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 Minister:

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 2011.

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 2011 have been considered in its preparation.

Respectfully submitted on behalf of the RPAP Board,

Clayne Steed, MD
Chair, RPAP Board of Directors
2010 RPAP Award Recipients

Dr. Robert Wedel of Taber - The Alberta Rural Physician Award of Distinction recipient, 2010

Town of Rocky Mountain House - Rural Community Recruitment and Retention Award recipient, 2010
Message from the RPAP
Board Chair and Executive Director

Since its formation in 1992, the RPAP has endeavored to address the professional and lifestyle issues confronting physicians in rural practice as well as physicians contemplating rural practice. The common thread over the intervening years has been innovation and adaptive change as circumstances at many levels have changed. Over the years the backbone of our success has centered around proven core programs including the rural locum program, rural rotations for medical students and residents, skills enrichment and Continuing Medical Education (CME) offerings. These programs continue to be effective and function as the foundation upon which other programs are developed.

Much has evolved in the last ten years for the RPAP and its partners. We have seen the creation of the Alberta Rural Family Medicine Network (ARFMN), a unique RPAP - U of A/U of C departments of Family Medicine partnership with a Rural Alberta North (RAN) and Rural Alberta South (RAS) node. We are approaching the 10th anniversary of the graduation of the first class of rural-trained family physicians from these programs. There has been significant increase in medical school capacity with significant new demands placed on the RPAP with this size increase. RPAP and the two faculties of medicine have positively worked together to establish associate dean, rural/regional positions to advance the rural agenda, including rural medical education distributed learning.

The RPAP continues to be active in other areas as well:

- A school outreach initiative to encourage more rural origin student applications to medical school.
- A community engagement campaign to develop community attraction and retention committees.
- The Alberta Physician Link web site and related marketing has become the entry point for provincial physician recruitment.
- An early careerist support initiative to assist new Alberta Family Medicine graduates to stay in the Province and to successfully transition into rural practice.
- Community attraction and retention conference/video-conferences, and physician recruiter workshops.
- Skills brokers and community physician recruitment consultants have effectively contributed to physician attraction and retention.
2012 will be the 20th anniversary of the RPAP. While there are many successes to celebrate there continues to be ongoing challenges for rural communities as well as opportunities for physicians. The RPAP intends to continue to work to match needs with opportunities as we begin our third decade.

Our thanks to our supportive sponsors; Alberta Medical Association, Alberta Health Services and the College of Physicians and Surgeons. In particular we thank Alberta Health and Wellness for funding this initiative. We also thank the many physicians, medical students, medical residents, civic leaders, university leaders and others for their support.

Yours truly,

Dr. Clayne Steed, Chair
Board of Directors

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

SCHOOL 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 practising there. Some of the RPAP initiatives undertaken include:

CAREER FAIRS

RPAP Community Physician Recruitment Consultants participated in high school career fairs that spanned the province:

Central Alberta

Battle River School District - Held in Camrose on 24 February 2011. RPAP co-presented with a Camrose pharmacist with 10 - 15 students attending in each of three sessions. Positive student evaluations were received.

Northern Alberta

Elk Island School Division - Held in Westlock in November 2010.

Southern Alberta

RPAP attended a series of three career events over two days in October 2010:

- Chinook High School, Lethbridge - Approximately 150 students attended
- Kate Andrew High School, Coaldale - Between 200 and 300 students attended
- F.P. Walshe High School, Fort Macleod - approximately 75 - 100 students attended

The key message presented to all students interested in medicine was to be active and demonstrate leadership and motivation through activities such as volunteering, participating in sports activities, arts and music, and proactively choosing academics (math and sciences) that will allow some flexibility and advantage when applying to university and specifically to medical school. The career fairs provide an opportunity for RPAP to provide resources on topics such as where to research medical careers and where to find scholarships and bursaries that can help with the cost of education.

As well as participating in these high school career fairs, RPAP also participated in two other events that enabled RPAP to promote a career in medicine and then to further promote careers in rural medicine:

- The Camrose Recruitment and Retention Committee set up a presentation 25 January 2010 for 15 students attending Augustana College who are completing their first degree and considering applying to medical school; and
- RPAP hosted a booth and presented one of the information sessions offered, “So You Want to Become a Doctor,” at Canada Career Week, 19 - 20 November 2010 at the Edmonton Expo, Northland Agricom in Edmonton. The event was funded/hosted by Skills Canada and Alberta Employment and Immigration. RPAP also had the assistance of two student members of the U of A Rural Medical Interest Group who helped answer questions about life in university and what it is like to be a medical student.

JOB SHADOWING

RPAP provided “Preparing for a Career in Medicine” information for 125 Grade eight girls in Calgary public and separate school systems for a job shadowing day that focused on women in science.

SCHOOL OUTREACH WEBSITE

Work began on updating and expanding RPAP’s “Preparing for a Career as a Rural Doctor” website - the newly-branded www.BeADoctor.ca. Students can learn all about a career in medicine including what rural doctors do, the steps necessary in becoming a doctor, the cost of a medical education and what they can do now to prepare for a future career as a doctor. Visit www.rpap.ab.ca and click on the box marked “Preparing for a Career as a Rural Doctor” to visit the current website.
Supports for Medical Students

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

**AMSCAR CONFERENCE AND RETREAT**

RPAP once again provided sponsorship and clinical skills practice to medical students attending the Alberta Medical Students’ Conference and Retreat (AMSCAR) held 5 - 6 February 2011 in Banff. This event was a huge success with 300 students participating. Throughout the day, the students took part in RPAP sessions that provided instruction and practice in suturing, IV starts, injections, and obstetrical skills.

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.

During the conference, the students are provided with seminars by experts in a variety of fields as well as opportunities to practise 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 are also provided with the opportunity to interact with sponsoring organizations to learn about initiatives and to use products of interest to them.

**RECIPIENTS OF STUDENT BURSARY ANNOUNCED**

Nine students from the U of A were recognized as recipients of the 2010 - 2011 John N. Hnatuik Rural Medical Student Bursary in February at the AMSCAR Conference. Named in honour of former RPAP Skills Broker, Dr. John N. Hnatuik, the bursary provides full tuition including differential fees for each year of medical studies, reducing the financial burden faced by rural medical students and their families. Barbara Schumacher, daughter of Dr. John Hnatuik, and Rosemary Burness, RPAP Medical Students’ Initiatives Coordinator, presented each of the recipients in attendance with a certificate recognizing their receipt of the bursary.

2010 - 2011 Bursary recipients are:

- Alexander Kmet - Hinton/Peace River
- Shawna Taylor - High Prairie
- Sally Andreiuk - Fairview
- John Bell - Cochrane
- Rami Abilmona - Fairview
- Logan Zemp - Raymond
- Kimberly Chapman - Stettler
- Clark Svrcek - Wetaskiwin
- Aryn Khan - Burns Lake, B.C.

From 2000 - 2009, “Doctor John” was one of two RPAP Skills Brokers who assisted physicians working in rural or regional communities in Northern Alberta to upgrade their existing skills or gain new skills in order to meet the medical needs of their community or surrounding areas. Hnatuik practised medicine in Provost for 43 years, where he and his wife raised their four daughters, and where he was highly involved in medicine, medical politics and his community. Dr. Hnatuik passed away on 25 February 2010. The RPAP board re-named its bursary program in his honour on 7 April 2010.
MEDICAL STUDENT AWARDS

Five students were selected as 2010 recipients of the RPAP Rural Medical School Award. They are:

- Amelia Ethier (U of A) - Lacombe
- Rejish Thomas (U of A) - Fairview
- Janice McGale (U of A) - Fort Macleod
- Bradley Martin (U of A) - Mannville
- Kesa Murphy (U of C) - Kananaskis

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. Recipients are assessed based on place of residence, enrollment status, community volunteerism, ties to a rural community and the recognition of rural physicians in their community.

SRPC CONFERENCE UPDATE

RPAP co-sponsored a luncheon for medical students and residents at the 2010 Society of Rural Physicians of Canada 18th Annual Rural and Remote Medicine Conference held in Toronto 22 - 24 April 2010. 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

RPAP’s Shadowing Program gives Rural Medical Interest Group members experience in a rural setting. Open to first and second-year medical students, 182 shadowing experiences were arranged in the last year – 136 for U of C students and a further 46 shadows arranged for U of A students. The Shadowing Program creates opportunities for medical students to observe rural physicians in practice. The Shadowing Program is always looking for new preceptors to accommodate the growing interest.

RURAL MEDICAL INTEREST GROUPS (RMIG)

Successful RPAP Meet and Greet nights were held at both the U of A and U of C. As well, Student Orientation Days were attended at the U of A in order to introduce students to the RMIGs and to RPAP. In addition, each RMIG hosted speaker events profiling an aspect of rural medicine.

