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

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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The Honourable Fred Horne  
Minister of Alberta Health  
#208 Legislature Building  
10800 – 97 Avenue  
Edmonton, AB  
T5K 2B6

Dear Minister Horne:

I have the honour to present the Annual Report of The Alberta Rural Physician Action Plan (RPAP) for the fiscal year ended 31 March 2013. The Annual Report was prepared under the Board’s direction in accordance with the Companies Act (Alberta) and outlines RPAP’s accomplishments and future direction. All material economic and fiscal implications known as of 31 March 2013 have been considered in its preparation.

Respectfully submitted on behalf of RPAP Board,

Clayne Steed, MD  
Chair, RPAP Board of Directors
“You can take the boy out of the country, but you can’t take the country out of the boy.”

This adage is familiar to all and, surprisingly, is included in the Oxford Dictionary of Proverbs. All familiar with this adage think of certain “country” elements that stay with an individual no matter where he or she may move on to. These elements are usually positive attributes and virtues that find a place no matter where the boy or girl may go.

I think there is an element of the country boy in the Alberta Rural Physician Action Plan (RPAP). Twenty-two years ago, the beginnings of this program had a very conventionally rural focus. There have been many changes in medicine, politics and the demographics of rural Alberta over that period of time. The RPAP has endeavoured to keep pace with the many changes. Like the country boy, the RPAP roots are set and will not change, but, with time, there have been evolving needs and opportunities, which the RPAP has monitored and translated into initiatives that have strengthened the organization and its ability to meet its mandate.

On a personal level or an organizational level, partnerships benefit everyone. The RPAP has maintained, strengthened and added to partnership in many areas. Our funder, Alberta Health, has been supportive and encouraging while recognizing the adaptive needs of the RPAP. The Alberta Medical Association and the College of Physicians and Surgeons of Alberta contribute in ideas and programs that have benefited all. Our partnerships with the University of Alberta and the University of Calgary have resulted in combined efforts and outcomes that have been to the benefit of the partners, but more importantly to rural Alberta in training new physicians for communities. The RPAP also partners with Alberta Health Services, rural communities, regional centres and many other organizations both in Alberta and beyond.

The definition of rural is not as easy now as it once was, nor does it matter the way it once did. More important is how the Alberta Rural Physician Action Plan works with many partners with a common purpose in strengthening medicine in rural Alberta. The values of the “country boy” will continue to find a place in programs to maintain and initiative to pursue.

Clayne Steed, MD
Chair, RPAP Board of Directors
Partnerships

Alberta Medical Association (AMA)
The RPAP works closely with the AMA, which represents about 95 percent of Alberta’s practicing physicians, as well as resident physicians and medical students, to provide widely respected rural locum program offerings—the weekend locum program and the seniors’ weekend program—that directly benefits rural physicians.

University of Alberta (U of A) and University of Calgary (U of C)
RPAP works closely with the faculties of medicine in each university in support of several faculty-RPAP rural initiatives funded by RPAP. These include rural clinical placements for medical students and resident physicians; the Alberta Rural Family Medicine Network (ARFMN), a dedicated rural Family Medicine residency stream with the departments of family medicine; and rural continuing medical education (CME) offerings. RPAP collaborates with the U of A Office of Rural and Regional Health and U of C Distributed Learning and Rural Initiatives office to develop and coordinate rural medical education initiatives in support of RPAP’s “education pipeline” (see page 9).

Rural Medical Interest Groups (RMIGs)
Members of Rural Medical Interest Groups at the University of Alberta and the University of Calgary are composed of medical students who aim to practice rural medicine. The groups provide volunteer medical students who participate in RPAP’s School Outreach Program with non-urban high-school students.

Shock Trauma Air Rescue Society (STARS)
STARS helps promote and support the RPAP’s General Emergency Medical Skills (GEMS) multimedia training programs and its Rural Community Exposure and Medical Skills Weekends as it visits rural communities with its human patient simulators.

Alberta Chambers of Commerce (ACC)
This organization works with RPAP to co-sponsor the Alberta Rural Community Attraction and Retention Award. ACC is a federation of 126 chambers of commerce representing more than 23,000 Alberta businesses.

Northern Alberta Development Council (NADC)
NADC is a primary partner with the RPAP in the development of the annual Community Attraction and Retention Conference, held in Edmonton each year.
The Alberta Rural Physician Action Plan’s Key Performance Indicators

The RPAP has developed Key Performance Indicators (KPIs) for most of the programs it undertakes to determine the success or progress of each program. KPIs are measurable, quantitative outcomes that have been developed based on the overall goal and the specific objectives of a program. KPI data are used to help determine program effectiveness and fine-tune organizational programming. Some of the goals of the RPAP that are measured by KPIs include:

- to support the attraction of a competent physician workforce
- to support the recruitment and retention of a competent physician workforce
- to support the physician and their family and positively affect the factors that influence recruitment and retention

The goals for these KPIs are what govern the RPAP’s actions and are described throughout the Annual Report. Some examples of these goals include the School Outreach Programming, which can be found on page 11; Enrichment Programs for practicing physicians is on page 15, and a recap of the 2012 Community Attraction and Retention Community Conference is on page 20.
• The 2012 Award of Distinction was given to Dr. Martin Reedyk of Three Hills.

• The Alberta Rural Community Physician Attraction and Retention Award went to the City of Brooks.

• Alberta Medical Students Conference Annual Retreat (AMSCAR) hosted 325 students.

• Four Community Exposure and Medical Skills Weekends were held in in Three Hills, Ponoka, Vulcan and Stettler.

• For the first time, in 2012-2013, the Community Exposure and Medical Skills Weekend included participants from the Faculty of Nursing at Mount Royal University and the Faculty of Rehabilitation Medicine at the University of Alberta.

• 99 percent of the 222 medical students who participated expressed overall satisfaction with the Community Exposure and Medical Skills Weekends.

