AMA 2021-2022

Reports to the Annual General Meeting

The 117th AGM of the Alberta Medical Association will be held virtually, at 7 p.m., Monday, October 3.

ALBERTA MEDICAL ASSOCIATION

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AMA Vision, Mission and Values

Our Vision

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

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

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

The AMA defines such a system in this way:

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

Our Mission

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

Our Values

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

In Memoriam

Members deceased since the last annual general meeting are:

Sanjay Achal	Calgary	Richard C. Lundeen	Edmonton
Blair Roy Amundsen	Cowley	Stephanie Gay Mah	Calgary
Douglas Morris Asp	Victoria, BC	Bohdan Marynowski	Halifax, NS
Philip W. Asplin	Campbell River, BC	Malcolm Scott McPhee	Ottawa, ON
Ian Hamish Bailes	Edmonton	Shawkat Shafik Michel	Edmonton
Deegraj Beeharry	Calgary	Someshwar Singh Nakai	Edmonton
Howard Kenneth Boake	Red Deer	James Andrew Nixon	Calgary
Jose Luis Bustillo	Salt Spring Island, BC	David Gaetan Patry	Calgary
Gabriel Thomas Cahill	St. Albert	Eugene Jerry Rudnisky	Edmonton
Ross Dugald Campbell	Edmonton	Elizabeth Margo Schwab	Edmonton
Robert Chen	Edmonton	Norbert Erhard Schweda	Atlin, BC
Alasdair Reid Drummond	Stettler	Oliver Seifert	Edmonton
Brian Herbert Du Heaume	Edmonton	Ronald James Smith	Edmonton
Neil Fraser Duncan	Edmonton	Francis Patrick Spence	Calgary
Robert Frederick Fairbairn	Chatham, ON	John Harry Sprague	Cochrane
Ronald Mcwilliam Fraser	Calgary	George C. Stewart-Hunter	Vermilion
John Lloyd Gosbee	Calgary	Gary Edward Swanson	Calgary
Robert Arthur Hallgren	Edmonton	Wilford Cyril Tetz	Lacombe
Thomas Hardin	Edmonton	Allen Francis Trautman	Lethbridge County
Rex Wendell Jordan	Drumheller	John Conway Wagner	Red Deer
Lloyd Anthony Koller	Edmonton	David George Wyse	Canmore
Jonathan Patrick Lee	Calgary		

Minutes

116th Annual General Meeting of the Alberta Medical Association
(CMA Alberta Division)
September 28, 2021

1. The 116th Annual General Meeting of the Alberta Medical Association (CMA Alberta Division) was held on September 28, 2021, via Zoom webinar.

2. **Call to Order**

   Dr. Carl Nohr presided as speaker and declared the 116th AGM in session and duly constituted at 7 p.m.

   The meeting commenced with the playing of the national anthem.

3. **In Memoriam**

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

James Chin	Michelle Hucul	Marvin Mitchell
Shekoufeh Choupannejad	Raymond Hulyk	Joe Myburgh
Norman Chychota	Noel Jampolsky	Michael Owen
Lorne Collins	Laura Kosakoski	Abdulquddus Qureshi
Phillip Cummins	Roopee Kumar	Thomas Paton
Ruth Ann Dickson	Bernard Lee	Anil Prakash
John Empey	John Lipinski	Walter Reynolds
Mohammed Feroz	James McCaffery	Ernest Rogan
Finlay Fairfield	William McGeachy	Wajid Sayeed
Bijan Hamidi	David McGowan	David Shragge
Bruce Hedges	David Miller	Michael Shuster
Dartana Sioe	Theodore Siwak	Noel Williams
Parviz Somani	Ernest Takacs	David Wilox
David Spence	Geoffrey Taylor	Brent Wray
Marvin Starko	Ronald Wensel	

4. **Minutes, Meeting of October 5, 2020**

   The minutes of the AGM of October 5, 2020, were accepted as circulated.

5. **President's Valedictory**

Outgoing president, Dr. Paul Boucher, reflected on his term as president and on its challenges and accomplishments. He thanked the directorate for its support during his term.

6. **Installation of AMA President**

CMA President Dr. Katharine Smart, said a few words on behalf of the CMA prior to commencement of the installation of Dr. Vesta Michelle Warren as AMA President 2021-22. Dr. Warren gave her inaugural speech as incoming president.

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

Dr. Fredrykka Rinaldi, member, Committee on Bylaws, presented the report from the committee in the absence of chair Dr. Brock Debenham. There was an opportunity for questions following the presentation.

MOTION: *Moved by Dr. Fredrykka Rinaldi:*

THAT proposed substantive amendments to the Bylaws outlined in the 2020-21 Annual Reports be authorized and approved.

CARRIED

MOTION: *Moved by Dr. Fredrykka Rinaldi:*

THAT the existing bylaws of the association be rescinded in their entirety and the bylaws as amended by resolution passed at this Annual General Meeting held on September 28, 2021, be adopted.

CARRIED

8. **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, 2020, 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 2021-20 fiscal year.

CARRIED

9. **Report from the Nominating Committee**

Dr. Alison Clarke, Chair, Nominating Committee, presented the report on behalf of 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 34 representatives to CMA General Council 2022 be approved: (AMA President attends by virtue of position)

- President-elect
- Immediate Past President
- Speaker or Deputy Speaker
- Ten representatives to be named by the Board
- Thirteen 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

The following members were nominated for election to the following positions on the Nominating Committee: one member for a two-year term (2021-23) and two members for one-year terms as alternates (2021-22):

- Dr. Edward Aasman
- Dr. Brinda Balachandra
- Dr. Peter Laratta
- Dr. Usha Maharaj
- Dr. Linda Mrkonjic
- Dr. Richard Owen
- Dr. Rithesh Ram

Note: An election took place via e-vote following the meeting. The following members were elected:
To the two-year term as a member (2021-23):

- Dr. Usha Maharaj

To the two one-year terms as alternates (2021-22):

- Dr. Brinda Balachandra
- Dr. Rithesh Ram

10. **AMA Awards**

A video of award recipients and their accomplishments was presented.

11. **Board Report to the AGM**

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

12. **Closing Remarks**

Dr. Warren provided closing comments and thanked all members for their attendance and contribution to the Annual General Meeting.

13. **Adjournment**

The meeting was adjourned at 9:30 p.m.

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Nominating Committee

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

REPORT TO THE FALL 2022 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 2023 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 32 delegates to attend the CMA General Council in 2023. The president attends this meeting by virtue of the position and is not included in the count of Alberta representatives currently allowable to attend (32):

   - President-Elect
   - Immediate Past President
   - Speaker or Deputy Speaker
   - Ten representatives named by the Board
   - Eleven representatives named by the Nominating Committee
   - Two physician appointees of the College of Physicians and Surgeons, at least one of whom must be an elected member of the Council
   - Two deans of medicine (U of A and U of C) or designates from their offices
   - 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. As previously reported, the President-Elect position was acclaimed by Dr. Fredrykka Rinaldi back in April of 2021 and Dr. Gerry Prince was elected to serve the remaining sub-term portion of the Deputy Speaker position and now seeks re-election for a full 3-year term. Dr. Carl Nohr also seeks re-election as AMA Speaker.

   Since the 60-day notice of election closed on August 31, no further nominations were received, therefore **both individuals are now acclaimed to serve their three-year terms 2022-25, respectively**.

   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 2022-23**

   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 2022
CHAIR			
Chair, Dr. Alison Clarke	Board appointee	1 Year 2021-22	Non-elected position
BOARD Appointed (3 members, 2 alternates)			
Dr. Alison Clarke	FM, Strathmore	2 years 2020-22	Non-elected position
Dr. Sarah Hall	PEDS, Calgary	2 years 2021-23	Non-elected position
Current Vacancy	-	2 years 2020-22	Non-elected position
Dr. Paul Boucher (alternate)	INTVS, Calgary	1 year 2021-22	Non-elected position
Dr. Shazma Mithani (alternate)	EMER, Edmonton	1 year 2021-22	Non-elected position
AGM Elected (4 members, 2 alternates)			
Dr. Darryl LaBuick	**FM, St. Albert**	**2 years 2020-22**	**NO**
Dr. Sam Myhr	**FM, Pincher Creek**	**2 years 2020-22**	**NO**
Current Vacancy	**-**	**2 years 2021-23**	**-**
Dr. Jia Hu	**PHPM, Calgary**	**2 years 2020-22**	**NO**
Dr. Rithesh Ram (alternate)	**FM, Drumeller**	**1 year 2021-22**	**YES**
Dr. Brinda Balachandra (alternate)	**LAB, Edmonton**	**1 year 2021-22**	**YES**
RF Elected (2 members, 2 alternates)			
Dr. Edward Aasman	FM, Rocky Mountain House	2 years 2021-23	-
Dr. Maeve O'Beirne	FM, Calgary	2 years 2020-22	NO
Dr. Linda Mrkonjic (alternate)	ORTHO, Calgary	1 year 2021-22	NO
Dr. Wayne Chang (alternate)	FM, Calgary	1 year 2021-22	YES
Resident rep			
Dr. Franco Rizzuti	PARA appointee	1 year 2021-22	Non-elected position

Drs. Darryl La Buick, Sam Myhr and Jia Hu's two-year terms end October 2022 and they are not eligible to be re-elected.

A further position is currently vacant, and the Nominating Committee is seeking a member to fill this stub-term position for 1 year with a possibility for a further two-year term if elected to this position.

Having each served a one-year term as alternates, Drs Rithesh Ram and Brinda Balachandra are both eligible to run for election to the Nominating Committee each for a two-year term as a member, or a second one-year term as an alternate member.

Therefore, **six (6)** members are to be nominated by this AGM, with an electronic vote to occur following the meeting:

- **Three members each for a two-year term 2022-24**
- **One member for a stub-term of one year 2022-23**
- **Two alternate members each for a one-year term 2022-23.**

	AGM Elected		**Term**
1.	TBD	Member elected by AGM	2 years 2022-24
2.	TBD	Member elected by AGM	2 years 2022-24
3.	TBD	Member elected by AGM	2 years 2022-24
4.	TBD	Member elected by AGM	1 year 2022-23 (stub-term)

1.	TBD	Alternate elected by AGM	1 year 2022-23
2.	TBD	Alternate elected by AGM	1 year 2022-23

The Fall Nominating Committee meeting is Friday, November 4, 2022. Two further meetings will be held in February and May of 2023.

For information: The Board has formed the Board Working Group on Nominating Committee Processes to review and make 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 an educational session regarding the HWE's Leadership Tool Kit and other supports for EDI that may be adopted. Open discussions of issues relating to EDI occur regularly at Nominating Committee meetings. Those interested in service on Nominating Committee should be prepared for exposure to the concepts and language of EDI and to converse about its application in the safe space of Nominating Committee meetings.

Elections

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

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

In accordance with the Alberta Medical Association Bylaws, a Call for Nominations for Speaker, Deputy Speaker, Nominating Committee and Representatives to CMA General Council 2023 was sent to the membership on August 3, 2022.

Speaker and Deputy Speaker

No further nominations were received for the positions of Speaker and Deputy Speaker; the positions were filled by acclamation as noted in the Nominating Committee Report.

Composition of Representatives to CMA General Council 2023

One nomination was received in response to the Call for Nominations. Dr. Robert Ferrari, (Internal Medicine, Edmonton) has been nominated to attend 2023 CMA General Council as an AMA delegate. A brief profile, based on service as contained in AMA records, is provided below.

Dr. Robert Ferrari, Internal Medicine, Edmonton	
2017-present	Trustee, AMA Health Benefits Trust Fund

The Nominating Committee Report contains the recommendations for the AMA composition of representatives to CMA General Council 2023. Direction will be sought regarding AMA composition of representatives to CMA General Council 2023 at the 2022 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 2022 AGM nominations will be sought from the floor to fill the following six (6) vacancies on the Nominating Committee:

- Three members each for a two-year term 2022-24
- One member for a stub-term of one year 2022-23
- Two alternate members each for a one-year term 2022-23

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 2022 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 Friday, November 4, 2022.

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 to the Annual General Meeting

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 7 p.m. on Monday, October 3, 2022.

This will be a chance to engage with the president and officers of the Alberta Medical Association about the latest state of affairs with government and other 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, 2021 to September 30, 2022.

There are three parts to this report:

- **A year in review** is largely a recounting of the events of the year around three key themes.
- **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.
- **Performance and the business plan** 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.

A YEAR IN REVIEW: How the AMA supported members in 2021-22

The 2021-22 fiscal year was challenging for the AMA in many ways. From the ongoing pandemic to the continued challenges in our relationship with government and Alberta Health Services, the AMA had to be nimble and responsive on many fronts in order to effectively support and represent members.

The following section details multiple events and challenges over the past year – in chronological order – and how the AMA consistently responded and supported members by:

- representing members and restoring the relationship with government
- responding to the pandemic and the care deficit

The report will also outline the AMA's continued pursuit of important activities under our business plan that are key to our mission and vision.

Representing members and restoring the relationship with government

October 21, 2021: Supporting members impacted by proposed changes to AHS stipend payments

In October 2021, the AMA was working hard to support members with respect to AHS stipend payments. Alberta Health and AHS had said that they would be ending stipend contracts with approximately 1,900 physicians on December 31, as they had done similarly in August and April of that year.

At this point in time, there was little productive discussion with respect to developing agreeable, viable alternatives, and the Stipend Action Committee was advocating for an extension past December 31 in order to allow for a fair and collaborative process for developing viable physician compensation arrangements.

The AMA continued to remind health care partners that the best way to accomplish this would be through a comprehensive and integrated framework that encompasses all aspects of physician compensation.

November 15, 2021: Negotiations continue with some positive signs

Negotiations with government continued throughout the fall and in November 2021 we were seeing some positive signs. The new minister advanced a move toward interest-based bargaining as a way of breaking the standstill in negotiations. From the AMA's perspective, this approach was welcomed. We believed it would encourage a constructive and collaborative approach and could improve relationships.

Another positive sign was government's follow-through on a commitment to not restrict billing numbers (PRACIDs) on April 1, 2022 – as was provided for in 2019 legislation. The government tabled an amendment to the *Alberta Health Care Insurance Act* to formalize that promise. This pause allowed productive discussions to continue.