RURAL TOURS AND SKILLS DAYS

Rural communities helped teach medical students some of the basics and, in the process, may have convinced some of the future doctors to look hard at their communities as a future practice location.

First and second-year medical students enjoy opportunities each year to participate in rural tours and skills days. These events are co-sponsored by RPAP and an interested rural community. Over the course of the day, students visit a rural community, see a rural hospital, experience the team work that exists in rural centres, hear about rural practice and the lifestyle of rural physicians as well as learn some practical skills. Local health care professionals graciously give their time to teach students specific procedural skills such as starting IVs, casting and suturing.

Rosemary Burness, RPAP Medical Students’ Initiatives Coordinator, says: “Most of these students are from urban areas and aren’t aware of the many services provided in a rural hospital. They also have no clinical experience, and this is their first chance to practise basic, yet important skills. Spending

Fifty U of A students attended Skills Day in Cold Lake on 11 - 12 March 2011.
time outside of the city also gives them an appreciation for how health care professionals work together in a rural hospital setting.”

Fifty U of A students enjoyed skills days in Hinton on 4 December 2010 and a two-day trip to Cold Lake 11 and 12 March 2011. Skills Days for U of C students are planned for Consort in May 2011 and Brooks in August 2011.

The Cold Lake community welcomed the students with open arms in the hope that they may return to Cold Lake one day as a rural physician. During Skills Days, students develop relationships with physicians and may choose to come back for a month-long summer externship, third-year clerkship and, in some cases, a permanent job.

REPORT ON SUMMER EXTERNSHIP PROGRAM EXPERIENCES

Five medical students participated in RPAP-funded 2010 Summer Externships. The purpose of the Summer Externship Program is to sponsor medical students during the summer for a period of four weeks and, in so doing, further expose early careerists to rural family medical practice. After students have been approved by their Undergraduate Medical Education office and the RPAP for this experience, RPAP provides a grant of $1,000 to both students and their preceptors. Students worked in the communities of Drumheller, Lacombe, Fort McMurray, Edson and Canmore during the summer of 2010.

ACCOMMODATIONS PROVIDED

RPAP provides accommodations for learners in the following areas:

- Rural rotations for both U of A and U of C medical students and post-graduate residents;
- Medical students in their 3rd year who are part of the Integrated Community Clerkship Program; and
- Family Medicine Residents who are with the Rural Alberta North (32) or Rural Alberta South (28) nodes of the Alberta Rural Family Medicine Network.

Requests for accommodations are received and scheduled by RPAP into 94 leased and 10 temporary accommodations located in 57 Alberta communities.
Supports for Medical Residents

2010 CARMS MATCHING

All 28 seats open through the Alberta Rural Family Medicine Network - Rural Alberta North and Rural Alberta South - were filled. This is excellent news for the program. New residents will be welcomed into the program 1 July 2011.

The Canadian Resident Matching Service (CaRMS) is a not-for-profit organization that works in close cooperation with the Canadian medical education community, medical schools and residents/students, to provide an electronic application service and a computer match for entry into postgraduate medical training throughout Canada. CaRMS provides an orderly and transparent way for applicants to decide where to train and for program directors to decide which applicants they wish to enroll in postgraduate medical training.

The Alberta Rural Family Medicine Network (ARFMN) is a unique collaborative venture of RPAP, the Family Medicine departments of the Universities of Alberta and Calgary, Alberta’s rural physicians and Alberta Health Services. Through ARFMN, a rural-based Family Medicine residency training program is offered collaboratively via two Nodes - Rural Alberta North (RAN) and Rural Alberta South (RAS) - which are units of the University of Alberta and University of Calgary Family Medicine residency programs respectively. ARFMN is funded by RPAP.

2010 RESIDENT ORIENTATION

New residents in the Alberta Rural Family Medicine Network (ARFMN) program attended comprehensive orientations to their programs which included topics such as accommodation guidelines, finances, an IT session as well as reviewing the resident manual, rotation information and schedules. The program has two nodes - Rural Alberta North (RAN) and Rural Alberta South (RAS). RAS residents met together 23 June in Medicine Hat while those in RAN met 24 June in Grande Prairie and 28 June in Red Deer. The annual events are sponsored by RPAP.
Supports for Physicians Currently Practising in Rural Alberta

WELCOMING NEW PHYSICIANS

RPAP works to connect with newcomer physicians for three reasons: to let the newcomer know about/remind them about RPAP; 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 to see if there are any resources/connections needed with which RPAP can assist.

A new process, detailed below, was implemented on 1 June 2009 with good response from physicians. During this past year (1 April 2010 through to 31 March 2011), RPAP’s Community Physician Recruitment Consultants made calls to more than 150 new physicians in rural Alberta practices. The physician mix included locums, specialists and Family Medicine practitioners who are practising full and part-time.

In addition to welcoming new physicians, the Community Physician Recruitment Consultants have been monitoring how many physicians have moved from urban-to-rural, rural-to-urban and rural-to-rural and/or exited the province.

Although sometimes it is difficult to contact the physician in their busy practice, they are generally very receptive to spending a few moments to share their story. The welcome call includes questions related to how they are settling into their new practice and new community. It is also an opportunity to ensure that they are aware of RPAP resources that are available to rural practising physicians.

As the process evolves, RPAP will be able to gather a variety of statistics related to community assets, gaps requiring further interventions, and trends as to why physicians stay or move.

To date, two trends consistently emerge:

• Physicians who trained in Alberta and who completed rural rotations or residencies in rural communities have usually chosen to go back to one of those same communities; and

• Generally speaking, in communities that have formal Attraction and Retention Committees, physicians have felt more supported as they settle into their practices and communities.

The new process consists of:

First Contact

• The RPAP Community Physician Recruitment Consultants (CPRCs) send a letter to all new physicians welcoming them to rural practice and providing general information about RPAP;

• Two weeks after the letter from the CPRCs is sent to the physicians, a second letter is sent from the RPAP Medical Information Services (MIS) Coordinator to the newcomers providing information about how to register for free access to RPAP’s Virtual Library; and

• A further two weeks after the MIS letter, a letter from RPAP’s Skills Brokers is sent to the newcomer physicians providing information about RPAP’s General Medical Emergency Skills (GEMS) and Enrichment Training and how to register for both. They also receive an RPAP flash drive with useful RPAP information and links.

Three Month Contact

• The RPAP Community Physician Recruitment Consultants make follow up calls to all newcomers three months after the first letter was sent to learn how they are settling. They also determine what they may want/need to know about RPAP, and what will help them settle in more easily.

Other Contacts

• The Community Physician Recruitment Consultants meet with physicians as they travel through the province.
RESOURCES FOR STUDY CREDITS

Since the College of Physicians and Surgeons of Alberta (CPSA) now requires physicians to be registered with the College of Family Physicians (CFPC) or Royal College CME credit-tracking programs, Alberta physicians may use the RPAP Medical Information Service (MIS) and Virtual Library website resources as self-directed study for MainPro-M2 study credits from the CFPC, or the Royal College equivalent.

All physicians can use the public sections of the MIS website which contain information on clinical resources, CME, and technology. The Virtual Library section provides over sixty medical textbooks, selected full-text journals, clinical practice guidelines, drug information and patient education materials. Access is free for any physician with an active practice in a rural community covered by RPAP. Registration is required. Resources are found at www.vlibrary.ab.ca.

ENRICHMENT PROGRAM

This has been an active year for the Enrichment Program. On-line enquiries and applications were higher as was activity at the RPAP booth at the annual rural Emergency Medicine conference in Banff.

There has been out of province interest (B.C. and Ontario) in our Enrichment programs, especially GEMS. The five-year longitudinal, matched, cohort study of the effect of Enrichment Program participation on physician retention is complete and has been submitted for publication.

The FIRST (Focused Individual Rural Staff Training) program pilot has its first medical staff participant in Vulcan. Staff there will have access to funds to help offset costs of organizing a minimum of ten focussed, individual staff CME/Continued Professional Development (CPD) days. The medical staff can decide to send one or more members for any number of training days so that the total in the end is ten days. The application and funding is controlled by and for the local medical staff. There are two remaining pilot applications open in Southern Alberta and three in the North. Applications can be accessed on-line or through the Skills Brokers. The GEMS Program is now all on-line and re-approval of its 14 MainPro-C credits is in process.

GEMS MODULES ON-LINE

Rural Alberta physicians can easily enhance their General Emergency Medicine Skills (GEMS) while earning MainPro-C credits (a requirement of the College of Physicians and Surgeons of Alberta effective December 2009). The self-study learning modules are on-line at www.rpap.ab.ca. The GEMS web page is listed under the Practising Rural Physicians section.

GEMS learning modules include Preparation for Transport, C-Spine X-Ray and CT Head, Central Venous Access & Intraosseous Infusion, Shock, Advanced Airway Management and Rapid Sequence Intubation, and Emergency Thoracostomy.

