

# AMA 2020-2021

## Reports to the Annual General Meeting

The 116<sup>th</sup> AGM of the Alberta Medical Association will be held virtually, at 7 p.m., Tuesday, September 28.

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## Order of Business

<b>AMA Annual General Meeting Agenda</b> <b>Tuesday, September 28, 2021, from 7 – 9:30 p.m.</b> <b>Via Zoom</b>	
<b>Welcome and Outline of Meeting</b>	Dr. Carl Nohr, AMA Speaker
<b>In Memoriam</b>	
<b>President’s Valedictory</b>	Dr. Paul Boucher, AMA President
<b>Remarks from CMA President</b>	Dr. Katharine Smart, CMA President
<b>Installation of President and Inaugural President’s Address</b>	Installation of AMA President Dr. Michelle Warren
<b>Committee Reports</b> <ul style="list-style-type: none"> <li>• <b>Committee on Bylaws</b></li> <li>• <b>Committee on Finance</b></li> <li>• <b>Nominating Committee</b></li> </ul>	Dr. Fredrykka Rinaldi, Member, Committee on Bylaws Dr. Heather La Borde, Chair, Committee on Financial Audit Dr. Alison Clarke, Chair, Nominating Committee
<b>Elections</b> <ul style="list-style-type: none"> <li>• <b>Representatives to CMA General Council 2022</b></li> <li>• <b>Nominating Committee Representatives</b></li> </ul>	Dr. Carl Nohr, AMA Speaker
<b>AMA Awards</b>	
<b>Board Report to the AGM and Q&amp;A with President, Past President and CEO</b>	Dr. Michelle Warren, President Dr. Paul Boucher, Immediate Past President Michael Gormley, CEO
<b>Adjournment</b>	

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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

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## In Memoriam

**Members deceased since the last annual general meeting are:**

Jon Maxim Adamis	Edmonton	Gordon Keith Higgins	Calgary
Mohammad Shoaib Alam	Nanton	Randall A. Junck	Red Deer
Dick Au	Edmonton	Nizar I.F. Kassam	Calgary
Hussam-Ul Haque Bawa	Calgary	Jun Kawakami	Calgary
Jacques Bernier	Edmonton	William James Mayhew	Calgary
Roy Macaulay Scott Blake	Calgary	Ian Donald McIntosh	Calgary
Malcolm Stewart Catherall	Red Deer	Lazarus Michael Nsisi	Lethbridge
Alexander Kam Po Chan	Calgary	Mychail Onischuk	Edmonton
John Walter Dawson	Calgary	Henry Frederick Pabst	Edmonton
John Pollock Donald	Calgary	Sudarshan Kumar Rajpal	Calgary
Terrence Armitage Drolet	Wetaskiwin	Eric Paul Taubner	Edmonton
Wayne John Edwards	Lethbridge	Harvey Richard Uretsky	Edmonton
Michael Lee H. Gammon	Brooks	Shiu Kee Yen	Edmonton

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# Minutes

## 115th Annual General Meeting of the Alberta Medical Association (CMA Alberta Division)

October 5, 2020

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1. The 115<sup>th</sup> Annual General Meeting of the Alberta Medical Association (CMA Alberta Division) was held on October 5, 2020, via Zoom webinar.

2. **Call to Order**

Dr. Carl Nohr presided as speaker and declared the 115<sup>th</sup> AGM in session and duly constituted at 7 p.m.

The meeting commenced with the playing of the national anthem.

3. **In Memoriam**

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

Daniel Bester	Roopee O. Kumar	Wajid Sayeed
Walter Brian Blahey	Bernard Lee	William Gary Selman
Josephine M. Brown	John Joseph Lipinski	David Lawrence Shragge
Shekoufeh Coupannejad	Parshottam Sahai Mathur	Michael Shuster
Norman Ned Chychota	James Thomas Mcaffery	Theodore Henry Siwak
Lorne Burritt Collins	Ernest William Thomas Mccrank	Parviz N. Somani
Phillip W. Cummins	David G. McGowan	David C. Spence
Sioe Hiang Dartana	David D. Miller	Ernest Stephen Takacs
Ruth Ann Dickson	Marvin Mitchell	Geoffrey David Taylor
John H.S. Empey	Johannes Lambertus Myburgh	Margaret I. Taylor
Finlay Munroe Fairfield	Michael L. S. Owen	Stephanus Andreas Van Zyl
Mohammad Feroz	Dionysios Fotios Papadopolous	Lorne Warneke
Bijan Hamidi	Thomas John Paton	Christopher Noel Williams
Bruce Martyn Hedges	Anil Prakash	David Leslie Willox
Michelle Leigh Hucul	Michael Pratt	Marvin Brent Wray
Raymond Michael Hulyk	A. Quddus Qureshi	Saulat Yar Khan
Noel Arran Jampolsky	Walter John French Reynolds	
Laura Kosakoski	Ernest Rogan	

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4. **Minutes, Meeting of September 28, 2019**

The minutes of the AGM of September 28, 2019, were accepted as circulated.

5. **President's Valedictory**

The outgoing president, Dr. Christine Molnar, reflected on her term as president and on its challenges and accomplishments. She thanked the directorate for its support during her term.

6. **Installation of AMA President**

Canadian Medical Association President Dr. Ann Collins said a few words on behalf of the CMA prior to commencement of the installation of Dr. Paul Boucher as AMA President 2020-21. Dr. Boucher gave his inaugural speech as incoming president.

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

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

MOTION: *Moved by Dr. Brock Debenham:*

THAT proposed substantive amendments to the Bylaws outlined in the 2019-20 Annual Reports be authorized and approved.

CARRIED

MOTION: *Moved by Dr. Brock Debenham:*

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 October 5, 2020, be adopted.

CARRIED

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

Dr. Lowell van Zuiden, Chair, Committee on Financial Audit, presented the report from the committee. There was an opportunity for questions following the presentation.

MOTION: *Moved by Dr. Lowell van Zuiden:*

THAT the Auditor's Report and the audited Financial Statements for the AMA for the year ended September 30, 2019, be received for information.

CARRIED

MOTION: *Moved by Dr. Lowell van Zuiden:*

THAT the firm of PricewaterhouseCoopers be reappointed as auditors for the AMA for the 2020-21 fiscal year.

CARRIED

9. **Report from the Nominating Committee**

Dr. Neil Cooper, Chair, Nominating Committee, presented the report on behalf of the committee. There was an opportunity for questions following the presentation.

MOTION: *Moved by Dr. Neil Cooper:*

THAT the following Nominating Committee's proposed slate of 34 representatives to CMA General Council 2021 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, at least one of whom must be an elected member of the Council
- Two deans or designates from his/her offices
- Two student representatives
- Two PARA representatives

CARRIED



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The following members were nominated for election to the following positions on the Nominating Committee: three two-year terms (2020-22) and two one-year terms as alternates (2020-21):

- Dr. Arun Abbi
- Dr. Allan Bailey
- Dr. Steven Chambers
- Dr. Douglas Duval
- Dr. Tracy Graham
- Dr. Jia Hu
- Dr. Karla Khan
- Dr. Darryl LaBuick
- Dr. Diaa Mansy
- Dr. Jennifer MacRae
- Dr. Samantha Myhr
- Dr. Joanne Robinson
- Dr. Leslie Scheelar
- Dr. Gemma Vomiero
- Dr. Smitha Yaltho
- Dr. Mukarram Zaidi

Note: An election took place via e-vote following the meeting. The following members were elected:

To the three two-year terms as members (2020-22):

Dr. Jia Hu

Dr. Darryl LaBuick

Dr. Samantha Myhr

To the two one-year terms as alternates (2020-21):

Dr. Jennifer McRae

Dr. Jo Ann Robinson

10. **AMA Awards**

Dr. Boucher recognized the AMA Long Service Award recipients, the Member Emeritus recipients and recognized the Public Health and Preventative Medicine Physicians of Alberta for their hard work during the COVID-19 pandemic.

11. **Board Report to the AGM**

The Board Report opened with a video of the year in review. Panel presenters, President Dr. Boucher, Immediate Past President Dr. Molnar and Executive Director Michael Gormley presented the Board Report to the AGM. There was an opportunity for questions following the presentation.

12. **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](mailto:annette.ross@albertaodctors.org)).

### Report to the Fall 2021 Annual General Meeting

In accordance with the Alberta Medical Association 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 nominations for consideration during the AGM:

#### 1. Composition of Representatives to Canadian Medical Association General Council 2022

As required under the current AMA Bylaws, the Nominating Committee is to provide to this AGM the composition of representatives it proposes for CMA General Council 2022. The president attends General Council by virtue of the position and is not included in the count of Alberta representatives currently admissible to attend (34):

- President-Elect
- Immediate Past President
- Speaker or Deputy Speaker
- Ten representatives named by the Board
- Thirteen representatives named by the Nominating Committee
- Two physician appointees of the college, 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
- Two student representatives
- Two PARA representatives

#### 2. Speaker and Deputy Speaker 2019-22

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.” In April 2021, Dr. Fredrykka Rinaldi was acclaimed to the position of President-Elect while she was still serving as Deputy Speaker until September 2022. Dr. Rinaldi steps down as Deputy Speaker upon assuming the position of President-Elect on September 28, 2021. Accordingly, there was a requirement by the Nominating Committee members to provide a stub-term nominee to cover the Deputy Speaker position until the current term ends in September 2022.

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

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

Following due process, Dr. Prince was acclaimed as Deputy Speaker on August 26, 2021. In accordance with custom, a brief profile is contained in AMA records at the end of this report.

### 3. Nominating Committee 2021-22

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:

<b>CURRENT NOMINATING COMMITTEE MEMBERS</b>		<b>TERM</b>	<b>Eligible for re-election 2021</b>
<b>CHAIR (Appointed by Board)</b>			
Chair, Dr. Alison Clarke	Board appointee	1 Year 2020-21	YES
<b>BOARD (3 members, 2 alternates)</b>			
Dr. Alison Clarke	FM, Strathmore	2 years 2020-22	N/A
Dr. Howard Evans	UROL, Edmonton	2 years 2019-21	NO
Dr. Derek (Rex) Townsend	INTVS, Edmonton	2 years 2020-22	n/a
Dr. Tobias Gelber (alternate)	FM, Pincher Creek	1 year 2020-21	NO
Dr. Shelley Duggan (alternate)	NEPH, Edmonton	1 year 2020-21	YES
<b>AGM Elected (4 members, 2 alternates)</b>			
Dr. Darryl LaBuick	FM, St. Albert	2 years 2020-22	n/a
Dr. Sam Myhr	FM, Pincher Creek	2 years 2020-22	n/a
<b>Dr. Craig Hodgson</b>	<b>FM, Whitecourt</b>	<b>2 years 2019-21</b>	<b>NO</b>
Dr. Jia Hu	PHPM, Calgary	2 years 2020-22	n/a
<b>Dr. Jennifer MacRae (alternate)</b>	<b>NEPH, Calgary</b>	<b>1 year 2020-21</b>	<b>YES</b>
<b>Dr. Jo Ann Robinson (alternate)</b>	<b>FM, Edson</b>	<b>1 year 2020-21</b>	<b>YES</b>
<b>Representative Forum Elected (2 members, 2 alternates)</b>			
Dr. Jeffrey Bratvold	FM, Medicine Hat	2 years 2019-21	NO
Dr. Maeve O'Beirne	FM, Calgary	2 years 2020-22	n/a
Dr. Linda Mrkonjic (alternate)	ORTH, Calgary	1 year 2020-21	YES
Dr. Richard Owen (alternate)	DI, Edmonton	1 year 2020-21	YES
<b>Resident rep</b>			
Dr. Eliza Phillips	PARA appointee	1 year 2020-21	NO

Drs. Darryl La Buick, Sam Myhr and Jia Hu will all continue as members on the Nominating Committee to complete their two-year terms ending September 2022.

Dr. Craig Hodgson’s two-year term ends September 2021, and he is not eligible for re-election.

Having each served a one-year term as alternates, Drs. Jennifer MacRae and Jo Ann Robinson 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, **three** members are to be nominated by this AGM, with an electronic vote to occur following the meeting:

- **One member for a two-year term 2021-23.**
- **Two alternate members each for a one-year term 2021-22.**

	AGM Elected		Term
1.	TBD	Member elected by AGM	2 years 2021-23
2.	TBD	Alternate elected by AGM	1 year 2021-22
3.	TBD	Alternate elected by AGM	1 year 2021-22

The Fall Nominating Committee meeting is Friday, November 5, 2021. Two further meetings will be held in February and May of 2022.

**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 (EDI) is a primary objective.

The Nominating Committee members will participate each year in an educational session regarding the [HWE 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.

PROFILE - Dr. Gerry Prince, Family Medicine, Medicine Hat

2018-2021	Regional Rep	Representative Forum
2001 & 2018	AMA Rep	CMA General Council
2015-2017	Member	PCN Team Leads

2014-2017	Co-Chair	Communications Working Group
2014-2016	RF Delegate	Section of Family Medicine
2014-2018	Section Rep	Representative Forum, Section of Family Medicine
2013	Member	PCN Evolution Working Committee-Patient Attachment
2012-2013	Member	Nominating Committee
2010-2011	Member	General Practice Representation Working Group
2007-2011	Co-Chair	Primary Care Initiative Committee
2007-2010	Member	Trilateral Agreement Committee
2004-2007	Member	Primary Care Initiative Committee
2001-2004	Member	Negotiating Committee
2000-2006	Section Rep	Representative Forum, Section of Family Medicine
1998-2000	Member	Committee on GP/Rural Medicine Rvg Pilot Project
1998-2000	RMO Rep	Committee to Review Ama's Regional Structure
1997-1999	President	Palliser Medical Staff Association
1996	Member	Task Force on Relative Value for Primary Care
1994-1996	Rep	Palliser medical Staff Association
1994-1996	Member	Renumeration Mechanisms for Primary Care Working Group
1994-1998	RMO Rep	Physician Liaison Council for Region 2
1992-1994	President	Section of General Practice

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## Elections

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

### Deputy Speaker and Representatives to CMA General Council 2022

In accordance with the Alberta Medical Association Bylaws, a Call for Nominations for Deputy Speaker and Representatives to Canadian Medical Association General Council 2022 was sent to the membership on July 29, 2021.

