AMA 2023-2024

Reports to the Annual General Meeting

The 119th AGM of the Alberta Medical Association will be held virtually, at 6:30 p.m., Tuesday, October 8.

ALBERTA MEDICAL ASSOCIATION

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AMA Vision, Mission and Values

Our Vision

The Alberta Medical Association is powered individually and collectively by physician leadership and stewardship in a high-performing health system.

- Our initiatives as leaders, innovators and clinicians drive Patients First® as a cornerstone of the health care system.
- Member wellness and economic wellbeing in their practices and communities are supported by our comprehensive negotiated agreements and programs.
- The voices of members – individually, regionally and within specialties – are heard and reflected within the system through our united voice of openness and accountability.
- Our physicians are valued and respected throughout the system in their professional roles and through their unique relationships with patients and system partners.

Alberta's high-performing health system is stable, compassionate and sustainable, delivering enhanced patient experience and improved population health. Individual and collective physician leadership is essential.

The AMA defines such a system in this way:

- Highest quality care requiring: acceptability; accessibility; appropriateness; effectiveness; efficiency; and safety.
- Access based primarily on need, not ability to pay.
- Fully integrated community and facility/primary and secondary care.
- Management based on timely and accurate data.
- Information that follows the patient seamlessly.
- Care delivered with the patient, sharing responsibility and working with the physician toward best-possible health.

Our Mission

The AMA advances patient-centered, quality care by advocating for and supporting physician leadership and wellness.

Our Values

- Act with integrity, honesty and openness
- Maintain relationships of mutual trust and respect
- Treat others – and each other – fairly and equitably
- Remain unified through belief in quality care, collective engagement and professionalism

In Memoriam

Members deceased since the last annual general meeting are:

Bruce Baldwin Allan	Calgary	Helen I. Huston	Edmonton
Charles Earland Anderson	Cave Spring, Georgia	Gilbert Ernest M. Kirker	Calgary
Henry Barton Biem	Medicine Hat	Raymond M. Lewkonia	Calgary
Steele Conway Brewerton	Magrath	James Michael McCracken	Okotoks
William Ward Burling	St. Albert	Terry Jean McKinnon Kostenuk	Bashaw
Robert Charles Cooper	Red Deer	Thomas Alexander McPherson	Edmonton
Jay Anthony Danforth	Edmonton	Lyle Stephen Melenka	Edmonton
Paula R. Fayerman	Calgary	Kimberley Nix	Calgary
Barry Wayne Geates	Lacombe	Leif Magnus Palme	Canmore
Mohab Ghobrial	Calgary	Marvin Gilman Palmer	Kennewick, WA
Christopher William Godfrey	Calgary	Barrie Robert Pelland	Kelowna, BC
David M. Goodhart	Calgary	Thomas Elliot Sampson	Edmonton
Tracey Ann Gordon	Foothills	David Robert Shea	Edmonton
April Gale Halliday	Edmonton	Richard William Sherbaniuk	Edmonton
Barry Edward Hardin	Calgary	Lee Anne Tibbles	Calgary
Ross Edward Harris	Leduc County	Hilda Margaret Walker	Victoria, BC
Sheila Lynn Hughes	Edmonton	Trevor Michael Withers	Sherwood Park

Minutes of the last Annual General Meeting

118th Annual General Meeting of the Alberta Medical Association
(CMA Alberta Division)
October 3, 2023

The 118th Annual General Meeting of the Alberta Medical Association (CMA Alberta Division) was held on October 3, 2023, via Zoom webinar.

1. **Call to Order**

   Dr. Carl Nohr presided as speaker and declared the 118th AGM in session and duly constituted at 6:30 p.m.

   The meeting commenced with the playing of the national anthem.

2. **In Memoriam**

   Thirty-eight members passed away since the last AGM. A moment of silence was held as the names were displayed.

Adedotun Ajibade	Daniel G. Johns
Ronald I. D. Anderson	Andrew Kaegi
Friedrich Horst Bauer	Christopher Eric Klapatiuk
Noorali Hussein Bharwani	Joseph Alec Kostiuk
William G. Campbell	Clemens Pak Yue Lee
Barry Leon Caplan	James Kit-Sang Ma
Paul H. Collins	Ian Donald MacLeod
William Lavern Crooks	Clifton Lloyd Nelson
Ralph George Dahl	Thomas A. Peebles
Robert Wayne	Donald Robert Ramsay
Elford Fabio Ferri De Barros	Alexander Johannes Smith
Ehor William Gauk	Joanne Suk-Wah Tse
Charles Verner Godberson	Kenneth Etienne Turnbull
George Goldsand	Orest Alexander Ulan
Robert Gordon	Christopher James Varvis
Thamsanqa Joseph Goso	Richard Brent Voszler
Heather Ruth Graham	Mamoru Watanabe
John Kenneth Graham	Alfred Richard F. Williams
Charles Herbert Harley	Warren K. Yunker

3. **Minutes, Meeting of October 3, 2022**

   The minutes of the AGM of October 3, 2022 were accepted as circulated.

4. **President's Valedictory**

Outgoing AMA President Dr. fred Rinaldi reflected on her term as president and on its challenges and accomplishments. She thanked the directorate for its support during her term.

5. **Installation of AMA President**

CMA President Dr. Kathleen Ross said a few words on behalf of the CMA prior to commencement of the installation of Dr. Paul Parks as AMA President 2023-24. Dr. Parks gave his inaugural speech as incoming President.

6. **Report from the Committee on Bylaws**

Dr. fred Rinaldi, Chair, Committee on Bylaws, presented the report from the committee. There was an opportunity for questions following the presentation.

MOTION: Moved by Dr. fred Rinaldi:
By special resolution, that the proposed amendments to the Bylaws in the report of the Committee on Bylaws be accepted, and that the existing Bylaws be rescinded, amended, and replaced accordingly.

CARRIED

7. **Report from the Committee on Financial Audit**

Dr. Heather La Borde, Chair, Committee on Financial Audit, presented the report from the committee. There was an opportunity for questions following the presentation.

MOTION: Moved by Dr. Heather La Borde:

THAT the firm of PricewaterhouseCoopers be reappointed as auditors for the Alberta Medical Association for the 2023-24 fiscal year.

CARRIED

8. **Report from the Nominating Committee**

Dr. Arlie Fawcett, Chair, Nominating Committee, presented the report from the committee. There was an opportunity for questions following the presentation.

MOTION: Moved by Dr. Arlie Fawcett:

THAT the following Nominating Committee's proposed slate of 28 representatives to CMA General Council 2024 be approved. AMA President attends by virtue of position:

- President-elect
- Immediate Past President
- Speaker or Deputy Speaker
- Ten representatives named by the Board
- Nine representatives named by the Nominating Committee
- Two deans (UoA, UoC) or designates from their offices
- Two student representatives
- Two PARA representatives

CARRIED

9. Elections/Nominations

Elections: Speaker and Deputy Speaker

Dr. Carl Nohr (Speaker) and Dr. Gerry Prince (Deputy Speaker) were elected to three-year terms in 2022; the next election will be held in 2025.

Nominations: Nominating Committee

Nominations were sought for three positions on the Nominating Committee:

- One 2-year term as Nominating Committee member (2023-25)
- Two 1-year terms as Nominating Committee alternate (2023-24)

Nominations were received for:

- Dr. Neelam Gupta
- Dr. Jill Konkin
- Dr. Ryan Oland
- Dr. Sudhakar Sivapalan

Following the meeting, nominees were contacted for willingness to stand for election; two nominees withdrew. Thereafter, an election was held via e-vote (only AMA members who attended the AGM were eligible to vote). Terms on the Nominating Committee were awarded as follows:

Dr. Jill Konkin, Edmonton, Family Medicine, Member (2023-25)

Dr. Sudhakar Sivapalan, Psychiatry, Edmonton, Alternate (2023-24)

Vacancy, Alternate (2023-24)

10. Board Report to the AGM

Dr. Rinaldi and Dr. Parks presented the Board Report to the AGM. There was an opportunity for questions with the Board and senior executive staff following the presentation.

11. Adjournment

The meeting adjourned at 9 p.m.

Nominating Committee

Questions about the Nominating Committee report? Please contact Annette Ross (annette.ross@albertaodctors.org).

Report to the Fall 2024 Annual General Meeting

In accordance with the AMA Bylaws, the Nominating Committee nominates candidates for office to be elected by the Annual General Meeting, to be elected by the Representative Forum, and to be appointed by the Board of Directors of the association.

The Nominating Committee submits the following recommendations for consideration during the AGM:

1. **Composition of Representatives to CMA's 2025 General Council**

   As required under the current AMA Bylaws, the Nominating Committee is to provide to this AGM the recommendation for the composition of representatives it proposes for 28 delegates to attend the CMA General Council in 2025. The president attends this meeting by virtue of the position and is not included in the count of Alberta representatives currently allowable to attend.

   - President-Elect
   - Immediate Past President
   - Speaker or Deputy Speaker
   - Ten representatives named by the Board
   - Nine representatives named by the Nominating Committee
   - Two deans of medicine (U of A and U of C) or a designate from their office
   - Two student representatives
   - Two PARA representatives

2. **Speaker and Deputy Speaker 2022-2025**

   AMA Bylaws section 16.8 "The Speaker and Deputy Speaker shall be elected by the AGM for a term of three years and shall remain in office from the close of the AGM when elected until the close of the third subsequent AGM. Dr. Carl Nohr and Dr. Gerry Prince are the current representatives of the Speaker and Deputy speaker positions as noted below.

   Speaker Nominee: Dr. Carl W. Nohr, General Surgery, Medicine Hat, AB

   Deputy Speaker Nominee: Dr. Gerry Prince, Family Medicine, Medicine Hat, AB

3. **Nominating Committee 2024-25**

   The AMA Bylaws require that the AGM elect four (4) members and two (2) alternate members to the Nominating Committee.

   The term for members elected to the Nominating Committee is set at two years; additional terms may be served but cannot be consecutive.

   The AGM shall identify two alternate members to attend meetings of the committee in the event an elected committee member wants to be considered as a Nominating Committee nominee for an elected

position. The alternate member will serve a one-year term but cannot serve more than two consecutive one-year terms. NOTE: **Nominating Committee alternate members are still eligible to be elected for a subsequent appointment as a full Nominating Committee member.**

The current composition of all members and their terms are as follows:

CURRENT NOMINATING COMMITTEE MEMBERS		TERM	Eligible for re-election 2024
CHAIR Appointed (from within the committee)			
Chair, Dr. Arlie Fawcett	Board appointed	1 Year 2023-24	Appointed
BOARD Appointed (3 members, 2 alternates)			
Dr. Mindy Gautama	FM Airdrie	2 years 2023-25	Appointed
Dr. Usha Maharaj	FM Sherwood Park	2 years 2022-24	Appointed
Dr. Shazma Mithani	EMER Edmonton	2 years 2022-24	Appointed
Dr. Shelley Duggan (alternate)	INTVS Edmonton	1 year 2023-24	Appointed
Dr. Stephanie Dotchin (alternate)	OPH Calgary	1 year 2023-24	Appointed
AGM Elected (4 members, 2 alternates)			
Dr. Jill Konkin	FM Edmonton	2 years 2023-25	N/A
Dr. Duncan McCubbin	**OBGYN Medicine Hat**	**2 years 2022-24**	**NO**
Dr. Arlie Fawcett	**PSYEXEC Calgary**	**2 years 2022-24**	**NO**
Dr. Olumide Asaolu	**FM Edmonton**	**2 years 2022-24**	**NO**
Vacant (alternate)	**-**	**-**	**-**
Dr. Sudhaker Sivapalan (alternate)	**PSYEXEC Edmonton**	**1 year 2023-24**	**YES** **(full member position only)**
RF Elected (2 members, 2 alternates)			
Dr. Arun Abbi	EMER Calgary	2 years 2023-25	N/A
Dr. Scott Beach	FM Calgary	2 years 2022-24	NO

Dr. Brendan Vaughan (alternate)	FM Calgary	1 year 2023-24	YES
Dr. Frances Vettergreen (alternate)	FM Calgary	1 year 2023-24	YES
Resident Representative Appointed			
Vacant	PARA	1 year 2023-24	Appointed

Drs Duncan McCubbin, Arlie Fawcett and Olumide Asaolu have their two-year terms ending October 2024 and they are not eligible to be re-elected.

Dr. Sivapalan has served two consecutive 1-year terms as an alternate to the committee and is eligible to be nominated to a full-member position only. At the 2023 AGM, the 2nd alternate position was not filled.

To ensure a balance between continuity and turnover, it has been suggested to stagger one of the AGM elected member positions. Therefore, **three (3)** members are to be nominated by this AGM, with an electronic vote to occur following the meeting:

- **Two members each for a two-year term 2024-26**
- **One member for a one-year term 2024-2025** *(will be eligible for re-election to a 2-year term in 2025 if desired.)*
- **Two alternate members each for a one-year term 2024-25.**

	AGM Elected		**Term**
1.	TBD	Member elected by AGM	2 years 2024-26
2.	TBD	Member elected by AGM	2 years 2024-26
3.	TBD	Member elected by AGM	1 year 2024-25

1.	TBD	Alternate elected by AGM	1 year 2024-25
2.	TBD	Alternate elected by AGM	1 year 2024-25

The Nominating Committee is scheduled to meet on Thursday, November 7, 2024, so please take note of this date to be available if you are elected. Two further meetings will be scheduled for February and May of 2025. The committee intends to meet once in person during the year; other meetings would be held virtually. We anticipate that the May meeting will be held in person but that will be decided among the committee members.

For information: The Board is committed to reviewing and making recommendations for improvement to the selection and nature of the leadership of the AMA. Working in concert with the AMA's Healthy Working Environments framework, promotion of equity, diversity and inclusion is a primary objective.

The Nominating Committee members will participate each year in educational sessions regarding the HWE's Leadership Tool Kit and Equity, Diversity and Inclusion in the Workplace. Other supports may be adopted. Open discussions of issues relating to EDI occur regularly at Nominating Committee meetings. Those interested in service on Nominating Committee should be prepared for exposure to the concepts and language of EDI and to converse about its application in the safe space of Nominating Committee meetings.

