Additional skills training

RPAP Co-ordinating Committee Working Group On Additional Skills

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Introduction and Background

On 25 March 1999, the RPAP and the Alberta Medical Association (AMA) jointly hosted a retreat to discuss opportunities for rural medical education in anticipation of the approval of the College of Family Physicians of Canada (CFPC) Working Group report on Postgraduate Education for Rural Family Practice (CFPC WG Report). The main recommendations of the CFPC WG Report are attached as Appendix A to this report.

A consensus was developed to more fully explore a core postgraduate curriculum for rural family practice and a rural medical stream, to consider improvements to special or additional skills training, and for the RPAP Co-ordinating Committee (RPAP CC) to take a leadership role.

The RPAP CC agreed to provide that leadership, and established two working groups on special or additional skills and on rural medical education to explore the issues and implications and to develop recommendations. The Additional Skills Working Group's (AST WG) terms of reference are attached as Appendix B to this report.

The RPAP CC acknowledges that the two Faculties of Medicine at the Universities of Alberta and Calgary have, through the RPAP, accomplished a great deal regarding rural initiatives. However, these national recommendations from the family medicine accreditation body, the CFPC, provide an opportunity to strengthen rural medical education and practice in Alberta.

The recruitment and retention of physicians is a "complex interplay" of many variables, not all of which the RPAP can influence. These variables can be grouped into two major categories: *professional* issues and *lifestyle* issues. The RPAP strives to address the issues that influence physician recruitment and retention.

Professional issues include the confidence and competence of new graduates to practice in rural Alberta, the degree of professional isolation experienced by rural physicians, and the financial support (funding models that provide security and flexibility for the physician and recognize the physician as a community resource) provided to them. *Lifestyle* issues include the personal and family isolation encountered by the physician and family.

With the ***Vision*** of "having the right number of physicians in the right places, offering the right services in Rural Alberta", the RPAP CC sees improvements in providing special and advanced rural medical skills as crucial to addressing the professional issues that influence rural physician retention. A complimentary issue for practicing rural physicians is ***access*** to special and advanced skills training to maintain and improve medical care in their areas.

Quoting from a Society of Rural Physicians of Canada (SRPC) consensus paper on additional skills:

"Concern has been expressed about providing short training programs involving surgical and technical skills. This position has been taken by some because they believe these technical and surgical procedures can only be performed safely by those with a broader base of training achieved in an extended residency training program i.e. the specialty training program is indivisible."

"The evolution of the delivery of medical care in rural settings would refute this concern. Rural doctors give anaesthetics, manage trauma, give thrombolytics for myocardial infarction, treat pneumonia, and perform caesarean sections. It is recognized that in those clinical situations requiring technical/surgical skills in the rural setting a number of cases are transferred out for specialist consultation or management but many, if not most, are handled locally. Available data are limited but they do show that these cases can be handled appropriately in rural settings."

The CFPC Working Group report (CFPC WG Report) describes the need for both special or additional rural family medicine skills and advanced skills for both family medicine residents and practicing rural physicians.

For the purposes of this report, the terms special or additional skills and advanced skills are considered part of a continuum - learners should begin to acquire special or additional skills during their Family Medicine training and finish their acquisition in the R3 year or after a period of practice. Advanced skills may be acquired in the R3 year or after a period of practice. Nonetheless, these training needs should be competency-based and of flexible duration, and should, ideally, be met through national, portable accredited training programs.

Examples of these two types of skills include: GP-anaesthesia, advanced maternity care including caesarean sections, GP-surgery, mental health, aboriginal health, orthopaedics, emergency medicine, endoscopy, and women's health.

More fundamentally, the CFPC WG Report at page 32 defines ***the*** issue as the ability of "family physicians [to] be appropriately trained for [the wide spectrum of rural medical] roles, credentialed and supported in the provision of these roles and the maintenance of their competency." The CFPC WG Report concludes that, "the current system is inadequate in all of these regards." The CFPC WG Report continues at page 32 by stating, "There is clearly a need to develop guidelines for the training, credentialing and maintenance of competence of advanced family medicine skills. This issue, more than the other mandates, needs the greatest effort in developing consensus and sustainable working relationships between all potential groups involved."

