Alberta’s rural and regional health care facilities and physician offices.

RPAP continues to remind all that rural physicians and rural hospitals are a focal point of teaching for medicine and the other health professions. They are an asset carefully built up over time but easily lost if not supported and valued. In this and many other areas, RPAP has appreciated an excellent working relationship with the Universities of Alberta and Calgary. Outgoing U of A Dean, Tom Marrie and U of C Dean, Tom Feasby share with RPAP a commitment to rural Alberta.

In reading a recent article in the journal, Rural and Remote Health,¹ we were struck by the similarities between experiences in rural Australia and rural Alberta/Canada:

  Beyond the droughts and floods, what is great about rural practice (apart from living in some of the beautiful places in Australia) is that most rural clinicians practice in collegial and supportive teams and genuinely enjoy working and learning together. Many rural practices have creative solutions to their workforce shortages and have well established partnerships to maintain a service in their community despite unpredictability. Rural practice is characterized by groups of highly skilled and committed clinicians willing to go beyond the call for their communities. They are fundamental to a town’s ongoing health, wellbeing and economic sustainability.

  The increasing cost of delivering health care results in disproportionate funding for metropolitan hospitals with the expectation that rural people must travel long distances for health care. The need for quality health services in rural and remote Australia has never been greater.

Our thanks to supportive sponsors: The AMA, CPSA and particularly, AH&W for their funding support. In difficult economic times, their support is evidence of the importance of rural Alberta. We also thank the many physicians, medical students, medical residents, civic leaders, university leaders and others for their support of RPAP and of rural health care.

Sincerely,

Dr. Clayne Steed, Chair
RPAP Board of Directors

David Kay, CHE, FACHE
Executive Director
Highlights & Accomplishments
Support for Students

STUDENT OUTREACH PROGRAMMING
RPAP provides rural School Outreach Programming to encourage junior and senior high school students to consider a career in rural medicine. Extensive research evidence indicates that 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 practicing there. Some of the RPAP initiatives undertaken include:

HEALTH CAREERS EXPLORATION CAMP
A first in Alberta, this past summer resulted in an extremely successful experience for 20 rural high school students the week of 6-12 July 2008. Portage College in Lac La Biche hosted a health careers exploration camp for rural high school students. This event was made possible through a multi-organizational partnership, including financial support from Portage College, RPAP, the former Aspen Health Region, the Northern Alberta Development Council, and the Lac La Biche Rotary Club.

A variety of hands-on experiences were available to the students, giving them a taste of what various health careers have to offer. Careers profiled included Rural Medicine, Nursing, EMT/Paramedics, Diagnostic Imaging, Medical Lab Technician, and Pharmacy. Professionals from each discipline facilitated the respective days’ experiences, and an additional session on adolescent health and wellness was provided by the College. Local health facilities opened their doors to the students to see rural health care in action. Two University of Alberta medical students provided excellent hands-on exposure to medicine for the student participants. Participants were housed in students’ residence at Portage College and fed in the College cafeteria during the week, thus providing a brief exposure to life on campus.

By attending the camp, the students were able to earn three credits towards their High School diplomas from the Career and Technology Studies Community Health strand. Journaling by the students was used as part of the evaluative process regarding student learning and provided great insights and perspectives to their experiences throughout the camp.

A short video of the camp can be seen on the “Preparing for a Career as a Rural Doctor” section of the RPAP website. It is hoped to be able to offer multiple opportunities in the summer of 2009, either by holding repeat camps at Portage College during the summer months, or by offering camp opportunities in several different sites around rural Alberta.

TEACHER CONVENTIONS
RPAP, along with the University of Alberta MD Ambassadors program, sponsored a booth at the North Central Alberta Teachers’ Association (ATA) convention in Edmonton in early February 2009. This convention brings together more than 5,000 teachers from rural schools in north and central Alberta, offering a perfect opportunity to share RPAP School Outreach information for rural high school students interested in pursuing a career in medicine.

RPAP booths were also set up in February at the Central Alberta ATA convention in Red Deer and the South East Alberta ATA Convention in Medicine Hat. These two conventions were attended by approximately 5,000 teachers and provided RPAP an opportunity to provide information to teachers and guidance counsellors as well as to talk about the range of initiatives undertaken by the organization.

CAREER FAIRS
RPAP attended and provided presentations on rural medicine at the following career fairs in the province:

- Three fairs took place 7, 8, 9 October 2008 at High Prairie’s E.W. Pratt School, Grande Prairie Composite High School and Fairview High School;
- Sir Winston Churchill High School, Calgary for a Career Fair organized by Alberta Employment and Immigration and Chinook Regional Career Transitions for Youth 16 October;
- Career fairs in Pincher Creek, Lethbridge and Olds;
• Twenty eight students from Lester B. Pearson High School in Calgary participated in a presentation by Dr. Greg Chan on Practising as a Rural Physician; and
• Battle River regional career fair at the Augustana campus of the U of A located in Camrose in mid February 2009.

JOB SHADOWING
RPAP was involved in setting up a job shadowing opportunity in Lethbridge in coordination with Chinook Regional Career Transitions. Two physicians shared their experience with the grade 11 and 12 students who participated.

SUPPORTS FOR MEDICAL STUDENTS
RPAP supports a host of initiatives aimed at encouraging medical students to consider a career in rural medicine. The following are some examples:

FIRST YEAR OF NEW PROGRAM A SUCCESS
The first year of the Rural Integrated Community Clerkship (Rural ICC) program is complete and, from all reports, a success.

The Rural ICC program, funded in its initial year through the Rural Alberta Development Fund, is a research-based, educational experience that allows students to learn in the continuum of patient care from cradle to grave. The initiative increases medical students’ exposure to generalism, to rural medicine and, more broadly, to continuity of care and working with patients with undifferentiated problems. RPAP provides the accommodation for this initiative.

The Rural ICC is a collaborative program between the U of C and the U of A. The U of C runs the program in the third and final year of medical school while the U of A runs its program in the third year of its four-year program. The students are assigned to small towns throughout the province for a period of nine months. During that time, they live and work in the community. The first group of students from both universities will graduate this spring.

Overall, the program feedback from students and preceptors has been very positive. The number of Rural ICC participants is expected to rise and a search for additional Rural ICC sites is now under way.

AMSCAR CONFERENCE AND RETREAT
The AMSCAR Conference is an annual, province-wide conference, which began in 2004 under the guidance of University of Alberta and University of Calgary Medical Students’ Associations. The objective of the conference is to have medical students meet in Banff to address some of the unique challenges that these future physicians will face throughout their careers.

For the fifth year in a row, RPAP provided sponsorship and clinical skills practice to medical students attending the Alberta Medical Students’ Conference and Retreat (AMSCAR) held 6-8 February 2009.

Some of the most well attended gatherings at the conference were the RPAP-sponsored and taught Skill Sessions. Throughout the day, close to 300 students took part in RPAP sessions that provided instruction and practice in: Suturing, IV starts, Injections, Gloving and Gowning, Palpating the Pregnant Abdomen, Vaginal Examinations and Obstetrical Delivery. In addition, the Canadian Armed Forces had their Simulator available and Army Medics taught emergency procedures required in the field. Imitating the rural practice environment where the multidisciplinary health care team works closely together, the skills were taught by Nurses, Medics and Senior Medical Students.

During the conference, the students attend seminars by experts in a variety of fields as well as others geared towards practicing clinical skills. Students network with other students,
professionals, and some of Alberta’s health organizations such as RPAP. The students who attend AMSCAR return home not only with a variety of lifestyle alternatives and coping tools to play proactive roles in their overall health, but also with more confidence in their clinical skills. Students were also provided with the opportunity to interact with sponsoring organizations to learn about initiatives and to use products of interest to them.

**SRPC CONFERENCE UPDATE**

RPAP funding helped the University of Calgary Rural Medicine Interest Group to send eight first-year medical students to Halifax, 17-20 April 2008 to attend the Society of Rural Physicians of Canada’s 16th Annual Rural and Remote Medicine Course entitled “Rural Medicine – Bridging the Gap.”

Students networked with physicians and residents from across Canada, met undergraduates and residents from the University of Alberta, University of Ottawa, University of Toronto, and Queen’s University, among others, and connected with some of their Alberta mentors, colleagues, and role models. RPAP and a number of other sponsors host a Resident and Medical Student Social at each SRPC conference, which is an excellent opportunity for Alberta trainees to promote Alberta as an outstanding postgraduate training destination.

The students felt that the conference was a valuable experience and returned home to share their impressions and enthusiasm with their peers. This event was a great way to involve the rurally-inclined with a larger, national community and to entice and educate those with still-budding rural or remote interests.

**SHADOWING EXPERIENCES**

Over the course of the year, 65 shadowing experiences were arranged by RPAP for U of C medical students and a further 33 shadows arranged for U of A students. The RPAP Shadowing Program creates opportunities for first and second-year medical students to observe rural physicians in practice.

**RURAL MEDICAL INTEREST GROUPS (RMIGS)**

Successful RPAP Meet and Greet nights were held at both the U of A and U of C for RMIG members. As well, Student Orientation Days were attended at both universities by RPAP representatives in order to introduce students to RPAP.