Interested physicians complete the GEMS Application Form found on the website 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. STARS personnel leave a GEMS information flyer at various sites they visit throughout the province as part of their work as well as a survey to be completed after the HPS session. Successful GEMS physicians receive MainPro-C credits.

CONTINUING MEDICAL EDUCATION SURVEY

Rural Alberta physicians were given an opportunity to identify how they prefer to access Continuing Medical Education (CME) and what their key CME areas of interest are through an online survey conducted by RPAP. Initial review of the responses show that traditional CME topics such as managing chronic disease and therapeutics are very important to respondents. Potential gaps in CME include palliative care topics and care...
of the elderly, together with mental health issues prevalent in primary care. There also appears to be a high level of interest in rural-focused topics such as emergency medicine, including issues such as managing unstable patients, trauma and related topics such as conscious sedation and emergency department ultrasound. Respondents retain a preference for traditional lecture or small group formats and the idea of clinical practicums is popular with physicians. New technologies other than videoconference remain unpopular.

CABIN FEVER 2010 A SUCCESS!

Cabin Fever 2011 set new standards for the ground-breaking faculty development workshop hosted for RPAP / ARFMN by Distributed Learning and Rural Initiatives at the University of Calgary. For the first time, registration broke the 100 participant mark with almost a third being new attendees. There was representation from across the province from Peace River to Bow Island.

The workshop combines innovative small group workshops designed to improve teaching skills with well-earned free time to enjoy the recreational facilities at the Delta Lodge in Kananaskis. This year’s highlight was the plenary session from Dr. Louise Naismith from UBC on Interdisciplinary Practice, although the six inches of fresh powder may have been a close second.

MEDICAL INFORMATION SERVICE

The RPAP Medical Information Service (MIS) provides up-to-date clinical resources for Alberta’s rural physicians. The public MIS website provides physicians with medical and technology news and resource links. The private Virtual Library section of the website provides registered rural physicians with access to medical textbooks, full-text journals, drug information, clinical practice guidelines and patient education materials. The MIS also maintains a rural physician database and provides the RPAP staff with a monthly analysis of physicians entering or leaving rural practice.

RPAP AWARD PROGRAMS

In recognition of his creativity, broad scope of clinical practice and accomplishments in a number of areas including teaching, research, palliative care and administration, Dr. Robert Wedel of Taber was selected as the 2010 recipient of RPAP’s prestigious Alberta Rural Physician Award of Distinction.

To honour Dr. Wedel, RPAP facilitated and co-hosted a day of celebrations 24 August 2010 with the Taber Associate Medical Clinic and the Chinook Primary Care Network. A noon hour come-and-go tea was held at the Lethbridge Lodge to enable shift workers to drop by to extend their congratulations to Dr. Wedel. More than 200 well wishers then joined Dr. Wedel and his family for a cowboy supper of roast beef, southern Alberta vegetables and pumpkin pie. The formal award program followed which included the premier showing of an RPAP-produced feature video about Dr. Wedel, testimonials from many colleagues and patients about Dr. Wedel’s positive influences on medicine and southern Alberta communities.

Dr. Odell Olson, RPAP Board member, presented the Award of Distinction trophy as well as a beautiful watercolour painting by Gloria Belcher, wife of Dr. David Belcher of Drayton Valley. The evening activities were brought to a close by DNR, a Lethbridge band which includes three doctors and a nurse. Dr. Wedel and his family seemed genuinely touched by the outpouring of love and support.

The RPAP Award of Distinction honours and recognizes the work of all rural physicians, especially those who provide Alberta rural communities with outstanding medical services and who also make significant contributions to medical practice and to their communities. It 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 their community through medical practice, teaching of other health professionals, conducting research, and volunteering in the community.
Supports for Alberta Communities

STRENGTHENING RURAL PHYSICIAN RECRUITMENT AND RETENTION

CULTURAL INTEGRATION PROJECT

For newly arrived International Medical Graduates (IMGs) and their families, the challenges of adjusting to life in a rural community are many. These challenges are amplified when cultural differences come into play. While rural Albertans generally go out of their way to make IMGs feel at home in their community, a lack of knowledge of, or sensitivity to cultural differences can lead to misunderstandings. These differences, if unacknowledged by both parties, may ultimately affect the integration and the retention of physicians and their families in the community and in the province.

The purpose of RPAP’s “Cultural Awareness Project,” funded by Alberta Employment and Immigration (AEI), was to create sustainable tools that complement RPAP’s initiatives related to the recruitment and retention of physicians, including International Medical Graduates (IMGs). The outcome was the preparation of three educational tools, each targeted towards a different audience.

For rural Alberta communities, a “Cultural Integration Guide” and a corresponding one-day workshop were developed for creating cultural awareness for community members who help integrate physicians and their families from countries outside of Canada into a rural Alberta community. With funding support from Alberta Employment and Immigration, RPAP facilitated four pilot workshops in the communities of Camrose, Westlock, Peace River and Claresholm. There were also two more community-organized workshops held in the communities of Consort and McLennan.

For the IMGs coming to practise in Alberta, an orientation manual was developed comprised of two parts. The first half of the manual provides information for general integration of the physician and their family as it pertains to living within the community. The second part is dedicated to physicians and their integration into a rural Alberta medical practice. It focuses on providing a better understanding about working with other healthcare professionals and the collaborative approach of physicians, pharmacists, nurses and primary care networks to provide patient care.

For RPAP, a “train the trainer” manual was developed for facilitators to use in community workshops. RPAP Community Physician Recruitment Consultants and some key stakeholders received training by the writer of the manual to prepare for facilitating the workshops.

General comments voiced by all communities included:
- “Good workshop presentation style - opportunity for lecture and practical case studies and role plays;
- “Good opportunity to network and share similar concerns about IMGs coming from the various communities attending;
- “Most felt that they could use the information in preparing for site visits and helping IMGs and their families to integrate into their community, hopefully with the intent of increased physician retention;
- “Many felt this should be offered to others in their communities, especially when discussing the four key principles of cultural integration, regardless of country of origin - culture, hierarchy, communication and individualism. It takes a whole community to integrate a physician and their family
- “The country of origin information included for the top ten source countries that IMGs come from (identified from CPSA statistics) was noted to be helpful when dealing with individual and family needs that might be related to the customs of a particular country.”
For the upcoming year, AEI has provided funding to reproduce more “Cultural Integration” and “Harvesting the Most from Your Rural Alberta Home” guides to be used by RPAP.

**RURAL COMMUNITY RECEIVES PROVINCIAL AWARD**

The Town of Rocky Mountain House was selected as the 2010 recipient of the Rural Community Recruitment and Retention Award for its demonstrated success in recruiting and retaining physicians, its modeling of a successful Alberta Health Services (AHS) practitioner-community collaboration, and for the use of best practices consistent with the learnings RPAP promotes as most likely to aid successful recruitment and retention.

The Award was presented in Lethbridge, Saturday, 15 May 2010 by award co-sponsors RPAP and the Alberta Chambers of Commerce (ACC) at the latter organization’s Annual General Meeting.

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

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 the 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, creating physician-friendly environments and by participating more fully in recruiting and retaining physicians.

This Award’s profile will be expanded in 2011. The ACC and RPAP are teaming up to host an exciting new event in conjunction with the annual ACC Deputy Minister’s Dinner. The Award has also been renamed to better represent the supports given by rural communities in the recruitment of physicians. The Alberta Rural Community Attraction and Retention Award will be presented at a new special event planned for November 2011.

The Alberta Chambers of Commerce (ACC) is a federation of 127 Chambers of Commerce in Alberta which represent more than 22,000 businesses.

**2010 BRITISH MEDICAL JOURNAL CAREER FAIRS**

RPAP was part of another successful mission to the October 2010 British Medical Journal National Career Fairs in London and Birmingham, England. With Alberta Physician Link as the focus of the display, the RPAP team including David Kay, RPAP Executive Director and Kelly Lyons, the RPAP Community Physician Recruitment Consultant - North, was joined by Dr. Kate Reed of The College of Physicians and Surgeons of Alberta and a representative of Alberta Employment and Immigration to interview and promote Alberta careers to interested physicians. Other provinces in attendance were Health Match BC, Health Careers Saskatchewan, and Newfoundland and Labrador.

Seventy practice-eligible physicians and specialists were interviewed in London and another 20 physicians and specialists were interviewed in Birmingham. A follow-up process is involved with all of these candidates to ensure that no leads are lost.