The creation of national, portable and accredited training programs in advanced skills requires core curricula with rigorous evaluation. However, there will always be substantial regional variation in the needs for advanced skills in rural Canada. The challenge to curriculum formulation will be to define the core problems and procedures requiring national programs, while preserving the autonomy of individual physicians, their communities, and their training programs to design the education to fit the needs.

Currently, the RPAP has two programs that address special and advanced rural medical skills: the Additional Skills Training and the Enrichment programs:

· There are a total of 24 **Additional Skills Training** (AST) positions available to Residents interested in additional training. This training consists of up to a full third year of Post-Graduate Medical Education training. The objective is to give the trainees additional skills needed in a rural practice setting (e.g. anaesthesia, general surgery, obstetrics, emergency medicine, care of the elderly) and which are beyond the skills which the average rural physician equipped with a two year residency could reasonable be expected to have acquired.

Since July 1997, trainees are required to have a return-in-service agreement (RiSA) with a rural Regional Health Authority or the Rural Locum Program to access one of 18 Additional Skills Training (AST) positions. The remaining six AST positions do not require as RiSA.

· The **Enrichment Program** provides assistance to practising rural physicians wishing to upgrade existing skills or learn new ones. These skills must be necessary to improve the level of health services in the community or region, or to replace existing skills that will be lost due to retirement or other reasons. The skills training could include but would not be limited to obstetrics, anaesthesia, surgery, care of the elderly, GI-endoscopy or psychiatry. The length of training varies depending on the physician's background and the teaching objectives. In order to qualify for the Enrichment Program, the training period can be no less than two weeks and no greater than one year. Physicians accepted into the program receive an honorarium of $76,000 per year, pro rated for the length of the training.

In June 1999, the RPAP CC Working Group on Additional Skills began work on the development, funding, and implementation of enhanced special or additional, and advanced skills training for residents and practicing family physicians in Alberta.

The RPAP CC approved the recommendations developed by the RPAP CC AST Working Group on 28 September 1999.

This report outlines the core relevant issues and, in accordance with the AST WG's terms of reference, makes specific recommendations to the RPAP CC for their considered recommendation to the Minister of Health and Wellness.

This report also discusses the following points:

· an assessment of the current AST and Enrichment programs relative to the recruitment and retention of rural physicians

· more effective ways of ensuring that the emergency medicine needs of rural RHAs are met

· the suitability of the current return-in-service requirements for encumbered R3 positions,

· the types of special or additional and advanced skills training required by residents and practicing rural physicians for rural practice

· the expansion of the surgery/obstetrics program, adding advanced maternity care with c-sections and gastroenterology training, and fostering improvements in anaesthesia training

· options for providing the needed special or additional and advanced skills training.

Relevant Issues Pertaining To The Provision Of advanced and special or Skills Training To Residents And Practicing Rural Physicians

the College of Family Physicians of Canada (CFPC) Working Group report on Postgraduate Education for Rural Family Practice

The College's WG Report provides three recommendations for special rural Family Medicine skills education and 13 for advanced rural Family Medicine skills education. The AST WG reviewed each in the context of Alberta, and made these observations:

Special Rural Family Medicine Skills:

1. Flexible additional postgraduate education for rural family practice should be provided to meet both learner and community needs.

The AST WG agrees with this recommendation acknowledging the advantages of nationally recognized, standardized programs where they might exist now or some time in the future. The course offerings should be guided in part by community need, and training should be competency based.

2. Additional third year positions of flexible duration (usually 3-6 months) should be readily available for residents to develop special skills for rural family practice.

The AST WG agreed with the recommendation although the duration should primarily be competency-based. Three months may be too long and six months may be too short in relation to a particular skill acquisition. The current 24 Additional Skills or R3 positions typically have a duration of six or 12 months.

3. Rural physicians in practice should have ready access to appropriately funded special skills education opportunities of flexible duration (usually 3-6 months).

There was agreement with this recommendation and if the opportunities are competency-based, the duration can be varied. The AST WG notes that there is a need to consider positions for skill assessment requirements, i.e. physicians trained with competencies elsewhere who need assessment and possibly retraining, or physicians who need refresher training or maintenance of competency training.