The U of C RMIG is an extremely active medical students group who work in partnership with the Family Medicine Interest Group. They completed a variety of activities throughout the year including a Welcome Back Potluck, a Family Medicine Wine and Cheese, Participation and Fundraising for Walk for the Doc, a Regional specialist’s Night, and a Family Medicine Resident’s Night. U of C RMIG representatives included Jonathan Somerville, Amber Jorgensen and Pascaline De Caigny.

The U of A RMIG is also an extremely active medical students group, which hosts a similarly impressive array of activities. The U of A RMIG representative for 2008-2009 was Kristen Rylance.

**RURAL TOURS AND SKILLS DAYS**

An RPAP Rural Tour and Skills Day attended by U of A RMIG members was hosted by the Hinton Hospital staff on 21 March 2009.

**REPORT ON SUMMER EXTERNSHIP PROGRAM EXPERIENCES (SEP)**

A number of skills were taught not only by local physicians but also by local clerks, residents, paramedics and nurses. Some of the clerks and residents presently training at the hospital had participated in RPAP’s shadowing and other initiatives.

Dr. Mike Caffaro gave a presentation on living and working in a rural community. Students were astounded by the ability a rural hospital has to provide comprehensive care.

An equally successful RPAP Rural Tour and Skills Day was held for U of C RMIG members in Drumheller on 9 May 2009.
Report on Summer Externship Program (SEP) Experiences


The RPAP Summer Externship Program sponsors medical students during the summer for a period of up to four weeks, further exposing these early careerists to rural family medicine practice.

Some of the rewarding aspects of the 2008 students’ experiences, as reported by the participants in their end of experience reports, included:

• On Christmas Day 2007, the student was present for a high school student giving birth. She then as able to see the family’s progress six months later and was impressed with the close relationship that had developed between the family and the physician. Seeing the full impact of a family doctor was rewarding to observe.

• This student created her own experience of shadowing public health nurses, doctors and an ER nurse. She saw a huge emotional range of ER cases from a rape victim to helping with a CPR procedure where the patient could not be saved. She was grateful for the exposure to remote rural living.

• Seeing her clinical skills and knowledge improve so much in a short period of time. The student enjoyed the exposure to a variety of disciplines and the opportunity to participate in a sweat lodge.

• This student observed how familiar the rural physician was with inpatients and how this strengthened communication and increased patient morale. The student was ecstatic to have received some surgical exposure with a visiting surgeon and experienced his first labour and delivery.

2008 RURAL MEDICAL SCHOOL BURSARY AWARD

Two University of Calgary students, Amber Jorgensen of Olds and Vera Krejcik of Fallis, received Rural Medical School Bursaries in 2008. The RPAP Rural Medical Student Bursary provides full tuition including differential fees for each year of medical studies to reduce the financial burden faced by rural medical students and their families. The Bursary is offered through RPAP and funded by Alberta Health and Wellness.

The Bursary is available to students in any year of their medical degree. Once accepted, the student receives the Bursary every year until medical school graduation, contingent upon their meeting the program requirements, which includes a five-year Return-in-Service Agreement (RiSA), pro-rated to the number of years the Bursary is awarded.

2008 RURAL MEDICAL STUDENT AWARD

Four students received student awards in 2008: U of C students Davis Yawney of Raymond and Mathew Fisher of Dunmore (near Medicine Hat); and U of A students Stephanie Wehlage of Milk River, and Kathleen Hegan of Breton.

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. The Award is available to students in any year of their medical degree. Once accepted, the student receives the Award every year until medical school graduation, contingent upon their meeting the program requirements.

U OF A ICE BOWL HOCKEY TOURNAMENT

RPAP was pleased to provide sponsorship for the 2008 U of A medical students’ Ice Bowl Hockey Tournament held on 19-21 September 2008 at the River Cree Resort arenas in Edmonton. RPAP connected with close to 250 medical students from Manitoba, Saskatchewan, BC and Alberta. It was a great opportunity to promote Alberta, RPAP programming and the rural RAN and RAS rural Family Medicine residency programs. There was lots of fun and hockey for everyone.
Supports for Medical Residents

OUTSIDE QUEBEC CAREER FAIR

Once again, RPAP representatives attended this career fair in Montreal where they spoke with approximately 100 residents in different stages of their training about practising in Alberta and about being a locum. The Job Alert functionality of the Alberta Physician Link website was a hit with the attendees. Numerous comments were made that Alberta is a “step ahead” of everyone else with the sophistication and usefulness of its provincial physician recruitment website.

NEW CAREERIST SUPPORT INITIATIVE

RPAP developed a pilot program in 2008 to provide supports for up to eight newly-graduated rural Family Medicine residents. The pilot responds to the results of focus groups held with Rural Alberta North (RAN) and Rural Alberta South (RAS) Family Medicine residents to help gain insight into why residents leave the province and what RPAP can do to help them choose to stay in Alberta.

THE NEW CAREERIST SUPPORT INITIATIVE HAS THREE MAIN ACTIVITY STREAMS:

- An orientation checklist consisting of a comprehensive list of clinic, hospital and community details that are important for a new physician. This is aimed at enhancing the current orientation procedures and at creating some standardization across the province;

- A mentorship component which establishes a developmental relationship between a more experienced rural physician and a new careerist. A curriculum guide has been developed to provide some structure for mentor–mentee discussions and to suggest a comprehensive spread of topics; and

- A series of supplemental workshops has been designed to provide a background on programs, practices and supports that would normally be acquired over a period of time by practising physicians. Each workshop has been scheduled to correspond with the steps a new careerist will progress through as they transition into practice and will complement the mentorship program.

RESIDENT ORIENTATION

New residents in the Alberta Rural Family Medicine Network program attended an orientation in Banff on 24-26 June 2008. The event, sponsored by RPAP, provides a comprehensive orientation to the rural Family Medicine residency program including accommodation guidelines, finances, an IT session as well as reviewing the resident manual, rotation information and schedules. This event also provides an opportunity for residents and their families to meet one another and for residents in each of the RAN and RAS nodes to start to work together.

FOLLOWING IS GRAPHIC INFORMATION SHOWING THE DISTRIBUTION OF RAN/RAS GRADS SINCE 2001.
Supports for Physicians Currently Practising in Rural Alberta

UPDATED AND NEW GEMS MODULES NOW ONLINE!

Rural Alberta physicians can easily enhance their Emergency Medicine skills while earning an honorarium and MainProC credits (a requirement of the College of Physicians and Surgeons of Alberta effective December, 2009). RPAP’s General Emergency Medical Skills (GEMS) self-study learning modules were updated and two new modules added during 2008-2009 are now online on the RPAP web site.

Interested physicians complete the GEMS Application Form found on the web site and then call or email RPAP to obtain a log-in and password. After completing the training modules, physicians register with STARS to take the Human Patient Simulator (HPS) session. Successful GEMS physicians receive a $1,000 honorarium and MainProC credits.

RURAL EXPERTISE DEMONSTRATED

Dr. Mike Kolber, formerly of Peace River, demonstrated how the advanced skills of Alberta’s rural family doctors can benefit the health of our rural communities. In the February, 2009 edition of Canadian Family Physician, Kolber reviewed his experience of providing endoscopy services in Peace River.¹ Over an eight-year period, performing almost 2000 scopes, he detected 33 gastrointestinal malignancies with a minimal complication rate.

Gastroenterologists are in short supply within the province. One obvious solution to this problem would be to further utilize rural health care teams. Rural hospitals provide ideal sites to perform these procedures with facilities for conscious sedation and diagnostic equipment to detect any complications. Rural physicians are keen to learn; RPAP has received many requests from doctors wishing to acquire these skills. Although almost half of U.S. family medicine residency programs offer their residents training in colonoscopy,² Canadian gastroenterologists have had concerns about the competency of non-GI specialists, and training in Alberta has been difficult to access.


GEMS UPTAKE

The number of physicians enrolled in RPAP’s General Emergency Medicine Skills (GEMS) multi-media training program has increased:

2005-2006  75 Physicians
2008-2009  120 Physicians enrolled and 50 have completed Human Patient Simulator training.

CABIN FEVER 2009 A SUCCESS!

Almost 100 people, including 55 rural and regional physicians and 20 speakers, participated in a very successful Cabin Fever preceptor development conference, 5-8 February 2009 at the Delta in Kananaskis. The conference is attended by preceptors who teach residents in the Alberta Rural Family Medicine Network’s (ARFMN) Rural Alberta North and South program nodes, as well as some preceptors in the Rural Rotations Program. The annual event is designed to provide rural and regional physicians with an opportunity to increase their precepting skill set.

Cabin Fever offers physicians and their families’ real benefits each year: faculty development workshops, professional networking opportunities and protected family time. Faculty development sessions were scheduled each morning.
Twenty speakers addressed a wide variety of topics and sessions were divided into three streams to meet different needs: workshops for new, experienced and more theoretically-inclined preceptors.

