



The Alberta Rural Physician Action Plan

2013 — 2014 Annual Report

R P A P





The Alberta Rural Physician Action Plan

Vision

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

Mission

The Alberta Rural Physician Action Plan supports Alberta's rural physicians, their families and communities in improving the quality of rural health care by offering comprehensive, integrated initiatives to enhance rural medical services, education, recruitment, and retention.

Cover Photo:

Chancellor, Alberta

The Alberta Rural Physician Action Plan 2013 – 2014 Annual Report

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Travel Alberta



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Letter of Accountability

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

Minister Horne:

I have the honour to present the Annual Report of The Alberta Rural Physician Action Plan (RPAP) for the fiscal year ended 31 March 2013. The Annual Report was prepared under the Board's direction in accordance with the Companies Act (Alberta) and outlines RPAP's accomplishments and future direction. All material economic and fiscal implications known as of 31 March 2014 have been considered in its preparation.

Respectfully submitted on behalf of RPAP Board,

Bert Reitsma, MD
Chair, RPAP Board of Directors



Letter from the Board Chair

Previous RPAP annual reports have touted RPAP's wide array of initiatives focused on practitioner recruitment, attraction, education/training and retention centered in the original RPAP action plan and its model of comprehensiveness and integration; and on RPAP's continuous improvement through the adoption of new initiatives, redesigning and ending initiatives that needed to change.

2013-2014 was another year of change and development for RPAP. At the governance level, the RPAP board experienced turnover amongst its members including the unfortunate death of its Board chair, Peter K. Lindsay, in December 2013.

In addition, the current three-year business plan ends in 2014 and led the efforts of RPAP to deepen its recruitment/attraction focus through the work of its community physician recruitment consultants and their support of RPAP's provincial recruitment website, AlbertaPhysicianLink and related community engagement activities involving community attraction and retention committees; an expansion of skills training through the GEMS (General Emergency Medicine Skills) and Enrichment Training programs lead by RPAP's skills brokers; and the fostering of collaborative practice through interprofessional Rural Community Exposure and Medical Skills Weekends.

Later in 2014, the RPAP board will adapt a new strategic plan which will continue to focus on skills enhancement and the promotion of generalism; better targeting its resources to rural medical education programs and initiatives that promote the distribution of the health workforce to areas of need; and building on the achievements of Primary Care Networks/PCN 2.0 Evolution and the introduction of Family Care Clinics by supporting other health care professions as it does rural medicine.

Our thanks to our supportive sponsors; AMA, Alberta Health Services and the College of Physicians and Surgeons. In particular we thank the Alberta Ministry of Health for its steadfast support of the RPAP Vision and Mission and for its funding to enable the RPAP. We also thank the many physicians, rural communities and their community attraction and retention committees, medical students, Resident Physicians, civic leaders, university leaders and others for their support.

Bert Reitsma, MD, Vice Chair
David Kay, CHE, FACHE, Executive Director

Change your
opinions,
keep to your
principles;
change your
leaves, keep
intact your
roots.

— Victor Hugo

What is RPAP?

Created by the Government of Alberta in December 1990, the Rural Physician Action Plan (RPAP) is an integrated and comprehensive rural health workforce agency that has developed initiatives to address the factors influencing physicians' decisions about moving to and remaining in rural Alberta communities.



Dr. Paul Jordaen
High Level, Alberta

RPAP | Health Workforce for Alberta is unique in Canada.

Issues affecting practising and prospective rural Alberta physicians are many and diverse. Professional issues include the confidence and competence of new graduates to practise in rural Alberta, and professional isolation experienced by rural physicians. Financial support that provides security and flexibility for the physician and recognition of the physician as a community resource may be lacking. Physicians and their families often encounter isolation, creating retention issues.

RPAP recognizes that:

- Available health professionals are not distributed to the areas of need;
- Even with the expansion of training programs in Alberta the province will continue to rely on an internationally educated health workforce into the future;
- Work / life balance issues affect rural physician recruitment and retention;
- The “community” can play a key role in rural physician attraction and retention;
- Canadian and international experience demonstrates that patient attachment and the involvement of primary health care teams can lower costs and minimize physician visits

Consequently, RPAP employs the following attraction, recruitment and retention strategies to address these variables:

- Integrated “Education Pipeline” strategy
- Building “community” attraction and retention capacity
- The Alberta Physician Link provincial recruitment website & related activities

RPAP works closely with the faculties of medicine at the universities of Alberta and Calgary in support of several rural initiatives funded by RPAP. These include:

- Rural clinical placements for medical students and resident physicians;
- The rural family medicine streams—Rural Alberta North (RAN) and Rural Alberta South (RAS)— of the Alberta Rural Family Medicine Network (ARFMN);
- Rural continuing medical education (CME) offerings.

Finally, RPAP cultivates key partnerships and collaboration with provincial government departments, local and provincial agencies, and partner groups through resident physician recruitment events and transitioning to practice support.

This work is largely done by the RPAP Community Physician Recruitment Consultants, who work with provincial physician recruiters while offering support to rural communities to assist their rural physician attraction and retention efforts.



RPAP SUPPORTS

RPAP | Health Workforce for Alberta focuses its work on four target groups:

1. **Learners**
Rural high school students, undergraduates, medical students, postgraduate trainees (residents physicians or Residents)
2. **Practitioners**
Practising rural physicians including rural preceptors, and other health care professionals
3. **Provider organizations**
Alberta Health Services (AHS), Covenant Health, Primary Care Networks, and Family Care Centres
4. **Alberta's rural/regional communities.**



Practitioners

Practicing Rural Physicians

- Enrichment Training
- Assessment Support
- General Emergency Medical Skills (GEMS)
- Continuing Medical Education
- Practical Doc



Learners

Alberta K - 12 Learners

- Rural School Outreach
- BeADoctor

Medical Students

- Rural Medical Interest Groups (RMIGs)
- Bursaries & Awards
- Shadowing Experiences
- Rural Community Exposure & Medical Skills Weekends
- Rural Clinic Placements
- BeADoctor

Resident Physicians

- Rural Rotations
- Alberta Rural Family Medicine Network (ARFMN)

