

AMA 2022-2023

Reports to the Annual General Meeting

The 118th AGM of the Alberta Medical Association will be held virtually, at 6:30 p.m., Tuesday, October 3.

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AMA Annual General Meeting Agenda

AMA Annual General Meeting Agenda Tuesday, October 3, 2023 starting at 6:30 p.m. Via Zoom	
Order of Business	
Welcome and Outline of Meeting	Dr. Carl Nohr, AMA Speaker
In Memoriam	
President's Valedictory	Dr. fred Rinaldi, AMA President
Remarks from CMA President	Dr. Kathleen Ross, CMA President
Installation of President and Inaugural President's Address	Presentation/Installation of AMA President Dr. Paul Parks
Committee Reports <ul style="list-style-type: none"> • Committee on Bylaws • Committee on Finance • Nominating Committee 	Dr. fred Rinaldi, Chair, Committee on Bylaws Dr. Heather La Borde, Chair, Committee on Financial Audit Dr. Arlie Fawcett, Chair, Nominating Committee
Elections/Nominations <ul style="list-style-type: none"> • Representatives to CMA General Council 2024 • Nominating Committee Representatives 	Dr. Carl Nohr, AMA Speaker
Break	
Board Report to the AGM and Q&A with President, Past President and CEO	Dr. Paul Parks, President Dr. fred Rinaldi, Immediate Past President Athana Mentzelopoulos, CEO
Other Business	
Adjournment	

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 well being 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.

Minutes of the last AGM

117th Annual General Meeting of the Alberta Medical Association (CMA Alberta Division) October 3, 2022

1. The 117th Annual General Meeting of the Alberta Medical Association (CMA Alberta Division) was held on October 3, 2022, via Zoom webinar.
2. **Call to Order**
Dr. Carl Nohr presided as speaker and declared the 117th AGM in session and duly constituted at 7 p.m.
The meeting commenced with the playing of the national anthem.
3. **In Memoriam**
Forty-three members passed away since the last AGM. A moment of silence was held as the names were displayed.
4. **Minutes, Meeting of September 28, 2021**
The minutes of the AGM of September 28, 2021 were accepted as circulated.
5. **President's Valedictory**
Outgoing AMA President Dr. Vesta Michelle Warren reflected on her term as president and on its challenges and accomplishments. She thanked the directorate for its support during her term.
6. **Installation of AMA President**
CMA President Dr. Alika Lafontaine said a few words on behalf of the CMA prior to commencement of the installation of Dr. Fred Rinaldi as AMA President 2022-23.
Dr. Rinaldi gave her inaugural speech as incoming president.
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 Auditor's Report and the audited Financial Statements for the Alberta Medical Association for the year ended September 30, 2021, be received for information.

CARRIED

MOTION: *Moved by Dr. Heather La Borde:*

THAT the firm of PricewaterhouseCoopers be reappointed as auditors for the Alberta Medical Association for the 2022-23 fiscal year.

CARRIED

8. **Report from the Nominating Committee**

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

MOTION: Moved by Dr. Alison Clarke:

THAT the following Nominating Committee's proposed slate of 32 representatives to the CMA General Council 2023 be approved. (Note: The AMA President attends by virtue of the position):

- President-Elect
- Immediate Past President
- Speaker or Deputy Speaker
- Ten representatives to be named by the Board
- Eleven representatives to be named by the Nominating Committee
- Two physician appointees of the College of Physicians and Surgeons of Alberta, at least one of whom must be an elected member of the Council
- Two deans or designates from their offices
- Two student representatives
- Two PARA representatives

CARRIED

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

Dr. Brock Debenham, Chair, Committee on Bylaws presented the report from the committee. There was an opportunity for questions following the presentation. Amendments to the AMA Bylaws proposed by the Committee on Bylaws were debated; the motions were not passed.

10. **Member-Proposed Amendment to AMA Bylaws**

AMA member Dr. Earl Raber presented a proposed amendment to the AMA Bylaws. There was an opportunity for questions following the presentation. The member-proposed amendment was debated; the motion was not passed.

11. **Elections/Nominations**

Election: Speaker

Following the Call for Nominations conducted prior to the meeting, Dr. Carl Nohr was elected by acclamation to a three-year term (2022-25) as AMA Speaker.

Election: Deputy Speaker

Following the Call for Nominations conducted prior to the meeting, Dr. Gerry Prince was elected by acclamation to a three-year term (2022-25) as AMA Deputy Speaker.

Nominations: Nominating Committee

Nominations were sought for six positions on the Nominating Committee:

- Three members for two-year terms (2022-24)
- One member for a one-year term (2022-23)
- Two members for one-year terms as alternates (2022-23)

Nominations were received for:

- Dr. Olumide Asaolu
- Dr. Bertus Eksteen
- Dr. Arlie Fawcett
- Dr. Jon Hilner
- Dr. Duncan McCubbin
- Dr. Matthew Mclsaac
- Dr. Sudhakar Sivapalan
- Dr. Kenneth Stewart

Note: An election took place via e-vote following the meeting.

Elected to a two-year term as Nominating Committee Member (2022-24):

- Dr. Duncan McCubbin
- Dr. Arlie Fawcett
- Dr. Olumide Asaolu

Elected to a one-year term as Nominating Committee Member (2022-23):

- Dr. Matthew Mclsaac

Elected to a one-year term as Nominating Committee Alternate (2022-23):

- Dr. Jon Hilner
- Dr. Sudhakar Sivapalan

12. **Board Report to the AGM**

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

13. **Adjournment**

The meeting adjourned at 10 p.m.

Nominating Committee

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

REPORT TO THE FALL 2023 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 2024 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 2024. The president attends this meeting by virtue of the position and is not included in the count of Alberta representatives currently permitted 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 designates from their office
- Two student representatives
- Two PARA representatives

2. Speaker and Deputy Speaker 2022-2025

AMA Bylaws section 16.9 "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 2023-24

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.

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

CURRENT NOMINATING COMMITTEE MEMBERS		TERM	Eligible for re-election 2023
CHAIR Appointed (from within the committee)			
Chair, Dr. Arlie Fawcett	Board appointed	1 Year 2022-23	Appointed
BOARD Appointed (3 members, 2 alternates)			
Dr. Usha Maharaj	FM Sherwood Park	2 years 2022-24	Appointed
current vacancy		2 years 2021-23	Appointed
Dr. Shazma Mithani	EMER Edmonton	2 years 2022-24	Appointed
Dr. Rick Ward (alternate)	FM Calgary	1 year 2022-23	Appointed
Dr. Sidd Thakore	PEDS Calgary	1 year 2022-23	Appointed
AGM Elected (4 members, 2 alternates)			
Dr. Duncan McCubbin	OBGYN Medicine Hat	2 years 2022-24	N/A
Dr. Arlie Fawcett	PSYEXEC Calgary	2 years 2022-24	N/A
Dr. Matt McIsaac	SPORTMED Canmore	2 years 2021-23	NO
Dr. Olumide Asaolu	FM Edmonton	2 years 2022-24	N/A
Dr. Jon Hilner (alternate)	FM Edmonton	1 year 2022-23	YES
Dr. Sudhaker Sivapalan	PSYEXEC Edmonton	1 year 2022-23	YES
RF Elected (2 members, 2 alternates)			
Dr. Edward Aasman	FM Rocky Mountain House	2 years 2021-23	NO
Dr. Scott Beach	FM Calgary	2 years 2022-24	N/A
Dr. John S. Bradley Jr.(alternate)	NEPH Edmonton	1 year 2022-23	YES

Dr. Khalil Jivraj (alternate)	DRAD Calgary	1 year 2022-23	YES
Resident Representative Appointed			
Dr. Hyejee Ohm	PARA	1 year 2022-23	assigned by PARA

Dr. Matt Mclsaac’s two-year term ends Oct 2023 and he is not eligible to be re-elected.

Dr. Hilner and Dr. Sivapalan are both eligible to run for election to the Nominating Committee. They are eligible to run for a member position or a second one-year term as an alternate member.

Therefore, **one (1)** member is to be nominated by this AGM, with an electronic vote to occur following the meeting:

- **One member for a two-year term 2023-25**
- **Two alternate members each for a one-year term 2023-24.**

	AGM Elected	Term
1.	TBD Member elected by AGM	2 years 2023-25

1.	TBD Alternate elected by AGM	1 year 2023-24
2.	TBD Alternate elected by AGM	1 year 2023-24

The Fall Nominating Committee meeting is scheduled for Friday, November 3, 2023 and will be held virtually. Two further meetings will be held in February and May of 2024. The committee intends to meet once in person during the year. It’s anticipated this would be for the May meeting, but this will be canvassed 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.robbs@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 2024 was sent to the membership on August 3, 2023.

Composition of Representatives to CMA General Council 2024

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 2024. Direction will be sought regarding AMA composition of representatives to CMA General Council 2024 at the 2023 AMA AGM.

Nominating Committee

No nominations were received in response to the Call for Nominations for AGM representatives to the Nominating Committee. As a result, at the 2023 AGM nominations will be sought from the floor to fill the following three (3) vacancies on the Nominating Committee:

- One member for a two-year term 2023-25
- Two alternate members each for a one-year term 2023-24

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 2023 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 3.

Excerpt – AMA Bylaws (September 2021)

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 Forum, a list of nominees for the representatives to the CMA's nominations working group;

-
- (v) 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 from the Board of Directors

Questions about the Report from the Board of Directors? Please email president@albertadoctors.org.

The Board invites all members to participate in the virtual AGM at 6:30 p.m. on Tuesday, October 3, 2023.

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, 2022 to September 30, 2023. Any significant updates after time of writing will be reported at the AGM.

There are three 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 the care deficit.
2. **AMA ADVOCACY** provides an overview of the issues and strategies applied to remain united and support members to help Albertans understand what is happening in the health care system.
3. **PERFORMANCE AND BUSINESS PLAN REPORTING** provides highlights of what we did – and how well we did – under the business plan that articulates the direction, dollars and staff made available for members throughout the year and all related activities.

YEAR IN REVIEW: How the AMA supported members in 2022-23

The following section details multiple events and challenges 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 the care deficit.

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 MLA backgrounder. 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:

[October 6, 2022](#): AMA engages with UCP leadership candidates.

[November 4, 2022](#): AMA seeks reps for new committees as per AMA-AH Agreement.

[November 17, 2022](#): Calling for system stability as administrator replaces AHS Board.

[November 21, 2022](#): Daily cap temporarily removed, details about lump-sum payment (as per AMA-AH Agreement).

[November 24, 2022](#): Details on lump-sum payment, MLR and CME.

[December 5, 2022](#): Government tables legislation to repeal Section 40.2 of the *Alberta Health Care Insurance Act*, which allowed government to terminate its agreement with the AMA.

[December 15, 2022](#): Increase to the Business Costs Program implemented as per AMA-AH Agreement.

[December 19, 2022](#): Thanking the CMA for their unwavering financial, political and moral support.

[December 20, 2022](#): Section 40.2 of the *Alberta Health Care Insurance Act* officially struck down, as per AMA-AH agreement the AMA discontinues its lawsuit against government.

[January 5, 2023](#): Announcement regarding first retroactive fee-for-service payments.

[February 24, 2023](#): News on retroactive payments for physicians in clinical ARPs, AMHSP, sessional clinical ARPs and the Blended Capitation Model.

[March 23, 2023](#): AMA-administered Continuing Medical Education Program opens for 2022-23 claims.

[March 27, 2023](#): Update on top-up payments for 2022 Medical Liability Reimbursement.

[April 3, 2023](#): Year one allocation complete and new SOMB posted as per AMA-AH Agreement.

[April 6, 2023](#): AMA calls for consistency and structure in all AHS payments.

[April 24, 2023](#): \$12 million in funding available to physicians through AMA-AH Agreement to help increase adoption of CII/CPAR.

[May 19, 2023](#): Update on key result areas, achievements and short-term solutions.

[May 31, 2023](#): Lab physicians need due process after five years without AHS contract.

[July 25, 2023](#): Physicians appointed to AMA-AH Alternative Relationship Plan Working Group to address alternative compensation models issues.

[August 17, 2023](#): AMA representatives aligned and clear on the need for urgent action to address the family medicine crisis.

[August 21, 2023](#): Lab physicians hope for stability as government announces transition of all lab services from DynaLIFE to Alberta Precision Laboratories.

[September 18, 2023](#): Top-up to one-time recognition payments issued.

Responding to System Issues, Opportunities and the Care Deficit

[October 21, 2022](#): Responding to Airdrie urgent care crisis.

[November 15, 2022](#): Advocacy for virus season precautions.

[January 3, 2023](#): Independent pharmacist clinics weaken comprehensive care.

[January 13, 2023](#): AMA releases tracking data on the care deficit and pandemic disruptions to patient care.

[January 24, 2023](#): Update on Modernizing Alberta's Primary Health Care System (MAPS) Innovation Forum.

[February 8, 2023](#): Federal government announces \$46 billion in new funds for health care.

[February 10, 2023](#): Joint Physician Advocacy Committee (JPAC) focuses on family medicine and acute/hospital care.

[February 20, 2023](#): AMA submits proposals to MAPS to improve Alberta's primary care system.

[February 21, 2023](#): Short-term recommendations from MAPS show promise but immediate action is needed.

[February 27, 2023](#): AMA shares system priorities as provincial budget and election focus largely on health care.

[March 1, 2023](#): AMA asks where new health care dollars will go as provincial budget is released.

[March 3, 2023](#): Health care system still in crisis as Premier, Minister of Health and Alberta Health Services Official Administrator announce improvements.