#### *Deputy Speaker*

No further nominations were received in response to the Call for Nominations. As a result, at the AMA Annual General Meeting, the Nominating Committee's nominee Dr. Gerry Prince will be acclaimed to a one-year term (2021-22) as Deputy Speaker.

The Nominating Committee Report to the Fall 2021 AGM, preceding this report, contains a brief profile of Dr. Prince.

#### *Composition of Representatives to CMA General Council 2022*

One nomination was received in response to the Call for Nominations. Dr. Robert Ferrari, (Internal Medicine, Edmonton) has been nominated to attend 2022 CMA General Council as an AMA delegate. A brief profile, based on service as contained in AMA records, is provided below.

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

The Nominating Committee Report to the Fall 2021 AGM, preceding this report, contains the recommendations for the AMA composition of representatives to CMA General Council 2022. Direction will be sought regarding AMA composition of representatives to CMA General Council 2022 at the 2021 AMA AGM.

### Nominating Committee

The AMA Nominating Committee is comprised of:

- Four Members elected at the AGM
- Two Delegates elected by and from the Representative Forum
- Three Members appointed by the Board.

In addition, each group – the AGM, RF and Board – elects or appoints two alternates to attend a Nominating Committee meeting if needed.

At the 2021 AGM, nominations will be sought to fill the following vacancies on the Nominating Committee:

- 
- One two-year term as member – October 1, 2021 to September 30, 2023
  - Two one-year terms as alternate – October 1, 2021 to September 30, 2022

Nominations will be sought from the floor at the AGM. Members may nominate themselves or a colleague; nominees must be members of the AMA.

An election will take place following the AGM in the event more than one candidate steps forward. The vote will be conducted electronically. **You must attend the AMA AGM in order to vote in the Nominating Committee election** that will take place following the AGM.

The Nominating Committee holds three full-day meetings per year (typically November, February and May; face-to-face or virtual depending on pandemic restrictions), and additional virtual meetings if required. The next Nominating Committee meeting will be held Friday, November 5, 2021.

***Excerpt – AMA Bylaws (September 2020)***

**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

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# 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](mailto:president@albertadoctors.org).

**NOTE:** The Board report to the AGM is retrospective. It is important to also look forward as events continue to unfold swiftly with respect to the relationship with government, the pandemic and other matters. The **Board invites all members to [participate in the virtual AGM](#)**, Tuesday, September 28 from 7-9:30 p.m. 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.

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.
- **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 through the year and all related activities.

## **A YEAR IN REVIEW: How the AMA was there for members in 2020-21**

The 2020-21 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 showed up for members through:

- Representing and Engaging with Members
- Restoring Our Relationship with Government
- Responding to the Pandemic

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 and Engaging with Members**

#### **[October 29, 2020](#): CPSA consultation on Job Action; Closing or Leaving a Medical Practice; and Relocating a Medical Practice**

The AMA participated in the consultation initiated by the College of Physicians & Surgeons of Alberta regarding three standards of practice: Job Action; Closing or Leaving a Medical Practice; and Relocating a Medical Practice. The College amended these in response to a letter from the Minister in which he called on the CPSA to take steps that would “require physicians to mitigate the impact of withdrawal of services.”



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A large number of physicians responded to the consultation from their individual perspectives, while the AMA's official [response to the consultation](#) was written at the provincial level, speaking to larger issues and policy implications for the profession. This included the loss of any reasonable means for physicians to provide input regarding their compensation and the loss of any effective means of protest. Alberta has always been an attractive destination for physicians; these changes threatened to make the province a far less inviting location. This discussion and the need for physicians to make changes to their practices or contemplate job action highlighted the importance of finding a way to a negotiated agreement to create stability in the environment and for collaborative problem solving with government and AHS.

### **[November 3, 2020: Preparing for release of the Sunshine List](#)**

Government advised they would make physician compensation data fully public on or before November 9. To help the profession prepare for questions they might receive from patients or people in their communities, the AMA hosted a webinar titled [Living with the Sunshine List](#) (login required) and over 1,300 physicians registered. We also worked to prepare the wider public to understand the numbers they would see and we were ready to respond to the media with factual, [contextual information](#).

The AMA sought legal counsel when the payment disclosure legislation relating to physician payments was passed in 2015. The advice we received is that it is in government's purview to release payment information and that there is precedent in other provinces.

Government did introduce an [exemption process](#) and physicians were given three weeks to apply for an exemption for the November 2020 release. The "bar" was set very high for approval. Physicians had to make a compelling case that the disclosure would unduly threaten their safety, or perhaps the safety of their families. The AMA assisted with some of these applications.

If a physician had already applied for an exemption (by the original October 7, 2020 application deadline), there was no need to apply again. If a physician had an application in process, their data would remain undisclosed pending the outcome of the application. If the exemption was granted it would be valid for five years, at which point the physician would need to reapply.

This planned disclosure of fee-for-service payments has not yet occurred and, as of now, there is no set date for the disclosure of ARP earnings, AMHSP earnings, AHS stipends and program benefits. Once/if a date is set, impacted physicians will be informed and provided an opportunity to apply for an exemption.

### **[November 13, 2020: Representation and support for physicians in Alternative Payment Arrangements](#)**

In late September of 2020, government announced that grant funding for the AMA's Alternative Relationship Plan Physician Support Services program would be terminated. The AMA worked quickly to determine how best to continue to assist members in both the short- and long-term and this included deploying a survey of physician leaders in current and prospective cARPs.

Through the survey, [members told us](#) (login required) that they were extremely satisfied with the assistance provided by ARP PSS and were greatly missing that expertise and support when dealing directly with Alberta Health and AHS. They told us about the challenges they were facing and what they needed to fill the gap in service.

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At that point in time the environment was shifting on a number of fronts related to alternative payment arrangements in general, including AHS payment arrangements and potential new contractual models arising out of Bill 30.

To fill the immediate gap and support members in exploration, development and implementation of cARPs, the AMA contracted with a firm and added several experienced consultants to our team. The consultants focused on providing high-value services, ensuring equitable distribution of this limited resource among all physician groups who needed it.

Whether in a cARP or the Academic Medicine Health Services Plan, members were reminded of their right to representation and were encouraged to reach out to the AMA for help and advice. This became increasingly important through the year as described later in this report, particularly with respect to those physicians in AHS stipend arrangements who were offered ARP contracts as AHS's alternative to the stipend and fee-for-service model.

### **November 19, 2020: Nominating an Alberta physician for CMA President-Elect**

Every year, the Canadian Medical Association holds fair and transparent nomination and election processes for the position of CMA president-elect. In November 2020, Alberta CMA members were invited to present a CMA president-elect nominee from Alberta for confirmation at the CMA AGM/General Council meeting in August 2021. Five exceptional Alberta candidates ran:

- Dr. Vishal Bhella
- Dr. R. Michael Giuffre
- Dr. Noel Grisdale
- Dr. Alike Lafontaine
- Dr. James Andrew Makokis

In February, the CMA announced that [CMA members in Alberta voted for Dr. Alike Lafontaine](#) as a nominee for CMA president in 2022–23. Dr. Lafontaine 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, Metis and Pacific Islander ancestry.

Dr. Lafontaine's nomination was confirmed by CMA General Council in August. Dr. Lafontaine will serve as president-elect until August 2022, when he will become CMA president.

### **December 22, 2020: Government review of clinical ARPs and academic medicine**

As discussions continued with government toward a negotiated agreement, new payment models were emerging and being offered to physicians. On December 3, AH issued a [request for proposal for an Alberta Physician Alternative Compensation Review](#). In short, the project consisted of two parts: (i) reviewing funding for academic medicine and (ii) reviewing clinical alternative compensation rates.

The AMA was listed as a stakeholder in the RFP, and we were determined to bring forward the needs of physicians and patients in the process. The AMA leaned on the expertise of the [AMHSP Council](#) and [AMA's Clinical ARP Working Group](#) (login required) and sought to ensure that broader health system aspects were considered in any decision-making around funding and rates. This included valuing all aspects of [academic](#)

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[medicine](#), honoring [ARP principles](#) and seeking reasonable contractual agreements (workload, hours and fair dispute resolution mechanisms).

Invictus Analytics and Strategy Inc. was awarded the contract. Members may recall the Invictus group from their [work](#) validating the AMA's claims that physician compensation in Alberta is in line with payments in other provinces. They have also been retained by government in the past. Further information about the award, contract amount and so on, can be found on the [Alberta Purchasing Connection](#) website.

This ARP rate review has been a contributing factor to the significant uncertainty physicians face around compensation without an agreement. The future role and processes of the Physician Compensation Advisory Committee remains another (as discussed later in this report). Issues with AHS have also required consideration given proposed changes to stipend payments; Z codes changes and overhead costs; on call payments and contractual arrangements for groups such as AHS-based diagnostic imaging, laboratory medicine.

The AMA continued to advocate for fair and transparent processes in which equity is a component of rate setting. Access to dispute resolution is also critically important. These concerns are reflected in commentary throughout this report.

**[January 13, 2021](#): More lab results available online for patients**

On February 5, more lab results became accessible to Albertans through the [My Health Records \(MHR\)](#) portal. These lab results are now viewable through the My Personal Records (MPR) application, giving patients immediate and direct access to more of their own health information. This change served as an additional safety net for patient care within the system.

The AMA hosted two webinars, [Real time release of labs to patients: What this means to your practice](#), to help physicians prepare for the impact the increased access would have on patients, practices and in the hospital setting.

**[January 25, 2021](#): Representation and support for physicians impacted by changes to AHS-paid stipends**

Stipend arrangements were put in place to address areas where fee-for-service alone was not sufficiently addressing the scope of services or was absent altogether. Each arrangement is somewhat unique, and they cover a wide variety of physician groups providing different services such as organ transplantation, trauma, hospitalists care, palliative care, vascular surgery, pediatric care, among others. Many of these contracts are historical and have been instrumental in the delivery of essential services within AHS facilities.

In 2020, the profession was still facing the potential loss of AHS clinical stipends as of March 31, 2021. Throughout the second half of 2020, the AMA was meeting in earnest with affected physicians on these issues and on December 22, a [Virtual session on AHS stipends and CPSA Standards of Practice](#) (login required) was held so that members could discuss options, hear details of CPSA rules and get legal advice from AMA's external counsel. We were seeking continuance beyond March 31, 2021, and were advocating for a fair process with respect to compensation – including a way to resolve disputes.

AHS developed a principle-based approach and proposed a number of different options based on the nature of contractual arrangements. One option was for physician groups to move into clinical alternative

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relationship plans. While this was a good solution for some physician groups, there were many that did not agree with the solutions AHS offered.

Predictably, disputes arose around the exact nature of the services covered under various contracts; the ability of fee-for-service or some alternative to cover them; and the responsibility the physicians had once their AHS contract ended. Given the fixed timeline and the essential nature of the services in question, the potential for brinkmanship was real, as was the risk of placing physicians and AHS in difficult situations. The AMA provided advice to members and legal counsel [wrote to AHS](#) (login required) about our interpretation of physician options.

The AMA continued discussions with AHS to find a way to sustain these essential services beyond March 31 in a way that offers fairness to physicians and value to patients/the system.

### **February 10, 2021: AMA weighs in on whistleblower and seniors care legislation**

One of the important roles the AMA has always played in Alberta is providing physician input into the work of the Legislative Assembly around various acts and regulations. In early 2021, several statutes came up for scheduled legislative review and the AMA was asked to comment on two of them.

The [AMA presented](#) to the Standing Committee on Resource Stewardship regarding the review of the [Public Interest Disclosure \(Whistleblower Protection\) Act](#). We last commented on this legislation in 2015 when we submitted numerous recommendations for improvement of the statute. Upon receiving the offer to comment again, we consulted our original proposals and took the opportunity to bring them forward again. In particular, we asked that resident physicians and medical students be specifically mentioned and afforded protection under this legislation and we recommended that the committee amend the definition of reprisals against whistleblowers to include retaliation expressed through social media.

The next statute was one of the societal discussions emerging from COVID-19 regarding the approach to seniors and continuing care. Our current system is heavily institutionalized, separates our frail elderly from communities where they wish to remain and misses opportunities to support and amplify the contributions of caregivers and loved ones.

The AMA was asked to provide input to support new acts, regulations and other policy documents toward “better serving continuing care clients, residents and their families, staff, providers and operators.” The AMA asked for input from the sections most directly involved in seniors care, including the Sections of Family Medicine; Internal Medicine; Palliative Medicine; Rural Medicine; and Public Health and Preventive Medicine. Individual physicians were also asked to weigh in.

### **May 14, 2021: Growing stronger through equity, diversity and inclusion**

Associations are collectives of individuals who come together for common interests and aims. Strong associations are places where those members feel that they belong, are safe, included and can see themselves reflected in the leadership. It’s also important for everyone to feel that they have equitable access to opportunities within the association. We must recognize that there are barriers to inclusion that must be actively overcome: a responsibility we all share.

The Board Working Group on Nominating Committee processes also continued its 2019-20 mandated work to review and make recommendations for improvements in the development of a diverse physician workforce for the AMA. The membership will be kept informed as new practices are rolled out.

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### **May / June 2021: Supporting stipend discussions**

The AMA continued to reach out to physician groups that were identified as being affected by changes to AHS-paid stipends, including those who were invited by AH to a series of 16 cARP town halls (involving 47 stipend groups). We communicated with section presidents and asked them to help us reach their members who may need support.

The AMA wanted to ensure that any impacted group was aware of their right to be represented and engaged in a way that included due process. The AMA put together an effective team to deal with areas of provincial significance, such as principles that can be applied to ARPs, establishing efficiencies and economies of scale. We sought to ensure that physicians had what they needed to make an informed decision, including the ability to collaborate and have input during the process toward improving the overall quality of the product.

In addition to the daily one-on-one level of support provided by the AMA Health Economics staff, the AMA assembled a Stipend Action Committee to address, at a provincial level, the concerns expressed by various groups around changes in AHS stipend arrangements. This work complemented and was informed by AMA staff efforts. The committee's expertise was directed toward identifying, defining or capturing:

- Principles that must apply for all cARPs.
- Concerns raised by physicians impacted by stipend changes.
- A provincial approach to address common themes across the physician sub-groups.
- Advocacy strategies to address concerns.