Each afternoon families enjoyed protected time together. Then in the evening, a children’s program kept the kids busy so the adults could relax, enjoy dinner and some professional networking opportunities. In fact, the children’s program was a big success again with in excess of 65 children involved every night. KidScenes welcomed children to a Winter Wonderland with lots of outdoor fun, winter crafts and small group activities.

Dr. Ruth Wilson, Past President of The College of Family Physicians of Canada, was the guest speaker at the plenary session Sunday morning. Her address - “Promoting Generalism: Organizational Responses” – provided an overview of Family Medicine as a career option.

Cabin Fever is the largest annual preceptor development conference of its kind in Canada that is specifically designed for rural and regional physicians. The event was first organized by the U of C and RPAP in 2001 to support the new ARFMN preceptors. Funding for Cabin Fever continues through RPAP.

ALTERNATE ADVANCED LIFE SUPPORT COURSE EVALUATED

With a view to replacing some of the existing advanced life support courses now available, RPAP evaluated the Comprehensive Advanced Life Support program (CALS). CALS was developed in Minnesota and is recognized in several states as an alternative to Advanced Trauma Life Support (ATLS) for credentialing purposes. The intent was to see whether the program could be modified for Alberta use. A team of physicians and nurses attended the course. The team felt that CALS is a great refresher course but could not replace existing life support courses, except perhaps as a substitute for ATLS recertification. From a nursing perspective, the course would not replace such courses as Trauma Nursing Core Course.

It was recommended that RPAP not proceed further with bringing CALS to Alberta and should consider instead expanding other programs that would enhance the team approach to providing emergency care in rural hospitals, such as the STARS simulator program, the Anaesthesia Crisis Resource Management (ACRM) program and the Paediatric Simulation program being developed by the Alberta Children’s Hospital in Calgary. Further, it was recommended that RPAP should consider exploring other options to enhance rural physicians’ skills in emergency care.

This would be consistent with current expansion of the General Emergency Skills (GEMS) program and might also include the Adult Critical Events Simulation (ACES) program.

These recommendations have been accepted by RPAP and will be acted upon beginning in 2009-2010.

RPAP MEDICAL INFORMATION SERVICE

The RPAP Medical Information Service provides Alberta’s rural physicians with rapid access to reliable, up-to-date medical information. The available resources include a Virtual Library of on-line medical textbooks and journals, plus information about other Clinical Resources, Continuing Medical Education, Computer Technology, Office Management and Rural Practice.

WABAMUN PHYSICIAN RECEIVES PROVINCIAL AWARD

A community hall filled with well wishers helped Dr. Hess Boschma of Wabamun celebrate his selection as the recipient of the 2008 Alberta Rural Physician Award of Distinction in June, 2008.

The RPAP Award of Distinction is presented annually to an Alberta rural family physician who lives and has 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. Dr. Boschma was selected for the award based on his quiet commitment to those populations who do not have a lot, his overcoming of personal adversity and his contributions to rural communities.
RPAP worked with the WestView Primary Care Network, WestView Physician Collaborative and the Wabamun community to co-sponsor the award celebration on 13 June 2008 honouring the achievements of Dr. Boschma. Dr. Clayne Steed, RPAP Board Chair, presented the award to Dr. Boschma. A tribute video about Dr. Boschma was produced for the event and is available for viewing on the RPAP web site. The Awards web page can be found under the Practising Rural Physicians section.

Sadly, Dr. Boschma passed away suddenly at the age of 58 years on 17 February 2009.

**EARLY CAREERIST RECEIVES AWARD**

Pincher Creek was the site of a celebration at the Heritage Inn October 4, 2008 to honour and recognize the achievements of Dr. Tobias Gelber, recipient of the 2008 RPAP Early Careerist Award.

The RPAP Early Careerist Award honours and recognizes the significant contributions of a rural physician within their first 12 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 icons in their field and are already making a difference for their clients, their community and medical practice.

Dr. Tobias Gelber was selected as the 2008 recipient of the Alberta Rural Physician Early Careerist Award based on a review of his nomination package by RPAP’s Board of Directors. The RPAP Board reviewed the nominations for the Early Careerist Award through the lens of the Award’s criteria, the breadth of community involvement, geography and the reputation of the nominee within the physician community.

In presenting the award, RPAP Board Chair Dr. Clayne Steed said, “Tobias was selected as the 2008 Recipient in recognition of his rural commitment, participation in innovation in the community and the region (EMR and PCN) and his involvement in teaching. He is an excellent role model for physicians early in their careers.”

**REDWATER CHOSEN FOR 2008 RURAL COMMUNITY AWARD**

RPAP and Alberta Chambers of Commerce selected the Town of Redwater as the 2008 recipient of the Alberta Rural Community Recruitment and Retention Award. The award was presented in Fort Saskatchewan on 24 May 2008 at the Alberta Chambers of Commerce Annual General Meeting.

This award annually recognizes a rural Alberta community that has best developed innovative and collaborative approaches and solutions resulting in successful physician recruitment and retention in the area.

The Town of Redwater was selected from other nominees for their community involvement approach, their proven track record of successful recruitment, and their willingness to share their experiences with other communities.

Recruiting and retaining physicians in many rural communities is an ongoing challenge. While living and working in rural Alberta brings many benefits to physicians – such as practising a more comprehensive hands-on style of medicine, contributing to the fabric of a rural community and enjoying the quieter pace of rural living and the beauty of rural landscapes – practising in small communities can also pose unique challenges for physicians. These may include higher workloads, demanding on-call schedules, limited access to specialists, and difficult strains on their spouses and children.

Rural communities can play an important role in co-managing their local physician resources by understanding the unique challenges facing physicians, by creating physician-friendly environments and by participating more fully in recruiting and retaining physicians.
NEWCOMER PHYSICIAN SUPPORT

RPAP connects with newcomer physicians for three reasons:
1) To let the newcomer know about/remind them about RPAP;
2) To check on how they are settling in and if they have been contacted by the local recruitment and retention committee (if there is one in their community); and 3) to see if there are any resources/connections needed with which RPAP can assist.

RPAP sends a welcome card and gift along with the relevant RPAP Community Physician Consultant business card one month after newcomer names appear on the College of Physicians and Surgeons of Alberta list. This is followed up with random telephone calls to 40 newcomers throughout the calendar year to check on their settling-in process. In those communities where community recruitment and retention committees are in place, an introduction of the newcomer to the committee occurs.

In addition, each new rural physician receives a welcoming letter from RPAP’s Medical Information Service Coordinator advising of their free Internet access to RPAP’s Virtual Library, which includes many licensed resources such as MD Consult, 3-Therapeutics, Harrison’s Textbook of Internal Medicine and Tintinalli’s Textbook of Emergency Medicine.

RURAL PHYSICIAN SPOUSAL AND FAMILY SUPPORTS

RPAP Community Physician Consultants work with rural community recruitment and retention committees who focus on ensuring support to incoming physicians and their families. The role these committees play in the integration of the family into the community is seen as one of the major ways of ensuring ongoing support to spouses/family partners and children. It sees a connection of family members with relevant networks and systems found in the community, including employment opportunities for the accompanying spouse/family partner as well as extra-curricular activities for children.

STRENGTHENING RURAL PHYSICIAN RECRUITMENT AND RETENTION

SUCCESSFUL RECRUITMENT TRIP TO THE UK

Once again, Alberta was present at the October British Medical Journal (BMJ) Career Fairs in Britain. The provincial presence generated a large amount of interest in our province – exactly what is needed with our ever-increasing need for physicians in all specialties. The provincial team included representatives from RPAP, the College of Physicians and Surgeons of Alberta (CPSA), and Alberta Employment and Immigration (AEI) who spoke about living and practising in Alberta. By using RPAP’s recently revised provincial recruitment web site, AlbertaPhysicianLink, the representatives were also able to outline the breadth of vacancies throughout the province – metro, regional and rural. The logistics of the visit were coordinated through AEI and the Alberta UK Office at the Canadian High Commission in London. AEI provided the funding for this initiative through the Health Workforce Action Plan.

In preparation for the mission, a thorough advertising campaign was launched by AEI with ads running from August through to the end of October, 2008. All inquiring physicians were directed to the AlbertaPhysicianLink web site where they were pre-screened. Practice-eligible physicians were then invited to attend an interview at either the London or Birmingham, England events.

BMJ National Career Fair was a two day event held in London on 3-4 October 2008. A total of about 1,400 visits were made to the Alberta display, slightly down from the 2007 Fair, however, the consensus among team members was that more practice-eligible candidates expressed interest in immigrating to Alberta this year. Dr. Hugh Hindle, the RPAP Rural Academic Development Coordinator, gave a presentation on Practising Medicine in Alberta and Kelly Lyons, the RPAP Recruitment and Relocation Consultant, was present to assist with questions from the audience. Approximately 60 people were in attendance at the two presentations.
Supports for Alberta Communities

Next, the Alberta team was off to Dublin, Ireland. While AEI representatives attended the Health Recruitment Expo, RPAP and CPSA representatives hosted two separate information sessions for Canadian medical students studying in Ireland. In total, the latter representatives met with 125 students in various stages of their schooling. Once again, the goal was to gather information on issues currently facing Canadian and Alberta international medical students wanting to return to Alberta for their residency training or independent practice. The Alberta team was able to report on changes from their 2007 visit and other proposed changes to facilitate their return. The feedback obtained from the medical students was shared with Alberta Health and Wellness and the Alberta International Medical Graduate (AIMG) Program.

