20
OUR 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 Horne:

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 March 31, 2011.

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 March 31, 2011 have been considered in its preparation.

Respectfully submitted on behalf of RPAP Board,

Clayne Steed, MD
Chair, RPAP Board of Directors
When Alberta Rural Physician Action Plan was first established in 1991 its resources were focused on the education and training of the next generation of physicians and in supporting existing rural physicians through continuing medical education (CME) offerings and a rural locum service. In the subsequent decade, the RPAP added additional supports for physician recruitment in order to address the chronic shortage of rural physicians in the province.

However, the RPAP recognized that recruitment efforts alone would not provide long-term solutions to the rural physician shortage in the province and, therefore, it was necessary to reform its education and training initiatives. Beginning in 2000, the RPAP implemented enhancements to its Enrichment Training Program, which included the introduction of the innovative skills broker role, which is dedicated to arranging skills enhancement and other training opportunities for practicing rural physicians.

Working with its partner family medicine departments at the University of Alberta and University of Calgary, the province’s first rural-based Family Medicine Residency Training Program, the Alberta Rural Family Medicine Network (ARFMN), was developed over nine busy months, from June 1999 to March 2000. The ARFMN accepted its first class of family medicine residents in July 2001 into the Rural Alberta North (RAN) and Rural Alberta South (RAS) parts of the network. In 2013, the ARFMN celebrates the 10th anniversary of the graduation of that first class of family medicine trainees for rural practice.

However, past successes are not necessarily indicative of future performance. Since its formation, the RPAP has endeavoured 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 to innovate and adapt as circumstances at many levels have changed.

The RPAP’s community engagement and school outreach programs are but two examples of this innovation and adaptive change that will be enhanced in the upcoming year. While we can never be certain of the next challenges to face rural medicine in Alberta, we can develop new responses and initiatives and seek out new partners. Perhaps, with the achievements of Primary Care Networks and the introduction of Family Care Centres, there is an opportunity for the RPAP to further model the generalist spirit by supporting other health-care professions as it does rural medicine.
Our thanks to our supportive sponsors—the Alberta Medical Association, Alberta Health Services, and the College of Physicians and Surgeons. In particular, we thank the Alberta Ministry of Health for its steadfast support of the RPAP vision and mission and for its funding that enables the RPAP. We also thank the many physicians, rural communities and their community attraction and retention committees, medical students, resident physicians, civic leaders, university leaders, and others for their support.

Clayne Steed, MD
Chair, RPAP Board of Directors

David Kay, CHE, FACHE
Executive Director
Since its formation in 1992, the Alberta Rural Physician Action Plan (RPAP) has endeavoured to address the professional and lifestyle issues confronting physicians in rural practice, as well as those of physicians contemplating rural practice. The common thread over the intervening years has been innovation and adaptive change as circumstances at many levels have evolved.

Over the past 20 years, the focus of our success has centred on proven core programs, including the rural locum program, rural clinical placements for medical students and resident physicians, skills enrichment, and Continuing Medical Education (CME) offerings for practicing physicians.

Much has evolved for the RPAP and its partners, especially in the last 10 years. We have seen the creation in 2000 of the Alberta Rural Family Medicine Network (ARFMN), a unique RPAP - U of A/U of C departments of family medicine partnership with Rural Alberta North (RAN) and Rural Alberta South (RAS) nodes. And, in 2013, we will celebrate 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, subsequently, significant new demands placed on the RPAP. Despite that, the RPAP and the two faculties of medicine have positively worked together to establish associate dean and rural/regional positions to advance the rural agenda, including rural medical education distributed learning.

The beginning

As a result of chronic difficulties in physician availability in many rural and remote communities in Alberta, in February 1990 a working group of Alberta Health’s External Advisory Committee on Physician Manpower was established to develop a comprehensive action plan for the recruitment and retention of rural physicians. This plan—“Proposed Action Plan for Addressing Rural Physician Recruitment and Retention Issues”—was approved by the External Advisory Committee in March 1990, and was approved by Cabinet in December 1990.

Developed on the basis of influencing physicians’ decisions about moving to and remaining in a rural Alberta community, the Rural Physician Action Plan, or RPAP as it became known, was originally composed of 16 initiatives, focused on three distinct target groups and was fully operational by 1992.

Growth

RPAP recognized that recruitment efforts alone would not provide long-term solutions to the rural physician shortage in the province and, therefore, it was necessary to reform its education and training initiatives. Beginning in 2000, the RPAP implemented enhancements to its Enrichment Training Program, which included the introduction of the skills broker role, dedicated to arranging CME and other training opportunities for practicing rural physicians.

“[It] has been effective in stabilising the overall level of physicians in rural Alberta since 1991 in the face of major and ongoing changes to the Alberta Health System.”
A number of new initiatives were created and implemented, beginning in 2004–2005.

Externally evaluated many times since its creation, the RPAP has consistently demonstrated that, on balance, “[it] has been effective in stabilising the overall level of physicians in rural Alberta since 1991 in the face of major and ongoing changes to the Alberta Health System.”

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 throughout rural Alberta
- The Alberta Physician Link website and related marketing of Alberta has become the entry point for provincial physician recruitment—metro and non-metro, PCNs, FCCs, and academic posts
- An early-careerist support initiative to assist new Alberta rural 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

After focusing its attention on the development of physician recruitment and education initiatives for its first decade, the RPAP identified that physician retention was another important area requiring attention. Initiatives were developed, beginning with a new multi-year retention work plan in 2001, to support and encourage physicians to continue to maintain their interest and commitment to rural practice. This included the development of a rural physician consultant role—to support and encourage the development of recruitment and retention initiatives by physicians, rural communities and the then-Regional Health Authorities. It also included strengthening the Rural Physician Spousal Network (RPSN).