**89 DAY WORKING HOLIDAY PILOT PROJECT**

In the 2010 - 2011 fiscal year, there was an opportunity to fund two 89-day locum positions for practice-eligible United Kingdom physicians. One candidate was unable to obtain immigration clearance in time to participate. The second completed her 89-day locum in Barrhead and enjoyed the opportunity to experience working and living in a rural community.
This project 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. 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, submitting their College of Physicians and Surgeons of Alberta eligibility letter and resume. 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 receive an orientation into medical practice in Alberta and are mentored throughout their stay. These physicians are required to work a minimum of 30 hours a week in the clinic and do not do emergency on-call.

RPAP is working to renew funding for two positions within the 2011-2012 fiscal year and a further four positions within the 2012-2013 year. Four United Kingdom physicians were permanently placed during the 2009-2010 version of this pilot program.

DOCTOR! DOCTOR!

On 21 March 2011, more than 100 delegates of the Spring Convention of the Alberta Association of Municipal Districts and Counties (AAMDC) attended a workshop conducted by David Kay, RPAP Executive Director, entitled “Doctor! Doctor! Perspectives from the Rural Physician Action Plan.” RPAP Board member, Dr. Odell Olsen, and Christine Hammermaster, CPRC South, also took part in the presentation.

Attendees learned about the process of becoming a doctor, and of the strategies rural communities need to employ to attract and retain both Canadian and overseas physicians. Comments received by AAMDC from those in attendance indicated the presentation was generally received as informative and enlightening, and reflected the fact that many needed to take a look at how attraction and retention issues could be addressed in their communities.

“Every rural municipality needs to be aware of factors related to physician retention,” noted one individual. Another asked: “Retention of doctors is an issue in our municipality - how can we encourage retention of doctors?”

According to Christine Hammermaster, creating awareness of issues pertaining to attraction and retention among rural leaders is a major step in retaining physicians for the long term. “As one community member told me, rural medicine is not just a job - it becomes a vocation.”

UPDATE ON PHYSICIAN PRIVILEGING

The Physician Privileges Advisory Committee (PPAC) has been reviewing and recommending physician privileges for the AMA’s Physician Locum Services Program, as well as for the Alberta Health Services – North, Central and South Zones (formerly David Thompson, Aspen, East Central, Northern Lights Health Regions and various voluntary hospitals and health care centres). In 2010-2011, the PPAC processed 105 Locum applications and 26 initial privilege applications. A PPAC database is used to efficiently capture information on the privileges of each physician.

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 the RPAP and the Alberta Medical Association (AMA) as a service to Alberta Health Services (AHS), voluntary hospitals, and AMA Physician Locum Services. The PPAC’s role is to make recommendations regarding appropriate physician privileges. It will be phased out as the new AHS medical staff bylaws are implemented in 2011.
**ALBERTA PHYSICIAN LINK (APL) REDEVELOPMENT**

Work continued throughout 2010-2011 to enhance this RPAP website that strives to be the main Internet location for physician vacancies for publicly-supported entities in Alberta and thereby support the recruitment efforts of those publicly supported entities and Alberta’s communities. The APL is a “one stop” Alberta provincial recruitment website for physicians wanting to work in Alberta.

Alberta Physician Link strives to meet the needs of:

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

Website redevelopment work this year included:

- Modifications to the on-line registration forms;
- Updates to reflect changes implemented by the College of Physicians and Surgeons as a result of work done to implement changes under the Health Professions Act and the Agreement on Internal Trade;
- Creation of two customized reports designed to assist AHS Physician Resource Planners/Recruiters with tracking who has applied for positions within specific communities and where each physician is applying to within the province; and
- Addition of the choice to search communities by “Google Map.”

**COMMUNITY-BASED ATTRACTION AND RETENTION CONFERENCE HELD**

The 3rd Annual Provincial Community Attraction and Retention Conference, hosted by RPAP and the Northern Alberta Development Council (NADC), was held 7 - 9 November 2010 at the Sawridge Inn and Conference Centre in Edmonton. More than 50 individuals representing some 25 communities across Alberta participated. Most of the participating communities have active rural physician Attraction and Retention (A&R) Committees in place which contribute significantly to the successful attraction of physicians to live and work in rural Alberta. There was also attendance from communities who are interested in forming or reforming a Community Attraction and Retention Committee.

The conference focused on the theme of “Recruit the Physician, Retain the Family” and offered a full agenda of speakers. It also provided an opportunity to network, share ideas and take home new ideas to enhance recruitment and retention activities.

Conference highlights included the following:

- Participants attended a Welcome Reception Sunday and enjoyed an evening of networking and socializing
- Sherie Allen, Executive Director of the Community and Rural Planning portfolio of Alberta Health Services spoke on a community and rural planning framework that integrates both historical planning activities and the unique strengths inherent in each rural community
- Dr. Evan Lundall, a rural physician in Central Alberta for more than 23 years, shared personal experiences of how he and his wife came to Canada and settled into Trochu.
- Dr. Ron Gorsche spoke about High River’s unique community physician
A retention strategy - a medical centre developed through an innovative partnership there and how to think “outside the box” or “expand the box” to positively promote recruitment in a time of physician shortage/crisis.

- Physicians Trevor Theman, Registrar of the College of Physicians and Surgeons of Alberta (CPSA) and Ken Gardener, Assistant Registrar CPSA, spoke to participants about the two Register categories under the Health Professions Act. The CPSA is the licensing and regulatory body for Alberta doctors.

- Kelly Lyons, RPAP Community Physician Recruitment Consultant - North, provided an overview of the “Steps to Recruitment” of physicians.

- RPAP Community Physician Recruitment Consultants, Kelly Lyons and Christine Hammermaster, provided information on RPAP’s various recruitment initiatives.

- Monday evening, conference participants engaged in an evening of fun and interaction with the goal of increasing awareness of the different generational differences in today’s workplace. Each generation has its own unique views, perspective, ethics and styles when it comes to working, being managed and managing others. Learning to understand the differences is the first step in creating a multi-generational team that recognizes and utilizes talents each generation has to offer to foster job satisfaction and job retention.

- “The Big Wait,” a movie about three foreign-trained doctors waiting to be accredited in Canadian provinces and the rural communities who are waiting for them, was shown to participants and then a discussion took place aimed at understanding the challenges and frustrations encountered by both doctors and communities.

- In a very entertaining and delightful presentation, Dr. Khurram Jahangir - an International Medical Graduate from the United Kingdom, captured the audience’s attention as he told the story of why he chose a rural community for his practice and his family and what life has been like in Alberta and the rural community of Peace River.

- Kyle Loranger of Kyle Loranger Design Inc in Edmonton, presented an update and preview of RPAP’s new Community Attraction and Retention website.

- Conference participants worked in small groups to discuss ways to enhance recruitment, especially site visits and retention strategies, within their own community.

- Audrey DeWit, Manager of Program Coordination, Northern Alberta Development Company - Peace River Office - provided information on the Northern Alberta Development Council’s bursary programs that assist in recruiting doctors and other health care professionals to northern Alberta.

The annual conference offers an opportunity to further strengthen and enhance local communities’ capacities in recruitment and retention work for physicians and other professionals. Topics covered generally include specific issues related to physician recruitment and retention as well as the more nuts and bolts work related to the community recruitment and retention committees.
COMMUNITY SUPPORT VIDEOCONFERENCE

In May, about 25 community participants from throughout the province dialed in for the video conference and discussion on “Promoting Your Community”. Featured was a guest speaker from Alberta Employment and Immigration followed by questions and discussion with community members. Information presented was then added to the “Building Upon Shared Experiences” toolkits developed by RPAP.

The videoconferences are well received and evaluations highlight the value of using this technology to enable meetings-at-a-distance to discuss and share attraction and retention ideas and practices among communities.

RURAL ATTRACTION AND RETENTION COMMITTEES

RPAP’s Community Physician Recruitment Consultants (CPRC) spent much time over the past year meeting with existing community Attraction and Retention Committees. Indeed, some communities have formed committees without RPAP’s support. Generally speaking, there is more success with physician attraction, recruitment and retention in communities that have active Physician Attraction and Retention Committees. When introduced to RPAP and the support RPAP can offer communities, there has been increased activity in community visits. CPRC community involvement can improve community-building capacity to create cohesive and active Community Attraction and Retention Committees.

Communities across the province are in various stages of development in forming a committee, working on site visits for physician recruitment, planning and hosting physician recognition and appreciation events, and holding fundraising events to support committee activities.

NEW RURAL ATTRACTION AND RETENTION WEBSITE

Preparations are under way to launch a new website targeted to support community attraction and retention activities. With this new website, communities will have a common place to share information, find resources and support each other in their attraction and retention efforts as well as a secure and confidential place to post and share their committee minutes. This website will also be used by RPAP to provide information and education and to advertise upcoming events coordinated by or sponsored by the RPAP.
2010 Community Physician Attraction and Retention Committees*

* Indicates committees with RPAP involvement in 2010
Objectives for 2011–2012

The Board reviewed the achievement of the 2010-2011 Board objectives as follows:

**Operationalize the CME changes started through the issuance of a Request for Proposals**

- This objective has been delayed a year while the two universities reorganize CME on a provincial basis. However, RPAP is conducting a needs assessment to help inform what CME offerings and new Enrichment programming it should offer.

