

**3rd Annual
Rural Alberta Community Physician Recruitment & Retention Conference
CONFERENCE PROCEEDINGS**



"RECRUIT" the PHYSICIAN

"RETAIN" the FAMILY



**November 7 – 9, 2010
Edmonton, Alberta**



ACKNOWLEDGEMENT

The conference organizers would like to thank all of the participants for taking time from their busy work and family life to attend the 3rd annual “Rural Alberta Community Physician Recruitment and Retention (R&R) Conference”.

We also would like to say thank you to all the community members who brought such an array of great items from their communities to use as door prizes throughout the event.

Appreciation goes out to the AHS Physician Recruiters who attended the workshop this year. Their willingness to work with the communities on recruitment efforts in their respective geographical areas of responsibility enhances the success factor in recruitment.

Finally, many thanks to the Northern Alberta Development Council (NADC), The Alberta Rural Physician Action Plan (RPAP), and the Alberta Medical Association (AMA) for the generous funding provided to subsidize additional costs not covered by the collected registration fees.

Audrey DeWit (NADC), Christine Hammermaster (RPAP),
Donna Evans (NADC) and Kelly Lyons (RPAP)



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INTRODUCTION

The third annual Rural Alberta Community Physician Recruitment and Retention workshop, hosted by The Alberta Rural Physician Action Plan (RPAP) and the Northern Alberta Development Council (NADC), was held 7-9 November 2010 at the Sawridge Inn – Edmonton South in Edmonton, Alberta.



There was attendance from over 50 individuals who represented over 25 communities across Alberta. Most of the participating communities have active rural physician Recruitment and Retention (R&R) Committees in place which contribute significantly to supporting the successful attraction 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 Recruitment & Retention Committee.

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



SUNDAY EVENING, NOVEMBER 7



Registered conference participants had the opportunity to attend an evening “Welcome Reception” in the Gallery Room at the Sawridge Inn.

About 35 participants from various Alberta communities enjoyed an evening of networking and socializing.

MONDAY, NOVEMBER 8

MODERATOR: Christine Hammermaster
RPAP Community Physician Recruitment Consultant – South

Welcome to the Conference
By Dr. Odell Olson,



Board Member,
The Alberta Rural Physician Action Plan

Dr. Olson has had the opportunity to attend previous RPAP workshops and welcomed participants to embrace the learning for the next two days of the Conference.

PRESENTATION: Alberta Health Services (AHS) Updates

There were two presentations by AHS Staff:

AHS Presentation #1: Community and Rural Planning

Speaker: Sherie Allen

Sherie Allen is an Executive Director in the Community and Rural Planning portfolio within AHS. Her team's role over the past eighteen months has been to develop a community and rural planning framework that integrates both historical planning activities and the unique strengths inherent in each rural community.



The Framework

The Community and Rural Health Planning Framework supports planning for health services for 85 rural communities across Alberta.

The Framework focuses on the health needs and services of those living in rural and remote areas of Alberta. It does not include urban acute care facilities or specialty sites. A method to prioritize communities to apply the framework has been established and communities will be reviewed in priority sequence.

The Framework is designed as a toolkit and incorporates community consultation to support consistent and sustainable planning for health services.

The toolkit consists of a set of decision support tools:

- A data report that highlights community characteristics, statistics and services
- AHS facility information
- Policies and guidelines to ensure safe quality programs are provided

All together, the tools provide a detailed overview of the health services offered in a community as well as possible gaps in health services.

Consultation Process

Community consultations are part of the Community and Rural Health Planning Framework process. These consultations provide stakeholders with an opportunity to validate the community health information used for planning.

A Committee from each zone is established to lead the health services planning. The Committee determines a process to consult with staff, physicians and community members.

Interviews and /or focus groups are used as the method for community consultations.

Guideline questions for the consultation process:

- What do you believe are the biggest health issues for those living in your community?
- What challenges or barriers to being healthy do people living in your community face?
- What are the opportunities to improve health services to better address the health concerns of those living in your community?
- One final thought – If your community was the healthiest place to live, what would it look like?

When the consultations are completed and the data reviewed, **the top five community health needs for the area are identified.** Strategies are then developed to support implementation and are included in the three year service delivery plan for the area.

Sherie responded to participant questions indicating that this framework and presentation was the first roll-out of the Community Planning process and is expected to be completed over the next year.

To have your name added to a database for participation in upcoming community engagement opportunities, please contact the AHS Community Engagement portfolio at community.engagement@albertahealthservices.ca

For more information about Community and Rural Health Planning, see AHS website. www.albertahealthservices.ca

For any further information specific to the Community Consultation process, contact Sherie at Sherie.Allen@albertahealthservices.ca

Appendix D Slide Presentation

AHS Presentation #2: Physician Recruitment

Speaker: Dr. Evan Lundall



Dr. Evan Lundall has served as a rural physician in Central Alberta for more than 23 years. Over the years, he has fulfilled a number of leadership roles within various regional and provincial entities. In addition to his full-time hospital and clinical practice, he has also served as the Facility Medical Director of the Three Hills Hospital and was the founding Board Chair and administrative lead physician for the Big Country Primary Care Network.

For the past year, Dr. Lundall has served as the Medical Director of AHS –Central Zone and is committed to providing leadership that will improve and sustain quality health services for all patients and is a strong supporter of Rural Physicians. Dr. Lundall is also an International Medical Graduate from South Africa.

Dr. Lundall provided an enlightening and informative presentation related to recruitment processes and challenges within Alberta.

He shared his personal experiences of how he and his wife came to Canada and settled into the community of Trochu, Alberta.

Presentation highlights:

- Physicians are crucial for AHS to achieve its goals
- AHS has adapted a **tripartite approach** to physician recruitment – **Medical Affairs** in liaison with **community physicians** / clinical department heads and **Community Recruitment and Retention committees**, each with different responsibilities

Physicians need to:

- Express the community needs
- Review resumes sent their way
- Act in an extremely expeditious way to respond to interested recruits
- Work with Community R&R Committees to coordinate site visits
- Work out appropriate business arrangements and be prepared to discuss the details with prospective recruits
- Work with AHS operations people to determine cost neutrality to recruitment
- Host potential recruits' on-site visits
- Be prepared to share "their" patients with a new colleague when they arrive to practice

Community Recruitment & Retention Committees should help to:

- Provide community information for both the recruiter and the potential recruit
- Assist potential recruit with contacts for travel agent, car rental and hotel accommodations for initial site visit

- Coordinate activities for site visit, showing the potential recruits all aspects of the community
- Assist with settlement support once a new physician arrives

Medical Affairs Physician Recruitment responsibilities

- Work with clinics /departments to identify vacancies
 - Coordinate completion of “Post a Physician Vacancy” template and upload completed information on Alberta Physician Link website.
 - Review CV’s, licensing eligibility and correspond with potential recruits
 - Coordinate the review of CVs with the clinics and / or department
 - Ensure telephone interview occurs with potential recruits, providing additional details on clinic / hospital and community
 - Coordinate multiple community pre-recruitment site visits, working with community members and the clinics / department to develop a formal itinerary
 - If offer and acceptance of position occurs, complete the appropriate paper work
 - Provide advice to physician recruits throughout licensure and immigration process if working with IMG
 - Ensure details are tracked and completed – CPSA appointment, assessment arranged, license insured, Return-in-service (RISA) agreement, processing of incentives and pre-recruitment visit receipts
- **AHS Central Zone assesses physicians required in a community**
 - **Communities in “Crisis”**; where services have been provided and there is an imminent threat to permanent service provision if recruitment is unsuccessful
 - **Communities in “Need”**; where workloads have increased substantially and increased physician manpower is required to sustain the programs and support existing physicians
 - **Communities requiring “Enhancement”**; where services are provided but due to wait lists and backlogs, potential retirements, physicians cutting back hours, need more physician manpower
 - **Coordinated Pre-Recruitment Visits** (AHS, community and local physicians) help with retention of physicians:
 - 2009 – 71% of physicians who participated in coordinated site visits accepted an offer and are practicing
 - 2010- 72.2% of physicians who participated in a coordinated site visit accepted an offer and are practicing
 - If a potential physician is interested in looking at several communities, it is recommended that this is co-ordinated with the efforts of AHS. This may require various zones and communities working very closely together.
 - **Available Recruitment Incentives**
 - AHS provides a one-time relocation incentive with a RISA Agreement; exception being recipients of RPAP bursaries

- Strategic Workforce incentive used with discretion by the Zone Medical Director in filling some very unique positions
- Some communities provide additional money incentives
- Alberta Medical Association (AMA) underserviced area incentives – Rural, Remote Northern Program (RRNP); remoteness (>350 km from hospital or major health centre), geographic isolation (ice roads, inaccessible), professional isolation (< 3 physicians practicing within 50 km radius)
- **Challenges and barriers that influence AHS recruitment efforts** include:
 - **Geography** of community which can lead to physician and professional isolation
 - **Community dynamics** in helping with attraction, settlement and retention support
 - **High overhead costs**, especially when starting out in practice
 - **Increased proportion of women physicians** in the workforce that are trying to balance the roles of motherhood and a career
 - **Continued reliance on IMGs**; decline in Family Medicine as a specialty of choice amongst Canadian grads, therefore, our continued reliance on IMGs
 - **Not training enough physicians with rural skills**
 - **Need to encourage, prepare and support rural students to apply and succeed in medical support** (clean up the dysfunctional pipeline) because rural students are TWICE as likely as counterparts to practice rurally; remote / significantly rural students are FOUR TIMES as likely to practice rurally when supported

Dr. Lundall highlighted some of the CPSA assessment changes that are noted in the CPSA presentation presented later on this day.

SUCCESSFUL RECRUITMENT is contingent upon SUCCESSFUL RETENTION. Dr. Lundall highlighted examples of how a positive and active R&R committee can influence retention:

- Welcome committee
- Community “Ambassador” to work with the physician and community
- Turn-key clinic operators in the community
- Hosting appreciation events
- Facility passes
- Interim physician and family housing arrangements
- Incentives from community

He also acknowledged other sources of medical supports in rural areas – Primary Care Networks (PCN), Nurse Practitioners, Clinical Assistants and Physician Assistants.

A final message from Dr. Lundall to the community members,
“YOU are my PARTNER in RETENTION” – continue the great work in showcasing communities and supporting the physicians when they arrive in your community.

Appendix E: Slide Presentation

PRESENTATION: “Expanding the Box”

Speaker: Dr. Ron Gorsche

Dr. Gorsche was born and raised in Calgary. He is a graduate from the Faculty of Medicine, U of A and completed his residency at U of C, and a Master Med. Science, Occupational Health from the University of Birmingham, U.K., as well as a Certificate and Fellow of College of Family Physicians Canada (CFPC). He is a former President of the Alberta Chapter, CFPC. His entire career as a physician has been based in rural Alberta, in the communities of Provost and High River, with his wife and four daughters. Currently, he is a Clinical Associate Professor, Dept. Family Medicine and Community Health Sciences, University of Calgary, Skills Broker for The RPAP, and still practices Family Medicine and Emergency Medicine in High River.



Dr. Gorsche spoke about High River’s unique community physician retention strategy, a medical centre developed through an innovative partnership between the Town of High River, the Municipal District of Foothills and local physicians. He has worked with all parties to **“think out of the box” to “expand the box”** as a creative solution to the “Recruitment and Retention” of physicians in the community of High River.

Dr. Gorsche spoke about how to positively promote recruitment in a time of physician shortage / crisis:

Instead of saying “You have a community in crisis and need a physician” – You could say “We have a wonderful practice opportunity”.

Dr. Gorsche spoke about the two greatest **FEARS for the “Early Careerist”?**

Fear #1: Abandonment – Newly practicing physicians do not always want to be left on their own – they want “back-up” support, other physicians and resources to turn to when in doubt.

Fear #2: Trust – This refers to office arrangements and setting up “business” which requires attention to investment and overhead operations and working with partners / associates.

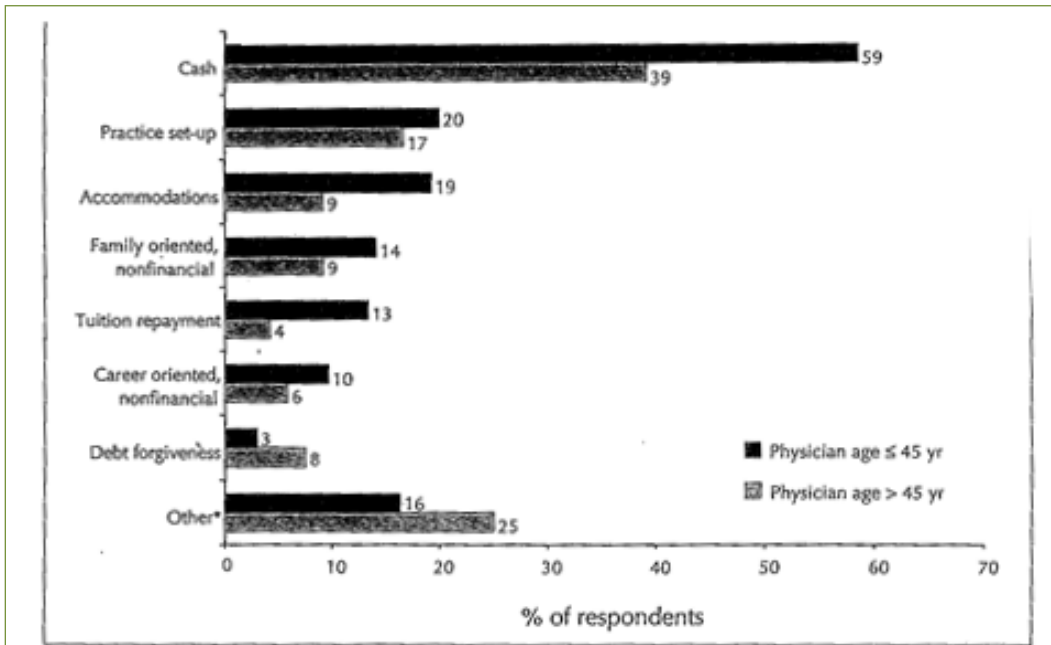


Fig. 1. Incentives received by the 255 physicians who were given incentives for practising in a rural setting, by age. *Other incentives listed by respondents included assistance with moving (including expenses), immigration assistance, vehicles, other financial benefits and other material tokens.