Elections

Questions about the Elections report? Please contact Christina Robbins (christina.robbins@albertadoctors.org).

For additional information, please refer to the AMA Nominating Committee Report, preceding this report.

In accordance with the Alberta Medical Association Bylaws, a Call for Nominations for Nominating Committee and Representatives to CMA General Council 2025 was sent to the membership on August 8, 2024.

Composition of Representatives to CMA General Council 2025

No nominations were received in response to the Call for Nominations.

The Nominating Committee Report contains the recommendations for the AMA composition of representatives to CMA General Council 2025. Direction will be sought regarding AMA composition of representatives to CMA General Council 2025 at the 2024 AMA AGM.

Nominating Committee

One nomination was received from Dr. Maeve O'Beirne (Family Medicine, Calgary) in response to the Call for Nominations for AGM representatives to the Nominating Committee.

As a result, at the 2024 AGM further nominations will be sought from the floor to fill the five (5) vacancies on the Nominating Committee, and an election will be held following the AGM:

- Two members for a two-year term 2024-26
- One member for one-year term 2024-25
- Two alternate members, each for a one-year term 2024-25

Members may nominate themselves or a colleague and all nominees must be AMA members. An e-vote will be held following the meeting. Only those AMA members attending the 2024 AGM will be eligible to vote in the election of AGM representatives to the Nominating Committee.

Current composition of the AMA Nominating Committee is outlined in the Nominating Committee report.

The Nominating Committee holds three full-day meetings per year (typically November, February and May). The next Nominating Committee meeting will be held November 7, 2024.

Excerpt – AMA Bylaws (October 2023)

23.0 Nominating Committee

23.6 Terms of Reference

23.7 The committee shall provide to:

(i) the Membership, a nominee for President-Elect;

(ii) the AGM, a list of nominees for: Speaker, Deputy Speaker and representatives to CMA General Council;

(iii) the Forum, a list of nominees for election of Directors of the Board;

(iv) the Board, a list of nominees for committee membership, including committee chairs, a list of nominees for Members Emeritus, and a list of nominees for CMA committees and council membership

For information on the Nominating Committee, please contact Annette Ross (annette.ross@albertadoctors.org).

Report of the Board and Forum

Questions about the Report of the Board and Forum? Please email president@albertadoctors.org.

The Board invites all members to participate in the virtual AGM at 6:30 p.m. on Tuesday, October 8, 2024.

The AGM is an opportunity for members to engage with the president and officers of the Alberta Medical Association regarding matters affecting the profession and our patients in the year ahead. This report is the account of the Board of Directors to the membership for the year October 1, 2023 to September 30, 2024. Any significant updates after time of writing will be reported at the AGM.

There are five parts to this report:

1. **YEAR IN REVIEW** is a recounting of the events of the year around two key themes:
    - Agreement implementation and representing member interests.
    - Responding to system issues, opportunities and health care challenges.

2. **STABILIZING THE SYSTEM** reports on the work the AMA undertook to attempt to stabilize the health care system.

3. **AMA ADVOCACY** is an overview of AMA advocacy around various parts of the system that were in dire straits.

4. **TAKING CARE OF BUSINESS** reports on various elements and pieces of work related to agreement implementation, as well as other matters of importance that arose throughout the year.

5. **PERFORMANCE AND BUSINESS PLAN REPORTING** links to updates detailing how the AMA performed against the goals and objectives set out in the 2023-24 business plan.

YEAR IN REVIEW

The following section details many of the significant moments over the past year – in chronological order – and demonstrates how the AMA consistently supported members through:

- Agreement implementation and representing member interests.
- Responding to system issues, opportunities and health care challenges.

The AMA President's Letter is our foundation communication tactic. It serves to inform members about what is being done on their behalf, but at various times also serves as a news release and backgrounder for Alberta MLAs. Anything significant that the AMA has to say in the public eye will typically be shared via a *President's Letter*. A chronology of letters for the business year presents a detailed timeline of activities and issues.

Agreement implementation and representing member interests

2023

October 12, 2023 – The AMA meets with the Minister of Health to discuss the ongoing crisis in family medicine and the Longitudinal Family Practice proposal the AMA submitted to address it.

October 18, 2023 – Government releases the MAPS: Strategic Advisory Panel Final Report and commits to an MoU with the AMA to promise to include an LFP proposal in Budget 2024.

October 24, 2023 – AMA signs AMA-government MoU referenced in the October 18 *President's Letter*. Government announces it will amend and enhance virtual care codes for mental health.

November 8, 2023 – Government to restructure health services into Primary Care, Acute Care, Mental Health and Addictions and Continuing Care. Physician engagement will be critical.

November 21, 2023 – Establishment of the AMA Strike Team and their proposals for discussion with Alberta Health regarding Budget 2024.

November 29, 2023 – Minister LaGrange commits to stabilizing and restoring family medicine and rural generalist care within the time frame of Budget 2024. Strike Team identifies stabilization priorities.

November 30, 2023 – Introduction of the AH-AMA Health System Refocus Working Table and future leadership opportunity to serve on the working table. AMA Executive Director, Athana Mentzelopoulos left the AMA to become the CEO and President of AHS.

December 13, 2023 - Alberta Health confirms that Good Faith claims, under a new policy, will be billable as of February 6, 2024.

December 18, 2023 – Details of what the AMA Strike Team has proposed to save and stabilize family medicine and rural generalist practices in Alberta.

December 21, 2023 – Government announces that it will apply $100 million to immediately stabilize family and rural generalist physician practices.

2024

January 2, 2024 – The changes the AMA has advocated for re: government implementing virtual mental health codes. Anticipated date for AH to announce the go-live of this is January 17, 2024.

January 4, 2024 – Important elements in AMA's Acute Care Stabilization proposal, including retaining physicians, attracting new talent and improving the flow of patients through the system.

January 24, 2024 - Enhanced virtual mental health codes are now live and the 2023-24 Continuing Medical Education Program is now open.

February 5, 2024 - Laboratory physicians ratify new agreement with Alberta Precision Laboratories.

February 7, 2024 - Alberta Health announces that their billing system has been updated and physicians can now submit eligible Good Faith claims – retroactive to April 1, 2022.

February 9, 2024 - Government releases $12 million to AMA to provide family physicians and rural generalists with support for costs related to panel management and practice improvement.

February 15, 2024 – Preparing for Alberta Budget 2024, to be released March 1. AMA invites members to first *Inside Scoop* virtual town hall on March 6.

March 1, 2024 – Comments on the Alberta Budget 2024, which includes a new funding model for the comprehensive, life-long care provided by family and rural physicians.

March 19, 2024 - Alberta has fewer unmatched CaRMS family medicine residency positions compared to last year. Health Minister tells RF she expects a report on the Physician Comprehensive Care Model (PCCM) by March 31.

March 20, 2024 - AH indicates retroactive payments will be distributed March 22 to physicians eligible for Rural Remote Northern Program (RRNP) benefits. AH and AMA will undertake a review of the RRNP to identify program improvements and use of these incremental funds.

March 28, 2024 - On April 4, transitional funding will begin flowing to eligible family and rural generalist practices.

April 4, 2024 - AMA received the transitional funding support payments from AH and the family and rural generalist physician practices who signed up and are eligible will begin to see the funds.

April 5, 2024 – Response to members who are extremely concerned they are ineligible for the Transitional Funding Program (TFP). TFP funds are not available to family or rural generalist practices with panels of under 500 patients.

April 17, 2024 - Joint news conference with the Health Minister to announce government's commitment to the PCCM with a target implementation date of fall 2024.

May 2, 2024 – AMA writes to the Alberta Premier requesting she ask the federal government to reconsider proposed changes to capital tax gains taxation included in federal budget 2024.

June 17, 2024 – AMA in active discussions with AH on several details related to the PCCM, e.g., rates associated with each component; minimal panel size requirements; what will be included in the basket of services for encounter payments; and the premium for after-hours care.

August 1, 2024 - Two fall 2023 stabilization proposals – and months of advocacy – were an SOS call to the government from Alberta's physicians, but this call has gone unanswered.

Responding to system issues, opportunities and health care challenges

2023

October 6, 2023 – AMA announces series of member-only town hall meetings to meet with members in person and hear directly about local issues, concerns and ideas.

October 30, November 3, November 17, 2023 – Outcomes so far on the member-only town hall meetings and the mounting issues identified by attendees: Crisis in family medicine and growing instability in acute care.

November 23, 2023 – Clarifying primary care: Family physicians cannot be replaced by nurse practitioners and evidence shows that integrated teams are the ideal model for primary care.

December 11, 2023 – Details about the AMA's Acute Care Stabilization proposal tabled with government in the previous week.

December 28, 2023 – AMA launches 'Save Family and Rural Generalist Practices' public advocacy campaign. AMA's Clinical ARP Working Group shares an important update about urgently needed ARP improvements that have been proposed to government.

2024

January 10, 2024 – Some of AMA's advocacy efforts so far.

January 23, 2024 - Survey results of family and rural generalist physicians regarding the state of their practices and finances. New advocacy campaign resources, e.g., AMA invites members to record a 20-second video with new video tool, post updated campaign posters, etc.

January 25, 2024 - News conference highlights new data measuring the extreme financial instability and threat to viability facing family and rural generalist physician practices.

January 31, 2024 – AMA launches advocacy activity. 'SOS: The Urgency Is Real,' one short video clip posted to AMA social media per hour for 24 hours featuring frontline physicians telling us that family and rural practices are no longer sustainable and need urgent support in Budget 2024.

February 1, 2023 – The AMA Section of Pediatrics responds to government plans to restrict access to gender-affirming treatments for pediatric transgender patients.

March 8, 2024 – Firm expectations of "competitive" when referring to making Alberta family and rural medicine competitive again in western Canada. Summary of the support the AMA provides for members in various non-fee-for-service negotiations.

April 15, 2024 – Recap of discussions at the second *Inside Scoop* Town Hall, i.e., PCCM, TFP, acute care and active advocacy.

May 14, 2024 – Discussion of AMA's Acute Care Stabilization Proposal, which addresses alternative relationship plans; after-hours access to specialty care; and the 2020 imposed rate reductions.

May 17, 2024 – AMA launches new public information series 'Acute Care Concerns.' The first issue: cancer care. Alberta's cancer care system is dangerously overloaded and under-resourced.

May 24, 2024 – Recap of discussions from the May 22 *Inside Scoop* virtual town hall with over 250 acute care, hospital and community-based specialists in attendance. Call for applications for AH-AMA Health System Refocus Working Table.

May 31, 2024 – AMA's cancer care advocacy program continues including discussion about the number of oncologists in Alberta not keeping pace with the province's population growth.

June 12, 2024 - What members need from AMA for 2024-25: highlights from a recent Board meeting and two days of business and strategic planning.

June 20, 2024 – AMA unveils its new land acknowledgement statement, which demonstrates AMA's deep respect for the Indigenous Peoples who have come before us and the land that hosts us.

June 27, 2024 – Recap of discussions from the June 26 *Inside Scoop* virtual town hall with approximately 280 members in attendance.

July 2, 2024 – The AMA Board introduces AMA's new CEO, Karina Guy, to assume the role on July 18.

July 5, 2024 – New data to help inform the public, including the small number of oncologists in Alberta, the number of weeks from referral to first consult-medical oncology and Alberta's cancer care demand.

July 8, 2024 - AMA launches new issue in the public information series 'Acute Care Concerns.' General surgery needs attention and intervention from government.

August 9, 2024 – AMA president op-ed column and media interviews regarding the PCCM and the urgency to stabilize Alberta health care. Invite to AMA's August 15 *Inside Scoop* virtual town hall.

August 19, 2024 – AMA launches its new website.

August 23, 2024 – Data to add context around the physician services budget. The majority of growth in the 2024 PSB is associated with more patients needing more services; not increased rates for doctors. Physician fees are grossly out of sync with inflation in this province.

August 26, 2024 - AMA launches new issue in the public information series 'Acute Care Concerns.' General internal medicine colleagues are working at an unsustainable rate and are constantly being asked to do more, with less.

STABILIZING THE SYSTEM

For more than 18 months now, the AMA has pushed for answers to three questions:

- Are we stabilizing physician practices that are struggling every day to survive in family physician, rural generalist and acute and community specialist settings?
- Are we ensuring Alberta is competitive with other provinces in retaining and attracting talent?
- Are we building up integrated team-based care toward developing a medical and health home for every Albertan?

These questions lie behind everything the AMA does.

In the fall and early winter of 2023, AMA President Dr. Paul Parks embarked on a cross-province Local doctors, local issues tour to hear firsthand from physician members about issues they were facing in their communities of practice. At every stop along the way, he heard from members who had deep concerns

about our destabilized system. These stories of a system in crisis were relayed in dozens of media stories both during and after the tour.

As the AMA has been broadcasting daily on social media, through media interviews, in meetings and correspondence: patient care is at stake, and everything boils down to the ability to retain our physicians and recruit new physicians to our province. Our message to government has been consistent and simple: We need immediate stabilization investment to allow Alberta to retain the amazing physicians we already have and to provide time for the hard work required to bolster health care provider numbers on all fronts across Alberta.

Throughout the year, the Board continued to prioritize stabilization in both primary and acute care settings:

Primary Care

On October 23, 2023, the AMA and the Minister of Health signed a Memorandum of Understanding that set us up to work together on:

- Developing a new physician compensation model.
- Understanding and lessening the administrative burden on physicians.
- Securing short-term stabilization strategies.
- Engaging with one another – and other stakeholders in the system – to modernize governance structures.

This MOU was referenced in the October 18 release of the *Modernizing Alberta's Primary Health Care System (MAPS): Strategic Advisory Panel Final Report*.

The MAPS announcement raised questions of how decision-making will occur concerning primary care and family physician and rural generalist practices within the system. The Minister publicly stated that she wanted to work with the profession. The MOU was viewed as a promise from the minister to the profession to work collaboratively to stabilize practices.

