Health Care Policy Contribution Program

Recipient Reporting and Evaluation (RRET)

BRITISH COLUMBIA

Reporting Period: October 1 to March 31, 2013

Draft – V2.1

INTRODUCTION

The Health Care Policy Contribution Program (HCPCP) is designed to support the Government of Canada's commitment to improving the health care system. This program enables the government to continue to: support knowledge development and transfer in key areas for advancing federal health policy goals; respond to emerging health policy priorities; establish partnerships with provincial and territorial governments to effect change on a pan-Canadian scale; and support organizations whose unique expertise can help with achievement of public policy goals.

To fulfill the program's accountability requirements, Health Canada has developed this Recipient Reporting and Evaluation Template. The template has a dual purpose: to assist recipients with their progress reporting, and to gather information to help assess the implementation, impact and effectiveness of the program.

The questions in this template specify the type of information and level of detail required, and capture information on activities, outputs and outcomes in a systematic way across all projects. This information will illustrate how the program contributes to improving the accessibility and sustainability of the health care system.

To streamline project reporting, in most cases recipients will complete only the template and will not need to conduct a separate evaluation of their project. There may be some exceptions depending on the nature and scope of the project so be certain to follow the terms and conditions specified in your contribution agreement. You may also choose to carry out a project evaluation to gather information about other valuable aspects of your project not captured by the template.

Please refer to *A User Guide for the Recipient Reporting and Evaluation Template* and follow the instructions when completing this template. The definitions provided in the user guide may be especially useful to you in clarifying the information requested. Your Health Canada contact will also be pleased to assist you.

Health Canada is collecting your personal information, i.e., funding recipient's contact information, under the authority of section 4 of the Canada Health Act, to ensure regular and consistent communication between the Health Care Policy Contribution Program and your organization. The Privacy Act provides you with the right to access your personal information held by the government and with protection of that information against unauthorized use and disclosure. Information on the Privacy Act and instructions for making requests pursuant to the Act are located in Info Source, which is available at www.infosource.gc.ca. A description of the personal information being collected by the Health Care Policy Contribution Program is found in Personal Information Bank (PIB) Number PSU 914.

Health Canada would like to acknowledge the Public Health Agency of Canada for permission to adapt its *Project Evaluation and Reporting Tool (PERT): Complete Questionnaire.*

INSTRUCTIONS

The Health Care Policy Contribution Program Recipient Reporting and Evaluation Template consists of two Parts: 1) Progress Reporting and 2) Performance Reporting.

Part 1 should be completed for EACH progress reporting period, as specified in your project's contribution agreement.

PART 1: Progress Reporting

1.1 General Information
1.2 Project Status
1.3 In-kind Resources
1.4 Collection of Performance Reporting Information
1.5 Audit

Part 2 should be completed according to the performance reporting requirements specified in your project contribution agreement.

PART 2: Performance Reporting

2.1 Project Outputs
- 2.1.1 Collaborative Working Arrangements
- 2.1.2 Identification of Barriers and Enablers
- 2.1.3 Knowledge Products and Dissemination Mechanisms

2.2 Project Outcomes
- 2.2.1 Awareness and Understanding
- 2.2.2 Application of Knowledge Products
- 2.2.3 Action on Policy and Practice
- 2.2.4 General Outcomes and Lessons Learned

2.3 Health Canada Support

Please note that you need answer **only** questions that pertain to your project activities. For example, if your project activities are focused only on enhancing collaboration, then it is not necessary to answer questions related to the other outputs. If there is no change from the previous reporting period, please check the box provided.

Once completed, please submit the template to your Health Canada contact via electronic mail. Ensure that you keep a copy for your records.

PART 1: Progress Reporting

1.1 GENERAL INFORMATION

The information below will be used to identify the project and the individual to contact if clarification is required. The contact person should be the project lead.

Please note that the questions under 'General Information' are mandatory and must be completed for each reporting period.