The BMJ West Midlands Fair took place in Birmingham on 10-11 October 2008. This was a smaller event but the Alberta display still saw approximately 1,000 visitors which included medical students through to practice-eligible physicians. Again, there were two separate presentations made by Dr. Hugh Hindle with approximately 50 people in attendance.

The Alberta team conducted nearly 200 interviews during the London and Birmingham recruitment airs and spoke to hundreds of other prospects. In addition to the above, the CPSA was able to arrange two separate meetings. The first was with the Postgraduate Medical Education Training Board (PMETB) in London where Dr. Kate Reed gathered information on how the Board assesses the qualifications of IMG’s for independent practice in the UK. The second meeting was with the Irish Medical Council in Dublin where Dr. Reed gained more understanding of Irish training, which will assist the CPSA to assess the equivalency of the training received from Irish qualified applicants.

The leads from this recruitment mission are tracked through the AlbertaPhysicianLink web site and the contact management software RPAP uses to case manage candidates who proceed to have their qualifications reviewed by the CPSA and who register at the web site for practice opportunities and immigration information.

**89-DAY WORKING HOLIDAY PILOT PROJECT**

Six practice-eligible physicians have committed to RPAP’s Working Holiday Pilot Project and have begun the work permit/licensure processes.

The pilot was developed as a direct result of the feedback received during the 2007 UK Recruitment mission and is made possible through a grant from Alberta Health and Wellness. RPAP and the Alberta Medical Association worked closely to develop the pilot. The hope is that once physicians and their families experience life and work in Alberta, they will choose to relocate here permanently.

UK-trained general practitioners who are eligible to practice in Alberta apply to the program by completing the application and by submitting their CPSA eligibility letter and CV. Successful applicants are provided with furnished, no-cost accommodation, a stipend towards their air fare and up to $5,000 to assist them with living expenses until their billings from the Alberta Health Care Insurance Plan begin to arrive.

Physicians are placed in pre-selected rural communities throughout Alberta where they will receive an orientation into medical practice in Alberta and be mentored throughout their stay. These physicians will be required to work a minimum of 30 hours a week in the clinic and will not do emergency on-call.

During the recent October UK Recruitment Mission, the Alberta team promoted this pilot project. There was substantial interest. The communities that will be hosting the physicians in 2009 are Airdrie, Brooks, Canmore, Drumheller, Sylvan Lake and Whitecourt. Preparations are now underway for their arrival during the Summer of 2009.
RECRUITMENT FAIRS

The 14th annual RPAP-sponsored recruitment fairs held at the University of Alberta on 16 September, 2008 and the University of Calgary on 18 September, 2008 were a success. Each year these fairs provide an opportunity for hundreds of medical students and residents to start building relationships with interested organizations for future rotations and practice opportunities after graduation. As a result of changes to the province’s health system structure, RPAP is assessing whether to continue with the fairs and, if so, in what format.

UPDATE ON PPAC

The Physician Privileges Advisory Committee (PPAC) has been busy considering and recommending physician privileges for the AMA’s Rural Locum Program, as well as for the former David Thompson Health, Aspen Health, East Central Health, and Northern Lights Health Regions and various voluntary hospitals and health care centres.

This year, the first since taking over the function from the College of Physicians and Surgeons of Alberta, the PPAC processed 22 Initial Applications and 80 Locum Applications. A new database is currently being completed that will create efficiencies in the time and effort required to process and maintain PPAC applications and information.

The PPAC is the successor to the Advisory Committee for Privileges of the Council of the College of Physicians and Surgeons of Alberta (CPSA) and was established by RPAP and the Alberta Medical Association (AMA) as a service to Alberta Health Services (AHS), voluntary hospitals, and the AMA Physician Locum Services. The PPAC’s role is to make recommendations regarding appropriate physician privileges.

REGIONAL RECRUITMENT WORKSHOP

The annual fall recruitment workshop took place 17 September 2008 in Calgary in conjunction with the RPAP Recruitment Fair at the University of Calgary. Recruiters from eight of the nine former Regional Health Authorities and the Alberta Medical Association Physician Locum Services attended the event. Presentations included:

- Dr. Kate Reed, Assistant Registrar with the College of Physicians and Surgeons of Alberta (CPSA) gave an update on upcoming changes as a result of the Health Professions Act, registration activity and also introduced Gerry Zasada from the CPSA Registration Department to the recruiters;
- Rebekah Seidel and Carmen Plante, RPAP Community Physician Consultants, gave an update on their recent community recruitment activities and reviewed how they facilitate and provide guidance to communities developing recruitment and retention committees; and
- Darren Thomas, Policy Advisor and Director of Fair Trading, Service Alberta spoke about the legislation regulating the actions of employment agencies in our province.

ALBERTA PHYSICIANLINK (APL) REDEVELOPMENT

A new and improved AlbertaPhysicianLink web site went live on 16 September 2009. This web site is designed to link doctors from around the world with Alberta practice opportunities and serves as a one-stop shop for physician recruitment. The new web site incorporates all physician vacancies: urban, rural, individual clinics and Primary Care Networks (PCNs).

AlbertaPhysicianLink has a fresh look and increased functionality all since it went live in September, 2008. Physicians who register automatically receive an introductory letter which supplies them
with the link to review the College of Physicians and Surgeons (CPSA) eligibility criteria after which they can apply for a formal review of their training. Once the physician has received their CPSA eligibility letter, they can select the practice opportunities they are qualified for and their information is sent directly to the physician recruiter who posted the vacancy. Interested physicians can also register to receive a job alert e-mail so they are notified when new practice opportunities become available within the province.

Part of the redevelopment also included a new photo album specific to each practice opportunity and “e-mail a friend” functionality within each vacancy. To view the new site, please visit www.AlbertaPhysicianLink.ab.ca.

**VIRTUAL CAREER FAIR**

RPAP took part in its first ever “virtual career fair” through the AlbertaPhysicianLink initiative. Career Forward was an interactive job fair targeting physicians, pharmacists, pharmacy technicians, medical interns and residents and pharmacy students across Canada. The event ran 25 October through to 31 December 2008. Over 1,000 registrations were received for the event prior to its start date.

**FIRST COMMUNITY-BASED RECRUITMENT AND RETENTION WORKSHOP HELD**

RPAP, in collaboration with the Northern Alberta Development Council (NADC) and Alberta Culture and Community Spirit, sponsored a Rural Alberta Community Physician Recruitment and Retention Workshop on 23-24 April 2008 in Nisku. Despite an extreme April blizzard, more than 55 people from 22 different communities across seven of the former health regions were in attendance for the two days.

A participatory workshop design resulted in the sharing of stories by individuals actively engaged in community-based recruitment and retention activities in rural Alberta. Building on communities’ experiences and successes, the workshop offered an opportunity to further strengthen local capacities in recruitment and retention work by learning from one another and by developing a formalized support network.

Topics discussed during the workshop included how to form a successful recruitment and retention committee, developing marketing strategies and incentives, promoting retention through site visits and support while settling into the community, and ensuring cross cultural success. The value of rural communities and the lifestyle they offer was highlighted during an evening auction, which included a wide array of items produced within the communities represented at the workshop.
RPAP, in collaboration with the Northern Alberta Development Council (NADC) and Alberta Culture and Community Spirit, hosted the first video conference supporting local physician recruitment and retention (R&R) for rural Alberta communities on 15 January, 2009. Twenty-seven rural communities from across Alberta took part.

David Kay, RPAP Executive Director, provided an overview of the new Alberta Health Services and his perspective on what it will mean for rural Alberta support to R&R. This presentation was followed with summaries of recruitment successes over the last eight months from two rural communities - High Prairie from the north and Olds from the south of the province.

Overall, the video conference was well received and evaluations highlighted the value of using this technology to meet and discuss R&R support among communities. RPAP has plans to organize further videoconferences for Alberta rural communities as learning events as well as a means of meeting at a distance to share ideas and practices. The next video conference is planned to take place in May, 2009.

Rural Recruitment and Retention Committees
A number of rural communities have contacted RPAP’s Community Physician Consultants (CPCs) since the April, 2008 provincial workshop and January, 2009 video conference seeking support in the development of local Recruitment and Retention (R&R) committees and the enhancement of existing committees.
At this point, RPAP CPCs are connected to more than 30 communities across the province. These communities are actively involved in supporting recruitment and retention at their local levels. In addition, an email contact list for sharing upcoming events and activities has been developed, which currently includes over 100 names from over 50 rural communities in Alberta. RPAP has developed a series of modules which contain recruitment and retention tools and resources used by the CPCs in their work with rural communities.

**COMMUNITY RECRUITMENT AND RETENTION TOOLKIT CREATED**

A new resource has been created for use by RPAP community physician consultants when they are working with community recruitment and retention committees. “Building on Shared Experience” draws on the considerable experience and activity already taking place in rural Alberta communities and provides Alberta community success stories, modules and sample tools. This resource will be built upon as work with the communities progresses.