The AMA Strike Team was set up to execute the MOU. Their work was focused on three streams:

- Stream 1: Core elements of a new payment model supporting longitudinal family practice, and other existing model improvements including costing and budget.
- Stream 2: Other elements of stabilization in primary care.
- Stream 3: Administrative burden.

The Strike Team is made up of physician leaders from several primary care leadership groups, including the Section of Family Medicine, Section of Rural Medicine and the PCN Physician Leads Executive, along with AMA staff.

In the fall and winter of 2023, the AMA continued to press the Alberta government to provide stabilization funding for primary care through federal funds. Intense pressure (from the President and through public advocacy and government relations activities) succeeded in getting a commitment of the federal funds before year end of 2023. On December 21 it was announced that $200 million, over two years, would be provided for immediate stabilization of crumbling family and rural generalist physician practices (Transitional Funding Program). In February of 2024, government subsequently released the first $12 million

of a $57 million commitment to help support panel management (Panel Management Support Program). These funds were welcome, but the AMA president continued to push to get the first $100 million into the hands of physicians quickly.
On April 17, 2024 the Alberta government committed to implementing the the Physician Comprehensive Care Model. This was a new, modernized payment model that would provide family physicians and rural generalists (who primarily practice in clinics and are currently paid through fee-for-service, or other compensation models) with a new compensation option.

Benefits include:

- Financial viability for family physicians and rural generalists who primarily practice in clinics and deliver comprehensive, life-long patient care.
- Recognizes the extensive training, experience, and leadership of primary care physicians.
- Anchors family physicians and rural generalists as the foundation of our primary care system.
- Ultimately will increase access for Albertans by increasing the number of family physicians and rural generalists who want to practice longitudinal, comprehensive primary care in Alberta.
- Will help Alberta to recruit and retain physicians and will restore Alberta as a destination of choice for physicians, residents and medical students.

The model provides payments by combining:

- Payment for patient encounters
- Time-based payments for direct and indirect care and for practice management
- Panel payments based on patient complexity

The PCCM has been developed using information from models and initiatives in British Columbia, Manitoba, and in other jurisdictions across Canada. It also incorporated extensive stakeholder input and feedback from current and past leaders from: the Section of Family Medicine; the Section of Rural Medicine; the Primary Care Network Physician Leads Executive; the Alberta College of Family Physicians; the Professional Association of Resident Physicians of Alberta; and AMA staff. Commentary and suggestions from many individual members through emails, surveys, and town hall meetings were also taken into consideration. Members were provided with regular updates through the Strike Team page on the AMA website and via Strike Team BRIEF newsletters.

While significant progress has been made by AMA and Alberta Health to layout the terms of the payment model, at the time of writing, no formal announcement had been made. The AMA and the Accelerating Change Transformation Team (ACTT) remained prepared to communicate details and support members. The relentless push to define and implement the PCCM did not stop.

Acute Care

In 2023-24 there was tremendous support for the plight of community-based primary care from members in acute, hospital and community-based specialist care. Everyone understood that if primary care collapsed, the entire system would be compromised.

The perfect storm we currently face in acute care has resulted from years of inaction and disconnected approaches. Without enough physicians in the acute care system, patients are waiting longer in emergency

departments, there is an inability to admit new patients (capping), hospitals are chronically overcrowded, and surgeries are being cancelled. Once patients are through the acute system, they face difficulty in returning to the community for care.

Some elements of these problems are within the AMA's purview to address, some less so. Members report that access and care are being hindered because of a lack of hospital team members needed. There are also ongoing resource issues related to infrastructure and capital spending that affect clinical services, increase wait times and reduce OR capacity.

Physician recruitment and retention continued to be one of the greatest challenges facing Alberta's acute care system in 2023-24. A confluence of factors was driving physicians out of hospitals, which, in turn, was negatively impacting Albertans' access to care.

Alberta fell behind (for many reasons) in terms of being a destination of choice for medical learners and practicing physicians. The AMA was calling for data-driven, strategic physician supply policy and planning. We were also calling for immediate stabilization investment to allow Alberta to retain the amazing physicians we had and work on recruiting more.

In addition to public advocacy about acute care (discussed further in this report), a tremendous amount of work also took place behind the scenes in 2023-24 to advocate with government and AHS in the best interests of acute care and specialist physicians.

This image shows the volume of physician groups – comprising more than 4,000 members – who were actively supported by AMA Health Economics.

The AMA has also provided government with an Acute Care Stabilization Proposal. The proposal provided solutions to stabilize access to acute care for our growing and aging population by retaining physicians, attracting new talent and improving the flow of patients through the system.

The proposal contained four major elements:

1 Modernize ARP rates

- **Accelerate development of modern rate setting approach and rates**
- **Address the AMA's "top 10 recommendations"**

Benefits

- Brings necessary stability and incentives to address longstanding issues
- Improves ARP participation by bringing ARP rates into sync with fee-for-service

2 Enhance incentives for after-hours care

- **50% increase to the 03.01AA time premium (and apply to cARP/AMSHP rates)**
- **20% after-hours premium on direct patient care in community-based specialist practices**
- **NOTE: 70% of hours in a week are after hours, while only 3% of payments to physicians are for after-hours premiums (03.01AA)**

Benefits

- Improves Albertans' overall access to acute care
- Improves after-hours availability of physicians
- Eases pressure on the system as a whole

3 Improve rates for Physician On-Call

- **Match BC's on-call rates**
- **Expand the eligibility criteria to cover other essential programs**

Benefits

- Addresses long-standing issues related to physician availability and rollbacks (e.g., obstetrical care, hospitalist care, emergency surge, rural emergency, several AHS stipend programs that pay for availability)
- Addresses retention challenges

4 De-escalate stipends, AHS overhead, z-codes

- **Extend all current AHS stipend arrangements beyond March 31, 2025**
- **Stop pursuing AHS overhead and z-codes policies**

Benefits

- Provides stability and will decrease anxiety, conflict and departures from the acute care system
- Provides time to explore alternatives and build flexibility into cARPs, fee-for-service, on-call, etc.

While we knew the Acute Care Stabilization Proposal wouldn't solve all the problems in the acute care system, we also knew investment in the solutions put forward would help in some very key areas:

- Reduction in ER wait-times
- Improved patient flow
- Improved patient outcomes
- Improved after-hours care
- Reduced surgical waits
- Efficient admissions / discharge
- Surgical recovery
- Specialist availability

AMA ADVOCACY

Throughout the year, there was a relentless push to define and implement a Physician Comprehensive Care Model (PCCM). The AMA sounded the alarm on the parallel crisis in acute care and called on government to act on the AMA's Acute Care Stabilization Proposal. The AMA advocated relentlessly on both these fronts, resulting in unprecedented media coverage of the issues and concerns the AMA was raising.

Primary care advocacy
In January 2024, the AMA conducted a family practice viability study that measured the level of financial distress that family and rural generalist physicians were facing. The results were dire and were widely – and often – reported by media outlets across the country.

The president and the Joint Physician Advocacy Committee relentlessly pursued support for comprehensive family and rural generalist care. With paid advertising and campaigning on the AMA's social media platforms, the SOS call to Save Family and Rural Medicine was broadcast daily and observed by millions of Albertans.

On August 31 the AMA ran a 24-hour social media campaign titled SOS: The Urgency Is Real. At 8 a.m. the AMA kicked off the one-day campaign by posting a short video clip featuring a doctor's personal story. From there, another video was published every hour, for 24 hours. We posted videos from 24 frontline physicians who told us that their practices were no longer sustainable and that they were in need urgent support. The campaign concluded with a noon-hour news conference and media spoke directly to physicians about their struggles to deliver comprehensive, life-long care for Albertans. Videos from the campaign can be viewed here.

Daily advocacy continued throughout the entire 2023-24 year via the AMA's social media channels, in op-eds and earned media coverage, and in non-public forums – e.g. meetings with government officials, phone calls, etc. At time of writing, no formal announcement about the PCCM had been made, but the AMA continued to push for a commitment.

Acute care advocacy
In May of 2024, the AMA launched a multi-month Acute Care Concerns campaign to highlight areas of the acute, hospital and community specialist world that were under particular stress. The campaign aimed to inform Albertans and government about the serious issues facing many parts of the health care system.

The first area of focus was cancer care and the ever-increasing need for the care provided by oncologists. We drew attention to the fact that there were not enough oncologists in Alberta to care for the number of cancer patients at the time – and there was no hope in sight to recruit more due to hiring restrictions.

The second issue we focused on was general surgery and the fact that it was becoming increasingly difficult for patients to get access to timely elective or emergency surgeries. Many hospitals across Alberta were being forced to divert patients – something that should never happen in any hospital, especially large hospitals that offer the most advanced and high-tech specialist care.

The third area of focus was general internal medicine (GIM). GIM was crumbling under the combined pressures of the simultaneous crises in family medicine and acute care. Demands on GIM specialists were increasing at an unsustainable rate, leading to immense pressure and burnout for physicians and increased risk to patients. They were buckling under growing expectations and shrinking resources allotted to manage the increasingly complex care needs of the patients who relied on them.

For each of the topics in the acute care series, the president and various specialists hosted a press conference to inform the media and provide an opportunity for them to ask questions. The issue papers were sent to all media outlets in the province, and the president and other physician leaders took part in countless media interviews as a result. Digital collateral was developed for each area of focus and pushed out on all AMA social media platforms.

At time of writing, obstetrics/gynecology, psychiatry and pediatrics were scheduled to be the next areas of focus.

Other advocacy
There was also a great deal of advocacy toward helping the public and government to understand what has happening in the health care system.

The AMA supported the Section of Pediatrics, Section of General Psychiatry and Section of Child and Adolescent Health in protesting government's proposal to block access to gender affirming care. Letters from the sections were posted by the AMA on social media platforms and attracted over one million impressions on X (formerly Twitter) alone.

The AMA advocated against government interference in medical decision making. Gender care was one area of focus during the year, but the AMA also advocated around scope of practice issues and legislation related to Narcotic Transition Services.

albertapatients.ca
albertapatients.ca is a general population survey administered for the AMA by leading firm ThinkHQ Public Affairs. The survey has been used to inform AMA strategy and advocacy. In 2023-24 albertapatients explored: Albertan's assessment of the general state and directions of the health care system; government's performance on same; satisfaction with primary care experience; attitudes toward use of alternative providers such as nurse practitioners and preferences with respect to teams vs independent; awareness of the financial situation of physician practices.

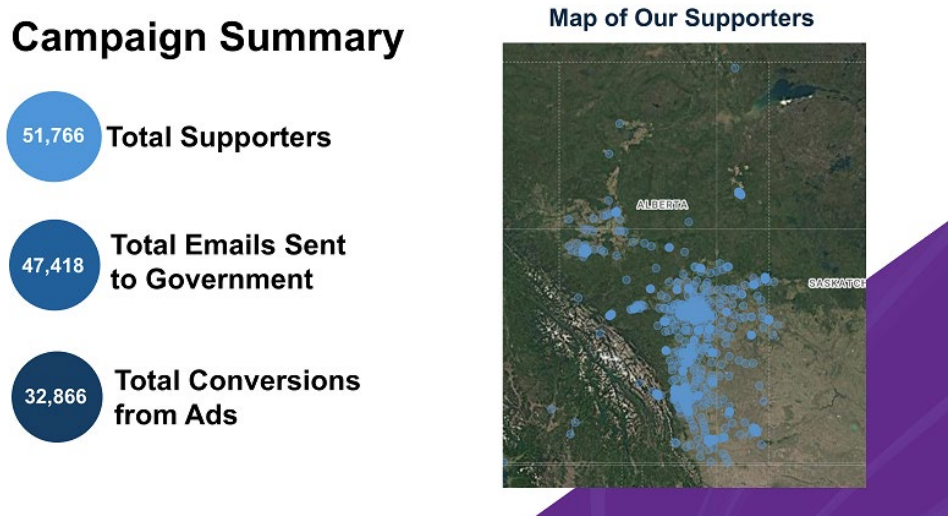
In May, an in-depth survey was conducted to prepare for 2024-25 business and advocacy planning. Selected results have been shared with public and media through the President's Letter and social media, and the president has shared the results in discussions with the minister.

Joint Physician Advocacy Committee (JPAC)
JPAC reports to the Board of Directors and provides guidance directly to AMA Public Affairs. In monthly meetings, the president briefs the group to ensure they are kept apprised of key advocacy directions. The

committee monitors reporting of communication results, such as social media analytics and the quantity and subject of media coverage.

This summer, seven JPAC members contributed time and expertise to help develop a creative brief and concepts for a major public advertising campaign to be launched in October 2024.

Government relations
Working with Crestview Strategies, the AMA continued to grow its online patient activist community PatientsFirst.ca. In July, the community passed the 50,000 member mark and continued to expand daily. These supportive Albertans received a monthly newsletter and periodic activation requests to write to MLAs on issues such as stabilizing family, rural generalist and acute care in parallel with AMA advocacy.



PatientsFirst.ca will be an integral part of the AMA's advocacy pressure campaign on government for the year ahead.

TAKING CARE OF BUSINESS

Payments to physicians
Payments were made to physicians in accordance with the AMA-AH Agreement. Some of these were long overdue but the AMA continually pressed for progress and stated our expectations strongly.

- Good faith claims were restored under a new policy.
- Enhanced virtual mental health care codes became available in January 2024.
- The 2023-24 Continuing Medical Education Program opened in January 2024.
- Alberta Health issued a Bulletin in August 2024 to inform physicians that the second retroactive payment to fee-for-service physicians would be paid out (as per Schedule 3 of the AMA-AH Agreement).

ARP Working Group
The AMA ARP Working Group met weekly to discuss an AMA proposal to update ARP rates and have

reached agreement on a new ARP rate-setting methodology – referred to as the 'Derived Day Approach.'

At time of writing, the group was seeking to have the AMA's proposal to update ARP/AMHSP rates implemented on an expedient basis.

