



Kneehill Regional
Partnership

Doctor Recruitment and
Retention Task Force Terms
of Reference Review

Engagement Questionnaire #2

Background

The Kneehill Regional Partnership (KRP) is undertaking a review of the Doctor Recruitment and Retention Task Force (Task Force) Terms of Reference. As part of this review, the Partnership is engaging with its municipal members and with the Task Force itself. This questionnaire is the second of two that each member the Task Force will receive.

The first questionnaire was intended to help narrow down the broad parameters of what the Doctor R&R Task Force should be doing. The focus of this questionnaire is to focus on more detail within those parameters. Following this second engagement, a final Terms of Reference will be drafted.

Upon review of the response received to the first questionnaire, the Partnership determined the following broad parameters for a revised Dr. R&R Task Force:

- The Task Force should be focused on both doctors and other health care professionals;
- The Task Force should be regional in nature, not simply focused on Three Hills;
- The Task Force will compliment, not duplicate the tasks or role of AHS;
- The Task Force will act as a welcome wagon and to showcase the region to prospective health professionals;
- The Task Force should conduct work aimed at attracting locally trained doctors;
- The Task Force will not provide funding or subsidies to private business interests;
- Membership in the Task Force will be elected officials from each partner municipality;
- The Task force may invite others as needed;
- A Doctor representative will be part of the Task Force in a non-voting capacity; and,
- A yearly proposed budget will be submitted to the member municipalities each year.

The Partnership is looking for additional feedback regarding potential Task Force activities within the principles outlined above.

Question #1

Should “other health care professionals” be further defined? If so, how? (What professions are included in this, who would recruitment be done for, etc.)

The main focus of the Task Force should be on Doctors. “Other Health Care Professionals” should be defined by the Task Force as narrowly as possible.

Question #2

Are there specific functions that you think should be conducted by the Task Force?

The Task Force should:

- Liaise with AHS and be familiar with AHS recruitment plans and strategies.
- Focus on retention primarily and recruitment when needed.
- Develop ways of showing appreciation for doctors through fostering community support and awareness.
- Work with medical students to introduce them to “rural” and our community.

Question #3

Are there specific functions that you feel should be outside the scope of the Task Force?

The Task Force should not:

- Duplicate the efforts of AHS
- Fundraise
- Provide subsidies for private businesses, equipment, etc.

Question #4

What are your thoughts regarding the Task Force yearly budget:

Should the Task Force be free to request any amount of funding?

Should the yearly amount be based on a set criteria (such as per capita or other)?

Given your answers to questions 2 and 3, what do you think a reasonable yearly budget for the Task Force should be?

The Task Force should develop a budget based on a per capita rate. The suggestion is \$2 per capita. A portion of this should be designated for maintaining a reserve suitable for covering retention bonuses.

Question #5

If there is no set yearly amount, what should the course of action be if a Partner is not in favour of the proposed budget?

The Terms of Reference should include a dispute resolution process to cover this.