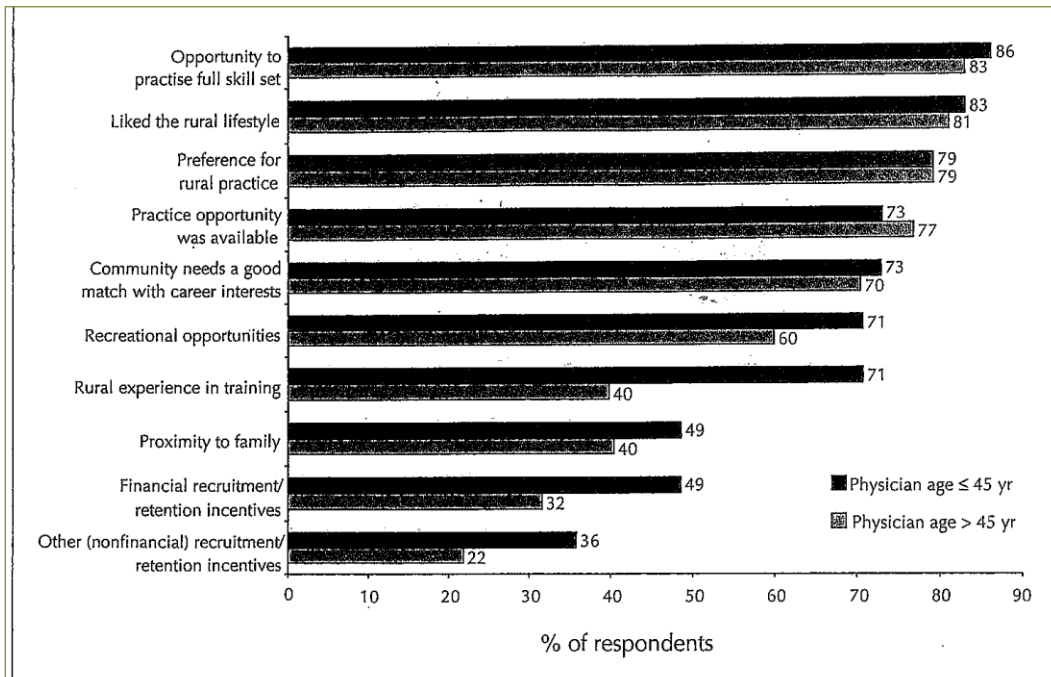


Fig. 2. Factors that were considered important (very or somewhat important) in choosing to practise in a rural area by 642 physicians, by age.

To help **MINIMIZE the FEARS and FOCUS on RETENTION, a successful RECRUITMENT MODEL** should include:

- Opportunity for reasonable physician work hours
- Locum coverage, if needed
- Professional support – availability of specialists, senior staff

Design highlights of Charles Clark Medical Centre, High River, AB has tried to incorporate this knowledge as a means of addressing both community and physician needs:

- Building imperatives: everyone onside – physicians, general public, town council, municipalities and service clubs
- Staffing includes experienced physicians; to help mentor new physicians to alleviate fears of abandonment
- Share cost control – turn key operations, reasonable rents, other health providers such as pharmacists and radiologists can lease the space to lower cost of clinic rents – town can lease unused physician space, until such time it is needed
- Retention benefit if shareholders (physicians stay they get a percentage of clinic ownership and can create a retirement income for long term stay. If the shareholder chooses to leave, they get their share of clinic investment back)
- Explore innovative and creative funding resources when looking at financing project

Charles Clark Medical Centre

- **Development:** May 2007-August 2010
- **Construction:** August 2010-Sept 2011
- **Size:** 22,500 Square feet- 2 storey
- **LEED Silver** (possible Gold): First health centre in Alberta



Appendix F: Slide Presentation

PRESENTATION: College of Physicians and Surgeons (CPSA) Updates

**Speakers: Dr. Trevor Theman, Registrar of CPSA
Dr. Ken Gardener, Assistant Registrar of CPSA**

Dr. Theman and Dr. Gardener co-presented information / updates regarding processes for physician registration, assessments and the impacts of the Agreement on Internal Trade (AIT).



Dr. Theman received his MD from the University of Alberta in 1974. He completed his internship in Victoria, BC and trained in general surgery at the Royal Victoria Hospital in Montreal and the University of Alberta, before setting up a general surgery practice in Edmonton.

While still in practice, Dr. Theman was elected to the Council of the CPSA and served two terms as Council President prior to accepting a position as an Assistant Registrar for the College's complaints department. This position sensitized Dr. Theman to the systems of care in which physicians and other healthcare workers practice, and led to his interest in patient safety. Dr. Theman assumed the position as Registrar in 2005, and continues to be very interested in the role healthcare professionals can play in creating a culture of safety.



Dr. Gardener is a family physician by training and is currently the Assistant Registrar of the Physician Assessment and Remediation at CPSA. Prior to joining the CPSA, Dr. Gardener served as Vice-President of Medicine for Capital Health in Edmonton.

The College of Physicians and Surgeons (CPSA) is the licensing and regulatory body for Alberta doctors. The mission is **“to serve the public and guide the medical profession”**. For more details about licensure and assessments, see www.cpsa.ab.ca .

Registrar Categories

Previously, under the Medical Professions Act, there were three Registrar categories – General Register, Provisional Register, and Limited Register

Effective Jan 1, 2010, under the Health Professions Act (HPA), changed to two Registrar categories - General Register and Provisional Register – Conditional Practice

Under the category of **Provisional Register – Conditional Practice**: All IMGs, including those entering specialty practices in Alberta, will be required to pass the Medical Council of Canada Evaluating Examination (MCCEE)

Licensing – Under HPA, effective Jan 1, 2010

- LMCC 1 and 2 are no longer required
- 3 out of 4 mandatory rotations are required (Paediatrics, Obstetrics & Gynaecology, Internal Medicine or Surgery)
- College will no longer offer an exemption to the Medical Council of Canada Evaluating Examination (MCCEE) requirement for the IMGs who will be practicing in Alberta for less than 90 days

Eligibility Requirements for General Practice / Family Medicine

- Medical degree
- Licensing Exam: MCCEE
- Post-graduate training – 24 months community primary care, 8 weeks each of three of: Paediatrics, Obstetrics & Gynaecology, Internal Medicine or Surgery
- Assessment needed if no Canadian post-graduate training or experience

Clinical Assessments

Purpose of assessments: To ensure that physicians meet the practice standards in a clinical setting in Alberta practices.

Assessments take place in a location other than the one the individual is being recruited to and completed by assessors who will not be working with the applicant.

The **length of the assessment** is based on where the applicant completed their post-graduate training.

Every International Medical Graduate (IMG) requires a Practice Readiness Assessment that is comprised of two parts:

Part 1: Preliminary Clinical Assessment

Part 2: Supervised Clinical Assessment

Part 1: Preliminary Clinical Assessment

- For those with **TRAINING SIMILAR to Canadian post-graduate training** (Australia, New Zealand, United Kingdom, United States, Ireland), assessment period:
 - **Family Medicine** - 2 week
 - **Specialist** – 3 months
- For those with **TRAINING NOT SIMILAR to Canadian post-graduate training**, effective September 2010 – International Medical graduates (IMGs), countries other than the five listed above, assessment period:
 - **Family Medicine and /or Specialist** – 3 months

Part 2: Supervised Practice / Clinical Assessment

In their permanent place of practice, the applicant is supervised by a senior physician. *The duration of the supervised practice is three months regardless of qualifications or specialization.*

Impact of the Agreement on Internal trade (AIT) and working in Alberta

- AIT has facilitated the movement of physicians across Canada, with the exception of New Brunswick who has chosen not to participate in Agreement
- Licensure still remains a provincial jurisdiction
- **Process for applying for a license in Alberta has not changed**
- **College is working to standardize assessment process – Provincial Physician Assessment Program (PPAP)**

Appendix G: Slide Presentation

PRESENTATION: Steps to Recruitment International Medical Graduates (IMGs)

Facilitator: Kelly Lyons

RPAP Community Physician Recruitment Consultant - North

The following “Steps to Recruitment” have been transcribed from the PowerPoint Presentation.



Prior to going through the “Steps to Recruitment”, it was important to review and understand the following:

- The recruitment process is best met by a **“TEAM APPROACH”** – *working collaboratively between Alberta Health Services (AHS), local physicians and community.*
- **Role of AHS / Role of the local physicians** – to ensure successful recruitment of professional physicians that will meet the medical needs of the community
- **Role of the Community** – to liaise with AHS to coordinate and share community information, provide support for site visits, and assist with settlement support related to housing, transportation, education, spousal career assistance, child care, banking services

The following outlines **Recruitment Steps**, from identifying the need for a physician through to hiring of an Internationally Trained Medical Graduate (IMG):

1. Clinic or medical department head **identifies a vacancy** and contacts AHS Physician Recruiter within in their Medical Zone.
2. AHS Recruiter emails **“Post a Physician Vacancy” template** back to organization that has placed a request to fill a vacancy. – Once information is received, AHS Recruiter will post the vacancy on the Alberta Physician Link (APL). *Note: The Alberta Physician Link is a “one-stop” Alberta provincial recruitment web site for physicians wanting to work in Alberta. The web site is a service of The Alberta Rural Physician Action Plan (RPAP). www.albertaphysicianlink.ab.ca*
3. **Physicians can register on the APL to receive automatic job alerts of new postings.** So when an organization places a new posting, a new job alert is sent to registered physicians. It is **also assumed that the potential physician has already applied to the College of Physicians and Surgeons (CPSA) for an eligibility review to practice in Alberta.**

4. Physicians interested in or wanting further details on opportunity submit their interest, apply for the job, through the APL. Application includes submission of their CV and CPSA eligibility letter. The CV and eligibility letter are also sent to the AHS Recruiter that posted the vacancy.
5. The **AHS Recruiter reviews conditions attached to licensure** and replies with an appropriate response.
 - a. If the CPSA licensing requirement exceeds the zone's ability to support the candidate in being hired, the recruitment process for that individual ceases – no further interventions such as site visits.
 - b. If it appears to be a favorable candidate, AHS forwards the CV and eligibility letter to the clinic or department head for review.
6. If the clinic or department head is interested in the candidate, **an initial telephone interview is completed by the hiring physician** to provide the potential recruit with additional details on the clinic and practice opportunity.
7. If the **candidate is deemed suitable**, the clinic or department head advises the AHS Recruiter that they would like to proceed.
8. At this time, a **pre-recruitment site visit** may be offered to the potential recruit and spouse.
9. The **AHS Recruiter and community work together** to send a pre-visit questionnaire to the potential recruit to gather any information that might be pertinent **in customizing the site visit** such as hobbies and interests, school needs if there are children, any food restrictions, and recreational interests.
10. The AHS Recruiter notifies the Community representative (who is often part of Community Recruitment and Retention (R&R) Committee and affiliations with the Mayor, Town Manager, Banker, Realtor, etc) so TOGETHER they can plan and prepare for a Community Site Visit.
11. The **AHS Recruiter coordinates all parties involved with site visit – physicians and community**. A formal itinerary is developed in conjunction with community members and clinic(s), hospital and any other medical facilities that may be involved such as the Primary care Network (PCN).
12. Potential recruit arrives and the pre-recruitment site takes place. (Note: The potential recruit may be doing site visits in several communities to maximize his / her time).

13. Interested clinics and / or AHS Recruiter then follow-up with the potential recruit about the site visit to answer any further questions and get feedback on the site visits.
14. If an offer and acceptance of offer occurs, the Clinic or department contacts the AHS Recruiter.
15. The potential new recruit is also asked to sign a consent form for “Release of Information” so that references can be checked.
16. Once references are checked, a “Return-of-Service” agreement between AHS and the new recruit is negotiated and prepared.
17. Once there is a **SIGNED CONTRACT**, a temporary Foreign Worker Application is completed to **obtain a Labor Market Opinion (LMO)** from Alberta Employment and Immigration (AEI).
18. Once the **LMO is issued, the new recruit can apply for a WORK PERMIT.**
19. **AHS then sends:**
 - **a sponsorship letter to the CPSA**
 - the privilege application package to the new recruit to complete and return back to AHS within a timely manner.
20. In conjunction with AHS recruitment support, **the new recruit must:**
 - complete the CPSA application and submit all documents as listed on the CPSA eligibility letter
 - apply to the Physician Credential Registry of Canada (PCRC) for verification of medical credentials
 - apply to write the Medical Council of Canada Evaluating Exam (MCCEE) and successfully pass the exam prior to licensure from the College
 - apply to Canadian Medical Protective Association (CMPA) for malpractice insurance prior to beginning practice
21. As the actual arrival date draws near, the Community Representative(S) and/or Community R&R Committee and AHS Recruiter meet to discuss and arrange settlement support.
22. **AHS Medical Affairs arranges for 2-week or 3-month clinical assessment** – length of time is determined by the CPSA.