Laboratory medicine
After five years without a contract, laboratory medicine physicians ratified a new agreement with Alberta Precision Laboratories, effective April 1, 2022. As Dr. Parks noted in his February 5, 2024 President's Letter:

> *We all know that without laboratory services, our system would grind to a halt, so I want to thank our lab colleagues who have continued to work so hard behind the scenes – even in times of massive instability – to keep our system functioning. Although it took almost two years for the negotiating teams to achieve an agreement, the AMA did not give up. We were there for our lab medicine colleagues every step of the way. We insisted on a fair and due process following the dissolution of DynaLife and subsequent integration with APL.*
>
> *As with all negotiations, we didn't get everything we wanted, but there are some very good provisions that will finally bring some much-needed stability to the lab services environment. This agreement will help address some of the immediate and longer-term challenges in lab medicine, including workforce retention and recruitment. Ultimately, we hope that through this new arrangement we will continue to see improvements in the provision of laboratory services for all Albertans.*

At time of writing, agreement implementation was still underway.

Cancer Care
Cancer Care physicians were deeply concerned about the state of cancer care in Alberta, and that their compensation fell behind that of provincial counterparts. This was hindering the ability to retain and recruit the physician workforce that Albertans need.

Cancer Care negotiations with AHS commenced on December 20, 2023. The agreement expired March 31, 2024, and the parties agreed to resolve outstanding issues through binding arbitration. The AMA continues to support this process.

WCB Negotiations
Preparation was underway in the summer and fall of 2024 for negotiations with WCB for a new Agreement. The WCB Agreement expires December 31, 2024.

Academic Medicine Health Services Program Negotiations
Minimal progress was made toward reaching a new AMHSP Master Agreement. Alberta Health indicated that health system reorganization and other activities unfortunately supplanted the work, but that they would bring a new agreement for review when it was ready. At time of writing, the AMA and AMHSP Council had not received a draft agreement from Alberta Health.

Work of the AMHSP Negotiations Committee was paused until further information could be received regarding the status of the revised AMHSP Master Agreement. Work continued at the staff level to plan for

upcoming negotiations and coordination with the overarching AMA/AH negotiations.

Market Rate Review
The Market Rate Review was established under Section 7 of the AMA-AH Agreement and provides for a rate-by-rate comparison of selected services with other provinces (Ontario and West). The AMA Agreement specified broad process guidelines including:

- engagement with AMA sections;
- Market Rate Review plan developed by March 31, 2024 and results of the plan shared with Management Committee by March 31, 2025;
- access to arbitration to help ensure a timely conclusion.

There was some progress in 2023-24, including the appointment of the Market Rate Review Working Group. The Working Group agreed to keep the number of codes to be assessed fairly small (5 - 10 SOMB codes in total). At time of writing, no agreement had been reached on which codes would be considered or the process for selecting those codes.

Year-Four Financial Reopener
Preparations were underway for the year-four financial reopener. The AMA hired a consultant/analyst to assist with negotiations on the rate increase (that would come into effect March 31, 2025). The AMA proposed to Alberta Health that these negotiations begin no later than January 2025. It is worth noting that the outcomes of the Market Rate Review would also link into the reopener.

Negotiations 2026
In 2023-24, the AMA was gearing up for key negotiations as the existing AMA Agreement was in its final 18 months. To support this process, an internal Negotiation Support Group was formed, and data collection and analysis were already underway, focusing on economic indicators, agreements in other provinces and physician workforce metrics.

The Board appointed Dr. Noel Grisdale as Chair of the AMA Negotiating Committee in June, and recruitment of additional Negotiating Committee members was planned for the fall.

With the lessons learned from the failed tentative agreement package top of mind, the AMA began preparing for Negotiations 2026, including laying out a robust member engagement plan to ensure that members are consulted early and often throughout the process.

Part of this early preparation included conducting a benchmark negotiations survey to build on our understanding of members – their practice situation, the challenges they were facing and their priorities in terms of what they wanted a new AMA-AH agreement to accomplish.

Health System Refocusing
In November 2024, government announced plans for a refocused health care system. They planned to reorganize the system into four separate entities: Primary Care, Acute Care, Mental Health and Addictions and Continuing Care.

The AMA made it clear to government that physician co-design is vital, and the AMA has a role to play in guiding the path forward.

A Working Table was proposed and formed by government with the AMA. The Terms of Reference include:

- "To provide a collaborative forum to generate advice for the Minister of Health on issues and solutions related to supporting a single functioning health care system, with specialized areas to create a seamless patient journey for Albertans."
- "The Working Table will ensure advice on Health System Refocus considers the Alberta Medical Association (AMA) and physician perspectives."

This Working Table is composed of five members from Alberta Health and five from the AMA, with decisions made on a "consensus basis, wherever possible, regarding the recommendations that will be made to the minister. The Table reports to the Minister of Health, through the Associate Deputy Minister who serves as Chair and will provide quarterly updates to the Minister on all aspects of the Health System Refocus.

Mental Health and Addictions was the first of the four agencies to be established as a separate ministry. Recovery Alberta is the new stand-alone agency that went live September 1.

As for the overall transition into four independent entities, last winter – at our request – government established a Health Systems Refocusing Working Table:

- "To provide a collaborative forum to generate advice for the Minister of Health on issues and solutions related to supporting a single functioning health care system, with specialized areas to create a seamless patient journey for Albertans."
- "The Working Table will ensure advice on Health System Refocus considers the Alberta Medical Association (AMA) and physician perspectives."

To allow for immediate meetings, in December the Board of Directors swiftly appointed four directors to fill the positions on an interim basis. There was little work done and few meetings in the following six months.

In anticipation of the ongoing work, and with hopes of more productive discussions, the Board issued a call for expressions of interest to serve on the working table. The following selections were made:

- Primary Care - Dr. Rakesh Suryakant Patel
- Acute Care - Dr. Gregory J. Hrynchyshyn
- Mental Health and Addictions - Dr. Paige Durling
- Continuing Care - Dr. Vivian Ewa

We will determine the best ways to support these individuals in their work to be done.

Generally, there is much uncertainty about the future. Dr. Park's comments to the Edmonton Journal in November 2023 remain relevant.

"What I've been very clear about and hearing from all my colleagues across the province is the last thing we need are more silos and organizations that are working independently from each other — what we really need is better integration," Parks said.

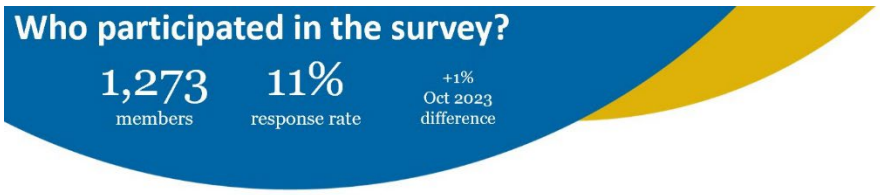
"The part that I'm very anxious and interested to work with the minister is if this structure can allow us to make the system work better through the entire journey — the patient's journey through their health care, that's the piece we need."
Parks stressed the importance of physician input going forward in the next year as changes are implemented.
While his optimism for a system to bridge gaps remains strong, he is concerned about the potential for cases to slip through the cracks due to potential fragmentation that can occur with several organizations working together and handling different portfolios.

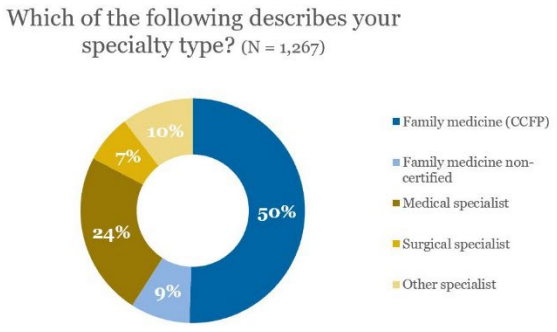
He said a second issue that must be addressed in the health care field is retaining medical professionals.

Land Acknowledgement
Land acknowledgements are meant to honour relationships – to the land and to each other. This is just one essential step toward reconciliation with Alberta Indigenous Peoples. The AMA's land acknowledgement statement was created and approved by the AMA's Indigenous Health Committee in March 2024, and was subsequently approved by the AMA Board of Directors.

The AMA also created a Guide to Indigenous Land Acknowledgements to help members and staff learn how to use the statement appropriately and respectfully.

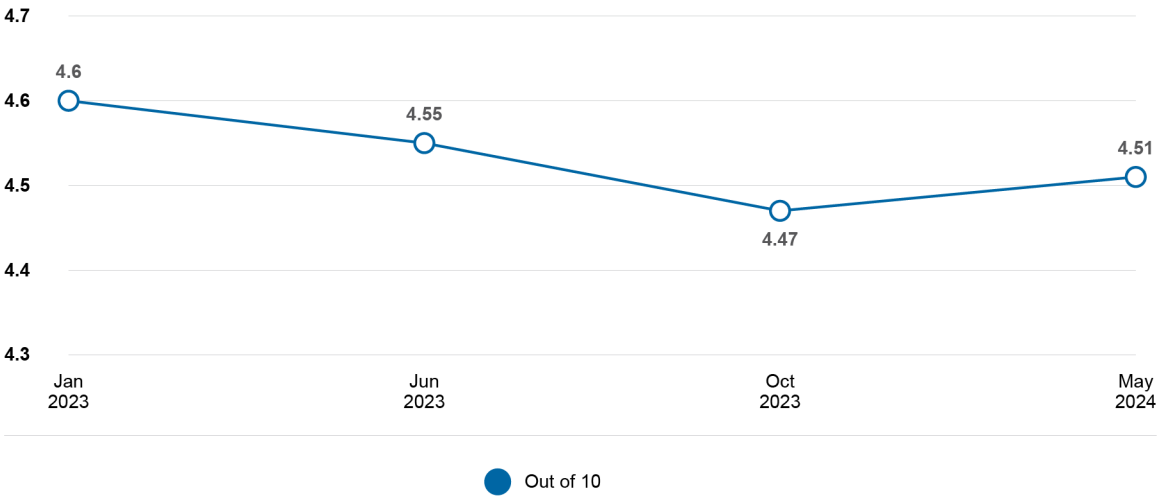
Member mindset
In addition to ad hoc surveys, the AMA monitors member opinions and mindsets twice yearly in our Tracker



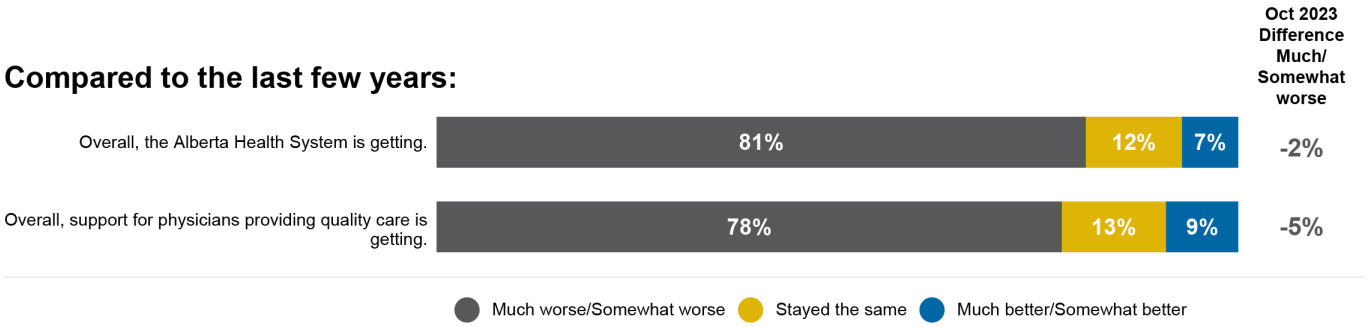


Survey. The survey includes many benchmarking questions but is also regularly updated to gather feedback on the ever-changing health care landscape in Alberta. The last tracker survey was conducted in May 2024 and we had an excellent response rate with good representation of our membership.

Survey results show that members are deeply concerned about the system's ability to provide the care that patients need. Since June 2023, this score has failed to exceed 4.5 on a 10-point scale. The great majority of members believed that system capability and support for care were deteriorating.

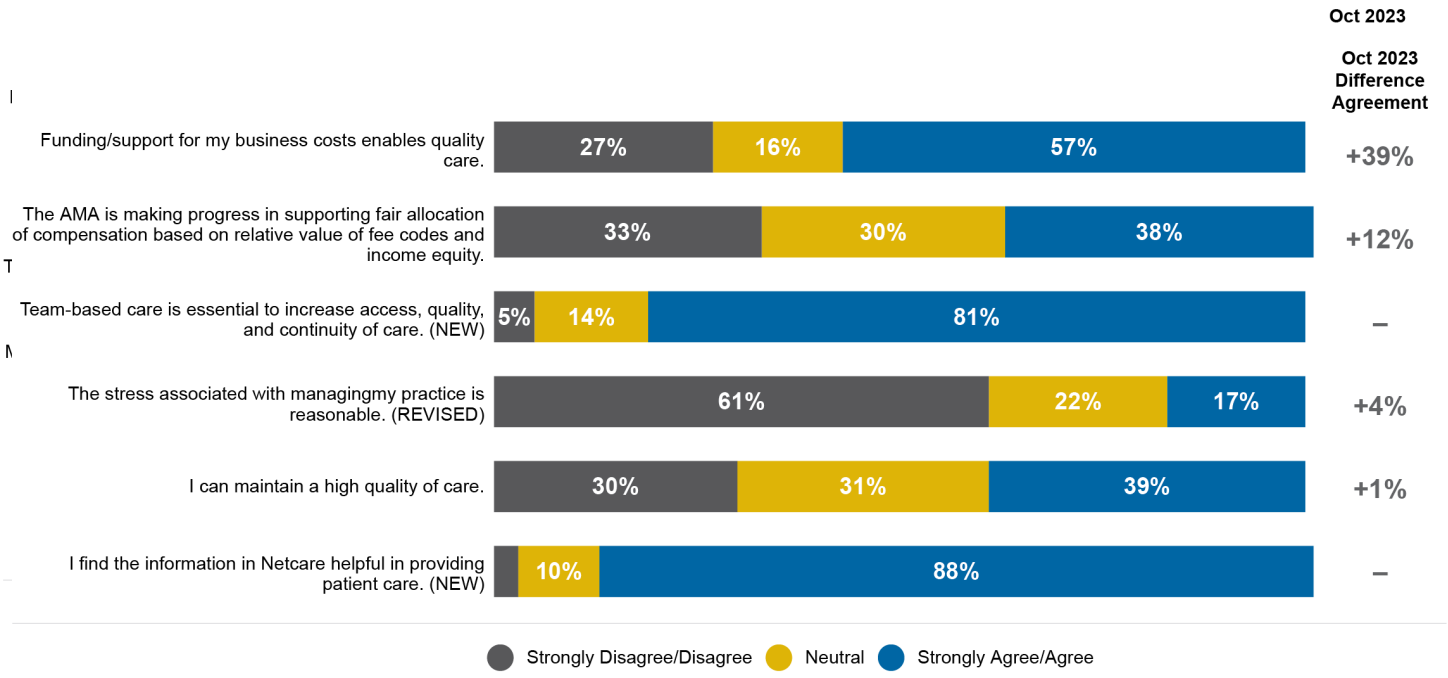


The Alberta Health Care system is effectively meeting my patient's needs.