[March 6, 2023](#): AMA President releases statement regarding a study identifying explicit anti-Indigenous bias among some Alberta physicians.

[March 17, 2023](#): Government moving forward with MAPS, holds virtual discussion on rural and remote primary health care.

[March 24, 2023](#): AMA launches [Handle With Care](#) information program to keep health care top of mind for Albertans during the election: Issue 1 – [Care of the Elderly](#).

[March 27, 2023](#): First round CaRMS numbers alarming as 42 family medicine residency positions in Alberta go unmatched.

[March 30, 2023](#): AMA shares additional information about first-round CaRMS results.

[March 31, 2023](#): Handle With Care Issue 2: [Human Health Resources](#).

[April 11, 2023](#): Handle With Care Issue 3: [Pediatric Mental Health](#).

[April 20, 2023](#): JPAC Gratitude Program invites physicians to thank their colleagues.

[April 21, 2023](#): Handle With Care Issue 4: [Rural Health Care](#).

[April 27, 2023](#): Twenty-two Alberta family medicine spots remain unfilled after second round CaRMS match.

[April 28, 2023](#): Handle With Care Issue 5: [Indigenous Health](#).

[May 1, 2023](#): AMA stresses importance of proper implementation as government makes statement on final reports from MAPS.

[May 5, 2023](#): Handle With Care Issue 6: [Drug Poisoning Crisis](#).

[May 11, 2023](#): Handle With Care Issue 7: [Primary Care](#).

[May 19, 2023](#): President responds to frustrated members; stresses importance of unity in times of extreme difficulty.

[May 23, 2023](#): AMA hosts virtual patient town hall about health care with Alberta New Democrat Party and United Conservative Party leaders.

[May 24, 2023](#): UCP and NDP respond to AMA questions about the health care system.

[May 30, 2023](#): AMA reaches out to Premier Smith immediately following provincial election win.

[June 13, 2023](#): AMA President meets with new Minister of Health Adriana LaGrange to lay out the critical issues facing the profession.

[June 28, 2023](#): Specialty Care Alliance conducts a survey to assess the impact of Connect Care implementation on members.

[June 30, 2023](#): AMA's Indigenous Health Committee provides statement on the resignation of Dr. Esther Tailfeathers from her AHS role.

[July 11, 2023](#): Urgent discussions with government focus on stabilizing family medicine clinics at risk of collapse.

[July 19, 2023](#): AMA and physician leaders continue to push for urgent action to stabilize practices across the system.

[August 1, 2023](#): Athana Mentzelopoulos announced as new Executive Director as Mike Gormley prepares to retire October 1.

[August 4, 2023](#): AMA continues to push government to take urgent action to stabilize family medicine.

[August 11, 2023](#): Members encouraged to stay informed as final report on AMA’s Income Equity Initiative will be presented to Fall 2023 Representative Forum.

[August 31, 2023](#): Some membership dues increased to allow the AMA to continue supporting members in increasingly challenging times.

[September 8, 2023](#): AMA president updates members on the pressing issues and critical topics that the Board and Representative Forum were focused on going into the Fall 2023 RF meeting.

[September 14, 2023](#): AMA president calls for lab physicians to be treated fairly and with due process.

AMA ADVOCACY

With an agreement in place, in 2022-23 the AMA focused on seeking to collaborate with government to improve the system, while still holding them accountable. The AMA created opportunities for members to find a balance to engage in government relations and advocacy in several areas, including:

- Agreement and implementation: Members who engage to advance physician financial viability (their own and that of their colleagues) and support patient care.
- Governance and leadership: Members who engage to be part of building up the profession and their roles in society.
- Advocacy: Members who engage and are motivated by active advocacy for patient care.
- Government relations: Members who engage because they want to affect their local environments and communities.

Government relations

Prior to the May provincial election and guided by the Joint Physician Advocacy Committee plus expert external advisors, AMA advocacy and government relations programming focused heavily on making Albertans and government aware of priority issues and pressure points in the system. Our Care Deficit Assessment series provided much of the core content along with health human resources shortage and the urgent need to support community family medicine (as demonstrated by our *President’s Letters* elsewhere in this report).

After the election, attention was focused on activities related to rebuilding relationships. The AMA President and Board had multiple meetings with the Minister of Health and AMA senior staff actively engaged with the senior civil service. Whether in direct meetings with government officials and staff, or through public communication including media interviews and AMA communications channels, the AMA continued to stress the need: for immediate and long-term action toward stabilizing primary care and family medicine; and for engaging with the AMA on primary care reform, AHS payment issues, governance changes at Alberta Health Services, etc.

Joint Physician Advocacy Committee (JPAC)

Advocacy, public and government relations activities were ongoing throughout 2022-23.

As the Board and senior staff worked to repair our relationship with government, the Joint Physician Advocacy Committee helped the AMA prioritize topics for advocacy by feeding in concerns from grassroots members and letting us know what they were seeing on the ground in their own practices and specialties. Throughout 2022-23 JPAC brought specialists and primary care physicians together to support and advise on AMA advocacy activities.

At the end of March 2023, under the guidance of JPAC, the AMA launched a public information program to help ensure that health care remained front and centre for Albertans in the lead-up to the provincial election on May 29.

Election Information Program

[Handle With Care](#) was an election information program designed to inform Albertans about what was happening in the system and help them consider their own expectations around health care. They described key issues and presented questions that candidates and parties should be prepared to answer or address.

Handle With Care focused on seven key themes drawn from patient research in our online patient communities, as well as the 2022 [Care Deficit Assessment Series](#). Themes were vetted with the Joint Physician Advocacy Committee and the Representative Forum and were as follows:

- [Care of the elderly](#)
- [Health human resources](#)
- [Pediatric mental health](#)
- [Rural health care](#)
- [Indigenous health](#)
- [Drug poisoning crisis](#)
- [Primary care](#)

In the final component of our election information program, the AMA publicly posted responses from the two major parties to the questions we posed about each of the seven topics covered through *Handle With Care*.

- [Alberta NDP response](#)
- [United Conservative Party response](#)

On May 22, 2023, the *Handle With Care* information program culminated in a virtual town hall event and members of our 48,000 PatientsFirst.ca online community were invited. The town hall featured NDP Leader Rachel Notley and UCP Leader Danielle Smith speaking to important health care issues.

Over 2,000 Albertans showed up on a holiday Monday evening to engage with the candidates in what was the only additional event during the election window at which Danielle Smith and Rachel Notley appeared together. A recording of the [PatientsFirst.ca Election Town Hall](#) was posted on the AMA website.

JPAC Shine On Gratitude Program

In April of 2023, JPAC members began an initiative that allows physician colleagues to easily recognize and

thank one other. JPAC members recognized that while there are many things that physicians need as professionals, they also have needs as individuals who are working hard every day.

The [JPAC Shine On Gratitude Program](#) gives physicians the opportunity to thank their colleagues for their acts of kindness – big and small – and was designed to help lift the spirits of physicians and learners through the simple expression of gratitude.

Value of Family Medicine

In follow-up to covering the topics of rural and primary health care in the election information program, JPAC continued to focus heavily on informing the public and government about the value of family medicine.

Working closely with members of JPAC, a web page was created to share important information about the crisis facing family physicians: [Understanding Alberta's family medicine crisis](#). Information was updated and added throughout the remainder of the year.

Hospital and Acute Care Working Group

In early 2023 JPAC invited physicians from various specialties to take part in a Hospital and Acute Care Working Group. The intent of the working group was to help focus JPAC advocacy efforts by zeroing in on issues and challenges facing hospital and acute care physicians and patients.

Meetings were held to prioritize external advocacy issues. The Specialty Care Alliance assisted by identifying groups for a cross section of issues including internal medicine, general psychiatry, gastroenterology, emergency medicine, pediatrics, cardiology and obstetrics and gynecology.

Over several meetings of sharing experiences, the group arrived at three themes: (1) Burnout/healthy working environments and lack of engagement in AHS; (2) Incapacity and need for a physician supply and clinical resource plans with a need for more access to data to inform decision making and planning; and (3) Incentives and need for infusion to fee for services.

PatientsFirst.ca

The 48,000 member [PatientsFirst.ca](#) online community is an activist group, interested in supporting physicians and lending their voices to advocacy. They played an important role this past year in the AMA's *Handle With Care* pre-election information program. The activists contributed questions and issues that they believed politicians should be able to answer. Their input provided the content for the virtual town hall, hosted by the community and the AMA, with Danielle Smith and Rachel Notley. On the holiday Monday of the Victoria Day weekend, more than 2,000 participated – the largest online event of which we are aware during the election, and the only event (other than the official debate) that the two party leaders participated in together during the election.

Albertapatients.ca

Since 2015, the AMA has maintained the unique [albertapatients.ca](#) community in which 14,000 patient members explore perspectives on health care. The results are brought forward as the patient voice in our advocacy and discussions with system partners.

We have fielded frequent surveys on topics relating to AMA advocacy activities and shared the results with the profession and the public through President's Letters, social media and earned media.

Surveys have gathered patient perspectives on a range of topics including pediatric mental health, the primary care experience, patient attitudes with respect to care provided by allied health professionals, virtual care from their own physicians versus corporate offerings and attitudes and experiences in the emergency department.

Social and earned media

Over the course of the last year the AMA continued to grow its social media presence.

In June of 2023 the Public Affairs team expanded to include a Social Media Coordinator to help streamline, focus and coordinate social media activities, including exploring new opportunities and possibilities in the social media space.

The AMA had a very busy year on social media sharing information and amplifying important conversations.

NB: The following hyperlinks are intended to provide a small sampling of the breadth and depth of the AMA's social media posts in 2022-23. The list is not exhaustive.

We continued the discussion about:

- The care deficit and the health human resource shortage crisis, including its effects upon [emergency departments](#); [facilities closures](#) - temporary and permanent; [family](#) and [rural medicine](#); [pediatric mental health](#); and specialties with dwindling numbers, including [OB/GYN](#) and [anesthesiology](#).

We provided a significant amount of public health advice on:

- [COVID](#), [RSV](#) and [flu](#) health measures, including good sense practices such as [masking](#), [vaccinating](#), [washing hands](#) and [staying home if sick](#) with the goal of staying healthy while also helping to prevent overcrowding of emergency departments.

During Alberta's election period (end of March to mid-May), we produced and shared our [Handle with Care election program](#), in which we offered much information and questions regarding the [care of the elderly](#); [health care human resources](#); [pediatric mental health](#); [rural health care](#); [Indigenous health](#); [primary care](#); and the [drug poisoning crisis](#).

We promoted and reminded our followers about our programs and their initiatives, including:

- AMA [membership renewal](#) as well as our initiatives and awards, including [AMA Achievement Awards](#) and [Shine a Light](#).
- Our training programs and webinars, including the offerings on our learning management system, [Learn@AMA](#).
- Community Information Integration and Central Patient Attachment Registry ([CII/CPAR](#)).
- [Continuing Medical Education Program](#)
- [The Physician and Family Support Program](#)

We shared:

- Some good news about family physician recruitment in some [rural Alberta locations](#).
- [Congratulatory messages](#) to newly [elected](#) or [appointed](#) government officials.
- A [statement from AMA Indigenous Health Committee](#) regarding Dr. Esther Tailfeathers's resignation as well as [follow-up comments](#) on [the matter](#).
- AMA HR announcements ([AMA Executive Director Mike Gormley retiring](#) and welcomed his incumbent, Athana Mentzelopoulos) as well as recruitment of [new staff](#) and contractors.
- AMA governance-related posts, e.g., [calling for nominations](#) of a new AMA president-elect and [subsequent acclamation](#); inviting members to apply to serve on [various committees](#); [60-day notice](#) to members of proposed bylaws changes as well as elections.

We amplified our communications:

- Issues of the [President's Letter](#) on a wide variety of topics.
- *Alberta Doctors' Digest* articles on various topics, including [e-Prescribing](#), [health law](#), [socioeconomic determinants of health](#), [artificial intelligence](#) and [medical history](#).

As well as helped to amplify partners' messages, including:

- [MD Financial Management advice](#).
- Specialty Care Alliance [Connect Care Survey](#).
- HQCA's 2023 [Health Quality Council of Alberta Patient Experience Award](#).
- AHS survey on [routine childhood immunization](#) and as well as [Alberta Breast Cancer Screening](#) Program CPG update.
- CMA [committees](#) and [events](#).
- [RhPAP's Rhapsody Awards](#).
- [CPSA-AMA Micro-aggression training](#).

We added our voice to many trending topics such as:

- [administrative burden](#)
- [Bill C3](#) (An Act to amend the Criminal Code and the Canada Labour Code to make it illegal to use threats/bullying to stop health care workers from providing care)
- [drug poisoning crisis](#)
- [family caregivers](#)
- [family physicians and nurse practitioners](#)
- [federal health funding](#)
- [first](#) and [second-round](#) CaRMS results in Alberta
- [homelessness](#)
- [human trafficking](#)
- [pan-Canadian licensure](#)
- [pharmacist-led clinics](#)
- [privatization](#)
- [Silver Alert system](#)

-
- [virtual care](#)
 - [wildfires](#)

We gave kudos and recognized members:

- Alberta physicians noted in [Edify Edmonton](#) and [Avenue Magazine's](#) Top 40 under 40 lists.
- Alberta physician [recipients](#) of the [Queen Elizabeth II Platinum Jubilee Medal](#).
- [Resident physician recipients](#) of the Dr. Marnie Hinton Resident Physician Wellness Award.
- [Alberta physicians](#) who ran in the provincial election.