Advanced Rural Family Medicine Skills:

1. Rural Canadians should have access to essential health services including anaesthesia, optimal [full scope] maternity care, general surgery and other advanced skills such as psychiatry within or close to the communities.

The AST WG agrees and feels that a sufficient number of trained Family Medicine residents and practicing rural physicians with special skills and advanced skills is the most viable and practical method of achieving this goal. Alberta already has a significant hospital infrastructure with which to provide these special and advanced skills locally to rural Albertans. This capability will be lost or underutilized if appropriately skilled rural physicians are not available.

2. Rural family physicians should continue to be trained in advanced rural family medicine skills including general anaesthesia, general surgery, advanced maternity care including Caesarean section and other advanced skills such as psychiatry where there is a demonstrated need.

The AST WG agrees as long as such training is part of standardized and portable training programs.

3. A defining principle of training programs in advanced skills for rural family physicians is the requirement that there be a single standard of care for both urban and rural Canada for the provision of these essential services for low-risk patients and procedures. The skill set is a shared one between family medicine and the specialty groups and the knowledge base within both programs should be rigorous.

The AST WG agreed with this recommendation and notes that rural physicians are also called on to care for high risk and critically ill patients. Rural physicians need the skills and the confidence to do the job, which circumstances mandate they must handle.

4. The curriculum guidelines and standards for advanced rural family medicine skills should be recognized and developed by the College of Family Physicians of Canada, the Society of Rural Physicians of Canada (SRPC), and the Royal College of Physicians and Surgeons of Canada (RCPS) with input from appropriate specialists and associations.

There was agreement with this recommendation. The AST WG discussed how Alberta could start this process working with the Province's specialty societies, and how developing a body of outcome evidence would be beneficial. Nonetheless, ***access*** *to special and advanced skills training to maintain and improve medical care in rural areas is a major issue for practicing rural physicians in Alberta. The willingness of all groups noted above to enter into meaningful dialogue will be an important consideration. The AST WG considers further options later in this report.*

5. The College of Family Physicians of Canada (and preferably conjointly with the Royal College with input from the licensing bodies) should accredit advanced rural family medicine skills training programs.

The AST WG agrees.

6. University medical schools should develop and provide advanced rural family medicine skills training programs based on both regional and national needs.

The AST WG agrees.

7. Advanced rural family medicine skills training programs should be developed with the appropriate resources and utilize regional and rural components and teachers as much as possible.

The AST WG agrees.

8. Advanced rural family medicine skills training positions should be accessible to committed applicants, both third year family medicine residents and re-entry (practising) physicians.

The AST WG agrees.

9. Training should be competency-based rather than solely time-based, but most often will require a range of 6-12 months.

The AST WG agrees that the most important consideration is outcome competency. In addition, the AST WG questions whether the length of training for some of the existing programs is appropriate.

10. Learning objectives based on nationally developed curriculum guidelines and standards should be used for formative (in training) and summative (completion) evaluations.

The AST WG agrees.

11. The individual physician's training program for advanced rural family medicine skills should also reflect the learner's and the community's needs.

The AST WG agrees but acknowledges the difficulties assessing and agreeing on needs.

12. Medical schools providing nationally accredited Advanced Rural Family Medicine Skills training should provide a certificate of competence to physicians who satisfactorily complete their program.

The AST WG agrees but notes that the issuance of a certificate of competency must be done in a manner acceptable to and to the standards of the College of Physicians and Surgeons of Alberta (CPSA).

13. The medical schools providing advanced rural family medicine skills training programs should develop nationally accredited continuing medical education (CME) and maintenance of competence programs.

The AST WG agrees.

Relevant Issues Pertaining To The Provision Of advanced/SPECIAL SKILLS availability in rural alberta as it pertains to the Training provided To Residents And Practicing Rural Physicians

The AST WG then considered a number of other relevant issues pertaining to special and advanced skills in the context of Alberta.

Do the current RPAP additional skills and enrichment programs aid the recruitment and retention of rural physicians?

Additional Skills Training Program

The CFPC Working Group report recommends that there be flexible additional postgraduate education opportunities for rural family practice to meet both learner and community needs, and that additional third year (AST or R3) positions of flexible duration (usually 3-6 months) be readily available for residents to develop special skills for rural family practice.