**COMMUNITY STORIES IDENTIFY BEST PRACTICES**

In response to an expressed interest in learning from the practical experiences of community-based recruitment and retention work, RPAP completed the process of collecting stories from ten communities involved to date – Redwater, Manning, St. Paul, Cold Lake and High Prairie as well as East Central Health, David Thompson Health Region, Northern Lights Health Region, Peace Country Health and the Drumheller Health Centre. These stories will be shared with communities and Alberta Health Services, posted on the RPAP website for general access.

They were used to frame RPAP’s provincial Recruitment and Retention Workshop held on 23-24 April 2008 in Nisku. An analysis of the stories identified the following community learnings from physician recruitment and retention activities:

- It is important to document the recruitment and retention process so that new volunteers can fit into, or pick up on, the process easily;
- Recruitment and retention is an on-going process even when there is no immediate crisis;
- The recruitment and retention processes used by communities to recruit physicians can also be used to attract other people/professionals to the community;
- Effective recruitment and retention committees in communities have good working relationships with the RHA and the physicians in the community;
- Effective recruitment and retention committees are comprised of five - six people at the core, a secondary group involved in the work, and a third group in the community that supports the work;
- The long-term focus of the work is about building a healthy community, not just healthy citizens;
- Communities must understand that they are recruiting not only a physician but his/her family;
- Understanding physicians’ and their family’s needs and lifestyle will help to determine if the community and the practice are a match;
- Incentives are important in providing support to new physicians but “money doesn’t keep people in the community”; and
- It is critical that the community helps with the cultural/community integration of new physicians and their families.
Planned Programming Changes for 2009 and RPAP Partnerships

PLANNED PROGRAMMING CHANGES FOR 2009
Throughout the fall and winter of 2008-2009, the RPAP Board undertook an extensive review of its programming. This was accomplished as part of its assessment of the 2008-2011 business plan to ensure that the programs and initiatives RPAP offers are still relevant and meeting their intended needs.

The RPAP Board also identified a number of areas in which its programs and initiatives could support physicians in the new Alberta Health Services (AHS) structure.

In 2009-2010, RPAP plans to offer the following new initiatives:

- Emergency Department Targeted Ultrasound (EDTU). EDTU is quickly becoming a standard in hospitals. RPAP through its Enrichment Program will facilitate a fixed number of rural physicians to get the EDTU course. This course consists of a one to two day introduction to EDTU. Candidates are then required to obtain 50 supervised ultrasounds in each of the domains of obstetrics, free fluid in the abdominal, the pericardium and aorta.
- Focused Individual Rural Staff Training (FIRST). Addressing the challenge of organizing leaves in many communities for skills training of less than two weeks (10 days), RPAP - through its Enrichment Program - will introduce a new variation in which groups of physicians in a clinic/community collectively take the training for a minimum of 10 days/year. The local physician leader will approve the training and the Enrichment training honoraria will go to the hospital or group of physicians. Simulation and targeted ultrasound (EDTU) are examples that can be incorporated into this variation.
- Continued focus on RPAP’s General Emergency Medicine Skills (GEMS) Program. RPAP will explore adding additional modules to the five refreshed and new modules completed this spring, and it will seek improved access to simulation training, especially offerings which promote effective teams through communication strategies/de-briefing. RPAP is in a position to broker existing simulation training like ACES, STARS and others, such that training is better coordinated and there is equitable funding for the physician participants.
- Virtual Library Access to Nurse Practitioners in PCNs (and Physician Assistants if/when approved). RPAP will make available Virtual Library access through one of its paid electronic subscription accounts.
- GEMS on-line access for Metro Alberta Physicians. Beginning in April, 2009, RPAP will make GEMS available to metro Alberta physicians but without the honoraria or RPAP-supported STARS access it provides non-metro Alberta physicians.

RPAP PARTNERSHIPS
Partnerships play a key role in helping 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:

- Physician Privileges Advisory Committee (PPAC) Since 1 December 2007, RPAP and the Alberta Medical Association (AMA) have been working together to host the new Physician Privileges Advisory Committee which advises Alberta Health Services and Voluntary Hospital boards who choose to use the Committee, as well as the AMA Physician Locum Services (PLS), about appropriate privileges for physicians working in their facilities and through the PLS.
- Alberta Chambers of Commerce (ACC) This organization works with RPAP to co-sponsor the Alberta Rural Community Recruitment and Retention Award. The ACC is a federation of 127 Chambers of Commerce in Alberta, which in turn, represent more than 22,000 businesses.
• **MD Ambassadors**

MD Ambassadors is an interest group of the U of A medical students whose goal is to promote medicine as a career choice for high school students. In partnership with RPAP, it has been instrumental in seeking out rural schools that may be interested in receiving RPAP’s “Careers in Medicine Program.” Ambassadors have been active participants in the delivery of the program.

• **Rural Medical Interest Groups**

Members of Rural Medical Interest Groups (RMIGs) at U of A and U of C are medical students who aim to practise rural medicine. The groups have provided volunteer medical students to participate in RPAP’s School Outreach program on rural medicine with rural high school students.

• **Careers: the Next Generation**

In a number of communities throughout the province, Careers: the Next Generation has played an active role in facilitating the delivery of RPAP’s “Careers in Medicine” school outreach program. Careers: the Next Generation promotes RPAP’s programs and shares its materials through their school outreach programming. Its counsellors facilitate relationships with students and regional health authorities to help provide health care experiences to assist students in appropriate career choices.

• **Chinook Regional Career Transitions for Youth**

A partnership with Chinook Regional Career Transitions for Youth improves access to students in Grades 7-12 who are interested in a career in rural medicine. An exciting and collaborative relationship has been in existence for three years. RPAP works in partnership with a regional coordinator for the delivery of information and work site tours through a Job Shadow Day and Career Days in southern Alberta. Students learn about the realities of the career from medical residents and students.

• **Summer Health Exploration Camp**

Working with project partners, Portage College, Aspen Health Region, Careers: the Next Generation, Treaty 8 First Nations of Alberta, Northern Alberta Development Council, and Northern Lights School Division, RPAP is assisting in the development of a summer health exploration camp for rural high school students.

• **Northern Alberta Development Council (NADC)**

NADC is a primary partner with RPAP in the development of the rural Alberta Community Physician Recruitment and Retention Workshop.

• **Health Workforce Action Plan (HWAP)**

Beginning in early 2008, RPAP contributed to the implementation of several of the initial actions contained in the Government’s HWAP. These include; increased efforts to recruit more physicians to Alberta through the new Recruitment and Relocation Consultant position; the provincial physician recruitment website AlbertaPhysicianLink; and community recruitment and retention efforts.

RPAP also contributed to the province-wide deployment of the Health Sciences Placement Network (HSPnet) through active participation on the HSPnet Alberta steering committee, the recruitment of the HSPnet provincial coordinator and the planning for the introduction of HSPnet use in medical clinical placements.

In early 2008, through the auspices of the Rural Health Workforce Strategy Steering Committee, RPAP developed the operational plan to deliver an RPAP-like service for the non-physician health professions. Although implementation of the operational plan was deferred with the creation of Alberta Health Services, RPAP remains committed to supporting, when it can, all health professions, which are integral to successful rural health care delivery.

Finally, RPAP remained an active and supportive contributor to the Province’s Alberta International Medical Graduate (AIMG) Program and its steering committee, the HWAP Education Committee and Alberta Health and Wellness’ Post Graduate Medical Education Advisory Group.
Communication Activities

• **STARS Air Ambulance**
  STARS helps promote RPAP’s General Emergency Medical Skills (GEMS) multimedia training program as it visits rural communities with its HPS simulator.

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**GEMS Electronic Poster**

Working with STARS air ambulance that provides the HPS simulator for training of rural doctors, RPAP developed a new electronic poster that can be sent to rural doctors, nurse educators, ERs, and general administrators and physician leads in Primary Care Networks throughout the province to promote RPAP’s multimedia GEMS program that enables rural physicians to enhance and update their emergency medical skills in their own communities.

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**Communication Activities**

RPAP worked to maintain and enhance its communications with its audiences as described below.

**Website Maintenance and Redevelopment**

RPAP maintains a number of websites related to rural physician recruitment and retention, including its home site (www.RPAP.ab.ca), a site that recruits physicians for all Alberta locations (www.AlbertaPhysicianLink.ab.ca), a site describing the rural residency program (www.arfmn.ab.ca), a site for preceptors who work with medical students and residents (www.PracticalProf.ab.ca), and a site providing rapid access for rural physicians to selected Internet-based medical textbooks, journals and other resources.

Besides regular maintenance, the following redevelopment work was completed:

• All websites were updated to the latest CMS platform;

• The home page of the Practical Prof was redesigned to support expanded access by Ontario rural preceptors; and

• RuralPhysicianLink.ab.ca website was expanded to include all physician recruitment for the province under the new name of AlbertaPhysicianLink. A new display was also created to support the expanded mandate of the website. These two projects were facilitated through a provincial grant.