Community Physician Attraction & Retention

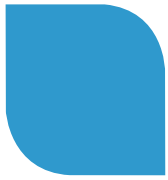
- Alberta Physician Link
- Community Physician Recruitment Consultants (CPRCs)
- Recruitment Events
- Recruitment Expense Assistance



Alberta's Rural / Regional Communities

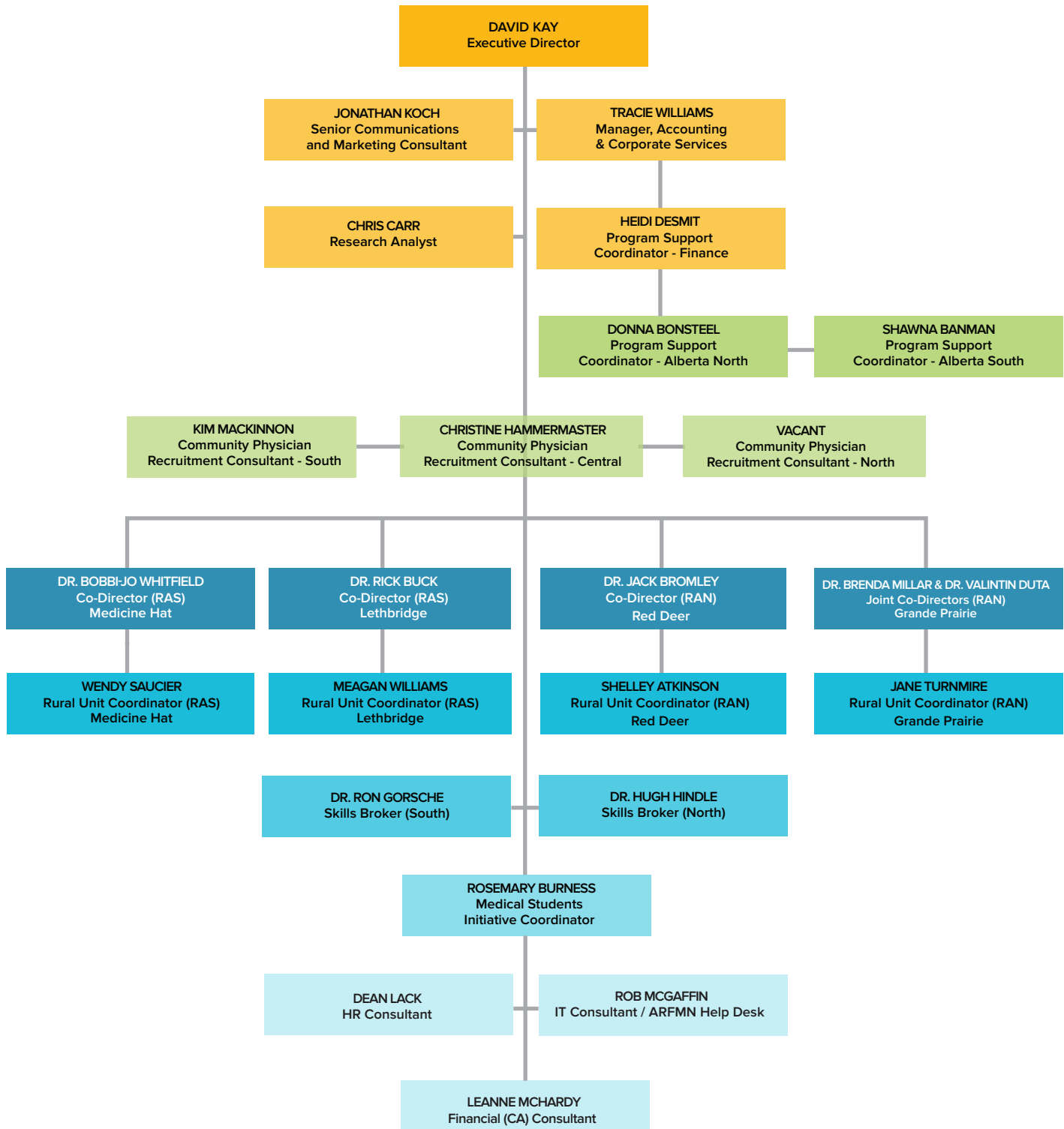
Rural Physician Attraction & Retention

- Community Physician Attraction and Retention (CPAR) tools
- The Rural Physician Action Plan (RPAP) Awards
- Weekend Locum Programs
- CPAR Annual Conference
- Orientation Guide



RPAP Organization Chart

As of June 30, 2014





Governance & Organization

The RPAP board of directors is the oversight body for the RPAP. The board is appointed by the Members of the corporation which consist of the Alberta Health Services, Alberta Medical Association (AMA and its Section of Rural Medicine), and the College of Physicians and Surgeons of Alberta.

The RPAP board includes the following individuals:

- Dr. Karen Lundgard, College of Physicians and Surgeons of Alberta (CPSA)
- Dr. Clayne Steed (RPAP Chair to June 2013) and Dr. Brad Bahler, Alberta Medical Association (AMA)
- Dr. Bert Reitsma (RPAP Vice-Chair) and Dr. Gavin Parker, AMA Section of Rural Medicine (ASRM)
- Dr. Peter Lindsay (RPAP Chair June to Dec. 2013), Dr. Evan Lundall and Dr. David O'Neil, Alberta Health Services (AHS)
- Mr. Bernard Anderson, Alberta Ministry of Health (non-voting observer)

RPAP embraces partnerships and collaboration within Alberta and beyond to deliver innovative and enriching programming that positively influences practitioner's decisions about moving to and remaining in a rural/regional Alberta community.

Throughout the next three-year period, the RPAP will continue to nurture its strategic partnerships with the following:

- Government of Alberta
- Medical and science faculties and training institutions
- Alberta Medical Association (AMA), its Section of Rural Medicine
- Alberta College of Family Physicians (ACFP)
- Alberta Health Services (AHS) / Covenant Health
- Alberta Chambers of Commerce (ACC), Alberta Association of Municipal Districts and Counties (AAMDC), and Alberta Urban Municipalities Association (AUMA)
- College of Physicians & Surgeons of Alberta (CPSA)
- Alberta's Primary Care Networks and Family Care Centres
- Society of Rural Physicians of Canada

Dr. Peter Lindsay 1944 - 2013

Dr. Peter Keays Lindsay of Grande Prairie, Alberta, passed away suddenly on Tuesday, December 17, 2013, in Leduc, Alberta. Others will properly acknowledge Dr. Peter Lindsay and all his contributions as a valued physician, respected medical leader, and a patient/family advocate. Peter will also be remembered for his passion for rural medicine and rural medical education; and especially his advocacy for GPs with additional competencies. He was an exemplary RPAP board member and board chair. His time with RPAP spanned many years over two appointments. I shall personally miss his wise counsel as board chair and as a friend.