The AMA created a dedicated space on its website to share information about [AHS Stipends/Clinical ARPs](#) (login required). The Stipend Action Committee began to provide members with updates on work and progress via the [Stipend Action Committee Update](#) (login required) newsletter.

### **July 9, 2021: Patient's gain access to all lab results**

In February, about 95% of lab results became accessible to Albertans through AH's My Health Records (MHR) portal. The remaining 5% of lab results included more complex results in microbiology, pathology and genetics (excluding neuro predictive genetic testing which will continue to be available through genetics services).

This expansion to access was approved by the provincial Health Information Executive Committee with representation from AH, AHS, AMA, CPSA, Alberta College of Pharmacists, Alberta College of Family Physicians (ACFP), Primary Care Networks (PCNs) and the public. Microbiology results became available in June, pathology became available in late August, and genetics will be available in September (at time of writing these results were not yet available).

To prepare physicians for the impact that real-time access to these particular test results would have, the AMA held a webinar on July 21, [Real time release of complex labs to patients: What this means to your practice](#). This session included presenters from family medicine, medical genetics and pathology who shared their experiences and insights on what this change would mean for physician practices and how to adapt.

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## September 2021: Membership numbers maintained

In October of 2020, we asked members to [Stand With Us](#) in chaotic times to ensure the continued strength of the profession. The call was answered, with overall membership retention remaining at close to 100% of what it was in the 2019-20 fiscal year.

When we kicked off the member renewal period for the 2021-22 membership year, we asked all members to Remain United as we moved into year two of the Board's plan to serve the membership in an environment without an agreement. Members were encouraged to rely on each other and the AMA as we face the year ahead and continue to work on behalf of all members to create an environment in which everyone can thrive. The Board is grateful for the unity and support of the profession.

## Restoring Our Relationship with Government

### October 9, 2020: Physician supply

In October, the CPSA released a report that showed a net increase in physician supply in Alberta for the third quarter of the year. The CPSA noted that net increases in 2020 were smaller than over the last five years and recognized that the actual numbers would not be known until the end of the year.

There was a great deal of media coverage on the report, and this led some to assert that there was not an issue with physician supply in the province and that there were not significant numbers of physicians leaving Alberta. This interpretation failed to recognize some of the challenges that the profession was facing, and the AMA took the opportunity to comment.

AMA President, Dr. Paul Boucher wrote a *President's Letter* explaining to the public and government that focusing on a snapshot of physician supply today does not tell the whole story and it also misses the point – that many physicians were feeling so unsettled without an agreement that they were either leaving or contemplating leaving.

The AMA conducted a survey in the summer of 2020 and found that 42% of our members were thinking of making the move out of Alberta. This, along with other indicators – such as direct correspondence and conversations with members – suggested that the level of distress was very real. Physicians were feeling burnt out and the financial stress of our situation with government was weighing on them. The AMA did not want this to be ignored. From the AMA and the patient perspective, the loss of even one physician in an under-serviced area or a sub-specialized practice has major effects on patient care that could not be appreciated by a simple head count.

In response to an RF motion, and led by the Joint Task Force, the AMA has created a new feature on the member dashboard to gather information about physicians who are changing or leaving their practice and their reasons for doing so. The tool ([My Practice Information – login required](#)) prompts physicians to complete a brief form about practice changes, including retirement, closing a practice, reducing or increasing hours, etc. More information on this initiative can be found in the Advocacy Section below.

### December 23, 2020: Update on AMA's Charter Challenge (login required)

The AMA's lawsuit and charter challenge continued to move through due process over the course of this last year. It is still likely 18 months from a judgment, but the AMA remains confident in the strength of our case. That said, there are a number of outcomes from a successful claim that are uncertain, e.g., government might appeal the decision, further extending the timelines, etc. [Watch AMA's counsel, Pat Nugent](#) describe the opportunities and possible outcomes of the case (login required). The AMA continues to be aware and

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consider implications for the lawsuit in reaching an agreement with government.

**December 23, 2020: Z-code changes postponed**

Late December 23, AH advised the AMA that they were postponing the implementation of new rates for Z codes – a change that was scheduled to take effect January 1, 2021. The implementation of the reductions was [postponed until April 1](#).

**February 19, 2021: PFSP continues in its current form**

Since 1998, AH has funded the Physician and Family Support Program as part of the benefits included in the master agreement with the AMA. For decades, this internationally recognized program has quietly provided 24/7/365 confidential support on all aspects of physician health. A small cadre of dedicated staff, a caring team of peer counsellors and a province-wide network of master level experienced therapists have helped thousands of physicians, resident physicians and medical students to stay on their feet or, when they have fallen, to get back up again. Throughout these last two years, PFSP has seen a sharp increase in calls related to anxiety, stress and depression.

In July of 2020, government indicated that PFSP would continue to receive funds, but the administration of the program would be under review. The AMA was very concerned because we know that a healthy society requires healthy doctors. We also know that one of the most important things to physicians seeking help is the ability to talk confidentially to a supportive physician peer. We knew that AMA administration of PFSP was essential to keeping the program physician centric and trusted by physicians.

This is why we were very pleased when the Minister stated that the [PFSP would continue in its current form](#), delivered by the AMA, through 2021-22. This clarity was welcomed, and we were relieved to know that we could continue to serve the needs and concerns of physicians with this important program.

**February 26, 2021: Tentative agreement reached with government**

Discussions with government to reach a new agreement were underway continuously since the Fall of 2020 and considerable progress was made on many fronts. As endorsed by the RF, AMA strategies supported an agreement containing four essential components:

1. Recognition
2. Physician payment management
3. Management tools
4. Dispute resolution

In February, a tentative agreement was reached.

**March 3, 2021: Next steps in the tentative agreement process**

The next step in the process was for the Board to bring the proposal to the Representative Forum. In keeping with our usual ratification process for agreements, the Board followed due process and held a special Representative Forum meeting on March 6 to seek input and advice from delegates prior to making a final decision on whether or not to send the tentative agreement to members for a vote.

RF delegates received information about the Tentative Agreement Package (TAP) in advance, so they could review it prior to attending the virtual meeting on March 6.

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### **March 6, 2021: Ratification vote on the Tentative Agreement Package proceeds**

At the conclusion of the special Representative Forum meeting, there was overwhelming support to move forward with ratification and as a result, the Board decided to proceed with a vote.

Voting on the TAP opened to members on Monday, March 8 and closed on Tuesday, March 30 at 4 p.m.

Over the three-week ratification period, members were given opportunities to provide feedback, share comments and ask questions in advance of casting their vote. Member engagement was exceptional, and the AMA had contact with thousands of members via town halls, open forums, information sessions, the online discussion board and the president's email.

### **March 30, 2021: Members vote no on TAP**

Of the members that voted, 53% voted No to the TAP, and 47% voted yes. The overall vote turnout was 59% – which was considerably higher than for recent agreements. The AMA was extremely grateful to members for their extensive engagement in the ratification vote process.

Part of the reason the TAP failed was because members could not see their interests reflected in its provisions. Our first priority after the No vote was member engagement. We heard many themes throughout the ratification process, but knew we needed to hear more about the challenges members saw with the TAP and their barriers to voting yes.

Our other priority was to continue to engage with government. The challenges facing the health care system remained and we got to work on key areas that required immediate focus. Regardless of the No vote, we quickly began considering what we could accomplish that would re-establish Alberta as a good place to practice, a place where physicians feel valued, can deliver high quality care to their patients and receive fair and equitable compensation in return.

### **April 19, 2021: Minister of Health joins April Board meeting**

In their first meeting after the ratification vote, the Board spent two days discussing the challenges facing members, patients and the health care system, and how those challenges could be addressed. Input gathered during the vote through webinars, discussion boards, emails, etc. provided rich sources of information that highlighted many of the concerns and issues that were shared by members on both sides of the vote.

The Minister joined the Board for a discussion about the concerns that members had with the tentative agreement and the pressing issues facing us, including stabilizing physician practices, physician supply, sustainable virtual care and the funding for our physician support programs. The Minister expressed a desire to move forward collaboratively to address some of these issues. The Board was encouraged by the Minister's stated willingness to work together and to progress toward a more concrete resolution. It was clear, though, that government remained committed to its fiscal agenda. COVID worsened the province's financial situation, and while the Board remained willing to have the profession do its part, that could not be at the expense of fairness, good process and financial stability for members.

### **May 26, 2021: Discussions with government continue, priority work progresses**

While our lawsuit continued and reaching a provincial agreement continued to be our ultimate goal, it was important that the AMA continued to represent and support physicians, particularly in more immediate activities and priorities such as:



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- AHS compensation arrangements (stipends)
  - Physician Compensation Advisory Committee
  - Alternative Relationship Plan rates
  - Bill 30 third-party payers
  - Other payment arrangements

At the same time, the AMA was working hard to restore our relationship with government. We were able to progress collaborative discussions on:

- A working group with members of the AMA, AHS, AH and the CPSA to consider short- and long-term goals related to the standards, support and payment for virtual care.
- Physician input into the Physician Compensation Advisory Committee process.
- The sign-off for last year and the current fiscal year on programs that are administered by the AMA such as Maternity, Physician Health, Rural Locum, Compassionate Assistance, Accelerating Change Transformation Team and others.
- A continuing medical education program.
- An information sharing agreement, so that AMA can better support physicians and engage AH and AHS in advancing proposals for system improvement.
- Physician input into health policy issues, including physician supply and the introduction of commercial entities into the public health care system.
- Terms, conditions and timelines for a return to the negotiations table.

#### **June 2, 2021: What We Heard - Member Feedback on the Tentative Agreement Package**

The AMA committed to reporting back to members about what we heard from them during the ratification period for the TAP.

The [What We Heard](#) (login required) report was drawn from thousands of member contacts through townhalls, online chats, discussion board postings and email which made a compelling statement about the mindset of the membership during the ratification vote and the various factors that contributed to each individual choice in the vote.

Please note that the Board was also informed by regular meetings with physician leaders: AMA Compensation Committee (AMACC) Co-chairs; Academic Medicine Health Services Program Council Co-chairs; clinical ARP Working Group Co-Chairs; Physician Compensation Advisory Committee representatives; Specialty Care Alliance Co-Chairs; Section of Family Medicine President and the Section of Rural Medicine President.

When added to the *What We Heard* feedback and augmented by input through support of physicians in discussions with AHS, there were several themes underlying what we heard from physicians. These included sustainability, appropriate models of budget management and other issues related to the relationship between government and physicians including dispute resolution. These themes became the foundation for the Board as they explored the possibility of getting back to the table with government and the specifics of what that would entail.

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### **July 2, 2021: A joint announcement on progress with government**

Ongoing discussions with government on several high priority issues in the health care system resulted in some significant progress that we jointly announced on July 2 as follows:

- Sign-off of physician support grant programs for 2021-22 including: the Physician and Family Support Program; Compassionate Assistance Program; Parental Leave Program; Physician Locum Programs; and Accelerating Change Transformation Team.
- A revised 2021-22 Continuing Medical Education program.
- The restriction on new billing numbers will not begin on April 1, 2022.
- Establishing a working group to review available virtual care services and appropriate compensation criteria.
- An Information Sharing Agreement to allow AMA access to non-identifying information relating to physician compensation and service utilization.

The progress we made in these areas was positive and, importantly, showed that the AMA and government could collaborate with each other.

### **August 11, 2021: Members are asked to weigh in on Where We're Going discussion paper**

Following the failed ratification vote of the TAP and extensive engagement with members noted in this report, the AMA turned our collective focus forward to explore what it would take to turn the TAP into something acceptable for physicians.

Government asked the AMA to submit a proposal outlining the changes we thought were necessary to make the TAP acceptable to members. The [Where We're Going](#) (login required) discussion paper outlined physician interests that an agreement would need to address and provided a Vision Statement and Guiding Principles that government and the AMA could agree on in order to get back to the table and work toward reaching an agreement. Reflecting the preceding months of member engagement, the paper was organized around the critical issues that TAP modifications would need to include: Budget management mechanisms and the need for stability; the relationship between government and physicians; and dispute resolution as part of fair, due process.

The *Where We're Going* paper reflected the Board's intention to inform members at the grassroots level more thoroughly about the things being discussed with government and their implications. Members will receive more information on the latest developments at the AGM.

## **Responding to the Pandemic**

### **October 22, 2020: Special recognition for public health**

The Committee on Achievement Awards conferred special recognition on Alberta physicians who practice in the specialty of Public Health and Preventive Medicine. This recognition was for their hard work during the COVID-19 pandemic and their dedication to protect Albertans in such a crisis and under such pressure.

Their leadership contributions, not only in the wake of the pandemic but also in the continuous collaborative efforts to promote health and the well being of Albertans through various public health initiatives, projects and programs was (and continues to be) remarkable and the AMA wanted to express our deepest respect for all that they do.

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### **November 24, 2021: Encouraging physicians to take care of themselves as they care for others**

As we watched the seemingly unabated rise in COVID-19 cases with increasing concern in November of 2020, we saw increased utilization of the AMA's [Physician and Family Support Program](#) and the President took the opportunity to remind members about the importance of taking care of themselves as they cared for others in the wake of the pandemic.

It was important to recognize the stresses physicians were facing, including the significant strain related to reductions in revenue, anxiety about getting infected and the potential impact on physicians' personal health and that of their family members.

### **November / December 2020: The AMA weighs in on COVID-19 developments on behalf of the profession**

Alberta physicians have made, and continue to make, important contributions in response to the COVID-19 pandemic. The AMA remained committed to supporting physicians as they cared for their patients, their families and themselves during the pandemic. The President spoke to media and wrote to members about the importance of following public health restrictions and other COVID-19 developments:

- November 26, 2020, [COVID-19: Hard choices](#)
- December 7, 2020: [COVID vigilance, vaccination survey](#)
- December 11, 2020: [Open letter to Albertans](#)

### **December 17, 2020: Evidence of the COVID-19 care deficit**

In December 2020 we were more than ten months into the pandemic and the impacts on patient care and the health care system were already very concerning. The care deficit that had been building since the onset of the pandemic was worsening, with diseases and conditions going undiagnosed and many treatments being delayed.