November 25, 2021: AMA recognizes member achievement and service

One of the high points of the 2021-22 year was bestowing our highest honours for long service and distinguished achievement. The 2021 AMA Achievement Awards were presented at the virtual Annual General Meeting on September 28. These awards carried extra meaning, given that in 2020 the program was placed on hiatus due to the COVID-19 disruption. We were pleased to receive an excellent set of nominations from which our Committee on Achievement Awards selected honourees for approval by the Board.

This video highlights the AMA Achievement Award winners and Alberta-based honourees of the Canadian Medical Association. For thoughts from these individuals and more recipients of other AMA honours, please review the awards booklet.

December 3, 2021: Z-code deadline delayed

For many physicians the January 1, 2022 date for implementation of the proposed Z-codes and AHS overhead policy was a great concern. On December 2, Alberta Health released a bulletin stating that the implementation date for both of these items would be delayed: Z-codes to October 2022 and AHS overhead was targeted for June 2022. We had been actively advocating on these issues and were pleased to know many members who were already struggling with so many challenges would have a reprieve.

While it was appreciated, the delay itself was not a solution. The AMA was still firmly advocating to align AHS overhead policy with other parts of the compensation environment.

December 10, 2021: Delay in AHS stipend changes allows time for a comprehensive approach

With the support of the AMA and the Stipend Action Committee, physicians and stipend groups sent letters to government and AHS leaders highlighting their concerns around stipend payments ending and the looming implementation date. These letters were unique to each group and described the real-life patient

and health system impacts that would occur on December 31 if stipends were to end without a viable alternative in place.

On December 8, physicians working in AHS facilities, particularly those involved with programs remunerated by AHS stipend arrangements, received an email from Dr. Francois Belanger, AHS Vice President, Quality and Chief Medical Officer, confirming that an extension had been granted to many AHS clinical stipend programs that were set to end on December 31.

The Stipend Action Committee prepared a detailed SAC Update with more detailed information for impacted physicians.

December 22, 2021: Negotiations toward a new agreement continue

We continued to see encouraging signs from the minister and Alberta Health negotiators with respect to interest in a collaborative relationship and negotiations designed to solve problems instead of just taking positions.

We continued to push for aligning all elements of physician compensation into a comprehensive and integrated framework. Including fee-for-service (and virtual care codes), clinical ARPs, AHS stipends, overhead policies or any other alternative funding arrangements, as well as Physician Compensation Advisory Committee processes. The AMA maintained that a framework like this should be part of a negotiated agreement that provides for a consistent, strategic approach to compensation. For the AMA, that meant knowing not only how we are paid and how much, but also what we are trying to achieve for patient care with respect to the payment method.

December 22, 2021: Advocacy around the opioid crisis

Sadly, opioid deaths continued to climb during the pandemic. Statistics were showing that, year-over-year, the death rates in many jurisdictions were much, much worse. The AMA's Section of Addiction Medicine worked with government on developing strategies to deal with the crisis. The AMA was also building on motions from the Representative Forum and coordinating with stakeholders, such as the Edmonton Zone Medical Staff Association's Opioid Poisoning Committee. The opioid crisis was a frequent topic for commentary on AMA social media platforms.

December 30, 2021: Increase to priority virtual care codes

To make the provision of virtual care more financially sustainable, government and AMA announced changes to some priority virtual care codes through a joint media release.

These changes were the result of AMA advocacy and a report from a virtual care working group that included Alberta Health, Alberta Health Services, the College of Physicians & Surgeons of Alberta and the AMA. Looking at both short- and long-term considerations around virtual care, the working group identified a number of priorities, but adjustments relating to indirect patient care time and complex modifiers were seen as the most urgent priorities at the time.

January 20, 2022: Discussions with government enter a new phase

For a number of months, government and the AMA had been exploring a return to formal negotiations toward a provincial agreement for Alberta physicians.

Before returning to negotiations, the parties agreed to act on some high-priority issues to provide some stability in the system. This included:

- Implementing virtual code changes (announced on December 30).
- Delaying the December 31, 2021 implementation of AHS stipends, Z-code fee reductions and AHS overhead policy.
- Closer collaboration between government and the AMA on the province's COVID response.

Rick Wilson was appointed as a facilitator to assist both parties in engaging in interest-based negotiations. This was a positive step as both parties saw this approach as a way to find wins for both sides, addressing root problems instead of simply presenting positions.

February 10, 2022: AMA holds true to physician needs as formal negotiations begin

As formal negotiations began, the AMA held true to what physicians told us they needed: stable practices and the ability to deliver the care that patients need. In essence, we sought value for patients and fairness for physicians. The physician interests (developed through extensive member engagement) identified by the AMA included high-quality care; addressing economic concerns; providing dispute resolution; establishing continuance for agreements and programs; and ensuring strong representation, including in fee-for-service, alternative relationship plans and the Academic Medicine and Health Services Program. The AMA also sought to address health policy issues, such as physician resources and support for primary care as the backbone of the system.

March 2, 2022: AMA calls for AHS overhead charges to be dealt with at negotiating table

In a letter from AHS to physicians, AHS provided notice that on July 1, 2022, it would implement a framework "for assessing and recovering physician overhead costs that will be a consistent approach for AHS physician overhead across all zones, and in all facilities; urban, regional and rural."

The AMA had been providing feedback to AHS regarding the overhead policy and consistently advised that:

- There must be sensitivity applied to matters that negatively affect physician compensation - particularly at this time. The pandemic has significantly affected the viability of practice for nearly every physician in Alberta and with a care deficit to address, we need to be looking for ways to improve access to medical services.
- AHS overhead policy, along with all other areas where changes to physician compensation are being contemplated, belong under the umbrella of our provincial negotiations.

In the face of this AHS notice, the AMA responded strongly; advocating for stability and the mechanisms needed to ensure that compensation arrangements are equitable and consistent. With this new deadline looming, the AMA made the same argument as we did in December 2021:

"In our view, these matters need to be discussed in negotiations leading to a provincial agreement and a framework that deals with all aspects of physician compensation."

March 25, 2022: Enhanced virtual care codes improve access to mental health care

The AMA and Alberta Health jointly announced changes to virtual care billing codes that will allow psychiatrists to provide additional virtual care for:

- Indirect care as part of a psychiatric consultation.
- Time spent discussing a child's treatment with their guardian (currently, psychiatrists can only bill when talking with a patient directly).

Implementing appropriate virtual care codes like these was a priority issue that AMA and government agreed to have addressed and they helped to fill a gap in mental health care delivery and improved practice stability for psychiatrists.

April 1, 2022: Alberta Health agrees to pause stipend changes during negotiations

The AMA continued to raise stipends, AHS overhead charges and other issues with Alberta Health and AHS with the goal of bringing all aspects of compensation to the broader negotiations table so that they could be dealt with through a comprehensive physician compensation framework. To do this, however, both parties needed to agree that changes to the status quo would not occur while negotiations were underway.

On April 1, the AMA and Alberta Health jointly announced that any pending changes to payment rates or programs would be halted until negotiations conclude**.**

April 5, 2022: AMA hosts webinar to inform members about negotiations

As negotiations continued to move forward, the AMA remained committed to keeping members apprised of the progress being made at the table, the interests that were being brought forth on their behalf and the major sticking points between the parties.

Hosted by the sections of Family and Rural Medicine, as well as the Specialty Care Alliance, the Negotiations Update webinar was open to all AMA members and included a panel presentation, followed by a Q & A session with all attendees. Members were provided with:

- An update on our interest-based negotiations with Alberta Health and other issues.
- A progress update on the AMA's lawsuit.
- Information about the latest progress on the Income Equity Initiative.

A recording of the negotiations webinar (login required) was made available on the AMA website for any member to view, as was a synopsis of questions and answers (login required) arising from the Q & A portion of the webinar.

May 1, 2022: The AMA celebrates National Physicians Day

May 1 is Canada's day to celebrate the contributions of physicians to their patients, communities and the profession. The AMA recognized the hard work, passion and dedication of Alberta's physicians, resident physicians and medical students by shining a spotlight on some specialty areas of medicine, including general pathology, medical genetics, palliative care, rural family medicine and women's health.

May 26, 2022: AMA keeps physician and patient interests top of mind as Connect Care rollout continued

Wave 4 of the Connect Care launch took place on May 28 at sites in both Edmonton and Calgary zones. As the clinical information system for all AHS medical records, prescriptions and care history at AHS facilities, AHS physicians were most directly impacted by Connect Care's rollout. However, these systemic changes would also impact the flow of information to community physicians, and physicians recognized the risk of adverse outcomes to patients if this flow is interrupted.

The Non-AHS Community Provider Advisory Group was created in 2019 (prior to Wave 1) to address this gap. With representation from physician leaders, AMA staff and AHS, the advisory group focused on identifying and addressing Connect Care impacts, specifically on community physicians, prior to each launch phase.

The group focused on technical issues, including results routing and the challenges that faced physicians who practiced in both AHS facilities and the community. With the support of the AMA, AHS met with the sections of Family and Rural Medicine in December 2021 to identify key areas of concern.

While there is still work to be done toward a fully integrated solution, this collaborative approach led to progress in resolving technical issues and provided clear communications and dedicated avenues to better support community physicians.

June 1, 2022: Alberta cancer care physicians ratify agreement with AHS

On May 27, Cancer Care Alberta (CCA) physicians ratified an agreement between the AMA (representing CCA physicians) and AHS, effective July 1, 2021. During the voting period, 60.6% of eligible CCA physicians cast a ballot and of those voting, 62.8% voted yes and 37.2% voted no.

It took several years for the negotiating team to reach this agreement and – like any agreement – there were many pros and cons to consider. The eventual outcome represented successful work by the two parties and affirmed a strengthened relationship between AHS and cancer care physicians. This successful ratification demonstrated that it was possible to make progress – even in difficult times.

June 17, 2022: Further progress toward income equity

In the fall of 2021, the Representative Forum directed the Board to develop an interim approach to make progress toward income equity using best available evidence, while remaining committed to the completion and implementation of the full Income Equity Initiative (IEI). In close consultation with sections, the AMA Compensation Committee (AMACC) developed an interim measure, which was approved at the Spring RF meeting in Calgary.

The interim measure was designed to help quantify progress toward achieving income equity and to guide the allocation of any new monies obtained in an agreement with government. The AMA requested that if any such allocation was given, that five sections receive particular attention due to their low ranking in the interim income equity calculations (Family Medicine - including Generalists in Mental Health, Neurology, Obstetrics and Gynecology, Pediatrics and Psychiatry).

The AMA recognized that calculations for the interim measure use the best information available at a specific point in time and that calculations may change over time as data evolves, for example once the AMA Hours of Work Study results are available.

The AMACC developed an illustrative video to help explain IEI, the interim measure and the factors used to compute each section's equity measure.

June 21, 2022: Government further delays changes to stipends to allow discussions to continue

Many physicians would have been impacted by the June 30 planned deadline for changes to stipend contracts, but to support the ongoing discussions between government and the AMA, the parties jointly announced that no action would be taken on June 30 with respect to AHS stipends or overhead.

June 24, 2022: AMA weighs in on Roe v. Wade decision

On June 24 the Supreme Court of the United States struck down the landmark Roe vs. Wade ruling. The AMA has always strongly supported access to safe and timely health care for all. For women, there is no more important dimension than access to reproductive care and treatments.

Dr. Warren issued a *President's Letter* to provide comment on the controversial decision and the denial of fundamental constitutional rights of 50% of the American population. Dr. Warren commented on the risks that could arise for patients and physician colleagues in the United States and called for safe and equitable health care to meet the needs of women.

The AMA also recognized and began looking into possible implications for Alberta-based physicians who provide services to American patients, particularly in border communities and larger cities.

July 15, 2022: AMA encourages caution with respect to pilot project pharmacy clinic

As many communities were increasingly struggling with the loss of physicians in primary and specialty care, a pilot project saw Lethbridge's Real Canadian Superstore become home to Alberta's first walk-in health clinic led by pharmacists.

While the AMA was painfully aware that many Albertans could not find a family physician and that more support for primary care was desperately needed, we were concerned about the lack of integration in this stand-alone model. With no way to bring together the data and outcomes of patient encounters, the concern was that the patient would end up being responsible for holding all knowledge of their care without anyone to help them manage it.

The AMA continued to advocate for every Albertan to have a Patient's Medical Home of their own – a place where a family physician is the most responsible provider of their medical care and works collaboratively with a team of health professionals, which may include nurses, pharmacists, nutritionists and others as required. Patients deserve coordinated comprehensive health care services and continuity of patient care.

July 29, 2022: New UCP leader needs a plan for health care

As the United Conservative Party engaged in an election process to choose their new leader, the Board discussed the need to hear from the candidates about their future plans for health care, as well as their ideas for solving the significant health care issues facing Albertans.

The winner of this leadership race will go on to become premier of Alberta and to direct government with whom Alberta physicians were hoping to rebuild a constructive working relationship. As such, the AMA wanted to engage with the candidates by raising important questions from Albertans (through our online patient community, PatientsFirst.ca) and from our members.

Members were asked to submit their questions for the leadership candidates via email and patients were asked to do so via a form sent through the PatientsFirst.ca website. The AMA committed to sharing the final set of questions and responses from each candidate with members and the public.

August 12, 2022: Health care questions for UCP leadership candidates

Many members responded to the call for health care related questions that the AMA should ask the UCP leadership candidates to answer. We also heard from over 1,100 Albertans through our PatientsFirst.ca website.

After reviewing all submitted questions, it was determined that 10 questions would be posed to the leadership candidates with an explanation that the questions – and their answers – would be shared with members, our PatientsFirst.ca community and the public at large to encourage wider engagement and conversation around these important topics.

August 19, 2022: Alberta physician Dr. Alika Lafontaine, becomes CMA's first Indigenous president

With Canada's health care system on the brink of collapse, on August 22 Dr. Alika Lafontaine officially took the helm of the CMA at one of the most challenging times in recent history.

Dr. Lafontaine — who is the first Indigenous president in the CMA's 155-year history — has spent his career working to transform Canada's health care system, particularly in service of marginalized communities. He is an award-winning physician who practises anesthesia in Grande Prairie. He was born and raised in Treaty 4 Territory (Southern Saskatchewan) and has Anishinaabe, Cree, Métis and Pacific Islander ancestry.

'We can imagine a different future': Introducing CMA President Dr. Alika Lafontaine.