— David Kay, Executive Director, Alberta RPAP

To honour Dr. Lindsay's legacy, the RPAP Enrichment Program has been re-named the Peter K. Lindsay Enrichment Training Program.



Supporting present and future rural physicians

2013-2014 Highlights

RPAP Staff attend a number of events throughout the year to create awareness about options for careers in rural medicine amongst Alberta high school and post-secondary students:

13 September 2013

Grande Prairie Composite High School

19 September 2013

South Central HS, Oyen: Career & Entrepreneurship Expo sponsored by the Return to Rural initiative of Special Areas.

1 – 2 October 2013

Booth at Career Transitions post-secondary fair. The event took place at four locations over two days: F.P. Walshe H.S., Ft. MacLeod; Lethbridge Collegiate Institute; W.R Myers H.S., Taber; Picture Butte High School.

2 October 2013

Westwind School Division Career Fair, Cardston

8 October 2013

Redwater High School Career Fair

13 October 2013

Pembina Hills Regional Division Career Fair, Westlock

15 October 2013

U of C Grad & Professional Studies Career Fair

14 – 16 November 2013

Guidance Council Conference, Banff

4 December 2013

Olds High School Monthly Career Fair

31 January 2014

Kings University College Career Fair, Edmonton

4 February 2014

University of Calgary Career Fair; Approximately 500 students in attendance, meaningful engagement with 35 at the RPAP booth.

School Outreach

Research indicates that one of the most cost-effective ways to recruit and retain rural health care workers is to recruit young people in rural areas and who have an interest in practicing there.

Starting in high school, and continuing on to undergraduate studies, RPAP provides educational resources and school outreach programming to encourage students from rural Alberta to consider a career in rural medicine. The RPAP School Outreach Program consists of participating in career fairs, classroom presentations, as well as operating a website, BeADoctor.ca, for youth and educators.

The programming is carried out by the RPAP's Community Physician Recruitment Consultants (CPRC) in collaboration with the local Alberta school divisions, individual schools, the Alberta Teachers' Association, and area guidance counsellors.

Be a Doctor

As part of the RPAP's ongoing efforts to provide current and relevant content to students, the school outreach website was launched in 2012. BeADoctor.ca, provides students with information about entering medical school, the cost of medical education, and the steps to becoming a physician.



Medical Students

Medical students considering rural practice as a Family Physician or other general specialist can access a variety of RPAP initiatives, including funding and support to raise their awareness and to increase their exposure to rural medicine.



Dr. Genelle Dingeldein
Second Year Family
Medicine Resident
Grande Prairie

2013-2014 Highlights

20 – 21 April 2013

55 U of A students (38 medical, 15 nursing and two physio) attended RPAP Skills Weekend in Westlock

25 – 26 May 2013

74 students from U of C, U of A and Mount Royal University attended RPAP Skills Weekend in Pincher Creek

26 August 2013

RPAP attends University of Alberta Clues Fair

30 November 2013

60 U of A students (39 medical, 14 nursing and seven physio) attended RPAP Skills Day, Camrose

31 Jan - 1 & 2 Feb 2014

Skills centre and RPAP booth at Alberta Medical Students' Conference & Retreat (AMSCAR). Five skills were offered and approximately 223 students attended.

36 University of Alberta
+ 165 University of Calgary

201 Total Shadows for 2013 – 2014

Through the Medical Students' Initiative Coordinator, RPAP offers the following initiatives for rural medical students:

RPAP Shadowing

This program connects first and second-year medical students with Alberta rural physicians, providing the opportunity to observe and learn a diverse and unique range of skills; and to practice simple medical procedures.

Medical Skills Weekends

First and second-year medical students visit rural Alberta communities, getting a taste of rural medicine, and learning the advantages and lifestyles of practicing rural medicine.

Rural Medical Interest Groups (RMIGs)

RPAP supports RMIGs at the universities of Calgary and Alberta, which help to facilitate rural outings for medical students who are interested in exploring rural medicine upon graduation.

Financial support

Travel and accommodation expense reimbursement is available from the RPAP to Alberta medical students doing a rural education experience within the Province.

Notably, RPAP offers two financial support initiatives to medical students: the Rural Medical School Award and the John N. Hnatuik Rural Medical Student Bursary.

Supporting rural medical students

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

The RPAP Rural Medical School Award provides \$5,000 for each year of medical studies to assist with the student's tuition, accommodation, living and/or travel expenses.



Merging health-care disciplines and lifestyle choices in rural communities

Medical, nursing and physiotherapy students descended on Pincher Creek May 25 and 26, 2013 as part of an initiative that marries physician recruitment, community support and spousal influence in the physician's decision-making process.

"Rural medicine interests me because rural nurses have to be more innovative and get to be more in charge [of the process]," said Mount Royal University nursing student Sandra Burk.

The RPAP weekend treated first- and second-year medical and third-year nursing and physiotherapy students to a weekend where they have opportunity to meet the local medical community, partake in skills training and witness a mock collision and extraction scene. The students, who traveled to Pincher Creek from the Faculty of Medicine at the University of Calgary, the Faculty of Nursing at Mount Royal College, and the University of Alberta's Faculty of Rehabilitation Medicine's Augustana campus in Camrose, also trained in STARS' Emergency Mobile Education Units, and ended the evening being wine and dined by members of the Pincher Creek community.

The skills weekends have been a great success for both the students and the communities that host them according to Rosemary Burness, medical students' initiatives coordinator with the RPAP.

Burness said many students say the idea of rural practice never really occurred to them prior to the event, but "the key is to get them interested in rural medicine before they get hooked on urban medicine."

It's not just the students who have to become interested, however. This year the RPAP also invited the spouses of students along, acknowledging that in many cases the spouse also has to be sold on the idea of rural life, including their own job opportunities.