Today's date (month/day/year):

Project title: **Expansion and Distribution of IMG-BC Program for Underserved Communities in BC (2011-2016)**

Recipient organization: **BC Ministry of Health**

Project number: **6804-15-2010/10840063**

Program component:

- [√] Health Human Resource Strategy
- [ ] Internationally Educated Health Professionals Initiative
- [ ] Health Care System Innovation

Project start date (month/year): January 2011

Reporting period: (check one)

- [ ] April 1 – June 30
- [ ] July 1 – September 30
- [ ] October 1 – December 31
- [ ] January 1 – March 31
- [√] Semi-annual (Oct 1 – March 31)
- [ ] Annual (time period:)
- [ ] Final project report

Project Lead Information

[ ] No change from previous reporting period

Name and title: **Kevin Brown, Acting Executive Director, Health Human Resources Planning (Physicians)**

Telephone number: 250 952-1107

Facsimile number: 250 952-2682

Email address: Kevin.Brown@gov.bc.ca

[√] I confirm, as project lead, that the information provided in this Recipient Reporting and Evaluation Template is complete and accurate to the best of my knowledge (please check the box).

1.2 PROJECT STATUS

Question #1

1. For each project objective, please:

- state the planned activities listed in the approved work plan,
- provide the status on the planned activities for this reporting period, including any changes to the project activities and budget, and
- note any challenges encountered and actions taken to address them.

Note: Additional tables may be added, if needed.

Project Objective #1:
Increase the number of residents training in family medicine. Practicing physicians/clinical-academic experiences will extend to those in underserved/rural communities, as much as possible.

Planned Activities	Status	Challenges and Actions to Address Challenges
Continue to set up program infrastructure for distributed family medicine in **Fraser Health and Vancouver Island Health Authority**. Identify or have site-specific: 1) regional assistant program director; 2) program administration support; 3) clinical faculty engagement activities for teaching (with Clinical Placement Management Initiative (CPMI) formerly Clinical Placement Liaison Office); 4) clinical faculty development for those working with IMGs	Fraser IMG site opened July 1, 2012 with 4 residents Vancouver Island IMG Site opened on July 1, 2012 with 4 residents. Faculty Expansion Lead position created and filled to support the expansion of the program and to support Program director. Project Manager position created and filled to support Faculty Expansion Lead and program expansion. New site development in Strathcona (Comox/ Courtenay/Campbell River) Site director and Site Coordinator hired. Site Faculty identified.	Fraser IMG Site will have 4+6 (total 10 residents) in 2013. Accepting more in 2013 will be problematic Victoria IMG Site will have 4+6 (total 10 residents) in 2013. Accepting more will be problematic. Strathcona site will have 50% IMGS after the first 2 years. Faculty and site development to occur prior to IMG inclusion
Change IMG-BC Program policy/practices to enable distributed medical education in health authority/region.	Ongoing discussions with IMG Assessment group about integrating IMG learners and CMG learners at new sites. Discussions about having a cultural liason for learners with difficulty (either IMG or CMG) to support the program.	Increasing Lead Faculty positions could be a challenge – discussions are investigating how to ensure this role could be most effective.

Continue to collect data for evaluation framework for *IMG-BC Program* expansion and distribution	<u>Baseline Evaluation Report Part 2:</u> Interviews (n=41) were completed with key stakeholders (residents, preceptors, UBC faculty leadership and staff, Ministry of Health, Health Authorities, Health Match BC, Rural Coordination Centre) in January and February 2013. Additional data sources were identified and data was collected for program descriptions, resident demographics, locations of rural training, resident survey ratings for quality of training and preparedness for practice, certification records, return of service contracts and locations, and practice locations. A draft report was prepared in March and April 2013; completion of the report is pending receipt of the most recent return of service data from the Ministry of Health. <u>Year 1 Expansion Evaluation Report:</u> Interviews (n=47) were completed with key stakeholders (as above) in January and February 2013. Additional data is being gathered in April and May 2013. A draft report is in progress and is on track to be completed by the June 2013 deadline.	<u>Challenges:</u> The Baseline Evaluation Report Part 2 has been delayed from the original deadline of February 2013 due to updated return of service data not being available until April 2013. <u>Actions:</u> The Baseline Evaluation Report Part 2 will be completed following receipt of updated data from the Ministry of Health in April 2013.
Place 8 new entry-level positions in CaRMS match 2013 for family medicine training in **Fraser Health and**	Added 6 NEW IMG positions in Fraser Health for CaRMS 2013 (Totaling 10 positions for Fraser Health – 4 in	Adding more positions to existing programs that are already full, makes doubling the new positions problematic