August 26, 2022: Advocacy letters – AMA opinion/editorial coverage

In August, the AMA garnered earned media coverage through opinion/editorial coverage. Dr. Warren wrote three opinion pieces that were published (or in the process of being published at time of writing) in Postmedia outlets.

- Opinion article regarding pharmacist-led clinics
- Letter to editor regarding primary care under Alberta Health Services management
- Opinion article regarding nurse practitioners and siloed care

September 9, 2022: Members vote on potential agreement
During the summer months of 2022, the AMA and Alberta Health had made tangible progress at the

negotiating table, overcoming some major philosophical obstacles. After many weeks of intense negotiations, a potential ratification package was brought forward for membership ratification.

Responding to the pandemic and the care deficit

October 7, 2021: A call for stronger measures to combat COVID-19

At the Fall Representative Forum, the Board received clear direction from RF delegates that the AMA needed to strongly – and publicly – advocate for a stronger response to the COVID-19 crisis Alberta was facing.

A media release was issued on September 27 in response to the most urgent COVID-related motion passed at RF. The media release called on government to institute timely, effective public health measures – commonly referred to as a "fire-breaker" – to aggressively control COVID-19 cases to protect our health care system and keep Albertans safe.

October 29, 2021: Physicians surveyed to help measure the care deficit

We surveyed members to learn what they were observing in their practices with respect to the impact of the care deficit. The firsthand information we collected was very concerning:

- We asked: To what extent are you observing COVID-19 care deficit effects in your practice/in your patients.
  - 59.7% said the effects are often or almost always present in patients
  - 29.7% said sometimes
  - 10.5% said seldom or never

- We asked: Do you feel equipped to assist patients with their care deficit issues?
  - 46.2% said they seldom or never felt equipped
  - 37.6% said sometimes
  - 16.2% said yes, almost always or often

Media outlets were beginning to cover the care deficit issue in earnest:

- Pandemic poses long-term risks to heart health: Canadian survey of experts
- Diagnoses of common illnesses dip during crisis, creates backlog: officials

November 25, 2021: Albertans thank physicians

Part of the AMA's work to explore the COVID-19 care deficit included gathering video testimonials from Albertans about how the pandemic was affecting them. In the course of that work, we also collected some messages of gratitude and satisfaction for the care that health care teams – and doctors in particular – provided through the pandemic. We compiled those messages in a short video that was shared with members.

December 15, 2021: Care deficit advocacy continues as AMA prepares to seek solutions

The public weighed in on the COVID-19 care deficit through albertapatients.ca and helped us to understand the ways in which they were personally affected. Patients sent us short video messages telling us about their personal care deficits. Many of their testimonials were heartbreaking and we turned our attention to asking: How do we get patients the care they need? How can we deliver the referrals, procedures, diagnostic services, community support and continuity of care that will be required as we shift from pandemic to endemic at a time that no one can predict? How can we make our system better during this time of significant challenge when it was challenged even before COVID-19?

We knew then that it would take all of us, working together, to recover from the care deficit and we called for health system partners to collaborate in identifying new, innovative solutions. We could not simply keep doing the same things we had always done in the system. We knew the effects of the pandemic were already so widespread and so deep that it would take great focus, resources and support from all parties in the health care system to even attempt recovery.

December 22, 2021: AMA and Alberta College of Family Physicians host emergency Omicron meeting

The AMA and Alberta College of Family Physicians co-hosted a webinar on December 23 to discuss the latest developments with respect to the Omicron variant in Alberta and how primary care physicians could best prepare. The webinar focused on primary care but was open to all members and a recording was made available on the AMA website.

December 30, 2022: AMA leadership pens op-ed; Community care is key to helping get us through Omicron

AMA leaders published an op-ed submission with Postmedia about the importance of supporting community care in order to effectively respond to Omicron. The submission called for increased support for primary care as Alberta found itself on the brink of a fifth pandemic wave and was jointly signed by the AMA president, the presidents of the sections of Family, Rural and Emergency Medicine and the co-chairs of the Specialty Care Alliance.

February 3, 2022: Advocating to heal our health care system

Through our August 2021 member survey, members told us they wanted the AMA to advocate and help explain the state of health care to Albertans, including advocating for sustainability of family medicine/primary care, the importance of the Patient's Medical Home and the serious situation in rural medicine where COVID-19 had worsened ongoing gaps in local health care teams.

Physicians wanted patients to know that they were still there for them, but also that they were under enormous strain, pressure and burnout. The AMA developed materials to help physicians have conversations with their patients about the state of primary care and how they could help:

- Advocacy briefing note: State of primary care & how Albertans can help
- Poster: What is happening right now in community primary care?

- Poster: What can the public do to help?

February 10, 2022: AMA responds to government easing public health restrictions

On February 8, Premier Jason Kenney, Health Minister Jason Copping and Dr. Deena Hinshaw, Alberta's chief medical officer of health, announced Alberta's plan to lift COVID-19 public health restrictions. This easing of restrictions included expiration of Alberta's proof-of-vaccination system and removing rules that required students to wear masks in schools.

The AMA recognized that there were differing opinions about the right time to go from pandemic to endemic but cautioned that hospitals were still under great strain and that people should continue to stay safe and keep those around them safe by getting vaccinated, masking and social distancing. The president did several media interviews in which she focused on stabilizing our hospital system in order to live with COVID.

March 24, 2022: A new phase of AMA advocacy around the growing care deficit

Made up of specialists and primary care leaders – formerly known as the Joint Task Force – the Joint Physician Advocacy Committee (JPAC) introduced a new phase of AMA advocacy in March 2022 with the Care Deficit Assessment Series.

To help Albertans better understand the care deficit and its far-reaching impacts in our province, physician experts shared insights from the frontlines and opportunities they saw for improvement. JPAC's vision for the Care Deficit Assessment Series was to generate discussion among physicians, patients and health system partners to help find a way forward.

The first topic of focus was pediatric mental health and included an executive summary, a full-length paper and a one-page set of physician talking points.

To kick off this work, Dr. Warren created a short video to describe the focus on the COVID-19 care deficit and what we were trying to achieve. The main message was: It will take all of us, working together, to recover from the care deficit.

May 2, 2022: Care Deficit Assessment Series focuses on women's health

JPAC turned its attention to the impact of the COVID care deficit on women's health, encompassing obstetrical and gynecological care, but also the impact on women with respect to the multiple roles they play and the social, economic and health-care consequences they have faced during the pandemic.

This second topic in the Care Deficit Assessment Series included an executive summary, a full-length paper and a one-page set of physician talking points.

May 12, 2022: Care Deficit Assessment Series focuses on care of the elderly

This topic in the Care Deficit Assessment Series considered the heartbreaking deficiencies in the care of the elderly that the pandemic exposed in every jurisdiction. Some proposed solutions for Alberta were included, as well as the usual list of resources and information for patients and families.

This third topic in the Care Deficit Assessment Series included an executive summary, a full-length paper and a one-page set of physician talking points.

May 17, 2022: Representative Forum calls for urgent care for a system in crisis

At the spring Representative Forum, delegates stressed over and over that the system was in crisis. While COVID and the resulting care deficit were a big part of the crisis, delegates pointed out that most issues predated the pandemic and were now much worse.

We heard from many physicians who were facing complex and overwhelming issues ranging from a severe shortage of family physicians – particularly in rural areas – to the ongoing opioid crisis. This was compounded by a terrifying lack of resources to adequately deal with escalating issues related to pediatric mental health.

Though the scale of this crisis was daunting, the RF passed several motions that empowered the AMA to act on many of these issues. These can be accessed through the RF Navigator by browsing by year – Spring 2022 (member login required).

May 20, 2022: Care Deficit Assessment Series focuses on the crisis in Alberta's emergency departments

At the spring RF, delegates passionately agreed that Alberta's already over-stretched health care system was in crisis. This made the advocacy the AMA was undertaking with patients and system partners about the challenges we face all the more critical.

The fourth topic in Care Deficit Assessment Series focused on emergency departments, which was particularly timely as the emergency department is the nexus where almost all care deficit issues were showing up. Most health issues intersect in the emergency department and the emergency medicine physicians who contributed to this paper laid out a powerful picture of the overwhelming strain that was on emergency care in our province. They also identified what they thought would be needed to calm the chaos in the EDs and improve the upstream and downstream deficiencies.

This fourth topic in the Care Deficit Assessment Series included an executive summary, a full-length paper and a one-page set of physician talking points.

May 20, 2022: PatientsFirst.ca provides patients with a place to share their care deficit stories

Whether patients were waiting for a doctor's appointment, waiting for a procedure or service or struggling to find a family physician in the first place, physicians were seeing the detrimental effects.

The AMA set up PatientsFirst.ca as a place where patients could easily share their own care deficit experiences. The data that was anonymously collected was used to shine a light where improvements were needed and to encourage the public to stay alert and informed and help us call for solutions.

Good information about what patients were experiencing around the province was needed but was lacking. Through PatientsFirst.ca the AMA sought to make the system better by helping us to measure, track and better understand the care deficit. The AMA encouraged members to direct their patients to PatientsFirst.ca whenever they (or their staff) had to tell a patient that they weren't accepting new patients or that the patient needed to wait for a service, test or specialist appointment.

June 1, 2022: AMA survey highlights shortfalls in pediatric mental health

Pediatric mental health emerged as one of the primary concerns of the care deficit. Pediatric patients were distressed, as were their families, friends and support networks.

To better understand what parents of unwell children were going through, we turned to our online research community albertapatients.ca. Over 700 Alberta parents/guardians participated, and results showed:

- 65% of parents say a child in their care has suffered deterioration in mental health from the pandemic.
- Negative mental health consequences of pandemic response are directly related to, and increase with a child's age.
- 72% of parents say the overall quality of Alberta's health care system in meeting their child's needs is "bad" compared to only 16% who feel the system is doing at least a "good" job.

This story earned significant media coverage. Reporters were also hearing about a system that was falling short despite the tremendous efforts of physicians, health care teams and families.

June 14, 2022: Care Deficit Assessment Series focuses on dermatology

The fifth topic in the Care Deficit Assessment Series focused on dermatology and provided an interesting example of the care deficit manifesting in specialized care with the potential to affect many patients. The care deficit has severely impacted dermatology patients and has led to dangerous delays in diagnosis and treatment. This has left many Albertans living in pain and, in some instances of skin cancer, these delays in care may shorten lives. Although physicians have been doing all they can to help patients navigate the system and receive the care they need, it is difficult to meet the needs of patients in a timely, effective way.

This fifth topic in the Care Deficit Assessment Series included an executive summary, a full-length paper and a one-page set of physician talking points.

July 15, 2022: Survey confirmed that care deficit was holding on

In reviewing the results of the June 2022 member survey, it was quickly apparent that the care deficit was maintaining its grip.

In 2021, we asked how apparent the care deficit was to physicians. The 2021 results showed a significant prevalence (60.7%). That prevalence continued and even increased in some areas: physicians said the care deficit was now apparent in nearly two thirds (64%) of their patients. Survey results confirmed that patients were in need of care, many were sicker than they would have been without pandemic disruption and there was an increased incidence of more advanced disease and illness.

The AMA recognized that it would take time, effort and resources to find a way forward and committed to continuing to shine a light on issues and potential solutions with the help of the Joint Physician Advocacy Committee.

July 22, 2022: albertapatients.ca survey explores patient experiences in the emergency department

Our June albertapatients.ca survey explored patient experiences in the emergency department and some important themes.

Survey results showed that visits were higher among patients with chronic conditions who also tend to visit more frequently. It was interesting to learn about the level of "self-triage" that was occurring, whereby patients assess whether their situation is "serious enough" for a trip to the ED: 78% say they asked themselves that question and nearly half (49%) say they decided at least once not to go to the ED. Expecting to wait was also a deterrent to visiting an ED.

Almost one-half (46%) of patients – most commonly in those with lower incomes who are under the age of 45 – report that in the past five years, they have personally visited an ED for care because they had no other options available to them at the time (e.g., after hours, didn't have a family doctor/walk-in clinic not available, etc.).

The survey confirmed what the Section of Emergency Medicine and other physician leaders had been saying: Lack of access to integrated primary care in the community, upstream of the ED, was a significant contributor to patient loads in the ED. The AMA continued to push for strengthening our primary care system to reduce the burden on emergency medicine and improve the interaction between primary care and secondary/acute care.

August 19, 2022: Initial data from PatientsFirst.ca paints a picture of what patients were experiencing

In May, the AMA launched a public survey via PatientsFirst.ca to better understand the ongoing health care deficit and how it was impacting Albertans. By August, over 8,000 Albertans had completed the survey, bringing the patient voice to the conversation with their firsthand accounts of what they had experienced in the system. This initial PatientsFirst.ca report provided invaluable information about the ways in which Albertans were waiting for health care.

As a place where patients could easily share their own care deficit experiences, PatientsFirst.ca was beginning to generate powerful information that could be shared with government, AHS and other system partners to make the system better.

August 26, 2022: Advocacy tools for physicians

As the AMA was promoting PatientsFirst.ca with paid advertising, the Joint Physician Advocacy Committee recommended involving front-line physicians in encouraging patients to participate in the survey.

All full-time practicing members received two pocket-sized pads of tear-away sheets that contained a QR code and the website address. Physicians and their staff were asked to use the tear-away sheets to refer patients who were waiting for care to PatientsFirst.ca.

The AMA also provided an office poster that could be displayed in offices, as well as talking points for use when speaking with patients by phone.

ADVOCACY: Advocating to heal our health system

Joint Physician Advocacy Committee (JPAC)
Advocacy, public and government relations activities were ongoing throughout 2021-22.

As the Board and senior staff worked in various ways 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. Formerly the Joint Task Force, JPAC had been working in a new and larger role since the fall of 2021, bringing specialists and primary care together to support and advise on AMA advocacy activities.

Care deficit advocacy
As JPAC continued its work to draw attention to the issues impacting our health care system, patients and the profession, their overall focus was on identifying areas of concern in the system and laying out what recovery from the COVID-19 care deficit would involve. JPAC liaised with many different physicians across Alberta, from differing specialties, to get a true sense of what was happening in physician practices and how patient care had been impacted.

JPAC facilitated the collection of stories and information from different parts of the profession. These stories were presented as a series called the Care Deficit Assessment Series and were designed to help patients and stakeholders unpack what was happening in health care, and identify ideas for resolution, innovation and solutions. A wide array of topics were covered, including:

- Opioid drug poisoning crisis
- Dermatology
- Emergency departments under strain
- Advocacy for the care of the elderly
- Women's health in the care deficit
- Pediatric mental health

Each topic included an executive summary, a full-length paper and a one-page set of physician talking points (links to series documents included above under Responding to the pandemic and the care deficit).

