

The BC Rural Education Action Plan

The medical human resource needs of rural and remote areas in the province are being addressed through strategies that recruit and train medical professionals and encourage them to practise outside urban centres.

ABSTRACT: The Joint Standing Committee on Rural Issues was established in 2000 as the result of negotiations between the British Columbia Medical Association and the Ministry of Health Services. The goal of the committee is to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing some of the unique, demanding, and difficult circumstances faced by these physicians. The Rural Education Action Plan (REAP) is one of many initiatives implemented by the committee to address the medical human resource needs of rural BC through strategies that will attract, train, recruit, and retain medical trainees and professionals. Eligible students, residents, and physicians can benefit from REAP activities and funded strategies that allow them to advance their medical skills by serving in rural communities throughout BC.

The Rural Education Action Plan (REAP) was established as a result of the Subsidiary Agreement for Physicians in Rural Practices, and is managed by the Joint Standing Committee on Rural Issues in collaboration with the UBC Faculty of Medicine, the Ministry of Health Services of British Columbia, and the British Columbia Medical Association. To address the medical human resource needs of rural BC, different strategies have been developed based on evidence that focused attention on education from high school through to undergraduate and postgraduate training and on into practice affects on recruitment for rural communities.¹⁻⁴ Evidence also supports admitting more students of rural origin to medical school.⁵

The Rural Education Action Plan began with a budget of \$910 200 in 2001. As of April 2008 this budget had expanded to \$3.1 million. The programs and initiatives supported by this money are summarized in the accompanying (Table).

REAP faculty

In order to ensure that the objectives of REAP are attained efficiently and cost-effectively, a REAP faculty team was established. The team consists of physicians who are responsible for various strategies identified as effective

in addressing the mandate. The program coordinator, Dr Whiteside, is responsible for monitoring and reporting on all REAP strategies. Dr Blair Stanley, a long-time practitioner in Trail, British Columbia, shares these responsibilities as the associate director.

Community liaison representatives

The community liaison representatives visit the 14 UBC postgraduate training sites around British Columbia in order to maintain communication between the academic centre and the communities. During these visits, they meet with faculty to discuss any possible teaching or administration issues. They also meet with and evaluate residents. This team consists of Dr Granger Avery, Port McNeill, Dr Marlowe Haskins, Smithers, and Dr Robb Sebastian, Grand Forks.

CME coordinator

The CME coordinator promotes and facilitates the delivery of rural continuing professional development (CPD) activities in collaboration with other provincial CPD initiatives. The coordinator also works along with the Society of Rural Physicians of Canada

Dr Whiteside is the coordinator of REAP and an assistant professor in the Department of Family Practice, Faculty of Medicine, University of British Columbia.

Table. REAP strategies.

Strategy	Description	Eligibility requirements	Benefits
Rural physician participation in medical school selection process Faculty: Pauline Gorton, Dawson Creek; Jane Clelland, Port McNeill; John Pawlovich, Fraser Lake	Three rural doctors sit on the following committees: • Admissions Selection Committee • Admissions Policy Committee • Northern Medical Program Admissions Committee Their presence helps to ensure that students of rural origin are seriously considered for admission into the medical training programs in BC.	Doctors are selected by the BCMA Rural Issues Committee.	
Third-Year Undergraduate Rural Participation Program	REAP funds year 3 medical students who undergo their mandatory rotation in a Rural Subsidiary Agreement (RSA) community.	All year 3 medical students in the Faculty of Medicine (FOM) at UBC are eligible.	\$250/week bursary plus up to \$800 for travel.
Undergraduate Teacher's Stipend Program—Year 3	REAP funds preceptors based in RSA communities who take motivated year 3 students wishing to stay in a rural community beyond the mandatory 4 weeks paid through the FOM.	Preceptors in RSA communities are eligible.	\$450/week for up to 8 weeks beyond the original 4 weeks.
Fourth-Year Undergraduate Rural Participation Program	REAP funds year 4 medical students who wish to spend their elective time in RSA communities for up to 8 weeks.	All year 4 medical students in the FOM interested in rural electives are eligible.	\$250/week bursary plus up to \$800 for travel.
Undergraduate Teacher's Stipend Program—Year 4	REAP funds preceptors who take motivated year 4 students wishing to stay in a rural community beyond the mandatory 4 weeks paid through the FOM.	Preceptors in RSA communities are eligible.	\$450/week for up to 8 weeks beyond the original 4 weeks.
Undergraduate and Postgraduate Promotional Strategies Program Faculty: Blair Stanley, Trail	REAP sponsors undergraduate and postgraduate UBC students to attend rural-focused provincial and national meetings sponsored by the Society of Rural Physicians of BC and Canada. This strategy also supports rural evenings with medical students throughout the year. As well, a rural mentorship program gives students an opportunity to meet rural doctors interested in providing support throughout their years of training.	All medical students in the FOM (Island Medical Program, Northern Medical Program, and Fraser Medical Program) are eligible.	
FP residency rural rotation support	REAP funds family practice residents in urban-based training programs who wish to do additional rotations in RSA communities beyond their required 8 weeks of rural experience.	All family practice residents in BC are eligible; support is provided on a first-come-first-served basis.	\$1000/month for accommodation and travel.
Psychiatry outreach rotation support	As of April 2008 REAP is assisting psychiatry residents financially to accompany their preceptors who are involved in the Specialist Outreach Program.	Psychiatry residents	\$1000/month for accommodation and travel.
REAP research and outcome evaluation Faculty: Tracey Parnell, Cranbrook (with assistance from Magnolia Parker)	Ongoing monitoring and evaluation of REAP strategies ensures REAP is addressing its mandate to support the training needs of physicians in rural practice.		
High school strategy Faculty: Mary Johnston, Blind Bay	This strategy has been developed and coordinated by a rural medical student. It will be further promoted during rural evenings, which are held throughout the undergraduate training period. Undergraduate and postgraduate rural-based FP residents and their preceptors have now been involved in speaking to many rural high school students throughout the province using a manual and DVD. (A major expansion of this activity is planned for 08–09.)		