In 2003, the RPAP completed a review of its rural undergraduate medical education initiatives with an aim to increasing the number of rural origin students in medical school and to better support early careerists.
2011 - 2012 OUTCOMES AND PARTNERSHIPS

OUTCOMES and PARTNERSHIPS 2011-2012

Created in Cabinet in 1990, fully operational since 1992. Three Corporate members:
- The College of Physicians and Surgeons of Alberta
- Alberta Medical Association
- Alberta Health Services

13 employees
10 contractors

73 preceptors who participated in shadowing with 94 students

295 weeks of training for the 21 rural physicians who participated in the Enrichment Training Program

135 rural newcomer physicians supported

27 Rural Alberta North (RAN) and Rural Alberta South (RAS) trainees started rural family medicine

More than 1,600 practicing physicians outside metro areas supported by the RPAP

10 school outreach programs
More than 1,000 students exposed to information on a career in medicine

27,502 unique visitors in 2011-2012 to the Alberta Physician Link recruitment website (42.8% increase from 2010-2011)

1,192 days filled for the Weekend Locum Program
884 days filled for the Seniors’ Weekend Locum Program

Rural physician retention rate since 2007
Rural newcomer physician retention rate since 2009
RPAP PARTNERSHIPS

Physician Privileges Advisory Committee

From 2008–2011, the RPAP and the Alberta Medical Association (AMA) worked together to host the Physician Privileges Advisory Committee, which advised Alberta Health Services and voluntary hospital boards—a role as well as AMA Physician Locum Services (PLS)—about appropriate privileges for physicians working in their facilities and through the PLS. The PPAC ended its role in 2011 when the AHS medical staff bylaws came into effect.

Northern Alberta Development Council

NADC is a primary partner with the RPAP in the development of the annual Community Attraction and Retention Conference, held in Edmonton each fall.

Alberta Chambers of Commerce

This organization works with the RPAP to co-sponsor the annual 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.

STARS Air Ambulance

STARS helps promote and support the RPAP’s General Emergency Medical Skills (GEMS) multimedia training programs and Medical School Skills Days as it visits rural communities with its human patient simulator.

Rural Medical Interest Group

Members of Rural Medical Interest Groups (RMIGs) 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 the RPAP’s School Outreach Program on rural medicine with non-urban high-school students.

Alberta Employment and Immigration

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

Key Performance Indicators

The RPAP has developed Key Performance Indicators (KPIs) for most of the programs. 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:

GOAL 1: Supporting the attraction of a competent physician workforce
GOAL 2: Supporting the recruitment and retention of a competent physician workforce
GOAL 3: Supporting the physician and their family and positively affect the factors that influence recruitment and retention

Ways that these goals are achieved are through:

GOAL 1
- Awards and bursaries to promote rural medical careers
- School outreach programs
- Rural medical skills days and student tours
- Shadowing initiatives
- Additional skills training
- Early careerist support initiatives

GOAL 2
- Alberta Physician Link website
- Supporting physician recruiters (workshops and conference)
- Funding the weekend and seniors’ weekend locum programs
- Support for local physician attraction and retention efforts through Community Physician Attraction and Retention Committees

GOAL 3
- Enrichment programs and GEMS
- RPAP Awards
- Practical Doc website
**2011 AWARD OF DISTINCTION**

Dr. Llewellyn Schwegmann of Valleyview was named recipient of the 2011 Award of Distinction in May, in recognition of his dedication of more than two decades of medical service to his community.

"Following our review of the award criteria and nominations received, Dr. Schwegmann was selected as the 2011 recipient of the Award of Distinction because of his outstanding commitment to rural medicine and his community," says RPAP Board Chairman Dr. Clayne Steed. “He is the ‘glue’ that has held his community together from a medical standpoint for many years through his broad scope of practice, his work with the community to develop a new clinic and his contributions in a number of areas including teaching and medical leadership.

"Dr. Schwegmann is a true champion indeed and Valleyview and the M.D. of Greenview are blessed to have such an individual.”

To be eligible for nomination for the Award of Distinction, a physician must live and have worked in rural Alberta for at least 12 years. In addition, they must have demonstrated superior commitment and contributions to their community through medical practice, teaching other health professionals, conducting research, and volunteering in their community.

The public nominations received for the 2011 award were reviewed by the RPAP Board of Directors, who made the 2011 selection.

**2011 EARLY CAREERIST AWARD**

Dr. Siegfriedt Heydenrych, who has provided medical services for the Cold Lake community for six years, was selected in September by the RPAP Board of Directors as the recipient of the 2011 Early Careerist Award.

Some of the reasons the board selected Dr. Heydenrych were because of his enthusiasm and commitment to rural practice, his participation in medical leadership at the Cold Lake Healthcare Centre and Primary Care Network (PCN), and his involvement in teaching. Dr. Heydenrych is involved in all aspects of health care within his community, which includes his roles as hospital chief of staff, physician lead for the Cold Lake Primary Care Network, member of the Hearts for Healthcare Coalition, and mentor for third-year medical students.

“Dr. Heydenrych was selected as the award’s fourth recipient based on the recognition of his rural commitment and enthusiasm, participation in medical leadership at the hospital and PCN, and involvement in teaching,” says RPAP’s Executive Director David Kay. “While there can only be one award recipient each year, the overall purpose of the RPAP awards nomination and selection process is to have the Alberta public honour and recognize the work of all rural physicians who provide Alberta communities with outstanding medical services and who also make huge contributions to their communities.”

The RPAP Early Careerist Award honours and recognizes the significant contributions of a rural physician within their first 12 years of practice. Individuals selected for this award are innovative, energetic, and passionate about rural medicine and the rural lifestyle. They are seen to be current or future icons in their field and are already making a difference for their clients their community and medical practice.
School Outreach Programming

Extensive research evidence indicates that one of the most cost-effective ways to recruit and retain rural health-care workers is to recruit young people who grew up in rural areas and who have an interest in practising 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 attending and organizing career fairs, career camps, and “Lunch and Learn” talks. The program is carried out by the RPAP’s community physician recruitment consultants in collaboration with the local Alberta school divisions, individual schools, the Alberta Teachers’ Association, and area guidance counsellors.

Career Fairs

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

Northern Alberta

Pembina Hills School Division – Held in Barrhead in November 2011, where more than 1,000 students from the area attended the career fair.

Central Alberta

“Career Expo” – Held at Red Deer College in April 2011, where students from Red Deer and surrounding areas came to explore various careers. Careers under Construction organized and hosted a Career Fair in Redwater, Alberta, in October 2011 where the RPAP had a booth.

Southern Alberta

Career Transitions organized student career fairs that were hosted in Lethbridge and Vulcan in October 2011.