We circulated messages from physicians such as:

- News release from the [Section of Pediatrics](#) and follow-up support from the [Section of Emergency Medicine](#).
- The [Joint Physician Advocacy Committee Gratitude Program](#).
- A [follow-up episode](#) to the podcast, [Alberta This is Going to Hurt](#).
- Alberta pediatricians wishing Alberta's youth a [great, healthy summer](#).
- [Canadian physicians to their premiers](#) for the premiers' gathering in Winnipeg.

And we participated in many special campaigns including but limited to:

- [Alberta Rural Health Week](#)
- [Canada's national nature prescription program, #PaRx](#)
- [Canadian Women Physicians' Day](#)
- [Crazy Socks for Docs](#)
- [Green shirt day](#)
- [International Overdose Awareness Day](#)
- [International Women's Day](#)
- [National Caregiver Day](#)
- [National Indigenous History Month](#) and [National Indigenous Peoples Day](#)
- [National Medical Laboratory Week](#)
- [National Physicians' Day](#)
- [Pink Shirt Day](#)
- [Resident Doctors Appreciation Week](#)
- [World Family Doctor Day](#)
- [World Health Day](#)
- [World Parkinson's Day](#)
- [World Suicide Prevention Day](#)

PERFORMANCE AND BUSINESS PLAN REPORTING

The [2022-23 AMA Business Plan](#), approved in September, was developed with a continued focus on essential deliverables, while working toward a new agreement with government. The ratification of the AMA

Agreement in October 2022 introduced several new deliverables and created new policy opportunities, which were not part of the original business plan.

As a result, the Board undertook a review and produced a [2022-23 Business Plan Update](#), which highlighted new activities and provided an updated financial forecast. New activities were as follows:

- Implementing the agreement.
- Policy initiatives and opportunities.
- Government relations and advocacy.
- Rebuild and reconnect.

Note that updates on the work done in these four areas are provided below through reporting on one or more of the goals within our three Key Result Areas.

In addition to the above new activities, the Board also 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. Well being (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 following content provides a summary of the activities under each goal within the Key Result Areas, including highlights, progress and challenges.

Key Result Area 1 – Financial Health

The goals under Financial Health were:

1. Physicians are fairly compensated for their skills and training in comparison to other professionals.
2. Physicians' practice management decisions are based on sound management advice and best practice.
3. Reliable and best-in-class financial products are available to all members.

Goal 1: Physicians are fairly compensated for their skills and training in comparison to other professionals.

On September 28, 2022 voting closed for the [2022-26 agreement package](#) the AMA had negotiated with government.

Members ratified the agreement with a “Yes” vote from 70.2% of responding physicians. Voter turnout was 45.8%. On September 29, past-president Dr. Michelle Warren and then health minister, Jason Copping held a [joint news conference](#) to announce that an agreement had been reached.

Agreement implementation

Implementation activities continued throughout 2022-23. At a staff level, the Joint AH/AMA Agreement Implementation Working Group met weekly to discuss the status of implementation activities and regular updates were provided to the AMA Board.

At time of writing, work continued on implementation of many agreement deliverables:

- **Management and Rates Committee representatives:** After a membership-wide callout process, the AMA Board selected Dr. Paul Boucher and Dr. Alison Clarke as AMA physician representatives for the Management Committee. Dr. Heidi Fell, Dr. Jeff Way and Dr. Brian Wirzba were selected as AMA physician representatives for the Rates Committee.
- **Daily visit caps:** The parties agreed to lift the daily visit cap policy pending a review of the impact of the previous policy and its impact on patient access. A Ministerial Order was signed with change effective December 1, 2022. The results of the review, expected in late 2023-24, will inform any future policies beyond the current fiscal year.
- **Business Cost Program:** This work was completed. Rates were increased December 15, 2022, and retroactive payments for 2022/23 services prior to the rate increase on December 15 were deposited on April 28, 2023.
- **Recruitment and Retention Funding:** The agreement provided funding of \$15M per year to support recruitment and retention of physicians who practice in underserved areas. The AMA formed a Recruitment and Retention Working Group to consider objectives, eligibility criteria and conditions for payment. The group included leaders from the Section of Family Medicine, Section of Rural Medicine, Specialist Care Alliance and an AMA PRP Working Group representative.
- **RRNP Funding:** The agreement included funding of \$12M per year to support improvements to the RRNP program. A retroactive payment for the 2022-23 RRNP year is currently being discussed with Alberta Health. The RRNP review is expected to begin in Fall/Winter 2023. The Recruitment and Retention Working Group will help guide this work.
- **Secure access to benefits for medical examiners:** Both parties reviewed this issue and provided input for consideration by the Management Committee at its September 2023 meeting.
- **Virtual Care:** Under the terms of the new AMA Agreement, AH and AMA committed to a joint review of virtual care to be completed by March 31, 2023. As part of this, a review was to be undertaken of mental health virtual care codes by November 30, 2022, with a ministerial decision by January 1, 2023. This work was delayed by the slower than anticipated formation of the Rates Committee. In early April 2023, the Rates Committee and Management Committee recommended implementation of virtual care priorities for mental health services put forward by the AMA during

negotiations. While the changes were approved at the joint AMA/AH Rates Committee and Management Committee, the health minister at the time, Jason Copping, did not have an opportunity to sign off on the changes before the 2023 provincial election was called. At time of writing, the request was still being considered by government. The wider virtual care review is still outstanding, including implementation of some other virtual care improvements previously identified by the AMA and Virtual Care Working Group.

- **IM/IT Funding:** The IM/IT Working Group achieved consensus on recommended parameters in January 2023. The parameters were approved by the Management Committee in early March and the grant was executed on March 31, 2023.
- **One-Time Payment (COVID):** This work was completed. The grant was executed December 15, 2022, with funding provided December 20 and payments issued to physicians on December 23.
- **Physician Support Program Grant Agreements:** The 2022/23 PSP grants have been executed (PFSP-CAP, PLP, CME, Locum) and first payments were provided. At time of writing, AH was initiating a process for 23/24 to 25/26 combined PSP grant, including PFSP-CAP, Parental Leave, CME and one-time computer system development grant (locum and ACTT to remain separate grants).
- **MLR Program:** AH made top-up payments to physicians who paid a higher deductible for the 2022 Canadian Medical Protective Association year (the deductible was reduced to \$1,000 for all physicians under the AMA Agreement).
- **GP Special Skills Locum Program:** Locum grants were finalized and the program formally launched in March 2023.

AMA lawsuit

In December of 2022, the government tabled legislation to repeal Section 40.2 of the *Alberta Health Care Insurance Act*. This regulation enabled termination of the AMA agreement and its repeal was a commitment by government under the new agreement. Government issued a [news release](#) about repealing the legislation as a commitment to rebuilding the relationship with physicians.

In late December 2022, AMA legal counsel advised the Board that Bill 4 received Royal Assent, meaning it was a law in full effect. The AMA met its corresponding commitment and began to prepare and forward a Discontinuance of Legal Action without costs. The lawsuit was officially discontinued.

Other negotiations and payment discussions

Stipends

The new AMA Agreement saw stipends extended to March 31, 2025. [Schedule 6](#) (page 46) of the agreement provides for a Stipend Working Group to develop a process to review current stipends paid by AHS to physicians and allows for an independent chair to make a decision, should the parties fail to reach consensus. Recommendations are made by the working group to the Management Committee and then to the minister.

The AMA worked with AHS (with AH in an observing capacity) toward developing the scope and process for decision-making with respect to AHS-paid stipends. The AMA provided a draft Terms of Reference for the Stipend Working Group as defined in Schedule 6. At time of writing, AMA and AH were scheduled to discuss the TOR and other matters at an upcoming Management Committee meeting.

A Memorandum of Understanding was signed between AMA and AHS outlining an AHS-AMA Engagement Framework on physician compensation related matters within AHS Facilities. The MOU addressed issues

through a process of engagement (negotiating, renewing, extending) within the best interests of patients and the health system. The parties could, through mutual agreement, appoint mediation and/or arbitration to help resolve issues.

The AMA and AHS disagreed about the interpretation of the scope of Schedule 6, and a letter was sent to the Management Committee to seek resolution. AMA's view was that all physician groups receiving AHS payments are to be included in the process described in Schedule 6. This included new AHS payments to physicians that were created after the agreement was signed. In the interest of consistency and fairness, the AMA felt it was important to deal with all payments under Schedule 6.

Throughout 2022-23, AMA staff and the [Stipend Action Committee](#) continued to exchange information with physicians receiving stipends, often regarding the AMA Agreement, the Engagement Framework and the due process that is available to them.

Market Rate Review

In 2023-24 the AMA began developing and moving forward with a strategy to properly prepare for and undertake inter-provincial review of SOMB, ARP and AMHSP rates in preparation for the rate review beginning in 2024/25. Rates Committee discussions of the market rate review are expected to begin in Fall 2023.

The AMA began development of a framework to ensure there is alignment between the various aspects of the AMA Agreement like market/rate review, global reopener negotiation, Income Equity Initiative, ARP/AMHSP rate review/rate setting methodology and other system initiatives. The framework included the following:

- Development of a set of principles to guide the strategy (e.g., various components should work together to support system goals and not work against each other).
- Description of the alignment between various components of the agreement and initiatives underway. As an example, how do results of the fee review and Income Equity Initiative feed into allocation?
- Determination of how the AMA will support sections in the market rate review (fee and ARP/AMHSP comparisons, overhead differences, differences in service delivery, etc.).
- Development of a common information strategy with government. What sources of information will be used to inform the market rate review, reopener negotiation and allocation? Where are the gaps and how will they be addressed?
- Plan to advance these concepts with AH at the Rates Committee and Management Committee.
- Plan to socialize concepts among sections, RF, AMA membership.

At time of writing, immediate priorities were to implement the 2023-24 and 2024-25 allocations, working with sections to implement their allocation priorities in advance of the market rate review.

Supporting laboratory physicians

Negotiations between AMA-ASLP and AHS-APL came to an impasse and at time of writing, mediation/arbitration was scheduled for November 2023. The president wrote to members about laboratory medicine issues to draw attention to the important work that lab physicians do in the system and the fact that they had been without an agreement with AHS for five years:

[Lab physicians: Fair treatment and due process](#)

[Lab physicians hope for stability in latest changes to lab services](#)

[Lab physicians: Essential services deserving attention](#)

[Opinion: Physicians seeking fairness, stability in Alberta's lab services](#) (published in the Edmonton Journal, September 18, 2023)

On August 18, government announced that DynaLIFE would be transferring its staff, operations and physical locations in the province to the government-owned Alberta Precision Labs by the end of 2023. The AMA supported impacted physicians in the transition and advocated to ensure lab physicians were treated fairly and with respect and due process.

Supporting cancer care physicians

Collaborative Advisory Committee (CAC) meetings between AMA-Cancer Care Alberta (CCA) physicians and AHS commenced in 2022-23. Discussions included a high-level summary of activities undertaken by the previous Joint Workforce Planning Committee, identification of challenges in workforce planning and workload management and next steps. The goal was to address retention and recruitment issues for CCA physicians and AHS. A Workload Standards Working Group was struck under the CAC to engage in this work.

Supporting alternative relationship plan physicians

The AMA continued to support and represent the interests of physicians considering a clinical ARP and/or already participating in clinical ARPs. The Management Committee was tasked with reviewing the application and approval process for alternatives to FFS payments, including ARPs. The goal was to increase transparency and efficiency and reduce red tape. AMA staff and the Clinical ARP Working Group continued to exchange information with physicians participating in clinical ARPs to identify key issues and priorities. Clinical ARP rates and associated FTE definitions will be reviewed by the Rates Committee as per the new AMA Agreement.

Supporting academic medicine physicians

The AMA also continued to support and represent the interests of AMHSP (Academic Medicine and Health Services Program) physicians at various provincial tables and in discussions with Alberta Health, AHS and the faculties of medicine.

The release of the draft AMHSP Master Agreement by Alberta Health was delayed and the current AMHSP Master Agreement and individual physician services agreements were extended for one year to allow time to complete the draft and the consultation process.

The AMHSP Council met in June to discuss expected changes and impact to AMHSP physicians related to the clinical rates funded through the Physician Services Budget; ongoing communications with participating physicians; engagement with AMHSP participating physicians; and Council direction to the AMHSP Negotiating Committee as it prepares for further engagement with AH once the AMHSP Master Agreement is released.

At time of writing, an expansion total of 72 FTEs to the existing AMHSP was in process. Three new programs will see a total of 12 FTEs each (anesthesia, obstetrics and gynecology, and general surgery); 12 new FTEs

will be added in psychiatry focusing on pediatric and adolescent care and 24 FTEs will be added in family medicine. These positions focus on increasing the number of Alberta-trained physicians, as well as supporting generalist care in rural and regional centers. Grid rates for the new expansion groups are being discussed at a provincial subcommittee, and with discussions focused on existing provincial payment rate methodologies.

AHS sent a formal letter in early May 2023 acknowledging the AMA's representation of AMHSP physicians and confirming they will honour the 2019 opt-in process. At time of writing, preparations were underway to confirm all participating AMHSP physicians working in the province.

Goal 2: Physicians' practice management decisions are based on sound management advice and best practice.