PatientsFirst.ca

As we began to repair our working relationship with government and entered into interest-based negotiations, the AMA pivoted the focus of the PatientsFirst.ca community. While this activist community was initially established to help call on government to reach an agreement with the AMA, in 2021-22 we turned their attention to helping us to explore the care deficit.

In May, the AMA launched a public survey via PatientsFirst.ca to better understand the ongoing health care deficit and how it was impacting Albertans. Our intent with PatientsFirst.ca was to shine a light on where improvements were needed and encourage the public to stay alert and informed and help us call for solutions.

At time of writing, over 8,200 Albertans had completed the survey and we had already started to report to the public and our system partners on what we were learning. The initial PatientsFirst.ca report (published August 19) provided valuable insight into the ways in which Albertans were waiting for health care.

At the end of August, all full-time practicing physician members who regularly interact with patients were direct-mailed a letter from the AMA president as well as two pocket-sized pads of tear-away sheets that contained a QR code and the PatientsFirst.ca website address. We asked physicians and all primary care network staff to refer patients who were waiting for care to PatientsFirst.ca via the tear-away sheets.

In addition to the tear-away pads that were direct-mailed to members, we also developed talking points for physicians and clinic staff to use in conversations with patients. A poster was also made available on the AMA website to print and display in offices.

Albertapatients.ca

The AMA online community albertapatients.ca stood at just over 14,000 members at time of writing. The population is more than sufficient for general statistical soundness, and we believe it is the largest patient panel of its sort in Canada.

In 2021-22, the albertapatients.ca community continued to provide important patient perspectives for the Board and various initiatives. It was also a key support tool for the Joint Physician Advocacy Committee in its mandate to advocate toward recovery from the COVID care deficit.

Pediatric mental health emerged as one of the primary concerns in the care deficit. These young patients were distressed. Adding to that toll were the families and friends of unwell children who are their support networks.

To better understand what parents were going through, we conducted a survey in May 2022 and over 700 Alberta parents/guardians participated. The data showed that:

- 65% of parents say a child in their care has suffered deterioration in mental health from the pandemic.
- Negative mental health consequences of pandemic response are directly related to, and increase with, a child's age.
- 72% of parents say the overall quality of Alberta's health care system in meeting their child's needs is "bad" compared to only 16% who feel the system is doing at least a "good" job.

These numbers show a pediatric mental health system that is falling short, despite the tremendous efforts of physicians and our health care teammates to provide the care and services these children deserve.

Focused attention, with all our system partners, is required to work toward the solutions recommended in the pediatric mental health issue paper.

View the full results and a news story on this issue.

In June of 2022, we conducted a survey through albertapatients.ca that explored patient experiences in the emergency department. We had over 4,300 Alberta patients respond, and the data showed that:

- Visits were higher among patients with chronic conditions who also tend to visit more frequently.
- With respect to the level of "self-triage" that occurs, whereby patients assess whether their situation is "serious enough" for a trip to the ED: 78% say they asked themselves that question and nearly half (49%) say they decided at least once not to go to the ED.
- Almost one-half (46%) of patients – most commonly in those with lower incomes who are under the age of 45 – report that in the past five years, they have personally visited an ED for care because they had no other options available to them at the time (e.g., after hours, didn't have a family doctor/walk-in clinic not available, etc.).

What patients told us in the survey matched up to what the Section of Emergency Medicine and other physician leaders had been saying: Lack of access to integrated primary care in the community, upstream of the ED, was contributing significantly to patient loads in the ED. Our survey showed that almost half of patients went to an ED as a last resort.

View the full report and a summary of important themes.

Social and earned media

The AMA continued to use social media to share information and amplify important conversations. We took the opportunity to post about care deficit issues such as the opioid crisis; local physician resources and emergency department closures; the Edmonton Zone hallway medicine protocol; a lack of obstetric services in select communities; the national health human resource shortage; the importance of vaccinations and COVID booster availability; and more.

We amplified important messaging from health partners like the Canadian Medical Association on issues that matter and significant milestones, including the installation of the CMA's first Indigenous president, Dr. Alika Lafontaine, an anesthesiologist from Grande Prairie.

Our increased social media presence during 2021-22 helped position the AMA as a trusted voice advocating for the health issues that matter to Albertans.

In addition, AMA social media channels were used to*:

- Recruit Albertans to be part of our PatientsFirst.ca community so they could share their care deficit experiences.
- Talk about physician wellness, including conversations about physician burnout and to promote our PFSP Roméo Dallaire event.
- Raise awareness to the public about COVID, its vaccines and to remind everyone "Don't turn your back on COVID."
- Promote special campaigns:

    - What is happening right now in community primary care and what can the public do to help?
    - National Physicians Day
    - World Family Doctor Day (with ACFP)
    - Crazy Socks for Docs
- Share on Indigenous Health and participated in Indigenous Peoples Day.
- Contribute to the conversation around the opioid crisis to ensure it stayed top of mind.
- Issue official statements on breaking news stories like Dr. Yiu's dismissal as well as the Roe v Wade decision in the States.
- Promote events, webinars and studies/research.
- Help partners spread the word on various subjects of importance such as the blood test supply shortage, RhPAP's Rural Health Week and the 'Prescription for nature'.
- Celebrate member achievements:
    - Dr. Pauline Alakija trailblazer award
    - Society of Rural Physicians of Canada Rural Long Service Award – Dr. Warren

*Note: The above hyperlinks are intended to provide a small sampling of the breadth and depth of the AMA's social media posts in 2021-22. The list is not exhaustive.

Government relations

While most of the AMA's public advocacy work in 2021-22 focused on the care deficit and informing Albertans about the state of our health care system, the AMA was prepared for the possibility of negotiations with government breaking down and the return to a more hostile relationship between the parties.

In case this situation happened, the AMA prepared a campaign that would use both paid and unpaid tactics to advocate for physicians. At time of writing, negotiations discussions were still in progress.

In the midst of the leadership race for the United Conservative Party, we worked to ensure that health care issues were front and centre with candidates. We invited members to share health care questions they wanted to pose to candidates, and we asked our 40,000+ members of PatientsFirst.ca to do the same.

After reviewing the submitted questions, it was determined that 10 questions would be posed to the leadership candidates. These questions were utilized by the AMA president during a series of meetings that were held with leadership candidates throughout August and September.

The AMA committed to sharing all responses with members and the public. At time of writing, four candidate responses had been received. Responses will be posted on the AMA website as they are received.

PERFORMANCE AND THE BUSINESS PLAN: Highlights and updates related to the AMA's Business Plan performance

The following content addresses and reports on the AMA Business Plan for the 2021-22 fiscal year (October 1, 2021 to September 30, 2022). The business plan was developed by senior staff with oversight and approval of the Board of Directors.

With members and the AMA under significant threat, the plan focuses on the essential deliverables identified by the Board, while continuing to support activities that forward the longer-term goals established by the Board. The business plan also maintains the significant savings and efficiencies captured last year so that available resources can be focused on these essential deliverables.

Context for the 2021-22 Planning
With members choosing not to ratify the tentative agreement, the two-year business plan developed by management and approved by the Board of Directors in 2020/21 remained substantively in place. With members and the AMA under significant threat, the plan focused activity and resources around several essential deliverables identified by the Board:

- **Support for representation on compensation matters**
  Without an AMA agreement, discussions on physician compensation matters took place in many venues and often in somewhat different ways. This included existing models of payment through fee-for-service and alternative relationship plans (clinical and academic), but also whole new models that have come out of recent legislation. The AMA supported its members in achieving fair rates and terms of compensation in all settings.
- **Member engagement**
  Members are the AMA; owners, leaders, workforce, etc. Given the changing relationship with government, the impact of COVID-19 and the rise of new technology, there were new ways to engage with members to get input and learn. It has been key that we develop and leverage our listening capabilities and be responsive to member needs. Alignment between member interests and the association is what member engagement is all about.
- **Advocacy (public and lawsuit)**
  Our goal continued to be achieving a negotiated agreement with government, but we needed to be ready for the possibility that activities at the negotiations table would not be adequate to bring that about. Resources were included in the business plan for activities that inform the public and politicians in support of that goal.
- **Government relations**
  While there were significant efforts to form a strong and effective partnership with government, it has been challenged over the last while. Efforts here related to both better understanding government's perspective and improving the relationship with them where possible.
- **Alliances with other key stakeholders**
  The AMA relies on relationships to satisfy the needs of members, especially in these uncertain and challenging times. Understanding the interests of other organizations and aligning activities with theirs continued to be important throughout the year.
- **Physician compensation principles and policies including income equity**
  The recent past has taught us that this government advances major policy initiatives with little

discussion or engagement with the profession. We needed to continue educating government and the public on the complexities of physician payment and be ready to respond as new policy came forward from government.

The two-year plan struck a balance between operational savings and the use of reserves, to ensure the needed resources were available in the essential areas identified by the Board.

Cascading from the AMA mission are the Board-established goals for the organization, which are 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 2021-22 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. "Healthy AMA" underpins the entire business plan and 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, however, the focus for the two-year planning period remained on the essential deliverables with investment in other activities being reduced. 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.

Negotiation toward fair compensation remained a core competency for the AMA.

Master agreement negotiations
In January 2022, the parties entered into interest-based negotiations as a way to move forward discussions for a provincial master agreement. Mr. Rick Wilson (a labour and management facilitator) was appointed by

the parties to facilitate these discussions. Numerous joint meetings were held in February, March, April and May.

In February, the parties entered into formal interest-based negotiations. Both parties expressed a common desire for improved trust and interactions with the goal of reaching a provincial agreement, and the AMA held true to what physicians told us they needed in an agreement. The negotiating team advocated strongly at the table for the following physician interests:

- **Physicians need financial stability** so they can manage their practices and plan their businesses from month-to-month and year-to-year, while their revenue should fairly reflect the realities of what happens in their practices.
- **Clearly defined and transparent processes** are needed for establishing payment and resolving disputes.
- **Relative payments should be based on relative comparisons** of time, training, input and overhead as well as market factors. Applying the solid work of the **Income Equity Initiative** allows for consideration of internal equity vs. reliance on comparisons to what is done in other jurisdictions. Matters related to gender equity also require attention.
- **Physicians can only manage those things over which they have direct control**. Physicians are fully aware of the province's fiscal difficulties, exacerbated by the COVID-19 pandemic, and are willing to do their part. They should not, however, be held accountable for all aspects of increased expenditures.
- **All physicians need to be free to move to or from alternative methods of payment.** Clear principles should apply, along with due process and availability of dispute resolution when there are disagreements between payers, groups and individual physicians.
- **Physicians need to be supported in their roles** as system leaders, clinicians and advocates. They need meaningful ways to contribute to decision-making in the health care system and they need to see joint problem-solving at work, where their input is heard and makes a difference.

At time of writing, a potential ratification package was brought forward for membership ratification. Voting opened at 6 a.m. on Tuesday, September 13 and is scheduled to close on Wednesday, September 28 at 4 p.m.

AMA lawsuit

Work on the lawsuit continued throughout the year, even without an agreement. In October 2021, legal counsel for government began its questioning of AMA representatives and in May 2022, a case management meeting was held. Case management is a process by which the Court of King's Bench appoints a judge to help ensure the lawsuit moves along in a timely manner and to settle disputes between the parties as they arise. Following the case management meeting, the parties resumed the questioning process and continued to take the steps necessary to set the matter down for trial.

The AMA Board continued to receive regular updates relating to the lawsuit. Updates on the status of the claim were also provided to the membership through issues of the *President's Letter*.

Other negotiations and payment discussions

The AMA supported members in local compensation discussions including AHS-paid stipends, Physician on-call, contractual arrangements for laboratory, diagnostic imaging and cancer care and other physician AHS-

contracted services. The AMA also contracted several experienced ARP consultants to assist physicians with immediate clinical ARP exploration, development and implementation needs.

Stipends
Several physician groups requested and received assistance with stipend discussions with AHS and/or clinical ARP discussion with Alberta Health. This continued to be an area of greater focus and resource requirements for AMA's Health Economics staff.

As reported on above under Representing members and restoring the relationship with government, on June 21, 2022, AMA and government jointly announced that, "no action will be taken on June 30, 2022, with respect to AHS stipends or AHS overhead. Any future actions Alberta Health or AHS make relating to either stipends or overhead, will only be taken after appropriate notice has been provided to the AMA and impacted groups to consider their options."

This was a welcome announcement as the AMA continued to advocate for a comprehensive physician compensation framework that considered all aspects of physician compensation, including stipend payments.

The Stipend Action Committee was assembled in 2021 to address, at a provincial level, the concerns expressed by various groups being impacted by changes in AHS stipend arrangements. Intended to complement the one-on-one level support provided by AMA Health Economics staff, this physician leadership group met regularly to discuss and plan advocacy, and provided progress updates to members.

Non-fee-for-service arrangements
The AMA hired a consultant to determine the optimal resourcing, structure and methods for providing AMA representation and support to physicians in all non-fee-for-service payment arrangements. This included clinical ARPs, the Academic Medicine and Health Services Program (AMHSP), AHS payment arrangements, new ARP models and any new contract payment arrangements arising out of Bill 30.

The AMA had some limited engagement in the Invictus ARP rate review project through discussions with Alberta Health and Invictus. The AMA continued to raise awareness of the complexities of physician payments and other pressing challenges. At time of writing, the AMA was awaiting results from the review project.

Academic Medicine and Health Services Program
The AMA's AMHSP Council continued to focus on providing the perspective of academic medicine physicians to Alberta Health, the faculties of medicine and AHS. In May 2022, AMA AMHSP Council representatives presented AMHSP's 15 negotiations interests to Alberta Health, the faculties of medicine and AHS. These interests were previously developed by council and had been discussed with the parties in the past, although representatives were different at that time. Follow-up discussions with Alberta Health occurred in early July, with another meeting scheduled for early September to continue to present the AMA's negotiating interests and understand the other parties' goals and interests.

Guided by the previously prepared negotiations interests and AMA member survey results relating to conditions of work, the AMHSP Council continued to press for engagement in AMHSP policy work related to full-time equivalent, clinical compensation rates, included/excluded work, working environment and other areas that were impacting AMHSP physicians and their compensation. A consultant was hired in March 2022 to refresh and update these interests (originally developed in 2020).