These recommendations speak to the professional issues (including the confidence and competence of new graduates to practice in rural Alberta) that influence physician recruitment and retention, and that the RPAP strives to address. They also speak to the issue of access to health care services in rural communities; that there be well-trained rural physicians with a special or additional skills to offer medically necessary services to their communities.

The current Additional Skills Training program generally meets these recommendations. The new RPAP Business Plan will introduce Key Performance Indicators (KPI) that can be used to validate the extent to which this program aids the recruitment and retention of rural physicians. Appropriate changes to these programs can then be introduced

Is the program flexible enough to meet learner and community needs?

The current AST program uses six and 12-month blocks. There needs to be ongoing assessment as to whether this is appropriate for the majority of the skill areas considered by early learners - third year Family Medicine residents - in this program. However, the AST WG identified at least three areas that require further exploration as to the optimal length of training for rural family practice.

Do we have enough of these positions and in the right skill areas?

The current 24 AST positions are typically well subscribed although not fully subscribed. Training blocks are offered in Care of Elderly, CFPC-EM, Anaesthesia, Obstetrics, Obstetrics & Surgery, and Orthopaedic Medicine. The number of AST positions may need to be increased if medical student and residency enrolment increases proposed by the two Faculties are approved by Government, and if approval is obtained for the proposed rural stream that would deliver the core postgraduate curriculum for rural family practice (the Alberta Rural Family Medicine Network - ARFMN), discussed in the report of the RPAP CC Working Group on Rural Medical Education). No estimate of the impact is currently available.

How can these skills be taught as part of national, portable accredited training programs?

Until work at a national level begins to implement the CFPC WG Report recommendation for national, portable and accredited training programs which are recognized by the provincial licensing authorities, the two Faculties of Medicine will need to continue to develop programs which are recognized by the CPSA and that attempt to respond to the needs of the communities they serve as well as to meet national standards (as they develop) and respond to the learning needs of medical residents and practising physicians.

Enrichment Program

Is the program flexible enough to meet learner and community needs?

The current Enrichment program offers greater flexibility for practicing rural physicians than the AST program for residents. Their training objectives can generally be met in blocks of two weeks up to 12 months. They are also remunerated at a higher level, $76,000 pro rated for the length of training.

The AST WG recommends that the RPAP CC discuss with the Rural Locum Program Steering Committee the fundamental policy (of providing locum coverage for the entire Enrichment training period), feasibility and cost of augmented locum coverage for Enrichment trainees. The purpose of which would be to further reduce barriers for practicing rural physicians to temporarily leave their practice to access Enrichment training.

Do we have enough of these positions and in the right skill areas?

The Enrichment program was established to support 10 fulltime equivalent (FTE) positions. In 1998-99 approximately 3.125 FTE positions were used, and 2.25 FTE in 1997-98. Training requested by practicing rural physicians through the Enrichment program tends to be in the same areas as the AST program with the additional of palliative care and some procedural GI training.

The use of the program is a concern to the AST WG and might suggest that this program as presently structured is not well known, or is perceived by rural physicians as not meeting their needs appropriately (e.g. the program does not provide training in blocks). It may also suggest that rural RHAs do not endorse the need for Enrichment training. To provide required rural medical care, the AST WG is of the opinion that it is essential that rural physicians have access to and do access special and advanced skills training. The AST WG recommends that the Enrichment program be evaluated within two years through a process involving practicing rural physicians, the Faculties of Medicine and the rural RHAs.

Other Issues

The AST WG notes that there is a need to consider a process to deal with requests for skill assessments. This situation arises in physicians trained with competencies elsewhere who need assessment and possibly retraining, and practicing physicians who need refresher training or maintenance of competency training. This is currently an area of concern for both the Faculties and for the CPSA as they currently try to respond to the issue in an ad hoc manner.

The AST WG recommends that the RPAP CC cooperate with the relevant stakeholders, including the CPSA and the Faculties of Medicine, to develop specific recommendations to address the issue.