Only 13% of respondents felt they were valued and listened to in our health care system, while over two-thirds (69%) said otherwise. Members are cautiously positive about how much the AMA can help advance a system built around patient needs. Most physicians disagree that their compensation is well aligned with those needs and the care that they deliver. What do they want the AMA to do? Advocate!

There was a massive jump in members saying that funding and support for business costs enable quality care. We suspect this relates to the date of the survey and the Transitional Funding Program for family and rural generalists that had been recently released. The October 2024 survey will help determine whether this is a trend or just a measure of the environment at the specific time members were being surveyed. Otherwise, members are still neutral overall regarding the progress of income equity linked to fair allocations. There is overwhelming support for the value of team-based care. Stress levels are still extremely high among physicians in terms of managing their practices. Only 39% feel they can maintain a high quality of care in today's environment. Netcare is highly valued as an information source.



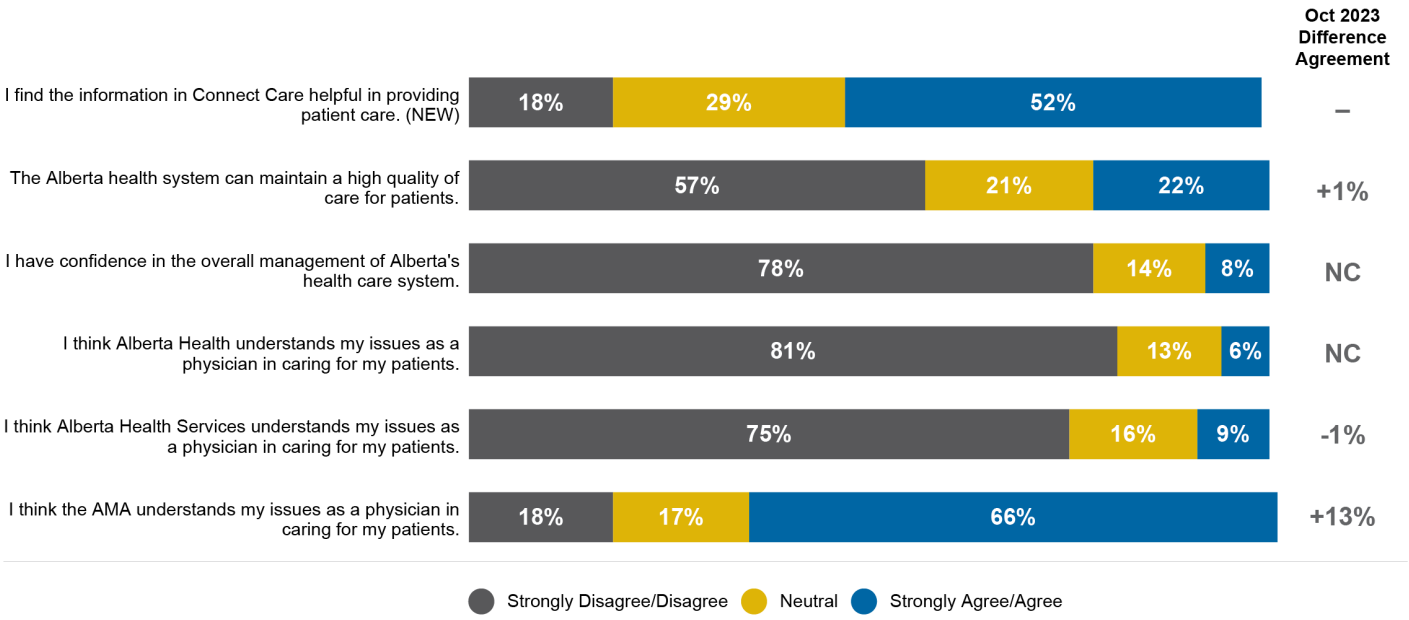
In our first measurement of the value of Connect Care, results were mixed with just over half rating it positively, but there was also a large neutral and negative group who had not yet been won over.

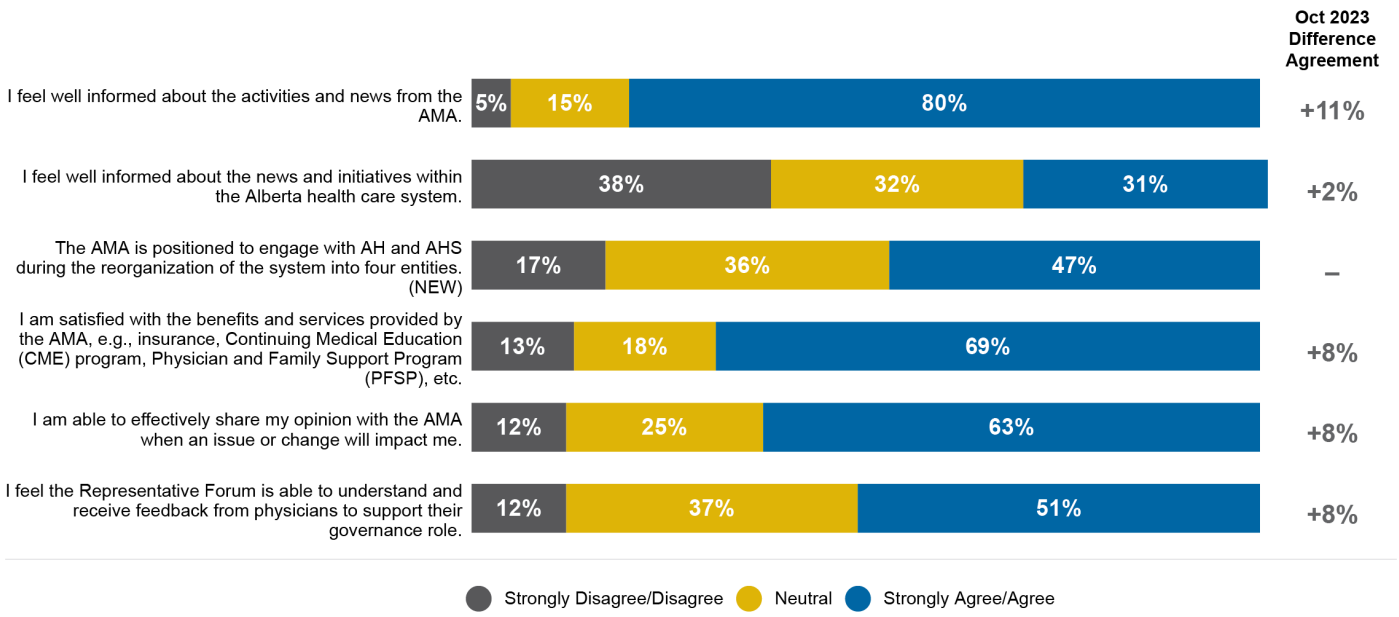
Government's management of the health care system scored negatively in various ways: in physician's overall confidence and their sense that government and/or AHS actually understand physician issues with respect to delivering care. Comparatively, the AMA scored very well with 66% saying we understand their issues. With one in three still wanting more support, we know we can seek to do more to make members feel seen, heard and understood.

Members feel very well informed about what's happening in the AMA but very uninformed or uncertain regarding what is happening in the system at large. Members are uncertain about the coming system

reorganization, with just under half believing the AMA is well-positioned to engage with AH and AHS during the transitions to come. This is a new metric that we will be watching.

Member benefits and services are appreciated. Members know how to have their opinions heard by the AMA. We have work to do to increase awareness and understanding of the Representative Forum with members. We want members to feel more involved and informed about the governance process.





Canadian Medical Association

The strength of the AMA's relationship with the CMA has had a tremendous impact over the last few years. The AMA is deeply appreciative of the support and assistance the CMA demonstrated in 2023-24.

The AMA collaborated with the CMA and the provincial and territorial medical associations on learning initiatives, knowledge-sharing and policy development. CMA provided valuable advocacy support. For example, in 2024 the CMA President Dr. Kathleen Ross issued a statement in response to the Alberta government limiting access to gender-affirming care for youth in Alberta.

Among other activities, the CMA hosts and supports the President's/CEO forum, a health policy forum four times a year and a monthly forum of the provincial and territorial medical associations' communications directors.

The Alberta representative to the CMA Board of Directors attended several meetings of the AMA Board of Directors and Representative Forum. Dr. Amanda Brisebois, serving a three-year CMA term, assumed this position when Dr. Carl Nohr's term expired.

The CMA has a long-standing policy statement regarding public and private health care. In 2023-23 they hosted public and physician assemblies across the country. On the basis of input received, they revised their existing statement, and a new draft was shared with provincial and territorial medical associations. There was insufficient time for a full review by the AMA due to lack of time to consult our members. We did survey RF delegates in August to gauge an initial reaction to the policy, and those results showed a mix of opinions, divergent views and a need for more information in general. The CMA was advised that the AMA would not sign on to the policy. Further consultation is expected in the fall and winter of 2024.

In late September, the CMA held a national event to convey a formal apology to Canada's Indigenous Peoples on behalf of the CMA and the medical profession. This is only a first step on the journey but it has been widely regarded as an event of historic proportions. The CMA commits to action to continue its journey of reconciliation.

AMA Achievement Awards
The AMA Achievement Awards not only acknowledge individual excellence and leadership, but also inspire the broader medical community by showcasing the dedication and standards that drive the profession forward.

Check out our 2023-24 award winners!

We were proud this year to introduce a new award: Medal for Excellence and Outstanding Achievement in Rural/Remote Medicine. This honor recognizes not only lengthy rural generalist practice, but also ties to local communities and excellence in mentoring the next generation.

PERFORMANCE AND BUSINESS PLAN REPORTING

The 2023-24 AMA Business Plan, approved in September was developed with a continued focus on essential deliverables.

The Board established goals for the organization that cascaded from the AMA mission. These were categorized in three broad Key Result Areas:

1. Financial health for physicians and their practices
2. Wellbeing (personal, workplace, community)
3. System partnership and leadership

There were nine overarching goals (three under each Key Result Area) with related activities. The purpose of the goals was two-fold: they expressed how the Board wanted to deliver value to physician members and also what was felt to be most important in moving toward the association's vision. Connected to each goal were the related activities that were planned for the 2022-23 fiscal year. These were developed by staff with Board oversight.

Achieving the goals under the three Key Result Areas requires a healthy, vibrant and sustainable AMA. The Healthy AMA section of the business plan focuses on core organizational capabilities in the areas of governance, workforce, financial, relationships and knowledge.

Activity continued toward achieving each of the AMA's goals. The 2023-24 Mid-Year Business Plan Update and the 2023-24 Year-End Business Plan Update provide members with details of how the AMA performed against the goals and objectives set out in the business plan, including executing priority activities. These updates include highlights, progress and challenges.

Board of Directors, Executive Committee and Representative Forum
During the 2024 AMA AGM, Dr. Shelley Duggan will be installed as president for the 2024-25 year. Dr. Duggan is a Critical Care specialist based in Edmonton.

2023-24 Board of Directors

- Dr. Paul Parks, President
- Dr. Shelley Duggan, President-Elect
- Dr. Fredrykka Rinaldi, Immediate Past President
- Dr. B. Wayne Chang, Board member
- Dr. Stephanie Dotchin, Board member
- Dr. Sadhana (Mindy) Gautama, Board member
- Dr. Katherine Kasha, Board member
- Dr. Robert Korbyl, Board member
- Dr. Ling Ling, Board member
- Dr. Shazma Mithani, Board member
- Dr. Sidd Thakore, Board member
- Dr. Rick Ward, Board member
- Dr. Scott Wilson, Board member
- Dr. Joshua Jones, PARA representative
- Sana Samadi, MSA observer

Note that Dr. Joshua Jones, PARA representative, was replaced by Dr. Simran Sharma July 1, 2024.

The AMA Bylaws require that the Board meet at list six times per year and at the call of the president. Throughout 2023-24, the AMA Board of Directors met 12 times (both in-person and virtually). Meeting dates are available upon request.

2023-24 Executive Committee Officers

- Dr. Paul Parks, President
- Dr. Shelley Duggan, President-elect
- Dr. Fredrykka Rinaldi, Immediate Past President

Executive Committee Board Representatives

- Dr. Wayne Chang, Board member
- Dr. Scott Wilson, Board member

Throughout 2023-24, the AMA Executive Committee met eight times. Meeting dates are available upon request.

2023-24 Representative Forum Information

Spring 2024

- March 15-16 (in-person, Edmonton Double tree by Hilton Hotel)

Fall 2024

- September 20-21 (in-person, Hyatt Regency Calgary Hotel)

Proposed Amendments AMA Bylaws

Questions about the Proposed Amendments to AMA Bylaws? Please contact Cameron Plitt (cameron.plitt@albertadoctors.org).