23. Once licensure and work permit are in order, travel arrangements can be made. The new recruit will notify AHS of tentative arrival date, which upon AHS will notify the community of the same.
24. The new recruit (and family) are welcomed to a community, independent of the practice community, to complete the 2-week or 3-month assessment.
25. Once assessment is completed to meet CPSA approval, **CONDITIONAL LICENSURE** is granted and the new recruit is now ready to practice.

Note: After the assessment process, the new recruit now works under a “**SUPERVISED INTEGRATED**” practice for 3-months to ensure medical competencies outlined by the CPSA are being met. Once competencies are met, the CPSA will issue appropriate licensure for practice in Alberta. There may or may not be special conditions applied to licensure, all dependent on outcome of the supervised integrated practice.

For further information:

consultants@rpap.ab.ca

www.albertaphysicianlink.ab.ca

Appendix H: Slide Presentation

PRESENTATION: Recruitment Initiatives

Facilitators: Kelly Lyons / Christine Hammermaster

Kelly and Christine are the Community Recruitment Physician Consultants (CPRC) hired by The RPAP to oversee and assist with physician recruitment and retention initiatives. Kelly looks after Northern Alberta activities and Christine looks after Southern Alberta activities, with boundary division being Highway 16.



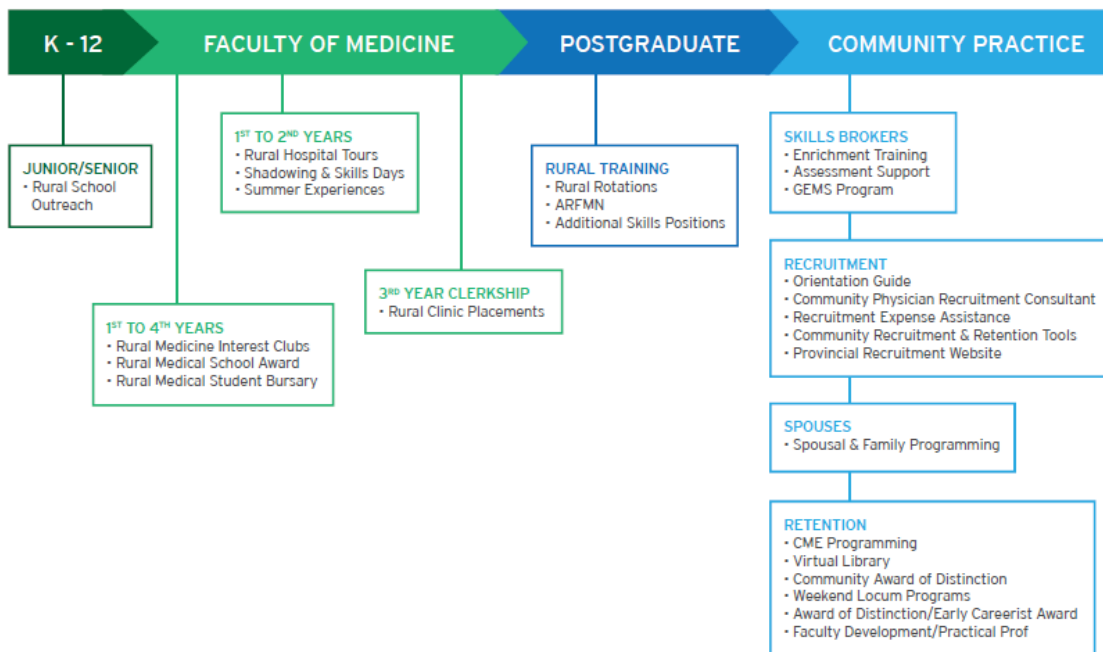
RPAP Vision: “Having the right number of physicians in the right places, offering the right services in rural Alberta”

RPAP Mission: “The Alberta Rural Physician Action Plan (RPAP) support 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.”

RPAPs’ Partners: Alberta Health and Wellness (AHW), Alberta Employment and Immigration (AEI), Alberta Health Services (AHS), College of Physicians and Surgeons (CPSA)

RPAPs’ Sequential Series of Initiatives

– Throughout the Lifecycle of a Rural Physician



RPAP’s Involvement with School Outreach Career Fairs

- RPAP staff attend school career fairs throughout the province to encourage junior and senior high students to consider a career in medicine and if interested in medicine, to consider a career in rural medicine.

RPAP's Support for Rural Physicians

- **Early Careerist Support Program:** An initiative to assist newly graduated physicians, also known as Early Careerists, to help them prepare for the business/operational side of medical practice – program includes a mentorship component and workshops (Getting Ready for Practice, Forms and General Information about Setting up Practice).
- **Current Practicing Rural Physicians:** Enrichment training and assessment support from Skills Brokers contracted through RPAP, opportunities for Continuing Medical Education (CME), a Virtual Library that provides physicians with an online research resources, Practical Prof
- **Additional Support for All NEW Rural Practitioners:** “Welcome to their Rural Alberta Practice” information in the form of welcome letters, promotional items and a welcome call from RPAP reminding them of the support that RPAP can offer
- **NEWLY Hired International Medical Graduates (IMGs):** “Harvesting the Most From Your Rural Alberta Home” manual that is designed to preventively address some of the cultural issues and sensitivities that may arise in practice and community as a result of “culture” is provided to help prevent / minimize cultural issues

RPAP's Involvement with Community Support

(For existing and newly forming Community Recruitment and Retention (R&R) Committees):

- Assist community and AHS with recruitment and retention supports, as defined by individual communities
- Attend Community R&R meetings, as invited
- Ability to provide customized community workshops, again, addressing community issues
- Ability to deliver “Cultural Integration Workshop” for communities that may have hired or will be hiring IMGs
- “Building on Shared Experiences” TOOLKITS that are currently available from your area RPAP Community Physician Recruitment Consultant (soon to be posted on new Community Recruitment and Retention website being developed by RPAP). **Available Toolkits: A Community Approach, Promote Your Community, Form a Committee, Site Visits**

RPAP's Support for Physician Recruitment

- **Alberta Physician Link** – this website is a service of The Alberta Rural Physician Action Plan (RPAP). www.albertaphysicianlink.ab.ca. The Alberta Physician Link is a "one-stop" Alberta provincial recruitment web site for physicians wanting to work in Alberta. For community to view postings, **Username: albertaphysicianlink / Password: community**
- **Promote “Home-grown” Physicians**
 - Presentations to Community Colleges / Transfer Universities to inform students who are completing their first degree and looking to continue furthering their education to consider a career in medicine, especially in rural medicine
 - Work with **University of Alberta and University of Calgary** Medical Students:
 - **1st and 2nd Year Students:** Rural hospital tours and Skills Days, Job Shadowing opportunities, and Summer Externships for exposure to rural medicine
 - **1st to 4th Year students:** Rural Medical Interest Groups in both U of A and U of C, opportunities for bursaries and medical school awards
 - **3rd Year Students:** Support with accommodation funding, and preceptor funding
 - **Residency (Post-graduate Training):** Rural Residency Programs, support for longer rural rotations and additional funding for extra skills training

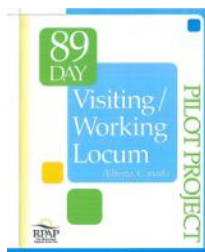
- **International Recruitment**

A recruitment team with representation from:

- AEI (to answer questions related to work permits and immigration)
- CPSA (to answer licensing questions), and
- RPAP (to share actual practice opportunities and supports for rural physicians)
- Attend **International BMJ Career Fairs in the United Kingdom** to recruit physicians that would meet the CPSA eligibility requirements to practice medicine in Alberta. (Other Canadian provinces also attend in efforts to recruit physicians).



- **89 Day Locum Program**



With a special funding grant from Alberta Health and Wellness, RPAP has been able to “pilot” a program that allows foreign trained physicians who meet CPSA eligibility to experience a “working holiday” in rural Alberta.

While in Alberta from the United Kingdom, the “89 day locum program” protocol includes:

- 4-day work week, every second weekend is to be a 4-day weekend

- no emergency work
- clinic space with at least 2 exams room for the physician
- have the opportunity to experience practice and life in a rural community, and
- provide communities with the opportunity to hire as a locum or permanently should the visiting physician wish to relocate to Alberta.

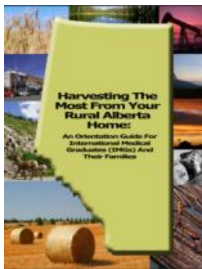
The grant provides financial assistance to the “visiting physician”. Success this far:

2009 – 4/5 physicians have permanently relocated to Alberta in the communities of Drumheller, Sylvan Lake, Canmore and Airdrie.

2010 – only one physician this year, Barrhead – relocation pending personal circumstances

Top 10 Source Countries of IMGs Coming to Alberta

(as identified by the College of Physicians and Surgeons, in no specific order)



- | | |
|-----------------|-------------------------|
| • Ireland | • Pakistan |
| • UK | • Nigeria (West Africa) |
| • Australia | • India |
| • United states | • Egypt |
| • South Africa | • Libya |

Appendix I: Slide Presentation

BOARD GAME – Connecting the Generations™

Facilitators: Christine Hammermaster / Audrey DeWit

After dinner on Monday evening, conference participants engaged in an evening of fun and interaction with the goal of increasing awareness of the generational differences. The game helped develop an understanding of how to look at ways of understanding and appreciating similarities and differences to work more effectively as a means of enhancing retention, work/life balance and overall personal workplace satisfaction. Learning about intergenerational considerations can impact recruitment and retention strategies.



The board game provided an opportunity for participants to go through generational events and to guess which generation was related to the event.

For the first time in history, four generations exist in today's workplace:

WWII Generation: Born mid 1920's to approximately 1946

Baby Boom Generation: Born approximately 1946-1964

Generation X: Born approximately 1965-1981

Millennial Generation: Born approximately 1982-2000

--There is still no generational "name/title" selected for those born beyond 2000

Each generation has its own unique views, perspectives, ethics and styles when it comes to working, being managed and managing others.

LEARNING to UNDERSTAND the DIFFERENCES is the first step in creating a multi-generational team that recognizes and utilizes talents each generation has to offer to foster job satisfaction and job retention. This can be done by:

- Establishing good recruitment practices
- Increasing communication and conversation in existing teams and organizations
- Creating "coaching and mentoring" opportunities for knowledge, growth and succession planning

TUESDAY, NOVEMBER 8

MODERATOR: Kelly Lyons
RPAP Community Physician Recruitment Consultant – North

PRESENTATION: “The Big Wait”

Facilitator: Christine Hammermaster

Participants watched a movie entitled “The Big Wait” and engaged in discussion to gain greater awareness and understanding of the



challenges and frustrations encountered by both parties, communities waiting for doctors and for the internationally trained doctors who want to come and practice in Canada / Alberta.

The movie, “The Big Wait”, is a story about three foreign-trained doctors who are waiting to get accredited in Canadian provinces and rural communities who are waiting for them. It highlights their human journey through the Canadian medical system and their difficulties getting into residency positions in Canada. For a preview and movie discussion, go to www.thebigwait.com.

Discussion points before the movie:

- How has the “WAITING for DOCTORS” impacted “COMMUNITY and PATIENTS”?
- What challenges do you perceive that International Medical Graduates (IMGs) might face when they want to come to Canada?

Discussion after the movie:

- There was a greater awareness of challenges faced by IMGs, beyond what was initially perceived in the pre-movie discussion.
- Insight was gained about the small number of limited number of residency positions available in each Canadian province. NOTE: Alberta currently accepts 40 residents through the Alberta International Medical Graduate (AIMG) program. (www.aimg.ca)

For more information as to what is happening in Canada in regards to The Agreement on International Trade as it relates to changes in physician licensure and to ease the transferability across the Canadian provinces, see www.thebigwait.com or www.cpsa.com (CPSA Publication – The Messenger).

PRESENTATION: My Life and Medical Practice in Rural Alberta

Speaker: Dr. Khurram Jahangir

Dr. Jahangir is an International Medical Graduate from the United Kingdom. He completed his medical school training at the University of Leicester Medical School, England in 1998. In 2001, he completed General Practice vocational training. Up until 2008, when he moved to Canada, he was working as a locum in the UK.



In a very entertaining and delightful presentation, Dr. Jahangir captured the audience's attention as he told his story of why he chose a rural community for his practice and his family and what life has been like in Canada, more notably, in the rural community of Peace River.

“Why I considered a move to Canada?”