Students were reminded to look at ways to
increase their leadership and motivation through activities such as volunteering, participating in sports activities, arts and music, and to proactively choose academic coursework (math and sciences), which will allow some flexibility and advantage when applying to university, and specifically, to medical school. The career fairs provide an opportunity for the RPAP to provide resources on topics like 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, the RPAP also participated in another event that enabled RPAP to promote a career in medicine and, further, promote careers in rural medicine. In November 2011, the Palliser School Division in Lethbridge invited the RPAP to participate in a classroom career presentation for 15 students interested in medicine.

The presentation included an overview from the RPAP community physician recruitment consultant on preparing for a career in medicine while in high school. There were also two residents who shared their story of how they became physicians and their journey into medicine.

**Health Camp**

Students interested in health-care careers attended a week-long day camp hosted by Covenant Health’s Grey Nun’s Hospital in Edmonton, AB. They participated in job shadows and presentations. Along with a first year medical student, the RPAP presented information on the pathway to becoming a doctor.

**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 in 2011–2012. The redesigned site, www.BeADoctor.ca, will be fully operational in August 2012 and will provide students with information on rural medical practice, the cost of medical education, and the steps to becoming a physician.
2011 - 2012
HIGHLIGHTS AND ACHIEVEMENTS
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

The Alberta Medical Students’ Conference and Retreat (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 the RPAP. The students who attend AMSCAR return home not only with a variety of lifestyle alternatives and coping tools to play proactive roles in their overall health, but also with more confidence in their clinical skills. Students were also provided with the opportunity to interact with sponsoring organizations to learn about initiatives and to use products of interest to them.

The RPAP once again provided sponsorship and clinical skills practice through its skills centre to medical students attending the eighth annual AMSCAR Conference, which was held February 2012 in Banff. This event was the largest to date, with approximately 360 medical students, physicians, and other health-care professionals participating. Sessions included wellness, medicine, and professional development.

Rural Tours and Skills Days

The Alberta Rural Physician Action Plan regularly helps hosts Rural Skills Days for first- and second-year medical students who belong to a Rural Medicine Interest Group (RMIG) and are attending the universities of Calgary and Alberta. These skills days, which RPAP 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. By having the chance to practice real-world medical scenarios...
While meeting and interacting with community members, these medical students—many of whom are from urban areas—experience first-hand the benefits of living and working in a rural community.

Both skills days and rural tours are arranged by the RPAP Medical Student Initiatives’ Coordinator and U of A/U of C Rural Medical Interest Group (RMIG) student representatives. Local health-care professionals are recruited to teach students specific procedural skills such as starting IVs, casting, and suturing. They also conduct a tour of the local health-care facility, and some communities may also opt to hold special events, such as emergency medical services in-service and scenarios, as well as fire/search and rescue demonstrations.

Awards and Bursaries

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.

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.

The 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 medical students follow practising 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 continues to be very positive.

2011–2012 RPAP Rural Medical School Award Recipients
- Richard Low, U of A – Cardston, AB
- Ryan Roszko, U of A – Mayerthorpe, AB
- Brent Francis, U of C – Taber, AB
- Neal Austin, U of C – Vermilion, AB
- Edward Schaffer, U of C – Bassano, AB
- Lynne Frenchak, U of C – Vegreville, AB

2011–2012 John N. Hnatuik Rural Medical Student Bursary Recipients
- Lee Rehak, U of A – High River, AB
- Annalise Shewchuk, U of A – Nampa, AB
- Charley Switzer, U of A – Oyen, AB
- Vasiliki Giannitcos, U of A – Edson, AB
- Jarritt Seeman, U of A – Claresholm, AB
- Amanda Vanderhoek, U of A – Bentley, AB
- Matt Primrose, U of A – Hill Spring, AB
- Kayla Nelson, U of C – Champion, AB
- Kelli Burdek, U of C – Lac La Biche, AB
- Martin Lipinski, U of C – St. Paul, AB

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 medical students follow practising 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 continues to be very positive.
2011 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, and an IT session, as well as reviewing the resident electronic “manual”, rotation information, and schedules. The program has two nodes - Rural Alberta North (RAN) and Rural Alberta South (RAS). RAS residents met together June 23 in Lethbridge while those in RAN met June 24 in Grande Prairie and June 29 in Red Deer. These annual events are sponsored by the RPAP.

2011–2012 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 ARFMN’s Rural Alberta North and Rural Alberta South nodes were filled. New residents will be welcomed into the program July 1, 2012.

Cabin Fever 2012

Cabin Fever is an annual event, hosted by the University of Calgary, principally for RAN and RAS for RPAP preceptors to attend and enhance their teaching. The event takes place over a weekend, beginning on Friday. From February 10–13, 2012, Cabin Fever took place in beautiful Kananaskis Country. The workshop combines innovative small group workshops designed to improve teaching skills during a faculty development event, specifically targeted at rural preceptors. This year’s highlight was the plenary session from Dr. Jean M. Twenge, professor of psychology at
Several Rural Alberta South (RAS) residents enjoyed the 2011 CFPC Family Medicine Forum at the Palais des Congress, in Montreal, and exactly half of all Rural Alberta North (RAN) residents were in attendance: six from Grande Prairie and 10 from Red Deer. Highlights of the conference included updates on the life-saving courses, a presentation from one of the Red Deer Emergency physicians, and collections of information from other participants. The RPAP also provided extra funding for RAN and RAS residents to assist with promotion of the RAN and RAS Rural Family Medicine Residency Program.

San Diego State University, who spoke to the Generation Me: Understanding Today’s Young People. The feedback on the event was very positive, as attendees thought the event was a “great forum for sharing ideas.” Most of the participants were rural/regional preceptors who had been teaching for less than five years.

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.

RPAP/para recruitment event shines

In January, the RPAP paired with the Professional Association of Resident Physicians of Alberta (PARA) to introduce the province’s residents to a new concept: make a career match in less than four 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 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) and AMA Physician Locum Services 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.
The RPAP works to connect with newcomer physicians to educate them about the RPAP, its initiatives and how it can assist with the transition into a rural community, to offer support during the transition phase itself, and to follow up on whether there has been contact by the local recruitment and retention committee, if applicable.

To provide this type of comprehensive support, the RPAP’s community physician recruitment consultants worked diligently to follow up with the more than 135 new physicians in rural Alberta practices during 2011–2012. 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 monitor how many physicians have moved areas: from urban to rural, rural to urban, from 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 the RPAP’s resources that are available to rural practising physicians.