A consultant was also engaged to support the AMA in discussions regarding AMHSP rates and clinical draw from the Physician Services Budget. These discussions were focused on fair and appropriate clinical payment draw rates from the Physician Services budget. This work was delayed due to discussions regarding the master agreement.

As part of ongoing refreshment and renewal of membership, five new members were appointed to the AMHSP Council and three members were re-elected.

Bill 30
The AMA recommended the following principles to government around third party contracting:

- All third-party arrangements must continue to support a strong and vibrant public health care system.
- Funding from the Physician Services Budget should flow to the physician who is then free to negotiate the local terms and conditions of a contract with the third party. Much like how this works with ARPs, the physician(s) could choose to assign their billings to the third party in exchange for administrative or other services negotiated between the parties.
- Physicians could use established payment mechanisms (i.e., FFS, ARPs) along with the established payment rates and workload measures. In addition, groups should have the ability to advance payment/workload models that currently do not exist (e.g., case rate).
- A contract with a group should not prevent or inhibit others from being able to practice in Alberta.
- AMA representation of physician groups.

Laboratory physicians
Laboratory physicians requested support and formal representation though the AMA. A Laboratory Physician Representation Group (LPRG) was formed to represent the interests of laboratory physicians in all matters related to the reorganization of community laboratory services. The LPRG included physicians who were under a current contract with DynaLife, as well as physicians who could potentially come under contract.

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

Peer Review
The work of the AMA Peer Review Committee was put on hold pending negotiation of a new AMA agreement. AMA staff continued to support section-driven peer review activities and many sections increased their level of commitment to appropriate billing practices and stepped-up communication regarding unique billing situations in their section.

As a result of some of the section-based peer review work, staff supported sections in the development of future Schedule of Medical Benefits (SOMB) changes that will modernize the fee schedule.

Virtual care codes
AMA staff continued to work with Alberta Health staff to improve virtual care codes. In December, the AMA and Alberta Health announced that when billing for high priority virtual care services, such as visits and consultations, physicians could now include the time spent on indirect care like charting and completing

referrals. Previously, physicians were permitted to bill only for the time spent on a phone or video call. Physicians would also now bill for longer visits (e.g., family physician visits lasting longer than 14 minutes), using a complex modifier code.

In March, the AMA and Alberta Health jointly announced changes to virtual care billing codes that allowed psychiatrists to provide additional virtual care for:

- Indirect care as part of a psychiatric consultation.
- Time spent discussing a child's treatment with their guardian (currently, psychiatrists can only bill when talking with a patient directly).

Further details are provided above under Representing members and restoring the relationship with government.

Fee Navigator®

The Fee Navigator® continued to evolve and expand information relevant for physicians and their staff. From July 20, 2021 – July 20, 2022 there were 1,498,690 pageviews. For context, Google Analytics defines a pageview as an instance of a page being loaded (or reloaded) in a browser.

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

On December 1, 2021, a Sponsorship and Referral Agreement was finalized between the four western provincial medical associations, the Northwest Territories Medical Association and The Bank of Nova Scotia and MD Financial Management Inc. The five-year agreement specifies how the parties will work together to optimize the offering of insurance and wealth/financial products for our mutual members/clients while providing unparalleled value and service.

On January 1, 2022, the AMA Health Benefits Trust Fund converted from a Health and Welfare Trust to an Employee Life and Health Trust, as required by federal legislation passed in 2021. The ELHT legislation reduced the amount of medical expenses an incorporated physician can claim as a business expense, while increasing the amount that a sole proprietor can claim. Incorporated physicians and sole proprietors are now aligned on the amount that they can claim as a business expense. With the successful conversion of the plan, participation remained at pre-conversion levels indicating the value members continue to see in the health and dental benefit offering.

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 a year that was immensely challenging for the profession, the AMA's Physician and Family Support Program continued to be a source of support for physicians and their families.

The PFSP Assistance Line continued to see growth in the first eight months of 2022. Access to the PFSP Assistance Line saw an increase of 15% over 2021. While 2021 had several record-breaking months in terms of call volume, this is now typical for monthly call volumes.

Interestingly, in the first eight months of 2022 the number of new callers to the assistance line exceeded the number of existing callers – a trend PFSP had not seen in some years.

In the first eight months of 2022, referrals to family physicians via the assistance line saw an increase of 85% over this same period in 2021 with the demand for family physicians primarily existing in Calgary and Edmonton.

PFSP saw a 6% increase in therapy hours over this same time period in 2021 (January – August). This increase accounts for the therapy hours used and the administrative time to manage each case file for both the assistance line and case coordination services.

The PFSP Case Coordination service supported 13 new clients in 2022. This is a decrease from the 29 new clients the program supported in the same time frame in 2021. While difficult to identify root causes for this, the decrease was a result of a reduced number of medical students and resident physicians participating in case coordination. Overall active case numbers remained stable at 92.

PFSP's education, prevention and promotion activities continued to remain responsive to the changing landscape of physician health. This has been achieved through collaboration with other organizations that support the physician community.

To inspire, validate and build community amongst physicians, PFSP hosted a virtual keynote session featuring General Roméo Dallaire – Hope and Healing after Trauma: Reflections for Physicians. 125 people attended the event and feedback indicated the session was engaging and General Dallaire's messages were relevant and validating for physicians and their families.

Affinity fund

Between September 2021 and August 2022 PFSP provided services to 27 physicians and nine family members.

PFSP is positioning itself to move forward with its primary program under the agreement which will see an in-house psychiatrist added to the PFSP team to better serve PFSP case coordination clients.

In 2021-22, several components of The Scotiabank and Canadian Medical Association Affinity Fund agreement with the AMA were underway. Specifically, service provision is in place for those physicians who fall outside of the eligibility criteria listed in the Grant Agreement. This helped ensure that retired physicians and those who may have been too ill to work in the past 12 months are able to receive support.

In early September, the AMA was pleased to announce the receipt of $1 million in funding - dispersed over six years - from the Physician Wellness+ Initiative, a partnership of the Canadian Medical Association, Scotiabank and MD Financial Management (the Affinity collaboration). The funding will be used to enhance the services available through the Physician and Family Support Program, which is fully funded by Alberta Health. The AMA was grateful for this funding and we will be applying it to new programming initiatives to better serve members.

PFSP continues to work toward operationalizing other physician wellness programs that have been developed within the CMA Affinity Fund Agreement project plan.

Well Doc Alberta
Well Doc continues its excellent work helping physicians to remain resilient and well. The AMA's PFSP and Well Doc continue to collaborate on educational sessions and peer support training. As a part of their new funding agreement with the Canadian Medical Association, Scotiabank and MD Financial Management and the Well Doc Alberta team will be working with physician health partners in other provinces through the Well Doc Canada pilot project.

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
The AMA is proud to celebrate physician engagement in their communities. Nominations for Shine A Light slowed somewhat during the pandemic, but there were two profiles during the year: Dr. Neha Chadha and Dr. Shamir Chandarana. Honourees were also recognized across our social media platforms and featured in *Alberta Doctors' Digest*.

Emerging Leaders in Health Promotion (ELiHP) grant program
The ELiHP grant program continued to encourage public health advocacy and mentorship. Four applicants were successful recipients of the 2021/22 grant program. A total of $11,617.63 was awarded to the recipients. A decision was made to postpone the awards for fall 2022 due to declining applications and resourcing pressures.

AMA Youth Run Club
The ninth year of the AMA Youth Run Club saw students returning to schools in a post-COVID environment and the AMA Youth Run Club looked for ways to support teachers and schools with programs and activities that could be safely performed. The YRC found that there was still an appetite for the virtual and individual events that the program delivered in earlier pandemic times.

To support teachers, coaches and mentors, the YRC Shaping the Future Breakfast was held in Kananaskis in the spring. The AMA president attended and highlighted the importance of this program for healthy kids and communities.

The YRC was the beneficiary of a fun run in Edmonton on May 15 in partnership with several sponsors. The event featured a one-mile team race and funds went to Ever Active Schools initiatives, including the YRC.

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 Advisory Committee
The Healthy Working Environments Advisory Committee was given access to NorQuest training modules focused on inclusion at work. Their feedback will be used to inform decisions regarding the use of these materials more broadly.

The Quadruple Aim was advanced during negotiations to frame AMA interests related to physician wellness at the negotiating table.

Under the direction of the HWEAC, an environmental scan was undertaken to outline the supports available to physicians for navigating conflict.

The AMA Nominating Committee engaged an equity, diversity and inclusion (EDI) specialist to review and update committee descriptions (for all that report to the Nominating Committee) to further evolve EDI within AMA committees. The Nominating Committee also had the opportunity to test drive these NorQuest training modules and the response was positive.

The AMA received $200,000 in funding for the Physician Leadership and Professional Development initiative (PLPD). Two cohorts of physicians participated in a series of four Physician Leadership Institute Joule courses over the 2021-2022 calendar years:

- Engaging Others: September 2021 and January 2022
- Leading Effective Meetings: November 2021 and February 2022
- Managing People Effectively: January 2021 and April 2022
- Leading High-Performance Culture: April 2022 and June 2022

To date, over 100 applications have been received and 57 physicians have completed at least two courses. This current program will be wrapping up by summer 2023.

Indigenous Health Committee
The Indigenous Health Committee identified several priority areas for 2022 including:

- Data and information gathering and sharing
    - Highlight the differences between Indigenous and non-Indigenous standards of care.
    - Identify problems posed by jurisdictional issues.
- Education
    - Support Indigenous training for medical trainees and physicians.
    - Support mentorship for medical trainees with Indigenous physicians.
- Physician recruitment and resource delivery
    - Consider how to improve physician recruitment to minimize barriers to care for Indigenous people.
    - Encourage the presence of the Indigenous perspective into policy and at provincial tables.
- Well being and holistic health
    - Acknowledge the grief and loss of the Indigenous community.
    - Facilitate learning about traditional medicine.

Work continued to ensure that an Indigenous representative was appointed to the HWEAC and that the AMA recognized National Day for Truth and Reconciliation.

Key Result Area 3 – System Partnership and Leadership

The goals of System Partnership and Leadership are:

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.

One of the most powerful tools the AMA has to lead and influence positive change is the multi-faceted work of the Accelerating Change Transformation Team. In 2021-22 ACTT continued its work to strengthen the Patient's Medical Home for all Albertans by supporting members, clinics and their PCNs.

ACTT undertook work to continue improving continuity of care for patients using the central patient attachment registry/community information integration (CPAR/CII) as an enabling tool. CPAR/CII functionality was leveraged in other areas including immunization, eReferral and the Alberta Surgical Initiative.

ACTT developed and supported guidelines, change packages and tools to support provincial initiatives:

- Six Patient's Medical Home change packages available on the ACTT website.
- Key messaging and communications plans developed.
- A total of seven EMR vendors were supported to enable CII/CPAR.
- Ongoing support was provided to vendors who are enabled for CII/CPAR (TELUS Wolf, TELUS PS Suite, TELUS Med Access, QHR Accuro and Microquest Healthquest).
- Support was provided to two EMR vendors as they worked toward becoming enabled for CII/CPAR (TELUS Collaborative Health Record and EPIC/Connect Care).
- Eight change packages were available on the ACTT website (panel processes, continuity, screening and prevention, ASaP+, opioid processes, care planning, Home to Hospital to Home {H2H2H} and Reducing Impact of Financial Strain {RIFS}).

ACTT supported PCN zones in implementing provincial targets for CII/CPAR:

Zone	% Live	% In Progress	Total
North	47%	13%	60%
Edmonton	21%	12%	33%
Central	30%	11%	41%
Calgary	22%	22%	44%
South	33%	11%	44%

ACTT offered a number of training sessions and opportunities for network connections:

- 20 EMR Network sessions with 594 participants.
- Six Physician Champion Network sessions with 203 participants.
- Nine CII/CPAR open space for practice facilitators webinars with 542 participants.
- Eight practice facilitator monthly webinars with 767 participants.
- Two core practice facilitator training cohorts with 52 participants representing 29/40 PCNs.
- 21/40 PCNs have used ACTT support at strategic Board planning sessions.

ACTT supported clinics in transitioning clinic practice changes in a blended capitation model. Eight clinics were interested, five clinics were live and a total of nine clinics attended the six BCM community of practice meetings.

ACTT continues to support the PCN Leads Executive group in monthly meetings, strategic sessions and work on task groups and committees.

ACTT supported activities that were designed to integrate care across the system and support the health neighborhood:

- ACTT partnered with AHS in developing tools for hospital to home transitions improvement.
    - H2H2H Transitions Change Package:
      1. Testing plan as developed in Q3.
      2. Facilitated physician champion feedback on change package.
    - Co-facilitated information sessions with AHS on H2H2H IT Enablers Map; My Next Steps (patient tool).
    - Supporting zone Transitions of Care committees to operationalize H2H2H Transitions Guideline elements as capacity exists in each zone.
    - Development of change management practice level tools for H2H2H.
    - A PIN (provincial implementation network) structure under the Inter-Zone Implementation Coordination Committee (I-ZICC) has been co-developed with AHS.

- ACTT has partnered with AHS (PHCIN), physician leaders, and the province on the Alberta Surgical Initiative
    - PCN zones have recruited primary care physician representatives for the working groups addressing orthopedics, urology and ophthalmology.
    - A new PCN physician lead executive representative was onboarded to ASI sponsorship role.
    - A Physician Community of Practice was created to support the primary care physicians on ASI zone and provincial working groups.
    - A Provincial Specialty Advice Model, a Provincial Pathways Unit Operation Model and Repository have been endorsed for development.
    - ASI Governance 2.0 has been populated with physician representation at the Executive Oversight Committee and the four sub-tables.
    - Six ASI physician leads (primary care) are in recruitment phase.
- Support development of PCN zone service planning through support PCN physician leaders in the zone and being part of zone support team.
    - 5/5 zones have a zone service plan that aligns with the provincial priorities.

- ACTT members are members of PCN physician advisory committees in all five zones.

- ACTT supports physician leadership groups and committees such as: PCN Physician Leads Executive, Primary Care Alliance, Provincial Primary Care Networks Committee, the Specialty Care Alliance, the Inter-Zone Implementation Coordination Committee, PCN Zone Committees and others as required.