- Disillusioned with the National Health System in the UK
- Bored working as an “urban GP”, wanted to work as a rural doctor
- Wanted a better work-life balance and concerned about the future for his children
- Wanted an opportunity to pursue his areas of special interest
- Had previously visited Canada - considered Alberta and BC

“So why did I choose Peace Country?”

- Former Peace Country Health was quick to contact me
- Offered free flights and accommodations to visit the region and explore opportunities
- Community sorted a complete week's program before my arrival, matching mine and their needs
- Enormous help with all formalities from a variety of supports – AHS, Physician Recruiter, CPSA, RPAP, Immigration, the physician group, the community

“So what factors really influence a decision to move to Alberta, Canada?”

- **Personal and Family Needs:** Is it the right move? Does it meet your criteria for your own career journey? Does your family support a move?
- **Physician Group that you would be working with:** Is there a right “fit /match” for working together? Can you define appropriate assessments?
- **Community Settlement Support:** Are their incentives? Is there an active Recruitment and Retention (R&R) committee in the community?
- **Eligibility Requirements:** Understand CPSA eligibility requirements, AHS hiring process, and the Medical Council of Canada exam process that needs to be completed as a requirement of eligibility.

- **Immigration processes:** This is often the most frustrating part, Canadian immigration takes a long time but the time is being expedited with the introduction of LMO's through the Alberta government which are handled by AHS
- **RPAP:** An excellent service in helping answering questions and liaising between all parties to ensure a smooth transition from the UK to Alberta.

“So what is my life like after two years of living in Alberta?”

- There are no restrictions on my medical license
- Full practice – office work, ER shifts, Obstetrics including labour and delivery, hospital admitting privileges
- Lead preceptor for all students and residents in Peace River
- Assistant Clinical Professor, Dept of Family Medicine, University of Alberta
- Undertaking MSc in Medical Education by distance learning
- Enjoying life in Peace River with my family

Appendix J: Slide Presentation

PRESENTATION / GROUP ACTIVITY:

“Building on Shared Experiences”,

The Next Chapter – Tools for Community

PRESENTATION:

Development of RPAP Community Recruitment & Retention (R&R) Website

Speaker: Kyle Loranger

Kyle Loranger owns and operates his own consulting firm, Kyle Loranger Design Inc. in Edmonton, Alberta. He is currently contracted by RPAP for the design and development of The RPAP’s new “Community R&R” website.

Kyle presented an update and preview of the Community R&R website currently being developed under the direction of The Alberta Rural Physician Action Plan.



Communities and committees will have:

- A common place to share information, find resources and support each other in their recruitment efforts
- A secure and confidential place to post and share their own committee minutes and meetings, not accessible by other committees
- An opportunity to connect with other committees and share information via the internet

It is also a place for The RPAP to:

- Provide information and education through the “BUILDING on SHARED EXPERIENCES TOOLKITS”
- Provide links to research articles that may be relevant to recruitment and retention efforts
- Post proceedings of community workshops, conferences, and videoconferences
- Advertise upcoming events being coordinated and /or sponsored by The RPAP

SAMPLE of COMMUNITY R&R WEBSITE DESIGN

(Currently under development – tentative launch early 2011) – **Once the website is ready to launch, there will be a Videoconference hosted by The RPAP for communities to learn use and maximize the features of the website.**



GROUP ACTIVITY: Tools for Your Community

Facilitators: Kelly Lyons / Audrey DeWit

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



After table discussion was completed, each group presented their suggestions.



Each community was encouraged to take away one or two ideas that could become relatively immediate “ACTIONS”, instead of just “IDEAS”, within their own community.

Session handouts used during this activity

- Understanding Generational Differences, from RPAP’s toolkits
- Retention Model – Descriptors
- Site Visit Questionnaire, provided by Alberta Health Services

The following is a summary of the questions and responses:

1. How can you enhance RECRUITMENT, especially around site visit activities, in your community?

- Change terminology on pre-site questionnaire (Ex: “day home” vs “child minder”) to reflect language of potential recruit and spouse
- Check dietary concerns if you are hosting new recruit for lunch / dinner / social – again, could ask this on pre-site questionnaire
- Ensure transportation for tour and local highlights
- Give them a “get-away” to the mountains if appropriate to demonstrate lifestyle
- Send them home with Sears catalogue to gain familiarity with Canadian styles, designs, and estimates of costs
- Provide a “Welcome” package, before hand or at time of visit



- Transportation arrangements – do they have transportation or does it need to be arranged, give them transportation to use on their own if they have appropriate Alberta licensure and insurance (car, gas, GPS)
- Pay for flight
- If staying overnight, have accommodations pre-arranged – have snacks available in accommodation, offer a trip to the grocery store, temperature appropriate (not too cold if winter), email/internet access for them to call home if they are from out of province /country
- Accommodate site visit with personal interests – Ex: religion, sports single, married, family, bird watching, schooling, tourism sites, animal lovers
- Provide additional information beyond community such as distance to a larger centre
- Provide CD with pictures of highlights to take home
- Organized yet flexible itinerary for site visit
- Prepare staff and community for the visit to have a ‘positive” attitude while touring doctors
- Meet with the mayor / RCMP
- Have potential recruit bring employment letters for spouse – credit reference from banks
- Toys / gifts / blankets to expectant Moms
- Housekeeper – if staying for a few days

2. *How can you enhance RETENTION activities within your community?*

Support for Physician and his Practice

- Ensure current physicians have ongoing support - strategize processes while a new physician is being integrated into the practice
- Physician Awareness Day
- Physician Appreciation Day/ Week – try to coordinate appreciation “events” with Dr. schedule – not just arbitrarily host an event
- Dr. “Appreciation” Day / Week – advertise on radio or newspaper
- Get community kids involved – draw pictures to hang in clinics
- Allow for balance of work and life activities
- Balance of work / play – awareness of their needs and desires
- “On-call” versus NOT “on-call”
- Financial support if delay in salary / fee-for-service billings
- \$\$ incentives to stay

Support for Medical Students / Residents who could be Potential “Home-grown” Doctors

- Publicize to local students, medical bursaries available so that maybe they will come back to their own community, or at least in Alberta, after pursuing a career in medicine (Return-in-Service Agreement)

Support for the Family

- Welcome events / receptions to integrate to community
- Pay attention to specific interest of doctors and all family members
- Pay attention to specific basic human needs – accommodation, dietary, transportation
- Tailor lifestyle needs to accommodate generational needs
- Sensitivity to weather/events / length of stay
- Connect on a personal level – religious groups, schools, someone’s home
- Mentor families – similar ages / genders
- Signing bonus to help with funding of personal needs – rent, house or vehicle purchase
- Approach gas station (Husky) for free fuel
- Cell phone with a pre-paid or “pay-as-you-go” phone card
- Make available for use: Skype / email / internet access
- Time share / mini vacation / weekend away
- Christmas presents / movie night / special occasions – gifts for children, food hampers
- Community events / recreation opportunities / cultural opportunities / local landmarks
- Recreation and education – ongoing
- Provide childcare options if spouse chooses to work

Support for the Community

- Cultural awareness / sensitivity training that can be provided through The RPAP
- Ongoing meetings of R&R Committees, focus on long term retention strategies, if not busy with recruitment
- Educate the community and committee – Re: importance of healthcare staff

PRESENTATION: Bursary Funding Programs Northern Alberta Development Council (NADC)

Speaker: Audrey DeWit



Audrey DeWit is the Manager of Programs and Coordination, Northern Alberta Development Council. As part of her duties, Audrey oversees NADC's bursary programs, and collaborates with The RPAP and other organizations to address physician shortages in the Northern region.

Ms DeWit highlighted the NADC's bursary programs. The bursaries assist in recruiting doctors and other professionals to northern Alberta.

- Bursary values range from \$6,000 to \$12,000, and are offered to Alberta residents interested in living and working in the NADC region when they finish their studies or medical residency.
- About 60 to 70 NADC Bursaries of \$6,000 are awarded each year. Approximately one-third of these go to students in various health care programs.
- As well, the NADC offers \$12,000 bursaries to medical and dentistry students, \$9,000 bursaries to nurse practitioner students and \$6000 bursaries to pharmacy students, all for up to three or four years of study.

The 2010 selection saw an all-time high number of bursaries going to medical students. Ms DeWit provided a listing of the opportunities for doctors in the region.

Return-to-Service Agreement

Ms DeWit noted a Bursary Partnership option that is available to northern communities. This allows communities to co-sponsor a specific student with the NADC and enter into an agreement whereby the student returns to work in that community upon graduation. Ms DeWit encouraged representatives from the NADC region, which covers 60% of the province, to contact the NADC to discuss potential partnerships.

For more information about NADC's bursary programs: www.benorth.ca
Northern Alberta is also highlighted at: www.opportunitynorth.ca

Appendix K: Slide Presentation

List of Participants



2010 Rural Alberta Community Physician Recruitment & Retention Conference Participants

Name	Title	Organization	Town
Linda Choi	Economic Immigration Specialist	Alberta Employment & Immigration	Edmonton
Varghese John	Research Officer – Strategic marketing	Alberta Employment & Immigration	Edmonton
Aidan Hailes	Web Marketing Specialist	Alberta Employment & Immigration	Edmonton
Sherri Xie	Workforce Analyst	Alberta Health & Wellness	Edmonton
Pamela Kathol	Physician Resource Planner	Alberta Health Services – Central Zone	Red Deer
Andrea Taylor	Dept Manager – Clinical – Rural Medicine	Alberta Health Services – Rural Health	Calgary Rural
Lisa Beezley	Manager – Medical Affairs	Alberta Health Services – South Zone	Medicine Hat
Doris Splane	Deputy Councillor	Athabasca County	Athabasca
Mike Demko	Councillor	Athabasca County	Athabasca
Mabel Dick	Committee Chair	Athabasca R&R	Athabasca
Brian Schultz	Mayor	Town of Barrhead	Barrhead
George Berg	Vice- President	Brooks Health Foundation	Brooks
Molly Douglass	Reeve – County of Newell #4	Brooks Health Foundation	Brooks
Jason Heise	Committee Member	Camrose R&R	Camrose
Shauna Feth	Committee Member	Camrose R&R	Camrose
Megan Smienk	Committee Member	Health Services Committee	Chestermere
Karen Wourms	Committee Member	Health Services Committee	Chestermere
Sharon Martin	Coalition Coordinator	Hearts for Healthcare	Cold lake
Michelle Schurman	Communications	Hearts for Healthcare	Cold Lake

Name	Title	Organization	Town
	Coordinator		
Greg Sylvestre	Chair	Hearts for Healthcare	Cold Lake
Bonnie Sansregret	Advisory Councillor- Special Areas	3 C's R&R	Consort
Jay Slempp	Chair – Special Areas	Special Areas Board	Hanna
Dr. Brain Willis		Edson Medical Centre	Edson
Doreen Acorn	Clinic Manager	Edson Medical Centre	Edson
Mariann Wolbeck	Daysland Health Centre	Flagstaff R&R	Flagstaff
Laurie Melnyk	Committee Member	Flagstaff R&R	Sedgewick
Lanny Boutin	Manager of Sustainable Development	Gibbons R&R	Gibbons
Nels Nelson	Councillor – Town of Grimshaw	Grimshaw Regional R&R	Grimshaw
Helen Kenyon	Executive Director – Big County Primary Care Network	Kneehill R&R	Trochu
Val Warnock	Councillor – Town of Trochu	Kneehill R&R	Three Hills
Al Campbell	Member at Large	Kneehill R&R	Three Hills
Norm Koop	Member at Large	Kneehill R&R	Three Hills
Vanessa Vandermeer	Councillor – Village of Linden	Kneehill R&R	Three Hills
Eva Friesen		La Crete Health Committee	La Crete
Joyce Fehr	Manager – La Crete Medical Clinic	La Crete Health Committee	La Crete
Dale Krasnow	Mayor – Town of Onoway	Lac Ste Anne R&R	Onoway
Ron Kidd	Councillor – Lac Ste Anne County	Lac Ste Anne R&R	Onoway
Jason Wallsmith	Assistant Finance Manager – Lac Ste Anne County	Lac Ste Anne R&R	Onoway
Tim Janzen	Clinic Administrator	Big Fowler Medical Clinic	Lethbridge
Jane McEachern	Co-clinic Manager	Lloydminster Clinic	Lloydminster
Warren Cunningham	Vice-Chair	Quad Municipality R&R	Warner / Milk River
Shane Olson	Economic Development	Town of Okotoks	Okotoks

Name	Title	Organization	Town
	Team leader		
Dale Gregory	Councillor – Town of Provost	Provost & District Health services	Provost
Ernie Marias	Town Councillor- Town of Rocky Mtn House	Rocky Mtn House R&R	Rocky Mountain House
Bob Bryant	Councillor – Clearwater County	Rocky Mtn House R&R	Rocky Mountain House
Tammy Burke	Committee Member	Rocky Mtn House R&R	Rocky Mountain House
Myrna Lanctot	Committee Chair	Smoky River R&R	Donnelly
Roxanne Bergheim	Executive Director – St.Paul / Aspen Primary Care Network	St Paul	St Paul
Keith Ryder	Executive Director – Stettler Regional Board of Trade	Stettler R&R	Stettler
Niki Sibera	Community Member	Community at Large	Tofield
Dion Pollard	Director of Community Services	Town of Vermilion	Vermilion