The AMA surveyed our [albertapatients.ca](#) panel on this topic in November, and more than 4,300 patients responded. The [full results](#) of the survey are available for viewing, but there were three highlights from the survey that were particularly concerning:

- A significant decline in the sense of well being: Even compared to June, a growing number of patients are feeling a deterioration in their own mental and physical health.
- A care deficit was building: Disruptions in patient care were reported by 59% of patients.
- Impacts of COVID-19 were not being felt in an equitable manner: Negative impacts of COVID-19 were experienced most acutely by women, patients (and their families) with chronic conditions and individuals with lower incomes.

These survey results were telling, and the President continued to implore everyone to follow public health guidance, to live within the restrictions and to stay as safe as they could. We tracked these issues through the pandemic with the albertapatients community.

### **January 7, 2021: Staying the course, first Alberta physician dies of COVID-19**

As we moved into the early days of 2021, we all hoped that Albertans followed the public health restrictions over the holidays and that we wouldn't see a spike in our case numbers as a result of holiday gatherings.

Public opinion on public health restrictions was polarizing and divisive to the point the general compliance often felt tenuous. The President urged physicians to set an example as community leaders and urged all Albertans to remain diligent in complying with public health measures.

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In early January we heard about the first reported death of a physician due to COVID-19. This was a great loss for the medical community and the AMA issued a [statement](#) in response to this devastating news.

We all knew that vaccines would be key to seeing the pandemic through to the other side, but in January 2021 there was still a long journey ahead of us. The AMA and ACFP were in early discussions with AHS about phases of the roll out. We were initially focused on providing accurate information for physicians, and countless members reached out to offer help with vaccine rollout. The AMA advocated with government to leverage all our community resources toward this massive undertaking.

The AMA signed onto the [19 to Zero](#) initiative, spearheaded by AMA Section of Public Health and Preventive Medicine President, Dr. Jia Hu. The core objective of 19 to Zero was to engage with and ultimately shift public perceptions around COVID-19 behaviors and vaccination.

### **[January 28, 2021: Vaccines and the profession](#)**

The development of COVID-19 vaccines brought together some of the brightest minds around the globe and history was made by getting vaccines approved and to market within a year. While this provided hope, there was also great frustration due to limited supply and criticism over the staged roll out.

To address some of the issues the profession was facing related to the vaccine, the President wrote a [letter](#) to the Health Minister (login required) to begin a dialogue on the following key areas that required coordinated action:

- Understanding how community physicians may be involved in the roll out.
- Where health team members in the community fit into the vaccination schedule; 95% of COVID care is managed in the community.
- Education including communication of plans, criteria and principles for the roll out.
- Addressing vaccine hesitancy.

We knew there were additional roles that the AMA and the profession could fill, and we sought meaningful discussions with AH and AHS to explore the possibilities.

### **[February 7, 2021: AMA and AH team up to leverage all we've got in the COVID fight](#)**

The President's offers of assistance to the Minister resulted in a [joint statement](#) from AH and the AMA and a commitment to partner in advancing COVID-19 vaccination in Alberta.

Work quickly got underway to allow physicians to express interest in administering vaccine so that we could gauge participation levels and determine available infrastructure to administer vaccine. The AMA began working with AH to develop a mechanism to allow community physicians to sign up for vaccine delivery.

### **[April 14, 2021: Vaccine rollout begins in community-based clinics, celebrating National Medical Laboratory Week](#)**

We moved forward in [partnership with AH](#), working closely with the [PCNs](#) to involve community-based physicians in COVID-19 vaccine delivery. The AMA created an online [Expression of Interest portal](#), through which physicians could express their interest in participation.

On April 19, family physicians at 10 clinics in Alberta began offering COVID-19 vaccinations to eligible patients, as part of a proof-of-concept to test new processes and procedures ahead of a planned province-wide rollout.

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Once the proof-of-concept phase was complete, a [webinar](#) was held to share lessons learned through the Community COVID Vaccination Proof-of-Concept project.

April 11-17 was [National Medical Laboratory Week](#) and we celebrated our hard-working laboratory medicine physicians. From the beginning of the pandemic, their work was a foundational element of our fight against COVID.

Current statistics at the time illustrated their seemingly tireless contribution:

- From March 25-30, 67,010 COVID-19 tests were completed, an average of 11,168 tests per day.
- During this period, the daily positivity rate ranged from 5.46% to 7.71%.
- As of March 30, 2021, a total of 3.7 million tests had been conducted and 1.9 million individuals were tested.

These results were phenomenal and a testament to the expertise, skill and dedication of these physicians.

**[May 7, 2021](#): New COVID restrictions and a physician podcast about public health and vaccine policy**

In May, the AMA was watching COVID-19 case numbers in Alberta rise with increasing concern. The President took the opportunity to remind Albertans that while there were unintended negative effects of public health restrictions, we could not afford to become complacent and have our health care system overwhelmed.

Dr. Jia Hu was interviewed on the [Alberta, This Is Going To Hurt podcast](#) and talked about how Alberta became a COVID hot spot and strategies that other jurisdictions have taken to bring numbers down. The podcast explored vaccine effectiveness and safety and the importance of addressing hesitancy.

**[May 14, 2021](#): AMA guidance on mask exemptions**

On May 13 government released a [new public health order](#) stipulating that medical exemptions for mask use would be allowed for a list of “verified health conditions” and that an exemption letter would be required from a physician, nurse practitioner or psychologist. The CPSA posted [further information](#), including government’s list of conditions, CPSA guidance to the profession, letter templates and more.

Members had many concerns about this new order, including the time burden, difficulty of assessment, potential risk to the therapeutic relationship with patients and liability for physicians.

**[May 21, 2021](#): AMA meets with CPSA regarding mask exemption order**

The President, along with the presidents of the Sections of Family Medicine, Rural Medicine and Pediatrics, and senior AMA staff, met with Dr. Scott McLeod, CPSA Registrar, to get a better understanding of the health order and to raise some of the most urgent concerns we had been hearing from members.

Dr. McLeod emphasized that clinical judgement should balance the severity of the patient’s condition and the risk that mask wearing might worsen it, with the risk of severe illness from COVID-19 to both the patient and the general public. He indicated that simply being diagnosed with one of the listed medical conditions should not lead to an automatic exemption. He also indicated that any complaints to the CPSA related to mask exemptions would be triaged through a separate process.

This order was a source of stress for many members and the clarification from the CPSA was a welcome relief.

**May 28, 2021: AH, AMA and PCNs announce physician clinics would begin vaccinating**

The AMA had been working with AH and PCNs since the spring to incorporate community physicians into the provincial vaccine rollout. On May 28 it was announced that 60 additional clinics would be administering vaccine.

New [billing codes](#) were added to the schedule of medical benefits to allow physicians to bill for this service.

**June 11, 2021: A check up: COVID-19 and our patients**

In May, we fielded a second tracking survey through [albertapatients.ca](#) to ask patients about their worries and priorities regarding their health care during the pandemic. More than 4,700 people responded and highlighted what physicians had been seeing in their practices: lifestyle and livelihoods (for many) had shifted dramatically, contributing to a significant decline in physical and mental health.

More than half of respondents (52%) reported that their physical health had declined since the start of the pandemic, and almost two-thirds (64%) reported a decline in their mental health since the start of the pandemic. The results were sobering.

**June 21, 2021: Pharmacists and family physicians team up to put COVID-19 behind us**

The AMA launched a joint campaign with the [ACFP](#), [PCNs](#) and the [Alberta Pharmacists Association](#) to encourage vaccine uptake. The campaign hashtag was #VaccinesWork and the main messages were:

1. Physicians and pharmacists are working together to keep Albertans healthy.
2. Vaccines are safe, effective and our way out of the pandemic.
3. If you are unsure about getting vaccinated, your health care providers are a trusted source of information and are here to help you with any questions you may have.



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A joint statement was issued, and all partners shared the campaign artwork and messaging via their social media channels and internal publications.

As part of the joint campaign, the AMA worked with [19 to Zero](#) to host a public virtual town hall on June 29 about COVID-19 and vaccines.

#### **July 16, 2021: Masking in community clinics**

Members were concerned with potential implications for their clinics arising from the lifting of mandatory continuous masking. The public health order was maintained for AHS, Covenant Health and long-term care facilities, but not for other clinical settings and stated that private businesses could set their own policies and require individuals to wear masks while attending their business.

The president advised the profession to balance the duty to provide care to those who need it, with the duty to protect other patients, staff and themselves. The CPSA issued [guidance to the profession](#) that included strategies to help manage situations where patients refuse to mask. The guidance clearly stated that failing [those strategies](#), physicians could not outright refuse care.

#### **July 30, 2021: Significant concerns with changes to COVID-19 measures**

On July 28, Dr. Hinshaw announced significant changes to Alberta's public health measures relating to COVID-19. The overall theme of the changes was to switch Alberta's COVID-19 response from a "pandemic" stance to an "endemic" stance.

A significant degree of concern was expressed by both physicians and the public. The AMA was just one among many of the organizations and individuals who publicly advocated against the changes. Official bodies, such as the [Canadian Pediatric Society](#), also expressed their concern, as did individuals such as [federal Minister of Health, Patty Hajdu](#) and Alberta's [former Chief Medical Officer of Health, Dr. James Talbot](#).

On August 9, the executive members of the AMA Section of Pediatrics sent a [letter to Premier Kenney](#) and issued a [media release](#) expressing their grave concern regarding Alberta's plan to eliminate COVID-19 testing in the community, contact tracing and mandatory isolation.

On July 30, Dr. Boucher wrote the Minister and Dr. Hinshaw expressing AMA concerns and requesting an opportunity to meet. Our goal was to create a better understanding on both sides, propose positive measures to move forward and commit to continuing high-level dialogue on COVID-19 measures.

The meeting took place on August 13 with the Minister, Dr. Hinshaw, Dr. Boucher, Dr. Sam Myhr, President of the Section of Rural Medicine, Dr. Craig Hodgson, President of the Section of Family Medicine and a number of AH staff. Mr. Shawn Knight, Chief of Staff with the CPSA, was also in attendance. We discussed some of our most pressing issues and concerns related to COVID-19 measures in the province, but most importantly, there was a commitment to work together as partners in identifying the issues, developing solutions and aligning communications.

The day before the meeting, government announced [extended timelines for COVID-19 transition](#), including:

- Mandatory masking orders in publicly accessible transit, taxis and ride-shares.

- 
- Mandatory isolation for 10 days for those with COVID-19 symptoms or a positive test result.
  - Testing at assessment centres for any symptomatic individual.

The delay in these changes provided an opportunity to involve all stakeholders and move forward together. At time of writing AH and AMA staff were exploring next steps on a priority basis.

### **Supporting physicians through COVID-19**

Throughout the pandemic we have considered AH and AHS to be the source of truth on the COVID public health response. In response to the pandemic, the AMA was active and working on behalf of members on several fronts:

- Developed – and continuously updated – a [COVID-19](#) area on the AMA website, providing members with pertinent information, resources and links.
- Supported the profession in talking to patients about vaccines and vaccine concerns with our [Be a Vaccine Positive Clinic toolkit](#).
- Delivered [COVID Talks for Docs](#) webinar series to discuss COVID care and vaccination. Over 6,000 physicians and team members took part, and more than 6,000 accessed archived recordings on the AMA website.
- Participated in a multi-professional committee with the Chief Medical Officer of Health regarding the on-going delivery of vaccines in Alberta.
- Engaged with PCNs and AH on maximizing availability of vaccines to Albertans, especially to vulnerable populations.
- Continued to monitor other COVID-19 related challenges and advocate for the interests of physicians (e.g., personal protective equipment, public health order effects on community clinics).

### **ADVOCACY: Remaining United**

Advocacy, public and government relations activities were ongoing throughout 2020-21. As the Board and senior staff worked in various ways to repair our relationship with government, the [AMA's Joint Task Force](#) – comprised of family physicians, specialists and AMA support staff – helped members to speak with a unified voice, supporting and enabling grassroots physician advocacy efforts. Many different advocacy opportunities were undertaken by loyal physician members, supported and coordinated by a staff support team (communications, logistics, media support, etc.).

The tireless support of physicians across the province in their clinics - through social media and with patients - created significant pressure on government to help advance a deal with the profession. The Board of Directors believes that without this targeted activity, government would have taken far longer to engage in the meaningful discussions we have begun.



With guidance from the JTF, the AMA developed [advocacy materials](#) such as MLA talking points, townhall toolkits, social media content and media training sessions.

We also developed a series of posters with the tagline: YOUR HEALTH MATTERS TO ALBERTA'S PHYSICIANS



These posters were designed to support advocacy on issues that were impacting our health system in 2020-21. The posters were intended to help spark conversations with patients and the public and were available for immediate download/printing on the AMA website.

The JTF also created a podcast series called [Alberta, This is Going to Hurt](#). Through the podcast, Alberta physicians delved into the impacts and issues arising from the many pressures on our health care system. These included instability and stress resulting from the extensive impasse with government, working in the system without an agreement and government's funding changes. The podcast also addressed the impacts of COVID-19. Guests of the podcast included community activists, academics, policy experts and patients who have been impacted.

