

ALBERTA RURAL PHYSICIAN ACTION PLAN

RURAL MEDICAL EDUCATION IMPLEMENTATION PLAN

RPAP CO-ORDINATING COMMITTEE
RURAL MEDICAL EDUCATION TECHNICAL
WORKING GROUP



Approved by the RPAP Co-ordinating
Committee – 23 March 2000

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INTRODUCTION AND BACKGROUND

On 28 September 1999, the RPAP Co-ordinating Committee (RPAP CC) approved the reports of its Rural Medical Education Working Group (RME WG) and Additional Skill Training Working Group (AST WG), and transmitted the reports to the Minister of Health and Wellness for his careful consideration. Support in principle for both reports was received from the Deans of both Faculties of Medicine.

The RME WG report discussed:

- the number of postgraduate (PGY) positions and the source of funding for these positions
- the impact on the undergraduate medical system and the current two-year postgraduate Family Medicine program
- the governance of a rural medical stream for rural family practice in Alberta
- the number and locations of streams, and
- infrastructure costs associated with its introduction.

In his interim reply of 16 November 1999, the Minister said, "... that the [RPAP CC] continue discussing the implications of the [Network] with such groups as the [PRPC], the Faculties of Medicine, and the [AMA] and health authorities." The Minister had several areas that need to respond to, including:

- further substantiation of the need for the significant number of new post-graduate medical training positions.
- a better understanding of why it is that we are unable to reallocate at least some of the existing positions.
- consideration of supplemental funding sources, or ways to cut costs while still achieving a successful outcome.

Given the Minister's initial and positive response, the RPAP Co-ordinating Committee approved a follow-up work plan at its meeting of 14 December 1999.

Central to the work plan, was the establishment of two technical working groups – one each for the Rural Medical Education report and the Additional Skills report – to take the original reports' recommendations to the implementation or pre-implementation stages. A time line of 31 March 2000 was set by the RPAP CC to accomplish the tasks.

On 2 February 2000, the RPAP CC Rural Medical Education Technical Working Group (RME TWG) began work on an implementation plan for a core postgraduate curriculum and rural medical stream for rural family practice in Alberta. The terms of reference for the RME TWG are attached as Appendix A.

The RPAP CC approved the recommendations developed by the RPAP CC Rural Medical Education Technical Working Group on 23 March 2000.

GUIDING PRINCIPLES

The development of this implementation plan for the Alberta Rural Family Medicine Network (the Network) has been guided by the following principles:

- The Alberta Rural Family Medicine Network and the core postgraduate curriculum for rural family practice will be implemented within the spirit of the CFPC Working Group on Postgraduate Education for Rural Family Practice and the RPAP CC Rural Medical Education Working Group reports.
- The Network “nodes” will be affiliated with either the University of Alberta or The University of Calgary, and each node will be accredited through their respective University Family Medicine program. .
- The Network nodes (who have a geographic responsibility) will cooperate to provide access to mandatory and elective opportunities throughout Alberta for students and Residents from both Faculties. They will also cooperate to provide faculty development and support for rural/regional preceptors/faculty.
- Student applicants will match to the Network through CaRMS and a second internal match would occur to assign the residents to the nodes.
- The Network’s clinical rotations in Family Medicine and specialty disciplines should occur, **to the greatest extent**, in rural and regional practice and hospital settings.
- The Network will be based upon the pivotal and meaningful participation of rural-based clinical faculty supported by full-time faculty, and a high degree of rural input and involvement in the university/rural network providing the rural programming.
- There will be close integration of undergraduate, postgraduate and continuing medical education.

IMPLEMENTATION PLAN

This reports represents an implementation plan for the 28 September 1999 RME WG report. Each of that report's nine recommendations is outlined, together with a specific implementation strategy, status report, funding requirement, responsibility and timeframe.

RME WG Recommendations 1-3:

1. The core postgraduate curriculum for rural family practice as outlined in the College of Family Physicians of Canada (CFPC) Working Group report on Postgraduate Education for Rural Family Practice should be introduced in Alberta beginning 1 July 2000 with the first intake of students on 1 July 2001.
2. The core rural family practice curriculum should be delivered through the establishment of a single Alberta Rural Family Medicine "Network" (ARFMN), offered through two "nodes" - the University of Alberta and The University of Calgary - having a single governance committee, the RPAP CC through a new Family Medicine Network Education [Sub-]Committee. The Network should integrate all rural undergraduate medical, postgraduate medical and continuing medical education activities of the universities.