Table. REAP strategies (continued).

Strategy	Description	Eligibility requirements	Benefits
Closer to Home CME Program Faculty: Mary Johnston, Blind Bay	This program ensures appropriate continuing professional development conferences are organized and delivered on a yearly basis in selected rural communities throughout BC. These meetings are the result of a collaboration agreement between REAP and the BC chapter of the Society of Rural Physicians of Canada. (This year's meeting was held in Nelson, BC, on 30–31 May 2008.)		
Rural CPD Outreach Program Faculty: Mary Johnston, Blind Bay	The REAP faculty member responsible for continuing professional development is also involved in the development and implementation of a UBC CPD Rural Outreach Program, which has recently been funded through the Joint Standing Committee on Rural Issues. This project will further ensure that appropriate CPD content is made available regularly to rural doctors.		
Advanced Skills and Training Program	This very popular program offers eligible physicians from RSA communities an opportunity to upgrade and maintain advanced medical skills required for rural practice and identified as being needed by their communities. Such opportunities have included GP anesthesia training, emergency upgrades, and training in mental health, oncology, intensive care, advanced obstetrics (including C-sections), and many other areas. The duration and location of the training is adapted to the busy personal and work lives of rural physicians. The duration of training can range from a few days to a maximum of 3 months per year. (Conferences are not covered by REAP. It is assumed local CME funds are available for such events.)	The trainee must have billed from an RSA community for 9 months prior to training. Skills requested by the trainee require verification of the need for the skill from both the hospital chief of staff or CEO and the local health authority.	Benefits include \$3400/week bursary, \$1000/week for accommodation expenses, and up to \$2000 for travel for the duration of the training.
First-Year Practice Enhancement Program	Newly minted rural doctors can apply for training funds.	The trainee must have evidence of joining an RSA community practice following residency training. For each month in practice, the eligible candidate can receive up to 5 days of REAP funding. After 9 months the individual becomes eligible for the traditional funding as above.	Based on the above financial support.
Rural Locum Service Upgrade	This program offers those serving as locums in rural communities an opportunity to upgrade their skills to better address the needs of their communities.	Those serving in the Rural Locum Service become eligible for 10 days of REAP funding for each 3 months of service.	Based on the above financial support.
Urban Skills Enhancement for Rural Practice Program	Training is provided for urban doctors who wish to go into rural practice and need to upgrade their medical skills first.	The trainee is expected to provide 1 month of service in a rural community within 4 months of completion of training.	REAP will pay for the costs of successful completion of ATLS certification and 1 month of rural mentorship and training in one of the postgrad rural training communities in BC.

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Table. REAP strategies (continued).

Strategy	Description	Eligibility requirements	Benefits
Re-entry	This program is for rural doctors who wish to re-enter a speciality training program.	The trainee must agree to return for 1 year of service to an RSA community upon graduation.	Bursary of \$25 000 per year for the last 2 years of training.
Rural Coordination Centre of BC	Improving health outcomes of rural practice through improved coordination of rural focused initiatives in BC. www.rccbc.ca		

(BC) to arrange a conference in a rural community each year.

Undergraduate and postgraduate promotional strategies coordinator

Partial responsibilities of this position include accompanying approximately 30 medical students and 4 residents per year to separate Society of Rural Physicians of Canada conferences, one national and one provincial. The coordinator also speaks with medical students at rural evenings sponsored by the Family Medicine Interest Group.

Regional representatives

The regional representatives recruit and retain rural preceptors for undergraduate medical student rotations. This task has grown immensely over the past few years as UBC Medical School class size has expanded from 124 in 2001 to 256 in 2008.

Research and outcome evaluation faculty

The research and outcome evaluation faculty members determine which REAP strategies are most effective at recruiting and retaining rural physicians. This involves monitoring REAP strategies at undergraduate, postgraduate, and practice level.

Rural Subsidiary Agreement communities

More than 150 communities in BC have been designated as Rural Subsidiary Agreement (RSA) communities. Doctors in these smaller urban,

rural, and remote areas of BC are eligible for funding. For more information please visit www.familymed.ubc.ca/_shared/assets/20080721AppendixB_RuralSubsidiaryAgreementCommunitiesinBC7364.pdf.

Contact information

Further information on REAP programs described here can be found at www.healthservices.gov.bc.ca/library/publications/year/misc/rural_programs.pdf. The REAP coordinator can be reached at carl.whiteside@familymed.ubc.ca, Suite 300 – 5950 University Blvd., Vancouver, BC, V6T 1Z3, telephone 604 827-4188, fax 604 822-6950.

Rural Coordination Centre of BC

More information about REAP and other rural initiatives can be found at www.rccbc.ca, the web site of a virtual organization focusing on rural medical teaching and interprofessional training.

Competing interests

None declared.

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