The key to RPAP's success, says Burness, lies in building awareness about rural opportunities, and that many students aren't aware that rural medicine can be as modern, exciting and fulfilling as it is in the cities.

"I got into nursing because I like people, I like taking care of people," said Burk, one of the nursing students from MRU. "If you work in a rural community you'll see the same people and be able to effect change more, because it is smaller."

I got into nursing because I like people, I like taking care of people. If you work in a rural community you'll see the same people and be able to effect change more, because it is smaller.

— Sandra Burk,
Mount Royal University
nursing student

2013-14 John N. Hnatuik Rural Medical Student Bursary Recipients

Ryan Schaub (UofA)
Lac La Biche

Jessica Leong (UofA)
Nanton

Renee Deagle (UofC)
Consort

2013-14 RPAP Rural Medical School Award Recipients

Chelsea Henry (UofA)
Lacombe

Amanda Klinger (UofA)
Lacombe

Alyson de Walle (UofA)
Lethbridge

Neill Fox (UofA)
Blood Tribe near Cardston

Resident Physicians

With the aim of encouraging medical students and residents to consider rural practice, RPAP provides a variety of initiatives, funding and support for resident physicians to raise awareness of and increase their exposure to rural medicine; as well improving their preparedness as they move into careers as practising rural physicians.

Dr. Heinrich Brussow
High Level

Rural Rotations

In order to encourage rural practice and to provide a positive experience in rural Alberta, the RPAP supports medical students and resident physician training in a rural Alberta communities.

RPAP provides preceptor payments, and accommodation and travel funding for medical students and residents (Family Medicine and Royal College) who take part in mandatory and elective rotations with rural and regional preceptors, facilitated by either the University of Calgary or Alberta.

2013 Resident Orientation

Each summer, RPAP sponsors comprehensive orientation sessions for family medicine residents in the Alberta Rural Family Medicine Network (ARFMN).

Students from Rural Alberta North (RAN) affiliated with the U of A family medicine department—and Rural Alberta South (RAS) affiliated with the U of C family medicine department—are briefed RPAP supports during rural residence training.

Sponsorship

RPAP sponsors a number of social and professional opportunities for resident physicians throughout the year. Highlights of the 2013-2014 year include:

14-16 January 2014

RPAP and Professional Association of Resident Physicians of Alberta (PARA), co-hosted recruitment events in Calgary, Red Deer, and Edmonton. Residents from Family Medicine and Royal College specialties mixed and mingled with recruitment staff to find out about practice opportunities across Alberta.

7-8 March 2014

RPAP provided sponsorship funding to the Faculty Residents Extravaganza and Educational Retreat (FREEZER) at Jasper Park Lodge, organized by the UofA Family Medicine Residents' Association (FMRA) and the Family Medicine department. RPAP staff provided residents with information about rural practice opportunities in Alberta; and enrichment programming available through RPAP when the trainees enter practice.



Alberta Rural Family Medicine Network Residency Program

Established in 2001, the Alberta Rural Family Medicine Network (ARFMN)—a unique collaborative venture of the RPAP, the family medicine departments of the universities of Alberta and Calgary, Alberta’s rural physicians, and Alberta Health Services—offers dedicated, rural-based family medicine residency training to prepare competent physicians for the broad demands of rural practice.

This program provides resident physicians with an opportunity to train in the environment where they will eventually practice. Resident physicians are taught largely by practicing rural faculty, supported by full-time academic faculty, and use the academic resources of their parent family medicine departments and faculties of medicine. This training leads to eligibility for certification in family medicine with the College of Family Physicians of Canada.

ARFMN’s two branches, Rural Alberta North (RAN) and Rural Alberta South (RAS), build upon a decade of RPAP funding, which supports rural undergraduate and family medicine training in specialty blocks, as well as additional skills training offered through the University of Alberta and the University of Calgary.



Deanna Leavitt

Wife of 2013-14
AFRN resident,
Dr. Cole Leavitt



The Alberta Rural Family Medicine Network (ARFMN), through the RPAP, provides a range of support services for residents including:

Financial assistance

The ARFMN provides funding to cover accommodation and travel expenses for training in rural communities. Expenses related to attending academic sessions and workshops are also reimbursed.

Medical Informatics Tools

ARFMN offers technology funding to resident physicians; and a variety of current medical informatics tools to facilitate communication, delivery of academic programming, and evidence-based medical practice skills. Tools include a subscription to UpToDate®, an evidence-based clinical decision support resource.

Education Sessions and Workshops


Both RAN and RAS provide monthly academic sessions to discuss topics relevant to family medicine. Workshops are also held in various communities throughout the year, with topics covered include: Evidence-Based Medicine, Geriatrics, Palliative Care, Aboriginal Medicine, Practice Management, Critical Skills and Communication Skills.

RPAP also provides resident physicians with an annual conference stipend to help off-set the cost of attending academic conferences.

2013-2014 CaRMS Matching

Canadian Resident Matching Service (CaRMS) is an impartial, not-for-profit organization that provides a fair and transparent online process to match medical students and residents with medical residency positions throughout Canada. Up to 30 family medicine residents may be accepted through the CaRMS process into the ARFMN program each year; and are subsequently exposed to a wide variety of rural medicine.

The CaRMS matching results were announced in March 2014. All 30 positions available through ARFMN's Rural Alberta North and Rural Alberta South branches were filled.



Dr. Murtaza Amirali
Resident Physician,
Rural Alberta South
Taber Health Centre

2013-2014

Rural Alberta North (RAN)

RAN Highlights

- Full match with CaRMS, 16 resident physicians welcomed to the program
- June 2013- 16 RAS PGY 2 resident physicians graduated
- Critical Care workshop was held in December with STARS; and simulation through Red Deer College.