Schedule modernization

Allocation provisions under the new AMA Agreement allow for some section and AMA-driven fee modernization:

- Allocation year 1: Fee-only adjustments. The Rates and Management Committees approved section-submitted changes which were implemented on April 1, 2023.
- Allocation year 2: Fee adjustments and some limited SOMB amendments (new and amended codes, wording and rule changes). Activities are currently underway, with sections having submitted priorities by November 30, and the AMA Fees Advisory Committee having assessed requests by the end of February 2023. Discussions are underway with government, with Rates Committee approval scheduled for fall 2023.
- Allocation year 3: Sections are recommending fee adjustments and more significant structural changes over summer 2023. The AMA Fees Advisory Committee to assess proposals beginning in September. Discussions with government will follow sometime in the fall period.

Peer Review

Informal peer review for billing appropriateness occurred within various sections of the AMA and within the AMA's billing education services. Re-establishment of a formal AMA Peer Review Committee is dependent on future government support to establish a trusted third party to distribute confidential peer review information to physicians.

Collaborative Learning

The "Vital Clinics" program was launched in May 2023. The first facilitated learning session was conducted, followed by a session for practice facilitators and a workshop addressing key clinic processes and efficiencies. An evaluation was conducted to understand how well the target audience for the program was reached and modifications to the program are under way prior to offering a second round of the sessions. Another set of sessions is scheduled for late September 2023 and current access materials are being reviewed.

Goal 3: Reliable and best-in-class financial products are available to all members.

The AMA continued to operationalize the MD Financial/Bank of Nova Scotia alliance with Alberta-based MD Financial teams to ensure members benefit from our respective offerings.

A process was developed with MD Management's regional management team to ensure that members received coordinated advice on their insurance and wealth management needs regardless of the members' entry point (i.e., ADIUM Insurance or MD Management).

The Alliance Management Committee, which includes representatives from BC, AB, SK, MB and Yukon medical associations, along with MD Management and Scotiabank representatives, met regularly to review insights, trends and best practices to improve offerings to members.

A market study and analysis of the Disability and Professional Overhead Expense plans with Manulife was completed to ensure coverage and premiums were competitive and that the plans would remain viable over the long-term. A 9% rate increase was implemented (the first in many years), effective January 1, 2023. These changes will stabilize the plan, while continuing to offer competitive products to members.

Key Result Area 2 – Well being (personal, workplace, community)

The goals under Well being were:

1. Physicians are supported in maintaining their own health and that of their families.
2. The AMA is a broker in bringing together physicians, patients and families toward healthy communities. Physician and community contributions are supported and celebrated.
3. The AMA is committed to working with and for physicians to address system issues which impede attaining a safe, healthy and equitable working environment.

Goal 1: Physicians are supported in maintaining their own health and that of their families.

Physician and Family Support Program

During the reporting period of January 1, 2023 – July 31, 2023, the PFSP received 2,168 calls to the Assistance Line, which is an 18% increase over the same period in 2022. This increase is in line with the growth the program has been experiencing over the past four years. To address the impact of this growth on the PFSP, the service delivery model for the Assistance Line will move toward two assessment physicians on first call each week.

There were 6,092 therapy hours provided to eligible physicians and their families who called the Assistance Line. There were 2,066 hours of administrative time spent providing this counselling service by the third-party service provider, Unify Consulting Group. For both therapy hours and administrative time there was a 13% increase over the same period in 2022.

Assessment physicians provided 5,088 hours of coverage to the Assistance Line and spent 784 of these hours talking with individual callers, providing support and assistance.

Case Coordination

From January 1, 2023 – July 31, 2023, the PFSP's Case Coordination service experienced an increase of 15% in new accesses over the same period in 2022. The number of physicians accessing this service on a yearly basis is typically small (approximately 30-35 in a year). Percentage fluctuations are expected and not necessarily indicative of trends or issues. There were 399 therapy hours provided to clients participating in Case Coordination and 61 hours of administrative time spent providing this counselling service by the third-party service provider, Unify Consulting Group.

Education, Prevention and Promotion

In 2022-23, 11 formalized activities were held that focused on prevention with some of those also providing an element of education and/or program promotion. Of the 11 events, eight were targeted to residents, three to students and six to physicians. Topics included physician suicide, substance use, career transitions and peer support team training.

The PFSP staff promoted the program and the Assistance Line at five different events that together encompassed physicians in all career stages and three locations (Edmonton, Calgary and Red Deer).

The PFSP continues to experience a surge in requests for family physicians through the Physicians 4 Physicians (P4P) service.

- 360 requests for family physicians were received from January to July 2023, an 83% increase over this same time last year.
- Of these requests, 335 (93%) were for providers in either Calgary or Edmonton while only 35 physician providers are located in the two urban centres.
- June and July of 2023 saw a record number of requests at 63 and 74 respectively.

In an effort to bolster the P4P service and meet the demand, the PFSP reached out to collaborate with leaders from both Alberta Health Services and Primary Care Networks. However, the reality of the family physician shortage at the time led to a mismatch between supply and demand. At time of writing, the sustainability of the service was uncertain.

Well Doc Alberta

Well Doc continues its excellent work helping physicians to remain resilient and well. Well Doc Alberta's initial three-year funding was secured with active support and assistance from the AMA. The AMA remains open to opportunities to help support activities related to securing funding.

Affinity funding

The AMA continued to operationalize funding from the Affinity Collaboration (Bank of Nova Scotia, the Canadian Medical Association and MD Financial Management Inc.) to help address the health and wellness needs of physicians and medical learners, including implementing psychiatry services as an additional offering.

Service provision to physicians who fell outside of the eligibility criteria listed in the grant agreement was in place to ensure retired physicians and those who may have been too ill to work were able to receive support. From January to June 2023, 130 hours of therapy and administration time were provided to this group of physicians. A psychiatrist has been hired to support the Psychiatric Assessment program and they

began working with the PFSP clinical team in June. The psychiatrist worked with clients and supported the PFSP team in further developing the program.

Goal 2: The AMA is a broker in bringing together physicians, patients and families toward healthy communities. Physician and community contributions are supported and celebrated.

Shine A Light

Shine A Light recognizes and profiles AMA member physicians who are making a difference every day in big and small ways. The program was revitalized in 2022-23 in an effort to profile more physicians more frequently.

The following physicians were nominated for Shine A Light in 2022-23:

- [Dr. Farhad Peerani](#)
- [Dr. Cecile Phan](#)
- [Dr. Trevor Steve](#)
- [Dr. Annette Begalke](#)
- [Dr. Fred Nicholls](#)

Honourees were also recognized across AMA's social media platforms and featured in [Alberta Doctors' Digest](#).

Emerging Leaders in Health Promotion (ELiHP) grant program

Due to declining applications and resourcing pressures, a decision was made in 2022-23 to cancel this program.

AMA Youth Run Club

Youth Run Club had a busy 2022-23 school year with 22,000 students participating at 300 schools across Alberta.

In 2022-23 there were 46 Walking Champion Clubs, 24 Girls Only Clubs and 17 Rainbow Run Clubs at various schools. There were also run clubs at 19 Indigenous schools.

Key events throughout the year included a Track and Field Day held in Airdrie with students from nine schools participating in track and field and traditional Indigenous games, 75 fun runs, and a Medicine Hat Run Day with 1,100 student participants. Click to view the [AMA Youth Run Club - Annual Report 2022/2023](#).

At time of writing, the Board was considering the future of this program. The AMA has one more year of funding committed to this program for the 2023/24 school year.

Goal 3: The AMA is committed to working with and for physicians to address system issues which impede attaining a safe, healthy and equitable working environment.

Healthy Working Environments

The AMA, the College of Physicians & Surgeons of Alberta and Alberta Health Services collaborated on a new online training course for Alberta’s physicians on race-based micro-aggressions. The course launched on June 14 and is available to all regulated members through the myCPSA virtual learning platform. Early results from post-training survey respondents are excellent and indicate that the VITALS tool and scenario-based learning are very useful. CME accreditation is expected in October 2023.

Results of the environmental scan were discussed with the HWEAC. There was discussion on how to share this information with membership.

Physician Leadership Institute courses on Crucial Conversations and Trauma-Informed Leadership were offered in the Spring of 2023. Approximately 39 physicians have met the criteria to participate in group coaching, which will be scheduled at a future date.

The CMA National Physician Health Survey 2021 was released in August 2022 and stated:

“The key findings from the national study reveal that numerous subgroups are experiencing more negative wellness outcomes, including medical residents; those under 35 years of age; those identifying as women; those practicing six to ten years; caregivers of a child and/or parent or family member in the home; those living with disabilities; and those working in small town/rural or isolated/remote areas. Still, not all the results are discouraging: there are signs of a culture shift toward prioritizing wellness. That is, medical residents and younger physicians report accessing support for their mental health challenges more frequently than practicing physicians who are at a later career stage. While some of those who need wellness supports are accessing them, there are still significant barriers to overcome, such as stigma, availability and concerns around confidentiality.

Alberta-specific findings, from this CMA survey, were released in January 2023:

“Respondents from AB are significantly less likely to have been experiencing burnout at the time of the survey (49% vs. 53% national total). Across other key psychological measures, there are no significant differences: half test positively for depression, and a quarter experience moderate to severe anxiety levels; 38% report having had thoughts of suicide at some point in their life and 14% have had thoughts in the past 12 months.”

PFSP continued to advocate and collaborate on these important issues.

AHS updated the AMA Healthy Working Environments committee on safe reporting, trauma-informed leadership training and other related initiatives at their spring meeting. AHS established a Bilateral Complaint Resolution group in October 2021. Its purpose is to focus on improving processes for worker-to-worker concerns, including harassment and violence complaints. The work is ongoing with an anticipated end date of June 30, 2025.

Key Result Area 3 – System Partnership and Leadership

The goals of System Partnership and Leadership were:

1. Working with Alberta Health, AHS and other partners, lead and influence positive change in the delivery of services.
2. Key incentives and supports for physicians are aligned with the delivery of care and toward overall system objectives of timely access for patients to quality care.
3. Physicians and the AMA, in partnership with patients, play a leadership role in advocating and promoting a system characterized by Patients First®.

There are several different streams of activity under KRA 3, and various strategies were undertaken to promote physician leadership in a high-performing health care system. The business plan lists these things separately for purposes of reporting, but in practice, the Board found that we need to treat them as being dynamically and closely intertwined. Success in any one dimension is not possible without support from the others.

Goal 1: Working with Alberta Health, AHS and other partners, lead and influence positive change in the delivery of services.

Modernizing Alberta's Primary Health Care System (MAPS)

Since September 2022, the AMA has participated in MAPS. MAPS was initiated by the minister and supported by Alberta Health. The Board approved budget and staff resources to support physician leader participation, including support for research and a coordinating group chaired by Dr. Brad Bahler and the Assistant Executive Director of ACTT. Input into MAPS was provided by AMA's sections of Family and Rural Medicine and the Speciality Care Alliance. The PCN Physician Leads Executive; Provincial PCN Committee (PPCNC) and medical student representatives also provided input.

AMA's input and collaboration was largely reflected in four MAPS proposals:

- Seven short-term proposals submitted by various members of the coordination group set up within AMA.
- A Section of Family Medicine/Section of Rural Medicine/PCN Leads Executive proposal, "Team-Based Funding."
- A Specialty Care Alliance proposal, "Linkages Between Primary Care and Specialty Care in the Health Neighbourhood."
- Provincial PCN Committee Proposal.

Physicians have been well-served by the physician leaders involved. The review process that was conducted included significant physician leader input.

[Short-term recommendations were announced](#) by government in February 2023 from both the Strategic Advisory Panel and the Indigenous Panel. The final report on the long-term recommendations was submitted on March 31, 2023.

There were many commonalities in the AMA-led proposals with respect to assessing challenges and recommending improvements to the primary health care system. Differences related mostly to the priority and timing of some of the steps or the degree to which they should be implemented.

At time of writing there was an urgent need to provide additional support to physician practices given the financial and service delivery challenges they were facing. The AMA was advocating for prioritization of the PCN one-time funding and the funding review. The AMA was also seeking ways to strengthen the relationship between the primary medical home and PCNs. The AMA recognized that primary care governance would need to evolve and mature and that steps needed to be taken immediately to strengthen individual players and partnerships with an eye to developing a new model of overall governance.

Strengthening the Patient's Medical Home

ACTT continues to support physician leaders, including the PCN physician leads executive, Inter-Zone Implementation Coordination Committee, PCN zonal physician groups, ASI working groups, physician champion network, Specialty Care Alliance and Primary Care Alliance in their work toward advancing the Patient's Medical Home and the Medical Neighbourhood.

Notable progress at time of writing included:

- Over 1.4M Albertans paneled through the Community Information Integration & Central Patient Attachment Registry (CII/CPAR).
- \$4.1M was paid out to physicians for the CII/CPAR Acceleration Grant payments in September 2023.
- Over 2,200 providers are live on CII/CPAR (a 63% increase in 1 year).
- Five clinics are on the Blended Capitation Clinic (BCM). One clinic has committed, three clinics are in financial evaluation and 64 clinics are in orientation. ACTT collaborated with three PCNs to deliver two zone BCM webinars in the Edmonton and Calgary Zones. ACTT also hosted two BCM Community of Practice meetings, supported facilitation and development of Practice Agreements for three BCM clinics and created peer-to-peer video vignettes.
- A Home to Hospital to Home (H2H2H) Change Package was launched in January 2023 with supplemental online training in progress.

Alberta Surgical Initiative (ASI)

Discussion was ongoing with AH and AHS regarding evolving the ASI governance structure, as well as the operational oversight model for some of the program services. AMA continued to advocate to ensure physician input was provided at all levels of the governance structure.