  Support includes strategy development, improving the sustainability of governance and visioning the future in areas such as rural sustainability, measurement and evaluation and the future of primary health care.

COVID-19 support
ACTT has supported physicians across the province and PCNs in responding to the COVID pandemic. ACTT has delivered educational webinars and has been supporting members and partners with personal protective equipment distribution, rapid antigen testing, new treatments, managing restrictions and advice, virtual care support tools and others as required.

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.

While the AMA has been working toward a new agreement, business as usual goes on in the background for the incentives and supports to benefit members.

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. Although some timelines were impacted by the pandemic, IEI work continued throughout the year.

Hours of Work Study
The Hours of Work Study began on March 29, 2022. The contractor, Malatest, emailed randomly selected Alberta physicians and invited them to participate. Participants were asked to log their work activities for one week a month over four months using a web-based tool. The study ran from March 28, 2022 through to July 24, 2022. The section panel was provided with information on the study, including the study plan, communication plan, data collection process and use of results. Panel representatives were also invited to participate in the study. A short video was developed to explain the study.

Market Impact Study
The Institute of Health Economics is completing final edits on the market study which will be reviewed by the AMA Compensation Committee. A high-level summary is being developed to explain the findings and the impact on IEI.

Interim Measure
At the Spring 2022 Representative Forum meeting (Part 2), delegates passed a motion:

> *THAT the RF supports the interim approach proposed by the AMA Board of Directors.*

The interim approach was intended to take steps toward income equity using the best available information, while remaining committed to the completion and implementation of the full Income Equity Initiative.

Specifically, an interim income equity measure was developed to measure progress toward income equity and to guide the allocation of any new monies obtained in an agreement with government. With this approach, five sections would receive particular attention if any such allocation took place due to their low ranking in the interim income equity calculations. These sections were:

- Family Medicine
- Neurology
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry

The interim approach was intended to work with – not replace – the full IEI that is underway. Once completed, the full IEI work will replace the interim measures and approaches.

Differential allocation of new monies among sections is not new. Over the years, the AMA has used several formulas for developing an allocation recommendation to maximize value for patients and fairness to physicians.

As per RF direction, it was agreed there would be no movement of monies from one section to another (reallocation) until the full study was complete. This decision reflected that this was an interim measure and the full study – with member ratification – was yet to occur. Whether reallocation is required or desired will be considered again, along with the full completion of the overall IEI study.

A report was provided to each section's executive in June, and it showed the section's relative rank on the interim income equity measure and provided an overview of how the measure was calculated.

A short video was developed to review IEI and explain the interim approach.

eHealth modernization project
Alberta Health launched an eHealth modernization project to work toward a more comprehensive integrated eHealth ecosystem. The working group was co-chaired by the AMA informatics chair, and AMA physicians and staff were involved in a series of workshops to identify physician and provincial priorities. It is expected that work on the technology roadmap for immunization will fall under the eHealth modernization project and that the AMA will remain closely involved through the lifecycle of the project.

Connect Care
AMA physician leaders and staff continued to advocate for AMA members and work with the AHS Connect Care team on identifying challenges for community physicians. This collaborative work to minimize negative impacts to patient care will continue as Connect Care launches across Alberta over the next few years. Some improvements were made to eDelivery, and AHS continues to look for other opportunities for improvement to address some of the challenges. Delivery of results continues to be a priority and AMA and AHS are working with the sections of Family and Rural Medicine and others to better understand the issues.

PRACID restrictions
On July 2, 2021 through a joint statement between government and the AMA, government stated that the restriction on new billing numbers (PRACIDs) would not begin on April 1, 2022 (as provided for in 2019 legislation). In the fall of 2021, government tabled an amendment to the *Alberta Health Care Insurance Act* to formalize the above statement.

Physician supply
The AMA continued to work with stakeholders including medical student associations, PARA, training institutions and communities, to respond to any regulations that would restrict new billing numbers. The AMA, PARA, medical students and government met to discuss the issue of physician resource planning. The AMA also continued to advocate with government for the development of a needs-based physician resource plan for Alberta; discussions on this were taking place at the negotiations table.

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

Albertapatients
This activity is covered above under ADVOCACY: Advocating to heal our health system.

Indigenous health
The AMA supported and advocated for improved health care delivery for the Indigenous community. This involved outreach to Indigenous physicians and First Nations communities, participation in the Population Aboriginal Health Strategic Clinical Network and continued activity of the AMA Indigenous Health Committee.

The Indigenous Health Committee welcomed new community member representatives from Treaty 6 and the Métis Settlements General Council.

Healthy AMA

In 2021-22 the AMA continued to undertake activities to promote efficiency, reduce costs and improve member value.

Governance
The Board Working Group on Nominating Committee Processes worked toward the goal of allowing every member of the AMA to see themselves reflected in the leadership of the association. This is an evolutionary target, but in this business year we moved to implement some new processes to enable the Nominating Committee to better advance equity, diversity and inclusion. The training and development of Nominating Committee members was one strategy, and others were developed to improve the quality of the candidate pool, the processes for selecting slates of candidates and the volunteer/applicant experience.

Virtual venues like webinars and virtual town halls significantly increased the level of connection with members. As we return to in-person meetings, we will leverage both vehicles to continue connecting with members. The following virtual events took place in 2021-22:

2021

- Primary care in Alberta: Panel conversation with Health Minister Jason Copping & primary care physician leaders
- Alberta opioid crisis - presentation by Dr. Elaine Hyshka
- Real time release of complex labs to patients
- Moral dilemmas
- Understanding upcoming changes to AHS stipend arrangements
- Improve patient care - Send your consult reports to Netcare
- Building blocks to successful transitions of care
- Real time release of labs to patients

2022

- Monkeypox in Alberta
- Negotiations for a new agreement
- Alberta Surgical Initiative overview
- Virtual fee code update: Navigating the updated virtual fee codes

Recognizing the many tangible and intangible benefits of meeting in person, the Board returned to in-person meetings early in 2022 and the May RF was held in-person for the first time in over two years. Members welcomed the opportunity to connect in person.

Using the CMA leadership development grants, the AMA offered two cohorts of four Physician Leadership Institute courses on Engaging Others, Leading Effective Meetings, Managing People Effectively and Leading High-Performance Culture.

Workforce
In 2021-22, the AMA amended the work-from-home model that was initiated in 2020 in response to pandemic conditions. As case numbers and hospitalization rates dropped and public health restrictions were loosened, the AMA launched a hybrid work environment on May 1. This hybrid environment will reduce the AMA's footprint over time, and it allowed staff to serve members through a combination of virtual and in-person approaches that best meet member's needs.

Financial
The Board's conservative two-year plan balanced savings and the use of reserves to ensure resources were available to deliver on essential elements, including representation, advocacy (public and lawsuit) and physician compensation matters. As a result of strong member retention and judicious use of resources, we will end the fiscal year in a much stronger financial position than budgeted.

The membership has shown strong support for the AMA with retention of full members at roughly 95% of the rates reached when the prior agreement with government was in place. With the current physician supply data showing a decline in the total number of practicing physicians in Alberta, we believe the actual retention rate to be roughly 98%.

Operating expenditures are comprised primarily of workforce (staff and physician volunteers) and facility costs. The operating budget incorporated roughly $3 million in direct savings including reductions in staff salaries, committee honoraria rates and travel and facility costs. Actual expenditures in these areas are expected to closely match the budget.

Budget provisions were made under priority projects to advance in key areas including:

- Physician representation - Without an agreement with government, negotiations are more local and require increased resourcing to carry out. With interest-based discussions underway with government, we anticipate substantial savings in this area, although we are prepared and have resources available if we need to pivot our approach.
- Income equity – We expect to complete the overhead, hours of work, training and market assessment studies this year.
- Advocacy - Resources were included to support a broad range of activity to achieve a negotiated agreement with government, including social media, earned and paid media and grass roots activity coordinated through the Joint Physician Advocacy Committee. With interest-based discussions underway with government, we anticipate substantial savings in this area, although we are prepared and have resources available to launch a large-scale campaign if required.

Relationships
Relationship with CMA**:** The strength of the AMA's relationship with the CMA was critical during this challenging year. The AMA is very appreciative of the support and assistance the CMA demonstrated in many tangible ways.

We continued to work closely with the CMA and leverage funding provided in areas like physician leadership and physician health. The CMA also continued to provide financial support in our efforts 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 Alberta. Dr. Alika Lafontaine was elected and officially assumed his role as CMA president on August 22, 2022.

The 2022 CMA Annual General Meeting took place virtually on August 21. Meeting highlights, including CMA President Dr. Alika Lafontaine's inaugural speech were made available on the CMA website.

The following AMA representatives attended the CMA's 2022 virtual Annual General Meeting:

- Dr. Paul Boucher
- Dr. Catherine Boutet
- Dr. Melanie Currie
- Dr. Rob Davies
- Dr. Wendy Dawson
- Dr. Howard Evans
- Dr. Jon Hilner
- Dr. Craig Hodgson
- Dr. Khalil Jivraj
- Mr. Chaim Katz
- Dr. Jill Konkin
- Dr. Dennis Kunimoto
- Dr. Richard Leigh
- Dr. Usha Maharaj
- Dr. Jaelene Mannerfeldt
- Dr. Margot McLean
- Dr. Scott McLeod
- Dr. Shazma Mithani
- Dr. Sam Myhr
- Dr. Paul Parks
- Dr. Gerry Prince
- Dr. Doreen Rabi
- Dr. Nathan Rider
- Dr. Fredrykka Rinaldi
- Dr. Michel Sauve
- Dr. Serena Siow
- Dr. Clint Torok-Both
- Mrs. Giselle Tucker Belliveau
- Dr. Ann Vaidya
- Dr. Rick Ward
- Dr. Don Wilson
- Dr. Amukarram Zaidi

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.

Representatives from AMA are:

- Michael Gormley, Executive Director and Co-Chair
- Dr. Vesta Michelle Warren, President, term ends September 2022
- Dr. Shelley Duggan, Board of Directors appointment, terms ends April 30, 2023
- Dr. Luc Beniot, Council of Zonal Leaders, terms ends September 30, 2022
- Dr. Michelle Bailey, Representative Forum, term ends September 30, 2024
- Dr. Jeffrey Cao, Representative Forum, term ends March 31, 2025

Following the Spring 2022 RF, PPLF met on June 17. The next meeting is scheduled for October 19. The following items were discussed in June:

- Stipends and overhead
- Physician sponsorship/physician supply
- Health advocacy: Opioid crisis
- Health advocacy: Pediatric mental health

Knowledge
To enhance our understanding of members, our long-time research partner behind albertapatients.ca, ThinkHQ Public Affairs, has been working with us on some deep-dive research into the mindset and situation of members. A cross-province, interview-based, research project pilot in family medicine took place in the fall. At time of writing, we were conducting a similar exercise with hospital-based specialists. The Specialty Care Alliance assisted in developing the discussion guide and identifying sections to approach for the study.

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.

The AMA completed the procurement process for a vendor to support redevelopment of the AMA website, including adoption of a new content management system. Phase one of the redevelopment project, including visioning work involving consultation with members and key stakeholders, is expected to be complete at the end of the calendar year, with formal development of the new website to begin in 2023.

Procurement and development of a new learning website for members was completed in 2021-22. Learn@AMA was designed to support online learning and certification for members and partners.

This year saw significant focus on enhancing our social media involvement, through the hiring and training of additional resources and process development and refinement. The AMA formally launched Social Media News for Docs, a bi-weekly e-newsletter, to support physicians in monitoring and understanding key conversations happening on social media.

Board of Directors, Executive Committee and Representative Forum

During the 2022 AMA AGM, Dr. Fredrykka Rinaldi will be installed as president for the 2022-23 year. Dr. Rinaldi is a family physician based in Medicine Hat.

2021-22 Board of Directors

- Dr. Vesta Michelle Warren, President
- Dr. Fredrykka Rinaldi, President-elect
- Dr. Paul E. Boucher, Immediate past president
- Dr. Shelley L. Duggan, Board member
- Dr. Howard Evans, Board member
- Dr. Sadhana (Mindy) Gautama, Board member
- Dr. Tobias Gelber, Board member (resigned June 30, 2022)
- Dr. Sarah Hall, Board member
- Dr. Robert Korbyl, Board member
- Dr. Usha Maharaj, Board member
- Dr. Shazma Mithani, Board member
- Dr. Rick Ward, Board member
- Dr. Donald Wilson, Board member
- Dr. Catherine Boutet, PARA representative
- Giselle Tucker Belliveau, MSA observer

Note that Dr. Derek Townsend and Dr. Jennifer Williams departed their AMA Board positions effective March 11, 2022. The vacancies were filled at the Spring 2022 RF (part 1) by Dr. Usha Maharaj and Dr. Donald Wilson.

The AMA Bylaws require that the Board meet at list six times per year and at the call of the president. Throughout 2021-22, the AMA Board of Directors met 15 times (both in-person and virtually). Meeting dates are available upon request.

2021-22 Executive Committee Officers

- Dr. Vesta Michelle Warren, President
- Dr. Paul Boucher, Immediate past president
- Dr. Fredrykka Rinaldi, President-elect

Executive Committee Board Representatives

- Dr. Robert Korbyl, Board member
- Dr. Tobias Gelber, Board member (resigned June 30, 2022)

Throughout 2021-22, the AMA Executive Committee met 18 times. Meeting dates are available upon request.

2021-22 Representative Forum Information

Spring 2022

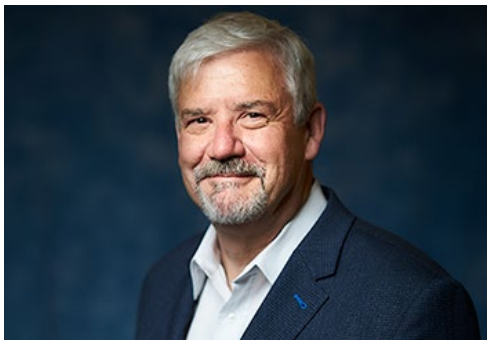
- Part 1 - March 11 (virtual Zoom meeting)
- Part 2 - May 13-14 (in-person, Calgary Airport Marriott In-Terminal Hotel)

Fall 2022

- September 8 Special RF, in-person at sites in Edmonton and Calgary with rural delegates attending virtually
- September 23-24 (in-person, Hyatt Regency Calgary)

This concludes the report of the Board of Directors to the Annual General Meeting, 2021-22. We thank you for your support and hope to see you at the virtual AGM at 7 p.m. on Tuesday, October 3, 2022.