Each node would be led by a Unit Director, academically accountable to the applicable department of Family Medicine (through the residency program director), and accountable to the governance committee for financial matters and for Network policy and strategy.

The RPAP Program Manager would act as the Network's administrative officer, assisted by a small secretariat.

The RPAP CC would set and allocate the Network budget, and contract services and direct fund with the universities and other parties, receiving the recommendation of the Family Medicine Network Education [Sub-]Committee. This will necessitate changes to the RPAP CC's legal status.

Family Medicine Network Education Committee

The general role of the Family Medicine Network Education [Sub-]Committee would be to recommend policy on issues related to the Network, including (but not limited to):

- maintaining satisfactory relationships with the University of Alberta and The University of Calgary, Alberta Health & Wellness, the Regional Health Authorities and other organizations whose support and encouragement are essential
- the establishment of goals, objectives, strategies and performance criteria
- the introduction of new initiatives
- recommendations concerning the allocation of the budget and contracting for services

The Family Medicine Network Education [Sub-]Committee would consist of a small number of stakeholder representatives, some appointed and voting and some *ex officio* non voting, including:

Voting

- Deans of Medicine (or their designate) (2)
- RPAP CC Chair
- Rural RHA representative (1)
- Rural faculty (1) who is also a member of the AMA Section of Rural Medicine
- Rural faculty (1) who is also a member of the CFPC (Alberta Chapter)
- Rural faculty (1) who is also a member of the SRPC

Ex Officio Non Voting

- Unit Directors (2)
- Chief Residents (2)
- RPAP Program Manager

The Family Medicine Network Education [Sub-]Committee would have an elected physician chair selected from amongst the Voting members. The [Sub-]Committee chair would:

- convene and conduct regular meetings of the [Sub-]Committee
- maintain ongoing communication and liaison with Network medical students and residents and Network faculty
- oversee the quality of their participation, identify and resolve problems, and
- make recommendations to the Family Medicine Network Education [Sub-]Committee concerning the appointment of the Unit Directors.

The chair would also be expected to meet regularly with the Unit Directors for such purposes as coordinating expectations and demands upon Network resources, and reviewing evaluations of both the nodes and the specific educational experiences provided to the Network's medical students and residents.

Unit Director

The Unit Directors will have had recent and extensive rural practice experience, and are:

- academically accountable to the applicable Family Medicine residency program director for the undergraduate, postgraduate and continuing medical education activities of the node, and
- to the RPAP CC through the Family Medicine Network Education [Sub-]Committee for financial matters and for Network policy and strategy.

The Unit Directors would also be responsible for:

- providing direction for all aspects of the node including the selection (working with the Residency Program Directors in selecting residents within the CaRMS process of each University), monitoring and evaluation of its students, the maintenance and evaluation of relevant educational objectives for the node
- ensuring that the clinical educational experiences are of high quality and founded upon standards of clinical practice that continue to be attractive to students and residents and the Province's Faculties of Medicine
- coordinating and collaborative efforts for the benefit of the Network
- the recruitment of new practice groups and rural faculty and sustaining the commitment and support of participating physicians

- the establishment of an advisory group of Network faculty and staff, medical students and residents for the purposes of planning, coordinating and overseeing respective components of the node's operation
- maintaining regular communication with the rural faculty, visiting each teaching site on a regular basis
- overseeing the evaluation and development of the clinical and teaching skills of the rural faculty, and to provide recommendations for their academic appointments
- ensuring the Network meets University and CFPC standards and requirements for accreditation
- attending and participating in the applicable Faculty and/or Department of Family Medicine residency program committee
- ensuring the Network selects and prepares trainees for rural practice

The Unit Directors would be appointed by the RPAP CC and the applicable Faculty based upon an appropriately representative search process conducted in collaboration with the Network's stakeholders.

The Unit Directors would need to be at least 0.5 FTE and hold or be eligible to hold a GFT appointment. They will need appropriate support capacity.

Initially, the node's support staff could be purchased for the Faculties, and additional faculty time would be purchased, for example, for specialty training. Rural site coordinators may also need to be appointed and provided with a nominal honorarium.

3. Funding and resources through the RPAP appropriate to support 30-35 new Family Medicine residency positions per year is outlined under the section, **Resources**.

Implementation Strategy:

The RPAP and the Faculty should jointly appoint two RPAP-funded Unit Directors, one for each node, for the Alberta Rural Family Medicine Network. These Unit Directors would work with the RPAP and the Family Medicine Departments to implement the Network and the core postgraduate curriculum for rural family practice within the spirit of the CFPC Working Group on Postgraduate Education for Rural Family Practice and the RPAP CC Rural Medical Education Working Group reports.