The ASI 3.0 Governance Structure was proposed and the AMA has been asked to review the Terms of Reference and to identify representatives for four committees, three of which are new (*):

- Provincial Surgery Steering Committee (PSSC)
- Alberta Surgical Initiative Stakeholder Advisory Committee* (ASI-SAC)
- Alberta Surgical Initiative Physician Expert Advisory Committee* (ASI-PEAC)
- Provincial Specialty Access Steering Committee* (PSASC)

The other new addition to the ASI 3.0 Governance Structure is a Specialty Access Shared Services Executive Oversight Committee (PCSS_EOC) which will be a joint committee with AH, AHS and AMA.

Primary Care Network Funding Review

As per the AMA Agreement commitment letters, there were two groups that were active on PCN funding. The short-term group was set up to review and provide recommendations with respect to the \$40 million in funding for PCNs in the next two years.

The short-term group recommended that the first \$20 million be allocated for the April 1, 2023 – March 31, 2024 fiscal year to allow the PCNs to use the money right away. This group is reporting to the Provincial Primary Care Network Committee (PPCNC).

At time of writing, the AMA had asked for an extension for the additional \$20M in year two (so that it could be allocated in the April 1, 2024 - March 31, 2025 fiscal year).

The long-term working group submitted recommendations to the minister on March 31, 2023. Physicians from the PCN Physician Leads Executive and the Section of Family Medicine were representative members of this group.

Goal 2: Key incentives and supports for physicians are aligned with the delivery of care and toward overall system objectives of timely access for patients to quality care.

The AMA's [Physician Compensation Strategy](#) (login required) emphasizes value for patients and fairness to physicians, while identifying physician compensation objectives of equity, quality, access and productivity. The strategy also considers how other factors (such as informatics, peer review, modernization, relativity, etc.) have a role to play.

The AMA Board remains committed to the principles and aims of the [Income Equity Initiative](#) (login required), as contained within the compensation strategy. The goal of the initiative is to achieve a fair and justifiable distribution of earning capacity among sections. The measure looks at adjusted net daily/hourly income after considering each section's compensation, overhead costs, training and career length, and hours of work.

Members may recall that in 2022 the interim IEI measure was used for year-one allocation of the agreement. Five sections that were ranked low according to the interim income equity measure were prioritized, including: family medicine, neurology, obstetrics and gynecology, pediatrics and psychiatry.

IEI work continued throughout the year, including expanding the interim model to incorporate additional compensation elements and the Hours of Work study results, as well as ensuring that the compensation, overhead, hours of work, and training and career length factors were aligned. The AMA Compensation Committee engaged with the Section Panel, individual sections (on request) and the AMHSP Council as the proposed measure was being completed.

The AMACC presented the IEI approach and measure, and proposed timelines for dispute resolution and member ratification to delegates at the Fall 2023 Representative Forum.

Physician supply

The AMA Agreement provides for the re-establishment of a Physician Resource Planning (PRP) Advisory Committee. The terms of reference that include the composition of this committee will be developed and recommended to the minister. Physician supply will be part of the implementation activities of the AMA Agreement.

An AMA PRP Working Group was established to support the association's involvement in the multi-stakeholder PRP Advisory Committee and to help with other issues that deal with human health resources. In late-December 2023, a call went out for AMA PRP Working Group representatives. Representatives are Dr. Eric Wasylenko (Chair); Dr. Michael Auld; Dr. Scott Beach; Dr. Nicholas Monfries; Dr. Ankur Sharma; Dr. Suzanne Squires; Dr. Parker Vandermeer; Dr. Nathan Rider/Dr. Tamara Rider (PARA representatives: these residents will alternate their attendance); and Mr. Gareth Jones (Medical Student Rep).

The first meeting of the AMA PRPWG was held on May 24. The group discussed its role and how it can assist with solutions to address short-, mid- and long-term health resource needs for the province. The Working Group will partly focus on preparing the AMA for the anticipated revival of a minister's Physician Resource Planning Advisory Committee.

e-Health modernization

AMA continued to co-chair the eHealth Modernization Working Group in 2022-23. Requirements sessions that focused on health system opportunities took place over the course of 2023 across stakeholder groups including patients, physicians and other health care professionals. AMA Informatics Advisory Committee (IAC) members and other physicians continued to be heavily involved.

Informatics updates

- AMA continued to work closely with AH on the expansion of results and information made available to patients through MyHealth Records. The release of referral information is expected in the fall of 2023.
- The Informatics Advisory Committee intends to meet with Alberta Health Services in September to discuss short- and long-term digital health priorities.
- The IAC welcomed additional members to expand the expertise and breadth of experience within the committee.
- IAC members and AMA staff continue to monitor and adjust the informatics dashboard as the landscape and provincial priorities change.
- IAC members and AMA staff participated in Alberta Virtual Care Coordinating Body subcommittees to do a deep dive on all aspects of virtual care. Detailed reports and next steps are expected in the fall.
- At the request of the Physicians Lead Executive, and with the support of the IAC, AMA informatics staff worked with ThinkHQ to develop an EMR survey for primary care physicians. The results will be used to identify opportunities and establish priorities.
- AMA staff worked with University of Calgary in support of research on access to patient records and the limitations of the *Health Information Act*.

Connect Care

The rollout of Connect Care impacted the flow of information to community and mixed context providers and caused many workflow challenges within AHS facilities.

The Non-AHS Community Provider Advisory Group was created in 2019, prior to wave-1, as a place where stakeholders could work collaboratively to identify and explore challenges and work toward short- and long-term solutions. While progress was made and high priority work continued to improve the flow of information, there were still challenges.

The motions raised at the Fall 2022 and Spring 2023 RFs brought several priority issues to the forefront. They supported the AMA's work in this area and reinforced the need for additional advocacy for challenges facing members who used Connect Care within an AHS facility.

AMA physician leaders and staff continued to work with AHS to support and facilitate solutions to address the Connect Care-related challenges faced by community, mixed-context and AHS providers. Early in 2023, surveys were sent to Connect Care users – one from the Specialty Care Alliance and one from AHS. Links to the survey results and the June 28, 2023 AMA-AHS joint letter sent to AHS physicians can be found in the [June 28, 2023 President's Letter](#).

AHS and the AMA held a joint virtual session on September 19 to talk about work and actions undertaken as a result of survey feedback. The shared goal was to understand what was working and what required prioritization for Connect Care improvements.

The AMA continued to use its strong advocacy role to identify system issues with the delivery of patient information. We worked with AHS on short- and long-term resolutions. A development plan for Connect Care changes is expected in the Fall of 2023.

Goal 3: Physicians and the AMA, in partnership with patients, play a leadership role in advocating and promoting a system characterized by Patients First®.

Albertapathients

This activity is covered above under [AMA ADVOCACY](#)

Indigenous health

The AMA continued to support and advocate for improved health care delivery for the Indigenous community.

Infographics and a list of resources and recommended actions were [developed](#) to support community physicians in finding ways to recognize the 2023 National Day for Truth and Reconciliation on September 30.

The Indigenous Health Committee hosted a group viewing of [The Unforgotten](#) at the Fall Representative Forum. This was followed by an Indigenous lunch with invited Indigenous leaders from across the province. After lunch, a panel of Indigenous leaders addressed questions from the audience related to the movie and the health inequities that Indigenous peoples face.

Healthy AMA

In 2022-23 the AMA continued to undertake activities to promote efficiency, reduce costs and improve member value.

Governance

- The Board has approved a social media policy to guide activity.
- The Board undertook a comprehensive review and update of the business plan for 2023-24, including a revision to the AMA mission statement and adjustments to the Well Being and System Partnership and Leadership goals. These adjustments highlighted the importance of the AMA's role in advocating for and supporting members and strengthening physician leadership of the system.
- The Governance Oversight Group undertook a survey of section executive members to establish a baseline for section governance practices and better understand the needs of sections. Based on the results, at time of writing the GOG was developing a set of recommendations to improve governance practices (e.g., templates for code of conduct, conflict of interest, equity/diversity training, etc.), and making improvements to the welcome and orientation material for incoming section executives.
- The Transparency Working Group completed a review of the level of transparency with members from all levels of governance. This included a review of current practices, policies and accountability mechanisms, practices in other jurisdictions, as well as any limits that may exist. The Transparency Working Group provided a gap assessment and preliminary set of recommendations to the Fall 2023 RF.
- The Annual General Meeting Working Group undertook a review of the format and agenda for the Annual General Meeting and put forward several recommendations that were accepted by the Board. The bylaw amendments needed to action the recommendations are being put forward at the 2024 AGM for consideration by the membership.
- The equity, diversity and inclusion training provided to the Nominating Committee is now mandatory for all hiring committees.
- A quota pilot was put in place and outreach to underrepresented groups was occurring as needed to reach the aspirational goal of 50%.

Workforce

- A hybrid working group reviewed the effectiveness of the hybrid environment that was launched in May 2022 and put forward several recommendations that supported continued connection and information sharing amongst staff and between staff, physician leaders and members.
- Staff responsibilities have shifted to support agreement deliverables and capacity has been added, particularly in the areas of advocacy and physician representation.
- A comprehensive review of the AMA's employee benefits package by Mercers showed that the total plan value is competitive and that some plan design adjustments are needed to better align the AMA plan with others. Design changes are expected to be implemented for 2024.

Financial

- The steps taken to ensure organizational stability following the termination of the AMA Agreement have ensured we remained in a strong financial position throughout the year.
- The Committee on Financial Audit (COFA) completed a review of the AMA's investment beliefs and principles, as well as the asset mix for the various portfolios (e.g., contingency and insurance reserves).
- At time of writing, grant agreements to fund the physician support programs were being finalized with government, after which, the required financial reporting will be prepared.
- The Board felt additional resources were needed to meet the growing needs and expectations of members. The ratified agreement with Alberta Health created additional demands, such as preparing for the inter-provincial fee review and completing the AHS payment reviews (stipends, on-call, overhead). There were also a growing number of members asking for support as they considered alternate compensation models to better support their practices. There was also a growing demand for the AMA to more actively advocate for improvements to Connect Care, sustainability of primary care practices and solutions to help address the health human resource shortage. After five years of frozen AMA membership dues, the Board decided to increase dues for some membership categories, effective October 1, 2023. In comparison to other jurisdictions across Canada, AMA dues were still middle of the pack and the Board did shelter both our learners (student and resident members) as well as our retired members from the dues increase.

Relationships

Relationship with Canadian Medical Association

Over the past few years, the CMA has provided unwavering financial, political and moral support to the AMA and throughout 2022-23 the relationship between the two organizations remained strong.

In December 2022, the AMA sent a [letter of appreciation](#) to the CMA. Their financial assistance and advocacy efforts helped the AMA to achieve a negotiated agreement with government.

Every year, the CMA holds nominations and election processes for the position of CMA president-elect. Last year, the president-elect was chosen from British Columbia. Dr. Kathleen Ross was elected and officially assumed her role as CMA president on August 16, 2023.

The 2023 CMA Annual General Meeting took place August 16. The following AMA representatives attended:

AMA Delegate	Position
Dr. Rick Ward	AMA Board
Dr. Sadhana (Mindy) Gautama	AMA Board
Dr. Shazma Mithani	AMA Board
Dr. Wayne Chang	AMA Board
Dr. Sidd Thakore	AMA Board
Dr. Scott Wilson	AMA Board
Dr. Gerry Prince	AMA Deputy Speaker
Dr. Vesta Michelle Warren	AMA Immediate Past President

Dr. Paul Parks	AMA President-Elect
Dr. Cathy Horsman	Member delegate
Dr. Jeff Way	Member delegate
Dr. Jon Hilner	Member delegate
Dr. Nadine Letwin	Member delegate
Dr. Olajide Durojaye	Member delegate
Dr. Sam Myhr	Member delegate
Dr. Sam Wong	Member delegate
Dr. Stephan Cassar	Member delegate
Dr. Troy Pederson	Member delegate
Dr. Linda Mrkonjic	Member delegate
Dr. John Bradley	Member delegate
Dr. Lloyd Maybaum	Member delegate
Dr. Brian Wirzba	Member delegate
Dr. Joshua Jones	PARA Rep - Calgary
Mr. Gareth Jones	University of Alberta Student Rep
Dr. Richard Leigh	University of Calgary Senior Dean
Dr. Shirley Schipper	University of Alberta Vice Dean of Education

Relationship with AHS

There are many issues on which we interact with AHS. The Provincial Physician Liaison Forum (PPLF) is a senior advisory forum between AHS administration and the AMA. Representation from AHS includes the Vice President Quality and Chief Medical Officer, Dr. Francois Belanger, and a number of senior medical and quality affairs staff.

In 2022-23, representatives from the AMA were:

- Dr. Michelle Bailey, Representative Forum
- Dr. Shelley Duggan, Board Appointee
- Dr. Margot McLean, Committee Member, Council of Zonal Leaders Representative
- Dr. Jeffrey Cao, Representative Forum
- Dr. fred Rinaldi, Committee Member, President terms
- Dr. Vesta Michelle Warren, Interim Board Representative
- Dr. Stephen Cassar, Representative Forum
- Michael Gormley, Executive Director and Co-Chair
- Dr. Kim Kelly, AMA Staff Member, AED, Professional Affairs
- Leona LaChance, AMA Staff Member, Senior Advisor, Professional Affairs

PPLF met four times throughout the year and topics covered included:

- New Agreement; AMA/AHS
- Physician recruitment/retention

- Physician On-Call Program
- Right Care Alberta and RCV
- Physician wellness/burnout
- Alberta Surgical Initiative [ASI]
- Connect Care
- AHS Medical Staff bylaws
- AHS policy regarding out-of-province surgical patients
- Processes for identifying and responding to physician concerns.