<p><a href="#">Episode 1</a> <a href="#">Alberta, This is Going to Hurt</a></p>	<p>"In this episode we are going to go back to where this all started, to lay out what has happened, and make it clear why doctors care so much about how the cuts to healthcare have been made."</p> <p>- Episode 1 of "Alberta, This is Going to Hurt" Podcast (January 27, 2020)</p> <p>ALBERTA MEDICAL ASSOCIATION   <a href="#">Join us as we release new podcast episodes every second Wednesday!</a>   <a href="#">Alberta, This is Going to Hurt</a></p>	<p><a href="#">Episode 2:</a> <a href="#">the downstream consequences of COVID-19 on Alberta's health care system</a></p>	<p>Episode 2: The downstream consequences of COVID-19 on Alberta's health care system</p> <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast (February 10, 2021)</p> <p>ALBERTA MEDICAL ASSOCIATION   <a href="#">Join us as we release new podcast episodes every second Wednesday!</a>   <a href="#">Alberta, This is Going to Hurt</a></p>
<p><a href="#">Episode 3:</a> <a href="#">Getting to know our AMA President: a fireside chat with Dr. Paul Boucher</a></p>	<p>Episode 3: Getting to know the AMA President: A fireside chat with Dr. Paul Boucher</p> <p>"We make better decisions when we make them together"</p> <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <a href="#">Tune in as we release new podcast episodes every second Wednesday!</a>   <a href="#">Alberta, This is Going to Hurt</a></p>	<p><a href="#">Episode 4:</a> <a href="#">After the Vote – What Comes Next</a></p>	<p>Episode 4: After the Vote - What Comes Next?</p> <p>Our hosts explore why the tentative agreement was voted down and discuss where we go from here.</p> <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <a href="#">Tune in as we release new podcast episodes every second Wednesday!</a>   <a href="#">Alberta, This is Going to Hurt</a></p>

<p><a href="#">Episode 5</a> <a href="#">The importance of continuity of care in a virtual world</a></p>	<p>Episode 5: The Importance of Continuity of Care in a Virtual World</p> <p><i>"Continuity is one of the cornerstones of the medical home"</i> -Dr. Lee Green in this week's episode</p>  <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <b>MAIL TO: Tune In as we release new podcast episodes every second Wednesday!</b>   ALBERTA, THIS IS GOING TO HURT</p>	<p><a href="#">Episode 6</a> <a href="#">Alberta's COVID reality and what it will take to turn the tide</a></p>	<p>Episode 6: Alberta's COVID reality and what it will take to turn the tide</p> <p><i>"Get a vaccine when you can and don't go to people's houses – that's the best advice right now"</i> -Dr. Jia Hu in this week's episode</p>  <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <b>MAIL TO: Tune In as we release new podcast episodes every second Wednesday!</b>   ALBERTA, THIS IS GOING TO HURT</p>
<p><a href="#">Episode 7</a> <a href="#">The Opioid Crisis: Alberta's other public health emergency (Part 1)</a></p>	<p>Episode 7: The Opioid Crisis: Alberta's other public health emergency (Part 1)</p> <p><i>"Every time you think it couldn't get any worse, it gets worse"</i> -Dr. V. Arora in this week's episode</p> <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <b>MAIL TO: Tune In as we release new podcast episodes every second Wednesday!</b>   ALBERTA, THIS IS GOING TO HURT</p>	<p><a href="#">Episode 8</a> <a href="#">The Opioid Crisis: Leave no one behind (Part 2)</a></p>	<p>Episode 8 The Opioid Crisis: Leave no one behind (Part 2)</p> <p><i>"The opioid crisis is not only one of our most important health issues... it's emblematic of so many things that we could do better"</i> -Dr. Brian McCrossen's episode</p> <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <b>MAIL TO: Tune In as we release new podcast episodes every second Wednesday!</b>   ALBERTA, THIS IS GOING TO HURT</p>
<p><a href="#">Episode 9</a> <a href="#">A Rural SOS</a></p>	<p>Episode 9: A Rural SOS</p> <p><i>"Imagine the burden carried by the doctors who know that taking any time off may leave their community without emergency care"</i> -Dr. Sam Myhr in this week's episode</p>  <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <b>MAIL TO: Tune In as we release new podcast episodes every second Wednesday!</b>   ALBERTA, THIS IS GOING TO HURT</p>	<p><a href="#">Episode 10</a> <a href="#">Season Finale</a></p>	<p>Episode 10: Season 1 Finale</p> <p>Alberta, This is Going to Hurt.</p>  <p>Listen to the latest episode of "Alberta, This is Going to Hurt" Podcast today!</p> <p>ALBERTA MEDICAL ASSOCIATION   <b>MAIL TO: The podcast will return in September 2021!</b>   ALBERTA, THIS IS GOING TO HURT</p>

JTF engaged in strategic planning to chart their course for the next year if we are still without an agreement. In that situation, JTF strategies will be linked directly to AMA public relations programming.

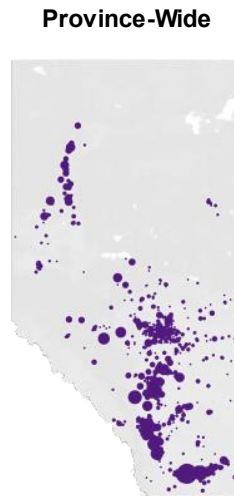
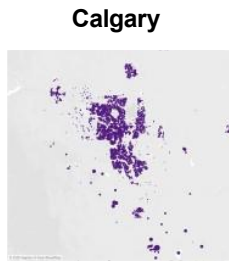
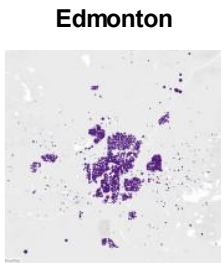
If an agreement is reached, JTF will play a role in supporting physicians in their leadership roles within the system, particularly around advocacy for quality care.

As for public advocacy toward an agreement, the [AMA's Patients First®](#) campaign carried on throughout 2020-21, using social media advertising to grow our activist community to 37,000 Albertans. These individuals wrote to their MLAs and the Premier, calling on government to reach an agreement with the AMA.



## Top Line Results

Our movement has active supporters across the province.



**37.5k**

ACVs

(Authentic Citizen Voices)

**341.6k**

Total MIs

(Mobilized Impressions)

**38.3k**

Emails sent

**19.8k**

Emails sent to the Premier

Early in 2021, as we got closer to reaching a tentative agreement with government, we paused active recruitment to the Patients First® campaign, but we've maintained contact with the community and many of them have joined our albertapatients.ca community. We continue to keep our Patients First® community informed and they remain ready to support the AMA if needed.

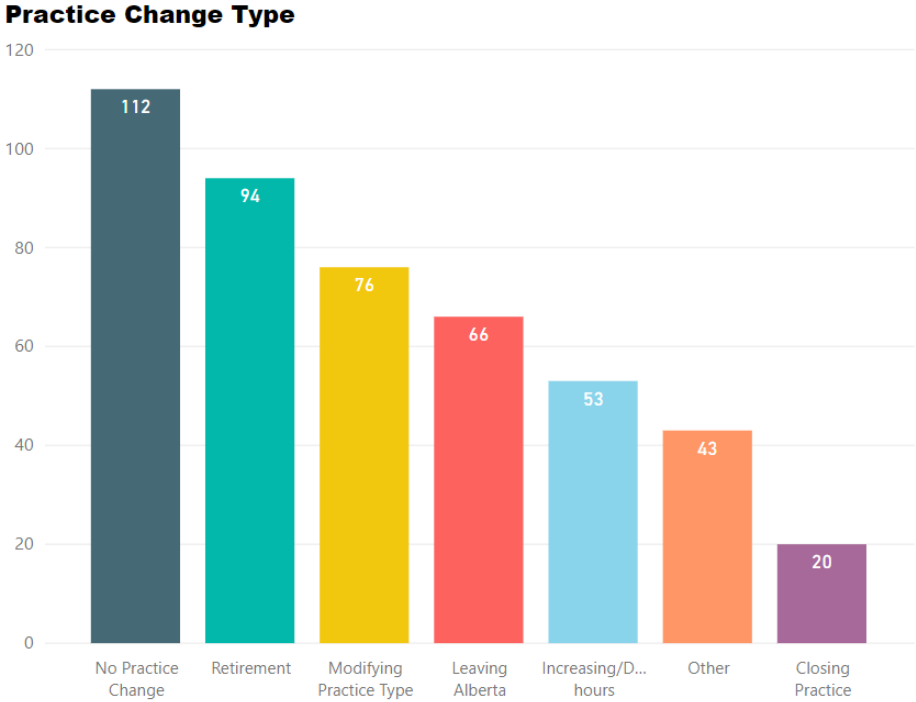
This report has noted that, in response to an RF motion and led by the Joint Task Force, the AMA created a new feature on the member dashboard to gather information about physicians who are changing or leaving their practice and their reasons for doing so. Launched in December 2020, the [My Practice Information](#) (login required) tool prompts physicians to complete a brief form about practice changes, including retirement, closing a practice, reducing or increasing hours, etc.

Information collected is anonymized and used to help the Board understand what is happening on the ground in physician practices. It is also available to any members interested in reviewing the aggregate data and related trends or projections.

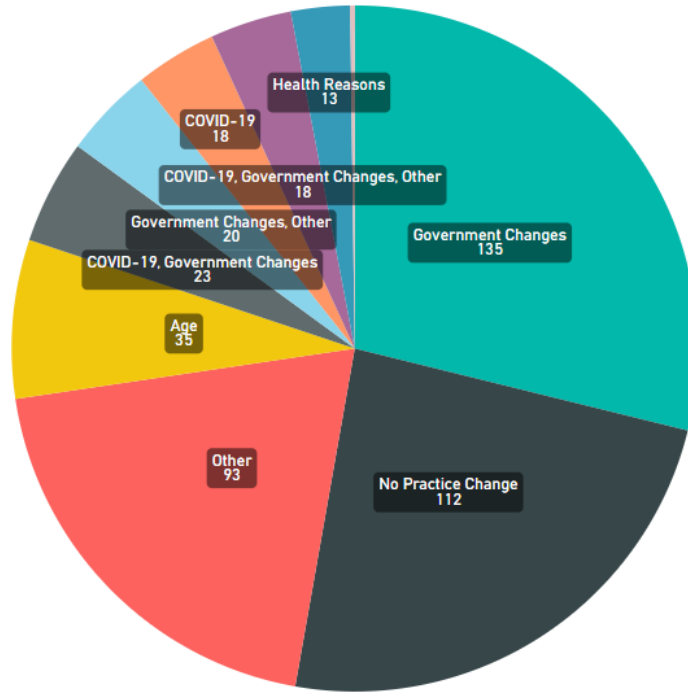
Members started to make use of the tool and some early results demonstrated how the data could be used to inform the AMA. Since December, 468 AMA members (at time of writing) have logged their practice information. Of those 468 physicians, 356 reported changes to their practice, and 112 of them reported no changes. Of those that reported changes, some of the reasons given for the changes were:

- Practice change due to government changes: 178/356 (50%)
- Leaving Alberta: 66/356 (19%)
- Closing Practice: 20/356 (6%)

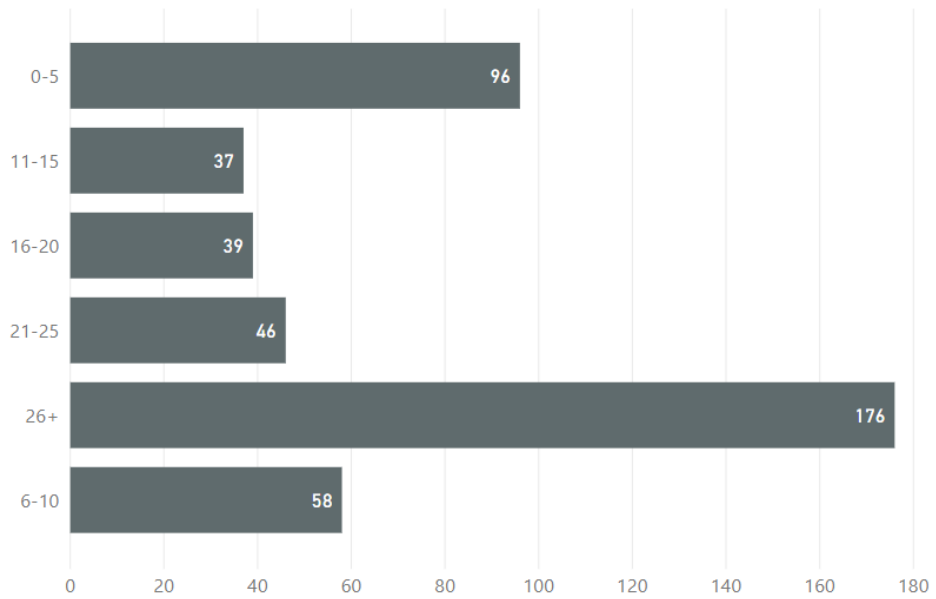
Even with the relatively small sample size thus far, the My Practice Information tool has already shed light on some interesting developments:



## Reason for Practice Change



## Years in Primary Practice



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With small samples sizes, it is still too soon to draw conclusions, but the tool promises to add more value over time.

All members experiencing changes in their practices are encouraged to go to the new [My Practice Information](#) (login required) area on the member dashboard to update your practice information. If you know someone who is leaving or retiring, please encourage them to do the same.

## **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 2020-21 fiscal year](#) (October 1, 2020 to September 30, 2021). The plan was developed by senior staff with oversight and approval of the Board of Directors. The plan focused on the essential deliverables identified in the Board's two-year plan to serve members (without an agreement), while continuing to support activities that forward longer-term goals. This year's business plan also incorporated significant and direct savings and efficiencies so that available resources could be [focused on essential deliverables](#).

2020-21 presented several unique challenges for the AMA which impacted our business planning. While the vision and mission remain fundamentally unchanged, by the fall of 2020 the environment in which the AMA operated had changed substantially, directly affecting the activities we undertook. For context, AMA business plan activities were in response to changes in the environment including:

- Threats to key mandates
- Repercussions of the termination of the AMA Agreement
- Elimination of some physician benefits and programs and threats to others
- Alberta's continued economic challenges
- COVID 19 pandemic
- Threat to many fundamental aspects of the profession:
  - Physician compensation – government unilateral framework
  - Self-regulation – discussion paper on changes to the Health Professions Act
  - Legislative changes to enable greater use of direct government contracting for insured services
  - Possible Prac ID changes
  - Provincial Medical Staff Bylaws review

With or without an agreement, the AMA's business plan goals for 2020-21 aimed to deliver value to physicians by remaining true to the [AMA Mission](#) (physician leadership and support) and striving to our Vision (a high performing health care system for Albertans).

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 Leadership and Partnership

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There were nine overarching goals (three under each Key Result Area) and several related activities. The purpose of the goals was twofold: 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 are the related activities that were planned for the 2020-21 fiscal year. These are 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.

The following content provides a summarized update on 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**

The AMA has attempted to work with the Minister of Health and the Government of Alberta since September 2019 to reach a negotiated agreement that would address the fiscal realities facing our province while protecting the health of Albertans. Physicians' substantial and increasing practice costs and practice stability have been identified as important considerations in the AMA's discussions with government

On February 26, 2021, the AMA and the Government of Alberta reached a tentative agreement. With recommendation from the AMA Board of Directors and Representative Forum, the TAP was sent out to the broader membership for review and ratification on March 8, 2021. On March 30, 53% of those members who voted, chose not to ratify the agreement. As a result of the No vote, the following efforts were undertaken to engage with members:

To gain an understanding of physician interests and concerns, we compiled feedback from thousands of members provided during the ratification process and summarized it in the paper [What We Heard](#) (login required). The summary included input derived from working with members on issues of AHS Stipends, ARP rate setting and the many daily encounters with members in support of a wide range of contractual support discussions, etc.