The Unit Directors would work closely with new and existing RPAP-funded Faculty positions.

The two Unit Directors should develop a detailed implementation plan for review by the RPAP Family Medicine Network Education Sub-committee and should begin to develop the curriculum within the guidelines of the CFPC, the recommendations of their Working Group report, and the recommendations of the RPAP CC Rural Medical Education Working Group report. The development of the core rural family practice curriculum shall involve rural preceptors, and the rural and GFT faculty, including the specialty coordinators, in an iterative process before being formally submitted to the applicable Family Medicine department for consideration.

The Unit Directors need to consider the items outlined on pages 12-14 inclusive of the RME WG report in the development of the curriculum.

The RPAP Family Medicine Network Education Sub-committee should be established concurrent with the appointment of the Unit Directors.

Current Status:

The position profile for the Unit Director is attached as Appendix C. The terms of reference for the RPAP Family Medicine Network Education Sub-committee is attached as Appendix D, and details on proposed positions/functional areas supporting the Network are contained in Appendix B.

Funding Requirement:

Refer to Appendix E for a revised budget.

Responsibility and Timeframe:

RPAP for the establishment of the RPAP Family Medicine Network Education Sub-committee upon authorization of the Network's establishment and funding.

RPAP for funding the Unit Directors and the other related functional roles; RPAP and each Faculty for recruitment and performance review.

RME WG Recommendations 4:

The RPAP CC should cooperate with the relevant stakeholders, including Faculties of Medicine, to move ahead with this report once approved by the Minister of Health and Wellness. Details such items as expectations, accountabilities and issues resolution processes will be paramount.

Implementation Strategy:

The RME TWG was established by the RPAP CC to develop an implementation plan with the relevant stakeholders in anticipation of Ministerial approval.

Current Status:

The RME TWG began operation on 2 February 2000 and concluded on 14 March 2000.

Funding Requirement:

None

Responsibility and Timeframe:

RPAP – 31 March 2000

RME WG Recommendations 5:

The RPAP CC should work with Alberta Health & Wellness to review the RPAP CC's legal status such that the setting and allocation of the Network budget, and the funding and contracting for services through the RPAP CC may occur.

Implementation Strategy:

Incorporation under the Societies Act is being pursued with the Department.

Current Status:

Underway

Funding Requirement:

< \$5,000 for legal and other fees

Responsibility and Timeframe:

RPAP and Alberta Health & Wellness – 31 March 2000

RME WG Recommendations 6:

The reallocation of existing Family Medicine residency positions to the Alberta Rural Family Medicine Network is not recommended given the ongoing and currently urgent urban needs for family physicians, especially in Calgary and Edmonton.

Implementation Strategy:

The RME TWG was established by the RPAP CC to develop an implementation plan and to answer the questions outlined in the Minister's interim response of 16 November 1999. The responses to the Minister's questions are attached as Appendix F.

Current Status:

Underway

Funding Requirement:

None

Responsibility and Timeframe:

RME TWG – 23 March 2000

RME WG Recommendations 7:

Through the Network predominant use of rural faculty should occur and the Network's clinical rotations should be held, to the greatest extent, in rural and regional community and hospital practice settings.

Implementation Strategy:

The Unit Directors and other Faculty staff shall reflect this recommendation in the development of their detailed implementation plans and in the ongoing operation of the Network.

Current Status:

To begin with the appointment of the Unit Directors.

Funding Requirement:

Refer to Appendix E for a revised budget.

Responsibility and Timeframe:

Unit Directors - ongoing.

RME WG Recommendations 8:

Curriculum development – the clinical curriculum and academic enhancements - is an area for the two Unit Directors to pursue within the guidelines of the CFPC, the recommendations of their Working Group report, and the recommendations of this report.

The development of the core rural family practice curriculum shall involve the rural and GFT faculty, including the specialty coordinators, in an iterative process before being formally submitted to the applicable Family Medicine department for consideration. This development work should begin with the appointment of the Unit Directors.

Implementation Strategy:

Refer to the Implementation Strategy for RME WG Recommendations 1-3 on pages 5-6 above.

Current Status:

To begin with appointment of the Unit Directors

Funding Requirement:

Refer to Appendix E for a revised budget.

Responsibility and Timeframe:

Unit Directors - first 12 months after approval of the Network.

RME WG Recommendations 9:

The current RPAP-funded rural initiatives at the universities, including the rural rotation programs, additional skills training, enrichment training and CME offerings, should be continued at no less than their current funding levels.