**Build relationships with pertinent parts of AHS and in particular the Senior Physician Executive and the Rural, Community and Public portfolios; and agree on the roles RPAP and AHS can perform. The RPAP roles might include, but are not limited to, PPAC, physician recruitment via Alberta Physician Link, community development/recruitment and retention support, and skills enhancement.**

- This work is ongoing. RPAP staff continue to support AHS zone physician planners with orientation and training, physician attraction and retention workshops and other support; AHS continues to use APL for physician postings; RPAP staff liaise with AHS during community attraction and retention activities; and AHS has asked RPAP to continue PPAC for a further six months, into late summer 2011.

**Review current and develop new strategies for communications with stakeholders and clients, which includes involving Board members, and enhanced direct communication with rural physicians**

- A communications coordinator has been hired to revamp RPAP’s communications strategies and material. This is the first step to reach out to stakeholders and clients.

**2010–2011 BOARD OBJECTIVES**

The Board agreed on the following objectives for 2011-2012, in addition to the previous year’s objectives underway:

- Develop mechanisms to expand the pool of General Practitioners (GPs) with additional competencies including FP-anaesthesia and GP-obstetrics.

- Implement initiatives to support late careerists including the identification/provision of resources addressing inter-physician conflict (but not yet at the disruptive physician stage) and business support issues (also relevant for new physicians and recruits), and possibly a sabbatical leave initiative.

- Build RPAP’s program evaluation/research capacity and, in particular, how to improve the measurement of its initiatives from an outcomes perspective.
RPAP Partnerships

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

PHYSICIAN PRIVILEGES ADVISORY COMMITTEE (PPAC)
Since 1 December 2007, the 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 Covenant Health, as well as 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 Attraction and Retention Award. The ACC is a federation of 127 Chambers of Commerce in Alberta which in turn represent more than 22,000 businesses.

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.

NORTHERN ALBERTA DEVELOPMENT COUNCIL (NADC)
NADC is a primary partner with RPAP in the development of the annual rural Alberta Community Physician Recruitment and Retention Workshop.

ALBERTA EMPLOYMENT AND IMMIGRATION (AEI)
Alberta Employment and Immigration (AEI) via the Government’s Health Workforce Action Plan, is a partner with RPAP in the development of Alberta Physician Link, the provincial physician recruitment web site as well as various recruitment and retention tools and supports.

STARS AIR AMBULANCE
STARS helps promote and support RPAP’s General Emergency Medical Skills (GEMS) multimedia training program as it visits rural communities with its HPS simulator.
Communication Activities

The RPAP is working to maintain and enhance its communications with all audiences.

UPDATING STRATEGIC COMMUNICATION PLAN

A new strategic communication plan to support RPAP’s Business Plan has been developed for 2011-2012.

SOCIAL MEDIA

RPAP’s new Communications Coordinator has initiated the process of developing a social media strategy for RPAP. Twitter and YouTube accounts have been created to convey information about RPAP activities to interested audiences. Links to these accounts may be found on the RPAP home page (www.rpap.ab.ca).

THIS IS RPAP NOW!

RPAP Now, a new electronic newsletter is published twice monthly and highlights the organization’s on-going efforts to attract, educate and retain rural Alberta physicians. Each issue provides details on new initiatives, program changes and success stories from across the province.

ADOPTING A MORE “ATTRACTIVE” TITLE

RPAP activities in the area of physician recruitment and retention are now referred to as “attraction and retention.” The activities won’t change but how RPAP refers to them will.

According to RPAP Executive Director, David Kay, “the term ‘recruitment and retention’ as it was used working with communities wasn’t accurate as communities do not recruit physicians - physician clinics, Alberta Health Services and Covenant Health do. The new title reflects the true mandate of community committees, which is to provide an attractive location for physicians and their families to locate, to work with the existing physicians, AHS and Covenant Health, and to keep physicians there once they’ve arrive.”

WEBSITE MAINTENANCE AND REDEVELOPMENT

RPAP maintains a number of websites related to rural physician attraction and retention. These include:

- www.rpap.ab.ca - a site providing news and information on programming offered by RPAP
- www.AlbertaPhysicianLink.ab.ca - a site that recruits physicians for all Alberta locations
- www.arfmn.ab.ca - a site describing the rural residency program
- www.PracticalProf.ab.ca - a site for preceptors who work with medical students and residents,
- www.VLibray.ab.ca - 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:

- Alberta Physician Link continues to be enhanced. In this past year, there have been enhancements to the recruiter side.
- RPAP’s Rural Health Week site is being reworked to a new Community Attraction and Retention site with a soft launch pilot expected in June 2011.
- RPAP’s “Preparing for a Career in Medicine” website is also being reworked and enhanced. Watch for the launch of www.BeADoctor.ca by Fall 2011.

GEMS ELECTRONIC POSTER

RPAP provides an 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. GEMS enables rural physicians to enhance and update their emergency medical skills in their own communities. RPAP works with STARS air ambulance, who provide the HPS simulator for training of rural doctors.

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. Specific advertising was also completed for the Alberta Physician Link website. Additional promotion was undertaken for the enhanced Alberta Rural Community Attraction and Retention Award.

**PRESENTATIONS**

RPAP provided numerous presentations on its work and the opportunities to practise medicine in Alberta including:

- Alberta Association of Municipal Districts and Counties Spring Trade Show, 21-22 March 2011 in Edmonton. David Kay, RPAP Executive Director, did a presentation entitled “Doctor! Doctor!”
- Alberta Weekly Newspapers Association Fall Conference, 11 September, Edmonton
- Alberta Economic Development Authority, 19 November, Calgary
- Alberta Clinic Managers’ Conference, 21-22 September, 2010
- Alberta Urban Municipalities Association Conference, 2 September 2010
- Alberta College of Family Physicians Board, 23 October 2010
- Alberta Guidance Counsellor Convention
- U of A Orientation - RPAP’s Medical Student Initiative’s Coordinator Rosemary Burness presented to approximately 100 1st and 2nd year medical students. Pizza lunch was provided.

**AWARDS**

Meetings were launched with the Alberta Chambers of Commerce to re-brand the 2011 Community Recruitment and Retention Award as the 2011 Community Attraction and Retention Award and to co-host a special stand-alone event for the award presentation in November 2011. A new logo was designed for the award.

**DISPLAYS**

Work is underway to refresh display panels for both RAN and RAS nodes of the Alberta Rural Family Medicine Network.

**PRINT MATERIALS**

A refresh of RPAP print materials was undertaken.

**POLICIES**

Communications reviewed and updated RPAP policies and procedures as well as developed new social media policies.

**2010 YEAR IN REVIEW POWER POINT PRESENTATION**

Communications developed a PowerPoint presentation for attendees at Cabin Fever 2011. A video version has also been produced and is available upon request.

**PHOTO LIBRARY**

A new drive was created on the RPAP server that will be a central digital repository for all RPAP images and will allow for ease and universality of use by RPAP staff.

Meagan Williams (RAS-Lethbridge), Dr. Sergui Ciubotaru and Wendy Saucier (RAS-Medicine Hat), Robert Slocombe (consultant), Dr. Charlotte Haig (RAS-Lethbridge), David Kay (RPAP)
INDEX TO FINANCIAL STATEMENTS THE
ALBERTA RURAL PHYSICIAN ACTION
PLAN YEAR ENDED MARCH 31, 2010

Auditor’s Report
Statement of Financial Position
Statement of Operations
Statement of Changes in Net Assets
Statement of Cash Flow
Notes to the Financial Statements
INDEPENDENT AUDITORS' REPORT

To the Members of The Alberta Rural Physician Action Plan

We have audited the accompanying financial statements of The Alberta Rural Physician Action Plan, which comprise the statement of financial position as at March 31, 2011, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
**Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of the The Alberta Rural Physician Action Plan as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

**Other Matter**

Without modifying our opinion, we draw attention to note 2 to the financial statements which indicates that the comparative information presented as at and for the year ended March 31, 2010 has been restated.

The financial statements of The Alberta Rural Physician Action Plan as at and for the year ended March 31, 2010, excluding the restatement described in note 2 to the financial statements, were audited by another auditor who expressed an unmodified opinion on those statements on April 30, 2010.

As part of our audit of the financial statements as at and for the year ended March 31, 2011, we audited the restatement described in note 2 to the financial statements that was applied to restate the comparative information as at and for the year ended March 31, 2010. In our opinion, the restatement is appropriate and has been properly applied.