Conclusion

The AST WG is of the opinion that career rural physicians are more likely to be found among those physicians with special or advanced skills and that special and advanced skills training is a strong factor in the recruitment and retention of a stable cadre of rural physicians. In addition, the AST WG concludes that the RPAP AST and Enrichment programs should continue, but under modification with particular attention to:

a) whether the two programs are of sufficient flexible duration and are competency-based

b) whether the programs maximize regional and rural components as well as teachers

c) the number of AST positions if approvals are obtained to increase postgraduate positions and in particular Family Medicine positions at the two Faculties of Medicine, and/or if the proposed rural medical stream is approved

d) the marketing of the Enrichment program to practicing rural physicians

It is recommended that the RPAP acquire the data to more accurately assess the extent to which these two programs aid rural physician recruitment and retention. However, there was a general consensus within the AST WG that rural Alberta is better off with a larger pool of better-trained physicians (through these programs) than without.

The AST WG needs to emphasize that rural RHAs must continue to provide the support and infrastructure (e.g. nurses, equipment, OR time) to support the AST trainees they recruit and the physicians in their region they sponsor for Enrichment training. The RPAP Business Plan Key Performance Indicators (KPI) should be used to assess this support.

Are there more effective ways of ensuring that the emergency medicine Training needs of rural RHAs are met?

Most trainees of the current 12-month program in emergency medicine do not practice in rural communities upon completion of their training. Nonetheless, emergency medicine training, beyond the ACLS/ATLS level, is needed for a subset of rural physicians and is critical to help maintain the skill level of all rural physicians providing care in rural emergency departments. Trauma death rates are higher in rural areas than urban areas. This is the area in which early expert emergency interventions will be expected to reduce morbidity and mortality, as well as potentially affecting the cost of long term care for trauma patients.

A small working group has been struck to recommend alternatives to the current CFPC-EM 12-month program. Their recommendations will be filed with the RPAP CC upon completion.

The proposals being developed for rural emergency medicine skills training will be designed to meet the following outcomes and principles:

· training that is of flexible duration and is competency-based

· training that reflects the learner's and the community's needs

· training that is based on some degree of standardized curriculum such that the Faculty could provide a certificate of competency acceptable to the CPSA.

The proposals will also have an evaluation component. The developed product(s) (see illustration below) will need to facilitate a degree of flexibility for the learner by recognizing existing skills and competency. This is where assessment will play a pivotal role.

the suitability of the current return-in-service requirements (RiSA) for encumbered R3 positions

The AST WG determined through an analysis of AST trainees requiring RiSAs over the past three years, that with the exception of one year and for the CFPC-EM program (in which other work is underway), most AST trainees are able to obtain a RiSA. However, there is a need to conduct longitudinal studies involving trainees who remain and those who leave after their RiSA commitment. The RPAP Co-ordinating Committee is asked to conduct this research through their Business Plan.
The AST WG is also of the view that with better physician resource planning on the part of the RHAs, RiSAs might not be required. Further, RiSAs probably work better in situations with a more stable and larger physician population, and less well in unstable and smaller physician communities where the need to recruit is more urgent.

Until the RPAP can conduct further analysis, it is recommended that no change occur regarding the requirement for RiSAs in the 18 AST positions.

Opportunities for Improvement in Certain Procedural Areas

There was an extensive discussion of these areas and how physicians can acquire certain procedural skills needed in rural Alberta.

The positive aspects of the current situation include:

· the existence of formalized and funded rural Family Medicine skills training positions within the two Faculties of Medicine accessible both for third year Family Medicine residents and practicing rural physicians

· the existence of a significant hospital infrastructure in which to provide these special and advanced skills locally to rural Albertans.

The challenges and opportunities identified were:

· the need to take additional advantage of training sites outside of Calgary and Edmonton

· the influence of the Royal College of Physicians and Surgeons (RCPS) and/or the speciality societies over the skills that are taught to family physicians

· identifying specialists willing to provide specialty training to family physicians

· the need for family physicians and specialists to agree on the "menu of procedures and skills for rural family practice

· the need for additional national consensus statements brokered by the SRPC, the CFPC, the RCPS, and the specialty bodies.

· the need to develop a process involving the CPSA and the Faculties of Medicine to identify and develop those rural physicians as teachers for special or additional and advanced skills.