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**RPAP News**

This magazine provides rural physicians and their families with information and updates on RPAP-supported programming as well as interesting feature articles on medical students, residents, rural physicians and their families.

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**MLA Newsletter**

A newsletter is periodically circulated to Members of the Legislative Assembly to keep them apprised of the latest developments in physician recruitment and retention. This periodic newsletter provides information related to physician recruitment and retention and identifies how MLAs can support health regions, physicians and community recruitment and retention initiatives.

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**Spousal and Family Hot Sheet**

A spousal and family hot sheet is distributed to rural physician families to help raise awareness and increase networking across the province.

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**Faculty Development Newsletter**

The Preceptor Hot Sheet supports preceptors of the Alberta Rural Family Medicine Network (ARFMN) in the province. The goal is to provide preceptors with a “quick read” of information that enables them to hone their teaching skills and make their preceptor experiences less stressful and more satisfying.
AWARD OF DISTINCTION
2008 Award of Distinction Celebration and Tribute Video
In addition to co-sponsoring a community celebration with colleagues and residents of Wabamun, RPAP produced a new video resource to honour Dr. Hessel Boschma, the 2008 recipient of The Alberta Rural Physician Action Plan Award of Distinction. Besides its inaugural showings at the Award community celebrations in June, the video was also shown to medical students and residents and to other appropriate audiences and posted on the RPAP website.

EARLY CAREERIST AWARDS CELEBRATION
RPAP co-sponsored an award celebration with residents of Pincher Creek to honour Dr. Tobias Gelber, 2008 recipient of the Early Careerist Award.

RURAL COMMUNITY AWARD
Working with the Alberta Chambers of Commerce, RPAP recognized the significant efforts of the Town of Redwater as the recipient of the 2008 Rural Community Recruitment and Retention Award at the 2008 Alberta Chambers of Commerce Annual General Meeting in Fort Saskatchewan.

BRANDING RPAP COMMUNITY WORK
A new brand was created to support the extensive work done by RPAP to enhance rural community recruitment and retention.

ADVERTISING AND PROMOTIONAL CAMPAIGNS
New advertising and promotional campaigns were completed to support international recruitment efforts, recruitment of medical students and residents and support of RPAP’s award programs.

PRESENTATIONS
RPAP provided numerous presentations on its work and the opportunities to practise medicine in Alberta.
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 influence physicians’ decisions about moving to and remaining in a rural Alberta community.

As a result of RPAP’s focus, experience and ongoing work with rural physicians and their families and rural communities, the organization provides leadership and expertise on issues related to rural medical care.
INDEX TO FINANCIAL STATEMENTS
THE ALBERTA RURAL PHYSICIAN ACTION PLAN
YEAR ENDED MARCH 31, 2009

Auditor’s Report 28
Statement of Financial Position 29
Statement of Operations 30
Statement of Changes in Net Assets 31
Statement of Cash Flow 32
Notes to the Financial Statements 33
To the members of The Alberta Rural Physician Action Plan:

We have audited the statement of financial position of The Alberta Rural Physician Action Plan as at March 31, 2009, and the statements of operations and changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of The Alberta Rural Physician Action Plan’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of The Alberta Rural Physician Action Plan as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Kingston Ross Pasnak LLP
Chartered Accountants

May 22, 2009
Edmonton, Alberta
# Statement of Financial Position

**The Alberta Rural Physician Action Plan**  
**Year ended March 31, 2009**

## ASSETS

### CURRENT ASSETS

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<th>Description</th>
<th>2009</th>
<th>2008</th>
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<td><strong>Total Assets</strong></td>
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## LIABILITIES AND NET ASSETS

### CURRENT LIABILITIES

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<th>Description</th>
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### COMMITMENTS (Note 5)

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**Total**                                                            | $ 3,038,171 | $ 2,273,313 |

APPROVED BY THE BOARD

Member

Member
Statement of Operations

The Alberta Rural Physician Action Plan
Year ended March 31, 2009

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<td>78,602</td>
</tr>
<tr>
<td>Physician Privileges</td>
<td>31,629</td>
<td>3,077</td>
</tr>
<tr>
<td></td>
<td><strong>9,534,406</strong></td>
<td><strong>8,595,366</strong></td>
</tr>
<tr>
<td><strong>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES</strong></td>
<td>$48,261</td>
<td>$(35,532)</td>
</tr>
</tbody>
</table>

RPAP Annual Report 08/09
Statement of Changes in Net Assets

The Alberta Rural Physician Action Plan
Year ended March 31, 2009

<table>
<thead>
<tr>
<th></th>
<th>Invested in Property and Equipment</th>
<th>Unrestricted</th>
<th>Total 2009</th>
<th>Total 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of year</td>
<td>$369,216</td>
<td>$720,824</td>
<td>$1,090,040</td>
<td>$1,125,572</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenditures</td>
<td>(72,678)</td>
<td>120,939</td>
<td>48,261</td>
<td>(35,532)</td>
</tr>
<tr>
<td>Purchase of equipment</td>
<td>9,087</td>
<td>(9,087)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$305,625</td>
<td>$832,676</td>
<td>$1,138,301</td>
<td>$1,090,040</td>
</tr>
</tbody>
</table>
# Statement of Cash Flow

The Alberta Rural Physician Action Plan  
Year ended March 31, 2009

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant and bursary revenue</td>
<td>$ 8,646,324</td>
<td>$ 8,495,496</td>
</tr>
<tr>
<td>Integrated Community Clerkships</td>
<td>370,911</td>
<td>224,179</td>
</tr>
<tr>
<td>Interest income</td>
<td>42,337</td>
<td>83,271</td>
</tr>
<tr>
<td>Other income</td>
<td>52,745</td>
<td>6,888</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(8,729,043)</td>
<td>(8,412,123)</td>
</tr>
<tr>
<td></td>
<td>383,274</td>
<td>397,711</td>
</tr>
</tbody>
</table>

| **INVESTING ACTIVITIES** |              |              |
| Purchase of property and equipment | (9,087) | (251,585) |

**NET INCREASE IN CASH AND CASH EQUIVALENTS**  
374,187  
146,126

**CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR**  
1,604,008  
1,457,882

**CASH AND CASH EQUIVALENTS, END OF YEAR**  
$ 1,978,195  
$ 1,604,008

**CASH AND CASH EQUIVALENTS ARE COMPRISED OF:**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>$ 52,312</td>
<td>$ 126,035</td>
</tr>
<tr>
<td>Cheques written in excess of cash</td>
<td>(156,689)</td>
<td>(290,559)</td>
</tr>
<tr>
<td>GICs earning interest between 0.85 - 2.65% maturing from July 2009 to March 2010</td>
<td>2,082,572</td>
<td>1,768,532</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements

The Alberta Rural Physician Action Plan
Year ended March 31, 2009

Note 1
Purpose of the Organization

The Alberta Rural Physician Action Plan “(RPAP)” is an independent not for profit organization funded by the provincial government. RPAP is responsible for providing a provincially focused comprehensive, integrated, and sustained program for the education, recruitment, and retention of physicians for rural practice. RPAP is incorporated under the Alberta Companies Act Part IX, as a non profit organization within the meaning of the Income Tax Act (Canada) and is exempt from income taxes.

Note 2
Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. Significant accounting policies observed in the preparation of the financial statements are summarized below.

Revenue

The Alberta Rural Physician Action Plan follows the deferral method of accounting for contributions, whereby externally restricted contributions are recognized as revenue when the related expenditures are incurred.

Grant and bursary revenues are received from Alberta Health and Wellness and are based on a three year commitment ending March 31, 2010. For the year ended March 31, 2009 grant and bursary funds are recorded as revenue when received or receivable.

Amounts related to the Integrated Community Clerkships are recognized as revenue if the amount to be received can be reasonably estimated and collection is reasonably assured. The amounts are based on an annual services agreement with the U of A and the U of C.

Interest income is derived from cash held in savings and short term investments. The income is recognized as earned.

Other income is recognized when funds are received and performance is achieved.

Property and equipment

Property and equipment are recorded at cost less accumulated amortization. Amortization is provided as follows:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Method</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold improvements</td>
<td>Straight line</td>
<td>12 years</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>Straight line</td>
<td>3 years</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>Declining</td>
<td>20%</td>
</tr>
<tr>
<td>Software</td>
<td>Straight line</td>
<td>3 years</td>
</tr>
</tbody>
</table>
Leases
Leases are classified as capital or operating leases. A lease that transfers substantially all of the benefits and risks incident to the ownership of property is classified as a capital lease. All other leases are accounted for as operating leases, wherein rental payments are expensed as incurred.

Statement of Cash Flow
RPAP is using the direct method in its presentation of the Statement of Cash Flow.

Investments
Included in cash and cash equivalents are investments in GICs. The investments are recorded at market value.

Financial Instruments
Cash and short term investments are classified as held for trading and are measured at fair value. Accounts receivable are classified as loans and receivables and accounts payable and accrued liabilities are classified as other financial liabilities, both of which are measured at amortized cost.

The Alberta Rural Physician Action Plan has chosen to continue to apply Section 3861, Financial Instruments Disclosure and Presentation, instead of adopting Section 3862, Financial Instruments Disclosure and Section 3863, Financial Instruments Presentation.