• The 2012 2013 Year at a Glance

• Four Rural Medical School Awards were awarded.

• Eight Dr. John N Hnatiuk Rural Medical Student Bursaries were granted.

• RPAP and CPSA representatives traveled to the United Kingdom to attend the British Medical Journal National Career Fair in London. They also travelled to Dublin, Ireland, to lead physician recruitment meetings with interested Irish physicians and information sessions for Canadian medical students abroad.

• The Rural Alberta Community Physician Attraction and Retention Conference saw 114 delegates from 66 communities attend. 100 percent of participants expressed overall satisfaction with the event.

• 120 students from the U of A and the U of C participated in job shadowing.

• 96 percent of those students showed overall satisfaction with the shadowing experience.

Four Early Careerist Support workshops were offered in 2012-2013, which focused on “billing issues”, “practice management considerations”, “Healthy practice, healthy life” and “getting ready to practice in Alberta.”

During 2012-2013, the RPAP’s Community Physician Recruitment Consultants and a senior AHS Resource Planner trained and mentored 10 AHS/Covenant Health Recruiters, hosting three training workshops.

In January, the RPAP’s Community Physician Recruitment Consultants joined with the Camrose Chamber of Commerce to host a Cultural Integration Workshop, which saw 20 participants attending, focusing on cultural challenges in the workplace and community.
RPAP works closely with the faculties of medicine in each university in support of several faculty-RPAP rural initiatives funded by RPAP.

These include rural clinical placements for medical students and resident physicians; the Alberta Rural Family Medicine Network (ARFMN), a dedicated rural Family Medicine residency stream with the departments of Family Medicine; and rural continuing medical education (CME) offerings.

RPAP collaborates with the University of Alberta’s Office of Rural and Regional Health and the University of Calgary’s Distributed Learning and Rural Initiatives office to develop and coordinate rural medical education initiatives in support of RPAP’s “education pipeline”, as shown below.
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 and, once accepted, the student receives the award every year until medical school graduation, contingent upon their meeting the program requirements.

The number of awards available from the RPAP may vary on an annual basis.

The intent is to grant up to two awards per medical school per year.

2012–2013 Rural Medical School Award recipients:
- Alanna Friesen, University of Alberta
- Sara Oberholtzer, University of Alberta
- Kylan McAskile, University of Calgary
- Jody Platt, University of Calgary

The RPAP’s John N. Hnatuik Rural Medical Student Bursary provides full tuition, including differential fees for each year of medical studies, in order to reduce the financial burden faced by rural medical students and their families.

The bursary is available to students in any year of their medical degree.

Once accepted, the student receives the bursary every year until medical school graduation, contingent upon their meeting the program requirements. The program requirements include a three-year Return-in-Service Agreement (RiSA) with RPAP, prorated to the number of years the bursary is awarded. The number of bursaries available from the RPAP shall be up to 10 per year.

2012–2013 John N. Hnatuik Rural Medical Student Bursary recipients:
- Stephanie Frigon, University of Alberta
- Jovita Byzitter, University of Alberta
- Dean Hanson, University of Alberta
- Katelin Overbo, University of Alberta
- Ashley Rommens, University of Calgary
- JoAnna Fay, University of Calgary
- Lana Fehr, University of Calgary
- Jennifer Burdett, University of Calgary

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Research indicates that one of the most cost-effective ways to recruit and retain rural health-care workers is to recruit young people in rural areas and who have an interest in practicing there. As part of its mandate to serve rural communities, the RPAP provides school outreach programming to encourage students from rural Alberta to consider a career in rural medicine. The RPAP School Outreach Program consists of participating in career fairs, classroom presentations, as well as operating a website, BeADoctor.ca, for youth and educators. The programming is carried out by the RPAP’s Community Physician Recruitment Consultants (CPRC) in collaboration with the local Alberta school divisions, individual schools, the Alberta Teachers’ Association, and area guidance counsellors.

Some of the RPAP school outreach initiatives undertaken include participated in high-school career fairs where RPAP staff provide information on how to become a physician to participants.

**Northern Alberta**
Pembina Hills School Division – Held in Westlock in November 2012, where more than 1,000 students from the region attended the career fair.

**Edmonton**
Youth Career Symposium - held in Edmonton, where hundreds of students explored careers and the RPAP provided info about the Be A Doctor website to approximately 500 youth.

**Central Alberta**
“Career Expo” – Held at Red Deer College in April 2012, where approximately 1,600 students from Red Deer and surrounding areas came to explore various careers.

**Southern Alberta**
Career Transitions organized student career fairs that were hosted in Lethbridge and Vulcan in October 2012 and in March 2013. November 2012 saw the RPAP attend the Fourth Annual Career Fair, Blood Tribe, Standoff, where 200 students attended.

The University of Calgary Career Fair had 120 attend the RPAP booth in January 2013. The Medicine Hat College Spring Career Fair in February 2013 had 80 students attend. Crescent Heights High School in Medicine Hat hosted RPAP representation twice, in November 2012 and March 2013.

**School Outreach website**
As part of the RPAP’s ongoing efforts to provide current and relevant content to students, the school outreach website was redesigned and launched in 2012. The redesigned site, www.BeADoctor.ca, provides students with information about entering medical school, the cost of medical education and the steps to becoming a physician.
Rural Community Exposure and Medical Skills Weekends

RPAP regularly helps hosts Rural Community Exposure and Medical Skills Weekends for first- and second-year medical students who are attending the universities of Calgary and Alberta. These “skills days”, which began in 2004, are seen by both the participants and the communities that co-host them as an opportunity for students to see some of the many benefits of living and working in some of Alberta’s rural communities.

Modeling rural practice, RPAP added nursing and physiotherapy students from the University of Alberta and Mount Royal University in 2013. By having the chance to practice real-world medical scenarios together while meeting and interacting with community members, these health science students—many of whom are from urban areas—experience first-hand the benefits of interprofessional practice and of living and working in a rural community.