Vancouver Island Health Authority, followed by two-year return of service in health authority/region, preferably in an underserved/rural community	Vancouver Fraser, 6 in South Fraser) Added 2 NEW IMG positions in Vancouver Island for CaRMS 2013 (totalling 6 positions for Vancouver Island) Added 6 NEW CMG positions in Vancouver Island for CaRMS 2013 – this is in preparation for the 4 IMG positions which will be added in 2015.	this year – hence only adding 6 new positions, not 4 per site. Two rural rotations (blocks) required for the IMG residents. Enhanced fiscal resources for this component would be desirable. Ongoing initiatives to identify how to encourage the IMG residents to continue to practice in a rural community instead of returning to the Lower Mainland.
NEW ACTIVITY – Increase the number of IMG's being evaluated through the BC-IMG program to accommodate the increasing demand for IMG residency positions	BC IMG Assessment program has increased the number of IMG's being clinically assessed to 60 per year in 2 timeslots, one in May and one in July.	Limited program capacity and funding means the program is at capacity to evaluate 60 IMG's per year. The timing of these evaluations and exams mean that the process from initially applying to be assessed as an IMG candidate, to being placed into a CaRMS residency position is at minimum 2 years. An Assessment survey when starting the FP residency is one initiative to counter the gaps in knowledge due to the lag of time waiting to get into the residency program.

Project Objective #2:
Increase alignment of academic and primary health care services delivery. More residents will work with physicians engaged in integrated health networks (IHNs) or divisions of family practice.

Planned Activities	Status	Challenges and Actions to Address Challenges
Continue to align family medicine residency positions with health authority/region's IHN or division of family practice	Strathcona site opening July 2013 with 6 CMG's. 4 IMG's will start in 2015 with VIHA return of service. Examination of enhanced rural training continues to be explored within the Postgrad Deans office and Family Practice.	Ongoing initiatives to identify and obtain resources for enhanced rural experiences. will be necessary. The analysis of the costs of running and maintaining a rural distributed program is ongoing.

Project Objective #2:
Increase alignment of academic and primary health care services delivery. More residents will work with physicians engaged in integrated health networks (IHNs) or divisions of family practice.

Planned Activities	Status	Challenges and Actions to Address Challenges
Engage more family physicians interested in the academic enterprise; train them to be effective clinical faculty, especially with IMGs	Community preceptors for the Courtenay/Comox area have been identified. Recruiting preceptors for Campbell River is ongoing. Faculty Development for all Site Faculty and Community preceptors that have been recruited is ongoing.	Continued search for skilled preceptors interested in engaging IMG residents in all 3 communities involved in this site.

Project Objective #3:
Increase access to primary health care for underserved communities. More residents (who are physicians providing service within a recognized training program, under the supervision of a fully licensed physician) will be offering primary health care services in a particular health region.

Planned Activities	Status	Challenges and Actions to Address Challenges
Continue to identify family physicians (clinical faculty) serving underserved/rural communities who are interested in teaching residents	Recruitment of new Site faculty and community preceptors is ongoing for Fraser, South Fraser, Strathcona and Victoria sites	Rural Liaison faculty hired in conjunction with Rural Coordinating Centre of BC (RccBC) to recruit and expand our rural practice settings.

Project Objective #4:
Join together a physician's training with a return of service commitment. In total, physicians are looking at providing four years of service in a particular health region, thereby 'tipping' IMGs to relocate and engage, rather than commute.