Executive Director's Report 2021-22



This past year has been one of transition.

A significant case in point was the move from full on COVID measures to less restrictive approaches in how the organization operates. The first in-person Representative Forum in over two years was held just a few months ago. AMA staff are now starting to move from a full out-of-office stance to more of a hybrid environment including work from both home and office. Committees, in many ways the lifeblood of the AMA, continue to operate almost exclusively through virtual means and I expect this to continue. COVID has not changed our commitment to physicians, but it continues to change how we work to fulfil that commitment.

Also in transition is our approach to advocacy. While promoting timely access to quality care has always been a primary focus, a renewed emphasis was brought to the issue due to COVID and what we have termed the "COVID care deficit." The AMA played an important role in bringing attention to the challenges, working with physician leaders in the Joint Physician Advocacy Committee and section-led initiatives on adult and pediatric mental health, emergency departments and rural health care to name just three. The contribution of thousands of Albertans, through PatientsFirst.ca and albertapatients.ca, is a critical piece of this advocacy.

The venues for representing physicians have been evolving both in number and complexity. This includes efforts to negotiate a provincial-level agreement and several other tables involving staff and physician leaders. Many of these efforts are summarized in these pages, including laboratory physician discussions both with AHS and community lab providers; AHS discussions involving radiology services, cancer care, stipends and other issues; promoting virtual care; academic medicine and the work of the AMA AMHSP Council.

One of the more positive transitions was regarding our relationship with Alberta Health. There was a beginning to the rebuilding of the relationship that had been put under extreme stress and that did not meet the needs of Albertans. There is a long way to go, but I do want to recognize the efforts of Alberta Health to turn this around. It is critical that it continue as physician leadership and expertise is essential in dealing with the health care system challenges. These include many issues the AMA has championed over the years:

- A medical home for each Albertan within an integrated health care system.
- Attraction and retention of physicians.
- Supports for provider health and healthy workplaces.
- Innovations in care delivery, including virtual care.

The last few years have reminded Albertans of our reliance on the dedication and professionalism of physicians. The contribution and support of many of these leaders to the AMA is greatly appreciated.

I also want to recognize the time, effort, and dedication of my fellow AMA staff members. Physicians have been well served by these truly talented individuals.

Proposed Amendments AMA Bylaws

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

Date: June 28, 2022

To: Alberta Medical Association Members

From: Dr. Brock Debenham, Chair, Committee on Bylaws

Subject: Proposed bylaw changes

On behalf of the Committee on Bylaws, we respectfully submit the following proposed changes to the AMA Bylaws for approval by the membership at the Annual General Meeting. It is important to note that any bylaw amendments approved at the AGM become effective once registered by the Registrar at the corporate registries societies department.

Quorum at the AGM and special general meeting

- The committee reviewed quorum requirements for the CMA and other divisions, which range from the proposed language to a specified number of 80 members, as well as the Section bylaw template, which has language similar to the proposed language.
- The bylaws include a requirement to notify all members of an AGM and the business to be discussed at least 14 days in advance (21 days for any special resolution and 60 days for bylaw amendments).
- Rather than specify an arbitrary number, the Committee felt the proposed language would provide reasonable protection against a totally unrepresentative action in the name of the body by an unduly small number of persons.

PROPOSED WORDING	PRESENT WORDING
10.12 At any AGM or special general meeting of the association, a quorum is those voting Members in good standing and present after the meeting has been duly constituted.	10.12 At any AGM or special general meeting of the Association, twenty-seven (27) Members present shall constitute a quorum.

Special Resolutions

- Approval of a special resolution (including bylaw amendments) requires approval by "at least seventy-five (75%) percent of those Members present and entitled to vote."
- The challenge, particularly at a virtual meeting, is that for various reasons not all members "entitled to vote" actually cast a vote (e.g., logged into the virtual meeting but not actively participating, join the meeting but don't download the voting app, etc.), and it would be possible that a vote could fail because Members eligible to vote are "present" but do not cast a vote.
- This almost occurred at the 2021 AGM. The proposed bylaw amendments were almost unanimously approved by those that cast a vote, however, there were close to 25% of the Members at the virtual AGM who did not cast a vote and we therefore only narrowly met the 75% threshold.
- The proposed wording aligns with the language recommended in the Alberta government bylaw guidelines, which specifically bring attention to this matter for societies drafting bylaws.

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.

Indemnity

- It is the intent to indemnify Members, who perform or were part of work performed on behalf of the AMA, who are acting prudently and in good faith. A recent review of our current indemnity clause found that Section officers (which includes all Section executive members) are not listed in the indemnity article.
- To remove uncertainty, it is suggested that Section officers be added to the list of indemnified parties.
- This proposed change codifies our current interpretation, and it should be noted that our current Directors and Officers' insurance coverage already extends to Section officers.

PROPOSED WORDING	PRESENT WORDING
18.16 The Association hereby indemnifies and saves each and every present and former Director, Officer, Section officer, Official and Delegate together with any Member who sits or who has sat on any Association committee at the request of the Association (each an "Indemnified Party" and collectively, the "Indemnified Parties") and each of their respective heirs and legal representatives, harmless from and against all amounts, losses, costs, charges, damages, expenses and misfortunes of whatsoever nature or kind that become payable, including an amount paid to settle an action or satisfy a judgment, and including legal costs (on a solicitor and his own client basis) that are reasonably incurred by an Indemnified Party in respect of any civil, criminal or administrative action or proceeding to which the Indemnified Party is made a party by reason of or arising out of or in any way incidental to the Indemnified Party holding or having held such position with the Association, PROVIDED THAT the Indemnified Party: (i) acted honestly and in good faith with a view to the best interests of the Association; (ii) acted with the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances; and (iii) in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, the Indemnified Party had reasonable grounds for believing their conduct was lawful.	18.16 The Association hereby indemnifies and saves each and every present and former Director, Officer, Official and Delegate together with any Member who sits or who has sat on any Association committee at the request of the Association (each an "Indemnified Party" and collectively, the "Indemnified Parties") and each of their respective heirs and legal representatives, harmless from and against all amounts, losses, costs, charges, damages, expenses and misfortunes of whatsoever nature or kind that become payable, including an amount paid to settle an action or satisfy a judgment, and including legal costs (on a solicitor and his own client basis) that are reasonably incurred by an Indemnified Party in respect of any civil, criminal or administrative action or proceeding to which the Indemnified Party is made a party by reason of or arising out of or in any way incidental to the Indemnified Party holding or having held such position with the Association, PROVIDED THAT the Indemnified Party: (i) acted honestly and in good faith with a view to the best interests of the Association; (ii) acted with the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances; and (iii) in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, the Indemnified Party had reasonable grounds for believing their conduct was lawful.

Editorial Amendments

One editorial amendment was made in article 12.13 to correct a sub bullet presentation error.

Member Proposed Bylaw Amendment

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

Date: July 29, 2022
To: Alberta Medical Association Members
From: Dr. Earl Raber
Subject: Member proposed bylaw change

The proposed amendment below is respectfully moved by Dr. Earl Raber and seconded by Dr. Earl Campbell, for consideration by the Membership at the Annual General Meeting.

Changing referendum votes from a simple majority to 60%

- AMA is tasked with representing all doctors in the province and so any negotiated agreement should have widespread support throughout the profession. A larger majority requirement would better reflect the need for widespread support and better guarantee successful representation of physicians' interests.

- A narrow ratification vote could be destabilizing for the profession as its legitimacy could be questioned, and it could potentially lead to intra-sectional or inter-sectional divisions. A broader majority would minimize such risk by ensuring both greater support and greater legitimacy and therefore lead to greater acceptance of the results by all members.

- A larger threshold for ratification increases the AMA's bargaining strength. The other party would know that if it desires a deal, it must garner broad support and therefore appeal to most members. This would diminish the risk of targeted pressure tactics against individual physicians or sections.

- A larger threshold would have no effect on the success of a deal that met the needs of most physicians. Indeed, all of the negotiated agreements over the last 20 years would easily pass the proposed 60% threshold, but critically, it would save the AMA from possible destabilizing effects of a contentious or divisive deal.

- A larger threshold would better reflect the importance that a negotiated agreement means for the profession. The AMA already recognizes the need for super-majority thresholds internally, requiring a high threshold of 75% for any change to by-laws and passage of special resolutions. The AMA realizes that these changes could impact the profession profoundly and therefore requires the higher bar of support to demonstrate that they serve the entire profession. Arguably there is no responsibility entrusted to the AMA that is more important and that may have more significant impact on its individual members than the negotiation of agreements with government. Such

potentially transformative and impactful changes on all members should require more than the very bare minimum of support. They should require widespread support.

PROPOSED WORDING	PRESENT WORDING
33.1 No agreement between Alberta Health (or other paying agency) and the Association which affects the medical profession in Alberta shall be approved, adopted or ratified by the Forum, the Board or the Executive on behalf of the Members unless such approval, adoption or ratification shall have been approved by 60% of the Members who vote on a ballot put to all Members entitled to vote.	33.1 No agreement between Alberta Health (or other paying agency) and the Association which affects the medical profession in Alberta shall be approved, adopted or ratified by the Forum, the Board or the Executive on behalf of the Members unless such approval, adoption or ratification shall have been approved by a simple majority of the Members who vote on a ballot put to all Members entitled to vote.

Report of the Board of Directors
Alberta Medical Association (CMA Alberta Division)

Date: September 14, 2022
To: AMA Members
From: Board of Directors
Re: Motion to amend the voting threshold for referenda
For: Information

Background

At the Fall 2021 Representative Forum meeting, a motion was put forward to convene a special general meeting to consider a motion to amend the approval for referenda in the bylaws from a simple majority a 60% majority and 60% of Sections supporting the vote. That motion was defeated by the RF.

Despite the outcome of the RF, the Board felt further discussion was warranted given the importance of unity within the profession. After consulting with leaders from the Specialty Care Alliance and the Sections of Family Medicine and Rural Medicine, and considering the factors below, the Board felt that the ratification threshold should remain at a simple majority.

In accordance with their rights as members, a separate motion to amend the voting threshold for referenda to "60% of the Members who vote on a ballot" was subsequently submitted for consideration by the membership at the 2022 AMA Annual General Meeting.

The Board has a duty and responsibility to the membership to comment on issues that it believes could have a significant affect on the association. The motion to increase the voting threshold for referenda from a "simple majority" to "60% of the Members who vote on a ballot", is such a matter.

Board Recommendation

The Board does not view a simple majority as a goal and at all times would strive to negotiate an agreement that would be approved by a significant majority of members. However, the Board does believe that the democratic principle that a majority may take action on behalf of the association should be maintained and, as such, the Board does not recommend acceptance of the proposed amendment.

Notwithstanding the Board's recommendation, the matter is to ultimately be decided by a vote of the AMA Members at the 2022 AGM. The recommendation of the Board is merely that, a recommendation, and the decision is up to the vote of the members.

The matter will be open for discussion at the AGM once the motion is tabled; the Board would be happy to answer any questions regarding the Board's report at that time.

Factors Identified

- The basic requirement for approval of a proposed action is a majority, that is more than half of those present and voting, which reflects the basic democratic principle that a majority may take action on behalf of the association.

- This approach balances respect for the minority to be heard, and for the majority to decide, allowing the organization to move forward with the business of the association, confident that they have the support of more than half of the members.
- Higher thresholds reflecting the same democratic principles are usually required only in certain special circumstances, like changing something previously adopted, preventing a question from coming before the assembly, limiting the rights of members to debate, nominate or vote, and removal of membership.
- In the case of something previously adopted, a majority has made that decision in the past, and their interests are protected by requiring a higher majority to change something.
- In the case of limiting rights to prevent or limit debate, nominate, vote or be a member, these are rights that all members have equally, and more than a majority is required to remove or restrict them.
- Using a higher voting threshold for any situation except those described above essentially gives the minority greater rights than the majority, to either adopt or stop a proposed action.
- A review of the medical association bylaws in other provincial jurisdictions, did not find examples of higher voting thresholds, except for those described above (e.g., Doctors of BC requires a simple majority for agreements between the Association and government).
- Changes to the referenda voting provision would apply to other agreements negotiated by the AMA affecting the medical profession, including Cancer Care physicians, Department of Defence, Workers Compensation Board, etc.
- To support unity of the profession, the Board supported a more robust process for consultation and discussion of any tentative Alberta Health agreements, with RF and membership, including more information provided in advance and more opportunities to ask questions and discuss concerns.

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

Consolidated Financial Statements

September 30, 2021

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, 2021 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, 2021;
- 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.