RAN Unit Staff

Grande Prairie

Dr. Brenda Millar
RAN Joint Co-Director

Dr. Valentin Duta
RAN Joint Co-Director

Jane Turnmire
RAN Rural Unit Coordinator

Red Deer

Dr. Jack Bromley
RAN Co-Director

Shelley Atkinson
RAN Rural Unit
Coordinator


2014-2015 RAN Residents

PGY2

- Dr. Stephen Annand
- Dr. Carly Crewe
- Dr. Brenna Duffy
- Dr. Andrew Halladay
- Dr. Wendy Howery
- Dr. Keri Ladd
- Dr. Rebekah Neckoway
- Dr. Donna Neufeld
- Dr. Dawn Poisson
- Dr. Bryden Russell
- Dr. Kelli Taylor
- Dr. Sarah Biss
- Dr. Nicoleta Boboceu
- Dr. Paula Dubois
- Dr. Dustin Falk
- Dr. Autumn Mochinski
- Dr. James Van Camp
- Dr. Genelle Dingeldein
- Dr. Ali Abdalvand
- Dr. Tania Santodomingo

PGY1

- Dr. Lisa Bo  re
- Dr. Kelli Burdek
- Dr. Brittany Craigen
- Dr. Tara Dawn
- Dr. Matthew Dykstra
- Dr. Cayla Gilbert
- Dr. Cole Leavitt
- Dr. Harrison Moore
- Dr. Devin Ritter
- Dr. Baylee Webster
- Dr. Bailey Adams
- Dr. Sally Andreiuk
- Dr. Alix Blackshaw
- Dr. Florentina Duta
- Dr. Kylan McAskile
- Dr. Mallory Quinn

A photograph of the Peace River Bridge in Dunvegan, Alberta. The bridge is a suspension bridge with a yellow lattice structure and dark metal towers. It spans a wide river, surrounded by lush green trees and foliage. The foreground is filled with out-of-focus green leaves, creating a natural frame for the bridge. The sky is bright and clear.

Peace River Bridge
Dunvegan, Alberta

2013-2014

Rural Alberta South (RAS)

RAS Highlights

- Resident physicians attended Cognitive Behavioral Therapy course in Medicine Hat (April 2013); and RAS Retreat weekend at the Banff Centre (September 2013)
- June 2013- 14 RAS PGY2 resident physicians graduated in Medicine Hat
- CaRMS full match in March 2014 - 14 new residents welcomed to the program

RAS Unit Staff

Lethbridge

Dr. Charlotte Haig
RAS Co-Director

Dr. Rick Buck
RAS Co-Director

Meagan Williams
RAS Rural Unit Coordinator

Medicine Hat

Dr. Bobbi-Jo Whitfield
RAS Co-Director

Wendy Saucier
RAS Rural Unit Coordinator

2014 - 2015 RAS Residents

PGY2

- Dr. Dean Vrecko
- Dr. Cody Nelson
- Dr. Ryan Hoeve
- Dr. Carly Fletcher
- Dr. Andre Duguay
- Dr. Justin Wong
- Dr. Ben Wasserman
- Dr. Jarrett Stephenson
- Dr. Chrisjan de Waal
- Dr. Brett Hollowell
- Dr. Amelia Leskiw
- Dr. Alisa Sanregret
- Dr. Mischa Snopkowski
- Dr. Katherine Wight
- Dr. Keri Ladd

PGY1

- Dr. Murtaza Amirali
- Dr. John Bell
- Dr. Wendy Hurdle
- Dr. David Sameshima
- Dr. Justin Steed
- Dr. Stratton Steed
- Dr. Jessica van der Sloom
- Dr. Michael Beach
- Dr. JoAnna Fay
- Dr. Heather Filek
- Dr. Jessica Lydiate
- Dr. Troy McKibbin
- Dr. Michael O'Brien
- Dr. Ashley Rommens



Medicine Hat,
Alberta

Practising Physicians

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

To provide this type of comprehensive support, the RPAP's Community Physician Recruitment Consultants worked diligently to follow-up with 189 new physicians in rural Alberta practices throughout 2013 — 2014. The physician mix included specialists and family medicine practitioners who are practicing full and part-time.

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

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

2013 — 2014

Physician Support Numbers

2,012 physicians followed up with / supported

11 physicians accepted into EME training

130 weeks of EME training provided

67 preceptors who participated in shadowing

189 rural newcomer physicians supported

PracticalDoc.ca

Launched in 2012, PracticalDoc.ca is a web-based resource for practicing rural physicians in Alberta and for partners across Canada.

Formed in response to the ongoing need to provide practicing rural physicians with a place where they can access online skills, resources, and support, Practical Doc provides rural physicians with information and support that can be sometimes hard to find when working in a rural community.



Peter K. Lindsay Enrichment Training Program

The Peter K. Lindsay Enrichment Training Program is intended to assist physicians in rural or regional communities to upgrade existing skills or gain new skills in order to meet the medical needs of the community or surrounding areas.

Included within the Enrichment Program are three variants: Emergency Medicine Enrichment (EME), General Emergency Medical Skills (GEMS), and Focused Individual Rural Staff Training (FIRST).

Emergency Medicine Enrichment Program

Emergency Medicine Enrichment (EME) provides additional training in emergency medicine to rural physicians who work in their community's emergency department, and who are planning on returning to rural practice.

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

In 2013 — 2014, 11 physicians were accepted into the Enrichment Training Program, and there were seven disciplines offered, with more than 130 weeks of rurally relevant training provided.

General Emergency Medicine Skills (GEMS) Program

Rural physicians must be able to handle every situation that rolls through the emergency doors. Maintaining clinical competency can be a challenge with busy schedules and distance from urban training sites. To address this ongoing need, the RPAP, in partnership with Shock Trauma Air Rescue Society (STARS), provides this opportunity to practicing rural physicians.

GEMS is an online, multimedia emergency-skills training experience with a hands-on simulation component that enables rural physicians to upgrade emergency skills at work or at home. The program meets the accreditation criteria of the College of Family Physicians of Canada (CFPC) and has been accredited for up to 14 Mainpro-C credits.

GEMS learning modules include:

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

Focused Individual Rural Staff Training (FIRST)

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

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

Continuing Medical Education

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

Weekend and Seniors' Weekend Locum Program


The Weekend Locum Program was initiated in 1995 through the RPAP by the AMA to provide relief to ensure that weekend call for rural physicians was no greater than one in four weekends. A Senior's Weekend Locum Program was added in 1999.

Both programs are funded by the RPAP and administered by the Alberta Medical Association on its behalf.

The Senior's Weekend Locum Program is designed to decrease or eliminate weekend hospital calls for physicians who are older than 54 years of age; have practiced in rural Alberta for more than nine years; and who practice in communities with fewer than 16 physicians.