Shadowing Program

The Shadowing Program was developed in conjunction with the University of Alberta and the University of Calgary’s faculties of medicine in an attempt to increase the rural experience of early careerists by having first- and second-year medical students follow practicing rural physicians for a weekend on call. This one-on-one learning experience provides the medical students with an opportunity to observe and learn a diverse and unique range of skills involved and to practice simple medical procedures. There are approximately 50 rural sites involved, with up to 100 physicians who are willing to have a medical student shadow them. The response from the preceptors and the medical students who have participated to date has been very positive.
12–2012 CaRMS Matching

The Canadian Resident Matching Service CaRMS) is a not-for-profit organization that works in close co-operation with the Canadian medical education community, medical schools and residents/students, to provide an electronic application service and a computer match for entry into post-graduate medical training in 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 enrol in post-graduate medical training.

The CaRMS matching results were announced in March. All 30 seats open through the Alberta Rural Family Medicine Network though the Rural Alberta North and Rural Alberta South nodes were filled.

New residents were welcomed into the program July 1, 2013.

Additional Skills Training

The RPAP and the universities of Alberta and Calgary provide an opportunity for post-graduate trainees to complete up to one additional year in training to help prepare them for rural practice.

Additional Skills Training (AST) positions are available through the RPAP at both universities in areas such as anesthesia, surgery, obstetrics, GI medicine, and palliative care. The type of training taken will depend upon the residents’ interests and the needs of the rural community where they will be practicing.

2012 Resident Orientation

New family medicine residents in the Alberta Rural Family Medicine Network (ARFMN) program attended comprehensive orientations to their programs, which included topics such as accommodation guidelines, finances, and academic issues, as well as reviewing the resident manual, which includes rotation information and schedules.

The program has two nodes—Rural Alberta North (RAN) affiliated with the UofA family medicine department—and Rural Alberta South (RAS) affiliated with the U of C family medicine department. RAS residents met together July 6 in Lethbridge while those in RAN met June 28 in Grande Prairie and June 27 in Red Deer.

These annual events are sponsored by the RPAP.
Cabin Fever 2013

Cabin Fever is an annual event created as part of the Alberta Rural Family Medicine Network and hosted through the University of Calgary. From February 8–10, 2013, Cabin Fever took place in beautiful Kananaskis Country, where small group workshops were held, designed to improve teaching skills during this rural faculty development event, specifically targeted at rural physicians who principally are preceptors in the Alberta Rural Family Medicine Network.

Career Matching partnerships

In January 2013, the RPAP again paired with the Professional Association of Resident Physicians of Alberta (PARA) to make a career match in less than eight minutes. Using the popular speed-dating scenario—where individuals have the chance to meet large numbers of people during a short timeframe—dozens of resident physicians in Calgary, Red Deer and Edmonton met and mingled with Alberta Health Services recruiters while enjoying a social evening hosted by the RPAP and PARA.

Along with RPAP and PARA, the Primary Care Initiative (PCI), AMA Physician Locum Services, and AHS and Convent Health recruiters were invited to participate in the recruitment event to further enhance the transition-to-practice information that residents need when making an informed career choice.
Resources for Physicians

The RPAP works to connect with physicians who are new to Alberta, offering educational resources, information about the RPAP, and to offer assistance with the transition into their new rural community.

To provide this type of comprehensive support, the RPAP’s community physician recruitment consultants worked diligently to follow-up with 120 new physicians in rural Alberta practices throughout 2012-2013. The physician mix included specialists and family medicine practitioners who are practicing full and part-time.

In addition to welcoming new physicians, the community physician recruitment consultants monitor how many physicians have moved areas: from urban to rural, rural to urban, from rural to rural, and/or exited the province.

As the process evolves, the 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 in rural practice.

Continuing Medical Education

Continuous medical education and continuous professional learning opportunities for practicing rural physicians is provided through the RPAP’s partnerships with the universities of Calgary and Alberta. Some of those initiatives include other partners, but all focus on providing practicing rural physicians with the skills they need, and the opportunities to continually increase their knowledge.

Enrichment Program

The Enrichment Program (and its variations—Emergency Medicine Enrichment, GEMS, and FIRST), is intended to assist physicians in rural or regional communities in upgrading existing skills or gain new skills in order to meet the medical needs of the community or surrounding areas.

Emergency Enrichment (EME) Program

The emergency medicine enrichment (EME) program is a part of the RPAP enrichment program. In 2012-2013, 14 physicians were accepted into the Enrichment Training Program, and there were seven disciplines offered, with more than 205 weeks of rurally relevant training provided.

It provides an opportunity for rural physicians to acquire between one to six months of emergency medicine training in Edmonton-area hospitals. The general objective of the program is to provide formal emergency medicine training to rural physicians in order to enable them to competently and confidently deal with rural emergency patients from assessment and management through to appropriate referral and transport as needed.

Weekend and Seniors’ Weekend Locum Program

The Weekend Locum Program was initiated in 1995 through the RPAP by the AMA to provide relief to ensure that weekend call for rural physicians was no greater than one in four weekends. A Senior’s Weekend Locum Program was added in 1999. Both programs are funded by the RPAP and administered by the Alberta Medical Association on its behalf.
General Emergency Medicine Skills (GEMS) Program

Rural physicians must be able to handle every situation that rolls through the emergency doors. Maintaining clinical competency can be a challenge with busy schedules and distance from urban training sites. To address this ongoing need, the RPAP, in partnership with Shock Trauma Air Rescue Society (STARS), provides this opportunity to practicing rural physicians. GEMS is an online, multimedia emergency-skill training experience with a hands-on simulation component that enables rural physicians to upgrade emergency skills at work or at home. The program meets the accreditation criteria of the College of Family Physicians of Canada (CFPC) and has been accredited for up to 14 Mainpro-C credits as follows: two (2) Mainpro-C credits for each completed module plus 2 Mainpro-C credits for completing the STARS Mobile Simulation Program component.