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.

**Continuing medical education**

Continuous medical education and continuous professional learning opportunities for practising rural physicians are provided directly by the RPAP and its partnerships with the universities of Calgary and Alberta. Some of those initiatives include other partners, but all focus on providing practising 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. In 2011-2012, 21 physicians were accepted into the Enrichment Training Program, and there were 10 disciplines offered, with more than 295 weeks of rurally relevant training provided.

**Emergency Enrichment (EME) Program**

The emergency medicine enrichment (EME) program is a part of the RPAP enrichment program.

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.
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-skills training experience with a hands-on simulation component through STARS 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.

**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 are 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.

**Resources for Rural Physicians**

As a result of increased demand for continued learning opportunities, the RPAP has undertaken a new initiative—to provide a web-based resource for practising rural physicians in Alberta and, as the site develops, for partners across Canada. This site, www.PracticalDoc.ca, will take the place of RPAP’s Virtual Library—where subscriptions to journals are now available to practising physicians through the Canadian Medical Association’s Knowledge for Practice (K4P) website—and incorporate the Practical Prof preceptor development site, of which the content will be reviewed, updated, and presented on the website. PracticalDoc will be launched during the Wonca World Rural Health Conference in fall 2012.

**Weekend and Seniors’ Weekend Locum Program**

The Weekend Locum Program was initiated in 1995 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.

The Senior’s Weekend Locum Program is designed to decrease or eliminate weekend hospital call. This option is available to physicians who are older than 54 years of age; have practiced in rural Alberta for more than nine years; and practice in communities with fewer than 16 physicians.
In 2011–2012 the RPAP implemented several key initiatives that support rural communities in their attraction and retention of rural physicians. One of them is the community physician attraction and retention website, www.AlbertaRuralHealth.ab.ca, which offers rural communities a unique platform to access the RPAP attraction and retention resources, and to network and share best practices amongst communities.

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

The community physician attraction and retention website is only the latest in a number of initiatives currently offered by the RPAP to assist rural Alberta communities in the attraction and retention of physicians: community physician attraction and retention grants are available to communities to assist in the operations of community recruitment and retention committee, or the development of materials or other resources that are determined to be required to support recruitment and retention.

**Alberta Physician Link (APL)**

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

Its objective is to be the main Internet location for physician vacancies for publicly supported entities in Alberta, thereby supporting the recruitment efforts of those publicly supported entities and Alberta’s communities.

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 practising physicians, and practising physicians elsewhere in Canada and around the world, who look for Alberta, Canada, physician practice opportunities in publicly supported entities.

As of March 31, 2012, the Alberta Physician Link site had 5393 active job postings, and 3,070 registered job seekers. There were 27,502 unique visitors to the site during 2011–2012.

**British Medical Journal (BMJ) Career Fair**

For the fifth year in a row a provincial delegation from the RPAP and the College of Physicians and Surgeons of Alberta (CPSA), funded by the province’s Health Workforce Action Plan, visited the annual British Medical Journal (BMJ) National Career Fair in London Sept. 30 and Oct. 1, one of the largest fairs for recruiting physicians. The RPAP also visited United Kingdom and Ireland to speak with practice-ready physicians, senior residents and visiting medical students from Canada about living and working in Alberta.
2011 Alberta Rural Community Attraction and Retention Award

In May 2010, Kneehill County was in a crisis. During the previous six month period, five physicians had either retired, or left the area. Almost 10,000 patients in the communities of Acme, Carbon, Linden, Three Hills, Trochu, Kneehill County and beyond had lost their family physicians. With ER wait times increasing and non-urgent patients overwhelming the local hospital, the Kneehill County Recruitment and Retention Committee needed to attract new physicians, while making sure they retained those who remained.

Following the successful recruitment of a new physician to Trochu, the committee reached out to community and provincial partners, and out-going physicians, to ask what they could do better. An action plan was developed following these consultations, and monthly meetings of the committee ensuring a process was put into place that encompassed all aspects of physician recruitment and retention. With the support of physician past and present stepping into lend their expertise, and community members rallying to help welcome new physicians, it wasn’t long before the community’s efforts were rewarded. Since 2010, seven new family physicians have been recruited to Kneehill County, while two others have been retained.

Because of these outstanding ongoing efforts, The Kneehill County Recruitment and Retention Taskforce – consisting of the towns of Acme, Carbon, Linden, Three Hills, Trochu and the rural municipality of Kneehill County – was named as the recipient of the 2011 Alberta Rural Community Attraction and Retention Award.

The award, which is co-sponsored by the Alberta Chambers of Commerce (ACC) and the RPAP, was created by the RPAP in 2007 to recognize rural Alberta communities that have best developed innovative and collaborative approaches resulting in successful physician attraction and retention.
Rural Alberta Community Physician Attraction and Retention conference

The 4th 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 October 26-28, 2011, at the Sawridge Inn – Edmonton South in Edmonton, Alberta. More than 100 attendees, who represented 62 communities across Alberta, participated in the conference, which focused on the theme of “Engage the Community, Retain the Physician” and offered a full agenda of speakers. It 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 active rural 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 a presentation by Dr. Jill Konkin, associate dean, community engagement, in the Faculty of Medicine & Dentistry at the University of Alberta. Dr. Konkin’s keenly intuitive statement: “when you have seen one rural community, you’ve seen one rural community,” resonated with participants. Each community is unique and one model will not fit all.

Key insights into the state of rural health were shared, including Statistics Canada data related to the growing urban populations and the stay/decline in rural areas. Dr. Konkin also shared information from the 2002 Romanow Report, a significant health policy document that was the first to define and use “rural” as a determinant of health. Over the past several years, the definition of “rural” has been altered slightly with each change to prescribed zones/regions. According to Dr. Konkin, rural areas have lost more than they gained during these political transitions.

Stacy Greening, director of community and rural planning for Alberta Health Services, presented on “Strengthening Rural communities ... together.” She shared that, in September 2010, the Community and Rural Health Planning Framework process was initiated and continues until September 2012. She said that, as the community consultation process moves forward, it is also important to ensure that there is appropriate representation at the community level.