Society of Rural Physicians of Canada

RPAP is a proud supporter of the Society of Rural Physicians of Canada (SRPC), Canada's national voice of rural physicians. RPAP was the platinum sponsor of the 22nd Annual Rural and Remote Medicine Course, held 27-29 March 2014 in Banff, and which included the CARE course which took place at the same event.



Dr. Nicoelle Wanner
ARFMN Rural Alberta
South Graduate
Health Matters Clinic
Medicine Hat, Alberta



Supporting rural physician attraction and retention

One of the strengths of RPAP lies in its focus on community support and engagement as a mechanism of physician recruitment support. RPAP offers a variety of resources to help people start and manage rural community physician attraction and retention committees.

Toolkits

Several toolkits have been developed that are available through RPAP's Community Physician Attraction and Retention website . Toolkits cover a variety of topics including: how to start and maintain a committee; how to manage committee meetings; physician appreciation and recognition; and how to run a 'site visit' for prospective physicians.

Cultural Integration Workshops

For newly arrived International Medical Graduates (IMGs) and their families, the challenges of adjusting to Canadian cultures and to life in rural Alberta community can be overwhelming.

To aid in the adjustment, RPAP Community Physician Recruitment Consultants conduct Cultural Integration Workshop to help community residents understand and gain awareness of challenges for both the new physician and the community.

In 2013-14, RPAP staff delivered workshops in Camrose (24 June 2013); Swan Hills (22 October 2013); Edmonton (26 February 2014); and Coutts (8 March 2014).

Community Attraction and Retention Grants

Funding is available to active attraction and retention committee for development of a formal Community Physician Attraction and Recruitment Plan; development and production of marketing materials; committee administrative supports; and support for an attraction or retention event.

Website support

AlbertaRuralHealth.ab.ca offers rural community attraction and retention committees an accessible, online platform to obtain the RPAP resources; and network and share best practices. A quarterly eNewsletter, Community Connection, is also available for free by subscription.



Hussar, Alberta



Supporting community physician recruitment

RPAP works with provincial government departments, local and provincial agencies, and partner groups to support recruitment of physicians for rural Alberta communities.

The RPAP's Community Physician Recruitment Consultants work in tandem with provincial physician recruiters to act as case managers for practice-eligible candidates; while offering continued support to rural communities to assist their efforts to attract and retain rural physicians.

RPAP directly supports domestic and international physician recruitment through:

- Resident recruitment events and transition to practice support
- Managing cases of practice eligible candidates with AHS/Covenant Health physician recruiters through the community physician recruitment consultants
- Tracking and following up on leads developed through inquiries to the physician recruitment website, Alberta Physician Link, from J-1 visa returnees and Alberta trainees
- Attendance at recruitment fairs
- Marketing and promotions

Recruitment

This past year, RPAP staff attended several major recruitment events, both in Canada and abroad:

- October 18-19, 2013 - British Medical Journal (BMJ) Careers Fair, Islington, London, United Kingdom.
- 26-28 September 2013 - American Academy of Family Physicians (AAFP) Scientific Assembly, San Diego, California, U.S.A.
- 7-9 November 2013 - Family Medicine Forum, Vancouver, B.C.
- 19 March 2014 - Physician Information Sessions, Birmingham, United Kingdom.

These events provide an opportunity to connect with key stakeholders and recruitment prospects from Canada, United States and the European Union on their home turf; and to promote Alberta as a place to live and practise rural medicine.

Marketing & Promotions

RPAP conducted advertising campaigns in key strategic markets including the United Kingdom, Ireland, the United States and across Canada.

On March 6-7, 2013, the RPAP staff attended the Canadian Association of Staff Physician Recruiters (CASPR) conference in Saskatoon.

Executive Director, David Kay, spoke to delegates about the importance of community engagement and support for attraction and retention.



Alberta Physician Link

Alberta Physician Link strives to meet the needs of the province's publicly supported entities (Alberta Health Services, Covenant Health, Primary Care Networks, individual physician practices, and academic departments) by posting their physician practice opportunities.

2013 – 2014 Key Statistics

340

Registered Job Seekers

63,722

68,625

Sessions (+7.69%)

537

Positions Available

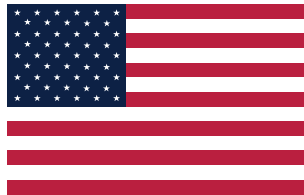
38,486

45,157

Users (+17.33%)

Registered International Users

18



United States
(Visits +94.79%)

26

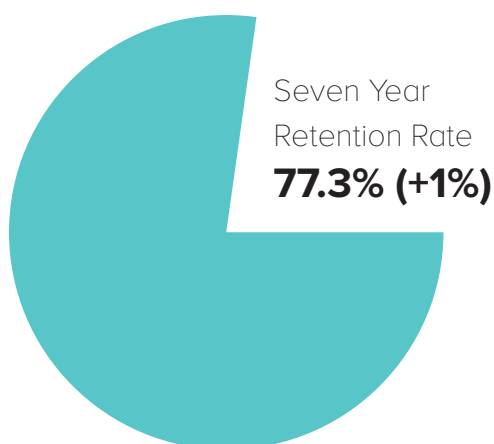


South Africa
(Visits +65.66%)

39



United Kingdom
(Visits +15.87%)



32

CPAR Committees
Worked With

6th annual Rural Alberta Conference

The 6th annual Rural Alberta Conference, co-hosted by The Alberta Rural Physician Action Plan (RPAP) and the Northern Alberta Development Council (NADC), was held in Edmonton on February 27 - 28, 2014.

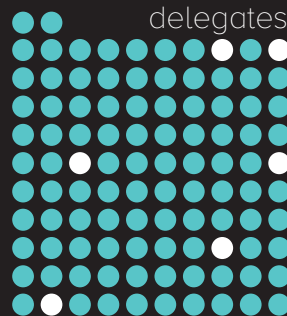
Over 100 delegates from 50 communities from northern, central and southern Alberta gathered to share experiences and learn about new initiatives related to physician attraction, retention and recruitment.