Appendix A: Agenda



AGENDA

**2010 Community R&R Conference – “RECRUIT the Physician, RETAIN the Family”
@ Sawridge Inn - # 4235 Gateway Blvd, Edmonton, AB**

Sunday, Nov 7 (700PM-830PM) – Registration & Welcome Reception (Appetizers and Cash Bar)
– Gallery (Main Floor)

Monday, November 8, 2010 – Maligne Room

730-830 Registration & Breakfast
830-845 Welcome
845-1000 **Alberta Health Services (AHS) Update**
- Dr. Evan Lundall, Medical Director – Physician Recruitment
- Sheri Allen, Executive Director – Community and Rural Planning
1000-1030 Break
1030-1200 **“Thinking Out of the Box”** – Dr. Ron Gorsche
1200-100 Lunch
100-200 **College of Physicians and Surgeons of Alberta (CPSA) Update**
- Dr. Trevor Theman, Registrar & Dr. Ken Gardener, Assistant Registrar
200 -230 **Steps to Recruitment** – Kelly Lyons, RPAP
230-300 Break
300- 430 **Recruitment Initiatives** – RPAP Community Physician Recruitment Consultants
(North – Kelly Lyons, South – Christine Hammermaster)
600PM-730PM **Supper (Cash Bar)**
730PM-830PM **Board Game – Connecting the Generations™**

Tuesday, November 9, 2010 – Maligne Room

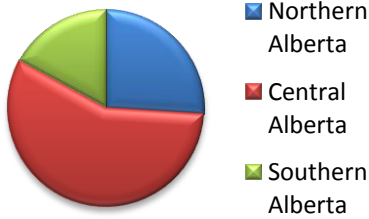
730-830 Breakfast
830-1000 **“The Big Wait” – Community Recruitment Experiences** – Christine Hammermaster
1000-1030 Break – sponsored by Alberta Medical Association
1030-1200 **My Life and Medical Practice in Rural Alberta** – Dr. Khurram Jahangir
1200-100 Lunch
100-230 **“Building on Shared Experiences”, The Next Chapter**
- Community R&R Website Presentation – Kyle Loranger Design Inc.
- Tools for Community – Next Steps for Your Community – Audrey/Kelly
230-300 **Conference Wrap-up**

Appendix B: Conference Evaluation Summary

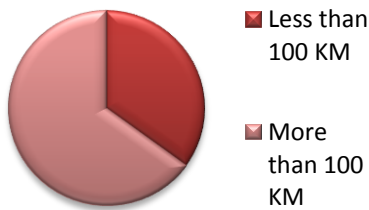
At the end of the Conference, participants were asked to complete an evaluation form. A summarization of the evaluations indicated the following

Demographics of communities in attendance:

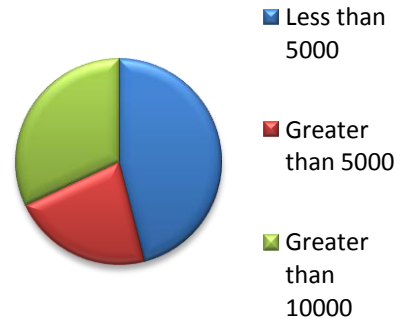
Which part of province



Distance From major centre

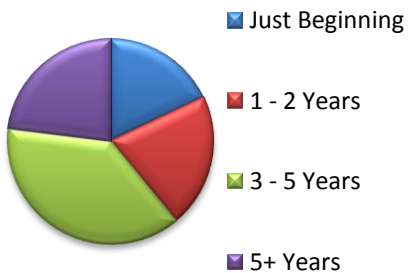


Population



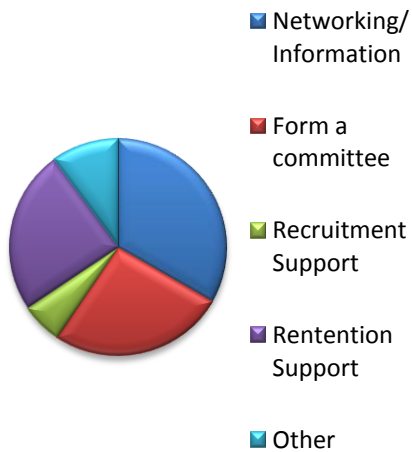
Length of involvement with a formal physician recruitment and retention committee:

Involved with Physician Recruitment and Retention Committee



Main objectives for attending the Conference:

Objectives for Attending the Conference



Relevance of speakers:

- All of the speakers were relevant, each with different styles of presentation and different topics of discussion.
- Speakers who added a personal element and included story-telling as part of the presentation were the most memorable speakers.

Did the Conference meet your expectations?

- An overwhelming 100% YES Response

Participant suggestions for future Conferences:

- Preference to host the Conference in the fall of the year
- Preference for a two day Conference
- Location and food was good

Appendix C: Session Information



7 November 2010

Dear Friends:

On behalf of the RPAP staff I welcome you to the 2010 Community Recruitment and Retention Conference.

The Conference theme "**Recruit the Physician, Retain the Family**" builds on RPAP's philosophy that given the issues influencing recruitment and retention, no one entity – communities, the local physicians nor AHS/Other Operators - can successfully recruit by itself. Instead sustainable recruitment and retention (R&R) requires a collaborative community engagement approach.

As community recruitment and retention committee representatives, you know that community participation can involve: (helping to) recruit (and retain) physicians (and their families); supporting various options around clinic ownership; targeted financial and in-kind contributions (e.g. accommodation) to support the short-term needs of the new recruit and their family; and most importantly, integrating the physicians/families into the community.

RPAP is here to help Alberta's rural communities both establish and sustain functioning recruitment and retention committees (as well as physician recruiters). Through our two community physician recruitment consultants - Christine Hammemaster and Kelly Lyons - and the other members of the RPAP staff; these annual conferences and the regular recruitment and retention videoconferences and workshops we hold; and the new community R&R web site we're creating for the exclusive use of community R&R committees, we're just a phone call away.

I also wish to thank the RPAP staff responsible for making this year's conference a success; our partners at the Northern Alberta Development Council who assisted again in making this conference possible; Alberta Health and Wellness and Alberta Employment and Immigration via the Province's Health Workforce Action Plan; the AMA Physician Locum Services for sponsoring Tuesday's nutrition break; and all of you for attending and sharing.


Please enjoy this conference and take advantage of its networking opportunities. We THANK-YOU for all that you do to support Alberta's rural communities.

Sincerely,

David Kay, CHE, FACHE
Executive Director
The Alberta Rural Physician Action Plan

Appendix D: Slide Presentations

Community & Rural Health Planning

 Alberta Health Services

Community & Rural Health Planning

Community & Rural Division
Alberta Health Services
Fall 2010

www.albertahealthservices.ca

 Alberta Health Services

Community & Rural Health Planning

- Who we are:
 - Community & Rural
 - Standards, best practices, and performance metrics
 - Decision Support and Evaluation
 - Planning tools and processes



www.albertahealthservices.ca

 Alberta Health Services

Community & Rural Health Planning

- The Community & Rural Health Planning Framework is:

A planning approach integrating both historical planning activities with current planning approaches while building on the unique strengths inherent in each rural community