Chartered Accountants

Edmonton, Canada

June 29, 2011
### Statement of Financial Position

The Alberta Rural Physician Action Plan  
Year ended March 31, 2011

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
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<tr>
<td>Cash and cash equivalents</td>
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<td>Accounts receivable</td>
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<td>Prepaid expenses and deposits</td>
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<td>Contribution advances (Note 3)</td>
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<td>249,811</td>
<td>305,043</td>
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<td><strong>Total Assets</strong></td>
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<td>$4,598,983</td>
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<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th></th>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
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<td>$1,561,461</td>
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<tr>
<td>Deferred contributions (Note 5)</td>
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<td>3,012,649</td>
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<td>Contributions repayable (Note 5)</td>
<td>61,567</td>
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<td><strong>Total Current Liabilities</strong></td>
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<td>4,574,110</td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
<td>249,811</td>
<td>305,043</td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>(200,681)</td>
<td>(280,170)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adobe Unrestricted (deficiency)</td>
<td>49,130</td>
<td>24,873</td>
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<tr>
<td><strong>Total Net Assets</strong></td>
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<td>$3,038,171</td>
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<tr>
<td><strong>COMMITMENTS (Note 6)</strong></td>
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<tr>
<td><strong>Total Commitments</strong></td>
<td>$3,467,598</td>
<td>$3,038,171</td>
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</tr>
</tbody>
</table>

APPROVED BY THE BOARD

Member

Member
Statement of Operations

The Alberta Rural Physician Action Plan
Year ended March 31, 2011, with comparative figures for 2010

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta Health and Wellness grant</td>
<td>$ 8,439,294</td>
<td>$ 7,856,128</td>
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<tr>
<td>Recruitment</td>
<td>129,229</td>
<td>285,097</td>
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<tr>
<td>Integrated Community Clerkships</td>
<td>591,514</td>
<td>534,277</td>
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<tr>
<td>Other income</td>
<td>30,956</td>
<td>56,790</td>
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<tr>
<td></td>
<td>9,190,933</td>
<td>8,732,292</td>
</tr>
</tbody>
</table>

| **EXPENSES**         |              |              |
| Rural Medical Education | 4,636,918  | 4,105,527    |
| Retention Program     | 2,210,553   | 2,240,046    |
| Corporate Services    | 1,202,094   | 1,157,979    |
| Integrated Community Clerkships  | 591,514     | 534,277      |
| Recruitment Program   | 282,832     | 382,117      |
| Communications        | 97,431      | 120,701      |
| Governance            | 74,370      | 93,565       |
| Amortization          | 64,707      | 70,135       |
| Physician Privileges  | 6,317       | 13,406       |
|                      | 9,166,736   | 8,717,753    |

| **EXCESS OF REVENUE OVER EXPENSES** | $ 24,257 | $ 14,539 |

See accompanying notes to financial statements
## Statement of Changes in Net Assets

The Alberta Rural Physician Action Plan
Year ended March 31, 2011, with comparative figures for 2010

<table>
<thead>
<tr>
<th></th>
<th>Invested in Property and Equipment</th>
<th>Unrestricted</th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>Net assets, beginning of year as previously reported</strong></td>
<td>$ 305,043</td>
<td>$ 1,379,911</td>
<td>$ 1,684,954</td>
<td>$ 1,138,301</td>
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<tr>
<td><strong>Restatement (Note 2)</strong></td>
<td>-</td>
<td>(1,660,081)</td>
<td>(1,660,081)</td>
<td>(1,127,967)</td>
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<tr>
<td><strong>Net assets, beginning of year as restated</strong></td>
<td>$ 305,043</td>
<td>(280,170)</td>
<td>24,873</td>
<td>10,334</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenue over expenses</strong></td>
<td>(64,707)</td>
<td>88,964</td>
<td>24,257</td>
<td>14,539</td>
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<tr>
<td><strong>Investment in property and equipment</strong></td>
<td>9,475</td>
<td>(9,475)</td>
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<td>-</td>
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<tr>
<td><strong>NET ASSETS, END OF YEAR</strong></td>
<td><strong>$ 249,811</strong></td>
<td><strong>$ (200,681)</strong></td>
<td><strong>$ 49,130</strong></td>
<td><strong>$ 24,873</strong></td>
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# Statement of Cash Flow

The Alberta Rural Physician Action Plan  
Year ended March 31, 2010, with comparative figures for 2010

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>CASH PROVIDED BY (USED IN):</strong></td>
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</tr>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>$ 24,257</td>
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<tr>
<td>Item not involving cash:</td>
<td></td>
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<tr>
<td>Amortization</td>
<td>64,707</td>
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<tr>
<td>Change in non-cash operating working capital</td>
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<tr>
<td>Decrease (increase) in accounts receivable</td>
<td>(154,462)</td>
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<tr>
<td>Increase in prepaid expenses and deposits</td>
<td>(34,208)</td>
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<td>Decrease (increase) in contribution advances</td>
<td>607,805</td>
</tr>
<tr>
<td>Increase (decrease) in accounts payable and accrued liabilities</td>
<td>157,551</td>
</tr>
<tr>
<td>Increase in deferred contributions</td>
<td>630,019</td>
</tr>
<tr>
<td>Increase in contributions repayable</td>
<td>61,567</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,357,236</strong></td>
</tr>
<tr>
<td><strong>INVESTING ACTIVITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Proceeds from disposal of property and equipment</td>
<td>-</td>
</tr>
<tr>
<td>Purchases of property and equipment</td>
<td>(9,475)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(9,475)</td>
</tr>
<tr>
<td><strong>INCREASE IN CASH AND CASH EQUIVALENTS</strong></td>
<td><strong>1,347,761</strong></td>
</tr>
<tr>
<td><strong>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</strong></td>
<td><strong>2,918,577</strong></td>
</tr>
<tr>
<td><strong>CASH AND CASH EQUIVALENTS, END OF YEAR</strong></td>
<td><strong>$ 4,266,338</strong></td>
</tr>
</tbody>
</table>
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.

(a) Financial instruments and risk management

Fair value

RPAP’s financial instruments consist of cash and cash equivalents, accounts receivable, contribution advances, accounts payable and accrued liabilities and contributions repayable. Cash and cash equivalents are classified as held-for-trading and are measured at fair value. Accounts receivable and contribution advances are classified as loans receivable, are initially measured at fair value measurement and are subsequently recorded at amortized cost using the effective interest rate method. Accounts payable and accrued liabilities and contributions repayable are classified as other financial liabilities and are initially measured at fair value and are subsequently recorded at amortized cost using the effective interest rate method. RPAP has elected to exclude the application of Section 3855 of the Canadian Institute of Chartered Accounts ("CICA") Handbook for contracts to buy or sell non-financial items and embedded derivatives within these contracts and for embedded derivatives within lease and insurance contracts.

Risk management

RPAP has a risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The risks that arise from transacting financial instruments include credit risk and interest rate risk.

Credit risk arises from the potential that a counter party will fail to perform its obligations. RPAP is exposed to credit risk from the University of Alberta, University of Calgary and other medical service providers. In order to reduce its credit risk, RPAP reviews a new medical service provider’s credit history before extending credit and conducts regular reviews of existing credit performance.

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in interest rates. In seeking to minimize the risks from interest rate fluctuations, RPAP manages exposure through its normal operating and financing activities. RPAP is exposed to interest rate risk primarily through its cash and cash equivalents.

Disclosure

RPAP has elected not to adopt CICA Handbook Section 3862 “Financial Instruments - Disclosures” and Section 3863 “Financial Instruments - Presentation”, and instead has continued to disclose its financial instruments under Section 3861 “Financial Instruments - Disclosure and Presentation”.

(b) Cash and cash equivalents:

Cash and cash equivalents include investments in guaranteed investment certificates and money market funds with maturities at the date of purchase of less than ninety days.
Notes to the Financial Statements

The Alberta Rural Physician Action Plan
Year ended March 31, 2011

Note 2
Significant Accounting Policies
Continued...

(c) Property and equipment:

Property and equipment are stated at cost less accumulated amortization. Property and equipment are amortized over their estimated useful lives at the following rates and methods:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Basis</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td>Declining balance</td>
<td>20%</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>Straight-line</td>
<td>3 years</td>
</tr>
<tr>
<td>Computer software</td>
<td>Straight-line</td>
<td>3 years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>Straight-line</td>
<td>12 years</td>
</tr>
</tbody>
</table>

(d) Revenue recognition:

RPAP follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted investment earnings are recognized as revenue in the year in which the related expenses are incurred. Unrestricted investment income is recognized as revenue when earned.

Other income is recognized when earned.

(e) Use of estimates:

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 revenues and expenses during the year. Significant estimates relate to the amortization of property and equipment and the collectibility of accounts receivable. Actual results could differ from those estimates.