GEMS learning modules include:

- Preparation for transport
- C-spine X-ray and CT head
- Central venous access and intraosseous infusion
- Advanced airway management and rapid sequence intubation
- Emergency thoracostomy
- Injured Child module (in development)
- Shock

Focused Individual Rural Staff Training (FIRST)

FIRST training addresses the challenge of organizing leaves of absence in many rural communities for training of less than two weeks. Through FIRST, groups of one or more physicians in the same community or clinic(s) in a community can collectively take the training for a maximum of 10 days a year.

FIRST training can be for one or more physicians in the community, and for a collective duration of 10 days per community once per year. Under FIRST, up to 10 training requests per year will be approved, per year. Bi-PAP training, attendance at a casting clinic, completion of the Alberta Children’s Hospital Injured Child module and completion of the 50 required ultrasound scans after attending the CAEP Emergency Department Targeted Ultrasound (EDTU) course are examples of what would be eligible for FIRST support.

Web-based resources

As a result of increased demand for continued learning opportunities, the RPAP has undertaken a new initiative—to provide a web-based resource for practicing rural physicians in Alberta and, as the site develops, for partners across Canada.

This site, www.PracticalDoc.ca, has taken the place of RPAP’s Virtual Library—where subscriptions to journals are now available to practicing physicians through the Canadian Medical Association’s Knowledge for Practice (K4P) website—and incorporate the Practical Prof site, of which the content was reviewed, updated, and is presented on the new website.

PracticalDoc was launched during the Wonca World Rural Health Conference in fall 2012.
One of the strengths of the Alberta Rural Physician Action lies in its focus on community support and engagement as a mechanism of physician recruitment support.

One of the ways that the RPAP assesses and addresses how to provide that support is through the lens of short-, mid- and long-term goal setting. In the short-term, the RPAP helps promote provincial recruitment activities through the provincial Alberta Physician Link physician recruitment website and related activities. Mid-term goals include building community-based attraction and retention capacity, while long-term goals include integrating the items highlighted on the Education Pipeline (see page 9). The key component of these factors is the cultivation and development of partnerships and collaboration between the RPAP and provincial government departments, local and provincial agencies, and partner groups through resident physician recruitment events and transitioning to practice support.

This work is largely done by the RPAP’s three Community Physician Recruitment Consultants. The consultants work in tandem with provincial physician recruiters to act as case managers for practice-eligible candidates while offering continued support to rural communities to assist their efforts to attract and retain rural physicians.

A key point of this support is the website AlbertaRuralHealth.ab.ca, which offers rural community attraction and retention committees an accessible, online platform to obtain the RPAP attraction and retention resources, as well as to network and share best practices amongst communities.

Unique features of the community website include individual community homepages that allow each community to highlight and promote their attraction and retention work; updates on free valuable resources and supports offered to communities, and a password-protected online repository for committee minutes, agendas and working papers accessible only to committee members.

The RPAP also offers a community grant program to assist rural Alberta communities in the attraction and retention of physicians. The aim of the Community Attraction and Retention Grant program is to fund projects that facilitate the attraction and recruitment of physicians at the community or regional level.
Alberta Physician Link (APL)

The Alberta Physician Link website is designed to link doctors from Canada and around the world with opportunities to practice in Alberta. The website also serves as a one-stop information source for physician recruitment.

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

Cultural Integration Workshops

For newly arrived International Medical Graduates (IMGs) and their families, the challenges of adjusting to Canadian cultures and to life in rural Alberta community can be overwhelming. The Cultural Integration Workshop, facilitated by the RPAP community physician recruitment consultants, helps community residents understand and gain awareness of challenges for both the new physician and the community. In 2012, the RPAP staff delivered a workshop in the community of Camrose.

Canadian Association of Staff Physician Recruiters (CASPR) 2012 conference

The RPAP’s community physician recruitment consultants joined other public-sector physician recruiters for communities, local hospitals, and other health-care organizations, when they gathered in Ottawa in May 2012 for the annual conference of Canadian Association of Staff Physician Recruiters (CASPR).

RPAP representatives were on hand to share and discuss best practices, techniques, and tools pertaining to the recruitment, attraction and retention of physicians to rural communities. Topics discussed by delegates during the three-day event included advocacy issues in our northern communities regarding health and social determinants of health.
British Medical Journal (BMJ) National Career Fair

For the sixth year in a row RPAP assembled a provincial delegation who visited the United Kingdom and Ireland in October 2012. The Alberta team, composed of representation from the RPAP and the College of Physicians and Surgeons of Alberta (CPSA), attended the annual British Medical Journal (BMJ) National Career Fair in London. The event is one of the largest fairs for recruiting physicians in Europe. Many visitors spoke with Alberta representatives about the opportunity to work to Canada, with many considering relocation to the province. One of the key factors in relocation is to ensure that prospective candidates are eligible for licensure with the CPSA, which the RPAP addressed both during the tour and with follow up contacts afterward.

RPAP also collaborated with saskdocs and Health Match BC to inaugurate a western Canadian effort to recruit physicians at BMJ 2012. The three provincial bodies jointly secured booth space at a prime location at the career fair. The intent of the collaboration was to entice potential recruits to the Western Canadian booth, which focuses on lifestyle and Western Canadian values, and then furthermore to individual, provincial booths located nearby.

Combining the efforts among the three agencies is the result of a memorandum of understanding signed between the three parties early in 2012 in order to work more effectively and efficiently with Western Canadian interests in mind at international physician recruitment events.