www.albertahealthservices.ca

 Alberta Health Services

Community and Rural Health Planning Process



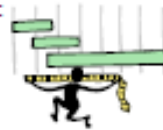
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graph TD; A[Community Data is compiled] --> B[Community Data is presented to Zone Leadership]; B --> C[Key Stakeholders (including Community Members) provide data validation]; C --> D[Validation Feedback is compiled and integrated in to planning documents]; D --> E[Top Five Population Health Needs are identified]; E --> F[Strategies are identified to address health needs]; F --> G[Working groups are formed to implement identified strategies];
```

www.albertahealthservices.ca

Community & Rural Health Planning

- Timelines for prioritized planning areas:

- September 2010-December 2010
- December 2010-through 2011
- Ongoing process of planning



- Proposed Outcomes

- Health Planning is driven by Zone Leadership
- Health Planning is informed by Key Stakeholders
- Strategies are implemented at the community level

Community & Rural Health Planning

- How planning areas were selected:

- Literature Review
- Community Indicator Tool
- Prioritized List



Community & Rural Health Planning

- Potential Areas for Involvement for HAC, Community Members and physicians:

- Physician and Community Member Representation at Facilitated Discussions



Community & Rural Health Planning

Thank you!

- Contact Information:

ruralhealthplanning@albertahealthservices.ca

Appendix E: Slide Presentations

AHS & Recruitment



AHS & Recruitment

2010 Community Recruitment & Retention Conference

RECRUIT the Physician, RETAIN the Family

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2



What is the AHS plan regarding Recruitment?

The plan is to vigorously support recruitment efforts to meet the workforce needs for physicians both in rural and urban communities and in specialty services in urban regional and tertiary Centres.

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3



What is the approach?

- Develop and maintain a workforce plan based on community and specialty needs
- Support the recruitment efforts by having staff dedicated to physician recruitment work through the entire process with recruits and with communities.
- We have developed and wish to expand a tripartite approach by involving Medical Affairs in liaison with community physicians / clinical department heads and Community Recruitment & Retention Committees.

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4



Who are the players?

- Physicians
- Community Recruitment & Retention Committees
- Medical Affairs Physician Recruitment

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5



Community Categories

- To better support a Zone in its recruitment efforts, communities have been categorized into 3 basic groups, based on needs:
 - Communities in 'Crisis'
 - Communities with Reduced Capacities 'In Need'
 - Communities requiring 'Enhancement'

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6

Pre-Recruitment Visit Objectives

- To support AHS and its' recruiting partners to assess qualified candidates and determine a preferred candidate.
- To support qualified candidates to review specific recruitment opportunities to determine whether it will be a fit both from profession and personal/family perspective
- To support physician retention as an integral component of successful physician recruitment
- Essentially, we wish to see if, together with our recruiting partners, the potential candidates will be a fit.
- Increases retention rate of physicians
- 2009: 71% of physicians who participated in a Coordinated Site Visit accepted an offer and are practicing
- 2010: 72.2% of physicians who participated in a Coordinated Site Visit accepted an offer and are practicing

Pre-Recruitment Visit Objectives

- Increases retention rate of physicians
- 2009: 71% of physicians who participated in a Coordinated Site Visit accepted an offer and are practicing
- 2010: 72.2% of physicians who participated in a Coordinated Site Visit accepted an offer and are practicing

Recruitment Incentives

- Standard Incentives
- Strategic Workforce Incentives
- Underserved Area Incentives

Third Party Recruitment

- AHS will only use Third Party recruiters under exceptional situations. Their costs are very significant and perhaps not cost-effective. We have found that there were many gaps in the process when Recruits were presented to us, that we needed to fill.
- The Central Zone has not used 3rd party recruiters for 10 months and we have not seen a decline in interest for positions within the Central Zone.

Challenges & Barriers

- Geography
- Physician & Professional Isolation
- Community Dynamics

Challenges & Barriers

- High Overheads
- Dysfunctional Pipeline
- Increases in proportion of women in Physician workforce

Challenges & Barriers

- Reliance on IMG
- Family Practice Credence Issues
- We are simply not training enough physicians with Rural skills

Physician Assessments (CPSA)

Conclusion

- The job of the Recruiter is never complete. It is frustrated however, if the work of the Retainer is incomplete.
- Successful recruitment is contingent upon successful Retention.
- Examples are abundant and only limited by the imagination, of how a positive R & R Committee can influence retention.

Other Sources of help in Rural Areas

- Primary Care Network (PCN)
- Nurse Practitioners
- Clinical Assistants
- PA

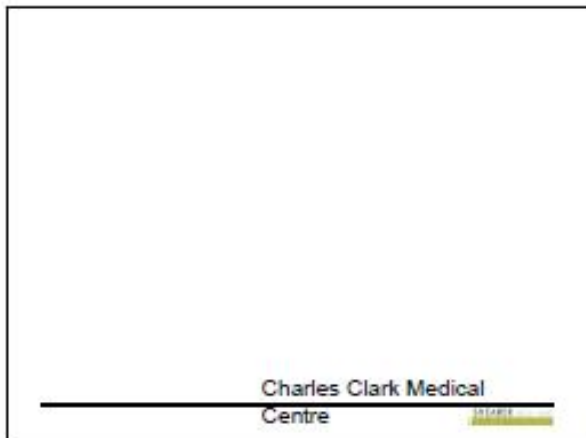
Solutions

????

Thank you

Appendix F: Slide Presentations

Expanding the Box



challenges

- No Space
- Multiple clinics
- High cost of development
- Aging physician population
- Risk adverse medical staff and recruits
- Hospital work load increasing
- 7000 unattached patients

Goals

- Recruit 8 physicians over 5 years
- Share the hospital and unattached burden
- Add additional services
- Retention benefits for all docs

Is Cash Still King?

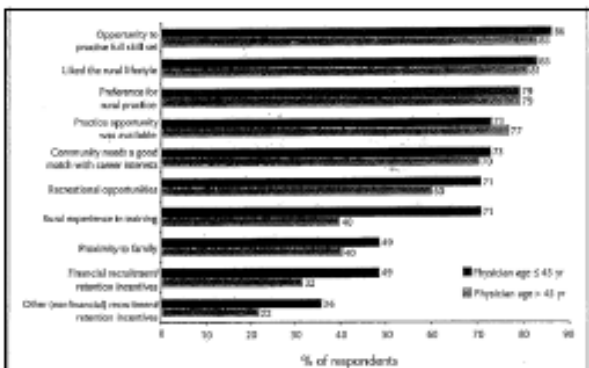


Fig. 2. Factors that were considered important (very or somewhat important) in choosing to practice in a rural area by 64 physicians, by age.

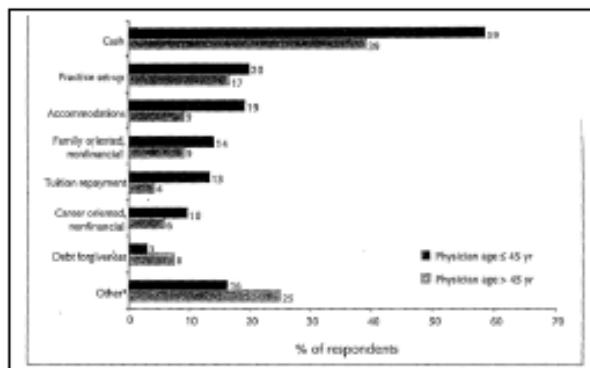


Fig. 1. Incentives received by the 255 physicians who were given incentives for practicing in a rural setting, by age. *Other incentives listed by respondents included assistance with moving (including expenses), immigration assistance, vehicles, other financial benefits and other material tokens.

First Principles

- Establish a practice comfort zone
- Share control over rents
- Establish a retention benefit
- "Turn key" the operation
- Be transparent and fair with overhead

Recruits

- Rural Family Medicine Residency trained
- Clerks

Recruiting Early Careerists

The Number 1 Fear?

Number 2 Fear?

Risk Reduction

- Cash investment: As low as practicable
- No personal guarantees
- Interest rate protection
- Rents 70% of going rate
- Equipment donated
- Rent coverage for empty space
- Share of building

Qualifying partners

- Licensing CPSA
- Hospital Admitting privileges
- Do not need to be a shareholder to lease
- Established physicians do not need to lease to be a shareholder

Building imperatives

- All docs onsite
- Public onsite
- Town council onsite
- MD or County onsite
- Service clubs onsite



mentors

Experienced physicians : teachers and skilled

Share cost control

Costs based on percentage of space occupied not percentage of gross

Development Team

- 1 or 2 established physicians
- Catalyst management Consultants: Cam Crawford, David Laycraft
- Communications Consultant: Crosby Cotton
- Parlee, McClaws legal team
- Shearer Design: Sean Crawford (Arch)
- Melton Design: on contract to our PCN
- **Chandos Construction: Mike Coyne**

Funding opportunities

- Town: Land; landscaping, maintenance; lease
- MD/County: Municipal long term financing at provincial municipal finance rates.
- Green Fund: must be min. LEED Silver
- Chamb. of Com.: Rural Development Fund
- PCN (Primary Care Network)
- Hospital Foundation
- **Service Clubs/pharmacies/AHS/Rads/Lab**

Retention benefit

You stay We pay
Insure the partners



Charles Clark Medical Centre

- **Development:** May 2007-August 2010
- **Construction:** August 2010-Sept 2011
- **Size:** 22,500 Square feet- 2 storey
- **LEED Silver** (possible Gold): First health centre in Alberta

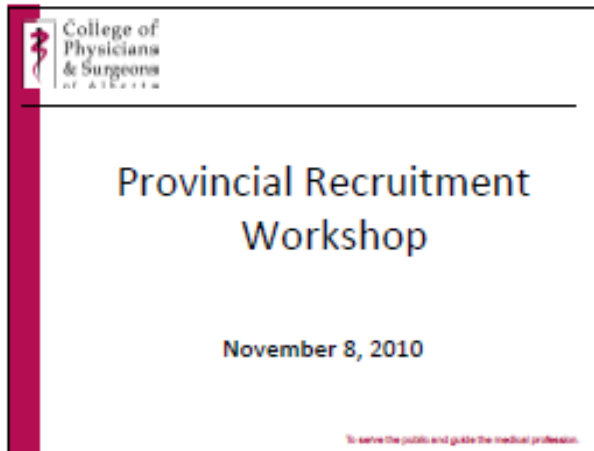


coming soon...

Charles Clark Medical Centre

Appendix G: Slide Presentations

College of Physicians and Surgeons (CPSA) Updates

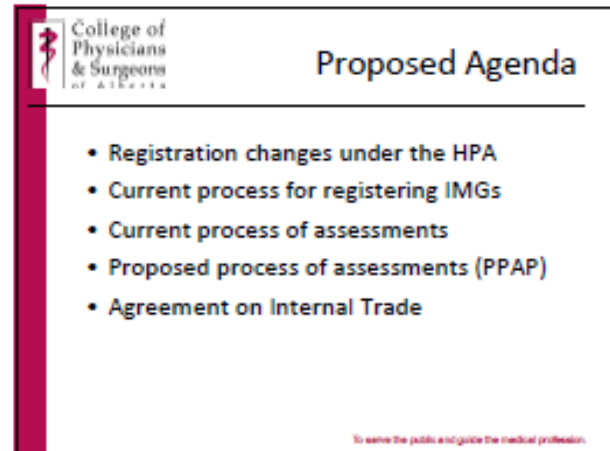


College of Physicians & Surgeons
OF ALBERTA

Provincial Recruitment Workshop

November 8, 2010

To serve the public and guide the medical profession.



College of Physicians & Surgeons
OF ALBERTA

Proposed Agenda

- Registration changes under the HPA
- Current process for registering IMGs
- Current process of assessments
- Proposed process of assessments (PPAP)
- Agreement on Internal Trade

To serve the public and guide the medical profession.

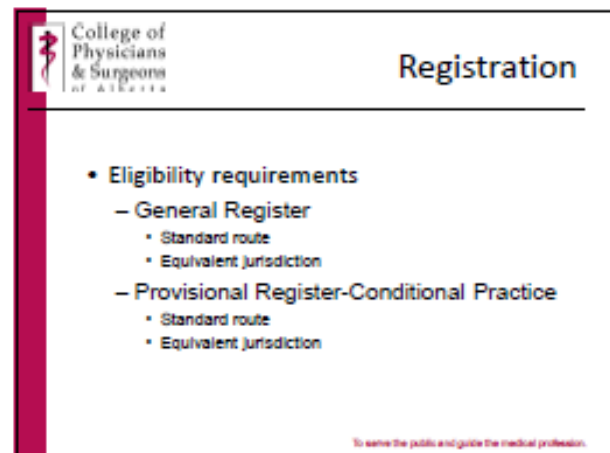


College of Physicians & Surgeons
OF ALBERTA

Registration

- Registration Categories have changed
 - General Register
 - Provisional Register
 - Limited Register

To serve the public and guide the medical profession.



College of Physicians & Surgeons
OF ALBERTA

Registration

- Eligibility requirements
 - General Register
 - Standard route
 - Equivalent jurisdiction
 - Provisional Register-Conditional Practice
 - Standard route
 - Equivalent jurisdiction

To serve the public and guide the medical profession.

- **Provisional Register-Conditional Practice**

- Requirements for Standard Route
 - MD
 - Discipline specific postgraduate training
 - Recognition of speciality in country of training
 - Pass on MCC Evaluating Exam
 - Sponsor
 - Practice Readiness Assessment

- **Process for applicant**
 - Completes eligibility review
 - If eligible, applies and provides documents
 - MD and postgraduate training, source verified
 - Letters of reference
 - Certificates of standing
 - Results of MCCEE
 - Obtains sponsorship
 - Enters practice readiness assessment

- **Current responsibilities of sponsors**

- Position being recruited to
- Obtain assessor for CPSA approval
- Cover costs of assessment
- Obtain letter of support, if necessary

- **Purpose of practice readiness assessment**
- **Elements of the assessment**
 - Preliminary practice assessment
 - Supervised practice assessment
- **Duration of assessment**
 - Family physicians
 - Specialists

Current Assessment

- Selection of assessors
 - Family physicians
 - Specialists

Current Assessment

- Reporting
- Indemnification

Provincial Practice Assessment Program (PPAP)

- Proposal for a new practice readiness assessment process
 - Innovation funding received
 - Steering Committee
 - 4 working groups
 - FP, GIM, General Pediatrics, Psychiatry

Provincial Physician Assessment Program (PPAP)

- Key changes for assessing FPs
 - Assessment Broker
 - Pool of trained assessors
 - Assessors contracted to CPSA
 - New tools
 - Working with CFPC



- Key changes for assessing specialists
 - Assessment Broker
 - Defined curriculum
 - Involvement of trained faculty assessors
 - Assessors contracted to CPSA
 - FITER
 - Working with Royal College



- Key changes for sponsor
 - No longer involved in identifying the assessor
 - Still responsible for costs of assessment but not direct payment of honorarium to assessor



- Deliverables
 - Valid, reliable competency assessment
 - Trained and supported assessors
 - Real or perceived conflict of interest removed



- Provisions of the AIT
 - Any physician licensed for independent practice without conditions in one jurisdiction is eligible for an equivalent license in any other jurisdiction
 - No ability for the receiving jurisdiction to require any additional training or assessment

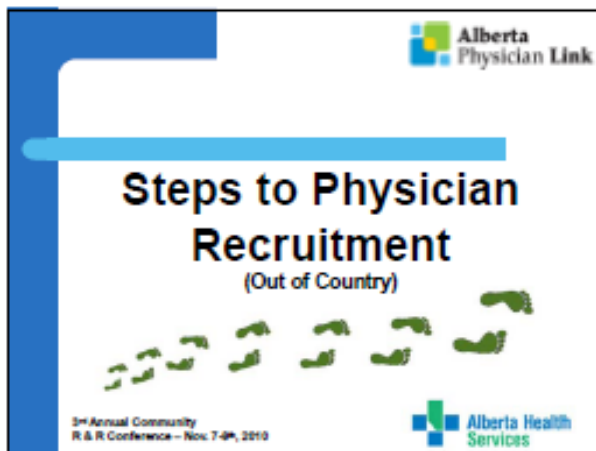
Impact of the Agreement on Internal Trade (AIT)

- Work in progress to establish national standards for registration