Date: August 8, 2024

To: Alberta Medical Association Members

From: Dr. Neelam Mahil, Chair, Committee on Bylaws

Subject: Proposed bylaw amendments

On behalf of the Committee on Bylaws, we respectfully submit the following proposed AMA Bylaw amendments for approval by the membership at the Annual General Meeting. In the tables below showing the present and proposed wording, we have tried to highlight where changes are being made by using red text.

1. RF alternates

There are inconsistencies in the wording for RF alternate roles. Amendments are being proposed to ensure clear direction and understanding of what an RF alternate can and cannot do:

- Update current article 12.15 and insert new 12.16 to clarify the rights and responsibilities of alternate delegates, i.e., that have all the rights of a delegate at that meeting but may not run for election or be appointed to Board or other committees by RF

Additional background:

There are different types of alternates:

- One-time for a specific meeting:
  - regional/zonal or section alternates appointed by the ZMSA or Section President (12.15), alternates appointed by PARA or the Medical Students Association, and an alternate named by the AMA Past President delegate (there is a pool of past presidents to draw from)
  - the AMHSP alternate (14.5), where the group elects an alternate to a short-term position
- Alternates for ex officio positions (Deans, 12.17, ZMSA Presidents 12.25, PCN Leads 12.33) where the alternate is often appointed on a long-term basis
- An alternate could not be named for the CMA Board representative, as there is only one individual who is in that role.

Currently the Bylaws have different wording for the different types of alternates …
Those appointed under 12.15: “and the alternate shall have the right to vote at that meeting of the Forum.”
Dean, ZMSA Presidents, PCN Leads: “and such alternate may exercise all the powers of a Delegate”

PROPOSED WORDING	PRESENT WORDING
12.15 Except as otherwise provided for in these Bylaws ~~herein~~, in the event that a ~~the~~ Delegate is unable to attend a meeting of the Forum, the entity, which elected the Delegate, may elect or appoint an alternate ~~another one~~ to attend that meeting, or if appointed the entity which appointed the Delegate may appoint an alternate ~~another one~~ to attend that meeting. 12.16 Any alternate elected or appointed to act as a Delegate ~~selected~~ in accordance with these Bylaws ~~this section 12.15 attending a meeting of the Forum in place of a Delegate~~ shall have all the rights of a Delegate, whether for the specific meeting of the Forum they were elected or appointed to attend or for extended service as a Delegate pursuant to sections 12.19, 12.26 and 12.34, as applicable, but they may not be elected or appointed to the Board or other committees. ***Note: All subsequent items under 12.15 would be renumbered to reflect the addition of 12.16; references elsewhere in these Bylaws, including Section 10.14 and 12.28 would require updating.***	12.15 Except as otherwise provided for herein, in the event that the Delegate is unable to attend a meeting of the Forum, the entity, which elected the Delegate, may elect or appoint another one to attend that meeting, or if appointed the entity which appointed the Delegate may appoint another one to attend that meeting. Any Delegate selected in accordance with this section 12.15 attending a meeting of the Forum in place of a Delegate shall have the right to vote at that meeting of the Forum.
12.18 If a dean is unable to serve as a Delegate, the dean may appoint an alternate from the dean's office ~~and such alternate may exercise all the powers of a Delegate~~.	12.18 If a dean is unable to serve as a Delegate, the dean may appoint an alternate from the dean's office and such alternate may exercise all the powers of a Delegate.
12.25 If the President of a ZMSA is unable to serve as a Delegate, the President of the ZMSA may appoint an alternate from the executive of the ZMSA ~~and such alternate may exercise all the powers of a Delegate~~.	12.25 If the President of a ZMSA is unable to serve as a Delegate, the President of the ZMSA may appoint an alternate from the executive of the ZMSA and such alternate may exercise all the powers of a Delegate
12.33 If a Zonal PCN Physician Lead is unable to serve as a Delegate, the Zonal PCN Physician Lead may appoint an alternate PCN physician with a Practice Location	12.33 If a Zonal PCN Physician Lead is unable to serve as a Delegate, the Zonal PCN Physician Lead may appoint an alternate PCN physician with a Practice Location

PROPOSED WORDING	PRESENT WORDING
within the applicable Zone ~~and such alternate may exercise all of the power of a Delegate~~.	within the applicable Zone and such alternate may exercise all of the power of a Delegate.
13.7 If a Delegate that has been elected from a Zone is unable to attend a meeting of the Forum the ZMSA President of the Zone shall appoint an alternate to attend that meeting ~~and such alternate may exercise all the powers of a Delegate~~.	13.7 If a Delegate that has been elected from a Zone is unable to attend a meeting of the Forum the ZMSA President of the Zone shall appoint an alternate to attend that meeting and the alternate shall have the right to vote at that meeting of the Forum.

Board Election Nomination Deadline

Currently the deadline for nominations for the Board of Directors is 12 noon on the first day of the fall Representative Forum. An amendment is being proposed to allow for flexibility in planning the RF agenda:

- Change the deadline to reflect at the time designated on the agenda.
- This would preclude the requirement for a special motion to be passed at the RF meeting should timing not be set as 12 noon on the first day of the fall RF.

PROPOSED WORDING	PRESENT WORDING
38.0 Conduct of Elections: Directors 38.5 Nominations must be received by the Executive Director ~~by noon of~~ prior to the close of the Call for Nominations for Directors from the floor at the first day of the fall meeting of the Forum.	**38.0 Conduct of Elections: Directors** 38.5 Nominations must be received by the Executive Director by noon of the first day of the fall meeting of the Forum.

3. CMA Membership Requirement

Several changes have taken place over the last few years with respect to CMA membership (i.e., CMA membership is no longer conjoint with AMA membership) and with respect to CMA nominations processes (i.e., CMA is solely responsible for seeking nominations for CMA committees and councils, Board and President-Elect).The CMA Bylaws require that their Full, Student, Resident and Retired Members be a member of a division in order to be a CMA member.

Amendments are proposed to standardize wording across AMA Membership categories and reflect requirements contained in CMA Bylaws and in CMA Operating Rules and Procedures.

PROPOSED WORDING	PRESENT WORDING
7.0 Membership	**7.0 Membership**
7.11 A Student Member (i) may be appointed to committees of the Association and vote on such committees; (ii) if also a CMA member, may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; and (iii) shall have one (1) vote at the AGM and at special general meetings of the Association only if elected as one (1) of the Student Member representatives on the basis of one (1) such representative for each one hundred (100) Student Members, or fraction thereof, who are present at such meeting	7.11 A Student Member (i) may be appointed to committees of the Association and vote on such committees; (ii) may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council ,the CMA Board of Directors and committees of the CMA; and (iii) shall have one (1) vote at the AGM and at special general meetings of the Association only if elected as one (1) of the Student Member representatives on the basis of one (1) such representative for each one hundred (100) Student Members, or fraction thereof, who are present at such meeting
7.14 A Retired Member (i) may be appointed to committees of the Association and vote on such committees; (ii) if also a CMA member, may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; (iii) shall have one (1) vote at the AGM, at special general meetings of the Association, for referenda and at elections; and (iv) shall be entitled to hold office in the Association.	7.14 A Retired Member (i) may be appointed to committees of the Association and vote on such committees; (ii) may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; (iii) shall have one (1) vote at the AGM, at special general meetings of the Association, for referenda and at elections; and (iv) shall be entitled to hold office in the Association.

PROPOSED WORDING	PRESENT WORDING
7.21 A Member Emeritus (i) may be appointed to committees of the Association and vote on such committees; (ii) if also a CMA member, may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; (iii) shall have one (1) vote at the AGM, at special general meetings of the Association, for referenda and at elections; and (iv) shall be entitled to hold office in the Association.	7.21 A Member Emeritus (i) may be appointed to committees of the Association and vote on such committees; may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; (ii) shall have one (1) vote at the AGM, at special general meetings of the Association ,for referenda and at elections; and (iii) shall be entitled to hold office in the Association.
7.25 A Life Member (i) may be appointed to committees of the Association and vote on such committees; (ii) if also a CMA member, may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; (iii) shall have one (1) vote at the AGM, at special general meetings of the Association, for referenda and at elections; and (iv) shall be entitled to hold office in the Association.	7.25 A Life Member (i) may be appointed to committees of the Association and vote on such committees; (ii) may be appointed or elected, as the case may be, as an Alberta representative to the CMA General Council, the CMA Board of Directors and committees of the CMA; (iii) shall have one (1) vote at the AGM, at special general meetings of the Association, for referenda and at elections; and (iv) shall be entitled to hold office in the Association.

4. Nominating Committee Responsibilities

In conjunction with changes referenced above regarding changes to CMA Bylaws and Operating Rules and Procedures, amendments are proposed to update the Terms of Reference for the AMA Nominating Committee, removing reference to providing a list of nominees for CMA committee and council membership from the Nominating Committee Terms of Reference.

PROPOSED WORDING	PRESENT WORDING
23.0 Nominating Committee 23.7 The committee shall provide to:	**23.0 Nominating Committee** 23.7 The committee shall provide to:

(i) the Membership, a nominee for President-Elect; (ii) the AGM, a list of nominees for: Speaker, Deputy Speaker and representatives to CMA General Council; (iii) the Forum, a list of nominees for election of Directors of the Board; and (iv) the Board, a list of nominees for committee membership, including committee chairs, and a list of nominees for Members Emeritus~~, and a list of nominees for CMA committees and council membership~~.	(i) the Membership, a nominee for President-Elect; (ii) the AGM, a list of nominees for: Speaker, Deputy Speaker and representatives to CMA General Council; (iii) the Forum, a list of nominees for election of Directors of the Board; and (iv) the Board, a list of nominees for committee membership, including committee chairs, a list of nominees for Members Emeritus, and a list of nominees for CMA committees and council membership.

5. AMA Elections and Referenda

The process for approving election timelines is not consistent in the AMA Bylaws. For the President-Elect election the Board is required to approve the timeline, whereas other AMA elections (Board 38.1, AGM 39.1, RF delegates and AMHSP Arrangement representatives 36.1 and AMHSP RF delegates 37.1) are under the management of the Executive Director. The Bylaws require that referenda procedures follow those established for elections (33).

To remain consistent in all AMA elections and referenda procedures, an amendment is proposed to reflect that the Executive Director is responsible for determining the ballot date for the AMA President-Elect election.

PROPOSED WORDING	PRESENT WORDING
35.0 Conduct of Elections: President-Elect 35.1 Election for President-Elect shall be under the management of the Executive Director and shall be held at such time as shall be determined by the Executive Director ~~Board~~.	**35.0 Conduct of Elections: President-Elect** 35.1 Election for President-Elect shall be under the management of the Executive Director and shall be held at such time as shall be determined by the Board.

Alberta Medical Association (C.M.A. Alberta Division)

Consolidated Financial Statements

September 30, 2023

Questions about the Auditor's Report (AMA Financial Statements)? Please contact Cameron Plitt (cameron.plitt@albertadoctors.org).

Independent auditor's report

To the Members of Alberta Medical Association (C.M.A. Alberta Division)

Our opinion

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of Alberta Medical Association (C.M.A. Alberta Division) and its subsidiary (together, the Entity) as at September 30, 2023 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

What we have audited
The Entity's consolidated financial statements comprise:

- the consolidated statement of financial position as at September 30, 2023;
- the consolidated statement of changes in net assets for the year then ended;
- the consolidated statement of operations for the year then ended;
- the consolidated statement of cash flows for the year then ended; and
- the notes to the consolidated financial statements, which include significant accounting policies and other explanatory information.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial statements* section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence
We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada. We have fulfilled our other ethical responsibilities in accordance with these requirements.

Responsibilities of management and those charged with governance for the consolidated financial statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for

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such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Entity to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

PricewaterhouseCoopers LLP

Chartered Professional Accountants

Edmonton, Alberta
February 9, 2024

Alberta Medical Association (C.M.A. Alberta Division)

Consolidated Statement of Financial Position

As at September 30, 2023

	General Fund $	Contingency Reserve Fund $	Premium Reserve Fund $	2023 Total $	2022 Total $
Assets					
Current assets					
Cash	7,533,690	10,625,138	4,138,629	22,297,457	19,308,498
Accounts receivable and prepaid expenses	1,342,653	48,033	32	1,390,718	1,182,283
Due from administered programs (note 2)	1,248,450	-	-	1,248,450	683,053
Due from AMA Health Benefits Trust Fund (note 13)	116,062	-	-	116,062	39,500
	10,240,855	10,673,171	4,138,661	25,052,687	21,213,334
Portfolio investments (note 4)	-	17,283,997	7,101,178	24,385,175	23,319,452
Due (to) from other funds	(7,831,516)	8,458,992	(627,476)	-	-
Intangible assets (note 5)	2,859,267	-	-	2,859,267	2,716,417
Property and equipment (note 6)	5,097,343	-	-	5,097,343	5,344,928
	10,365,949	36,416,160	10,612,363	57,394,472	52,594,131
Liabilities					
Current liabilities					
Accounts payable and accrued liabilities (note 16)	3,406,293	-	1,495,827	4,902,120	4,836,345
Payable to Canadian Medical Association	47,114	-	-	47,114	273,824
Deferred membership revenue (note 7)	3,259,887	-	-	3,259,887	3,330,152
Deferred revenue, leasehold inducements and other (note 8)	901,715	-	-	901,715	1,329,270
	7,615,009	-	1,495,827	9,110,836	9,769,591
Deferred revenue, leasehold inducements and other (note 8)	354,313	-	-	354,313	554,584
Employee future benefits (note 9)	2,396,627	-	-	2,396,627	2,234,234
	10,365,949	-	1,495,827	11,861,776	12,558,409
Net Assets	-	36,416,160	9,116,536	45,532,696	40,035,722
	10,365,949	36,416,160	10,612,363	57,394,472	52,594,131

Commitments (note 19)

Approved by the Board of Directors

Director

Director

The accompanying notes are an integral part of these consolidated financial statements.