Any solution will be multi-faceted and will involve the development of competency-based curriculum objectives and standards for advanced rural family medicine skills. This multi-faceted solution will also need to provide the latitude necessary to develop "made in Alberta" solutions, while recognizing the influence of the College of Family Physicians of Canada, the SRPC and the RCPS.

Currently with the wide variation of curriculum guidelines and standards for advanced rural family medicine skills recognized and developed by various national stakeholders, the AST WG discussed a number of options, including:

· the untapped resource of rural family physicians with procedural skills who could be used as teachers and the group of Alberta specialists who are willing to train family physicians in procedural skills

· the establishment in Alberta of training centres to meet the immediate needs of rural family physicians who face barriers gaining access for training in some procedural skills. These training centres may exist as either geographic centres or as networks of trainers.

AST and Enrichment training is currently obtained through the specialty departments at the Faculties of Medicine. The development of training centres would reduce the reliance on the specialty departments of the two Faculties of Medicine for special and advanced skills training.

Other alternatives, which may improve access to required training, include:

· offering the training through the departments of Family Medicine instead of the specialty departments with cross appointment to the specialty departments

· using external training sites (e.g. use regional centres with appropriate recognition by and support from the Faculty, develop interprovincial training centres, or use American training sites).

The AST WG supports the view that the Faculties of Medicine have a social responsibility to respond to the learning needs of medical students, residents and practising physicians. The AST WG recognizes that the Faculties may need the assistance of many stakeholders including the RPAP, Government, the CPSA and the specialty societies to overcome the barriers that exist.

The AST WG recommends that beginning 1 July 2001, that special and advanced skills training occur through practicing rural family physicians and specialists appointed (singularly or jointly with a specialty department) to the Family Medicine departments.

This will require additional funding as outlined on page 14, **Resources**. The RPAP and the Faculties should evaluate this arrangement after three years of operation.

Recommendations

This report has 11 recommendations regarding special or additional skills and advanced skills for Family Medicine residents and practicing rural physicians. The Additional Skills Working Group's recommendations are as follows:

1. Special and advanced Family Medicine skills should be offered in the spirit of the College of Family Physicians of Canada Working Group report on Postgraduate Education for Rural Family Practice (CFPC WG Report).

2. Rural Albertans should have local or regional access to special and advanced medical services including anaesthesia, operative obstetrics, general surgery, psychiatry and GI-endoscopy within or close to their communities. The AST WG feels that a sufficient number of Family Medicine residents and practicing rural physicians trained, certified in and practicing special skills and advanced skills is the most viable and practical method of achieving this goal.

3. In order to expand the pool of better-trained physicians necessary for rural family practice, the RPAP Additional Skills Training and Enrichment programs should be maintained, but undergo modification with particular attention to the following areas:
a) whether the two programs are of sufficient flexible duration and are competency-based
b) whether the programs maximize regional and rural components as well as teachers
c) the number of AST positions if approvals are obtained to increase postgraduate positions and in particular Family Medicine positions at the two Faculties of Medicine, and/or if the proposed rural medical stream is approved
d) the marketing of the Enrichment program to practicing rural physicians

4. Rural RHAs must provide the support and infrastructure (e.g. nurses, equipment, OR time) to support the AST trainees they recruit and the physicians in their region they sponsor for Enrichment training. The RPAP Business Plan Key Performance Indicators (KPI) should be used to assess this support.

5. The RPAP should acquire the data to more accurately assess the extent to which the RPAP Additional Skills Training and Enrichment programs aid rural physician recruitment and retention. The RPAP Business Plan will introduce Key Performance Indicators (KPI) that can be used to validate the extent to which these programs aid the recruitment and retention of rural physicians. Appropriate changes to these programs can then be introduced.

6. The RPAP CC discuss with the Rural Locum Program Steering Committee the fundamental policy, feasibility and cost of augmented locum coverage for Enrichment trainees. The purpose of which would be to further reduce barriers for practicing rural physicians to temporarily leave their practice to access Enrichment training.

7. The Enrichment program be evaluated within two years through a process involving practicing rural physicians, the Faculties of Medicine and the rural RHAs.

8. The two Faculties of Medicine be assisted in their efforts to develop and enhance the RPAP Additional Skills training and Enrichment programs to respond to the needs of rural Alberta.