Implementation Strategy:

This recommendation is being reflected in the 2000-2001 RPAP budget.

Current Status:

Underway

Funding Requirement:

None

Responsibility and Timeframe:

RPAP for funding allocation decisions - annually by 31 March

APPENDIX A

RPAP CC RURAL MEDICAL EDUCATION TECHNICAL WORKING GROUP

PURPOSE:

Reporting to the RPAP CC, and liaising with the Additional Skills Technical Working Group, the Rural Medical Education Technical Working Group will prepare a formal report, which will address the following topics in and associated with implementing the recommendations of the Rural Medical Education Working Group report (28 September 1999).

Working Group Recommendations:

- ⇒ The core postgraduate curriculum for rural family practice as outlined in the College of Family Physicians of Canada (CFPC) Working Group report on Postgraduate Education for Rural Family Practice should be introduced in Alberta beginning 1 July 2000 with the first intake of students on 1 July 2001.

- ⇒ The core rural family practice curriculum should be delivered through the establishment of a single Alberta Rural Family Medicine "Network" (ARFMN), offered through two "nodes" - the University of Alberta and The University of Calgary - having a single governance committee, the RPAP CC through a new Family Medicine Network Education Committee. The Network should integrate all rural undergraduate medical, postgraduate medical and continuing medical education activities of the universities.

- ⇒ Funding and resources through the RPAP appropriate to support 30-35 new Family Medicine residency positions per year are [required].

Implementation Strategies:

- ⇒ The position description, search and select procedures and lines of communication for the Unit Director positions should be developed.
- ⇒ The terms of reference for the Family Medicine Network Education Committee should be developed, and the reporting lines of communications to the RPAP Co-ordinating Committee and to the Faculties of Medicine should be detailed.
- ⇒ The positions description for the academic development officers should be drafted.

ACCOUNTABILITY:

The Rural Medical Education Technical Working Group will report to the RPAP CC.

TIMEFRAME:

An implementation report will be developed and submitted to the RPAP CC by 31 March 2000.

MEMBERSHIP:

Dr. Peter Lindsay, RPAP Coordinating Committee - Chair
Mr. Jim Ramsbottom or Designate, Council of CEOs
Dr. Jill Konkin, President, College of Family Physicians of Canada (Alberta Chapter)
Dr. David Moores, Chair, Family Medicine and Dr. Paul Humphries, Designate, University of Alberta
Dr. Peter Norton, Head, Family Medicine, and Dr. David Topps, Designate, University of Calgary
Robyn Blackadar, Alberta Health & Wellness
Other persons as may be required
David Kay, RPAP Staff

APPENDIX B

OUTLINE OF PROPOSED POSITIONS/FUNCTIONAL AREAS

The September 1999 RPAP Rural Medical Education Working Group report proposed funding several positions or functional needs to support the proposed Alberta Rural Family Medicine Network. These positions or functional needs included a:

- unit director
- program evaluator
- rural coordinator (an existing position)
- rural program coordinator (a staff support position) and
- rural academic development officer for each node.

UNIT DIRECTOR

The Rural Medical Education Technical Working Group has detailed the position profile for the unit director position (Appendix C). A provision for bridging costs in addition to the position's stipend will possibly be needed at the end of the unit director's term. This bridge amount would be in the amount of \$20,000 -30,000 to assist the rural physician occupying this part-time position re-establish full-time clinical practice.

PROGRAM EVALUATOR, RURAL COORDINATOR, RURAL PROGRAM COORDINATOR, SECRETARIAL STAFF

The functional requirements for program evaluation, and the profiles for the rural program coordinator (a staff support position) and additional secretarial support will be developed with the unit directors once these two positions are filled. However, some functions have been identified for the rural program coordinator (below). The roles of the existing rural coordinators in each Family Medicine department will need to be reviewed by the departmental chair/head once the nodes are operational and revised as required.

Rural Program Coordinator

REPORTING RELATIONSHIP:

This position reports directly to the Alberta Rural Family Medicine Network Unit Director and liaises with the Family Medicine Residency Program Director (the Director), with the RPAP and the rural coordinator.

SUMMARY OF FUNCTIONS:

This position is accountable to the Unit Director for providing administrative support to the Unit Director and to the Node; and for supporting the work of the RPAP and the Alberta Rural Family Medicine Network (the Network).