Alberta Medical Association (C.M.A. Alberta Division)

Consolidated Statement of Changes in Net Assets

For the year ended September 30, 2023

	General Fund $	Contingency Reserve Fund $	Premium Reserve Fund $	2023 Total $	2022 Total $
Net assets – Beginning of year	-	33,783,501	6,252,221	40,035,722	51,821,195
Net revenue (expense) for the year	1,908,183	940,962	2,902,075	5,751,220	(5,793,231)
Remeasurement of employee future benefits	(254,246)	-	-	(254,246)	(5,992,242)
Fund transfers (note 18)	(1,653,937)	1,691,697	(37,760)	-	-
Net assets – End of year	-	36,416,160	9,116,536	45,532,696	40,035,722

The accompanying notes are an integral part of these consolidated financial statements.

Alberta Medical Association (C.M.A. Alberta Division)

Consolidated Statement of Operations

For the year ended September 30, 2023

	General Fund $	Contingency Reserve Fund $	Premium Reserve Fund $	2023 Total $	2022 Total $
Revenue					
Member dues (note 7)	19,749,647	-	-	19,749,647	17,707,114
Fees and commissions	3,578,069	-	-	3,578,069	3,388,195
Investment income (loss) (note 10)	698,941	976,805	560,674	2,236,420	(1,239,028)
Canadian Medical Association (note 11)	110,936	-	-	110,936	902,810
Other	397,839	-	6,333	404,172	399,563
	24,535,432	976,805	567,007	26,079,244	21,158,654
Expenditures (schedule 1)					
Operations	8,957,718	35,843	400,088	9,393,649	9,060,709
Committees (schedule 2)	2,584,348	-	-	2,584,348	2,712,526
Executive office	2,064,829	-	-	2,064,829	2,014,765
Health policy and economics	2,027,051	-	-	2,027,051	1,926,905
Public affairs	2,021,584	-	-	2,021,584	1,782,766
Professional affairs/Health Systems Transformation	1,738,062	-	-	1,738,062	1,808,426
Priority projects	1,614,519	-	-	1,614,519	2,467,296
Southern Alberta Office	733,674	-	-	733,674	742,703
	21,741,785	35,843	400,088	22,177,716	22,516,096
	2,793,647	940,962	166,919	3,901,528	(1,357,442)
Realization of insurance experience (note 12)	-	-	2,735,156	2,735,156	(3,838,775)
Employee future benefits	(885,464)	-	-	(885,464)	(597,014)
Net revenue (expense) for the year	1,908,183	940,962	2,902,075	5,751,220	(5,793,231)

The accompanying notes are an integral part of these consolidated financial statements.

Alberta Medical Association (C.M.A. Alberta Division)

Consolidated Statement of Cash Flows

For the year ended September 30, 2023

	2023 $	2022 $
Cash provided by (used in)		
Operating activities		
Net revenue (expense) for the year		
General Fund	1,908,183	418,151
Contingency Reserve Fund	940,962	(1,003,078)
Premium Reserve Fund	2,902,075	(5,208,304)
	5,751,220	(5,793,231)
Items not affecting cash		
Amortization (notes 5 and 6)	1,840,071	1,696,383
(Gain) loss on portfolio investments (note 10)	(291,003)	2,589,099
Result of pension benefit	(91,853)	(333,471)
Change in non-cash working capital items (note 15)	(1,709,420)	852,430
	5,499,015	(988,790)
Investing activities		
Additions to property and equipment	(515,374)	(490,955)
Additions to intangible assets	(1,219,962)	(1,297,351)
Purchase of portfolio investments	(830,434)	(2,748,514)
Proceeds from sale of portfolio investments	55,714	5,751,400
	(2,510,056)	1,214,580
Increase in cash during the year	2,988,959	225,790
Cash – Beginning of year	19,308,498	19,082,708
Cash – End of year	22,297,457	19,308,498

The accompanying notes are an integral part of these consolidated financial statements.

1 Basis of presentation

Alberta Medical Association (C.M.A. Alberta Division) (the Association or AMA) is a not-for-profit organization incorporated under the Societies Act of the Province of Alberta. As a not-for-profit organization, the Association is not subject to income taxes. Its principal activities include negotiations on behalf of physicians, representation of members, advocacy for a quality health-care system, management of government funded programs and the provision of products and services for members.

These consolidated financial statements include the general operating accounts of the Association, its Contingency Reserve Fund and the Insurance Premium Reserve Fund (Premium Reserve Fund) and ADIUM Insurance Services Inc., a licensed insurance agency that offers insurance products to members. All inter-entity transactions and balances have been eliminated on consolidation.

2 Administered programs

The Association is the administrator of certain programs for the benefits of physicians. As the Association is an administrator of the programs, the assets, liabilities, revenue and expenses of these programs are not included in these consolidated financial statements. The costs recovered by the Association to administer these and other programs have been included in these consolidated financial statements and are segregated for greater clarity (note 14). These programs are audited separately and are reported to Alberta Health (AH). The programs' funding is 100% reliant on funding from AH. Effective April 1, 2022, the Association and Alberta Health reached an agreement (the AMA Agreement) which, among other details, provides clarity over the scope of future physician benefit programs and funding. The term of the AMA Agreement is from April 1, 2022 to March 31, 2026. Certain individual grant agreements related to the specific physician benefit programs administered under the AMA Agreement are still being finalized between the Association and AH.

A summary of the programs administered by the Association as at and for the year ended March 31, 2023, which is the most recent fiscal year of the programs, are as follows:

Summary by program

			March 31, 2023
Program	**Revenue $**	**Expenses $**	**Net change in reserves $**
Physician and Family Support and Compassionate Assistance Programs	4,567,809	4,567,809	-
Parental Leave Program	27,319,110	27,319,110	-
Accelerating Change Transformation Team Program	5,469,227	5,469,227	-
Physician Locum Services	8,230,543	8,230,543	-
	45,586,689	45,586,689	-

Program	Revenue $	Expenses $	Net change in reserves $
			March 31, 2022
Physician and Family Support and Compassionate Assistance Program	4,072,525	4,072,525	-
Parental Leave Program	5,743,530	5,743,530	-
Accelerating Change Transformation Team Program	6,906,499	6,906,499	-
Physician Locum Services	26,143,927	26,143,927	-
	42,866,481	42,866,481	-

The amount due from administered programs inclusive of, but not limited to, those listed above as at September 30, 2023 was $1,248,450 (2022 – $683,053).

3 Summary of significant accounting policies

These consolidated financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations. The preparation of consolidated financial statements for a period necessarily includes the use of estimates and approximations, which have been made using careful judgment. Actual results could differ from those estimates. These consolidated financial statements have, in management's opinion, been properly prepared within reasonable limits of materiality and within the framework of the accounting policies summarized below.

Fund accounting

The Association maintains the following funds in accordance with the principles of the restricted fund method of accounting.

- General Fund

  This fund includes the ongoing activities of the Association. Any restrictions on the fund are internal.

- Contingency Reserve Fund

  The Contingency Reserve Fund, established by the Board in 1977, is comprised of emergency, capital and strategic initiative components. The emergency component is available for emergency situations, the likelihood of which is relatively small but where the consequence to the Association is significant. The capital component is available for the purchase, replacement and upkeep of property and equipment. The strategic initiative component is available to pursue strategic initiatives or to take advantage of unforeseen opportunities. Funds are internally restricted and may be transferred from the Contingency Reserve Fund to the other funds to cover operating deficits and contingencies.

- Premium Reserve Fund

  The Premium Reserve Fund was established from past positive experience on the insurance plans offered by the Association. The Fund is internally restricted and is used to stabilize plan premium rates over the long term. Commissions earned on the sale of insurance products are recorded in the General Fund.

Measurement uncertainty

In preparing these consolidated financial statements, estimates and assumptions are used in circumstances where the actual values are unknown. Uncertainty in the determination of the amount at which an item is recognized in the consolidated financial statements is known as a measurement uncertainty. Such uncertainty exists when there is a variance between the recognized amount and another reasonably possible amount, as there is whenever estimates are used.

Measurement uncertainty exists in the valuation of the pension obligations and arises because actual experience may differ, perhaps significantly, from assumptions used in the calculation of the pension obligation.

While best estimates have been used in the valuation of the pension obligation, management considers that it is possible, based on existing knowledge, that changes in future conditions in the short term could require a material change in the recognized amounts.

Cash

Cash comprises demand, interest bearing bank deposits held with Canadian chartered banks.

Financial instruments

The Association's financial assets include cash, due from AMA Health Benefits Trust Fund, accounts receivable and prepaid expenses, due from administered programs and portfolio investments. Cash is recorded at fair value with realized and unrealized gains and losses reported in the consolidated statement of operations for the period in which they arise. Accounts receivable and prepaid expenses, due from AMA Health Benefits Trust Fund and due from administered programs are classified as loans and receivables and are accounted for at amortized cost using the effective interest rate method. Loans and receivables are initially recorded at fair value. Portfolio investments are held in pooled index funds comprised of equities, bonds and money market vehicles. No segregated or individual stocks or bonds are held. Portfolio investments are recorded at fair value with gains and losses included in investment income (loss) in the consolidated statement of operations for the period in which they arise. Dividends and interest income from portfolio investments are recorded in investment income (loss) in the consolidated statement of operations.

The Association's financial liabilities include accounts payable and accrued liabilities and payable to Canadian Medical Association. Financial liabilities are classified as other liabilities and are accounted for at amortized cost using the effective interest rate method. Financial liabilities are initially measured at fair value.

The fair value of a financial instrument on initial recognition is normally the transaction price, which is the fair value of the consideration given or received. Subsequent to initial recognition, the fair values of financial

instruments that are quoted in active markets are based on bid prices for financial assets. Purchases and sales of financial assets are accounted for at the trade dates. Transaction costs on financial and prepaid expenses instruments recorded at fair values are expensed when incurred. The fair values of cash, accounts receivable and prepaid expenses, due from administered programs, due from AMA Health Benefits Trust Fund, accounts payable and accrued liabilities and payable to Canadian Medical Association approximate their carrying amounts due to the short-term maturity of those instruments.

All derivative instruments, including embedded derivatives, are recorded at fair value unless exempt from derivative treatment as a normal purchase and sale. The Association has determined it does not have any derivatives.

Intangible assets

Expenditures on research related costs are recognized as an expense as incurred.

Costs incurred on custom developed software applications are capitalized as an intangible asset when they are evaluated as being technically feasible, have an intention to complete the asset, an ability to use the asset to generate probable future economic benefit, have the availability of adequate technical, financial and other resources to complete the asset's development and that costs can be reliably measured. The expenditures capitalized include the materials, direct labour and overhead costs that are directly attributable to the asset in order for it to be capable of operating in the matter intended by management. Subsequent to initial recognition, development expenditures are measured at cost less accumulated amortization and any provision for impairment.

Amortization is provided using the straight-line basis over five years.

Intangible assets acquired or developed during the year are not amortized until they are placed into use.

Property and equipment

Property and equipment are stated at cost less accumulated amortization. Amortization is provided using the straight-line basis over the following estimated useful lives:

Building	25 years
Fixtures and improvements	10 years or lease term
Computers	3 – 5 years
Office furniture and equipment	5 – 10 years

Land is not subject to amortization.

The cost of tangible capital asset additions made up of significant component parts is allocated to the component parts when practicable and when estimates can be made of the useful lives of the separate components. Each component is then amortized based on the greater of the salvage or residual value over the useful life of the asset.

Employee future benefits

The Association has a defined benefit pension plan for all permanent employees.

The Association recognizes its defined benefit obligation as the employees render services giving them the right to earn the pension benefit. The defined benefit obligation as at the consolidated statement of financial position date is determined using the most recent actuarial valuation report prepared for funding purposes and for accounting purposes with respect to the supplementary plan. The measurement date of the plan's assets and the defined benefit obligation is the Association's consolidated statement of financial position date. The date of the most recent actuarial valuation prepared for funding and accounting purposes was December 31, 2022.

In its year-end consolidated statement of financial position, the Association recognized the defined benefit obligation, less the fair value of the plan's assets, adjusted for any valuation allowance in the case of a net defined benefit asset. The plan cost for the year is recognized on the consolidated statement of operations. Past service costs resulting from changes in the plan are recognized immediately in net revenue for the year at the date of the changes.

Remeasurements and other items comprise the aggregate of the following: the difference between the actual return on plan assets and the return calculated using the discount rate; actuarial gains and losses; the effect of any valuation in the case of a net defined benefit asset; past service costs; and gains and losses arising from settlements and curtailments. The remeasurement costs are reflected in the consolidated statement of changes in net assets.

Revenue recognition

Annual memberships are valid for the period of October 1 to September 30. Member dues received in the current year, which relate to the following fiscal year, are deferred.

Grants and program administration fees are taken into income as related expenditures are incurred. Grants not expended in the current year are recorded as deferred revenue.

Dividends on portfolio investments are recognized as declared. Interest is recognized as earned.

Leases

Leases that transfer substantially all the risks and benefits of ownership of assets to the Association are accounted for as capital leases. Leasehold inducements (note 8) are considered an inseparable part of the lease agreement and accordingly are accounted for as a reduction of the lease expense over the term of the lease.

4 Portfolio investments

	2023 $	2022 $
Emerald Canadian Short-Term Investment Fund	17,753,505	17,480,774
Emerald Low Volatility Global Equity	2,626,975	2,403,901
Emerald Global Equity Pooled Fund	2,651,081	2,199,206
Emerald Canadian Equity Index Fund	1,353,614	1,235,571
Total portfolio investments – at quoted fair value	24,385,175	23,319,452
Total portfolio investments – at cost	25,411,123	24,641,021

The asset mix for the portfolio investments is determined by management, taking into consideration the purposes of the reserves (note 3) as required by Board policy.

5 Intangible assets

	2023		
	Cost $	Accumulated amortization $	Net $
Software	6,696,025	3,836,758	2,859,267

	2022		
	Cost $	Accumulated amortization $	Net $
Software	5,476,063	2,759,646	2,716,417

In the current year, amortization was recognized in the General Fund for a total expense of $1,077,112 (2022 – $946,116).