- Work in progress to establish national standards for practice readiness assessment
- Physicians from across Canada will be eligible to be licensed in Alberta under the AIT under the heading of equivalent jurisdiction

- Questions?

Appendix H: Slide Presentations

Steps to Recruitment International Medical Graduates (IMGs)



Alberta Physician Link

Steps to Physician Recruitment

(Out of Country)

3rd Annual Community R & R Conference – Nov. 7-9th, 2010

Alberta Health Services

This slide features a blue header with the Alberta Physician Link logo. The main title is "Steps to Physician Recruitment (Out of Country)". Below the title is a graphic of green footprints leading towards the right. At the bottom, it mentions the "3rd Annual Community R & R Conference – Nov. 7-9th, 2010" and the Alberta Health Services logo.



Alberta Physician Link

A Team Approach

Alberta Health Services, Local Physicians, Community

Alberta Health Services

This slide features a blue header with the Alberta Physician Link logo. The title is "A Team Approach". Below the title is a Venn diagram with three overlapping circles: a blue circle labeled "Alberta Health Services", a purple circle labeled "Local Physicians", and a red circle labeled "Community". The bottom right corner contains the Alberta Health Services logo.



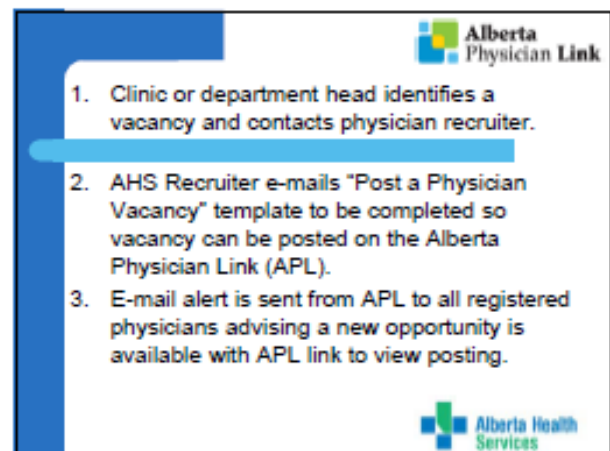
Alberta Physician Link

Let's Get Started ...



Alberta Health Services

This slide features a blue header with the Alberta Physician Link logo. The title is "Let's Get Started ...". Below the title is a photograph showing a person's legs running on a track, with a laptop and a water bottle in the foreground. The bottom right corner contains the Alberta Health Services logo.



Alberta Physician Link

1. Clinic or department head identifies a vacancy and contacts physician recruiter.
2. AHS Recruiter e-mails "Post a Physician Vacancy" template to be completed so vacancy can be posted on the Alberta Physician Link (APL).
3. E-mail alert is sent from APL to all registered physicians advising a new opportunity is available with APL link to view posting.

Alberta Health Services

This slide features a blue header with the Alberta Physician Link logo. It contains a numbered list of three steps in the recruitment process. The bottom right corner contains the Alberta Health Services logo.

4. Physicians interested in or wanting further details on opportunity submit their interest through APL and their CV and CPSA eligibility letter are e-mailed to the AHS Recruiter who posted vacancy.
5. AHS Recruiter reviews conditions attached to licensure and replies with appropriate response. (If CPSA licensing requirement exceeds the zone's ability to support / proceed, recruitment process ceases for potential recruit.)

6. If a favorable candidate, the CV and eligibility letter are e-mailed to the clinic or department head for review.
7. If the clinic or department head is interested in the candidate, an initial telephone interview is completed to provide the potential recruit with additional details on the clinic and to develop a rapport.
8. If candidate is deemed suitable, the clinic or department head advises the AHS Recruiter they would like to proceed.

9. At this time, a pre-recruitment site visit may be offered to the potential recruit & spouse.
10. Pre-recruitment visit questionnaire is sent to the recruit so details can be gathered to coordinate the visit.
11. The AHS Recruiter notifies the Community representative (who is often part of an R & R committee and has links to the Mayor, Town Manager, Banker, Realtor etc.) so they can commence participation in the site visit.

12. The AHS Recruiter coordinates interested clinics and departments for upcoming site visit and develops a formal itinerary in conjunction with community members and clinic/departments.
13. Candidate arrives and the pre-recruitment site visit takes place.
14. Interested clinics then follow-up with candidate about site visit and answer any further questions.
15. AHS Recruiter is then contacted and given feedback on the site visit.

16. If offer and acceptance of a position occurs, the clinic or department sends an e-mail to AHS Recruiter.
17. A return in service contract between AHS and the candidate is prepared and sent to the new recruit.
18. A Consent for Release of Information is also sent to the new Recruit so that references can be checked.
19. Once the signed contract is received back, the Temporary Foreign Worker Application is completed to obtain a Labor Market Opinion which is forwarded to the new recruit.

20. New recruit applies for a work permit.

21. AHS sends a sponsorship letter to the CPSA.
22. AHS sends the privilege application package to the new recruit to complete and return as soon as possible.
23. New recruit completes the CPSA application and submits all documents as listed on the CPSA eligibility letter.

24. New recruit then applies to the Physician Credential Registry of Canada (PCRC) for verification of medical credentials.
25. New recruit applies to write the Medical Council of Canada Evaluating Exam. All recruits must successfully write this exam.
26. As the arrival date draws near, Community Representative and AHS Recruiter connect with the new Recruit to assist with settlement support.

27. New Recruit will now complete and send in the malpractice insurance CMPA application.
28. Clinical based assessment required for licensure is now arranged by AHS Medical Affairs.
29. The CPSA must be in receipt of successful results prior to the licensure being granted.
30. Once the CPSA has received all required documents, they will notify the new Recruit.

31. When the work permit is received, the new Recruit will finalize the travel arrangements

and notify the AHS Recruiter and the Community Representative of arrival date.

32. Registration appointment is now scheduled with the CPSA and the assessor is notified of the assessment start date.

33. New Recruit and his family are welcomed into the Community.

34. At the end of the assessment a report is sent to the CPSA who then finalizes the

independent license on the Conditional Register.

35. The 3 months of supervised integration now begins. At the end of this period, a report is completed for the CPSA to conclude this requirement.

36. The community as a whole must now work towards successfully integrating

this new physician, spouse and children into the community.



The Role of the Community

- Provide Recruiter (Committee members often know community better than anyone) with community Information & Excellent Resources for Potential Recruits
- Assist potential recruit with contacts for travel agent, car rental and hotel accommodations for initial Site Visit.

- Coordinates activities for Site Visit, showing the potential recruits all aspects of the community.
- Assists with Settlement Support:
 - housing,
 - education
 - spousal career assistance,
 - child care
 - banking

Questions?

Thank you!

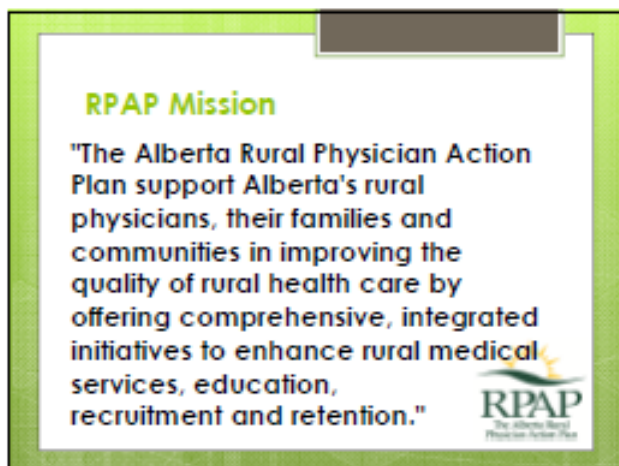
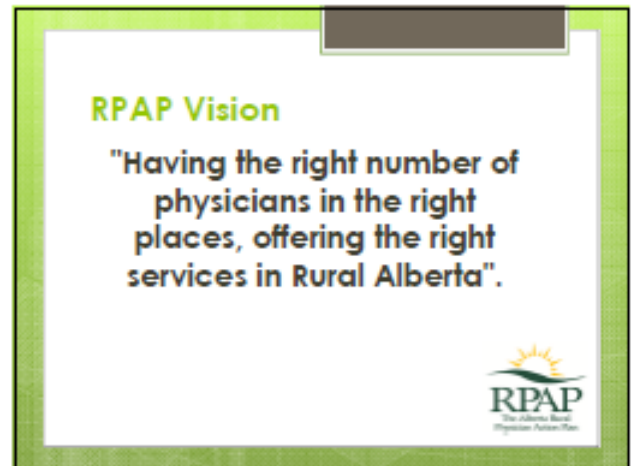
www.rmap.ab.ca

www.AlbertaPhysicianLink.ab.ca

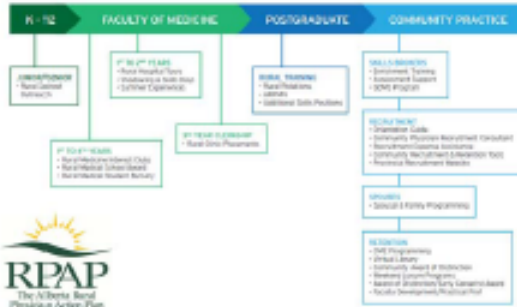
www.AlbertaRuralHealth.ab.ca

Appendix I: Slide Presentations

Recruitment Initiatives



Sequential Series of Initiatives



School Outreach

- Attend Career Fairs and encourage kids to consider becoming a rural Doctor
- Redeveloping our School Outreach Website.
 - A Career in Rural Medicine
 - Steps to become a Doctor
 - How much does a medical education cost?
 - What can I do to prepare?
 - Things to consider before training abroad.
 - General Practitioner vs. Specialist



Medical School

- 1 to 2 Year Students**
 - Rural Hospital Tours
 - Shadowing Program
 - 108 experiences booked this year
 - Skills Days
 - Hinton (Dec 4th) Cold Lake (March 5th TBC)
 - Summer Experiences
 - 5 summer externship positions this summer
 - Fox McMurray, Lacombe, Edson, Drumheller & Canmore



Medical School

- 1 to 4 Year Students**
 - Rural Medical Interest Clubs
 - UofA and UofC
 - Meet & Greet Luncheons
 - Rural Medical School Award
 - Rural Medical Student Bursary
- 3rd Year Students**
 - Rural Clinical Placements
 - Provide & book furnished accommodation
 - Continuing support for Preceptors



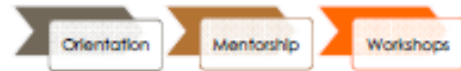
Postgraduate Training (Residency)

- o Two Rural Residency Programs
 - ✓ Rural Alberta South (Medicine Hat & Lethbridge)
 - ✓ Rural Alberta North (Red Deer & Grande Prairie)
- o Rural Rotations
 - ✓ Maintain & book all furnished accommodations
- o Additional Skills Positions
 - ✓ As needed in community for return of service
 - ✓ Commonly see Anaesthetics obstetrics



New Careerist Support Program

- o Held focus groups which supported research
- o Developed in 2008
- o Piloted in 2008
- o Going forward in 2010
 - ✓ RAN & RAS



Comprehensive Orientation



Mentorship Program

- o Mentor = Experience Rural Physician
- o Mentee = New Alberta Graduate
- o 3 Months Start to Finish
- o Targets Professional Development / Career Goals from a New Careerist perspective
- o Curriculum Guide
 - ✓ Environment of Rural Practice
 - ✓ Work Live Balance
 - ✓ Leadership & Community Involvement
 - ✓ Improving Relations
 - ✓ Formulating Career Goals



Getting Ready for Practice Workshop

- Exploring Opportunities
- Setting up a Practice
- Evaluating Contracts
- Financial Management
 - ✓ Optimizing your financing
 - ✓ Planning for the future
- AMA Adium Insurance Services
- Billing Workshop



Forms Workshop

- Eligibility Assessment
- Registration Form incl. References
- Practitioner ID Form
- WCB Billing Number
- Triplicate Prescription Program
- Privilege Application & Process
- APL Registration



What You May or May Not Already Know Workshop

- Open Disclosure
- CMAA Risk Management Presentation
- Exploring Practice Efficiencies
- Locum Coverage
- Continuing Medical Education
- Provincial Programs & Initiatives
- Regional Structure & Emerging Issues



Support Rural Physicians

- Skills Brokers
 - ✓ Enrichment Training
 - ✓ Assessment Support
- CME Programming
- Virtual Library
- Award of Distinction
- Weekend Locum Program
- Faculty Development (Practical Prof)
- Recruitment Support



Supports for New Rural Physicians

- Orientation Guide for IMG's and their Families
- Welcome Initiative including telephone call.



Alberta Physician Link






Community

Community

This is where you have the opportunity to sell your community. Think of what you would want to know if you knew nothing.

Travel Times

- To Edmonton 3 hrs
- To Calgary 6 hrs
- To Red Deer 5 hrs
- To Grande Prairie 7 1/2 hrs
- To Lethbridge 6 hrs
- To Medicine Hat 7 hrs




**Alberta Rural, Remote & Arctic Health
Travel Minutes**

Office Name: Administrative Centre
Office Type: Clinic Practice
Practice Description:
 Family Medicine
 for all patients in Emergency Department
Number of Physicians: 1
EMSC Hours: 12:00pm-5:30 pm

Location:
Health Services: Care Lake Healthcare Centre
 No. 20 Highway 840, 20
 No. 40 Long Park Drive SW, 10
 No. 40 Corporate Centre, 1

Hospital Affiliation:
 Delmore, 100
 Government Road, 20, 100

Available Specialty Services, equipment and personnel:
 General Surgery and dental services
 Neurological surgery
 ophthalmology/ophthalmology
 ENT services
 Endoscopy including gastroscopy, colonoscopy and flexible sigmoidoscopy
 Obstetrics
 MRI-RT
 MRI-RT
 X-ray Services



What can you do?

- o Review the "Promoting Your Community" Toolkit
- o Enhance your community description. Would it attract you?
- o Take relevant photographs
- o Engage potential recruits – do not loose touch with them.
 - ✓ Medical Students
 - ✓ Residents
 - ✓ Locums
 - ✓ Potential Recruits



Why do we need to recruit internationally?

- o We are not producing enough doctors of our own.
- o Baby Boomer Generation is retiring
- o New Doctors do not have the same concept of work
 - ✓ Work / Life Balance
 - ✓ 50/50 Male and Female
- o Historically we had a booming economy