Measurement Uncertainty
The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates relate to the amortization of property and equipment and the collectability of accounts receivable. Actual results may differ from those estimates.

Capital Disclosures
Effective April 1, 2008, the Alberta Rural Physician Action Plan adopted the recommendations of CICA Handbook Section 1535, Capital Disclosures. This section establishes standards for disclosing information about an entity’s capital and how it is managed in order that a user of the financial statements may evaluate the entity’s objectives, policies and processes for managing capital. The necessary disclosure has been included in Note 8 to the financial statements.
Notes to the Financial Statements

The Alberta Rural Physician Action Plan
Year ended March 31, 2009

Note 3
Property & Equipment

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Amortization</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>$272,934</td>
<td>$45,490</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>205,522</td>
<td>170,657</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>59,927</td>
<td>25,607</td>
</tr>
<tr>
<td>Software</td>
<td>24,235</td>
<td>15,239</td>
</tr>
<tr>
<td></td>
<td><strong>$562,618</strong></td>
<td><strong>$256,993</strong></td>
</tr>
</tbody>
</table>

Amortization provided for in the current year totaled $72,678; (2008 $78,602).

Note 4
Deferred Contributions

During the year, RPAP received contributions of $160,000 for a recruitment materials grant program. A total of $130,133 has been recognized as revenue to match expenses incurred leaving $29,867 to be repaid to the funder as per grant agreement terms. The $29,867 has been included in accounts payable at the year end.

During the year, RPAP received $5,000 for a recruitment workshop grant. The amount has been deferred, and it is expected that the contributions will be spent in the next fiscal year.

In the 2008 fiscal year, RPAP received contributions of $250,000 for a pilot visiting locum program for physicians from the United Kingdom. A total of $2,419 has been recognized as revenue to match expenses incurred leaving $247,581 as deferred revenue as of March 31, 2009. It is expected that these contributions will be spent in the next fiscal year.

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum Pilot Fund</td>
<td>$247,581</td>
<td>$250,000</td>
</tr>
<tr>
<td>Northern Alberta Development</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>$252,581</strong></td>
<td><strong>$250,000</strong></td>
</tr>
</tbody>
</table>

RPAP Annual Report 08/09
Notes to the Financial Statements

The Alberta Rural Physician Action Plan
Year ended March 31, 2009

Note 5
Commitments

Effective April 1, 2007, RPAP signed an agreement with Alberta Health and Wellness whereby the organization is required to provide financial support and programs for medical practitioners and students in rural Alberta. In return, RPAP will receive the required funding from Alberta Health and Wellness. The agreement expires March 31, 2010. RPAP is presently in negotiations with Alberta Health and Wellness to renew the agreement for an additional three year term.

Effective April 1, 2007, RPAP signed a lease agreement for office equipment. Under the terms of the lease RPAP is committed to quarterly lease payments of $828 plus GST until March 31, 2012.

Effective April 1, 2007, RPAP signed a sublease agreement for office space. Under the terms of the lease RPAP is committed to pay yearly rent of $40,260 plus occupancy costs to the College of Physicians and Surgeons until February 2019.

Throughout the 2009 fiscal year, RPAP signed various annual lease agreements for student rental premises. Under the terms of the leases, RPAP is committed to monthly lease payments ranging from $500 to $2,695.

Future minimum lease payments as at March 31, 2009 are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$114,356</td>
</tr>
<tr>
<td>2011</td>
<td>47,730</td>
</tr>
<tr>
<td>2012</td>
<td>48,940</td>
</tr>
<tr>
<td>2013</td>
<td>45,628</td>
</tr>
<tr>
<td>2014</td>
<td>45,852</td>
</tr>
<tr>
<td>Thereafter</td>
<td>242,902</td>
</tr>
</tbody>
</table>

$545,408
Notes to the Financial Statements

The Alberta Rural Physician Action Plan
Year ended March 31, 2009

Note 6
Unrestricted Surplus

RPAP is required to use its financial resources to meet the goals and objectives outlined in its agreement with Alberta Health and Wellness (see Note 5). As a result, should RPAP cease to operate, any surplus that remains after meeting contractual and legal requirements would be returned to Alberta Health and Wellness.

Note 7
Financial Instruments

Fair value

RPAP's financial instruments consist of cash and cash equivalents, accounts receivable, and accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that the RPAP is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximates their carrying values, unless otherwise noted.

Interest rate risk

RPAP is exposed to interest rate risk with respect to the amount of interest earned from cash funds on deposit with financial institutions.

Note 8
Capital Disclosures

RPAP's objective in managing capital is to ensure sufficient liquidity to meet its monthly operating requirements and undertake selective expansion initiatives for the benefit of its members, while at the same time taking a conservative approach towards management of financial risk.

RPAP's capital is comprised of its net assets. RPAP's primary use of capital is to finance capital expenditures for leasehold and information technology system improvements. RPAP currently funds these requirements out of its internally generated cash flows.

RPAP is not subject to any external capital requirements.

Note 9
Related Party Transaction

During the year RPAP has made rent payments to a company related to a member of its board of directors. The payments for the year totaled $10,200 and are measured at the amount of consideration established and agreed to by the related parties, which approximates fair value.
The RPAP Board of Directors is the oversight body for RPAP. The Board is appointed by the members of the corporation, which consist of the Alberta Health Services Board, the Alberta Medical Association (AMA and its Section of Rural Medicine), and the College of Physicians and Surgeons of Alberta.

THE RPAP BOARD INCLUDES THE FOLLOWING INDIVIDUALS:

- Mrs. Irene Pfeiffer, College of Physicians and Surgeons of Alberta (CPSA)
- Dr. Clayne Steed (RPAP Chair), Alberta Medical Association (AMA)
- Dr. Allan Garbutt (RPAP Vice-Chair), and Dr. Llewellyn Schwegman, AMA Section of Rural Medicine
- Mr. John Vogelzang (until May 2008), Ms. Pam Whitnack (beginning June 2008) and Dr. Odell Olson, Alberta Health Services (AHS)
- Ms. Linda Mattern (replacing Mr. Bill DuPerron beginning August 2008), Alberta Health and Wellness (non-voting observer)
THE RPAP TEAM IMPLEMENTS THE DIRECTIONS SET OUT BY THE BOARD OF DIRECTORS. THE RPAP TEAM CONSISTS OF THE FOLLOWING STAFF AND CONTRACTORS:

- David Kay, Executive Director
- Hubert Fischer, Manager, Accounting and Corporate Services
- Dean Lack, Human Resources Consultant
- Bev Maxwell and Sheila Brown, Program Support Coordinators
- Deanna Miyauchi, Executive Assistant
- Rob McGaffin, IT Consultant
- Bunny Edwards, Rural Accommodation Coordinator
- Kelly Lyons, Recruitment and Retention Consultant
- Dr. Barrie McCombs, Medical Information Services Coordinator
- Drs. John Hnatuik and Ron Gorsche, Skills Brokers for Northern and Southern Alberta
- Dr. Hugh Hindle, Rural Academic Development Coordinator
- Rebekah Seidel and Carmen Plante, Community Physician Consultants for Northern and Southern Alberta
- Rhonda Crooks, Communications Consultant
- Rosemary Burness, Medical Students’ Initiatives Coordinator

THE RPAP TEAM IS COMPLEMENTED BY MEMBERS OF ITS ALBERTA RURAL FAMILY MEDICINE NETWORK (ARFMN) AND RURAL MEDICAL EDUCATION SUPPORT TEAMS:

- Karen LaDuke (Medicine Hat), Pam Nacinovich (Grande Prairie), and Trudi Jersak (Lethbridge), Regional Site Academic Support Assistants
- Dr. Jack Bromley, Co-Director, Rural Alberta North (RAN) Red Deer, Alberta Rural Family Medicine Network
- Dr. Brenda Millar, Co-Director, Rural Alberta North (RAN) Grande Prairie, Alberta Rural Family Medicine Network
- Emma Currie, Rural Unit Coordinator, RAN
- Dr. Sergiu Ciubotaru, Co-Director, Rural Alberta South (RAS) Medicine Hat, Alberta Rural Family Medicine Network
- Dr. Charlotte Haig, Co-Director, Rural Alberta South (RAS) Lethbridge, Alberta Rural Family Medicine Network
- Cheryl Morin, Rural Unit Coordinator, RAS

OTHER IMPORTANT PEOPLE RELATED TO RPAP INCLUDE:

- Dr. Jill Konkin, Associate Dean, Rural and Regional Health, University of Alberta
- Tamara Mitchell-Schultz, Administrative Assistant, Rural and Regional Health, University of Alberta
- Dr. Doug Myhre, Associate Dean, Distributed Learning and Rural Initiatives, University of Calgary
- Patricia Lishman, Rural Program Coordinator, Distributed Learning and Rural Initiatives, University of Calgary
- Barry Brayshaw, Director, Physician Locum Services, Alberta Medical Association
About the Alberta Rural Physician Action Plan

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.