After the presentation on community consultation work being down by AHS, the RPAP’s community physician recruitment consultants took this time to moderate roundtable discussions, where discussions were based on relative AHS zones to combine recruiters and communities within that group.
Conversations and roundtable discussions among conference participants highlighted three key areas and supports for implementing these criteria:

**What would a Healthy Alberta look like?**
- 24-hour access to primary care
- More preventative mental health (specialists)
- More advanced life-support providers
- More senior services to free up beds
- Shorter wait times
- Better health education
- Positive collaboration between services and providers (PCN’s)
- Increased use of Telehealth (patient care and education)
- Improved processes result in less need for acute care
- Increased support for site manager authority (local knowledge of the situation is key)

**What is Working Well?**
- Community partnerships and initiatives
- Individual commitment to health
- Primary Care Networks
- Attraction and Retention Committees
- Increased level of community understanding

**Key Factors in Engagement of Communities:**
- Communities taking leadership and engagement
- Educational opportunities for high school students
- AHS involvement in clinic operation
- Hospital auxiliary fund raising to get equipment in communities that might not have access otherwise
- The RPAP, Community Health Advisory Councils, and AHS working collaboratively

**HIGHLIGHTS AND ACHIEVEMENTS**

**SUPPORTS FOR COMMUNITIES**

- RPAP toolkits for attraction and retention
- Higher levels of involvement, such as MLAs and ministers and improved communication at a community level
- Validation of community stories/data
- Delegation of authority to local level
- Action on community/committee engagement meeting and follow through on action items
- Speaking to each community in their own media
- Talking to communities about where AHS should advertise
- Understanding that each rural community is unique
- Interagency meetings
- Economic development
Canadian Association of Staff Physician Recruiters 2011 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 Collingwood, Ontario, in 2011 for the conference of Canadian Association of Staff Physician Recruiters (CASPR).

RPAP representatives David Kay and Christine Hammermaster 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; the difference between “health” and “health care” through focusing on the health of Canadians, while looking at both prevention and access; and international medical graduates (IMGs)—where they come from, the challenges of repatriation and how to target these residents/new physicians prior to their completion of medical school. The conference also included a “bootcamp” style approach to marketing rural communities that featured ideas on how communities can sell themselves, as well as some concrete methods of both attraction and retention that can showcase the assets of communities’ resilience and appeal.

89-Day Locum Program

This special locum program was developed by the RPAP as a direct result of the feedback received during the 2007 U.K. 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.

U.K.-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 their resume. Successful applicants are provided with furnished, no-cost accommodation, a stipend towards their airfare 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 coverage.

The RPAP renewed funding for four to seven positions for 2011–2013, with total participation to have been completed by March 1, 2013.

**Cultural Integration Workshop**

For newly arrived International Medical Graduates (IMGs) and their families, the challenges of adjusting to Canadian living and to living in a small, 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 for the community. In April 2011, the Kneehill Regional Doctor Recruitment and Retention Task Force hosted an RPAP Cultural Integration Workshop in the community hall in Three Hills.

**Communication Activities**

Since the RPAP’s latest communications strategy was conceived of in 2010, 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 the RPAP’s communications activities for 2011-2012 include:

- The National Doctors’ Day media campaign, including strategic advertising placement in key rural markets and a submitted letter to the editor by executive director David Kay, featured in several community weekly newspapers, and the Edmonton Journal, which has a daily circulation of more than 100,000.

- The Rural Skills Days, 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 included the creation of a video from the Northern Skills Weekend. This video, produced by the RPAP’s videography vendor of record, Lindisfarne Productions, was posted on the RPAP’s social media platforms (YouTube, Facebook, and Twitter) and was distributed to community and stakeholder groups.

- Ongoing social media utilization, including Twitter and Facebook, to increase knowledge of the RPAP brand and initiatives, and to facilitate 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).

Some highlights of the communications deployment that will be undertaken in 2012–2013 include:

- The Be a Doctor website, which will 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.

- The Practical Doc website, which will serve as an information and education-based resource for both practicing physicians in rural Alberta, and for partner groups as they come online.

- Updating all general marketing collateral for the RPAP (i.e. videos and images library) and creating a significant online visual presence using Flickr and YouTube.

The expected outcome from these activities is that they will be lynchpins for any brand refresh done by the RPAP over the next year, and will be examples of the ways that the RPAP’s communications collateral is contemporary, robust, and appropriate.
2011 - 2012
HIGHLIGHTS AND ACHIEVEMENTS

Year In Review
2011-2012

JANUARY

- The RPAP and PARA host recruitment events for resident physicians in Edmonton and Calgary

FEBRUARY

- Alberta Medical Students Conference Annual Retreat (AMSCAR): 360 participants attended
- 2011 Early Careerist awarded to Dr. Siegfriedt Heydennrych, Cold Lake

JULY

- 2011 Award of Distinction to Dr. Llewellyn Schwegmann, Valleyview
- Family Medicine Forum attended by RAN and RAS Residents in Montreal

AUGUST

- ARFMN Orientation for Rural Alberta North and Rural Alberta South residents

OCTOBER

- British Medical Journal National Career Fair (London, UK). The RPAP also travelled to Dublin, Ireland.

NOVEMBER

- Alberta Rural Community Physician Attraction and Retention Award to Kneehill County Recruitment & Retention Taskforce.

Skills Days
- Brooks
- Rocky Mountain House
- La Crete, Fort Vermilion and High Level

- 70 Participating Students
- 94 Job Shadowing Students (40 from the U of A, 54 from the U of C)

Rural Alberta Community Physician Attraction and Retention Conference

More than 100 delegates from 62 communities attended in Edmonton.