The theme for this year's Conference was Changing Landscapes. Topics covered included: The evolution of healthcare; physician distribution and resources in Alberta; Family Care Clinics and Primary Care Networks; evolving health care delivery; marketing and advertising; community led scholarships and bursaries; examples of community challenges and suggestions for best practices; engagement with Alberta Health Services for more successful physician site visits.

Delegates also received presentation by Dr. Wilhene Zwanepoel, a newly emigrated South African physician who now resides in Grande Prairie, on the foreign physician's perspective on coming to Canada.

102

delegates



95%

satisfaction rate

RPAP Awards

Since 2002, RPAP has provided a healthy dose of recognition to rural Alberta physicians and communities who exhibit excellence in the delivery of healthcare to rural residents. In 2013, nominations were accepted for the Rural Physician Award of Distinction; and the Alberta Rural Community Attraction and Retention Award.

The RPAP Award of Distinction recognizes the contributions of all rural physicians, especially those ‘unsung heroes’ who provide Alberta rural communities with outstanding medical services and who make huge contributions to medical practice and their communities.

The Rural Community Awards recognizes rural Alberta communities that have best developed innovative and collaborative approaches and solutions, resulting in successful physician recruitment and retention in their area.

Central Alberta regional group recognized with 2013 Community Award

The Flagstaff Community Medical Recruitment & Retention Committee was the 2013 recipient of the RPAP Alberta Rural Community Attraction and Retention Award. The Flagstaff committee, representing the communities of Forestburg, Killam, Hardisty and Daysland, was presented with the award at the 2013 Fall Board Meeting of the Alberta Chamber of Commerce, co-sponsor of the 2013 award along with RPAP.

The Flagstaff Committee was lauded by RPAP Board member, Bernard Anderson, for its balanced approach towards attracting physicians in adjacent communities while supporting those already practicing in the area.

“The Flagstaff Community Medical Recruitment & Retention Committee successfully engaged physicians and the community, meeting regularly and working together to welcome new physicians, and to assist and appreciate those who continue to practice in the community,” said Anderson.

“The RPAP’s vision is to have the right number of physicians in the right places, offering the right services in Rural Alberta—we feel the Flagstaff Community Medical Recruitment & Retention Committee truly reflects this spirit.”



The 2013 Alberta Rural Community Attraction and Retention Award recipient—the Flagstaff Community Medical Recruitment and Retention Committee. Pictured receiving the award (L-R): Committee members Gail Watt, Diane Gordon and Gerald Kuefler, and RPAP executive director David Kay.



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INDEPENDENT AUDITORS' REPORT

To the Members of The Alberta Rural Physicians Action Plan

We have audited the accompanying financial statements of The Alberta Rural Physicians Action Plan, which comprise the statement of financial position as at March 31, 2014, the statements of operations, changes in net assets (deficiency) and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.



Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The Alberta Rural Physicians Action Plan as at March 31, 2014, and its results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, flowing style. Below the signature is a long, horizontal, slightly wavy line that extends to the right.

Chartered Accountants

June 12, 2014
Edmonton, Canada

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Statement of Financial Position

March 31, 2014, with comparative information for 2013

	2014	2013
Assets		
Current assets:		
Cash and short term investments (note 2)	\$ 1,499,129	\$ 116,601
Accounts receivable	327,999	478,017
Prepaid expenses and deposits	213,404	204,089
Contribution advances (note 3)	147,282	164,979
	<u>2,187,814</u>	<u>963,686</u>
Property and equipment (note 4)	284,951	294,169
	<u>\$ 2,472,765</u>	<u>\$ 1,257,855</u>

Liabilities and Net Assets (Deficiency)

Current liabilities:		
Cheques written in excess of cash	\$ 332,768	\$ 233,356
Accounts payable and accrued liabilities	901,019	892,593
Deferred contributions (note 5)	1,187,534	410,009
	<u>2,421,321</u>	<u>1,535,958</u>
Net assets (deficiency):		
Invested in property and equipment	284,951	294,169
Unrestricted deficiency	(233,507)	(572,272)
	<u>51,444</u>	<u>(278,103)</u>
Operating line of credit (note 6)		
Commitments (note 7)		
	<u>\$ 2,472,765</u>	<u>\$ 1,257,855</u>

See accompanying notes to financial statements.

On behalf of the Board:

_____ Member

_____ Member

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Statement of Operations

Year ended March 31, 2014, with comparative information for 2013

	2014	2013
Revenue:		
Contributions:		
Alberta Health	\$ 9,417,378	\$ 10,699,660
Recruitment	20,823	-
	9,438,201	10,699,660
Cost recovery projects	967,753	840,854
	10,405,954	11,540,514
Expenses:		
Rural medical education	5,417,814	6,429,580
Retention program	1,848,636	2,411,230
Corporate services	1,514,971	1,579,145
Cost recovery projects	967,753	840,854
Recruitment program	162,247	310,919
Amortization	71,189	48,423
Governance	65,081	182,487
Communications	28,716	67,423
	10,076,407	11,870,061
Excess (deficiency) of revenue over expenses	\$ 329,547	\$ (329,547)

See accompanying notes to financial statements.

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Statement of Changes in Net Assets (Deficiency)

Year ended March 31, 2014, with comparative information for 2013

	Invested in property and equipment	Unrestricted deficiency	2014	2013
Net assets, beginning of year	\$ 294,169	\$ (572,272)	\$ (278,103)	51,444
Excess (deficiency of revenue over expenses	(71,189)	400,736	329,547	(329,547)
Investment in property and equipment	61,971	(61,971)	-	-
Net assets (deficiency), end of year	\$ 284,951	\$ (233,507)	\$ 51,444	\$ (278,103)

See accompanying notes to financial statements.