Planned Activities	Status	Challenges and Actions to Address Challenges
Continue to adjust *Return of Service Program* policy/practices to enable the assignment of returning service to health authority/region in which IMG trains	The IMG's in the program at all sites excluding St Pauls, understand they have a required Return of Service in the Health Authority they do their training.	There isn't enough data on the number of IMG's that stay in a rural community once having trained and done their Return of Service there. Evaluation studies and other departments are looking into research that might provide some of this critical data.
Change again, if required, FoM/MOH instructions to CaRMS.	FoM websites and CaRMS websites are continuing to be updated to reflect the Return of Service in the Health Authority where training takes place.	Maintaining consistency in the message across the program. IMG Assessment BC is providing the link between the Health Authority and FoM regarding RoS.

Project Objective #5:		
Sect 13		
Planned Activities	**Status**	**Challenges and Actions to Address Them**

Sect 13

Project Objective #6: Restructure the postgraduate program for Family Medicine to better support clinical faculty and optimize clinical teaching resources.		
Planned Activities	**Status**	**Challenges and Actions to Address Them**
Continue postgraduate family medicine program reorganization	Faculty Expansion Lead recruited with mandate to determine optimum structure for department	.
Identify areas for the postgrad program for family medicine to better support the clinical faculty in the distributed program.	Several projects are underway from the postgrad family practice lead faculty which seek to support the expansion of the IMG learners in the distributed sites. - Developing an evaluation framework and teaching scholarship - Creating online teaching modules - Creating introductory online survey for IMG and CMG's both - Creating an e-handbook for assessment & evaluation for new (and existing) preceptors - Investigating a pilot e-portfolio project for new residents Discussion regarding the appointment of a cultural lead who would be across the	

Project Objective #6: Restructure the postgraduate program for Family Medicine to better support clinical faculty and optimize clinical teaching resources.		
Planned Activities	**Status**	**Challenges and Actions to Address Them**
	program, able to address any challenges with IMG residents or sites.	
Rely on Clinical Placement Management Initiative (CPMI) formerly Clinical Placement Liaison Office	Phase 2 of CPMI continues and is expected to be completed by May 2013. MedIT Project Team has been established to investigate potential systems to solve administrative requirements The project team is clarifying questions which arose during requirements gathering phase, and investigating possible solutions. The team expects to formally begin the process to purchase a commercial system in Summer 2013. Centralized inventory of postgraduate clinical placements is nearing completion.	Complex requirements needed detailed analysis. The project team engaged potential system users to better understand their needs and to address their skepticism about a centralized system. A management-level advisory group was formed to assist with process and other change management activities.

Question #2

2. In the space below or on an attached sheet, please provide an executive summary of your project, including details on the status of your project that cannot be captured above.

Exec Summary

October 1 through March 31, 2013

4 Sites are preparing to expand this coming July 2013 to accommodate 12 IMG positions and 6 CMG positions. Strathcona, a new site with new preceptors and site faculty, will be taking on 6 CMG positions. Site staff are engaged with the Family Practice Lead Faculty to capture all the knowledge they require prior to the residents showing up in July 2013. Victoria and South Fraser sites are each expanding to accommodate 6 IMG residents in 2013 as well as the Fraser site expanding to accommodate 4 new IMG residents. Site faculty are engaged in recruiting new preceptors and developing the current faculty.

Future sites for 2014 and 2015 that have been identified, are formulating their curriculum structure and framework as part of the early stages of the site development.

IMG BC Assessment Program has expanded to accommodate 60 clinical assessments per year, in five 8 week sessions.

Evaluation Studies Unit has continued their research into IMG experiences in residency and the statistics around where they end up practicing and their Return of Service.

CPMI project, with the goal of managing clinical placements and capacity, is progressing. MEDIT project team expects to proceed to an RFP in summer 2013.

1.3 IN-KIND RESOURCES - NOT APPLICABLE

Question #3

In this section, please provide details on the in-kind contributions received for your project.

☐ No change from previous reporting period → go to section 1.4 Collection of Performance Reporting Information

3a. Has your project received in-kind contributions to support its activities?

☐ Yes ☐ No → go to section 1.4 Collection of Performance Reporting Information

3b. Please complete the following table. Estimate the monetary value of in-kind contributions where possible.