100% of participants expressed overall satisfaction with the event.
HIGHLIGHTS AND ACHIEVEMENTS

2011-2012
Community Physician Attraction and Retention Committees with RPAP involvement

[Diagram showing locations in Alberta with dots indicating committees]
Financial Statements of

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Year ended March 31, 2012
INDEPENDENT AUDITORS' REPORT

To the Members of The Alberta Rural Physicians Action Plan

We have audited the accompanying financial statements of The Alberta Rural Physicians Action Plan, which comprise the statement of financial position as at March 31, 2012, 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 Alberta Rural Physicians Action Plan as at March 31, 2012, and its results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

June 21, 2012
Edmonton, Canada
## THE ALBERTA RURAL PHYSICIANS ACTION PLAN

**Statement of Financial Position**

March 31, 2012, with comparative figures for 2011

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
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<td></td>
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<tr>
<td>Cash and short term investments (note 2)</td>
<td>$5,054,701</td>
<td>$4,266,338</td>
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<tr>
<td>Accounts receivable</td>
<td>211,989</td>
<td>229,561</td>
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<tr>
<td>Prepaid expenses and deposits</td>
<td>171,265</td>
<td>203,087</td>
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<td>Contribution advances (note 3)</td>
<td>183,553</td>
<td>523,580</td>
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<tr>
<td></td>
<td>5,621,508</td>
<td>5,222,566</td>
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<tr>
<td>Property and equipment (note 4)</td>
<td>213,791</td>
<td>249,811</td>
</tr>
<tr>
<td></td>
<td>$5,835,299</td>
<td>$5,472,377</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$1,077,339</td>
<td>$1,719,012</td>
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<tr>
<td>Deferred contributions (note 5)</td>
<td>4,706,516</td>
<td>3,642,668</td>
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<tr>
<td>Contributions repayable (note 5)</td>
<td>-</td>
<td>61,567</td>
</tr>
<tr>
<td></td>
<td>5,783,855</td>
<td>5,423,247</td>
</tr>
<tr>
<td>Net assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>213,791</td>
<td>249,811</td>
</tr>
<tr>
<td>Unrestricted deficiency</td>
<td>(162,347)</td>
<td>(200,681)</td>
</tr>
<tr>
<td></td>
<td>51,444</td>
<td>49,130</td>
</tr>
<tr>
<td>Commitments (note 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></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 PHYSICIANS ACTION PLAN

Statement of Operations

Year ended March 31, 2012, with comparative figures for 2011

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</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 and Wellness</td>
<td>$ 8,984,562</td>
<td>$ 8,439,294</td>
</tr>
<tr>
<td>Recruitment</td>
<td>26,627</td>
<td>129,229</td>
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<tr>
<td><strong>Total Revenue:</strong></td>
<td>9,011,189</td>
<td>8,568,523</td>
</tr>
<tr>
<td>Cost recovery projects</td>
<td>797,699</td>
<td>591,514</td>
</tr>
<tr>
<td>Physician privileges</td>
<td>3,697</td>
<td>30,574</td>
</tr>
<tr>
<td>Other income</td>
<td>6,138</td>
<td>382</td>
</tr>
<tr>
<td><strong>Total Expenses:</strong></td>
<td>9,818,723</td>
<td>9,190,993</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td><strong>$ 2,314</strong></td>
<td><strong>$ 24,257</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Statement of Changes in Net Assets

Year ended March 31, 2012, with comparative figures for 2011

<table>
<thead>
<tr>
<th></th>
<th>Invested in property and equipment</th>
<th>Unrestricted deficiency</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>249,811</td>
<td>(200,681)</td>
<td>49,130</td>
<td>24,873</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenses</td>
<td>(67,021)</td>
<td>69,335</td>
<td>2,314</td>
<td>24,257</td>
</tr>
<tr>
<td>Investment in property and equipment</td>
<td>31,001</td>
<td>(31,001)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>$213,791</td>
<td>$(162,347)</td>
<td>$51,444</td>
<td>$49,130</td>
</tr>
</tbody>
</table>
THE ALBERTA RURAL PHYSICIANS ACTION PLAN
Statement of Cash Flows

Year ended March 31, 2012, with comparative figures for 2011

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<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 of revenue over expenses</td>
<td>$ 2,314</td>
<td>$ 24,257</td>
</tr>
<tr>
<td>Items not involving cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization</td>
<td>55,772</td>
<td>64,707</td>
</tr>
<tr>
<td>Loss on disposal of property and equipment</td>
<td>11,249</td>
<td>-</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>17,572</td>
<td>(154,462)</td>
</tr>
<tr>
<td>Decrease (increase) in prepaid expenses and deposits</td>
<td>31,822</td>
<td>(34,208)</td>
</tr>
<tr>
<td>Decrease in contribution advances</td>
<td>340,027</td>
<td>607,805</td>
</tr>
<tr>
<td>Increase (decrease) in accounts payable and accrued liabilities</td>
<td>(641,673)</td>
<td>157,551</td>
</tr>
<tr>
<td>Increase in deferred contributions</td>
<td>1,063,848</td>
<td>630,019</td>
</tr>
<tr>
<td>Increase (decrease) in contributions repayable</td>
<td>(61,567)</td>
<td>61,567</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>819,364</td>
<td>1,357,236</td>
</tr>
<tr>
<td><strong>Investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of property and equipment</td>
<td>(31,001)</td>
<td>(9,475)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in cash and short term investments</td>
<td>788,363</td>
<td>1,347,761</td>
</tr>
<tr>
<td>Cash and short term investments, beginning of year</td>
<td>4,266,338</td>
<td>2,918,577</td>
</tr>
<tr>
<td><strong>Cash and short term investments, end of year</strong></td>
<td>$ 5,054,701</td>
<td>$ 4,266,338</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
The Alberta Rural Physicians 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.

1. Significant accounting policies:

   (a) Financial instruments and risk management:

   **Fair value**

   RPAP's financial instruments consist of cash and short term investments, accounts receivable, contribution advances, accounts payable and accrued liabilities and contributions repayable. Cash and short term investments 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.
1. Significant accounting policies (continued):

(a) Financial instruments and risk management (continued):

Risk management (continued)

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 short term investments:

Cash and short term investments are recorded at cost which approximates current market value.