Following the BMJ Career Fair, the Alberta representatives moved on to Dublin, Ireland, to meet with some Irish physicians who have expressed interest in coming to Alberta. The trip concluded with a meeting at Trinity College in Dublin involving some of the Canadian students, including many Albertans, who are doing their medical training in Ireland. A group of Canadian students attended an in-service presentation by RPAP representatives about how they can return to Alberta to practice medicine as well as highlights about the opportunities in Alberta.

American Academy of Family Physician (AAFP) Scientific Assembly Expo

The RPAP attended the AAFP Scientific Assembly in Philadelphia, in October 2012. It was the first time the RPAP participated in the conference, with the aim of reaching out to American family physicians, and promoting Alberta’s practice opportunities. The AAFP scientific assembly is the largest gathering of family physicians in the United States, and it proved to be a great venue for promoting Alberta and the medical practice opportunities available here. Approximately 4,000 family physicians attend the event annually. The RPAP staff look forward to attending the event again in September 2013.
Rural Alberta Community Physician Attraction and Retention conference

The 5th Annual Rural Alberta Community Physician Attraction and Retention Conference, hosted by the Alberta Rural Physician Action Plan (RPAP) and the Northern Alberta Development Council (NADC), was held in October 2012 at the Mayfield Inn, located in Edmonton, Alberta.

114 attendees, representing 66 communities across Alberta, participated in the conference. Participants enjoyed hearing from a number of speakers. The conference also provided an opportunity for participants to network, share ideas and take home new ideas to enhance attraction, recruitment and retention strategies within their own communities.

Most of the participating communities have Physician Attraction and Retention (A&R) Committees, which contribute significantly to supporting the successful attraction and retention of physicians to live and work in rural Alberta. There was also attendance from communities who were interested in forming or re-forming a Community Attraction & Retention Committee.

Highlights of the conference included presentations by rural physicians, updates on rural engagement and outreach from Alberta Health Services staff and overviews of rural programming offered by the Alberta Medical Association.

The conference proceedings are available at www.AlbertaRuralHealth.ab.ca.
Over the last year, the RPAP communications coordinator has been busy promoting the RPAP as a value-added agency that is unique and comprehensive in its service provisions, showing the RPAP as a valuable partner in physician attraction and retention at a committee and community level, and increasing knowledge of the RPAP brand and reputation.

Since the initial communications strategy was conceived of and deployed, several areas of the RPAP’s communications’ needs have been built up. These areas include focusing information on specific audiences and disseminating that information through timely and appropriate media channels.

Some highlights of RPAP communications activities include:

- Focus on events-based communications tactics, including the Rural Community Exposure and Medical Skills Weekends, co-hosted by RPAP and specific communities, for Rural Medicine Interest Group (RMIG) students at the universities of Alberta and Calgary. Some of the strategic communications specific to these events (held in Three Hills, Ponoka, Vulcan and Stettler) included contact with local media, which resulted in local coverage for all skills days’ events.

- Ongoing social media utilization, including Twitter and Facebook, has been used to increase knowledge of the RPAP brand and initiatives.

- Facilitated interaction between the RPAP and other prospective and established stakeholders (including Alberta Health Services, the universities of Alberta and Calgary, and community-based communications and development groups).

Additional communications developments will be undertaken in 2013–2014.

The RPAP communications coordinator also focused on the development of two key websites, which will increase awareness of the RPAP’s brand while:

- In the case of Be a Doctor, provide high-school students with the general information around what becoming a doctor entails, and provide undergraduate post-secondary students with more specific information about the requirements of entry into medical school.

- In the case of Practical Doc, serve as an information and education-based resource for both practicing physicians in rural Alberta and for partner groups as they come online.
Established in 2001, ARFMN offers dedicated, rural-based family medicine residency training to prepare competent physicians for the broad demands of rural practice. The network is a unique collaborative venture of the 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 the recommendation of the recommendation of the establishment of separate rural residency training programs, an outcome of reporting by the RPAP and the College of Family Physicians of Canada (CFPC).

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 are subsequently 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 the RPAP and use the academic resources of their parent family medicine departments and faculties of medicine.
About the Alberta Rural Family Medicine Network Residency Program

This residency program provides residents with an opportunity to train in the environment where they will eventually practice, to be taught largely by practicing rural faculty supported by full-time academic faculty, and to take advantage of the resources of their parent Faculty of Medicine & Dentistry at the University of Alberta, and the Faculty of Medicine at the University of Calgary.

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 in 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 RAN and RAS have some variability. The general curriculum of both programs is composed of core and elective rotations and a schedule of academic events that includes seminars, case presentations, rounds and workshops.
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
- A grounding in the realities of rural practice.

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.

RAN Highlights 2012–2013

RAN held their annual Academic Day in Hinton in August 2012, where residents were presentations on effective teaching and physician support and wellness were highlighted, as well as a number of social activities that were enjoyed by the residents. Red Deer was the site of the Behavioural Medicine workshop for RAN residents in October 2012.

The RAN held a workshop in Grande Prairie in December with hands-on ultrasound training and casting skills, in addition to the emergency simulations and an airway management session with help from STARS Air Ambulance.

ARFMN Report

Resident Support

The Alberta Rural Family Medicine Network (ARFMN), through the 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

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

The network provides a subscription to the UpToDate® evidence-based clinical decision support to all RAN and RAS residents while in the program.
The RAN annual Christmas party was a success with one of the resident’s band performing. RAN filled all 16 of its rural family medicine residency positions in the first round of CaRMS.

**RAS Highlights 2012–2013**

RAS interviewed more than 180 applicants during four action-packed CaRMS interview days in January and February 2013 and filled all 14 residency positions. Current residents in the program put together a wonderful video showing how great their RAS experiences have been thus far.