(f) Capital management:

RPAP’s objective when 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 is not subject to any external capital requirements.
Notes to the Financial Statements

The Alberta Rural Physician Action Plan
Year ended March 31, 2011

Note 3
Restatement

Subsequent to the release of the March 31, 2010 results, RPAP determined that it had not recognized revenues and related eligible expenses associated with its agreement with Alberta Health and Wellness (the “Agreement”), as described in note 5, appropriately.

Specifically:

a) Funds advanced to certain organizations were not fully spent by those organizations by the end of the fiscal year. These amounts should have been recorded as advances rather than expenses at the end of the fiscal year.

b) Funds provided to RPAP under the Agreement but not fully spent should have been reflected as deferred contributions rather than revenue at the end of the fiscal year.

The financial statements for March 31, 2010 have been restated to reflect these transactions which resulted in an increase to contribution advances of $1,131,385 and an increase to deferred contributions of $2,791,466. Contributions from Alberta Health and Wellness were reduced by $1,387,556, eligible expenses reduced by $855,442 and opening unrestricted net assets decreased by $1,127,967 resulting in a corresponding reduction of $1,660,081 in unrestricted net assets at the end of the year.

Contribution advances represent restricted amounts advanced to certain educational and other institutions that were not spent by those institutions by the end of the fiscal year. Unspent amounts are comprised of the following:

<table>
<thead>
<tr>
<th>Institution</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Alberta</td>
<td>$322,555</td>
<td>$278,177</td>
</tr>
<tr>
<td>University of Calgary</td>
<td>201,025</td>
<td>512,098</td>
</tr>
<tr>
<td>Alberta Medical Association</td>
<td>–</td>
<td>341,110</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$523,580</td>
<td>$1,131,385</td>
</tr>
</tbody>
</table>

Note 4
Contribution advances

Note 5
Property and equipment

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>2011 Cost</th>
<th>Accum Amortization</th>
<th>2010 Cost</th>
<th>accumulated Amortization</th>
<th>Net Book Value</th>
<th>2010 Cost</th>
<th>accumulated Amortization</th>
<th>Net Book Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td>$62,062</td>
<td>$36,407</td>
<td>$25,655</td>
<td>$29,933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer equipment</td>
<td>273,965</td>
<td>239,220</td>
<td>34,745</td>
<td>67,357</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>26,863</td>
<td>25,177</td>
<td>1,686</td>
<td>4,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>278,755</td>
<td>91,030</td>
<td>187,725</td>
<td>203,308</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$641,645</td>
<td>$391,834</td>
<td>$249,811</td>
<td>$305,043</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RPAP Annual Report 10/11
Deferred contributions related to expenses of future years represent unspent externally restricted grants received to date, together with investment revenue earned for the purpose of paying eligible operating and capital expenditures of future years. Changes in the deferred contribution balance are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of the year</td>
<td>$3,012,649</td>
<td>$1,656,491</td>
</tr>
<tr>
<td>Amounts received during the year</td>
<td>9,226,000</td>
<td>9,479,699</td>
</tr>
<tr>
<td>Restricted investment revenue earned</td>
<td>36,946</td>
<td>17,684</td>
</tr>
<tr>
<td>Amounts recognized as revenue</td>
<td>(8,568,523)</td>
<td>(8,141,225)</td>
</tr>
<tr>
<td>Amounts repaid during the year</td>
<td>(2,837)</td>
<td>-</td>
</tr>
<tr>
<td>Amounts repayable</td>
<td>(61,567)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>$3,642,668</td>
<td>$3,012,649</td>
</tr>
</tbody>
</table>

Contributions for future expenses include:

**Alberta Health and Wellness**

Effective April 1, 2010, RPAP renewed its agreement with Alberta Health and Wellness to provide financial support and programs for medical practitioners and students in rural Alberta for the period from April 1, 2010 to March 31, 2013 (the “Agreement”) to a maximum of $9,226,000 for each year of the Agreement. Under the Agreement, RPAP is required to use the contribution to meet the goals and objectives outlined in the Agreement, and unspent funds and any investment earnings thereon are to be either returned or carried forward to future years as allowed under the Agreement and as approved by Alberta Health and Wellness.

RPAP requested and obtained approval from Alberta Health and Wellness to carry forward surplus funds from the 2007 - 2010 agreement. Deferred contributions in the current year are $3,615,118 (2010 - $2,791,466).

**Locum Pilot Fund**

In fiscal 2009, RPAP received contributions of $250,000 for a pilot visiting locum program for physicians from the United Kingdom. At March 31, 2010, $89,165 was included in deferred contributions. The contribution agreement expired on March 31, 2011 and unspent funds of $52,172 are reflected as contributions repayable at March 31, 2011.

**Recruitment and Retention Program**

In fiscal 2009, RPAP entered an agreement with the Province of Alberta as represented by the Minister of Employment and Immigration. The contribution agreement was for RPAP to develop and enhance their marketing and awareness efforts to support physician recruitment and retention. In fiscal 2010, $193,699 was received by RPAP under the agreement and $72,018 was included in deferred contributions at March 31, 2010. During the year ended March 31, 2011, unspent contributions totalling $2,837 were repaid to the Minister.

**Website Development**

In fiscal 2010, RPAP entered into an agreement with the Province of Alberta as represented by the Minister of Employment and Immigration. The contribution agreement was for $60,000 for development of a community
Notes to the Financial Statements
The Alberta Rural Physician Action Plan
Year ended March 31, 2011

recruitment and retention website. The contribution agreement expired on March 31, 2011. RPAP requested and obtained approval to carry forward $27,550 (2010 - $60,000) which is reflected as deferred contributions and the remaining unspent funds of $9,395 are reflected as contributions repayable at March 31, 2011.

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 $42,944 plus occupancy costs to the College of Physicians and Surgeons until February 28, 2019.

In addition, RPAP has signed various annual lease agreements for medical student/medical resident rental premises. Under the terms of the leases, RPAP is committed to monthly lease payments ranging from $875 to $2,400.

Future minimum lease payments are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$151,843</td>
</tr>
<tr>
<td>2013</td>
<td>45,628</td>
</tr>
<tr>
<td>2014</td>
<td>45,628</td>
</tr>
<tr>
<td>2015</td>
<td>48,312</td>
</tr>
<tr>
<td>2016</td>
<td>48,312</td>
</tr>
<tr>
<td>Thereafter</td>
<td>150,304</td>
</tr>
<tr>
<td></td>
<td><strong>$490,027</strong></td>
</tr>
</tbody>
</table>

During the prior year, RPAP made rent payments to a company related to a member of its board of directors. The payments for the year totaled $nil (2010 - $11,050) and are measured at the amount of consideration established and agreed to by the related parties.

Certain other 2010 comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.
About the RPAP
The RPAP Board of Directors is the oversight body of the RPAP. The Board is appointed by the members of the corporation, which consists of Alberta Health Services Board, the Alberta Medical Association (and its Section of Rural Medicine) and the College of Physicians and Surgeons of Alberta.

**THE RPAP BOARD INCLUDES THE FOLLOWING INDIVIDUALS:**

- Dr. Karen Lundgard (from January 2010)
  - College of Physicians and Surgeons of Alberta (CPSA)
- Dr. Clayne Steed (RPAP Chair),
  - Alberta Medical Association (AMA)
- Drs. Bert Reitsma (RPAP Vice-Chair),
  and Allan Garbutt, AMA Section of Rural Medicine
- Ms. Pam Whitnack and Dr. Odell Olson,
  - Alberta Health Services (AHS)
- Ms. Linda Mattern, 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
- Kelly Lyons (until March 2011), Christine Hammermaster (from April 2010), Laura Keegan (from April 2011) - Community Physician Recruitment Consultants
- Bev Maxwell (until July 2010), Nicole Soucy (from August 2010) - Program Support Coordinator, Finance
- Donna Bonsteel and Kasia Debski - Program Support Coordinators
- Jonathan Koch - Communications Coordinator (from January 2011)
- Dr. Barrie McCombs - Medical Information Services Coordinator
- Drs. Hugh Hindle and Ron Gorsche - Skills Brokers for Northern and Southern Alberta
- Rhonda Crooks - Communications Consultant
- Rosemary Burness - Medical Students' Initiatives Coordinator
- Dean Lack - Human Resources Consultant
- Rob McGaffin - IT Consultant

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

- Dr. Jack Bromley - Co-Director, Rural Alberta North (RAN) - Red Deer
- Dr. Brenda Millar - Co-Director, Rural Alberta North - Grande Prairie
- Emma Currie - Rural Unit Coordinator, RAN, Red Deer
- Pam Nacinovich - Rural Unit Coordinator, RAN, Grande Prairie
- Dr. Sergiu Ciubotaru - Co-Director, Rural Alberta South (RAS), Medicine Hat
- Dr. Charlotte Haig - Co-Director, Rural Alberta South, Lethbridge
- Cheryl Morin (until September 2010) - Rural Unit Coordinator, RAS
- Meagan Williams (from September 2010) - Rural Unit Coordinator, RAS, Lethbridge
- Wendy Saucier (from September 2010) - Rural Unit Coordinator, RAS, Medicine Hat

OTHER IMPORTANT PEOPLE RELATED TO RPAP INCLUDE:

- Vacant, Rural Director, Community Engagement, 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
- Kelly McSweeny - Rural Program Coordinator, Distributed Learning and Rural Initiatives, University of Calgary
- Barry Brayshaw - Director, Physician Locum Services, Alberta Medical Association
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. These professional issues include:

- The confidence and competence of new graduates to practise in rural Alberta
- The degree of professional isolation experienced by rural physicians
- 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.