9. In an attempt to support the two Faculties, beginning 1 July 2001 the RPAP should fund special and advanced skills training through practicing rural family physicians and specialists appointed (singularly or jointly with a specialty department) to the Family Medicine departments. The RPAP and the Faculties should evaluate this arrangement after three years of operation.

10. The RPAP CC cooperate with the relevant stakeholders, including the CPSA and the Faculties of Medicine, to develop specific recommendations to address the issue of skills assessment. This involves physicians trained with competencies elsewhere who need assessment and possibly retraining, or physicians who need refresher training or maintenance of competency training.

11. The RPAP should evaluate the concept and effectiveness of Return-in Service Agreements (RiSAs) for Additional Skills Training positions.

Identification of Follow-up Responsibilities

Recommendation	Follow-Up Responsibilities
#1 Implementation of the CFPC WG Report	RPAP, Faculties of Medicine
#2 Sufficient Number of Family Physicians Equipped with rural Family Medicine Skills	RPAP, Faculties of Medicine
#3 Modifications to RPAP AST & Enrichment Programs	RPAP, Faculties of Medicine
#4 Monitoring RHA Support	RPAP
#5 Impact of AST & Enrichment Programs	RPAP
#6 RLP Expansion	RPAP, AMA
#7 Enrichment Program Evaluation	RPAP
#8 Continued Faculties of Medicine Support	RPAP, CPSA, Government
#9 Revamped Rural Family Medicine Skills Training Model	RPAP, Faculties of Medicine
#10 Skills Assessment Working Group	RPAP, CPSA, Faculties of Medicine
#11 Evaluation of Effectiveness of RiSAs	RPAP

Resources -

Additional EXPENDITURES by fiscal Year ($)

An estimated budget based on the recommendations of this report is provided below. During implementation of the report recommendations additional cost items may be identified or the estimates may need to be adjusted.

Recommendations	1999/2000	2000/01	2001/02
#3 Modifications to RPAP AST & Enrichment Programs:			
· improved flexibility & competency-based development			
(2X 0.5 GFT Acad. Dev. Officers)	$200,000	$200,000	$200,000
· additional regional/rural components & teachers			
(Travel - $200/trainee for 5 trainees)		$25,000	$25,000
(Living Exp. - $500/month for 5 trainees)	$1,000		
(Honoraria for faculty - $1,000/month for 5 trainees)		**$1,000**	**$1,000**
(Training costs for faculty)	**$2,500**		
(Travel for GFT faculty)		**$5,000**	**$5,000**
	$5,000		
		$10,000	**$10,000**
	$10,000		
		$5,000	**$5,000**
	$5,000		
· Enrichment Program Marketing	**$5,000**	**$5,000**	**$5,000**
Subtotal	**$228,500**	**$228,500**	**$228,500**
#5 Impact of AST & Enrichment Programs	**From Existing RPAP Budget**		
#6 RLP Expansion	**$100,000**	**$100,000**	**$100,000**
#7 Enrichment Program Evaluation	**-**	**$10,000**	**-**
#9 Revamped Rural Family Medicine Skills Training Model			
· special skills co-ordination			
(2X 0.5 GFT Training Co-ordinator)			
(Travel costs)	$200,000	$200,000	
(Honoraria for faculty - $1,000/month X 6			

months for 28 trainees)	**$5,000**	**$5,000**	
Subtotal			$200,000
	$168,000	**$168,000**	**$5,000**
	$373,000	**$373,000**	
			$168,000
			$373,000
#10 Skills Assessment Working Group (Meeting expenses)	$5,000		
Total	**$706,500**	**$711,500**	**$701,500**

Appendix A

CFPC Working Group on Postgraduate Education for Rural Family Practice Main Recommendations - 12 May 1999

Special Rural Family Medicine Skills:

There are three recommendations for postgraduate education for special rural family medicine skills and 13 for advanced rural family medicine skills.

1. Flexible additional postgraduate education for rural family practice should be provided to meet both learner and community needs.

2. Additional third year positions of flexible duration (usually 3-6 months) should be readily available for residents to develop special skills for rural family practice.

3. Rural physicians in practice should have ready access to appropriately funded special skills education opportunities of flexible duration (usually 3-6 months).