The annual RAS Christmas party was held at the Paradise Canyon Golf Club in Lethbridge. The RAS team got together at Camp Chief Hector outside Calgary for its RAS Resident Retreat. Families and partners accompanied the group where residents participated in academic activities such as Journal Club and geocaching, as well as other optional activities such as canoeing, archery, and challenge ropes.
### 2012-2013

**RAS Unit Staff**

- Dr. Bobbi-Jo Whitfield  
  Co-Director, Medicine Hat
- Dr. Charlotte Haig  
  Co-Director, Lethbridge
- Wendy Saucier  
  Rural Unit Coordinator, Medicine Hat
- Meagan Williams  
  Rural Unit Coordinator, Lethbridge

**RAS Residents**

- Susan Adelmann
- Marc Ascione
- Leah Boldt
- Tasha Haiduk
- Eric Leishman
- Jan McPhee
- Naomi Rittberg
- Mark Fenrich
- Desiree Fofie
- Ashlee King
- Katrina Low
- Carllin Man
- Nahbeel Premji

### 2012-2013

**RAN Unit Staff**

- Dr. Jack Bromley  
  Co-Director, Red Deer
- Dr. Brenda Millar  
  Joint Co-Director, Grande Prairie
- Dr. Valentin Duta  
  Joint Co-Director, Grande Prairie
- Shelley Atkinson  
  Rural Unit Coordinator, RAN - Red Deer
- Jane Turnmire  
  Rural Unit Coordinator, RAN - Grande Prairie

**RAN Residents**

- Sarah Biss
- Nicoleta Bobocea
- Paula Dubois
- Dustin Falk
- Autumn Mochinski
- James Van Camp
- Kalah Blackstock
- Paula Burke
- Mike Kapusta
- Victoria Lee
- Jessica Maciejko
- Alison Madlung
- Murray Rodych
- Jena Smith
- Jonathan Somerville
- Allison Sweeney
- Andrew Wing
Financial Statements of

THE ALBERTA RURAL PHYSICIAN ACTION PLAN

Year ended March 31, 2013
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, 2013, the statements of operations, changes in net assets (deficiency) 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 accounting standards for not-for-profit organizations, 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 Alberta Rural Physician Action Plan as at March 31, 2013, and its results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Comparative Information

Without modifying our opinion, we draw attention to the notes to the financial statements which describe that The Alberta Rural Physician Action Plan adopted Canadian accounting standards for not-for-profit organizations on April 1, 2012, with a transition date of April 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2012 and April 1, 2011, and the statements of operations, changes in net assets (deficiency) and cash flows for the year ended March 31, 2012 and the related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

KPMG LLP

Chartered Accountants

June 13, 2013
Edmonton, Canada
# Statement of Financial Position

March 31, 2013, with comparative figures for March 31, 2012 and April 1, 2011

<table>
<thead>
<tr>
<th></th>
<th>March 31, 2013 (Unaudited)</th>
<th>March 31, 2012 (Unaudited)</th>
<th>April 1, 2011 (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and short term investments (note 2)</td>
<td>$116,601</td>
<td>$5,054,701</td>
<td>$4,266,338</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>478,017</td>
<td>211,989</td>
<td>229,611</td>
</tr>
<tr>
<td>Prepaid expenses and deposits</td>
<td>204,089</td>
<td>171,265</td>
<td>203,087</td>
</tr>
<tr>
<td>Contribution advances (note 3)</td>
<td>164,979</td>
<td>183,553</td>
<td>523,580</td>
</tr>
<tr>
<td></td>
<td>963,686</td>
<td>5,621,508</td>
<td>5,222,566</td>
</tr>
<tr>
<td>Property and equipment (note 4)</td>
<td>294,169</td>
<td>213,791</td>
<td>249,811</td>
</tr>
<tr>
<td></td>
<td>$1,257,855</td>
<td>$5,835,299</td>
<td>$5,472,377</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets (Deficiency)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheques written in excess of cash</td>
<td>$233,356</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>892,593</td>
<td>1,077,339</td>
<td>$1,719,012</td>
</tr>
<tr>
<td>Deferred contributions (note 5)</td>
<td>410,009</td>
<td>4,706,516</td>
<td>3,642,668</td>
</tr>
<tr>
<td>Contributions repayable</td>
<td>-</td>
<td>-</td>
<td>61,567</td>
</tr>
<tr>
<td></td>
<td>1,535,958</td>
<td>5,783,855</td>
<td>5,423,247</td>
</tr>
<tr>
<td>Net assets (deficiency):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>294,169</td>
<td>213,791</td>
<td>249,811</td>
</tr>
<tr>
<td>Unrestricted deficiency</td>
<td>(572,272)</td>
<td>(162,347)</td>
<td>(200,681)</td>
</tr>
<tr>
<td></td>
<td>(278,103)</td>
<td>51,444</td>
<td>49,130</td>
</tr>
<tr>
<td>Operating line of credit (note 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitments (note 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,257,855</td>
<td>$5,835,299</td>
<td>$5,472,377</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.

On behalf of the Board:

______________________________
Member

______________________________
Member
THE ALBERTA RURAL PHYSICIAN ACTION PLAN

Statement of Operations

Year ended March 31, 2013, with comparative figures for 2012

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta Health</td>
<td>$10,699,660</td>
<td>$8,984,562</td>
</tr>
<tr>
<td>Recruitment</td>
<td>-</td>
<td>26,627</td>
</tr>
<tr>
<td></td>
<td>$10,699,660</td>
<td>$9,011,189</td>
</tr>
<tr>
<td>Cost recovery projects</td>
<td>840,854</td>
<td>797,699</td>
</tr>
<tr>
<td>Physician privileges</td>
<td>-</td>
<td>3,697</td>
</tr>
<tr>
<td>Other income</td>
<td>-</td>
<td>6,138</td>
</tr>
<tr>
<td></td>
<td>$11,540,514</td>
<td>$9,818,723</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural medical education</td>
<td>6,429,580</td>
<td>4,990,027</td>
</tr>
<tr>
<td>Retention program</td>
<td>2,411,230</td>
<td>2,246,679</td>
</tr>
<tr>
<td>Corporate services</td>
<td>1,579,145</td>
<td>1,313,682</td>
</tr>
<tr>
<td>Cost recovery projects</td>
<td>840,854</td>
<td>797,699</td>
</tr>
<tr>
<td>Recruitment program</td>
<td>310,919</td>
<td>214,988</td>
</tr>
<tr>
<td>Communications</td>
<td>67,423</td>
<td>131,239</td>
</tr>
<tr>
<td>Amortization</td>
<td>48,423</td>
<td>55,772</td>
</tr>
<tr>
<td>Governance</td>
<td>182,487</td>
<td>53,691</td>
</tr>
<tr>
<td>Loss on disposal of property and equipment</td>
<td>-</td>
<td>11,249</td>
</tr>
<tr>
<td>Physician privileges</td>
<td>-</td>
<td>1,383</td>
</tr>
<tr>
<td></td>
<td>$11,870,061</td>
<td>$9,816,409</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenue over expenses</strong></td>
<td>$(329,547)</td>
<td>$2,314</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
## THE ALBERTA RURAL PHYSICIAN ACTION PLAN
### Statement of Changes in Net Assets (Deficiency)

Year ended March 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>Invested in property and equipment</th>
<th>Unrestricted deficiency</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>$213,791</td>
<td>(162,347)</td>
<td>$51,444</td>
</tr>
<tr>
<td>Deficiency of revenue over expenses</td>
<td>(48,423)</td>
<td>(281,124)</td>
<td>(329,547)</td>
</tr>
<tr>
<td>Investment in property and equipment</td>
<td>128,801</td>
<td>(128,801)</td>
<td>-</td>
</tr>
<tr>
<td>Net assets (deficiency), end of year</td>
<td>$294,169</td>
<td>(572,272)</td>
<td>(278,103)</td>
</tr>
</tbody>
</table>

Year ended March 31, 2012

<table>
<thead>
<tr>
<th></th>
<th>Invested in property and equipment</th>
<th>Unrestricted deficiency</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>$249,811</td>
<td>(200,681)</td>
<td>$49,130</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenses</td>
<td>(67,021)</td>
<td>69,335</td>
<td>2,314</td>
</tr>
<tr>
<td>Investment in property and equipment</td>
<td>31,001</td>
<td>(31,001)</td>
<td>-</td>
</tr>
<tr>
<td>Net assets (deficiency), end of year</td>
<td>$213,791</td>
<td>(162,347)</td>
<td>$51,444</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
# The Alberta Rural Physician Action Plan

## Statement of Cash Flows

Year ended March 31, 2013, with comparative figures for 2012

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Unaudited)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash provided by (used in):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenses</td>
<td>$(329,547)</td>
<td>$2,314</td>
</tr>
<tr>
<td><strong>Items not involving cash:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization</td>
<td>48,423</td>
<td>55,772</td>
</tr>
<tr>
<td>Loss on disposal of property and equipment</td>
<td>-</td>
<td>11,249</td>
</tr>
<tr>
<td>Change in non-cash operating working capital:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease (increase) in accounts receivable</td>
<td>$(266,028)</td>
<td>17,572</td>
</tr>
<tr>
<td>Decrease (increase) in prepaid expenses and deposits</td>
<td>$(32,824)</td>
<td>31,822</td>
</tr>
<tr>
<td>Decrease in contribution advances</td>
<td>18,574</td>
<td>340,027</td>
</tr>
<tr>
<td>Decrease in accounts payable and accrued liabilities</td>
<td>$(184,746)</td>
<td>$(641,673)</td>
</tr>
<tr>
<td>Increase (decrease) in deferred contributions</td>
<td>$(4,296,507)</td>
<td>1,063,848</td>
</tr>
<tr>
<td>Decrease in contributions repayable</td>
<td>-</td>
<td>$(61,567)</td>
</tr>
<tr>
<td></td>
<td>(5,042,655)</td>
<td>819,364</td>
</tr>
<tr>
<td><strong>Investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of property and equipment</td>
<td>(128,801)</td>
<td>(31,001)</td>
</tr>
<tr>
<td>Increase (decrease) cash position</td>
<td>(5,171,456)</td>
<td>788,363</td>
</tr>
<tr>
<td>Cash position, beginning of year</td>
<td>5,054,701</td>
<td>4,266,338</td>
</tr>
<tr>
<td>Cash position, end of year</td>
<td>$(116,755)</td>
<td>$5,054,701</td>
</tr>
<tr>
<td><strong>Cash position is comprised of:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and short term investments</td>
<td>116,601</td>
<td>5,054,701</td>
</tr>
<tr>
<td>Cheques written in excess of cash</td>
<td>(233,356)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>$(116,755)</td>
<td>$5,054,701</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
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.

On April 1, 2012, RPAP adopted Canadian accounting standards for not-for-profit organizations in Part III of the CICA Handbook. These are the first financial statements prepared in accordance with not-for-profit standards.

In accordance with the transitional provisions in not-for-profit standards, RPAP has adopted the changes retrospectively, subject to certain exemptions allowed under these standards. The transition date is April 1, 2011 and all comparative information has been presented by applying not-for-profit standards.

There were no transitional adjustments recorded to net assets and excess of revenue over expenses as a result of the transition to Canadian accounting standards for not-for-profit organizations.

1. Significant accounting policies:

   (a) 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.

   (b) Cash and short term investments:

   Cash and short term investments are recorded at cost which approximates current market value.
1. Significant accounting policies (continued):

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. RPAP has not elected to carry any such financial instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, RPAP determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount RPAP expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.
1. Significant accounting policies (continued):

(d) Property and equipment:

Purchased property and equipment are recorded at cost. When property and equipment no longer contributes to RPAP’s ability to provide services, its carrying amount is written down to its residual value.