Check all that apply	Type of in-kind contribution	Name of organization providing contribution	Brief description of contribution (*for staff time: include number of hours contributed)
	Personnel, incl. staff time*		
	Travel and accommodations		
	Materials and supplies		
	Communication and dissemination		
	Rent and utilities, incl. telephone, internet		
	Equipment		
	Other (please specify)		

1.4 COLLECTION OF PERFORMANCE REPORTING INFORMATION

In your funding proposal, you provided a performance measurement plan for your project. Implementing this plan will enable you to gather the information needed to complete this template and so it is important to track your progress on data collection. It is strongly recommended that you begin to implement your performance measurement plan at the start of your project to avoid any difficulties in obtaining the information at a later date.

☐ No change from previous reporting period → go to section 1.5 Audit

Question #4

4a. Have you started collecting project performance reporting information?

☑ Yes ☐ No → go to section 1.5 Audit

4b. How often are you collecting this information? (check all that apply)

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semi-annually
☑ Annually
☐ Other (specify) :

1.5 AUDIT

☐ No change from previous reporting period → go to section 2.1 Project Outputs

Question #5

5a. Do you intend to complete a financial audit of this project?

☑ Yes ☐ No → go to section 2.1 Project Outputs

5b. When do you expect it to be completed? (month/year) :

UBC Faculty of Medicine engaged Neil Matheson, Chartered Accountant, to perform the audit of expenses in 2012/13. Final report expected Fall 2013.

PART 2: Performance Reporting

2.1 PROJECT OUTPUTS

Project outputs refer to the direct products or services stemming from the project activities. The program is designed to generate three broad categories of outputs: (1) collaborative working arrangements; (2) identified barriers and/or enablers; and (3) knowledge products and dissemination mechanisms.

2.1.1 COLLABORATIVE WORKING ARRANGEMENTS

Collaborative working relationships involve two or more groups/organizations working together to contribute to the achievement of the funded projects' objectives. Formal arrangements are those that specify legal obligations for each of the parties, e.g., contracts (excluding contractual agreements for goods/services), memoranda of understanding, tripartite agreements. Informal arrangements do not carry legal obligations, are usually more flexible and are typically developed casually between the parties.

☐ No change from previous reporting period → go to section 2.1.2 Identification of Barriers and Enablers

Question #6

6. Does your project involve any collaborative working arrangements?

☑ Yes ☐ No → go to section 2.1.2 Identification of Barriers and Enablers

Question #7

7. Were any collaborative working arrangements established *prior* to your project start date?

☑ Yes ☐ No

Question #8

8a. Were any collaborative working arrangements *newly established* during this reporting period?

☑ Yes → go to 8b. ☐ No → go to 9.

8b. Please complete the following table for <u>each</u> collaborative working arrangement established during this reporting period (repeat table for additional arrangements):

Name of organization with whom you are collaborating: 1. Northern Health Authority (NHA)									
Type of organization (check box that applies)		Level of the organization		Type of arrangement		Start date mm/yyyy	Organization's role in the arrangement (check all that apply)		Why was this arrangement important for the project's success?
	Community/ NGO		Local		Formal			Voting member	
			Regional					Provides funding	
			P/T					Provides in-kind resources	
	Education/ research		National		Informal			Advisory	
	Government		Pan-Canadian					Provides access to policy process	
	Health Authority		Regional					Provide IMG residents with training opportunities	To provide training sites for new IMG positions/program
	Other:							Other:	

Question #9

9. For each collaborative working arrangement related to this project (including those established prior to, or during, the project), please specify which ones have been maintained, modified, or ended during this reporting period, and describe the changes in the table below.

(check all that apply)		Which one(s)?	Description of change(s)
	Maintained (i.e., no change)	Interior Health Authority, Fraser Health Authority, Vancouver Island Health Authority	N/A
	Modified	Vancouver Coastal Health Authority	Addition of new sites to be added to affiliation agreement.
	Ended		

2.1.2 IDENTIFICATION OF BARRIERS AND ENABLERS

The program seeks to identify barriers and enablers related to knowledge development, dissemination and use, as well as to achieving health care system innovations, in order to determine their impact(s) on program effectiveness. It is also important for projects to identify these barriers and enablers to understand how these factors may affect the achievement of project outputs and outcomes.