A subsequent paper sent to members, [Where We're Going](#) (login required) summarized the issues that most concerned members about the TAP and presented an approach to deal with these issues in government

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discussions. The primary objective of discussions following the No vote was to determine if it would be possible to return to negotiations toward an agreement that would be supported by government and physicians.

During this same period, the AMA was supporting a wide range of activities aimed at adjusting physician compensation including AHS Stipend; AHS Overhead Review; laboratory and radiology negotiations, and the cARP rate review. These activities contributed to the overall complexity of seeking an agreement and to instability for physicians.

Some progress was announced in a [July 2 President's Letter](#), including signing off on government funded programs until April 2022; an information sharing agreement so that AMA can again receive AH data; an ad-hoc committee to explore virtual care payments and continuing medical education support; and a delay in the implementation of practitioner ID restrictions to allow for more consultation. At time of writing, these initiatives were completed or in the final stages of completion.

There was also a negotiation scoping exercise to determine whether a return to more formal discussions would have any chance of success. The scoping exercise was carried out at a staff level and explored physician and government interests, the implication of these interests for a revised TAP and the challenges and opportunities presented by the AHS Stipend review, ARP rate review, Chartered Surgical Facility RFPs and so on.

In early August, the AMA Board of Directors appointed a [Negotiations Committee](#) (login required) to move forward with discussions with government. The committee has had numerous internal meetings and joint meetings in late August.

Through the *President's letter*, the AMA has endeavored to provide communication to the membership related to the status of negotiations and the lawsuit on a regular basis. The lawsuit continued, progressing through several scheduled stages in its journey to being heard in the courts (possibly a year or so in the future).

Please note that there were – and still are – many other active negotiations outside of those for our main agreement.

### **Other Negotiations and Payment Discussions**

Among other negotiations involving the AMA on behalf of members, one of the largest is the government's consultation on the next Academic Medicine Health Services Program. The AMA formed a Negotiating Committee to provide input into discussions for Master and Individual Services Agreement templates.

Led by the [AMHSP Council](#), and through their Negotiating Committee, in 2020-21 the AMA supported 15 AMHSP arrangements and others who were exploring their options. This involved representation by Council members, senior AMA staff and the AMHSP Negotiating Committee in multiple provincial venues, with a range of stakeholders including AH, AHS and the Faculties of Medicine at the University of Calgary and University of Alberta. Issues and relationships were complex. The AMA sincerely appreciated the role of the AMHSP Council and the AMHSP Negotiating Committee, which provided the strong link that was needed with AMHSP members to build relationships, understand the environment and develop responsive policy.

AH has retained the consultant group Invictus to review academic medicine funding inflows as well as the structure of alternative compensation payment models for both clinical and academic settings. For AMHSP



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purposes, the Council scheduled a series of meetings to bring together the information and insight needed to respond to the consultants on behalf of members.

AMA support for [AMHSP](#) physicians through the AMHSP Council has focused on:

- Identifying areas of concern/issues to be incorporated into the AMA's negotiating interests for discussion with AH and AHS.
- Negotiating on behalf of AMHSP physicians (including dispute resolution, terms and conditions of participation, fair and equitable workplaces, representation rights and so on).
- Representation and advocacy at a variety of provincial and local committees (including AMHSP Strategy Committee, AMHSP Operations Committee, North/South AMHSP Committee):
  - Providing draft legal agreements (Master and individual physician AMHSP agreements) for consideration by AH, AHS and the Faculties of Medicine.
  - AMA review/commentary of various policy proposals.

In mid-February, AH informed the parties of their decision to extend the AMHSP Master Agreement until March 2022. The AMA welcomed this development as it allowed continuation of discussions that – consistent with those at the Master Agreement level – involve AMA recognition, payment accountability, clear roles and responsibilities and respectful dispute resolution processes.

AH's review of AMHSP funding inflows and compensation-related policy review/input (FTE definition, workload) has concluded, and the focus of the remaining work is on cARP rates, FTE definition and workload requirements. AMHSP rates for clinical work, workload requirements and FTE definitions will require differing approaches, and relationship enhancement with other AMHSP parties.

Regarding other new or evolving compensation models, the AMA has implemented an ARP Working Group to advocate on behalf of members for improved ARP process and fairness. Representation, advocacy and support for physicians considering or currently in an alternative arrangement, continues to be a key priority for the AMA. The AMA has contracted with an experienced ARP consultant to provide short-term, high-level support to members who are considering or implementing a cARP, or are transitioning from stipends to cARP payment arrangement.

AMA support for physicians involved in AHS stipend discussions has been addressed earlier in this report. Using principles developed through the Stipend Action Committee, the AMA has sought to represent this large group of physicians who work in such a wide range of settings with wide ranging needs. All share the need for - and right to - effective representation by the AMA, involving fair process and dispute resolution.

AMA continues to advocate for fair representation of all physician groups that are associated with AHS payment arrangements. A consultant has been retained to assist with the contract for laboratory physicians contract negotiations. This followed selection by AHS in June of DynaLIFE Medical Labs as the preferred proponent to provide community laboratory services in Alberta. The AMA is also assisting with negotiations involving physicians providing diagnostic imaging services in AHS facilities. There are many other groups also availing themselves of representation and negotiations assistance.

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

Activity has increased around clinical alternative relationship plans, partly due to government’s stated intent to migrate more physicians to cARPs, and the AMA’s activities have been reported in this document. As noted elsewhere in this report, the AMA has been supporting members participating in or considering alternate compensation models including: cARPs; AMHSP arrangements; and private contracting models enabled through recent legislation.

The AMA’s (formal) Peer Review process was put on hold in 2020 while awaiting a refreshed mandate, anonymized communication mechanism and an Information Sharing Agreement with government (previous ISA was linked to the terminated AMA Agreement). In late August 2021, the AMA began once again to receive data from AH. This will create an opportunity for resumption of peer review efforts.

Physician education regarding appropriate billing practices continues to be a focus. This included planning for a combined synchronous-asynchronous approach within the new AMA online (webinar) learning environment.

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

An alliance involving AMA, Doctors of BC, Saskatchewan Medical Association and Doctors Manitoba has been formed with MD Financial Management and the Bank of Nova Scotia to deliver an integrated and complementary suite of financial services products. A legal agreement is being developed and the deal should be finalized in the first half of 2022.

Alberta has largely escaped flood and fire events plaguing other provinces this year, but experience shows it can happen here. The AMA continues to share with members the importance of having a well-rounded insurance portfolio, from personal life and disability to professional overhead expense in the event your practice is closed due to disaster.

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

The goals under Well Being were:

1. Continue to improve the quality of PFSP services and monitor assistance levels.
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: Continue to improve the quality of PFSP services and monitor assistance levels.**

In this unprecedented year, the AMA’s [Physician and Family Support Program](#) experienced many challenges. PFSP quickly rose to the occasion in all three of their core service delivery areas (Assistance Line, Case Coordination and Education, Prevention and Promotion). Access to the PFSP Assistance Line has seen an increase of 15% over 2019, with record-breaking months recorded in late 2020. With this increase in utilization there has also been an increase in therapy hours used. In 2020, PFSP saw an 18% increase in therapy hours over 2019. PFSP’s Case Coordination service experienced a 23% increase over 2019.

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PFSP has refocused efforts related to education, prevention and promotion activities and has adapted to online forums while continuing to remain responsive to the changing landscape of physician health through collaboration with other organizations that support the physician community, such as AHS and [Well Doc Alberta](#).

On February 11, the [Minister made a public statement](#) that PFSP would continue under AMA delivery through 2021-22, a welcome extension while solutions are sought in government discussions.

Well Doc Alberta continued its excellent work helping physicians to remain resilient and well. Planning is underway related to the Scotiabank and CMA Affinity Fund agreement with the AMA. The plan was provided to both sponsors at the end of March, and PFSP expects to begin actioning the plan once an agreement is finalized with government.

PFSP and Well Doc Alberta hosted a webinar in June titled [Moral Dilemmas: Reflecting on Physicians' Experiences and Approaches \(login required\)](#). The webinar was designed to reach physicians who were experiencing moral distress as a consequence of moral dilemmas commonly faced in health care, and even more so during the pandemic. A panel of experts provided attendees with approaches for dealing with moral dilemmas and their consequences at the organizational and personal level.

**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.**

The AMA is proud to celebrate physician engagement in their communities. This year, our [Shine A Light](#) program continued to profile members quietly doing amazing things for patients, while the [Emerging Leaders in Health Promotion \(ELiHP\) grant program](#) encouraged public health advocacy and mentorship. The outstanding individuals profiled through these programs were featured in AMA promotional activities for [National Physicians' Day](#) on May 1.

The eighth year of the [AMA Youth Run Club](#) began somewhat 'COVID-tentatively' in September 2020, but by the time the school year wrapped up in June, the YRC had hit its pandemic stride, with 210 schools registered and over 8,000 students from 39 schools participating in the province-wide Virtual Fun Run May 17-28.

AMA YRC gold and silver level sponsors, Alberta Blue Cross and MD Financial Management (respectively), proudly sponsored YRC for a fifth year each. Both Blue Cross and MD see great value and return on their investment. Physicians also support YRC through direct donations. We are proud of the [cumulative effect](#).

**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.**

Building on earlier work of the [Healthy Working Environments Advisory Committee](#) and the CMA's Policy on Equity and Diversity in Medicine, the [HWE initiative](#) forged ahead in the three factors of Diversity and Inclusion, Leadership and Psycho-Social Wellness and Safety that combined to support healthy working environments. Plans are in place to host a webinar session to promote diversity and inclusion with members in the later part of 2021.

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In May, the AMA introduced members to a powerful new means to advance EDI: the [AMA Physician Leadership Toolkit for Encouraging and Promoting Diversity and Inclusion](#). The toolkit was developed by the Healthy Working Environments Advisory Committee.

The AMA's Nominating Committee was introduced to this toolkit to assist in their work this year toward selecting the AMA president-elect nominee, committee appointments and other tasks. Plans are in place to host a webinar session for AMA members about the Toolkit and promoting diversity and inclusion.

The AMA has received a \$100,000 funding agreement for the [Physician Leadership and Professional Development Initiative](#) (PLPD). The CMA/AMA PLPD is a unique opportunity for Alberta physicians that combines courses, coaching and networking opportunities. Four Physician Leadership Institute (PLI) Joule courses will run over 2021-2022:

- Engaging Others, September 16 and 17, 2021
- Leading Effective Meetings, November 25 and 26, 2021
- Managing People Effectively, January 13 and 14, 2022
- Leading High-Performance Culture, April 22 and 29, 2022

Over 80 applications were received and all the current sessions are now full (30 registrants per course). A second offering of the above sessions has been confirmed for January to June 2022.

### **Key Result Area 3 – System Partnership and Leadership**

The goals of System Partnership and Leadership are:

1. Working with AH, 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 AH, 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 recent years, ACTT has been one of the success factors for Alberta's widely acknowledged leadership in progress toward the [Patient's Medical Home](#). Regrettably, some of that momentum has been lost in the absence of an AMA agreement and under the weight of the pandemic. The Primary Care Alliance's *Primary Care 2030* vision document captures the priority areas

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necessary for evolution to the medical home in a fully integrated health neighborhood. These priorities are still being attended to by ACTT. Primary care physician leaders have maintained their focus in difficult times.

ACTT's support for primary care, however, necessarily pivoted during the year to pandemic response. The PCN Physician Leads Executive has been partnering with AH and AHS since the beginning of the pandemic on issues such as: personal protective equipment distribution; COVID-positive test results to family physicians including establishing data hubs in Calgary and Edmonton; and population panel management for at-risk patients. The work continues with immunization and support for physicians on vaccination roll out and hesitancy.

Immunization advocacy efforts continued through the winter. In February, a joint AH/AMA statement was released indicating that the parties would collaborate toward the massive vaccine rollout initiative. AMA sits now on the Alberta Covid Immunization Coordinating Committee.

The AMA has also supported activities that integrate care across the system and support the health neighborhood. AMA representatives were afforded the opportunity to provide input into many AH and AHS initiatives and that input appeared to influence plan development.

**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. IEI studies proceed, including the overhead, hours of work and market impact studies. While it was anticipated that all IEI information would be gathered by the end of 2020, these timelines have had to be adjusted due to the impacts of COVID-19.

The AMA has contracted with four consultants to complete the various studies associated with the Initiative.

The AMA has assembled a panel of physician representatives from each economic section to help with the Hours of Work Study, and the AMA Compensation Committee has been consulting with this group throughout the planning process. The Hours of Work study was scheduled to launch in September 2021 by our contractor, Malatest, with data collection taking place over the period of October 2021 to February 2022. At time of writing, we were considering implications of the resurgence of COVID-19 and the widespread implications of the fourth wave, including cancelled services and other disruptions in the system. Members will be updated regarding any decision to alter the planned timeline for this study.

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The AMA **Overhead Study** report was completed and presented to the Spring Representative Forum. Overhead cost estimates for all types of physician practices were presented to RF but additional work is required to ensure appropriate office-type weighting for section results. The [final report](#) and [frequently asked questions](#) can be found on the AMA's [Income Equity Initiative page \(login required\)](#).

Sections were given the opportunity to file a dispute if they believed the estimate presented for their model practice was more than 15% over or under their typical costs, and if the additional estimates apply to at least 15% of section members. The dispute process only applied to the model practice costs and not the aggregation approach; the aggregation approach will be subject to the dispute process once finalized.

The overhead model is based on 2019-2020 data and inflation indices have been developed to forecast costs beyond 2020. This same approach was used in the original Physician Business Cost Model (PBCM), however significant improvements have been made to the inflation indices in the new model.

The AMACC intends to continuously enhance the model over time. Further work is required to refine how physicians with hospital/institutional-based offices are identified and weighted in the model. AHS is currently undertaking a review of institutional-based overhead as part of the z-code implementation and the AHS findings may help inform the model weightings.

No overhead model is ever truly complete. This is an ongoing, iterative process of continuous improvement. The AMA is already planning further improvements which will take place in the next six-to-12 months.