KEY RESPONSIBILITIES:

- Providing administrative support to the Unit Director and the Node
- Coordinating placement and teaching of students/Residents (Family Medicine and Royal College)
- Implementing protocols for payment of teaching sites and faculty
- Facilitating the arrangement of student/Resident housing
- Troubleshooting student/Resident logistics
- Facilitating communication among preceptors/faculty, Faculty programs and students/ Residents
- Fulfilling other such duties as may be assigned from time to time

QUALIFICATIONS:

EDUCATION AND TRAINING:

-

EXPERIENCE:

- Minimum of three (3) years experience in a role directly related to the responsibilities of this position.

KEY COMPETENCIES:

- Substantial knowledge of, and exposure to, the issues faced by rural medical education
- Significant experience in the health care and academic sectors
- Self motivated and directed
- Superior interpersonal, facilitation, communication, management and problem-solving skills

FUNDING AND SEARCH AND SELECTION:

- This position is funded by the RPAP. The Unit Director appoints and evaluates the candidate.

ESTIMATED TIME COMMITMENT:

- Equivalent to 2.5 to 3 days per week.

RURAL ACADEMIC DEVELOPMENT OFFICER

A basket of functional roles has been identified (below) in support of the node (and the current RPAP-funded rural initiatives at the Faculties). The departmental chair/head of each Family Medicine department together with the unit director will need to consider how best to organize the functional roles within each department using the current RPAP grant and the proposed new RPAP resources.

This review will need to consider reporting relationships (which will be a function of the tasks to be performed and by whom), how best to support the work of the unit director and the node, the need for strong linkages with the new node and with existing rural initiatives, and the use of clinical faculty to fulfill the functional roles.

Rural Academic Development Functional Roles

SUMMARY OF FUNCTIONAL ROLES:

- Assisting with the development and implementation of preceptor/faculty development
- Providing support to the node and existing rural initiatives for curricular logistics
- Assisting in the identification, recruitment and retention/development of teaching sites
- Participating in program assessment and the evaluation of rural initiatives
- Facilitating communication among rural preceptors/faculty, Faculty programs and students/Residents
- Fulfilling other such duties needed to support the rural initiatives of the Faculty

FUNDING:

- Funded by the RPAP.

ESTIMATED TIME COMMITMENT:

- Equivalent to 2.5 to 5 days per week.

In summary, the *estimated* funding requirements and time commitments for the proposed positions or functional needs are as follows:

Position/ Functional Area	Est. Time Commitment (days per week)	Est. Cost/Position or Functional Area	Total Est. Cost
Unit Director (Est. cost incl. base stipend and market/special supplements)	2.5-3	\$90,000	\$180,000
Program Evaluation	1-2	\$30,000	\$60,000
Rural Program Coordinator	2.5-3	\$20,000	\$40,000
Secretary	2.5-3	\$10,000	\$20,000
Rural Academic Development	2.5-3	\$75,000	\$150,000
			<u>\$450,000</u>

APPENDIX C

ALBERTA RURAL FAMILY MEDICINE NETWORK UNIT DIRECTOR POSITION PROFILE

TITLE: Network Unit Director

REPORTING RELATIONSHIP:

This position reports academically to the Chair of the Family Medicine department through the Family Medicine Residency Program Director (the Director) for the medical education activities of the node, and to the RPAP through its Family Medicine Network Education Sub-committee for financial matters and for non-academic node policy and strategy.

SUMMARY OF FUNCTIONS:

This position is accountable for the planning, development, promotion, implementation and evaluation of all residency teaching by and for the node it is associated with as part of the Alberta Rural Family Medicine Network (the Network); for supporting the work of the RPAP and the Network; and for representing the needs of rural medical education.

KEY RESPONSIBILITIES:

- Providing direction for all aspects of the node including the selection (working with the Director in selecting residents within the CaRMS process of each University), monitoring and evaluation of its students, the planning, development, and promotion of the node, and the maintenance and evaluation of relevant educational objectives for the node consistent with the regulations of the College of Family Physicians of Canada and the applicable university.
- Ensuring that the clinical educational experiences are of high quality and founded upon standards of clinical practice that continue to be attractive to students and residents and the Province's Faculties of Medicine such that the Network selects and prepares trainees for rural practice
- Ensuring effective coordination and collaboration between nodes of the Network, and with other rural outreach activities such as with the rural coordinators and the rural CME coordinators.
- Coordinating the recruitment of preceptors/faculty for the node and sustaining the commitment and support of participating physicians, ensuring preceptor/faculty evaluation and development (through the Faculty positions providing rural academic development support), and making recommendations regarding academic appointments
- Resolving relevant issues identified by preceptors/faculty and students/Residents, including issues pertaining to the accomplishment of the students/Residents' learning objectives and the operation of the node
- Facilitating communication among preceptors/faculty, Faculty programs and students/Residents through committees and other mechanisms for the purposes of planning, coordinating and overseeing respective components of the node's operation
- Ensures that each teaching site is visited at least annually to ensure preceptor/faculty evaluation and development occurs, and to solicit preceptor/faculty and student/Resident feedback on the education experience
- Ensuring the node meets University and CFPC standards and requirements for accreditation
- Participating in overall program assessment and evaluation