Advanced Rural Family Medicine Skills:

1. Rural Canadians should have access to essential health services including anaesthesia, optimal maternity care, general surgery and other advanced skills such as psychiatry within or close to the communities.

2. Rural family physicians should continue to be trained in Advanced Rural Family Medicine Skills including general anaesthesia, general surgery, advanced maternity care including Caesarean section and other advanced skills such as psychiatry where there is a demonstrated need.

3. A defining principle of training programs in advanced skills for rural family physicians is the requirement that there be a single standard of care for both urban and rural Canada for the provision of these essential services for low-risk patients and procedures. The skill set is a shared one between family medicine and the specialty groups and the knowledge base within both programs should be rigorous.

4. The curriculum guidelines and standards for advanced rural family medicine skills should be recognized and developed by the College of Family Physicians of Canada, the SRPC and RCPS with input from appropriate specialists and associations.

5. The College of Family Physicians of Canada (and preferably conjointly with the Royal College with input from the licensing bodies) should accredit advanced rural family medicine skills training programs.

6. University medical schools should develop and provide advanced rural family medicine skills training programs based on both regional and national needs.

7. Advanced rural family medicine skills training programs should be developed with the appropriate resources and utilize regional and rural components and teachers as much as possible.

8. Advanced rural family medicine skills training positions should be accessible to committed applicants, both third year family medicine residents and re-entry (practising) physicians.

9. Training should be competency-based rather than solely time-based, but most often will require a range of 6-12 months.

10. Learning objectives based on nationally developed curriculum guidelines and standards should be used for formative (in training) and summative (completion) evaluations.

11. The individual physician's training program for advanced rural family medicine skills should also reflect the learner's and the community's needs.

12. Medical schools providing nationally accredited Advanced Rural Family Medicine Skills training should provide a certificate of competence to physicians who satisfactorily complete their program.

13. The medical schools providing Advanced Rural Family Medicine Skills Training Programs should develop nationally accredited CME and maintenance of competence

programs.

Appendix B

RPAP CC Working Group on Additional Skills

PURPOSE:

Reporting to the RPAP CC, the Working Group on Additional Skills will consider the medium and long term needs for additional skills training for residents (the so-called "R3" year) and practicing family physicians in Alberta and make recommendations on relevant policy directions for Alberta.

The Working Group will prepare a formal report, which will address the following topics in and associated with additional skills training:

· An assessment of the current R3 additional skills program relative to the recruitment and retention of rural physicians, and the consensus papers on additional skills for rural physicians being developed nationally.

· The relevant issues pertaining to the provision of additional skills training to residents, including:

Þ more effective ways of ensuring that the emergency medicine needs of rural RHAs are met.

Þ the suitability of the current return-in-service requirements for encumbered R3 positions.

Þ the type of additional skills training required by residents for rural practice

Þ other relevant issues as the working group may determine

· The relevant issues pertaining to the provision of additional skills for rural physicians, including:

Þ the expansion of the surgery/obstetrics program

Þ adding advanced maternity care with c-sections and gastroenterology training

Þ fostering improvements in anaesthesia training

Þ the ability of the faculties of medicine to provide the needed additional skills training and alternatives to providing the training

Þ other relevant issues as the working group may determine

· A work plan for the development, funding, and implementation of additional skills training for residents and practicing family physicians in Alberta.

ACCOUNTABILITY:

The Working Group on Additional Skills will report to the RPAP CC.

TIMEFRAME:

An initial report will be developed and submitted to the RPAP CC by 31 September 1999 with the final report being completed by 30 November 1999.

MEMBERSHIP:

Dr. Peter Lindsay, RPAP Coordinating Committee - Chair

Dr. Sebastian David, RPAP Coordinating Committee

Dr. Jill Konkin, President, College of Family Physicians of Canada (Alberta Chapter)

Dr. David Moores, Chair, Department of Family Medicine, University of Alberta

Dr. Peter Norton, Head, Department of Family Medicine, The University of Calgary

Dr. David O'Neil, President, Society of Rural Physicians of Canada

Robyn Blackadar, Alberta Health and Wellness

Dr. Trevor Theman, Assistant Registrar, College of Physicians and Surgeons of Alberta

Other persons as may be required

David Kay, RPAP Staff