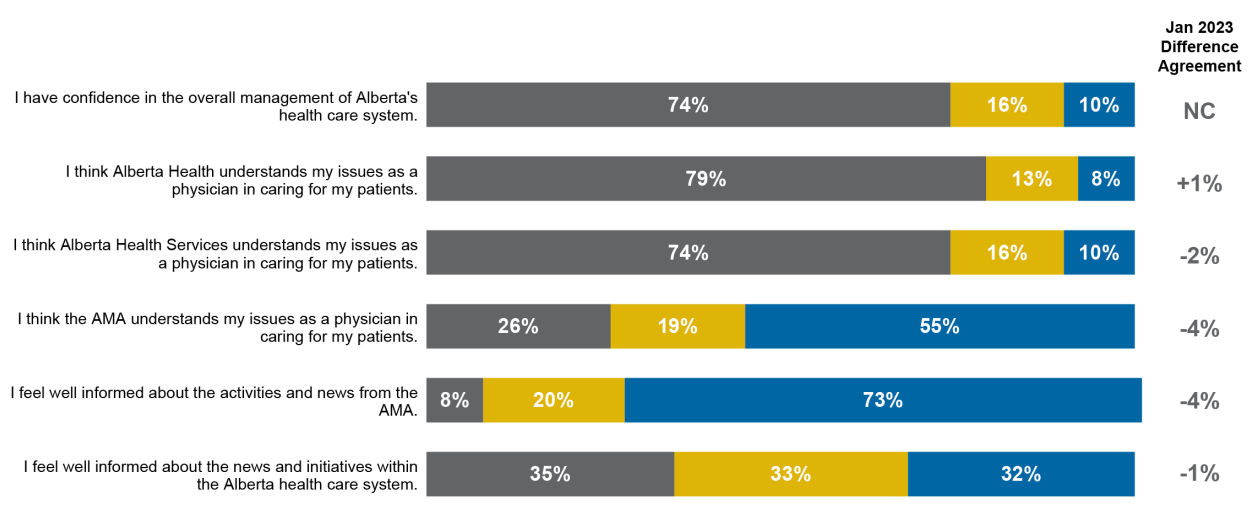
Knowledge

The AMA has returned to regular member opinion tracking surveys to monitor member perceptions of external and internal matters surrounding the association and how we are serving them. Each survey may include a flex topic, most recently support for healthy working environments. January 2023 results were reported to members via [Alberta Doctors' Digest](#). June 2023 results will be published this fall. Highlights depict a continued lack of confidence in the health care system and quality care, worsened by a lack of engagement in physician concerns by government or AHS.

Compared to the last few years:



* New Question ● Much worse/Somewhat worse ● Stayed the same ● Much better/Somewhat better



● Strongly Disagree/Disagree ● Neutral ● Strongly Agree/Agree

We continue our replacement of core information systems aimed at improving efficiency and integrating information so that we can better understand member needs and improve and enhance members services.

Phase one of the website redevelopment project was completed in 2022-23, including visioning work with members and key stakeholders as well as organizational, visual and interaction design. Phase two will focus on installation of the new system (Umbraco), implementation of the design and content migration. This work is expected to be completed in the third quarter of 2024. In coordination with this project, procurement of an enhanced search-engine for the website, as well development of enhanced user sign-on capability, has begun. In the fall of 2022, the ACTT website was moved to the new content management system.

[Learn@AMA](#) continued as the AMA's online learning platform. Over 2,000 unique external users logged in to take a course in the 2022-2023 business year, with over 250 of those being physician members and many others being physician support staff. Twenty-five separate curriculums were available through asynchronous or scheduled formats, including privacy training, CII/CPAR onboarding and management, board governance training, practice facilitator training and much more. Registration and user management continued to be refined to allow clinics and primary care networks to manage their own staff on the platform.

We are roughly halfway through the multi-year project to redevelop the aging AMA member information systems, which will ensure a common platform and consistent member experience for all AMA systems.

Board of Directors, Executive Committee and Representative Forum

During the 2023 AMA AGM, Dr. Paul Parks will be installed as president for the 2023-24 year. Dr. Parks is an emergency physician based in Medicine Hat.

2022-23 Board of Directors

- Dr. Fredrykka Rinaldi, President
- Dr. Paul Parks, President-Elect
- Dr. Vesta Michelle Warren, Immediate Past President
- Dr. B. Wayne Chang, Board member
- Dr. Howard Evans, Board member
- Dr. Sadhana (Mindy) Gautama, Board member
- Dr. Robert Korbyl, Board member
- Dr. Ling Ling, Board member
- Dr. Usha Maharaj, 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
- Daria Venkova, MSA observer

Note that Dr. Sarah Hall departed her AMA Board position effective January 23, 2023. The vacancy was filled at the Spring 2023 RF by Dr. Scott Wilson. Dr. Catherine Boutet, PARA representative, was replaced by Dr. Joshua Jones July 1, 2023.

AMA Bylaws require the Board to meet at least six times per year and at the call of the president.

Throughout 2022-23, the AMA Board of Directors met 11 times (both in-person and virtually). Meeting dates are available upon request.

2022-23 Executive Committee Officers

- Dr. Fredrykka Rinaldi, President
- Dr. Paul Parks, President-elect
- Dr. Vesta Michelle Warren, Immediate Past President

Executive Committee Board Representatives

- Dr. Sadhana (Mindy) Gautama
- Dr. Robert Korbyl, Board member

Throughout 2022-23, the AMA Executive Committee met seven times. Meeting dates are available upon request.

2022-23 Representative Forum Information

Spring 2023

- March 10-11 (in-person, Calgary Airport Marriott In-Terminal Hotel)

Fall 2023

- September 22-23 (in-person, The Westin Edmonton Hotel)

Executive Director's Report 2022-23

The annual report summarizes the efforts the Alberta Medical Association has made over the past twelve months on behalf of its members. It includes an overview of all the activities and the resources spent. These are focused in three key areas:

- **Financial health:** Striving for fair compensation for physicians, both in comparison to other jurisdictions and professions as well as internal fairness between Alberta's physicians.
- **Well being:** Access to wellness services such as the Physician and Family Support Program and promoting healthy workplaces.
- **System leadership:** Bringing the expertise and voice of physicians to the public and to health system decision makers.



All these areas have gone through significant challenges over the past four years. This resulted from the combined impacts of several factors: a government hostile to the medical profession; a global pandemic; and health human resource challenges that have been predicted for years and are now upon us. The AMA's response to these global challenges – magnified and made worse in our own province – has very much been at the forefront of everything we do.

From these great challenges also comes opportunity. The relationship with the government has improved and, at least from my perspective, there is renewed interest in hearing from and working with the profession. There is serious consideration being given to issues such as health care teams, ensuring payment reflects all the demands being put on physicians, and ensuring health information systems are driven by patient and provider input on clinical needs, not administrative perceptions of those needs. There is a long way to go, but - as is being demonstrated in other provinces - progress in all these areas is possible.

In summary, I hope in these pages members find an AMA both responsive to the many challenges that the profession has gone through, but also an AMA focused forward on helping all its members in meeting their ongoing economic challenges and physician influence within the system. Physician engagement and leadership are key to any future successes.

This will be my last Executive Director's Report. As some of you know, I am leaving my position with the AMA as of the start of the 2023-24 association year.

It has truly been an honour to serve as Executive Director. I have received nothing but respect from AMA physician membership. I don't mean by that I have not received criticism or that there are not many points of view. I am referring to the way issues have been raised and the sincere desire to help make the AMA better at doing its job. I have always been inspired by the commitment of Alberta's physicians to their patients.

My main interaction with the profession has been through the AMA physician leadership. I thank them for their guidance and support in the AMA's efforts to implement their direction. Alberta's physicians have been very well-served by their efforts.

The AMA staff have been a constant source of ideas, talent, energy and commitment. They are a big part of any successes the AMA has had and have endured many challenges. It has been a great privilege working with all of them.

I will sorely miss being an active part of the AMA, but my heart will always be with it.

- Michael A. Gormley, Executive Director
Alberta Medical Association

Proposed Amendments AMA Bylaws

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

Date: August 1, 2023
To: Alberta Medical Association Members
From: Dr. fred Rinaldi, 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. Special Resolutions

Special resolutions require a 75% majority to pass and are required for the following: amendments to the bylaws or objects of the association, removal of a director and issuance of debentures. Two changes are being proposed:

- **Inclusion of “the AGM” for special resolutions** – Provides clarity that these motions can be made at the AGM and not just a special general meeting, which aligns with our current practice of voting on bylaw amendments at the AGM.
- **Simplify virtual voting for special resolutions** –Only those “present”, which is defined as “being within the reach, sight or call of other attendees”, may vote on a special resolution. At an in-person meeting, presence can be established visually, however, at a virtual meeting, verification of presence is required when voting occurs because not all those logged into a virtual meeting may be active when a vote occurs. The proposed amendment reflects guidance from regulators and would recognize all those eligible voters who cast a vote, as being present.

PROPOSED WORDING	PRESENT WORDING
30.1 A Special Resolution may be passed at the AGM or a special general meeting where notice has been given at least twenty-one (21) days in advance specifying the motion, and is approved by at least seventy-five (75%) percent of those Members present, who, if entitled to vote, do so.	30.1 A Special Resolution may be passed at a special general meeting where notice has been given at least twenty-one (21) days in advance specifying the motion, and is approved by at least seventy-five (75%) percent of those Members present and entitled to vote.

2. AGM

A Working Group, including members at large, was established to review the format of the AMA annual general meeting. The working group undertook a legal review, considered best practice and member feedback from previous AGMs, and interviewed other divisions and related organizations across the country. Based on the review, the Working Group recommended two changes to the AGM that require bylaw amendments, which were supported by the Committee on Bylaws.

- Move the installation of officers and valedictory to the Representative Forum rather than the AGM. The President is elected by a vote of all members several months in advance of the AGM. Therefore, it was felt that the ceremonial installation and valedictory of the President, were better suited to an in-person event, where the family of the officers could better participate in the celebration. The AGM would instead include a President’s address to support accountability requirements to members.
- Include a statement of purpose, that the AGM is for leadership to satisfy its accountability requirements to membership and to conduct business required under the Societies Act. The proposed amendments align the business of the AGM accordingly.

PROPOSED WORDING	PRESENT WORDING
<p>10.1 Annual General Meeting</p> <p>10.3 The primary purpose of the AGM is for the Association’s leadership to satisfy its accountability requirements to the Members and to conduct the annual matters required under the Societies Act, as amended or replaced from time to time by legislation of similar nature and substance, including, without limitation:</p> <ul style="list-style-type: none"> (i) President’s address; (ii) Report of the Board and Forum; (iii) Report of the Nominating Committee to include election of: <ul style="list-style-type: none"> – Speaker and Deputy Speaker; – Representatives to CMA General Council; (iv) Election of Members to the Nominating Committee; (v) Auditor's report of previous financial year; (vi) Appointment of the auditor; (vii) Report of the Committee on Bylaws; and (viii) Conduct of any other business. <p>16.1 President</p> <p>16.2 The President shall:</p> <ul style="list-style-type: none"> (v) deliver an address at the AGM 	<p>10.1 Annual General Meeting</p> <p>10.3 The business of the AGM shall include the:</p> <ul style="list-style-type: none"> (i) Installation of Officers; (ii) President's valedictory; (iii) Report of the Committee on Bylaws; (iv) Report of the Nominating Committee to include election of: <ul style="list-style-type: none"> – Speaker and Deputy Speaker; – Representatives to CMA General Council; (v) Election of Members to the Nominating Committee; (vi) Report of the Forum; (vii) Report of the Board; (viii) Report of the Executive Director; (ix) Auditor's report of previous financial year; (x) Appointment of the auditor; and (xi) Other business. <p>16.1 President</p> <p>16.2 The President shall:</p> <ul style="list-style-type: none"> (v) deliver a valedictory address at the AGM

3. Changes to CPSA representatives

As a result of amendments to the Health Profession Act, the College of Physicians and Surgeons has relinquished its voting rights at the AMA. The proposed bylaw amendments align with the CPSA’s direction and affect the CPSA’s role at the Forum and on the Committee on Bylaws. A CPSA representative will continue to be invited to the Forum as an observer, as already provided for in article 12.9. For members appointed by the Board to the Committee on Bylaws, the Nominating Committee recommends to the Board, the appointees for the Bylaws Committee, after undertaking an open call to all members.