PricewaterhouseCoopers LLP
Stantec Tower, 10220 103 Avenue NW, Suite 2200, Edmonton,
Alberta, Canada T5J 0K4 T: +1 780 441 6700, F: +1 780 441 6776

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 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 8, 2022

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

Consolidated Statement of Financial Position

As at September 30, 2021

	General Fund $	Contingency Reserve Fund $	Premium Reserve Fund $	2021 Total $	2020 Total $
Assets					
Current assets					
Cash	15,129,274	2,455,048	1,498,386	19,082,708	24,014,303
Accounts receivable and prepaid expenses	832,066	-	85,716	917,782	859,717
Due from administered programs (note 2)	1,199,554	-	-	1,199,554	627,218
Due from AMA Health Benefits Trust Fund (note 12)	257,126	-	-	257,126	37,221
	17,418,020	2,455,048	1,584,102	21,457,170	25,538,459
Portfolio investments (note 4)	-	17,564,236	11,347,201	28,911,437	27,486,737
Due (to) from other funds	(20,113,224)	20,268,548	(155,324)	-	-
Employee future benefits (note 8)	3,424,537	-	-	3,424,537	1,994,987
Property and equipment (note 5)	7,969,422	-	-	7,969,422	8,437,887
	8,698,755	40,287,832	12,775,979	61,762,566	63,458,070
Liabilities					
Current liabilities					
Accounts payable and accrued liabilities	3,650,267	-	1,242,616	4,892,883	5,986,753
Fund	-	-	-	-	4,375
Payable to Canadian Medical Association	199,488	-	-	199,488	251,734
Deferred membership revenue (note 6)	2,105,215	-	-	2,105,215	3,329,460
other (note 7)	2,039,520	-	-	2,039,520	373,343
	7,994,490	-	1,242,616	9,237,106	9,945,665
Deferred revenue, leasehold inducements and other (note 7)	704,265	-	-	704,265	975,761
	8,698,755	-	1,242,616	9,941,371	10,921,426
Net Assets	-	40,287,832	11,533,363	51,821,195	52,536,644
	8,698,755	40,287,832	12,775,979	61,762,566	63,458,070

Commitments (note 18)

_____ 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, 2021

	General Fund $	Contingency Reserve Fund $	Premium Reserve Fund $	2021 Total $	2020 Total $
Net assets – Beginning of year	1,034,571	34,441,481	17,060,592	52,536,644	44,299,367
Net (expense) revenue for the year	3,762,110	910,879	(5,328,185)	(655,196)	8,245,175
Remeasurement of employee future benefits	(60,253)	-	-	(60,253)	(7,898)
Fund transfers (note 17)	(4,736,428)	4,935,472	(199,044)	-	-
Net assets – End of year	-	40,287,832	11,533,363	51,821,195	52,536,644

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, 2021

	General Fund $	Contingency Reserve Fund $	Premium Reserve Fund $	2021 Total $	2020 Total $
Revenue					
Member dues (note 6)	18,348,981	-	-	18,348,981	19,211,318
Fees and commissions	2,271,588	-	-	2,271,588	2,642,965
Investment income (note 9)	64,617	945,939	627,656	1,638,212	1,582,049
Canadian Medical Association (note 10)	1,054,318	-	-	1,054,318	1,778,418
Other	1,227,939	-	-	1,227,939	1,303,174
	22,967,443	945,939	627,656	24,541,038	26,517,924
Expenditures (schedule 1)					
Corporate affairs	6,329,701	35,060	2,194,559	8,559,320	8,592,585
Priority projects	2,799,170	-	-	2,799,170	4,608,605
Executive office	3,491,270	-	-	3,491,270	3,667,737
Health policy and economics	1,944,687	-	-	1,944,687	2,290,511
Committees (schedule 2)	1,762,008	-	-	1,762,008	2,007,271
Public affairs	1,756,103	-	-	1,756,103	1,903,387
Southern Alberta Office	664,656	-	-	664,656	778,150
Professional affairs/Health Systems Transformation	984,334	-	-	984,334	889,516
	19,731,929	35,060	2,194,559	21,961,548	24,737,762
	3,235,514	910,879	(1,566,903)	2,579,490	1,780,162
Realization of insurance experience (note 11)	-	-	(3,761,282)	(3,761,282)	7,290,516
Employee future benefits	526,596	-	-	526,596	(825,503)
Net (expense) revenue for the year	3,762,110	910,879	(5,328,185)	(655,196)	8,245,175

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, 2021

	2021 $	2020 $
Cash provided by (used in)		
Operating activities		
Net (expense) revenue for the year		
General Fund	3,762,110	1,481,139
Contingency Reserve Fund	910,879	829,661
Premium Reserve Fund	(5,328,185)	5,934,375
	(655,196)	8,245,175
Items not affecting cash		
Amortization (note 5)	1,536,959	1,426,567
Gain on portfolio investments (note 9)	(746,563)	(411,652)
Gain on pension benefit	(1,489,803)	(156,852)
Change in non-cash working capital items (note 14)	(1,830,360)	(427,706)
	(3,184,963)	8,675,532
Investing activities		
Additions to property and equipment	(1,068,495)	(1,695,665)
Purchase of portfolio investments	(1,878,783)	(1,748,433)
Proceeds from sale of portfolio investments	1,200,646	981,736
	(1,746,632)	(2,462,362)
(Decrease) increase in cash during the year	(4,931,595)	6,213,170
Cash – Beginning of year	24,014,303	17,801,133
Cash – End of year	19,082,708	24,014,303

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

1 Basis of presentation

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

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

2 Administered programs

The Association is the administrator of certain programs for the benefits of physicians. As the Association is an administrator of the programs, the assets, liabilities, revenue and expenses of these programs are not included in these consolidated financial statements. The costs recovered by the Association to administer these programs have been included in these consolidated financial statements and are segregated for greater clarity (note 13). These programs are audited separately and are reported to Alberta Health (AH). The programs' funding is 100% reliant on funding from AH. During the year, AMA and AH were in negotiations to seek clarity over future funding. Until a new funding agreement is signed, funding for these programs is uncertain. AMA is currently operating these administered programs under separate grant agreements that expire on March 31, 2022. Accordingly, there could be a material impact on cost recoveries from administered programs, revenue and expenses of these programs and member dues in future periods.

A summary of the programs administered by the Association as at and for the year ended March 31, 2021, 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

	March 31, 2021		
Program	**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	-
	44,665,201	44,665,201	-

(1)

Program	Revenue $	Expenses $	March 31, 2020 Net change in reserves $
Physician Assistance and Support Programs	127,828,612	127,828,612	-
Physician Locum Services	29,097,746	29,097,746	-
Primary Health Care Opioid Response Project	836,221	836,221	-
	157,762,579	157,762,579	-

Due from administered programs

Program	2021 $	2020 $
Physician Assistance and Support Programs	1,199,554	626,188
Other	-	1,030
	1,199,554	627,218

3 Summary of significant accounting policies

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

Fund accounting

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

- General Fund

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

- Contingency Reserve Fund

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

- Premium Reserve Fund

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

Measurement uncertainty

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

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

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

Cash

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

Financial instruments

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

with gains and losses included in investment income 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.

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
Software	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 are 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.

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 7) 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

	2021 $	2020 $
Emerald Canadian Short-Term Investment Fund	20,973,682	19,879,680
Emerald Low Volatility Global Equity	3,108,382	2,918,539
Emerald Global Equity Pooled Fund	3,102,751	2,998,311
Emerald Canadian Equity Index Fund	1,726,622	1,690,207
Total portfolio investments – at quoted fair value	28,911,437	27,486,737
Total portfolio investments – at cost	27,712,762	26,777,188

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 Property and equipment

	2021		
	Cost $	Accumulated amortization $	Net $
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	6,319,183	4,176,064	2,143,119
Software	2,349,261	1,647,829	701,432
Office furniture and equipment	1,373,578	1,190,653	182,925
	18,904,431	10,935,009	7,969,422

	2020		
	Cost $	Accumulated amortization $	Net $
Land	550,000	-	550,000
Building	5,270,000	1,897,359	3,372,641
Fixtures and improvements	3,032,929	1,534,102	1,498,827
Computers	4,451,888	3,892,881	559,007
Software	3,159,513	931,818	2,227,695
Office furniture and equipment	1,371,606	1,141,889	229,717
	17,835,936	9,398,049	8,437,887

Amortization for administered programs is recognized in the administered programs. In the current year, amortization was recognized in the General Fund for a total expense of $1,536,960 (2020 – $1,426,567).

6 Deferred membership revenue

	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

	Balance – October 1, 2019 $	Net amount received $	Recognized as revenue $	Balance – September 30, 2020 $
General Fund	4,966,815	17,573,963	19,211,318	3,329,460

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

7 Deferred revenue, leasehold inducements and other

	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 10)	221,582	2,600,000	1,054,318	1,767,264
Other (note 10)	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

	Balance – October 1, 2019 $	Net amount received $	Recognized in net revenue $	Balance – September 30, 2020 $
Canadian Medical Foundation	26,684	45,333	72,017	-
Canadian Medical Association (note 10)	-	2,000,000	1,778,418	221,582
Other (note 10)	80,164	168,020	128,449	119,735
Leasehold inducements	1,131,482	30,000	153,695	1,007,787
	1,238,330	2,243,353	2,132,579	1,349,104

Deferred revenue, leasehold inducements and other to be settled within one year of September 30, 2021 represent $2,039,520 (2020 – $373,343) of the total balance. The remaining non-current balance represents the leasehold inducements amounts to offset rent expense in periods beyond one year.

8 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.

	2021 $	2020 $
Fair value of plan assets	41,177,214	39,260,982
Accrued benefit obligation	37,752,677	37,265,995
Plan surplus	3,424,537	1,994,987

The net accrued benefit 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:

	2021	2020
Discount rate	4.50%	4.50%
Rate of compensation increase	0% until 2022 then 3.00% + SMP	0% until 2022 then 3.00% + SMP
Inflation	2.00%	2.00%

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

	2021 $	2020 $
Discount rate	3.10%	2.70%
Rate of compensation increase	3.00% + SMP	0% until 2022 then 3.00% + SMP
Inflation	2.00%	2.00%

Total cash payments for employee future benefits for 2021, consisting of cash contributed by the Association to the registered pension plan, were $1,590,840 (2020 – $1,718,780). Cash contributions received from administered programs and remitted to the pension plan were $620,811 (2020 – $736,425).

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

	2021 $	2020 $
Employee future benefits – Opening balance	1,994,987	1,846,033
Net benefit plan expense	(101,037)	(1,561,928)
Remeasurement of employee future benefits	(60,253)	(7,898)
Gross employer contributions	1,590,840	1,718,780
Employee future benefits – Ending balance	3,424,537	1,994,987

9 Investment income

	2021 $	2020 $
Portfolio interest and dividend income	711,661	827,494
Gain on portfolio investments	746,563	411,652
Interest income	179,988	342,903
	1,638,212	1,582,049

10 Canadian Medical Association

During the year, the Association accepted an extended funding letter from Canadian Medical Association (C.M.A.) providing the Association with a further $2,000,000 (2020 – $2,000,000) to support research, communications and legal efforts in its activities to secure a negotiated agreement with the Alberta Government (note 2). A total of $250,000 was received in the current year related to the prior year 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 $1,029,995 (2020 – $1,528,418) in Canadian Medical Association revenue related to this funding. As at September 30, 2021, $1,441,587 (2020 – $221,582) was unspent and recorded in deferred revenue (note 7).

The Association also received two additional grants from C.M.A. during the year for total proceeds of $350,000 of which $24,323 was recorded in C.M.A. revenue related to this funding. As at September 30, 2021, $325,677 was unspent and recorded in deferred revenue (note 7).

In addition, during the prior year, the Association received a total program funding of $250,000 from the Bank of Nova Scotia and C.M.A. to cover costs incurred by the Association as a result of COVID-19 efforts and may include content development, member outreach, engagement platforms, educational materials, training and other initiatives in support of physicians. The funding was fully spent during the prior year.

11 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 $3,761,282 (2020 – gain of $7,290,516) was recognized during the year with $nil (2020 – $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 2021 premium reduction of $2,393,605 (2020 – $2,083,000) is funded from the Premium Reserve Fund.

12 Related party transactions

During the year, the Association recognized administration fees totalling $459,860 (2020 – $450,765) from the AMA Health Benefits Trust Fund. Of this amount in the current year, $257,126 (2020 – $37,221) 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.

13 Cost recoveries

During the year, the Association recognized cost recoveries for costs incurred on behalf of the programs in the amount of $1,517,301 (2020 – $1,873,859).

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.

14 Change in non-cash working capital items

	2021 $	2020 $
Accounts payable and accrued liabilities	(1,093,869)	238,075
Due from AMA Health Benefits Trust Fund	(219,905)	(370,886)
Deferred membership revenue	(1,224,245)	(1,637,355)
Payable to Canadian Medical Association	(52,246)	(167,208)
Due from administered programs	(572,336)	469,639
Accounts receivable and prepaid expenses	(58,065)	(252,559)
Deferred revenue, leasehold inducements and other	1,394,681	110,774
Funds held on deposit	-	1,179,413
Due to Alberta Medical Foundation Charitable Fund	(4,375)	2,401
	(1,830,360)	(427,706)

15 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 $64,794 (2020 – receivable of $93,045) related to sales taxes.

16 Financial risk management

Liquidity risk

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

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

Credit risk

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

Interest rate risk

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

Currency risk

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

Market risk

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

In March 2020, the outbreak of a novel strain of the coronavirus known as COVID-19 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.

17 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, 2021, $4,736,428 (2020 – $959,126) 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, 2021, $199,044 (2020 – $169,926) was transferred from the Premium Reserve Fund.

18 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:

	$
2022	596,156
2023	635,502
2024	599,020
2025	387,228
2026	387,228
Thereafter	451,766
	3,056,900

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. A right of AMA to surrender a portion of the leased premises if 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 exists within the lease agreement. Estimated annual cost recoveries from the administered programs' use of the leased premises are expected to offset the aggregate commitment cost.

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

Schedule 1

Consolidated Schedule of Expenditures

For the year ended September 30, 2021

	2021 $	2020 $
Expenditures		
Salaries	7,160,250	8,270,095
Purchased services	3,470,034	5,218,546
Employee benefits	2,415,643	2,425,999
Insurance discount premium	2,164,845	1,914,091
Committee per diem and travel	1,762,008	2,007,271
Amortization	1,536,960	1,426,567
Equipment maintenance	828,668	778,697
Zone grants	789,850	759,285
Facilities	687,360	559,013
Section support	360,725	156,055
Investment and bank fees	230,358	319,695
Scholarships	151,000	145,000
Subscriptions and publications	129,123	86,709
Insurance	77,352	63,903
Communications production	53,684	124,723
Telephone	51,582	61,025
Travel and accommodation	35,025	256,109
Stationery and office supplies	24,970	83,101
Sundry	22,005	43,968
Postage and courier	10,106	37,910
	21,961,548	24,737,762

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

Schedule 2

Consolidated Schedule of Committee Expenditures

For the year ended September 30, 2021

	2021 $	2020 $
Governance		
Representative Forum	792,555	949,562
Board of Directors	558,364	677,966
CMA General Council	26,383	21,841
Executive Committee	16,434	31,233
	1,393,736	1,680,602
Other committees		
Primary Care Network Executive Committee	139,844	12,459
Compensation	51,725	94,623
Specialty Care Alliance	36,427	6,329
Primary Care Alliance	31,697	12,423
Nominating Committee	27,140	27,828
Health Issues Council	24,538	26,143
Other committees	15,554	66,012
Committee on Financial Audit	13,203	25,983
AMHSP Advisory Committee	11,022	21,061
Council of Presidents	7,172	11,840
Indigenous Health	3,957	4,118
Provincial Physician Liaison Forum	3,688	2,667
Healthy Working Environments	1,625	13,654
Committee on Bylaws	455	682
Committee on Student Affairs	225	847
	368,272	326,669
	1,762,008	2,007,271

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