☐ from previous reporting period → go to 11a.

Question #10

10a. During this reporting period, did your project identify any barriers?

☐ Yes → go to 10b. ☑ No → go to 11a.

10b. Please provide details in the table below (repeat table for additional barriers).

Description of the barrier	How does the barrier affect the achievement of project results? (check all that apply)		Action taken to address the barrier	Impact of action taken
		Hinders the creation or modification of knowledge products		
		Hinders the dissemination of Knowledge		
		Hinders the use or adoption of knowledge		
		Hinders innovations in the health care system		
		Other:		

Question #11

11a. During this reporting period, did your project identify any enablers?

☐ Yes → go to 11b.

☑ No → go to section 2.1.3 Knowledge Products and Dissemination Mechanisms

11b. Please provide details in the table below (repeat table for additional enablers).

Description of the enabler	How does the enabler affect the achievement of project results? (check all that apply)		Action taken to maximize effects of enabler	Impact of action taken
	☐	Supports the creation or modification of knowledge products		
	☐	Supports the dissemination of knowledge		
	☐	Supports the use or adoption of knowledge		
	☐	Supports innovations in the health care system		
	☐	Other:		

2.1.3 KNOWLEDGE PRODUCTS AND DISSEMINATION MECHANISMS

'Knowledge products' refer to all of the outputs and innovations created or modified by the project, including new and/or modified approaches, models and strategies. These also include the knowledge exchange/dissemination mechanisms developed to share information and to raise awareness and understanding among the target audiences.

'Target audience' is defined as people and/or organizations that you are trying to reach directly through your project activities.

☐ No change from previous reporting period → go to section 2.2 Project Outcomes

Question #12

12a. Did your project intend to create any knowledge products?

√	Yes: (check all that apply)	☐	No
√	Still in progress		
√	Completed during this reporting period		
☐	Created in previous reporting period		

12b. Did your project intend to disseminate knowledge products?

√	Yes: (check all that apply)	☐	No
√	Not yet disseminated		
☐	Disseminated during this reporting period		
☐	Disseminated in a previous reporting period		

12c. If yes to 12a and/or 12b, provide details on the product(s) created and/or disseminated during this reporting period in the table below. Also attach a copy of the output(s) produced, if applicable. Do not report on outputs that are still in development.

Type of outputs	Description/title	Number produced and estimated cost (% of budget)	Method of dissemination and estimated cost	Purpose of dissemination	Name of target audience(s) (specify type and level)
Research reports/ summaries					
Tools/ manuals	E-handbook for Assessment & Evaluation	Online		Inform new preceptors and site faculty about Assessment of IMG's and CMG's	Community Preceptors and Site Faculty
	Introductory Survey for new Residents	Online	Online	Engage IMG's with Site Faculty and Community Preceptors to identify any possible gaps in competency, early on.	IMG's and CMG's
Approaches/ models/ best practices					
Knowledge exchange mechanisms					
Other:					
Correspondence to IMGs (ongoing)	Response to inquiries about obtaining residency positions			Inform IMGs about IMG-BC Program and expansion and distribution of IMG residency positions	IMGs
Updates to IMG-BC Program website (ongoing)	Changes in 2013 to increase access to residency positions			Inform IMGs	IMGs
Updates to UBC Family Practice Residency Program website (ongoing)	Identification of new family medicine sites for IMGs			Inform IMGs	IMGs

Type of outputs	Description/title	Number produced and estimated cost (% of budget)	Method of dissemination and estimated cost	Purpose of dissemination	Name of target audience(s) (specify type and level)
IMG Expansion Update	Bi-monthly update to all expansion stakeholders		Emailed	To inform all stakeholders of progress and identify any possible risks or conflicts.	CEFC Committee, Postgrad Dean's office, FP Expansion committee, FP Site Directors, FP Lead Faculty, UBC Facilities

2.2 PROJECT OUTCOMES

Project outcomes refer to the results or changes that occur (at least in part) from your project activities and outputs. Outcomes are usually further qualified as being immediate, intermediate or long-term, depending on when they occur or where they fit in the logical chain of events. For example, immediate and intermediate outcomes must be realized before the long-term outcomes can occur.

