



March 21, 2024

Dear Members,

On Tuesday, the [Canadian Resident Matching Service \(CaRMS\)](#) released its first round match results. Last year, Alberta saw 42 unmatched family medicine residency spots after the first round. Many of us were braced for a similar result and were pleased to learn Alberta had fewer unmatched family medicine residency positions this year. In total, Alberta had 12 unfilled family medicine positions after the first iteration of the 2024 R-1 main residency match.

The reason behind this improvement is due largely to Alberta's family medicine residency programs working relentlessly to find solutions to improve those first round match results. In conversations with colleagues at both universities they explained they decided to use the CaRMS Reversion Tool, which allows any residency program to provide CaRMS with a secondary list for any spots that may not fill in round one. In the case of Alberta family medicine programs, they used a reversion list of IMG applicants who previously would have to wait until the completion of the round two match before being considered. It was a huge undertaking for the recruitment teams at both medical schools and we are grateful for their efforts. Dr. Parks shared more information about CaRMS, including an overview of unfilled positions in the 2024 R-1 main residency match, in the [President's Letter](#) that was sent yesterday.

The provincial government's recent efforts to prioritize family medicine through their promise to stabilize longitudinal family and rural generalist practices and to implement the Physician Comprehensive Care Model (PCCM) – an alternative to FFS for family physicians – may have also had some impact. We are hopeful these commitments have helped encourage medical learners to begin viewing family medicine as a viable career choice. (please add a link to the PCCM here!)

Spring 2024 Representative Forum

This past weekend delegates gathered for the Spring 2024 Representative Forum in Edmonton. Over the course of two days, RF delegates attended a number of sessions that help set policy direction for the AMA. One of those sessions was a joint presentation from the Section of Family Medicine, the Section of Rural Medicine and the PCN Physician

Leads Executive focused on primary health care in Alberta. During the session, we discussed the collaborative work being done to stabilize and transform primary health care under the government's Modernizing Alberta's Primary Health Care System (MAPS) initiative. Amongst many other things, this work includes the AMA-Alberta Health MOU, the previously announced stabilization funds and the new [Physician Comprehensive Care Model \(PCCM\)](#). Feedback from those in attendance indicates delegates found the presentation informative and that they were appreciative of the efforts to strengthen primary health care.

Many of those same MAPS initiatives were discussed at the Family Medicine Meeting (FMM), held the night before Representative Forum. It was a frank, and at times difficult, discussion but offered a chance to listen and learn from each other. Many of the conversations at the FMM spoke to the pressures family and rural generalist physicians are experiencing right now and how desperately we need tangible actions. It was also clear that some FM delegates are concerned about how MAPS initiatives might impact their private practices, how family physicians will engage with the newly formed Primary Care Organization, and, ultimately, how patient care will be affected. The SFM shares those questions and priorities. We, along with our leadership partners in SRM and PCNs, will continue to work to ensure that the family medicine voice is not overlooked, and is in fact critical, as MAPS work advances.

The following motions, some of which came out of the FMM, pertain more specifically to family medicine and were put forward and passed at RF:

- RF24S-21 THAT the AMA develop a standard Code of Conduct for all sections.
- RF24S-19 THAT the AMA advocate for the establishment of an appeal process for patient panel size determinations.
- RF24S-17 THAT the AMA do a formal survey with regards to attitudes towards job action and active advocacy among physicians.
- RF24S-16 THAT the AMA ask for AHS and Alberta Health to promptly and appropriately fund the clinical optimization of Connect Care.
- RF24S-14 THAT all monies received from Alberta Health as part of stabilization money or additional investment to sections should be considered within income equity initiative calculations for the following financial year allocations consistent with existing IEI principles.
- RF24S-15 THAT the Rates Committee review only those fee codes that have not already been assessed in the prior PCC fee review process unless requested by the Section
- RF24S-09 THAT RF directs the AMA board to advocate for AH to immediately remove all logistical barriers to processing Good Faith Payments.
- RF24S-08 THAT the AMA supports the inclusion and recruitment of additional Clinical Assistants in the following medical fields: Addiction and Mental Health, Primary Care and Continuing Care

It was a long three days, but essential for purposes of engagement with our members, our partners in primary care (SRM and PCN leads), and the greater AMA RF. I emerged from the Spring 2024 RF optimistic about our shared commitment to stabilize and support family and rural medicine. That said, I am aware that there is much work ahead. The AMA's Strike Team, which includes myself and members of the SFM Executive, continues to support the implementation of the PCCM and I will keep you updated on any progress.

In the meantime, I encourage you to share your voice in any way possible, including making a video using the AMA's [video upload tool](#). The voices in the existing videos helped push government to commit to implement the model. More voices will help ensure government keeps that promise.

As always, we welcome your input and perspectives. You can always reach me at familymedicine@albertadoctors.org.



Dr. Sarah Bates, Acting President
Section of Family Medicine
On behalf of your [SFM Executive](#)



Mission

- Advocate fiercely for Family Medicine.
- Collaborate to drive health system improvement.
- Achieve compensation that reflects the essential role of family physicians in the health of Albertans.

Vision

Alberta's family doctors are well-supported and financially equipped to provide accessible, quality team-based health care.



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