(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 - 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>
1. Significant accounting policies (continued):

(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, the collectibility of accounts receivable and the completeness of accounts payable and accrued liabilities. 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.
2. **Cash and short term investments:**


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>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Alberta</td>
<td>$160,944</td>
<td>$322,555</td>
</tr>
<tr>
<td>University of Calgary</td>
<td>22,609</td>
<td>201,025</td>
</tr>
<tr>
<td></td>
<td>$183,553</td>
<td>$523,580</td>
</tr>
</tbody>
</table>

4. **Property and equipment:**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accumulated amortization</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>$48,446</td>
<td>$32,384 $16,062</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>52,514</td>
<td>36,439 16,075</td>
</tr>
<tr>
<td>Computer software</td>
<td>5,781</td>
<td>964     4,817</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>291,735</td>
<td>114,898 176,837</td>
</tr>
<tr>
<td></td>
<td>$398,476</td>
<td>$184,685 $213,791</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>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of the year</td>
<td>$3,642,668</td>
<td>$3,012,649</td>
</tr>
<tr>
<td>Amounts received during the year</td>
<td>10,022,859</td>
<td>9,226,000</td>
</tr>
<tr>
<td>Restricted investment revenue earned</td>
<td>53,383</td>
<td>36,946</td>
</tr>
<tr>
<td>Amounts recognized as revenue</td>
<td>(9,011,189)</td>
<td>(8,568,523)</td>
</tr>
<tr>
<td>Amounts repaid and repayable during the year</td>
<td>(1,205)</td>
<td>(64,404)</td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$4,706,516</td>
<td>$3,642,668</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.

Alberta Health and Wellness (continued):

RPAP requested and obtained approval from Alberta Health and Wellness to carry forward surplus funds from the 2007 - 2010 agreement. In addition to the maximum annual funding, during 2012, RPAP received $683,139 to fund the 2012 budget deficit and restricted $52,449 (2011 - $36,946) in investment earnings. Deferred contributions at March 31, 2012 are $4,592,143 (2011 - $3,615,118).
5. Deferred contributions (continued):

89-Day Visiting Locum Program

In fiscal 2012, RPAP entered into an agreement with the Province of Alberta as represented by the Minister of Health and Wellness. The contribution agreement was for $300,000 for a visiting locum program for United Kingdom physicians and ends on March 31, 2013. During 2012, RPAP received contributions of $113,720 and restricted $934 in investment earnings. Deferred contributions at March 31, 2012 are $114,373 (2011 - $nil).

Locum Pilot Fund

In fiscal 2009, RPAP received contributions of $250,000 for a pilot visiting locum program for physicians from the United Kingdom. The contribution agreement expired on March 31, 2011 and unspent funds of $52,172 were reflected as contributions repayable at March 31, 2011 and were repaid by March 31, 2012.

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 recruitment and retention website. The contribution agreement expired on March 31, 2011. In the prior year, RPAP requested and obtained approval to carry forward $27,550 which was reflected as deferred contributions at March 31, 2011. The remaining unspent funds of $9,395 were reflected as contributions repayable at March 31, 2011 and were repaid by March 31, 2012.
6. 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 28, 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 $300 to $2,500.

Future minimum lease payments are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$315,239</td>
</tr>
<tr>
<td>2014</td>
<td>58,028</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>51,912</td>
</tr>
<tr>
<td>Thereafter</td>
<td>92,598</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$621,601</strong></td>
</tr>
</tbody>
</table>

7. Comparative figures:

Certain 2011 comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.
ORGANIZATIONAL STRUCTURE

(circa March 31, 2012)
The RPAP Board of Directors is the oversight body for the RPAP. The Board is appointed by the members of the corporation, which consist of the Alberta Health Services Board, the Alberta Medical Association (AMA and its Section of Rural Medicine), and the College of Physicians and Surgeons of Alberta.

The RPAP board includes the following individuals:

- Dr. Karen Lundgard, College of Physicians and Surgeons of Alberta (CPSA)
- Dr. Clayne Steed (RPAP Chair), Alberta Medical Association (AMA)
- Drs. Allan Garbutt (RPAP Vice-Chair), and Bert Reitsma, AMA Section of Rural Medicine
- Mrs. Pam Whitnack and Dr. Odell Olson, Alberta Health Services (AHS) (until July 2011)
- Drs. Peter Lindsay and David O'Neil (AHS) (from July 2011)
- Ms. Linda Mattern, Alberta Health and Wellness (non-voting observer) (to Dec 2011)
- Mr. Bernard Anderson (non-voting observer) (AHW) (from Jan 2012)

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 (until November 2011)
- Denise Fenton, Manager, Accounting and Corporate Services (from November 2011)
- Christine Hammermaster, Community Physician Recruitment Consultant
- Laura Keegan, Community Physician Recruitment Consultant (until January 2012)
- Donna Bonsteel, Program Support Coordinator
- Kasia Debski, Program Support Coordinator (until April 2011)
- Shawna Banman, Program Support Coordinator (from May 2011)
- Christopher Carr, Research Analyst (from October 2011)
- Jonathan Koch, Communications Coordinator (until January 2012)
- Cait Wills, Communications Coordinator (from February 2012)
- Nicole Soucy, Program Support Coordinator - Finance
- Dr. Barrie McCombs, Medical Information Services Coordinator
- Drs. Hugh Hindle and Ron Gorsche, Skills Brokers for Northern and Southern Alberta
- 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, ARFMN
- Emma Currie, Rural Unit Coordinator, RAN Red Deer
- Dr. Brenda Millar, Co-Director, RAN Grande Prairie, ARFMN
- Pam Nacinovich, Rural Unit Coordinator, RAN Grande Prairie
- Dr. Sergiu Ciubotaro, Co-Director, Rural Alberta South (RAS) Medicine Hat, ARFMN
- Wendy Saucier, Rural Unit Coordinator, RAS Medicine Hat
- Dr. Charlotte Haig, Co-Director, RAS Lethbridge, ARFMN
- Meagan Williams, Rural Unit Coordinator, RAS Lethbridge

Other important people related to the RPAP include:

- Dr. Fred Janke, Director, Rural and Regional Health, Office of Rural and Regional Health, University of Alberta
- Rattan Dhillon, Administrative Assistant, Office of Rural and Regional Health, University of Alberta
- Dr. Douglas Myhre, Associate Dean, Office of Distributed Learning and Rural Initiatives, University of Calgary
- Kelly McSweeny, Rural Program Coordinator, Office of Distributed Learning and Rural Initiatives, University of Calgary
- Barry Brayshaw, Director, Physician Locum Services, Alberta Medical Association
Since its creation in 1991, the RPAP has developed initiatives to address the professional and lifestyle/community factors that influence physicians’ decisions about moving to and remaining in a rural Alberta community.