- Participating in required University (including the Residency Training Committee), Network and RPAP meetings and committees, and providing such reports as may be required from time to time
- Fulfilling other such duties as may be assigned from time to time

QUALIFICATIONS:

Education and Training:

- A physician licensed in Alberta and who possesses certification from the CFPC, and who is eligible for an academic appointment with the relevant University.

Experience:

- Minimum of three (3) years recent rural practice experience
- Minimum of three (3) years recent experience as a preceptor or clinical faculty member

KEY COMPETENCIES:

- Substantial knowledge of, and exposure to, the issues faced by rural medical education
- Significant experience in the health care and academic sectors
- Self motivated and directed
- Superior interpersonal, facilitation, communication, management and problem-solving skills

FUNDING AND SEARCH AND SELECTION:

- This position is funded by the RPAP, and jointly appointed by the RPAP and the Chair of the applicable Family Medicine department.
- The Unit Director is nominated by a search and selection committee for the node consisting of two RPAP CC representatives, two department of Family Medicine representatives and a Family Medicine resident (non-voting). The Chair of the Family Medicine department will chair the search and selection committee.
- The Faculty and the RPAP jointly evaluate the candidate on an annual basis.

ESTIMATED TIME COMMITMENT:

- Equivalent to 2.5 to 3 days per week.

TERM OF APPOINTMENT:

- Three (3) years, renewable once, if mutually agreeable

APPENDIX D

TERMS OF REFERENCE

RPAP FAMILY MEDICINE NETWORK EDUCATION SUB-COMMITTEE

(i) Membership

The Sub-committee shall consist of both appointed voting and *ex officio* non-voting members as follows:

Voting

- Designates (1) appointed by each Dean of Medicine (total 2)
- RPAP CC Chair
- Rural Regional Medical Director representative (1), nominated by the Council of Medical Directors
- Rural preceptor with a faculty appointment (1) who is nominated by the AMA Section of Rural Medicine
- Rural preceptor with a faculty appointment (1) who is nominated by the CFPC (Alberta Chapter)
- Rural preceptor with a faculty appointment (1) who is nominated by the SRPC

Ex Officio Non Voting

- Unit Directors (2)
- Chief Residents (2)
- RPAP Program Manager
- Other persons as may be required from time to time

The members of the RPAP Family Medicine Network Education Sub-committee shall serve for a term of two (2) years, renewable once.

The Sub-committee shall have an elected chair selected from amongst the Voting members. The chair shall serve for a two (2) year term, non-renewable, and shall:

- convene and conduct regular meetings of the Sub-committee
- maintain ongoing communication and liaison with the Unit Directors, for such purposes as coordinating expectations and demands upon Network resources, and reviewing evaluations of both the nodes and the specific educational experiences provided to the Network's medical students and residents

(ii) Purpose and Terms of Reference

The RPAP Co-ordinating Committee establishes the RPAP Family Medicine Network Education Sub-committee to:

- a) recommend policy on issues related to the Alberta Rural Family Medicine Network (the Network), including (but not limited to):
 - maintaining satisfactory relationships with the University of Alberta and The University of Calgary, Alberta Health & Wellness, the Regional Health Authorities and other organizations whose support and encouragement are essential
 - the establishment of goals, objectives, strategies and performance criteria
 - the introduction of new initiatives

- b) receive regular reports on the operation of the nodes and the Network in general from the unit directors and others. These reports shall include, but are not limited to, relevant University and academic matters.
 - c) make recommendations concerning the allocation of the Network budget and contracting for services
 - d) monitor and review the performance of each node and the Network in general through the regular discussion of performance indicators
 - e) ensure that evaluations are conducted as required for each node and for the Network in general
 - f) make such recommendations to the RPAP Co-ordinating Committee as the sub-committee determines are necessary
- (iii)** The Sub-committee shall meet a minimum of 4 times per year and at the call of the chair.