The Institute of Health Economics (IHE) is conducting the AMA Market Study. The study was paused as there was a delay in receiving data from AH. Data was received in February 2021 and IHE is conducting the analysis phase of the project. The current focus is to build activity and price indices from claims data. These indices are central to the regression model. Preliminary results are expected later in 2021.

The AMACC continued to strive for alignment between compensation, hours of work, overhead, and training and career length factors. This included shared definitions across the studies, such as what data are included and excluded and an approach for outlier treatment.

The IEI Implementation Plan (which has been presented to the Representative Forum) allowed for seven months once all IEI studies are complete to work through the dispute resolution process (assuming there are any disputes) and member ratification. If ratified, further time will be necessary to work through the implementation process, including with AH and various committees and sections involved with our allocation processes. The AMACC is hoping to coincide the timing of the IEI implementation with future Agreements.

As expressed in [Where We're Going](#), the [discussions with government](#) (login required) underway at time of writing have included the future processes of the Physician Compensation Advisory Committee. The AMA has called for inclusion of income equity in any allocative decisions: Any payments should be based on relative comparisons of time, training and overhead as well as market factors.

The Physician Compensation Advisory Committee (PCAC) was created by the government (with the intent of replacing the Physician Compensation Committee) to conduct reviews of rates for services under the

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Schedule of Medical Benefits and make recommendations to the Minister. The AMA recommended three physicians. Two (Dr. Melanie Currie and Dr. Jeff Way) were accepted by the Minister of Health. AMA staff have been excluded from the meetings to date but are in close contact with our representatives and are therefore able to provide support.

The AMA continued to support PCAC representatives to influence government decision-making with respect to changes to the Schedule of Medical Benefits. The AMA was pleased with the establishment of a working group to review available virtual care services and appropriate compensation criteria.

The recent past has taught us that this government is willing to advance major policy initiatives with little consultation, and the PCAC is a good example where the AMA continued to try to influence or seek changes.

Ernst and Young were awarded the contract to develop an eHealth Strategy for AH. The AMA was identified as a key informant. Several meetings have been scheduled to garner input from key stakeholders, including AMA physician leaders and staff.

A Virtual Care discussion paper was prepared and endorsed by the Board. AMA representatives participated on a multi-stakeholder virtual care advisory group, chaired by a senior physician from the CPSA. A virtual care discussion paper - dealing primarily with economic challenges and associated solutions - was developed and highlighted by the PCAC and at time of writing was being considered by AH.

Working with other AMA branches, ACTT supported physician leaders in creating an AMA virtual care strategy. The AMA has provided proposals to government in relation to: Income stabilization; quarantine and illness; and competitive rates associated with COVID-19 treatment.

To support strategic and tactical initiatives that improve informational continuity and enhance information integration, ACTT continued to support physician leaders at tables with AH and AHS on the rollout of Community Information Integration/Central Patient Attachment Registry (CPAR/CII). This included supporting PCNs in implementation and change management around the initiative. Additionally, with funding through a privacy and security grant opportunity, ACTT rolled out basic privacy training and worked with community specialists on implementing CII.

Physician supply is one of the most important factors driving utilization of services and affecting access and quality care. In determining responsibility for associated costs, physician supply has been one of the most challenging aspects of negotiations with government. The AMA continues to offer to assist government to develop a needs-based physician resource plan.

In November 2019, government unilaterally disbanded the Physician Resource Planning Advisory Committee. Following that decision, *Bill 21: Ensuring Fiscal Sustainability Act, 2019* achieved Royal Assent on December 5, 2019. At that time, work to develop regulations was scheduled to be complete by April 2021 and to take effect April 2022.

The government was expected to begin consultation on its regulations for their Prac ID legislation to define the specific “rules” on how a physician can enter Alberta as of April 2022.

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In the [July 2 announcement](#), government indicated that the changes would not go into effect April 1, 2022. They have also advised that, at a minimum, it will not apply to physician residents who are eligible for a billing number in the next fiscal year.

The AMA will be working with stakeholders, including medical student associations, PARA, training institutions and communities on responding to government's consultation process on its new regulations.

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

**Albertapathients**

The AMA online community [albertapathients.ca](http://albertapathients.ca) grew steadily this year at a rate of approximately 200 new members a month, standing at just under 15,000 members at time of writing. The community provided input for the Board and various initiatives.

A major survey was completed in February regarding the doctor-patient relationship, the role of virtual care in that space and with respect to the Patients' Medical Home. We had over 4,300 Alberta patients respond and the data showed:

- Alberta's family physicians received strong ratings with respect to their skills and management of overall care.
- Access is an issue for many.
- As a result of COVID-19, patients are very aware of the availability of virtual care and they are very satisfied (92%) with the experience from their own physician.
- They do not see virtual care as a replacement for all in-person appointments, but definitely find it attractive for circumstances that wouldn't likely require physical examination of their condition.
- In terms of offerings like Babylon and Maple, only 28% were specifically aware of them as standalone offerings. Only 9% were very likely to use such a service. 59% said they would not. They strongly prefer the virtual care option within an existing relationship with their physicians.

The impact of the COVID-19 pandemic on the physical and mental wellness of Albertans was explored throughout the past year. [Results](#) indicated there have been detrimental effects on their physical and mental health as a result of avoiding care or having their care delayed. This applies to a full spectrum of concerns, from diagnostic services to surgery and other specialist care. The President gave interviews on this data, and it will be a theme for AMA advocacy through the coming year.

**Indigenous Health**

The [Indigenous Health Committee](#) continued to make strides in advancing health care in Indigenous communities and supporting cultural safety training for physicians.

In an ongoing effort to continue the conversation around Indigenous Health and Wellness, systemic racism issues faced by Indigenous people and how to improve health care for Indigenous patients, the March-April 2021 special issue [Alberta Doctors' Digest](#) focused on the Indigenous experience of Racism in Health Care. This issue included a variety of articles, stories and a video that brought awareness to aspects of Indigenous Health Care in Alberta and Canada. In addition to being shared with AMA members, the issue was promoted



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on AMA social media. The issue was completed with the help of Indigenous contributors, editors and photography.

Following the publication of the March-April 2021 ADD, a presentation on Racism in Health Care was delivered at the Spring RF. The presentation was well-received by RF delegates and they expressed appreciation for the continued conversation around this important topic.

In June, AHS confirmed that Alberta physicians could access online Indigenous awareness learning resources that the AHS Indigenous Health and Cultural Competence teams have created. Further information about this initiative was provided to members via the [June 24 MD Scope](#).

In May, news that the remains of 215 Indigenous children were discovered in an unmarked, undocumented burial site at a former residential school in Kamloops drew attention to the dreadful legacy of the residential school system. Canada's disturbing history of residential schools raises broad societal and health care issues. The tragic effect of colonialism and intergenerational trauma on Indigenous Peoples has a direct effect on health.

The President [wrote to members](#), calling on them to seek to understand the role residential schools have played in the lives of Indigenous Peoples, and how those experiences have contributed to disparities in health and well being for those who directly experienced those horrors, as well as for the generations that have followed.

In the spirit of truth and reconciliation, the AMA adopted the following as a formal land acknowledgement to be shared at the start of AMA meetings, presentations and events:

*The Alberta Medical Association acknowledges that we are located on Treaty 6, 7 and 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Métis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community. We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.*

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## Standards Reviews for Health Care Professions

The AMA receives requests from government to review changes to various standards (scope of practice/ethics) for other health care professions. The AMA provided input on the following:

- The College and Association of Registered Nurses of Alberta: Duty to Provide Care
- Alberta College of Speech-Language Pathologists and Audiologists: Documentation and Information Management Standard; Clinical Supervision Standard of Practice
- Alberta Dental Association and College (review in progress): Practice Arrangements and Provision of Professional Services Standard; Code of Ethics
- Pharmacists and Pharmacy Technicians Profession: Proposed Amendments to Pharmacists and Pharmacy Technicians Legislation to Support Animal Health
- Alberta College of Paramedics: Amendments to Standards of Practice
- Optometry Scope of Practice: Amendments to Optometrists Profession Regulation, treatment procedures, laser procedures
- College of Counselling Therapy of Alberta: Draft Standards of Practice and Code of Ethics
- College of Physicians & Surgeons of Alberta: Amendments to Cannabis for Medical Proposes Standard
- College of Alberta Denturists: Code of Ethics
- Physiotherapy Alberta College and Association: Draft Standards of Practice – Restricted Activities
- College of Registered Psychiatric Nurses of Alberta: Amended Standards of Psychiatric Nursing Practice
- Nurses of Alberta: Social Media Standard of Practice

## Healthy AMA

The AMA undertook many activities this year to promote efficiency, reduce costs and improve member value. Membership renewals were strong – particularly so for a year that saw extreme uncertainty and the loss of Medical Liability Reimbursement and Continuing Medical Education programs. At time of writing, overall membership retention (year over year) was close to 100%. This is a credit to the unity of the profession and sends a strong message to government.

The AMA moved its staff to a work-from-home model in 2020 and that continues with a possible return to a hybrid in-person/remote model by the end of the calendar year.

## RELATIONSHIPS AND OTHER MATTERS: Brief commentary on some relevant topics that are not specifically addressed in the Business Plan

### Governance changes considered

Following a motion from the RF, the AMA has been exploring the possibility of changing the resident physician and student Board observer roles to voting Board members. The Board is supportive of such a change provided that the resident physician and student board members are subject to the Board code of conduct, including the conflict-of-interest policy and that there is a common approach for both positions. A working group of resident physician and student leaders has been exploring the options and has been asked to report back to the board by the end of the calendar year. If the working group is not able to reach a

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consensus, then resident physicians and student perspectives will continue to be brought to the Board through the existing observers.

### **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 are working closely together on a range of initiatives that support achieving an agreement (e.g., federal advocacy, support from other provincial/territorial medical associations, studies, etc.). Separate CMA grants have been signed for physician wellness and physician leadership, totaling \$350,000 a year.

Every year, the CMA holds nominations and election processes for the position of CMA president-elect. This year the president-elect was chosen from Alberta and will assume the role in August 2022.

Five outstanding physicians came forward to stand for nomination:

- [Dr. Vishal Bhella](#)
- [Dr. R. Michael Giuffre](#)
- [Dr. Noel Grisdale](#)
- [Dr. Alike Lafontaine](#)
- [Dr. James Andrew Makokis](#)

Dr. Alike Lafontaine was elected as nominee. We extend hearty congratulations to him and thanks to his nominee colleagues.

In ongoing efforts toward equity, diversity and inclusion (EDI), Alberta was proud to see two Indigenous candidates in the running for CMA President.

This presidential election generated much discussion on the subject of EDI within the CMA, triggered by the fact that no female physicians stood for the position. The CMA proposed significant governance changes in order to encourage EDI in its leadership. The [Annual General Meeting](#), held August 22, was the forum for discussion with the CMA members regarding [promoting equity and diversity](#). The CMA Board Chair issued a [statement](#) regarding the outcome of these discussions.

### **Relationship with AHS**

While this report has primarily addressed AHS aspects relating to physician compensation, there are many other issues on which we interact.

The Provincial Physician Liaison Forum 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. Paul Boucher, President, term ends September 2021

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- Dr. Shelley Duggan, Board of Directors appointment, term ends April 30, 2023
  - Dr. Scott Beach, Council of Zonal Leaders, term ends September 30, 2021
  - Dr. Michelle Bailey, Representative Forum, term ends September 30, 2024
  - Dr. Michel Sauvé, Representative Forum, term ends March 31, 2022

Since the Fall RF, PPLF has met on January 29 and June 24. The next meeting is scheduled for October 22.

The following items were discussed:

- Vaccination strategy
- Stipends
- Overhead in rural communities
- Virtual care
- The Impact of Specialist Payment Models on Specialist Care
- AMA Representative Forum Resolution – RF18S-10
- Stipends and Z-codes
- Physician Supply

### **Board of Directors, Executive Committee and Representative Forum**

During the 2021 AMA AGM, Dr. Michelle Warren will be installed as president for the 2021-22 year.

Dr. Warren is a family physician in Sundre, an associate clinical professor in family medicine at the University of Calgary and an assistant clinical professor in family medicine at the University of Alberta.

Dr. Fredrykka Rinaldi was the AMA Nominating Committee's nominee for president-elect 2021-22.

### **2020-21 Board of Directors**

- Dr. Paul E. Boucher, President
- Dr. V. Michelle Warren, President-Elect
- Dr. Christine P. Molnar, Immediate Past President
- Dr. Shelley L. Duggan, Board member
- Dr. Howard Evans, Board member
- Dr. Sadhana (Mindy) Gautama, Board member
- Dr. Tobias N.M. Gelber, Board member
- Dr. Sarah Hall, Board member
- Dr. Robert Korbyl, Board member
- Dr. Alika Lafontaine (term expired August 22, 2021, on election as CMA P-E)
- Dr. Derek R. Townsend, Board member
- Dr. Rick Ward, Board member
- Dr. Jennifer J. Williams, Board member
- PARA representative

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- Dr. Zia Saleh (October 1, 2020 – June 30, 2021); Dr. Victoria Nkunu (July 1, 2021 – June 30, 2022)
  - Julia Chai, MSA observer
    - Khadija Nasser (January 1 – December 31, 2020); Julia Chai (January 1 – December 21, 2021)

The AMA Bylaws requires that the Board meet at list six times per year and at a call of the president. Throughout 2020-21, the AMA Board of Directors met 16 times. Meeting dates are available upon request.

#### **2020-21 Executive Committee Officers**

- Dr. Paul Boucher – President
- Dr. V. Michelle Warren – President-Elect
- Dr. Christine Molnar – Immediate Past President

#### **Executive Committee Board Representatives**

- Dr. Howard Evans, Board Member
- Dr. Robert Korbyl, Board Member

Throughout 2020-21, the AMA Executive Committee met 27 times. Meeting dates are available upon request.

#### **2020-21 Representative Forum Information**

- Special Spring 2021 RF Session 2021 - March 6, 2021
- Spring 2021 RF – March 12-13, 2021
- Special Fall 2021 RF Session – September 9, 2021

This concludes the report of the Board of Directors to the Annual General Meeting, 2020-21. We thank you for your support and hope to see you at the virtual AGM, Tuesday, September 28 from 7-9:30 p.m.