This template is designed to capture information on three broad categories of outcomes: (1) increased awareness and understanding; (2) application of knowledge products; and (3) action on policy and practice. This template also gathers information on lessons learned and any the unintended outcomes of your project.

2.2.1 AWARENESS AND UNDERSTANDING

☐ No change from previous reporting period → go to section 2.2.2 Application of Knowledge Products

Question #13

13a. Did your project intend to raise your target audience's level of awareness of any of the knowledge products created, modified or disseminated by your project?

☑ Yes → go to 13b. ☐ No → go to 14a.

Target audiences – senior government officials, VPs of Medicine, Faculty of Medicine Executive, Community Preceptors, Site Faculty, UBC Facilities, IMGs

13b. During this reporting period, did your project assess your target audience's level of awareness of these knowledge products:

☐ Yes → go to 13c. ☑ No → go 14a.

13c.

Which methods were used for the assessment? (add more rows if needed)	What were the main results? (attach copy of the report, if available)

Question #14

14a. Did your project intend to raise your target audience's level of understanding of health care system innovation issues?

[√] Yes → go to 14b. [ ] No → go to section 2.2.2. Application of Knowledge Products

14b. During this reporting period, did your project assess your target audience's level of understanding of health care system innovation issues:

[ ] Yes → go to 14c. [√] No → go to section 2.2.2. Application of Knowledge Products

14c.

Which methods were used for the assessment? (add more rows if needed)	What were the main results? (attach copy of the report, if available)

2.2.2 APPLICATION OF KNOWLEDGE PRODUCTS

[√] No change from previous reporting period → go to section 2.2.3 Action on Policy and Practice

Question #15

15. Did your project intend to create or disseminate new knowledge products?

[ ] Yes [√] No

Question #16

16. Did your project intend to expand or implement any pre-existing knowledge products?

[ ] Yes [√] No

Question #17

17a. If yes to questions 15 or 16 above, were any of these knowledge products used by your target audience(s)?

[ ] Yes → go to 17b. [ ] No→ go to 18.

17b. Please complete the table below (repeat table for additional knowledge products).

Title or description of knowledge product	Who used it? (specify name of organization and level)	Setting where it was used? (check all that apply)		How it was used? (check all that apply)		Was an evaluation or assessment of the knowledge product conducted?	
		[ ]	practice environment	[ ]	to inform decision-making	[ ]	yes (attach copy, if available)
		[ ]	government	[ ]	implemented or adopted by the organization		
		[ ]	education /research institution	[ ]	to influence changes in policy	[ ]	in progress
		[ ]	community/NGO	[ ]	to influence changes in practice		
		[ ]	health authorities	[ ]	other (specify):	[ ]	no
		[ ]	other (specify):				

Question #18

18. Please explain why the knowledge product (s) was/were not used:

2.2.3 ACTION ON POLICY AND PRACTICE

We would like to know if your project has influenced policy development or implementation, has supported existing policies, or has influenced changes in practice. This information will help to document project capacity in, and action on, influencing and contributing to changes/improvements in the health care system through policy development and implementation, and/or changes/improvements in practice. If you have any questions or concerns about reporting activities in this area, please discuss these with your Health Canada contact.

[√] No change from previous reporting period → go to 2.2.4 General Outcomes

Question #19

19. Did your project <u>intend to</u> influence policy?

[√] Yes → go to 20. [ ] No → go to 23.

Question #20

20. Did your project influence change(s) in policy during this reporting period?

[ ] Yes → go to 21. [√] No → go to 22. [ ] Do not know → go to 22.

Question #21

21. Please describe the main policy(ies) or policy areas that your project did influence and describe how. Attach any relevant documentation.

Identification of location of training (which health authority) attached to IMG residency positions in CaRMS.