RPAP CC approved – 23 March 2000

APPENDIX E

NETWORK EXPENDITURES BY FISCAL YEAR (\$)

A pro forma budget based on the proposed number of 35 new Family Medicine residents per year allocated amongst the two Faculties of Medicine and identifying as many of the cost items – ramp up, one time and ongoing – is provided below:

	Subtotals	Annual subtotals			
		2000/2001	2001/2002	2002/2003	2003/2004
Budget for Rural Stream Setup					
Single Site Setup Items					
Infrastructure	\$5,000				
Informatics	\$5,000				
Communications	\$2,000				
Preceptor Travel	\$1,500				
	\$13,500				
Number of Sites	16				
Subtotal for Sites	\$216,000	\$216,000	\$0	\$0	0
Program Setup & Ongoing Items					
Infrastructure - \$15/sq foot X 5000	\$75,000		\$75,000	\$75,000	\$75,000
Informatics & Telehealth	\$150,000		\$110,000	\$110,000	\$110,000
Communications	\$12,000		\$5,000	\$5,000	\$5,000
Legal Services	\$10,000		\$5,000	\$5,000	\$5,000
Curriculum Planning & Design	\$40,000				
Rural Faculty Development	\$50,000				
Education Committee Expenses	\$42,000		\$42,000	\$42,000	\$42,000
Subtotal	\$379,000	\$379,000	\$237,000	\$237,000	\$237,000
Total Additional Costs for Setup					
Yearly Resident Items					
R1 Resident Salary incl benefits - 15%	\$42,690				
R2 Resident Salary incl benefits - 15%	\$46,398				
Resident Informatics support ACLS/ATLS reimbursement - PGY1	\$1,000 \$500				
PGY1		\$44,190	\$44,190		
PGY2		\$47,898	\$47,898		
Monthly Resident Items					
Resident Ground Travel	\$150				
Resident Air Travel	\$300				
Resident Accommodation	\$1,000				

Number of Blocks	13						
		\$1,450	\$18,850				
Monthly Preceptor Items							
Preceptor Honoraria	\$1,000						
Preceptor Travel & Faculty Development	\$100						
		\$1,100	\$14,300				
Annual subtotal per Resident - PGY1			\$77,340				
Annual subtotal per Resident - PGY2			\$81,048				
					18 PGY 1 Pos.	35 PGY1 & 18 PGY 2 Pos.	35 PGY 1 & 2 Pos.
Number of Residents- PGY1	35		\$2,706,911	0	\$1,392,125	\$2,706,911	\$2,706,911
Number of Residents- PGY2	35		\$2,836,677	0	\$0	\$1,458,862	\$2,836,677
				0	1,392,125	4,165,773	5,543,587
Yearly Site Items							
Secretarial support	\$5,000						
Infrastructure support	\$6,000						
Informatics support	\$2,500						
Communication support	\$2,000						
Number of Sites	16						
		\$15,500	\$248,000	\$0	\$248,000	\$248,000	\$248,000
Yearly Program Items							
Admin Resident Stipends- X 2	\$5,565						
Unit Director - X 2	\$180,000			\$180,000			
Unit Director Travel	\$10,000			\$10,000			
Rural Coordinator - X 2	\$80,000			\$0			
Node Infrastructure support	\$70,000			\$70,000			
Research funding	\$24,000			\$0			
Program Evaluator - X 2	\$60,000			\$0			
Internal & External Evaluation	\$40,000			\$0			
Rural Program Coordinator - X 2	\$40,000			\$0			
Rural Program Coordinator Travel	\$10,000			\$0			
Secretarial Support	\$20,000			\$20,000			
Special Education support	\$50,000			\$0			
Rural Academic Development Role - X 2	\$150,000			\$150,000			
Rural Academic Development Travel	\$10,000			\$10,000			
Rural Faculty Development	\$100,000			\$0			
Other	\$50,000			\$50,000			
			\$899,565	\$490,000	\$899,565	\$899,565	\$899,565
Annual Total				\$1,085,000	\$2,776,690	\$5,550,338	\$6,928,152

APPENDIX F

RESPONSE TO MINISTER'S QUESTIONS OF 16 NOVEMBER 1999

The Minister's Questions

The Minister of Health and Wellness in his correspondence of 16 November asked the Rural Physician Action Plan Co-ordinating Committee (RPAP CC) several questions regarding its September 1999 Rural Medical Education Working Group report.