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 - 5 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>Over lease term</td>
</tr>
</tbody>
</table>

(e) Use of estimates:

The preparation of financial statements 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, the collectibility of accounts receivable and the completeness of accounts payable and accrued liabilities. Actual results could differ from those estimates.

2. Cash and short term investments:

At March 31, 2013, cash and short term investments includes a cashable Guaranteed Investment Certificate bearing interest at 1.3% (2012 - 1.25%) maturing August 5, 2014 for $118,276. In prior years, there were also cashable variable rate Guaranteed Investment Certificates in the amount of $3,985,606 at March 31, 2012 (April 1, 2011 - $5,322,888) bearing interest at a rate of 1.80% at March 31, 2012 (April 1, 2011 - 1.80% to 1.85%) with maturities ranging from September 12, 2012 to March 15, 2013 (July 21, 2011 to March 13, 2012).
### 3. Contribution advances:

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></th>
<th>March 31, 2013 (Unaudited)</th>
<th>March 31, 2012 (Unaudited)</th>
<th>April 1, 2011 (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Alberta</td>
<td>$48,983</td>
<td>$160,944</td>
<td>$322,555</td>
</tr>
<tr>
<td>University of Calgary</td>
<td>107,025</td>
<td>22,609</td>
<td>201,025</td>
</tr>
<tr>
<td>Alberta Medical Association</td>
<td>8,971</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$164,979</strong></td>
<td><strong>$183,553</strong></td>
<td><strong>$523,580</strong></td>
</tr>
</tbody>
</table>

### 4. Property and equipment:

<table>
<thead>
<tr>
<th></th>
<th>March 31, 2013 (Unaudited)</th>
<th>March 31, 2012 (Unaudited)</th>
<th>April 1, 2011 (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer equipment</td>
<td>$48,446</td>
<td>$35,596</td>
<td>$12,850</td>
</tr>
<tr>
<td>Computer software</td>
<td>70,967</td>
<td>46,366</td>
<td>24,601</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>116,127</td>
<td>10,984</td>
<td>105,143</td>
</tr>
<tr>
<td></td>
<td>291,735</td>
<td>140,160</td>
<td>151,575</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$527,275</strong></td>
<td><strong>$233,106</strong></td>
<td><strong>$249,811</strong></td>
</tr>
</tbody>
</table>
5. Deferred contributions:

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>Alberta Health</th>
<th>Other</th>
<th>Property and equipment</th>
<th>89-Day Locum</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Operating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance, beginning of year</td>
<td>$4,378,352</td>
<td>$213,791</td>
<td>$114,373</td>
<td>$4,706,516</td>
<td></td>
</tr>
<tr>
<td>Received during the year</td>
<td>6,135,000</td>
<td>250,000</td>
<td></td>
<td></td>
<td>6,385,000</td>
</tr>
<tr>
<td>Restricted investment income</td>
<td>16,686</td>
<td></td>
<td></td>
<td>1,467</td>
<td>18,153</td>
</tr>
<tr>
<td>Revenue recognized (10,651,237) (48,423)</td>
<td></td>
<td>(10,699,660)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts transferred (121,199)</td>
<td></td>
<td>(121,199)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$-</td>
<td>$294,169</td>
<td>$115,840</td>
<td>$410,009</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Alberta Health</th>
<th>Other</th>
<th>Property and equipment</th>
<th>89-Day Locum</th>
<th>Website Development</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 (Unaudited)</td>
<td>Operating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received during the year</td>
<td>9,909,139</td>
<td></td>
<td>113,720</td>
<td></td>
<td>10,022,859</td>
<td></td>
</tr>
<tr>
<td>Restricted investment income</td>
<td>52,448</td>
<td></td>
<td>935</td>
<td></td>
<td>53,383</td>
<td></td>
</tr>
<tr>
<td>Revenue recognized (8,917,541) (282)</td>
<td></td>
<td>(26,345)</td>
<td>(9,011,189)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts transferred (31,001)</td>
<td></td>
<td>31,001</td>
<td></td>
<td></td>
<td>(1,205)</td>
<td></td>
</tr>
<tr>
<td>Amounts repaid</td>
<td>-</td>
<td></td>
<td></td>
<td>-</td>
<td>(1,205)</td>
<td></td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$4,378,352</td>
<td>$213,791</td>
<td>$114,373</td>
<td>$-</td>
<td>$4,706,516</td>
<td></td>
</tr>
</tbody>
</table>
5. Deferred contributions (continued):

Effective April 1, 2010, RPAP renewed its agreement with Alberta Health 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.

RPAP has requested approval from Alberta Health to use funding from the 2014 - 2016 contribution to cover the current year operating deficit.

6. Operating line of credit:

RPAP has an operating line of credit authorized to a maximum of $2,000,000, bearing interest at the bank's prime rate plus .75% per annum. At March 31, 2013, the amount drawn on this facility is nil (2012 - nil). The line of credit is secured by a lending margin calculation as per funding to be received from the Minister of Health (Alberta Health).

7. Commitments:

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 $45,628 plus occupancy costs to the College of Physicians and Surgeons until February 27, 2019.

In addition, RPAP has signed various annual lease agreements for medical student and medical resident rental premises. Under the terms of the leases, RPAP is committed to monthly lease payments ranging from $425 to $2,625.
7. Commitments (continued):

Future minimum lease payments are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Payment ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>76,952</td>
</tr>
<tr>
<td>2015</td>
<td>51,912</td>
</tr>
<tr>
<td>2016</td>
<td>51,912</td>
</tr>
<tr>
<td>2017</td>
<td>52,136</td>
</tr>
<tr>
<td>2018</td>
<td>50,996</td>
</tr>
<tr>
<td>Thereafter</td>
<td>46,746</td>
</tr>
</tbody>
</table>

Total $330,654

8. Financial risks and concentration of credit risk:

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.