Shift in allocation process across Health Authorities; alignment with Health Match BC (health professional recruitment service funded by the BC Government).

Question #22

22. Describe how your project could influence changes in policy (i.e., what would the potential be for this project to influence changes in policy).

Question #23

23. Did your project intend to influence practice?

☑ Yes → go to 24. ☐ No → go to section 2.2.4 General Outcomes

Question #24

24. Did your project influence change(s) in practice during this reporting period?

☑ Yes → go to 25. ☐ No → go to 26. ☐ Do not know → go to 26.

Question #25

25. Please describe the main practice(s) that was/were influenced and describe how. Attach any relevant documentation.

Residents starting their residency in 2013 will complete their Return of Service in the same Health Authority as their residency position.

Question #26

26. Describe how your project could influence changes in practice (i.e., what would the potential be for this project to influence changes in practice).

2.2.4 GENERAL OUTCOMES AND LESSONS LEARNED

☐ No change from previous reporting period → go to section 2.3 Health Canada Support

Question #27

27. Did your project result in any unintended or unanticipated outcomes?

☐ Yes → go to 28. ☑ No → go to 29.

Question #28

28. Please explain what these unintended or unanticipated outcomes were:

Question #29

29. Do you anticipate that any aspect(s) of your project will continue after funding from the program ends?

[√] Yes [ ] No

Question #30

30. Do you anticipate that any new activities will emerge as a result of your project after funding from the program ends?

[√] Yes → go to 31. [ ] No → go to 32.

Question #31

31. Please describe what aspect(s) or activities are expected to continue or emerge, for what length of time, and whether any resources (e.g., funds, human resources) have been secured to support them.

The placement of IMG's in rural and underserviced areas for their Return of Service with the intent of retaining them in the community is currently being researched. This research will be ongoing for the next 10 years to evaluate the effectiveness of this mandate. In addition, tying the RoS to the Health Authority the resident does their residency in is new and will also continue to be evaluated to see if keeping a resident in the same area for 4 years is effective in building roots in the community and setting up practice. To date, no funding has been allocated to continue these studies and evaluation data.

Question #32

32. Health Canada may have the opportunity to follow up on the lasting effects and benefits from this funding program. May we follow up with your organization at a later date (2-3 years)?

[√] Yes

[ ] No
If you wish, please explain:

Question #33

33. Please describe any overall lessons learned from your project, including but not limited to those related to: a) influencing policy, b) influencing practice, c) supporting existing policies or practices, or d) reaching your target audience(s).

Lessons Learned evaluation is ongoing. No updates to report currently.

2.3 HEALTH CANADA SUPPORT

At Health Canada, we recognize that the support we provide to our funding recipients is an important part of our role. As such, we are committed to improving our service to you and the quality of this reporting template.

Examples of support could include attendance at an event, assistance with finding information or publications, referral to other project staff, evaluation assistance, information on financial reporting, etc.

[ ] No change from previous reporting period → template complete

Question #34

34. Have you received the support you needed from Health Canada staff over this reporting period? If you did not need support, please check 'N/A'.

[√] Yes [ ] No → go to 36. [ ] N/A → go to 36.

Question #35

35. What was most helpful?

Question #36

36. What type of support from Health Canada would be helpful?

Question #37

37. How useful was this template in terms of your project reporting activities?

☐	Useful	☑	Somewhat useful	☐	Not useful

Question #38

38. Please explain your rating above:

Too early to demonstrate and measure change / difference / unexpected events.

Question #39

39. Approximately how much time did it take to complete the template for this reporting period?

Approximately 2 hours.

Question #40

40. Overall, do you have any suggestions to improve Health Canada support and/or this reporting template?

Not at this time.

You have now completed the Recipient Reporting and Evaluation Template.
Thank you for taking the time to record this important and useful information.

BC Regional Health Authorities:

Fraser Health Authority (FHA)
Vancouver Island Health Authority (VIHA)
Interior Health Authority (IHA)
Northern Health Authority (NHA)
Vancouver Coastal Health Authority (VCHA)