Sequential Series of Initiatives

The recruitment and retention of physicians is a “complex interplay” of many variables, not all of which the Alberta RPAP can influence. These variables can be grouped into two major categories: professional issues and lifestyle issues. The RPAP addresses these variables with a variety of initiatives (summarized in the table below), many of which are offered through RPAP’s partners.
An Extensive Evaluation Regime

The RPAP is cognizant of the need to assess the effectiveness of its initiatives. It has implemented a comprehensive evaluation framework consisting of four domains:

- **Key Performance Indicators (KPI) for most of its initiatives**
- **A rolling multi-year cycle of external evaluations of its major initiatives – A new cycle of evaluations will begin in 2011**
- **Specific research studies in areas of interest that add to the understanding of new program needs and the effectiveness of current programs**
- **Operational surveys which are less formal feedback mechanisms.**

This framework outlined below continuously evolves to meet program needs.

### KEY PERFORMANCE INDICATORS (KPI) AND RPAP DATABASES

- KPI specific to individual programs
- Enrichment Training database
- Physician Privileges database
- Retention database
- Accommodation database

### OPERATIONAL SURVEYS

- RPAP Communications Strategic Plans
- Retention Work Plan - ongoing
- Informal feedback through RPAP’s Community Physician Recruitment Consultants and Skills Brokers
- Ongoing informal feedback from the field
- Early careerist needs assessments – 2008/2009
- Effect of Enrichment Training on Rural Physician Retention – 2011
- Stakeholder Consultations – 2006
- CME Stakeholder Consultation - 2009

### SPECIFIC RESEARCH AND STUDIES

- Rural Undergraduate Medical Information (UGME) Working Group Reports – implementation ongoing
- Recruitment/Retention (Pockets of Good News) Update - 2002
- Recruitment Fairs - 2002
- International Medical Graduates (IMGs) - 2000
- Medical Students’ Career Decision-making during Clerkship – 2006
- Community-based Strategies for Physician Retention in Rural Alberta – 2007
- Family Medicine Resident Practice Outcomes & Policy Outcomes - 2007

### 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
- Rural Rotations Program – Planned 2011- 2012
- Community Engagement Activities – Planned 2011 -2012
- RPAP – 2006; planned 2012 - 2013
The Alberta Rural Family Medicine Network
Annual Report 10/11
The Alberta Rural Family Medicine Network

THIS IS THE SIXTH ANNUAL REPORT OF THE RPAP’S ALBERTA RURAL FAMILY MEDICINE NETWORK (ARFMN).

Operational 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 and exposed to a wide variety of rural medicine. The program appeals to residents who prefer self-directed learning, more hands-on training experiences, the expanded scope of rural practice and the wonderful lifestyle opportunities presented by practice in rural Alberta communities.

This two-year Family Medicine curriculum provides training mainly in rural communities and regional centres in both community and hospital-based practices located in 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 with RPAP and use the academic resources of their parent Family Medicine departments and Faculty of Medicine.

2010 - 2011 HIGHLIGHTS

RAN

- RAN held a retreat for residents and staff 26 - 29 August 2010 at the Hinton Training Centre.
- The annual preceptor development conference, Cabin Fever, which took place in Kananaskis in January 2011 provided a wonderful opportunity for people to reconnect, enjoy some great lectures, and thank our preceptors for their continued support.
- RAN filled all 16 of its residency positions on the first iteration of the Canadian Resident Matching Service (CaRMS) interviews for entry into postgraduate medical training. For the first time, interviews were offered at sites in both Red Deer and Grande Prairie. Using a multi-mini interview format, 132 candidates were interviewed between 22 - 27 January. The success of our CaRMS interviews would not be possible without the great support of RAN residents and dedicated rural preceptors.
- A course on Advances in Labour and Risk Management (ALARM) was held in Red Deer 7 - 8th March 2011 with all RAN R1s, R2s and RAS R1s attending.

RAS

- A Christmas party was held at the Paradise Canyon Golf Club in Lethbridge.
- The RAS team started the calendar year in January 2011 on a chilly but fun note at the RAS Winter Resident Retreat. Families and partners accompanied the group to the wonderful location at Easter Seals Camp Horizon in Bragg Creek. Residents participated in their mandatory academic days by undergoing a wilderness medicine course in the great outdoors!
- RAS interviewed more than 130 applicants during three action-packed CaRMS interview days in January 2011 and filled 12 of its residency positions. Current residents in the program used their filmmaking and entertainment skills to produce a RAS Rocks video to be shown during the interview process.
- Construction of the RAS Lethbridge Residents’ Lounge was completed.
- First year RAS residents met up with their RAN counterparts in early March 2011 to undergo their ALARM certification.
About the Alberta Rural Family Medicine Network Residency Program

GOALS
The RAN and RAS programs strive to provide residents with:

• Extensive experience with the clinical condition faced in rural practice
• The knowledge and skills required to meet these service demands
• 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.

The RAN and RAS programs build upon a decade of RPAP funding which supports rural undergraduate and Family Medicine training, specialty blocks as well as 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 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 programs is comprised of core and elective rotations and a schedule of academic events that includes seminars, case presentations, rounds and workshops.

RESIDENT SUPPORT
The Alberta Rural Family Medicine Network (ARFMN), through RPAP, 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 rural communities outside the “home base.” In addition, expenses related to attending academic sessions and workshops 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 funding which can be used towards a laptop, PDA device or software for use during their residency.

Upon admission to the program, each resident is given an ARFMN email account and access to the ARFMN’s Exchange Server. This server is used as a key portal for residents, preceptors and staff to stay connected, to access their email, tasks and calendar, and to review and download forms, policies and academic material through Public Folders.

Residents also have access to RPAP’s Virtual Library, which provides free access to Internet-based medical textbooks, journals and other resources.

• Education Sessions and Workshops

Both RAN and RAS provide monthly academic sessions to discuss topics relevant to Family Medicine. These include didactic lectures and small group sessions organized by both residents and faculty and follow the monthly academic schedules of the U of A and U of C Family Medicine departments. 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, Critical Skills and Communication Skills.
ARFMN Unit Staff and Residents

RAN UNIT STAFF
Dr. Jack Bromley,
Co-Director, Red Deer
Dr. Brenda Millar,
Co-Director,
Grande Prairie
Ms. Emma Currie,
Rural Unit Coordinator, RAN
– Red Deer
Ms. Pam Nacinovich,
Rural Unit Coordinator, RAN –
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
Richard Letkeman
Josh Olson
Tammy Paulgaard

2003
Dave Sinha
Clayton Tuffnell
Marci Wilson

2004
Kim Anderson-Hill
Tim Ayas
Jared Bly
Sharlene Hudson
Jason Unger
Shengtao Yao
Jared Yeung

2005
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

2006
Serena Crum
Nathaniel Day
Christine Ellis
Kyle Garrett
Jacqueline Holm Jhass
Tulika Karan
James Keay
Lauren Maher
Ramak Shadmani
Tim Van Aerde

Mohammad Abdollahy
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

2009
Valentin Duta
Nazila Soltani

2010
Adina McBain
Lindsay Nanninga-Penner
Erin Thompson
Jesse Howatt
Don Curtis
Shaira Somani
Dan Kalf
Katie Hermanutz
Will Emery
Jesse Christiansen
Jason Dressler
Travis Flath
Davina Lansing
Ciara MacRory
Riley Martin
Aaron Pelman
RAS UNIT STAFF
Dr. Sergiu Ciubotaru, Co-Director, Medicine Hat
Dr. Charlotte Haig, Co-Director, Lethbridge
Ms. Meagan Williams Rural Unit Coordinator, RAS – Lethbridge
Mrs. Wendy Saucier, Rural Unit Coordinator, RAS – 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

2003
Bilal Mir
Dubravka Rakic
Sandy Tam
Hany Youakim

2004
Stefani Barg
Gary Butler
Colin Del Castilho
Brian Farrell
Martina Frostad
Daniel Johns
Sheri Lupul
Erin Nichol
Amarpreet Shergill
Nicole Wanner
Christel Wihlborg

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
To view RPAP Key Performance Indicator statistics, check out the Annual Report section of our website

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