PROPOSED WORDING	PRESENT WORDING
<p>21.0 Committee on Bylaws 21.1 The committee shall be composed of three (3) Members appointed by the Board, together with the President, President-Elect and a Member of the secretariat appointed by the Board.</p> <p>12.0 Forum 12.5 The Forum shall consist of: (vii) delegates representing:</p> <ul style="list-style-type: none"> - Past Presidents of the Association; - PARA, through the Postgraduate Delegates; - the student bodies of the Faculty of Medicine and Dentistry at the University of Alberta and the Faculty of Medicine at the University of Calgary; - each Section; - each Zone; - the PCNs, through the Zonal PCN Physician Leads; - the AMHSP Physicians; and <p>12.12 Delegates from: (ii) PARA and the MSAs shall be elected or appointed for a term of one (1) year.</p> <p>12.13 When a vacancy occurs: (ii) in respect of Delegates from Sections, Past Presidents, PARA and the MSAs, the entity which elected the Delegate may elect another one to fill the vacancy, or if appointed, the entity which appointed the</p>	<p>21.0 Committee on Bylaws 21.1 The committee shall be composed of two (2) Members appointed by the Board, one (1) representative of the Council of the College, together with the President, President-Elect and a Member of the secretariat appointed by the Board.</p> <p>12.0 Forum 12.5 The Forum shall consist of: (vii) delegates representing:</p> <ul style="list-style-type: none"> - Past Presidents of the Association; - PARA, through the Postgraduate Delegates; - the student bodies of the Faculty of Medicine and Dentistry at the University of Alberta and the Faculty of Medicine at the University of Calgary; - the College - each Section; - each Zone; - the PCNs, through the Zonal PCN Physician Leads; - the AMHSP Physicians; and <p>12.12 Delegates from: (ii) PARA, the MSAs and the College shall be elected or appointed for a term of one (1) year.</p> <p>12.13 When a vacancy occurs: (ii) in respect of Delegates from Sections, Past Presidents, PARA, the MSAs and the College, the entity which elected the Delegate may elect another one to fill the vacancy, or if appointed, the entity which appointed the</p>

PROPOSED WORDING	PRESENT WORDING
<p>Delegate may appoint another one to fill the vacancy; and</p> <p>12.29 College 12.30 The College shall appoint one Delegate.</p>	<p>Delegate may appoint another one to fill the vacancy; and</p> <p>12.29 College 12.30 The College shall appoint one Delegate.</p>

4. Remove references to the CMA’s nominations working group

The proposed amendment reflects changes to the CMAs process. The Alberta member to the CMA Nominating committee, is elected through an open call undertaken by the CMA and is no longer elected by the AMA.

PROPOSED WORDING	PRESENT WORDING
<p>12.3 The Forum shall:</p> <ul style="list-style-type: none"> (i) have the power to remove an Officer or Director; (ii) represent the Members' interests; (iii) be responsible for the direction of the affairs of the Association; (iv) elect the Directors of the Board; (v) approve the establishment or dissolution of Sections; (vi) report to the AGM; (vii) consider recommendations from the Board or Delegates; and (viii) in the case of a vacancy on the Board, as soon as practicable, elect a Delegate from the Forum to fill the vacancy. <p>23.0 Nominating Committee</p> <p>23.7 The committee shall provide to:</p> <ul style="list-style-type: none"> (i) the Membership, a nominee for President-Elect; (ii) the AGM, a list of nominees for: Speaker, Deputy Speaker and representatives toCMA General Council; (iii) the Forum, a list of nominees for election of Directors of the Board; 	<p>12.3 The Forum shall:</p> <ul style="list-style-type: none"> (i) have the power to remove an Officer or Director; (ii) represent the Members' interests; (iii) be responsible for the direction of the affairs of the Association; (iv) elect the Directors of the Board; (v) elect the Association's representatives to the CMA’s nominations working group; (vi) approve the establishment or dissolution of Sections; (vii) report to the AGM; (viii) consider recommendations from the Board or Delegates; and (ix) in the case of a vacancy on the Board, as soon as practicable, elect a Delegate from the Forum to fill the vacancy. <p>23.0 Nominating Committee</p> <p>23.7 The committee shall provide to:</p> <ul style="list-style-type: none"> (i) the Membership, a nominee for President-Elect; (ii) the AGM, a list of nominees for: Speaker, Deputy Speaker and representatives toCMA General Council; (iii) the Forum, a list of nominees for election of Directors of the Board;

PROPOSED WORDING	PRESENT WORDING
(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.	(iv) the Forum, a list of nominees for the representatives to the CMA’s nominations working group; and (v) 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. Non-Resident Members category

This change clarifies that non-resident physicians licensed in Alberta may join the AMA as non-resident Members. Non resident members are not allowed to vote in elections or hold office but may be eligible for the negotiated benefits upon payment of the required dues.

PROPOSED WORDING	PRESENT WORDING
<p>7.15 Non-Resident Members</p> <p>7.16 A doctor of medicine or doctor of osteopathy who is a registered practitioner licensed and in good standing with the College who is not a resident of Alberta, is eligible for membership in the Association on application to the Executive Director and payment of the required dues. A former member of PARA who takes up residence outside Alberta is eligible for membership in the Association on application to the Executive Director and payment of the required dues provided:</p>	<p>7.15 Non-Resident Members</p> <p>7.16 A Member of the Association who takes up residence outside Alberta is eligible for membership in the Association on application to the Executive Director and payment of the required dues. A former member of PARA who takes up residence outside Alberta is eligible for membership in the Association on application to the Executive Director and payment of the required dues provided:</p>

6. Enable self nominations for elected positions

These amendments enable members to self-nominate for elected positions. Self nomination has become common practice as organizations move to accommodate virtual and electronic environments. For the last five Board elections during RF and for the Nominating Committee election at the AGM, the governance body has suspended the requirements for a signed nomination paper and allow self-nomination. The proposed amendments formalize that practice for all roles where nomination papers are currently required.

PROPOSED WORDING	PRESENT WORDING
<p>35.0 Conduct of Election of President-Elect</p> <p>35.2 At least sixty (60) days prior to the date on which the election of President-Elect is to be held, the recommendation of the Nominating Committee and a notice stating the deadline for receipt of nominations and date of election shall be sent by Mail to each Member entitled to vote.</p> <p>35.3 Nominations</p> <p>35.4 A nominee may be nominated by the Nominating Committee, another Member, or by self-nomination, through a process determined by the Executive Director, which shall include a process for confirming each nominee's acceptance of the nomination.</p> <p>36.0 Conduct of Elections: Zone Delegates & AMHSP Arrangement Representatives</p> <p>36.2 At least sixty (60) days before the date on which the election of zonal Delegates or AMHSP Arrangement Representatives, as applicable, is to be held, a notice stating the deadline for receipt of nominations and date of the election shall be sent by Mail to each Member entitled to vote:</p> <p>36.3 Nominations</p> <p>36.4 A nominee may be nominated by another Member, or by self-nomination, through a process determined by the Executive Director, which shall include a process for confirming each nominee's acceptance of the nomination.</p>	<p>35.0 Conduct of Election of President-Elect</p> <p>35.2 At least sixty (60) days prior to the date on which the election of President-Elect is to be held, the recommendation of the Nominating Committee and a notice stating the deadline for receipt of nominations, date of election and a nomination paper shall be sent by Mail to each Member entitled to vote.</p> <p>35.3 Nomination Paper</p> <p>35.4 Except for the candidate recommended by the Nominating Committee for nomination of President-Elect, each nomination shall be signed by five (5) Members eligible to vote and by the nominee indicating acceptance of the nomination.</p> <p>36.0 Conduct of Elections: Zone Delegates & AMHSP Arrangement Representatives</p> <p>36.2 At least sixty (60) days before the date on which the election of zonal Delegates or AMHSP Arrangement Representatives, as applicable, is to be held, a notice stating the deadline for receipt of nominations, date of the election and a nomination paper shall be sent by Mail to each Member entitled to vote:</p> <p>36.3 Nomination Paper</p> <p>36.4 Each nomination shall be signed by three (3) Members who are eligible to vote and by the nominee indicating acceptance of the nomination</p>

PROPOSED WORDING	PRESENT WORDING
<p>38.0 Conduct of Elections: Directors</p> <p>38.2 At least thirty (30) days before the date on which the election of Directors is to be held, the recommendation of the Nominating Committee shall be sent to each Delegate entitled to vote.</p> <p>38.3 Nominations</p> <p>38.4 A Delegate may be nominated by the Nominating Committee, another Delegate, or by self-nomination, through a process determined by the Executive Director, which shall include a process for confirming each Delegate's acceptance of the nomination.</p> <p>39.0 Conduct of Elections: Speaker, Deputy Speaker, Members elected to the Nominating Committee at the AGM, Representatives to CMA General Council, Members Emeritus and Honorary Members</p> <p>39.3 At least sixty (60) days before the AGM, the recommendations of the Nominating Committee shall be sent by Mail to each Member entitled to vote. In addition, for the positions of Speaker, Deputy Speaker and Representatives to CMA General Council, a notice stating the deadline for receipt of further nominations shall also be sent by Mail to each Member entitled to vote.</p> <p>39.4 At least sixty (60) days before the AGM a call for nominations for Members to stand for election to the Nominating Committee at the AGM and a notice stating the deadline for receipt of nominations and date of election shall be sent by Mail to each Member entitled to vote.</p>	<p>38.0 Conduct of Elections: Directors</p> <p>38.2 At least thirty (30) days before the date on which the election of Directors is to be held, the recommendation of the Nominating Committee and a nomination paper shall be sent to each Delegate entitled to vote.</p> <p>38.3 Nomination Paper</p> <p>38.4 Except for the candidates recommended by the Nominating Committee, each nomination shall be signed by five Delegates and by the nominee indicating acceptance of the nomination.</p> <p>39.0 Conduct of Elections: Speaker, Deputy Speaker, Members elected to the Nominating Committee at the AGM, Representatives to CMA General Council, Members Emeritus and Honorary Members</p> <p>39.3 At least sixty (60) days before the AGM, the recommendations of the Nominating Committee shall be sent by Mail to each Member entitled to vote. In addition, for the positions of Speaker, Deputy Speaker and Representatives to CMA General Council, a notice stating the deadline for receipt of further nominations, and a nominating paper shall also be sent by Mail to each Member entitled to vote.</p> <p>39.4 At least sixty (60) days before the AGM a call for nominations for Members to stand for election to the Nominating Committee at the AGM and a notice stating the deadline for receipt of nominations, date of election and a nomination paper shall be sent by Mail to each Member entitled to vote.</p>

PROPOSED WORDING	PRESENT WORDING
<p>39.5 A nominee may be nominated by the Nominating Committee, another Member, or by self-nomination, through a process determined by the Executive Director, which shall include a process for confirming each nominee's acceptance of the nomination.</p> <p>34.18 Extension of Time</p> <p>34.19 If normal Mail service is disrupted, the Executive Director shall have the authority to extend the dates for the:</p> <p>(i) distribution of nominations</p>	<p>39.5 Except for the candidates recommended by the Nominating Committee, each nomination shall be signed by two (2) Members eligible to vote and by the candidate indicating acceptance of the nomination.</p> <p>34.18 Extension of Time</p> <p>34.19 If normal Mail service is disrupted, the Executive Director shall have the authority to extend the dates for the:</p> <p>(i) distribution of nominating papers;</p>

Financial Statements

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

Consolidated Financial Statements

September 30, 2022

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, 2022 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, 2022;
- 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 13, 2023

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

Consolidated Statement of Financial Position

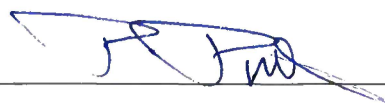
As at September 30, 2022

				2022	2021
	General Fund \$	Contingency Reserve Fund \$	Premium Reserve Fund \$	Total \$	Total \$
Assets					
Current assets					
Cash	15,862,706	2,493,374	952,418	19,308,498	19,082,708
Accounts receivable and prepaid expenses	1,176,943	-	5,340	1,182,283	917,782
Due from administered programs (note 2)	683,053	-	-	683,053	1,199,554
Due from AMA Health Benefits Trust Fund (note 13)	39,500	-	-	39,500	257,126
	17,762,202	2,493,374	957,758	21,213,334	21,457,170
Portfolio investments (note 4)	-	16,522,831	6,796,621	23,319,452	28,911,437
Due (to) from other funds	(14,593,829)	14,767,296	(173,467)	-	-
Employee future benefits (note 9)	-	-	-	-	3,424,537
Intangible assets (note 5)	2,716,417	-	-	2,716,417	2,366,225
Property and equipment (note 6)	5,344,928	-	-	5,344,928	5,603,197
	11,229,718	33,783,501	7,580,912	52,594,131	61,762,566
Liabilities					
Current liabilities					
Accounts payable and accrued liabilities	3,507,654	-	1,328,691	4,836,345	4,892,883
Due to Alberta Medical Foundation Charitable Fund	-	-	-	-	-
Payable to Canadian Medical Association	273,824	-	-	273,824	199,488
Deferred membership revenue (note 7)	3,330,152	-	-	3,330,152	2,105,215
Deferred revenue, leasehold inducements and other (note 8)	1,329,270	-	-	1,329,270	2,039,520
	8,440,900	-	1,328,691	9,769,591	9,237,106
Deferred revenue, leasehold inducements and other (note 8)	554,584	-	-	554,584	704,265
Employee future benefits (note 9)	2,234,234	-	-	2,234,234	-
	11,229,718	-	1,328,691	12,558,409	9,941,371
Net Assets	-	33,783,501	6,252,221	40,035,722	51,821,195
	11,229,718	33,783,501	7,580,912	52,594,131	61,762,566

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, 2022

				2022	2021
	General Fund \$	Contingency Reserve Fund \$	Premium Reserve Fund \$	Total \$	Total \$
Net assets – Beginning of year	-	40,287,832	11,533,363	51,821,195	52,536,644
Net revenue (expense) for the year	418,151	(1,003,078)	(5,208,304)	(5,793,231)	(655,196)
Remeasurement of employee future benefits	(5,992,242)	-	-	(5,992,242)	(60,253)
Fund transfers (note 18)	5,574,091	(5,501,253)	(72,838)	-	-
Net assets – End of year	-	33,783,501	6,252,221	40,035,722	51,821,195