Paraphrased, these questions were:

1. How will [the Alberta Rural Family Medicine Network] be integrated within an overarching framework for physician resource planning?
2. Do the relevant education and health system stockholders endorse the concept as a priority?
3. Can the [RPAP Co-ordinating] Committee further substantiate the need for the significant number of new post-graduate medical training positions?
4. Why is it that we are not able to reallocate at least some of the existing positions?
5. Are there supplemental funding sources, or ways to cut costs while still achieving a successful outcome?

The RPAP CC Rural Medical Education Technical Working Group considered the questions and provides the following responses:

1. **How will [the Alberta Rural Family Medicine Network] be integrated within an overarching framework for physician resource planning?**

The February 2000 Physician Resource Planning Committee (PRPC) report identified a conservative need for 499 FTE GP positions during the next five years and policy options to respond to the physician resource gap.¹

In its recommendations to address the gap, the PRPC supported increasing the number of postgraduate medical education positions² and endorsed the RPAP CC's Alberta Rural Family Medicine Network (the Network) proposal³.

The PRPC report also recognized the existing and ongoing work of the RPAP to address the multi-faceted aspects of rural physician recruitment and retention. This included the RPAP's funding of rural rotations for medical students, Family Medicine and Royal College residents; the RPAP's involvement in additional skills training, both for residents and practicing rural physicians, and the Royal College re-entry program and the need for a minimum number of re-entry positions for this initiative.

¹ Physician Resource Planning Committee (2000). February 2000 Report: Setting a Direction for Alberta's Physician Workforce. Alberta Health & Wellness, page 2.

² Ibid. Recommendation 6, page 3.

³ Ibid. Recommendation 7, page 3.

In any future physician resource planning process, the RPAP requests an ongoing involvement. The RPAP also intends to use the PRPC report findings to help guide the development of new initiatives, and in the evaluation of the Network.

In summary, the PRPC report identified a significant shortfall in physician resources and acknowledged and supported the RPAP CC's Alberta Rural Family Medicine Network proposal, together with the existing RPAP efforts, as part of an overarching framework to address the physician resource gap in Alberta.

2. **Do the relevant education and health system stockholders endorse the concept as a priority?**
In taking a leadership role in exploring improvements in rural medical education and advanced skills, the RPAP CC implemented a multi-stakeholder working group process. Representatives from the two Faculties of Medicine, the RHAs, AMA Section of Rural Medicine, the College of Physicians and Surgeons of Alberta, the College of Family Physicians of Canada (Alberta Chapter), and the Society of Rural Physicians of Canada took part at various times in the two working groups and the two technical working groups on rural medical education and additional skills. Support was received from all of these groups.
3. **Can the [RPAP Co-ordinating] Committee further substantiate the need for the significant number of new post-graduate medical training positions?**
In assessing the required number of Family Medicine residency positions for the Network, the following factors were considered: physician turnover, a goal of self-sufficiency to meet rural physician needs from Alberta trainees, the risk of continuing to rely on the recruitment of International Medical Graduates (IMGs) to augment the recruitment of Canadian trained physicians for rural practice, a desire for effective management of the Network in terms of class size and cost, the trend for female medical students, who comprise over half the medical school enrolment in Alberta and nearly 65% nationally, to prefer urban practice settings after residency, the deficit starting position that is faced in terms of the overall number of family physician positions in Alberta, the number of regional and rural training sites and rural faculty that might be available, and the number of Family Medicine trainees who currently join rural practice.

Given even the most conservative PRPC physician resource projection, 35 new first year Family Medicine residency (FMR) positions for per year, is also cautious. The experience of similar programs in Ontario is that ~70% of these program's graduates practice in rural or remote communities. This compares with fewer than 20% of Family Medicine graduates from traditional urban programs. The current RPAP-funded Alberta experience is in line with this experience (i.e. of ~29 % of UofA Family Medicine graduates who graduated in 1997/98 were practicing in rural Alberta in 1998. The comparable UofC figure is ~ 15%), and slightly better than some other jurisdictions.
4. **Why is it that we are not able to reallocate at least some of the existing positions?**
The projected physician resource gap, as the PRPC states, required "changes to the supply/training of physician resources" and not a reallocation from one shortage area to another. In addition, it can be anticipated, that once the Network is operational, the percentage of Family Medicine graduates in the current program choosing to practice in rural or remote communities may decline. Rural practice oriented graduates may prefer the rural stream; urban practice oriented graduates may prefer the current program.
5. **Are there supplemental funding sources, or ways to cut costs while still achieving a successful outcome?**
In developing the proposed Network budget, consideration has been given to use existing RHA and community infrastructure, to leverage existing RPAP funded initiatives, and to spread the incremental costs over four years for cash flow purposes.