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Statement of Cash Flows

Year ended March 31, 2014, with comparative information for 2013

	2014	2013
Cash provided by (used in):		
Operating activities:		
Excess (deficiency) of revenue over expenses	\$ 329,547	\$ (329,547)
Item not involving cash:		
Amortization	71,189	48,423
Change in non-cash operating working capital:		
Decrease (increase) in accounts receivable	150,018	(266,028)
Increase in prepaid expenses and deposits	(9,315)	(32,824)
Decrease in contribution advances	17,697	18,574
Increase (decrease) in accounts payable and accrued liabilities	8,426	(184,746)
Increase (decrease) in deferred contributions	777,525	(4,296,507)
	1,345,087	(5,042,655)
Investing activities:		
Purchases of property and equipment	(61,971)	(128,801)
Increase (decrease) in cash position	1,283,116	(5,171,456)
Cash position, beginning of year	(116,755)	5,054,701
Cash position, end of year	\$ 1,166,361	\$ (116,755)
Cash position is comprised of:		
Cash and short term investments	1,499,129	116,601
Cheques written in excess of cash	(332,768)	(233,356)
	\$ 1,166,361	\$ (116,755)
Supplemental Cashflow Information:		
Interest received	\$ 3,099	\$ 27,758
Interest paid	24,310	19

See accompanying notes to financial statements.

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013

The Alberta Rural Physicians Action Plan ("RPAP") is an independent not-for-profit organization funded by the provincial government. RPAP is responsible for providing a provincially-focused comprehensive, integrated, and sustained program for the education, recruitment, and retention of physicians for rural practice. RPAP is incorporated under the Alberta Companies Act - Part IX, as a non-profit organization within the meaning of the Income Tax Act (Canada) and is exempt from income taxes.

1. Significant accounting policies:

(a) Basis of presentation:

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook.

(b) Revenue recognition:

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

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

Other income is recognized when earned.

(c) Cash and short term investments:

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

(d) Financial instruments:

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

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Notes to Financial Statements (continued)

Year ended March 31, 2014, with comparative information for 2013

1. Significant accounting policies (continued):

(d) Financial instruments (continued):

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

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

(e) Property and equipment:

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

Property and equipment are amortized over their estimated useful lives at the following rates and methods:

Asset	Basis	Rate
Furniture and equipment	Declining balance	20%
Computer equipment	Straight-line	3 - 5 years
Computer software	Straight-line	3 years
Leasehold improvements	Straight-line	Over lease term

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Notes to Financial Statements (continued)

Year ended March 31, 2014, with comparative information for 2013

1. Significant accounting policies (continued):

(f) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Significant estimates relate to the amortization of property and equipment, the collectibility of accounts receivable and the completeness of accounts payable and accrued liabilities. Actual results could differ from those estimates.

2. Cash and short term investments:

At March 31, 2014, cash and short term investments includes cashable Guaranteed Investment Certificates in the amount of \$1,498,968 (2013 - \$116,123) bearing interest at 1.25% (2013 - 1.3%) with maturities ranging from August 5, 2016 to March 31, 2017 (2013 - August 5, 2014).

3. Contribution advances:

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

	2014	2013
University of Alberta	\$ 88,733	\$ 48,983
University of Calgary	58,549	107,025
Alberta Medical Association	-	8,971
	<u>\$ 147,282</u>	<u>\$ 164,979</u>

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Notes to Financial Statements (continued)

Year ended March 31, 2014, with comparative information for 2013

4. Property and equipment:

			2014	2013
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and equipment	\$ 48,446	\$ 38,167	\$ 10,279	\$ 12,850
Computer equipment	70,967	53,658	17,309	24,601
Computer software	178,098	47,048	131,050	105,143
Leasehold improvements	291,735	165,422	126,313	151,575
	\$ 589,246	\$ 304,295	\$ 284,951	\$ 294,169

5. Deferred contributions:

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

	Alberta Health		Other		
2014	Operating	Property and equipment	89-Day Locum	Family Care Clinics	Total
Balance, beginning of year	\$ -	\$ 294,169	\$ 115,840	\$ -	\$ 410,009
Received during the year	10,022,999	31,500	126,280	25,000	10,205,779
Restricted investment income	8,467	-	1,480	-	9,947
Revenue recognized	(9,346,189)	(71,189)	(550)	(20,273)	(9,438,201)
Amounts transferred	(30,471)	30,471	-	-	-
Balance, end of year	\$ 654,806	\$ 284,951	\$ 243,050	\$ 4,727	\$ 1,187,534

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Notes to Financial Statements (continued)

Year ended March 31, 2014, with comparative information for 2013

5. Deferred contributions (continued):

Alberta Health

Effective April 1, 2013, RPAP renewed its agreement with Alberta Health to provide financial support and programs for medical practitioners and students in rural Alberta for the period from April 1, 2013 to March 31, 2016 (the "Agreement") to a maximum of \$10,054,499 for each year of the Agreement. Under the Agreement, RPAP is required to use the contribution to meet the goals and objectives outlined in the Agreement, and unspent funds and any investment earnings thereon are to be either returned or carried forward to future years as allowed under the Agreement and as approved by Alberta Health.

89-Day Locum

In fiscal 2012, RPAP entered into an agreement with Alberta Health for \$300,000, expiring March 31, 2013, for a visiting locum program for United Kingdom physicians. The agreement was extended to March 31, 2015. Subsequent to year end, it was determined that due to changes relating to the Temporary Foreign Worker program, and the current labour market in Alberta, it would not be feasible to continue the program. RPAP has advised Alberta Health that the program will be discontinued, and the remaining unspent funds will be repaid prior to the expiry of the agreement in 2015.

6. Operating line of credit:

RPAP has an operating line of credit authorized to a maximum of \$2,000,000, bearing interest at the bank's prime rate plus 0.75% per annum. At March 31, 2014, the amount drawn on this facility is \$nil (2013 - \$nil). The line of credit is secured by a lending margin calculation as per funding to be received from Alberta Health.

7. Commitments:

Effective April 1, 2007, RPAP signed a sublease agreement for office space. Under the terms of the lease RPAP is committed to pay yearly rent of \$48,312 plus occupancy costs to the College of Physicians and Surgeons until February 27, 2019.

In addition, RPAP has signed various annual lease agreements for medical student and medical resident rental premises. Under the terms of the leases, RPAP is committed to monthly lease payments ranging from \$425 to \$2,450.

THE ALBERTA RURAL PHYSICIANS ACTION PLAN

Notes to Financial Statements (continued)

Year ended March 31, 2014, with comparative information for 2013

7. Commitments (continued):

Future minimum lease payments are as follows:

2015	\$	79,412
2016		51,912
2017		52,136
2018		50,996
2019		46,746
	\$	281,202

8. Financial risks and concentration of credit risk:

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

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

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



The Alberta Rural Physician Action Plan

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