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, 2022

				2022	2021
	General Fund \$	Contingency Reserve Fund \$	Premium Reserve Fund \$	Total \$	Total \$
Revenue					
Member dues (note 7)	17,707,114	-	-	17,707,114	18,348,981
Fees and commissions	3,388,195	-	-	3,388,195	3,063,804
Investment income (loss) (note 10)	220,478	(967,350)	(492,156)	(1,239,028)	1,638,212
Canadian Medical Association (note 11)	902,810	-	-	902,810	1,054,318
Other	399,563	-	-	399,563	435,723
	22,618,160	(967,350)	(492,156)	21,158,654	24,541,038
Expenditures (schedule 1)					
Operations	8,147,608	35,728	877,373	9,060,709	10,098,757
Committees (schedule 2)	2,712,526	-	-	2,712,526	1,854,906
Priority projects	2,467,296	-	-	2,467,296	2,233,804
Executive office	2,014,765	-	-	2,014,765	1,951,833
Health policy and economics	1,926,905	-	-	1,926,905	1,944,687
Professional affairs/Health Systems Transformation	1,808,426	-	-	1,808,426	1,456,802
Public affairs	1,782,766	-	-	1,782,766	1,756,103
Southern Alberta Office	742,703	-	-	742,703	664,656
	21,602,995	35,728	877,373	22,516,096	21,961,548
	1,015,165	(1,003,078)	(1,369,529)	(1,357,442)	2,579,490
Realization of insurance experience (note 12)	-	-	(3,838,775)	(3,838,775)	(3,761,282)
Employee future benefits	(597,014)	-	-	(597,014)	526,596
Net revenue (expense) for the year	418,151	(1,003,078)	(5,208,304)	(5,793,231)	(655,196)

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, 2022

	2022 \$	2021 \$
Cash provided by (used in)		
Operating activities		
Net revenue (expense) for the year		
General Fund	418,151	3,762,110
Contingency Reserve Fund	(1,003,078)	910,879
Premium Reserve Fund	(5,208,304)	(5,328,185)
	<hr/>	<hr/>
	(5,793,231)	(655,196)
Items not affecting cash		
Amortization (notes 5 and 6)	1,696,383	1,536,959
Loss (gain) on portfolio investments (note 10)	2,589,099	(746,563)
Gain on pension benefit	(333,471)	(1,489,803)
Change in non-cash working capital items (note 15)	852,430	(1,830,360)
	<hr/>	<hr/>
	(988,790)	(3,184,963)
Investing activities		
Additions to property and equipment	(490,955)	(230,917)
Additions to intangible assets	(1,297,351)	(837,578)
Purchase of portfolio investments	(2,748,514)	(1,878,783)
Proceeds from sale of portfolio investments	5,751,400	1,200,646
	<hr/>	<hr/>
	1,214,580	(1,746,632)
Increase (decrease) in cash during the year	225,790	(4,931,595)
Cash – Beginning of year	<hr/>	<hr/>
	19,082,708	24,014,303
Cash – End of year	<hr/>	<hr/>
	19,308,498	19,082,708

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

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

Notes to Consolidated Financial Statements

September 30, 2022

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 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. The 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, 2022, which is the most recent fiscal year of the programs, and amounts owing from these programs as at September 30 are as follows:

Summary by program

Program	March 31, 2022		
	Revenue \$	Expenses \$	Net change in reserves \$
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	-
	<u>42,866,481</u>	<u>42,866,481</u>	<u>-</u>

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

Notes to Consolidated Financial Statements

September 30, 2022

Program			March 31, 2021
	Revenue \$	Expenses \$	Net change in reserves \$
Physician Assistance and Support Programs	21,018,972	21,018,972	-
Physician Locum Services	23,646,229	23,646,229	-
	<u>44,665,201</u>	<u>44,665,201</u>	-

Due from administered programs

Program	2022 \$	2021 \$
Physician and Family Support and Compassionate Assistance, Parental Leave and Accelerating Change Transformation Team Programs (formerly, Physician Assistance and Support Programs)	<u>683,053</u>	<u>1,199,554</u>

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.

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

Notes to Consolidated Financial Statements

September 30, 2022

- 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.

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

Notes to Consolidated Financial Statements

September 30, 2022

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 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 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.

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

Notes to Consolidated Financial Statements

September 30, 2022

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, 2019.

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.

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

Notes to Consolidated Financial Statements

September 30, 2022

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

	2022 \$	2021 \$
Emerald Canadian Short-Term Investment Fund	17,480,774	20,973,682
Emerald Low Volatility Global Equity	2,403,901	3,108,382
Emerald Global Equity Pooled Fund	2,199,206	3,102,751
Emerald Canadian Equity Index Fund	1,235,571	1,726,622
	<hr/>	<hr/>
Total portfolio investments – at quoted fair value	23,319,452	28,911,437
	<hr/>	<hr/>
Total portfolio investments – at cost	24,641,021	27,712,762

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

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

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

Notes to Consolidated Financial Statements

September 30, 2022

	2021		
	Cost	Accumulated	Net
	\$	amortization	\$
	\$	\$	\$
Software	4,178,712	1,812,487	2,366,225

In the current year, amortization was recognized in the General Fund for a total expense of \$946,116 (2021 – \$751,299).

6 Property and equipment

	2022		
	Cost	Accumulated	Net
	\$	amortization	\$
	\$	\$	\$
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
	<u>15,216,674</u>	<u>9,871,746</u>	<u>5,344,928</u>

	2021		
	Cost	Accumulated	Net
	\$	amortization	\$
	\$	\$	\$
Land	550,000	-	550,000
Building	5,900,924	2,358,459	3,542,465
Fixtures and improvements	2,411,485	1,562,004	849,481
Computers	4,489,732	4,011,406	478,326
Office furniture and equipment	1,373,578	1,190,653	182,925
	<u>14,725,719</u>	<u>9,122,522</u>	<u>5,603,197</u>

In the current year, amortization was recognized in the General Fund for a total expense of \$750,267 (2021 – \$785,660).

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

Notes to Consolidated Financial Statements

September 30, 2022

7 Deferred membership revenue

	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
	Balance – October 1, 2020 \$	Net amount received \$	Recognized as revenue \$	Balance – September 30, 2021 \$
General Fund	3,329,460	17,124,736	18,348,981	2,105,215

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, 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
	Balance – October 1, 2020 \$	Net amount received \$	Recognized in net revenue \$	Balance – September 30, 2021 \$
Canadian Medical Foundation	-	52,309	39,883	12,426
Canadian Medical Association (note 11)	221,582	2,600,000	1,054,318	1,767,264
Other	119,735	54,034	65,700	108,069
Leasehold inducements	1,007,787	-	151,761	856,026
	1,349,104	2,706,343	1,311,662	2,743,785

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

Notes to Consolidated Financial Statements

September 30, 2022

Deferred revenue, leasehold inducements and other to be settled within one year of September 30, 2022 represent \$1,329,270 (2021 – \$2,039,520) of the total balance. The remaining non-current balance 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, 2019, and the next required valuation will be as at December 31, 2022. 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, 2019.

	2022	2021
	\$	\$
Fair value of plan assets	36,716,319	41,177,214
Accrued benefit obligation	38,950,553	37,752,677
Plan (deficit) surplus	<u>(2,234,234)</u>	<u>3,424,537</u>

The net accrued benefit (deficit) asset 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:

	2022	2021
Discount rate	4.50%	4.50%
Rate of compensation increase	3.00% + SMP	0% until 2022 then 3.00% + SMP
Inflation	2.00%	2.00%

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

Notes to Consolidated Financial Statements

September 30, 2022

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

	2022	2021
Discount rate	3.10%	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 2022, consisting of cash contributed by the Association to the registered pension plan, were \$1,474,230 (2021 – \$1,590,840). Cash contributions received from administered programs and remitted to the pension plan were \$543,747 (2021 – \$620,811).

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

	2022	2021
	\$	\$
Employee future benefits – Opening balance	3,424,537	1,994,987
Net benefit plan expense	(1,140,759)	(101,037)
Remeasurement of employee future benefits	(5,992,242)	(60,253)
Gross employer contributions	1,474,230	1,590,840
Employee future benefits – Ending balance	<u>(2,234,234)</u>	<u>3,424,537</u>

10 Investment income (loss)

	2022	2021
	\$	\$
Portfolio interest and dividend income	1,059,414	711,661
(Loss) gain on portfolio investments	(2,589,099)	746,563
Interest income	290,657	179,988
	<u>(1,239,028)</u>	<u>1,638,212</u>

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 year ended September 30, 2022 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 \$712,013 (2021 – \$1,029,995) in Canadian Medical Association revenue related to this funding. As at September 30, 2022, \$729,574 (2021 – \$1,441,587) 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.

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

Notes to Consolidated Financial Statements

September 30, 2022

The Association also received two (2021 – two) additional grants from C.M.A. during the year for total proceeds of \$350,000 (2021 – \$350,000), of which \$190,797 (2021 – \$24,323) was recorded in C.M.A. revenue related to this funding. As at September 30, 2022, \$484,880 (2021 – \$325,677) 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 loss of \$3,838,775 (2021 – \$3,761,282) was recognized during the year with \$nil (2021 – \$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 2022 premium reduction of \$850,490 (2021 – \$2,164,845) is funded from the Premium Reserve Fund.

13 Related party transactions

During the year, the Association recognized administration fees totalling \$465,857 (2021 – \$459,860) from the AMA Health Benefits Trust Fund. Of this amount in the current year, \$39,500 (2021 – \$257,126) remains due from the 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 the 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 \$1,526,019 (2021 – \$1,517,301).

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.

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

Notes to Consolidated Financial Statements

September 30, 2022

15 Change in non-cash working capital items

	2022 \$	2021 \$
Accounts payable and accrued liabilities	(56,538)	(1,093,869)
Due from AMA Health Benefits Trust Fund	217,626	(219,905)
Deferred membership revenue	1,224,937	(1,224,245)
Payable to Canadian Medical Association	74,336	(52,246)
Due from administered programs	516,501	(572,336)
Accounts receivable and prepaid expenses	(264,501)	(58,065)
Deferred revenue, leasehold inducements and other	(859,931)	1,394,681
Due to Alberta Medical Foundation Charitable Fund	-	(4,375)
	<u>852,430</u>	<u>(1,830,360)</u>

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 \$102,179 (2021 – payable of \$64,794) 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.

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

Notes to Consolidated Financial Statements

September 30, 2022

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.

The outbreak of COVID-19 caused by a novel strain of coronavirus was recognized as a pandemic by the World Health Organization. COVID-19 has introduced uncertainty and volatility in global markets and economies. The length and extent of the impact of the virus on the fair value of the investments will depend on future developments, which cannot be predicted at this time.

The geopolitical situation in Eastern Europe intensified on February 24, 2022, with Russia's invasion of Ukraine. The conflict between both countries continues to evolve, resulting in economic and global financial markets challenges, including rising inflation and global supply chain disruption. At this time, it is uncertain how long the conflict, economic sanctions and market instability will continue and whether they will escalate further.

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, 2022, \$5,501,253 (2021 – \$4,935,472) 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, 2022, \$72,838 (2021 – \$199,044) was transferred from the Premium Reserve Fund.

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

Notes to Consolidated Financial Statements

September 30, 2022

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:

	\$
2023	521,181
2024	482,937
2025	271,146
2026	271,146
2027	271,146
Thereafter	<u>45,191</u>
	<u>1,862,747</u>

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, the Association exercised its right under the lease agreement to surrender a portion of the leased premises due to the fact that the AMA can no longer operate 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.

20 Comparative figures

Certain comparative amounts have been reclassified to conform to the current year's consolidated financial statement presentation. These reclassifications have no effect on the reported results of operations.

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

Schedule 1

Consolidated Schedule of Expenditures

For the year ended September 30, 2022

	2022	2021
	\$	\$
Expenditures		
Salaries	7,007,793	7,160,250
Purchased services	4,281,286	3,377,137
Committee per diem and travel	2,712,526	1,854,906
Employee benefits	2,556,452	2,415,643
Amortization	1,696,383	1,536,959
Equipment maintenance	939,478	828,668
Insurance discount premium	850,490	2,164,845
Zone grants	725,220	789,850
Facilities	533,559	687,360
Section support	353,398	360,725
Investment and bank fees	305,906	230,358
Scholarships	145,000	151,000
Travel and accommodation	100,716	35,025
Insurance	92,296	77,352
Communications production	82,187	53,684
Telephone	49,118	51,582
Postage and courier	29,755	10,106
Sundry	26,385	22,005
Stationery and office supplies	24,822	24,970
Subscriptions and publications	3,326	129,123
	<hr/>	<hr/>
	22,516,096	21,961,548

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

Schedule 2

Consolidated Schedule of Committee Expenditures

For the year ended September 30, 2022

	2022 \$	2021 \$
Governance		
Representative Forum	1,297,302	792,555
Board of Directors	682,365	558,364
CMA General Council	27,000	26,383
Executive Committee	13,861	16,434
	<hr/> 2,020,528	<hr/> 1,393,736
Other committees		
Negotiations	170,895	53,320
Primary Care Network Executive Committee	161,394	139,844
Other committees	64,571	15,554
Compensation	60,691	51,725
Nominating Committee	33,102	27,140
Advocacy Research	32,502	-
Information management / Information technology task force	29,180	39,578
Health Issues Council	28,851	24,538
Committee on Financial Audit	19,733	13,203
Primary Care Alliance	19,727	31,697
Specialty Care Alliance	18,963	36,427
Stipend Action	11,047	-
Council of Presidents	9,989	7,172
AMHSP Advisory Committee	9,534	11,022
Committee on Student Affairs	6,971	225
Healthy Working Environments	6,022	1,625
Indigenous Health	4,238	3,957
Provincial Physician Liaison Forum	3,914	3,688
Committee on Bylaws	674	455
	<hr/> 691,998	<hr/> 461,170
	<hr/> 2,712,526	<hr/> 1,854,906

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