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

Sequential Series of Initiatives
An Extensive Evaluation Regime

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) and RPAP Databases**
- KPI specific to individual programs
- Accommodation database
- Physician Preceptor database
- Retention database
- Shadowing database
- Physician Privileges database

**Operational Surveys**
- RPAP Communications Strategic Plan
- Informal feedback through RPAP’s Community Physician Consultants, Rural Academic Development Coordinator and Skills Brokers
- Effect of Enrichment Training on Rural Physician Retention (PREP) – ongoing

**Specific Research and Studies**
- 2001-2004 Family Medicine Cohort study – underway
- Rural UGME Working Group Report – implementation ongoing
- Recruitment/Retention (Pockets of Good News) Update – 2002
- Recruitment Fairs – 2002
- IMGs – 2000
- Medical Students’ Career Decision-making During Clerkship – completed 2006

- Community-based Strategies for Physician Retention in Rural Alberta – 2008
- Family Medicine Resident Practice Outcomes & Policy Outcomes – 2006
- Literature Review on Rural Physician Recruitment and Retention – 2007
- Project on changes in surgical and obstetric capacity within rural Alberta – underway
- Exit Interviews Research Project – 2008

**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 (ARFMN) – 2004
- General Emergency Medicine Skills (GEMS) Program – 2006
The Alberta Rural Family Medicine Network

This is the Fourth Annual Report of RPAP’s Alberta Rural Family Medicine Network.

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 Alberta Health Services.

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 may be accepted through the Canadian Resident Matching Service (CaRMS) into the program each year (15 in each node) 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 use the academic resources of their parent Family Medicine departments and Faculty of Medicine.

During the summer of 2008, the original leadership structure of the ARFMN changed upon the recommendation of the two departments of Family Medicine from a single unit director for each of RAN and RAS to four co-directors responsible for each of the home bases of Grande Prairie, Red Deer, Medicine Hat and Lethbridge.

RPAP funds the RAN and RAS programs in general, including important mandatory academic activities, as well as the annual Cabin Fever preceptor development retreat in Kananaskis, the annual new residents’ orientation, and all non-Resident salary and benefit costs.

RAN

- Dr. Fred Janke, former RAN Unit Director, accepted the new position of Rural Director with the U of A Department of Family Medicine.
- Dr. Jack Bromley, former Regional Site Coordinator, Red Deer became the new RAN Co-Director for Red Deer. Dr. Brenda Millar became the new Co-Director for Grande Prairie.
- 14 residents are expected to graduate in 2008 from RAN.
- The Red Deer site expanded to an intake of ten residents per year, totalling 20 residents for RAN per year.
- RAN matched 14 medical graduates in the 2008 CaRMS process and 15 medical graduates in the first iteration of the 2009 CaRMS.

RAS

- Dr. Charlotte Haig in Lethbridge and Dr. Sergiu Ciubotaru in Medicine Hat became the two new Co-Directors for those sites. Both were previously the Regional Site Coordinators for their respective communities.
- Recruitment will occur in the Spring of 2009 for the new Rural Academic Director with the U of C position with the Department of Family Medicine.
- Eleven residents graduated in 2008. Nine residents are expected to graduate in 2009.
- RAS matched 12 medical graduates in the first iteration of CaRMS in 2008 and 14 medical graduates in the first iteration of the 2009 CaRMS.
ABOUT THE ALBERTA RURAL FAMILY MEDICINE NETWORK RESIDENCY PROGRAM.

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 practising rural faculty supported by full-time academic faculty, and to take advantage of the resources of their parent Faculty of Medicine.

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 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 Alberta Health Services 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 funding towards a PDA device or software for use during their residency. These devices are pre-loaded with a variety of clinical and support software. Residents are given subscriptions to Up-To-Date.
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 website 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.

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 provided through RPAP.

**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 program office and involve presenters from a variety of specialties, clinical and full-time faculty delivered from one or both nodes (RAN or RAS) or from the respective Family Medicine departments. RAS delivers two academic sessions during the year to its parent academic university.

Residents organize their academic half-day sessions and journal club.

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.

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**RAN UNIT STAFF**

Dr. Jack Bromley,  
*Unit Co-Director, Red Deer*

Dr. Brenda Millar,  
*Unit Co-Director, Grande Prairie*

Ms. Emma Currie,  
*Rural Unit Coordinator North, Red Deer*

Ms. Pam Nacinovich,  
*Program Support Coordinator, Grande Prairie*

**RAN RESIDENTS**  
**(BY ENTRY YEAR)**

**2001**

Amel Abdallah  
Gina Arps  
Zoe Filyk  
Nehal Neamatullah  
Colin Oberg  
Tom Peebles  
Tim Yep

**2002**

Shauna Archibald  
Brad Bahler  
Mark Darby  
Mandy Hyde

**2003**

Kim Anderson-Hill  
Tim Ayas  
Jared Bly  
Sharlene Hudson  
Jason Unger  
Shengtao Yao  
Jared Yeung

**2004**

Stephanie Anderson  
Candace Chow  
Gary Davidson  
Lauralee Dukeshire  
Julie Hernberger  
Lina Kung  
Mark Langer  
Nicole Mathews  
Margaret Naylor  
Carla Pilch
Jo Ann Robinson
Andi Scheibenstock

2005
Chris Barnsdale
Shazia Chaudhry
Serena Crum
Nathaniel Day
Christine Ellis
Kyle Garrett
Jacqueline HolmJhass
Tulika Karan
James Keay
Lauren Maher
Ramak Shadmani
Tim Van Aerde

2006
Mohammad Abdolhady
Ben Almasi
Deanna Bellamy
Bev Burton
Greg Chan
Jieli (Lily) Chan
Jennifer Cochran
Niki Froese
Liana Hwang

Lee Jones
Tim Souster
Anna Voeuk

2007
Haseeb Zamani
Erin Clow
Hamid Balouch
Kamal Danial
Rebecca Adams
Dianne Smith
Joanna Middleton
Joseph Hawkwood
Erin Calhoun
Meghan Jensen
Steven Beekman
Alexandra Deliyannides
Mathew Unger
Dolen Kirstein

2008
Chris Almond
Dan Crompton
Sarah Harrison
Michael Kapusta
Justin Kopp
Chris Krause
Brenda Nakashima
Michael Yatscoff
Calista Mendis
Sanja Minic
Christina Neufeld
Edward Ohanjanians
Valentin Duta
Nazila Soltani

RAS UNIT STAFF
Dr. Sergiu Ciubotaru, Co-Director, Medicine Hat
Dr. Charlotte Haig, Co-Director, Lethbridge
Ms. Cheryl Morin, Rural Unit Coordinator South, Medicine Hat

RAS RESIDENTS
(BY ENTRY YEAR)
2001
Sue Bornemisza
Rick Buck
Brigitte Dohm
Maha Hadi
Sarah Makhdoom
Ian Phelps
Ludek Podhradsky
Asma Sayeed
Lily Toma

2002
Anita Augustine
Sergiu Ciubotaru
Amelia Correia
Clint Drever
Baljinder Mann
Bilal Mir
Dubravka Rakic
Sandy Tam
Hany Youakim

2003
Stefani Barg
Gary Butler
Colin Del Castilho
Brian Farrell
Martina Frostad
Daniel Johns
Sheri Lupul
Erin Nichol
Amarpreet Shergill
Nicoelle Wanner
Christel Whilborg
2004
Scott Bicek
Wayne Burton
Sue Byers
Aaron Coma
Catherine de Caigny
Erin Ewing
Amy Gausvik
Megan Milliken
Gavin Parker
Amanda Wagler

2005
Zahir Amin
Dennis Bowman
Jared Van Bussel
Mark Cahill
Ryan Currah
Ian Gebhardt
Malgorzata Kaminska
Sarah Lasuta
Annick Rodrigue
Colin Sentongo
Ava Sheikholeslami
Jennifer Tse

2006
William Fraser Bowden
Jennifer Burke
Tracy Burton
Bre’el Davis
Timothy Doty
Simon-Pierre Glaude
Brian Josephson
Heather Lehmann
Jolyon Lines
Vidushi Mittra Melrose
Donovan Nunweiler

2007
Eric Baker
Reta Blakely
Crystal Campbell
Nathan Coxford
Colin Duncan
Meghan Elkink
Pierre-Charles Gretillat
Kimberley Sargent
Scott Slemko

2008
Kristy Penner
Andrea Hargrove
Fraser Leishman
Scott Smith
Jessica Kennedy
Shauna Mercer
Martha Ingles
Kimberly Dykin
Julie Torrie
Jeff Hughes
Kerri Johnstone
Brian Dembinski
Contact Information

The Alberta Rural Physician Action Plan
2801 Telus House
10020 - 100 Street NW
Edmonton, Alberta
T5J 0N3

Toll free: 1 866 423 9911
Telephone: 780 423 9911
Fax: 780 423 9917
Email: alberta-rpap@rpap.ab.ca

Websites:
rpap.ab.ca
arfmn.ab.ca
AlbertaRuralHealth.ab.ca
AlbertaPhysicianLink.ab.ca
PracticalProf.ab.ca
VLibrary.ab.ca