6 Property and equipment

	2023		
	Cost $	**Accumulated amortization** $	**Net** $
Land	550,000	-	550,000
Building	5,270,000	2,529,760	2,740,240
Fixtures and improvements	3,065,009	2,368,884	696,125
Computers	5,432,843	4,481,313	951,530
Office furniture and equipment	1,414,196	1,254,748	159,448
	15,732,048	10,634,705	5,097,343

	2022		
	Cost $	**Accumulated amortization** $	**Net** $
Land	550,000	-	550,000
Building	5,900,924	2,632,351	3,268,573
Fixtures and improvements	2,433,735	1,778,700	655,035
Computers	4,947,913	4,236,586	711,327
Office furniture and equipment	1,384,102	1,224,109	159,993
	15,216,674	9,871,746	5,344,928

In the current year, amortization was recognized in the General Fund for a total expense of $762,959 (2022 – $750,267).

7 Deferred membership revenue

	Balance – October 1, 2022 $	**Net amount received** $	**Recognized as revenue** $	**Balance – September 30, 2023** $
General Fund	3,330,152	19,679,382	19,749,647	3,259,887

	Balance – October 1, 2021 $	**Net amount received** $	**Recognized as revenue** $	**Balance – September 30, 2022** $
General Fund	2,105,215	18,932,051	17,707,114	3,330,152

Deferred membership revenue represents membership dues collected during the fiscal year but related to the subsequent membership year.

8 Deferred revenue, leasehold inducements and other

	Balance – October 1, 2022 $	Net amount Received (returned) $	Recognized in net revenue $	Balance – September 30, 2023 $
Canadian Medical Foundation	-	41,920	66,578	(24,658)
Canadian Medical Association (note 11)	1,214,454	(379,574)	110,936	723,944
Other	86,402	110,000	107,832	88,570
Leasehold inducements	582,998	-	114,826	468,172
	1,883,854	(227,654)	400,172	1,256,028

	Balance – October 1, 2021 $	Net amount received $	Recognized in net revenue $	Balance – September 30, 2022 $
Canadian Medical Foundation	12,426	86,600	99,026	-
Canadian Medical Association (note 11)	1,767,264	350,000	902,810	1,214,454
Other	108,069	88,333	110,000	86,402
Leasehold inducements	856,026	-	273,028	582,998
	2,743,785	524,933	1,384,864	1,883,854

Deferred revenue, leasehold inducements and other to be settled within one year of September 30, 2023 represent $901,715 (2022 – $1,329,270) of the total balance. The remaining non-current balance of $354,313 (2022 – $554,584) represents the leasehold inducements amounts to offset rent expense in periods beyond one year.

9 Employee future benefits

The Association has a defined benefit pension plan for all permanent employees as well as a supplementary plan for certain employees. The benefits are based on years of service and the employees' final average earnings.

The Association accrues its obligations under the employee defined benefit plans as the employees render the services necessary to earn the pension.

The Association measures its accrued employee future benefit obligation and the fair value of plan assets using the valuation for funding purposes as at December 31 each year (note 3). The most recent actuarial valuation of the pension plan for funding purposes was as at December 31, 2022, and the next required valuation will be as at December 31, 2025. In accordance with note 3, the supplementary plan measures its accrued employee

future benefit obligation using the valuation for accounting purposes as at December 31 each year. The most recent actuarial valuation of the supplementary pension plan for accounting purposes was as at December 31, 2022.

	2023 $	2022 $
Fair value of plan assets	39,322,624	36,716,319
Accrued benefit obligation	41,719,251	38,950,553
Plan deficit	(2,396,627)	(2,234,234)

The net accrued benefit deficit is included in the Association's consolidated statement of financial position.

The significant actuarial assumptions adopted in measuring the Association's employee future benefits under the valuation for funding purposes are as follows:

	2023	2022
Discount rate	4.35%	4.50%
Rate of compensation increase	3.00% + SMP	3.00% + SMP
Inflation	2.00%	2.00%

The significant actuarial assumptions adopted in measuring the Association's supplementary plan employee future benefits under the valuation for accounting purposes are as follows:

	2023	2022
Discount rate	5.65%	3.10%
Rate of compensation increase	3.00% + SMP	3.00% + SMP
Inflation	2.00%	2.00%

Total cash payments for employee future benefits for 2023, consisting of cash contributed by the Association to the registered pension plan, were $1,630,259 (2022 – $1,474,230). Cash contributions received from administered programs and remitted to the pension plan were $655,035 (2022 – $543,747).

Employee future benefits as reported on the consolidated statement of financial position include the following:

	2023 $	2022 $
Employee future benefits – Opening balance	(2,234,234)	3,424,537
Net benefit plan expense	(1,538,406)	(1,140,759)
Remeasurement of employee future benefits	(254,246)	(5,992,242)
Gross employer contributions	1,630,259	1,474,230
Employee future benefits – Ending balance	(2,396,627)	(2,234,234)

10 Investment income (loss)

	2023 $	2022 $
Portfolio interest and dividend income	830,433	1,059,414
Gain (loss) on portfolio investments	291,003	(2,589,099)
Interest income	1,114,984	290,657
	2,236,420	(1,239,028)

11 Canadian Medical Association

During the year ended September 30, 2021, the Association accepted an extended funding letter from Canadian Medical Association (C.M.A.) providing the Association with a further $2,000,000 to support research, communications and legal efforts in its activities to secure a negotiated agreement with the Alberta government (note 2). No additional funding was received during the years ended September 30, 2022 or September 30, 2023 with respect to the initial funding letter. Any unspent funding will be returned to C.M.A. within 30 days after a resolution has been reached with the Alberta government. The funding received from C.M.A. is recorded into revenue in accordance with the deferral method. During the year, the Association recorded $nil (2022 – $712,013) in C.M.A. revenue related to this funding. As at September 30, 2023, $nil (2022 – $729,574) was unspent and recorded in deferred revenue (note 8). Subsequent to year-end, the Association and AH signed the AMA Agreement, which resulted in the full $729,574 being repaid to C.M.A. in October 2022.

The Association also received two (2022 – two) additional grants from C.M.A. during the year for total proceeds of $350,000 (2022 – $350,000), of which $110,936 (2022 – $190,797) was recorded in C.M.A. revenue related to this funding. As at September 30, 2023, $723,944 (2022 – $484,880) was unspent and recorded in deferred revenue (note 8).

12 Insurance experience

The Association maintains a group insurance policy for the benefit of the members and enters into an annual financial letter of understanding. It is the intention of the Association that insurance products operate on a break-even basis over the long term. Over the short term, the Association participates, out of reserves, in experience surpluses and losses calculated as at December 31 of each fiscal year. An experience gain of $2,735,156 (2022 – loss of $3,838,775) was recognized during the year with $nil (2022 – $nil) recorded as funds on deposit.

As a result of the historical positive experience in aggregate, the Association has provided premium rate reductions for a number of years. The 2023 premium reduction of $377,300 (2022 – $850,490) is funded from the Premium Reserve Fund.

13 Related party transactions

During the year, the Association recognized administration fees totalling $476,562 (2022 – $465,857) from AMA Health Benefits Trust Fund. Of this amount in the current year, $116,062 (2022 – $39,500) remains due from AMA Health Benefits Trust Fund at the end of the fiscal year.

These amounts are measured at the exchange amount, which is the amount of consideration established and agreed to by the parties.

The Association is related to AMA Health Benefits Trust Fund by virtue of an Indenture of Trust with Trustees of AMA Health Benefits Trust Fund on June 1, 2000.

14 Cost recoveries

During the year, the Association recognized cost recoveries for costs incurred on behalf of the programs in the amount of $1,522,099 (2022 – $1,526,019).

Cost recoveries relate to costs incurred on behalf of the programs administered by the Association. Cost recoveries include administrative expenses, support staff salaries and benefits, insurance, rent and hosting fees. The costs are allocated to the programs based on cost drivers that appropriate the underlying nature of the transactions. These cost drivers are applied in a consistent manner from year to year. Refer to note 2 for the status of the administered programs.

15 Change in non-cash working capital items

	2023 $	2022 $
Accounts payable and accrued liabilities	65,775	(56,538)
Due from AMA Health Benefits Trust Fund	(76,562)	217,626
Deferred membership revenue	(70,265)	1,224,937
Payable to Canadian Medical Association	(226,710)	74,336
Due from administered programs	(565,397)	516,501
Accounts receivable and prepaid expenses	(208,435)	(264,501)
Deferred revenue, leasehold inducements and other	(627,826)	(859,931)
	(1,709,420)	852,430

16 Government remittances

Government remittances consist of amounts other than income taxes (such as sales taxes and payroll withholding taxes), which are payable or receivable from government authorities and recognized when the amounts become payable or receivable. Included in accounts payable and accrued liabilities are government remittances payable of $105,115 (2022 – payable of $102,179) related to sales taxes.

17 Financial risk management

Liquidity risk

Since inception, the Association has primarily financed its liquidity through member dues, fees and commissions primarily from administered programs, investment income and reserves. The Association expects to continue to meet future requirements through all of the above sources.

The Association is not subject to any externally imposed capital requirements. There have been no changes to the Association's objectives and what it manages as capital since the prior fiscal year.

Credit risk

The Association is subject to credit risk with respect to accounts receivable and related party balances. Accounts receivable relate primarily to members, which comprise a significant number of individuals and hence the Association is not exposed to any significant concentration of credit risk. Related party balances primarily relate to cost recoveries from administered programs (note 2). Management monitors these accounts regularly and as at the consolidated statement of financial position date has identified no heightened risks.

Interest rate risk

The Association is potentially subject to concentrations of interest rate risk principally with its portfolio investments. The Association manages interest rate risk by purchasing units in funds that comprise investments with diverse maturity dates and a variety of issuers.

Currency risk

The Association is subject to currency risk with its portfolio investments. Accordingly, the values of these financial instruments will fluctuate as a result of changes in foreign currency prices. Management does not enter into foreign exchange contracts to limit the exposure to foreign currency exchange risk. This risk is mitigated by diversification of portfolio holdings among different countries.

Market risk

The Association is subject to market risk with its portfolio investments. Accordingly, the value of these financial instruments will fluctuate as a result of changes in market prices, market conditions, or factors affecting the net asset values of the underlying investments. Should the value of the financial instruments decrease significantly, the Association could incur material losses on disposal of the instruments. This risk is mitigated by diversification of portfolio holdings among different asset classes and by holding investments with diverse maturity dates and a variety of issuers.

18 Fund transfers

Any operating excess is transferred from the General Fund to the Contingency Reserve Fund to be held to satisfy Board reserve requirements and to support future strategic initiatives. For the fiscal year ended September 30, 2023, $1,691,697 (2022 – $5,501,253) was transferred to the Contingency Reserve Fund.

An annual transfer is made from the Premium Reserve Fund to the General Fund to offset the insurance commission lost as a result of any premium discount offered to members. For the fiscal year ended September 30, 2023, $37,760 (2022 – $72,838) was transferred from the Premium Reserve Fund.

19 Commitments

AMA has lease obligations for the rental of office space for its operations. The estimated minimum annual payments required under the lease agreements are as follows:

	$
2024	482,937
2025	271,146
2026	271,146
2027	271,146
Thereafter	45,191
	1,341,566

The Association entered into a lease agreement to obtain office space for its SAO operations with a ten-year term beginning on December 1, 2017. The above table reflects the impact of the estimated minimum annual lease payments required under this lease agreement. During the year ended September 30, 2022, the Association exercised its right under the lease agreement to surrender a portion of the leased premises due to the fact that the AMA no longer operates one or more of its administered programs or if a program is substantially decreased due to a substantial loss of funding from the Government of Alberta. As a result of this provision, the estimated minimum annual payments required under the lease agreement were reduced based on the reduction in leased square footage.

Alberta Medical Association (C.M.A. Alberta Division)

Schedule 1

Consolidated Schedule of Expenditures

For the year ended September 30, 2023

	2023 $	2022 $
Expenditures		
Salaries	7,252,970	7,007,793
Purchased services	3,633,735	4,281,286
Employee benefits	2,682,190	2,556,452
Committee per diem and travel	2,584,348	2,712,526
Amortization	1,840,071	1,696,383
Equipment maintenance	1,008,952	939,478
Zone grants	773,145	725,220
Facilities	622,337	533,559
Insurance discount premium	377,690	850,490
Section support	377,300	353,398
Investment and bank fees	313,385	305,906
Travel and accommodation	202,255	100,716
Scholarships	147,000	145,000
Communications production	84,435	82,187
Subscriptions and publications	76,272	3,326
Insurance	74,949	92,296
Sundry	38,195	26,385
Telephone	36,876	49,118
Stationery and office supplies	30,856	24,822
Postage and courier	20,755	29,755
	22,177,716	22,516,096

Alberta Medical Association (C.M.A. Alberta Division)

Schedule 2

Consolidated Schedule of Committee Expenditures

For the year ended September 30, 2023

	2023 $	2022 $
Governance		
Representative Forum	1,050,320	1,297,302
Board of Directors	820,690	682,365
Executive Committee	12,729	13,861
CMA General Council	27,310	27,000
	1,911,049	2,020,528
Other committees		
Negotiations	10,083	170,895
Primary Care Network Executive Committee	184,556	161,394
Other committees	51,093	64,571
Compensation	98,610	60,691
Nominating Committee	39,904	33,102
Advocacy Research	936	32,502
Information management/Information technology task force	44,488	29,180
Health Issues Council	6,276	28,851
Committee on Financial Audit	35,219	19,733
Primary Care Alliance	32,744	19,727
Specialty Care Alliance	31,007	18,963
Stipend Action	-	11,047
Council of Presidents	16,545	9,989
AMHSP Advisory Committee	18,854	9,534
Committee on Student Affairs	3,468	6,971
Healthy Working Environments	2,705	6,022
Indigenous Health	12,460	4,238
Provincial Physician Liaison Forum	6,418	3,914
Committee on Bylaws	277	674
Alberta Surgical Initiate	35,179	-
Management Committee	5,540	-
Modernizing Alberta's Primary Care System	26,258	-
Physician Resource Planning Working Group	5,662	-
Transparency Working Group	5,017	-
	673,299	691,998
	2,584,348	2,712,526

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