 - ✓ Population Growth: 3,239,154 (2005)
3,724,832 (2010)



International Recruitment

- All potential candidates are directed to the APL for vacancies
- Work closely with Alberta Employment and Immigration
- CPSA with assistance from AEI is currently investigating training schemes in other countries
- AEI is currently investigating push/pull factors for other countries



Why the United Kingdom?

- High cost of living (double)
 - ✓ 3 semesters
 - ✓ Average \$4,000./semester/child
- Costly private school system
- Very high taxes (50-60%)
- Population Density
 - ✓ 60,000,000. vs 33,000,000
 - ✓ 94,000 sq miles vs 3,512,524
- Well trained doctors



UK Recruitment Overview

- AEI investigated the "push/pull factors
- CPSA investigate the training scheme
- AEI has funded attendance at:
 - ✓ BMJ Career Fairs since 2006 - 2010
 - ✓ Primary Care in 2006 & 2009



2010 BMJ Career Fairs

- London
 - ✓ Attendance 1,496
 - ✓ 166 Leads
 - ✓ 69 Eligible to Practice
- Birmingham
 - ✓ Attendance 1,083
 - ✓ 132 Leads
 - ✓ 18 Eligible to Practice



Would This Catch Your Eye?



It's your turn to say, **Ahh.**

ALBERTA. Professionally Rewarding. Personally Inspiring.

Health Careers Saskatchewan



Health Match BC



Newfoundland & Labrador



Our Dream Team

- Alberta Employment & Immigration
 - ✓ Work Permit Questions
 - ✓ Immigration Questions
- College of Physicians & Surgeons of AB
 - ✓ Licensing Questions
- RPAP
 - ✓ Practice in Alberta
 - ✓ Opportunities
 - ✓ Available Supports



London



Birmingham



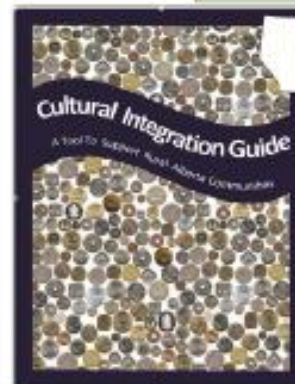
Cultural Integration Project

- Interactive Workshop
- Cultural Integration Guide
- Trained Facilitators
- Orientation Guide for International Medical Graduates



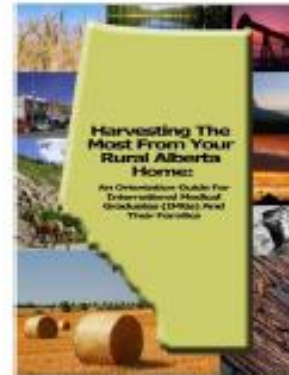
Top 10 Source Countries

- Ireland
- UK
- Australia
- United States
- South Africa
- Pakistan
- Nigeria (West Africa)
- India
- Egypt / Libya (Arab Countries)



Cultural Integration Guide for Rural Alberta Communities

- o What is Cultures
- o Hierarchy
- o Communication
- o Individualism
- o Source Country Information
 - ✓ Location & people, Language, Religion, Industry, Quick Facts, Standard of Living, Sports, Food, Greetings, Family, Gift Giving



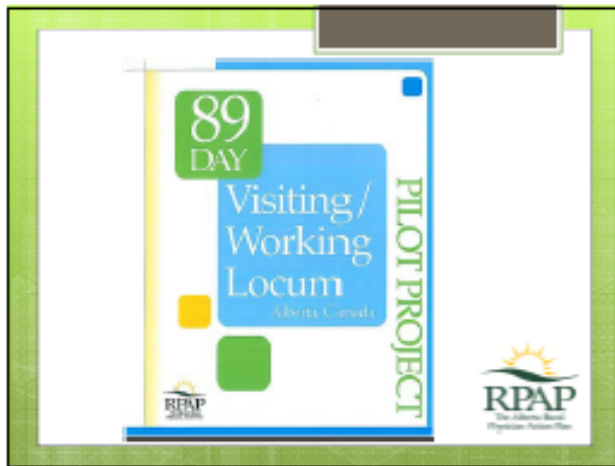
Orientation Guide for IMG's

- o Section 1 – Harvesting the Most from Your Rural Alberta Home
 - ✓ Rural Alberta
 - ✓ Getting Settled
 - ✓ Life in your rural community
 - ✓ Family



- o Section 2 – Considerations for Foreign Trained Physicians
 - ✓ Physician Patient Interactions
 - ✓ The Role of Nurses, Pharmacists & Other Health Care Professionals
 - ✓ Workplace Interactions
 - ✓ Cultural Differences Among Physicians
 - o Hierarchy in the Workplace
 - o Individualism in the Workplace





89 Day Locum Program Design

- o 4 day work week, every second weekend is 4 days
- o No emergency work
- o Experience practice
- o Explore rural Alberta
- o Provide communities with the opportunity to permanently recruit locum.
- o Financial assistance



- o Concept originated at BMJ Career Fair in 2007
- o Funded by Alberta Health & Wellness
- o Piloted in 2009
 - ✓ 4 locums – 100% relocated permanently
 - o Drumheller
 - o Sylvan Lake
 - o Canmore
 - o Airdrie
- o 2010 – 2 Locum Positions
 - ✓ Barrhead – Currently hear
 - ✓ Peace River - Delayed
- o 2011 – 10 Locum Positions




Dr. Glen Sykes

- o 89 Day Locum in Drumheller
- o Permanently relocated to Drumheller
- o Video Testimonial



Dr. Grace Simmons

- 89 Day Locum in Sylvan Lake
- Permanently relocated to Okotoks, Alberta
- Video Testimonial



We are here to support rural Alberta Communities

- Kelly Lyons, Community Physician Recruitment Consultant
kelly.lyons@rpap.ab.ca
1-866-423-9911 ext. 103
- Christine Hammermaster, Community Physician Recruitment Consultant
Christine.Hammermaster@rpap.ab.ca
1-866-423-9911 ext. 102



Questions?



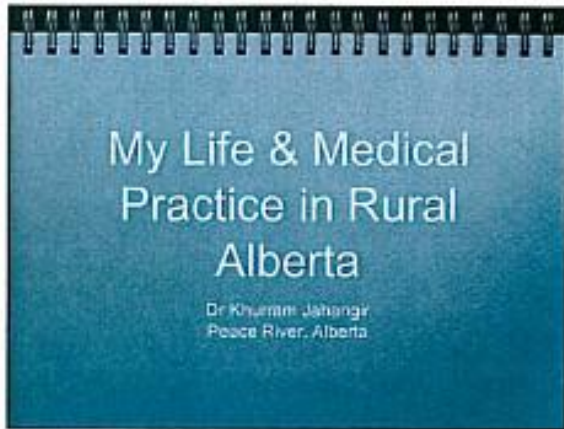
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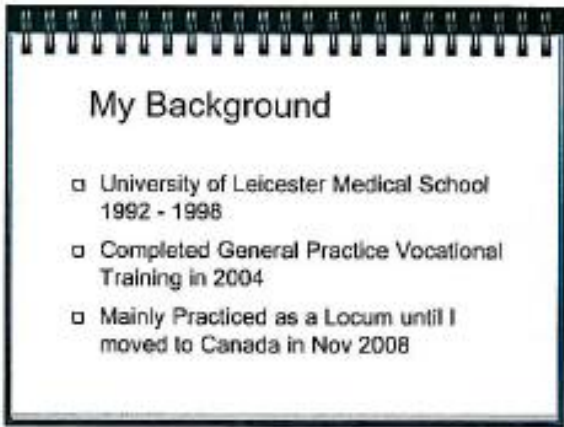
- www.RPAP.ab.ca
- www.AlbertaPhysicianLink.ab.ca
- www.AlbertaRuralHealth.ab.ca

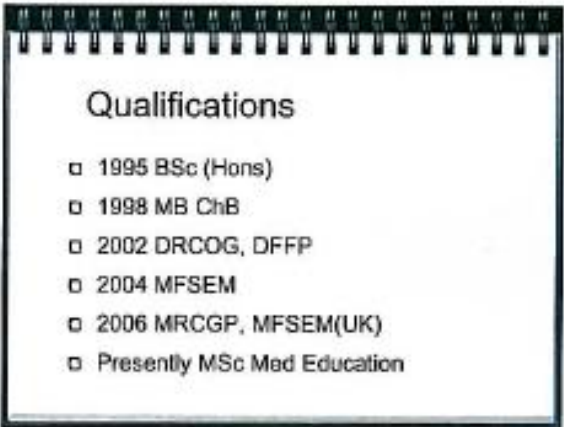


Appendix J: Slide Presentation Handout

My Life and Medical Practice in Rural Alberta







Why move to Canada

- Disillusioned with NHS in the UK
- Bored working as an "urban GP"
- concerns regarding my Children's future
- Wanted a better work-life balance
- Looking for opportunities to undertake my areas of special interest

Why Canada?

- Previously visited Canada
- Wanted to work as a rural Dr
- Found best opportunities existed in Alberta and BC
- Good advertising campaign by RPAP and Health Match BC

- Quick response by both Health Match BC and RPAP
- Health Regions (former) in Alberta quick to offer me opportunities once eligibility for licensure completed

Why Peace Country?

- (Former) Peace Country Health quick to contact me
- Offered me free flights and accommodation to visit the region and explore opportunities
- Sorted a complete week's program before my arrival, matching mine and their needs

- Enormous help with all formalities including CPSA registration, work visa formalities etc
- Unparalleled help from Tanya Cox as Physician Recruitment Advisor

Factors Involved in Move to Canada

- CPSA / AHS / MCC
- RPAP
- Immigration / Embassy
- Community
- Physician Group
- YOURSELF AND YOUR FAMILY

Yourself & your family

- Firstly have to be convinced that this is the right move for you
- Secondly have to find the right place of work which suits your criteria and is the right fit
- Family has to be on your side and on board

Physician Group

- Both the candidate and the physician group must make sure they are the "right fit" for each other
- 23 month mutual assessment period

community

- Local community groups and town councils need to be involved in physician recruitment and retention
- Incentives for new physicians and their families

CPSA / AHS / MCC

- Guidelines pretty straight forward
- Process can be long but very fair
- Just have to take things in your stride and fulfil their requirements
- MCC Exams
- AIMG Program

RPAP

- Fantastic website
- Staff quick to respond to queries
- Lags behind Health Match BC in terms of advertisement


Immigration

- Probably the most frustrating part
- Repetition of procedures and forms
- Process takes far too long
- Probably puts a lot of people off

My Present activities

- No restrictions on my licence
- Do office work, ER shifts, Obstetrics including labour and deliveries, Hospital admitting privileges
- Lead Preceptor for all Students and Residents in Peace River

- Assistant Clinical Professor, Dept Family Medicine, U of A
- Undertaking MSc in Medical Education by distance learning



Our House in Peace River



Appendix K: Slide Presentation Handout

Bursary Funding Programs

Northern Alberta Development Council (NADC)



What is the NADC?



- NADC = Northern Alberta Development Council
- Regional development agency with a focus on economic development
- Ten member council
- Part of Alberta Finance and Enterprise



NADC Activities



- Tourism Development
- Value-added agriculture
- Transportation
- Telecommunications
- Opportunity workshops
- Human resources management
- Educational Initiatives



NADC Activities - Bursary Programs



- NADC provides over \$700,000 in bursaries to Alberta university and college students
- Awards range from \$1000 to \$24,000 per year
- All non-repayable, if the recipient works in northern Alberta after graduating (aka: 'return service agreement')



Bursary Programs



- Funding for student who want to live in the north
- Help students with full-time post-secondary studies
- Not based on academic achievement
- Consider financial need (but not exclusively)
- Alberta resident
- Program demand
- Many other selection criteria



**be north
bc bgo** NADC's Bursaries





- NADC Bursary
- Medical and Dentistry Students Bursary
- Pharmacy Student Bursary
- Nurse Practitioner Bursary
- Bursary Partnerships Program
- Student Teacher Bursary
- NADC Health Care Practicum Funding

Government of Alberta  



**be north
bc bgo** 1. NADC Bursary

- \$6,000 per year for students in the final 2 years of post-secondary studies
- Many different programs
- Non-repayable if the student agrees to work in the north after graduating
- Resident of Alberta
- Enrolled full-time in a post-secondary program that is designated for provincial funding

Government of Alberta  



**be north
bc bgo** 2. Bursary Partnerships Program

- Through the Bursary Partnership Program employers can invest in their future employees by helping with their educational expenses
- Non-repayable with return service agreement
- Up to \$6,000 per year (half from NADC, half from sponsoring business or organization)
- Some sponsors will hire bursary recipients after graduation. Others just want to help students succeed.

Government of Alberta  


**be north
bc bgo** 2. Bursary Partnership Program

- Students can choose their own sponsors – e.g. a summer employer who wants to help with their education, or a community group that is willing to support a local student.
- The applicant cannot be related to the sponsor.


Government of Alberta  

3. Medical & Dentistry Student Bursary


- For students enrolled in a school of medicine or school of dentistry
- Up to four years
- \$12,000 per year, 1 year of return service in northern Alberta for each year of bursary support
- \$24,000 per year if recipient enters into a return service agreement with a regional or community sponsor




Medical Student Bursary




- 2 regional hospitals
- 31 community health centres
- Primary care clinics
- Extended care facilities



Medical Student Bursary




▪ Vacancy information obtained from Alberta Physician Link on Oct 21, 2010




4. Pharmacy Student Bursary

- For students in a pharmacy degree program
- Up to four years
- \$6,000 per year, 1 year of return service in northern Alberta for each year of bursary support
- \$12,000 per year if the recipient enters into a return service agreement with a regional or community sponsor




5. Nurse Practitioner Student Bursary

- For students enrolled in a nurse practitioner program
- Up to three years
- \$9,000 per year, 1 year of return service in northern Alberta for each year of bursary support
- \$18,000 per year if the applicant enters into a return service agreement with a specific sponsor or community




Return Service Agreement

- NADC bursaries are non-repayable if the student works in northern Alberta after graduation.
- 1 year for each full year of bursary support.



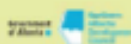
Return Service Agreement for Medical Students


- NADC bursaries are non-repayable if the student works in the north
- 1 year for each year of bursary support received
- 25% of residency in the NADC area can be considered return service if the rest of the obligation is fulfilled




6. Northern Student Teacher Bursary

- Two year project with student funding beginning in the fall of 2009 and 2010
- Jointly offered by Alberta Education and NADC
- Non-repayable \$8,000 to \$16,000 for the last year or two years of a student's education degree
- Recipients must agree to live and work in the north for 3 years for \$16,000
- Job placement and contracts are arranged with a school division




 **NADC's Health Care Practicum Funding**


- Available for students wishing to complete a practicum placement in the north.
- Students can be reimbursed for some transportation and accommodations costs. All costs are subject to approval and require receipts.
- There is no return to service requirement.



 **NADC's Health Care Practicum Funding**

- Practicum placements are coordinated by Faculty Placement Coordinators and Alberta Health Services.
- Funding is based on the length of the practicum to a maximum of:
 - \$1200 for 0-3 months
 - \$1800 for 3-6 months
 - \$2500 for 6+ months



 **Northern Alberta:
A great place to be**

**Go to benorth.ca for
more information
www.nadc.gov.ab.ca**