Professional issues include the confidence and competence of new graduates to practise in rural Alberta; the degree of professional isolation experienced by rural physicians; and the financial support (funding models that provide security and flexibility for the physician and recognition of the physician as a community resource) provided to them. Lifestyle issues include personal and family isolation encountered by the physician and his/her family. RPAP addresses these variables with a variety of initiatives summarized in the above table.
The Alberta Rural Family Medicine Network
Annual Report 2011-2012
This is the seventh annual report of the RPAP’s Alberta Rural Family Medicine Network (ARFMN). Established in 2001, ARFMN offers dedicated, rural-based family medicine residency training to prepare competent physicians for the broad demands of rural practice. The network is a unique collaborative venture of the Alberta Rural Physician Action Plan (RPAP), the family medicine departments of the universities of Alberta and Calgary, Alberta’s rural physicians, and 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 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.

2011–2012 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 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 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 will be welcomed into the program July 1, 2012.

2011 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 June 23 in Medicine Hat while those in RAN met June 24 in Grande Prairie and June 29 in Red Deer. The annual events are sponsored by the RPAP.
RAN Highlights 2011–2012

• RAN held their annual Academic Day in Hinton in August 2011, where residents were presented with 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.

• Grande Prairie was the site of the Behavioural Medicine workshop for RAN residents in October 2011.

• The RAN Christmas part was held at the Sports Hall of Fame in Red Deer on Dec. 15 with all RAN residents in attendance.

• RAN filled all 10 of its Red Deer residency spots and three of the six residency positions in Grande Prairie on the first iteration of CaRMS interviews. The remaining three positions were filled in the second iteration. Using a multi-interview format, 108 candidates were interviewed Jan 28–31 and Feb. 3.

RAS Highlights 2011–2012

• RAS interviewed more than 140 applicants during four action-packed CaRMS interview days in January and February 2012 and filled all 14 of its 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 Desert Blume Golf Course in Medicine Hat.

• The RAS team got together at the Rafter 6 Ranch outside Calgary for the annual RAS Resident Retreat. Families and partners accompanied the group where residents participated in their mandatory academic days by presenting Journal Club, geocaching, and horse-back riding.
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, and
• Grounding in the realities of rural practice.

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 and 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 nearly two decades 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.

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 Internet access to all residents at each training site. In addition, all residents receive funding that can be used towards appropriate technology 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.

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.
2011 - 2012
AFRMN ANNUAL REPORT

RAN Unit Staff
Dr. Jack Bromley
Co-Director, Red Deer
Dr. Brenda Millar
Co-Director, Grande Prairie
Mrs. Emma Currie
Rural Unit Coordinator
RAN - Red Deer
Mrs. 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

2003
Tammy Paulgaard
Dave Sinha
Clayton Tuffnell
Marci Wilson
Kim Anderson-Hill
Tim Ayas
Jared Bly
Sharlene Hudson
Jason Unger
Shengtao Yao
Jared Yeung

2004
Stephanie Anderson
Candace Chow
Gary Davidson
Lauralee Dukeshire
Julie Hernberger
Lina Kung
Mark Langer
Nicole Mathews
Margaret Naylor
Carla Pilch
JoAnn Robinson
Andi Scheibenstock

2005
Chris Barnsdale
Shazia Chaudhry

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

2007
Haseeb Zamani
Erin Clow
Hamid Balouch
Kamal Danial
Sanja Minic
Christina Neufeld
Edward Ohanjaniants
Valentin Duta
Nazila Soltani

2009
Jacqueline Bucko
Larry Brehmer
Natalie Comeau
Erin Cote
Jennifer Hammell
Emily Horby
Adam Hrdlicka
Jordan LaRue
Serena MacDonald
Eryn meloche
Sarah Olesen
Nadine Potvin
Andrea Rahn
Stephen Swainson
Rob Warren

2010
Adina McBain
Lindsay Nanninga-Penner
Erin Thompson
Jesse Howatt
Don Curtis
Shaira Somani

2011
Lara Rybak
Brianne Hudson
Emily Stevenson
Andrea Kreitz
Alex Kmet
Camellia Presley
Sereena MacDonald
Adina McBain
Lindsay 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 Ciubotaro
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 by Entry Year

2001
Sue Bornemisza
Rick Buck
Brigitte Dohm
Maha Hadi
Sarah Makhdooom
Ian Phelps
Ludek Podhradsky
Asma Sayeed
Lily Toma

Dubravka Rakic
Sandy Tam
Hany Youakim

2003
Stafani Barg
Gary Butler
Colin Del Castilho
Brian Farrell
Martina Frostdad
Daniel Johns
Sheri Lupul
Erin Nichol
Amarpreet Shergill
Nicoelle Wanner
Christel Wihlborg

2004
Scott Bicek
Wayne Burton
Sue Byers
Aaron Coma
Catherine de Caigny

2005
Erin Ewing
Amy Gausvik
Megan Milliken
Gavin Parker
Amanda Wagler

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

2007
Eric Baker
Reta Blakely
Crystal Campbell
Nathan Coxford

Dennis Bowman
Jared Van Bussel
Mark Cahill
Ryan Currah
Ian Gebhardt
Malgorzata Kaminska
Sarah Lasuta
Annick Rodrigue
Colin Sentongo
Ava Sheikholeslami
Jennifer Tse
Colin Duncan
Meghan Elkink
Pierre-Charles Gretillat
Kimberley Sargent
Scott Slemko

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

Brian Dembinski

2009
Ian Ayers
Sarah Bell-Dingwall
Eric Bly
Garland Jonker
Grant Kaiser
Shannon Marshall
Stuart Marshall
Sereyrath Ngeth
Nicole Roper
Diana Silva
Regan Steed
Lindsay Stevenson
Sean Wilde
Mark Wylie

2010
Benjamin Andruski
Ava Baker
Ravi Dhaliwal
Andrea Haner
Ahmed Kiared
Martin Owen
Margot Wilderdijk
Ash Hrdlicka
Loan Nguyen
Michael Gallagher
Nolan Brackenreed
Elizabeth Lysack

2011
Adrian Coma
Jennifer Coppens
Colette Davis
Samuel deWall
Marcie Heggie
Justin Low
Davis Yawney
Matthew Fisher
Wendy Pitchko
Gage Seavilleklein
Kevin Warwick
Stephanie Wehlage
Kristine Woodley
Tamara Yagos
FUNDED BY

Government of Alberta

Health and Wellness