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## Executive Director's Report 2020-21

An unprecedented year that began with the AMA's first ever virtual Annual General Meeting and will end with its second.

I suspect we have seen the last of the wholly in-person annual meeting: The 2020 AGM was also the best attended. As difficult as it has been, there have been positive outcomes from this COVID year. One of these was learning to make better use of webinars and other technologies to better reach out to and hear from more members on terms more friendly to their already stretched schedules.

There were other positives.

We were reminded of the dedication and commitment of physicians and all health professionals – these truly have been the heroes of the global pandemic.

Despite efforts on the part of some to undermine the AMA, physicians stood by their association. They participated directly by joining, sending in their views through thousands of emails, attendance at meetings, voting, and working directly in our many committees.

The failed Tentative Agreement Package itself, while a challenge in some respects, was also a demonstration of what a member organization is all about. Our disagreement with government – and our lawsuit – is ultimately about physicians having a real say in matters of their compensation. The staff, committees, Board and so on all do their best, but in the AMA it is the members who count.

AMA staff continued in their efforts to serve the profession, despite trying circumstances and forced innovation. I have greatly appreciated their support and advice.

There also many challenges.

The stress from COVID alone has made for a difficult year for many physicians. This burden, unfortunately, was often added to by a lack of support from the province and in expecting them to take on the challenges of virtual care without an adequate fee schedule.

The lack of broad physician input into the system is causing harm. Physician expertise is needed to guide health policy and support decision makers.

The lack of an agreement between the profession and government continues to strain the relationship. Ultimately this will harm patient care.

I could go on listing the many lessons – positive and negative – of the last year. Many are highlighted in this report. Some things, however, remain the same. Physician leadership in Alberta – across the membership – is outstanding. AMA staff work hard and do their best to serve members. There is a lot to be thankful for.

Michael A. Gormley, Executive Director  
Alberta Medical Association



*Michael A. Gormley, Executive Director, AMA*

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# Proposed Amendments AMA Bylaws

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

Date: July 22, 2021  
To: Alberta Medical Association Members  
From: Dr. Brock Debenham, Chair, Committee on Bylaws  
Subject: Proposed bylaw changes

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On behalf of the Committee on Bylaws, we respectfully submit the following proposed changes to the Alberta Medical Association Bylaws for approval by the membership at the Annual General Meeting.

### Conduct of Elections: AMHSP Physician Delegates

- Currently, the bylaws require the Board to determine the timing of elections for AMHSP Physician Delegates.
- To ensure elections need not be delayed until the next Board meeting it is recommended that the timing for election of AMHSP Physician Delegates be determined by the Executive Director instead of the Board.

PROPOSED WORDING		PRESENT WORDING	
37.1	Election for AMHSP Physician Delegates to the Forum from the AMHSP Arrangement Representatives shall be under the management of the Executive Director and shall be held at such time as shall be determined by the Executive Director.	37.1	Election for AMHSP Physician Delegates to the Forum from the AMHSP Arrangement Representatives shall be under the management of the Executive Director and shall be held at such time as shall be determined by the Board.

**Nomination process for Members elected to the Nominating Committee by the AGM**

- The AGM elects four members to the nominating committee. With the AGM being held virtually it was felt that undertaking a call for nominations in advance of the AGM would be a more pragmatic and efficient process. The vote, if required, would still be conducted at the AGM.

PROPOSED WORDING	PRESENT WORDING
<p>39.0 Conduct of Elections: Speaker, Deputy Speaker, Members elected to the Nominating Committee at the AGM, Representatives to CMA General Council, Members Emeritus and Honorary Members</p> <p><b>39.4 At least sixty (60) days before the AGM a call for nominations for Members to stand for election to the Nominating Committee at the AGM and a notice stating the deadline for receipt of nominations, date of election and a nomination paper shall be sent by Mail to each Member entitled to vote.</b></p>	<p>39.0 Conduct of Elections: Speaker, Deputy Speaker, Representatives to CMA General Council, Members Emeritus and Honorary Members</p>

**Aligning with Canadian Medical Association Bylaws**

- Last year, the responsibility for the Representative Forum to elect the Alberta CMA Board Member was removed to align with CMA Bylaws (Divisions no longer elect CMA provincial board members).
- Article 27.2 has similar language and should also have been removed at that time. This change corrects that oversight.

PROPOSED WORDING	PRESENT WORDING
<p><del>27.2 The Nominating Committee shall nominate from the Members of the Forum, and the Forum will elect from</del></p>	<p>27.2 The Nominating Committee shall nominate from the Members of the Forum, and the Forum will elect from their number, the</p>



PROPOSED WORDING	PRESENT WORDING
<del>their number, the representatives to the Board of Directors of the CMA.</del>	representatives to the Board of Directors of the CMA.

**Filling of Zone positions if a Delegate is unable to attend**

- Currently, if a Zone Delegate is unable to attend a meeting of the RF, the bylaws require the ZMSA President to recommend an alternate to the Executive Director and the Board to approve the alternate.
- There rarely is enough time for that process to occur and in practice, the member identified by the ZMSA President simply serves as the alternate with the right to vote at that meeting.
- The proposed changes codify the current practice.

PROPOSED WORDING	PRESENT WORDING
<ul style="list-style-type: none"> <li>• 13.7 If a Delegate that has been elected from a Zone is unable to attend a meeting of the Forum the ZMSA President of the Zone shall appoint an alternate to attend that meeting and the alternate shall have the right to vote at that meeting of the Forum.</li> </ul>	<p>13.7 If a Delegate that has been elected from a Zone is unable to serve as a Delegate for the remainder of their term, the ZMSA President of the Zone may recommend to the Executive Director an alternate, the appointment of which alternate to the Forum shall be within the sole discretion of the Board. If appointed, the alternate may exercise all the powers of a Delegate until the next set of elections for zonal delegates, as determined by the Board.</p>

## Filling of Temporary Vacancies for Zone Roles

- The current bylaws require the entity which elected the RF Delegate to fill the vacancy.
- For Zone Delegates, that body is the zone membership, and the election process takes place once per year. If a vacancy occurs in the interim, our practice has been for the ZMSA President to select a member to fill the vacancy until the next set of Zonal/Regional elections occur.
- The proposed changes codify the current practice

PROPOSED WORDING	PRESENT WORDING
<p>12.13 When a vacancy occurs:</p> <p>(ii) in respect of Delegates from Sections, Past Presidents, PARA, MSAs and the College, the entity which elected the Delegate may elect another one to fill the vacancy, or if appointed, the entity which appointed the Delegate may appoint another one to fill the vacancy.</p> <p>(iii) in respect of Delegates from a Zone, the ZMSA President from that Zone shall appoint another one to fill the vacancy until the next set of elections for zonal delegates. Any Delegate appointed in accordance with this section shall have the right to vote at meetings of the Forum.</p>	<p>12.13 When a vacancy occurs:</p> <p>(ii) in respect of Delegates from Sections, Zones and Past Presidents, the entity which elected the Delegate may elect another one to fill the vacancy, or if appointed, the entity which appointed the Delegate may appoint another one to fill the vacancy.</p>
<p>12.14 When a Delegate is elected to the Board:</p> <p>(ii) in respect of Delegates from Sections and Past Presidents, the entity which elected the Delegate may elect another one to fill the vacancy, or if appointed, the entity which appointed the Delegate may appoint another one to fill the vacancy; and</p>	<p>12.14 When a Delegate is elected to the Board:</p> <p>(ii) in respect of Delegates from Sections, Zones, and Past Presidents, the entity which elected the Delegate may elect another one to fill the vacancy, or if appointed, the entity which appointed the Delegate may appoint another one to fill the vacancy.</p>

PROPOSED WORDING	PRESENT WORDING
(iii) in respect of Delegates from a Zone, the ZMSA President from that Zone shall appoint another one to fill the vacancy until the next set of elections for zonal delegates. Any Delegate appointed in accordance with this section shall have the right to vote at meetings of the Forum.	

### Editorial Amendments

- 1) The AMA Committee on Bylaws undertook a thorough review and made a number of non-substantive changes to the bylaws including:
  - Cover page title – legal name is “The” Alberta Medical Association
  - Updated references to “articles” versus “sections” to be consistent throughout
  - Added “AMA” to the definition of Association
  - Added a definition for “MSA”
  - Capitalized various defined terms throughout the document like “Mail”, “Writing”, “Member”, etc.
  - Updated lists with consistent use of semicolons
  - Renumbering various sections to accommodate proposed changes
  - Applied a consistent use of in-text numbers e.g., three (3)

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## Financial Statements

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

Consolidated Financial Statements

**September 30, 2020**

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



## Independent auditor's report

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

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### 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, 2020 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, 2020;
- 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.

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### 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.

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### 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.

PricewaterhouseCoopers LLP  
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\*PwC\* refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.



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.

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### **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 5, 2021

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


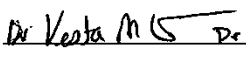
### Consolidated Statement of Financial Position

As at September 30, 2020

	2020			2019	
	General Fund \$	Contingency Reserve Fund \$	Premium Reserve Fund \$	Total \$	Total \$ (restated – note 3)
<b>Assets</b>					
<b>Current assets</b>					
Cash	8,988,588	7,412,880	7,612,835	24,014,303	17,801,133
Funds held on deposit (note 11)	-	-	-	-	1,179,413
Accounts receivable and prepaid expenses	775,950	-	83,767	859,717	607,158
Due from administered programs (note 2)	627,218	-	-	627,218	1,096,857
Due from AMA Health Benefits Trust Fund (note 12)	37,221	-	-	37,221	-
	10,428,977	7,412,880	7,696,602	25,538,459	20,684,561
<b>Portfolio investments (note 4)</b>	-	16,695,662	10,791,075	27,486,737	26,308,388
<b>Due (to) from other funds</b>	(10,197,044)	10,332,939	(135,895)	-	-
<b>Employee future benefits (notes 3 and 8)</b>	1,994,987	-	-	1,994,987	2,530,074
<b>Property and equipment (note 5)</b>	8,437,887	-	-	8,437,887	8,168,789
	10,664,807	34,441,481	18,351,782	63,458,070	57,691,812
<b>Liabilities</b>					
<b>Current liabilities</b>					
Accounts payable and accrued liabilities	4,695,563	-	1,291,190	5,986,753	5,748,678
Due to Alberta Medical Foundation Charitable Fund	4,375	-	-	4,375	1,974
Due to AMA Health Benefits Trust Fund (note 12)	-	-	-	-	333,665
Payable to Canadian Medical Association	251,734	-	-	251,734	418,942
Deferred membership revenue (note 6)	3,329,460	-	-	3,329,460	4,966,815
Deferred leasehold inducements and other (note 7)	373,343	-	-	373,343	145,955
	8,654,475	-	1,291,190	9,945,665	11,616,029
<b>Deferred leasehold inducements and other (note 7)</b>	975,761	-	-	975,761	1,092,375
	9,630,236	-	1,291,190	10,921,426	12,708,404
<b>Net Assets</b>	1,034,571	34,441,481	17,060,592	52,536,644	44,983,408
	10,664,807	34,441,481	18,351,782	63,458,070	57,691,812

Commitments (note 18)

Approved by the Board of Directors


 Dr Paul Boucher, February 5, 2021 Director
 
 Dr Vesta Michelle Wynn Director  
 2021/2/5

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, 2020

				2020	2019
	General Fund \$	Contingency Reserve Fund \$	Premium Reserve Fund \$	Total \$	Total \$
<b>Net assets – September 30, 2019</b>	1,034,571	32,652,694	11,296,143	44,983,408	38,399,837
Accounting policy remeasurement of employee future benefit obligation (note 3)	(684,041)	-	-	(684,041)	-
<b>Restated opening net assets – October 1, 2019</b>	350,530	32,652,694	11,296,143	44,299,367	38,399,837
Net revenue for the year	1,481,139	829,661	5,934,375	8,245,175	4,959,454
Remeasurement of employee future benefits	(7,898)	-	-	(7,898)	1,624,117
Fund transfers (note 17)	(789,200)	959,126	(169,926)	-	-
<b>Net assets – End of year</b>	1,034,571	34,441,481	17,060,592	52,536,644	44,983,408

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, 2020

				2020	2019
	General Fund \$	Contingency Reserve Fund \$	Premium Reserve Fund \$	Total \$	Total \$
<b>Revenue</b>					
Member dues (note 6)	19,211,318	-	-	19,211,318	19,066,310
Fees and commissions	2,642,965	-	-	2,642,965	3,076,816
Investment income (note 9)	135,719	861,021	585,309	1,582,049	1,642,473
Canadian Medical Association (note 10)	1,778,418	-	-	1,778,418	-
Other	1,303,174	-	-	1,303,174	1,153,182
	<u>25,071,594</u>	<u>861,021</u>	<u>585,309</u>	<u>26,517,924</u>	<u>24,938,781</u>
<b>Expenditures</b> (schedule 1)					
Corporate affairs	6,619,775	31,360	1,941,450	8,592,585	8,850,976
Priority projects	4,608,605	-	-	4,608,605	1,922,595
Executive office	3,667,737	-	-	3,667,737	3,780,989
Health policy and economics	2,290,511	-	-	2,290,511	2,102,287
Committees (schedule 2)	2,007,271	-	-	2,007,271	2,106,621
Public affairs	1,903,387	-	-	1,903,387	1,989,688
Southern Alberta Office	778,150	-	-	778,150	743,923
Professional affairs/Health Systems Transformation	889,516	-	-	889,516	1,003,666
	<u>22,764,952</u>	<u>31,360</u>	<u>1,941,450</u>	<u>24,737,762</u>	<u>22,500,745</u>
	2,306,642	829,661	(1,356,141)	1,780,162	2,438,036
<b>Realization of insurance experience</b> (note 11)	-	-	7,290,516	7,290,516	3,321,581
<b>Employee future benefits</b>	(825,503)	-	-	(825,503)	(800,163)
<b>Net revenue for the year</b>	<u>1,481,139</u>	<u>829,661</u>	<u>5,934,375</u>	<u>8,245,175</u>	<u>4,959,454</u>

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, 2020

	2020 \$	2019 \$
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Net revenue for the year		
General Fund	1,481,139	2,449,109
Contingency Reserve Fund	829,661	779,461
Premium Reserve Fund	5,934,375	1,730,884
	<u>8,245,175</u>	<u>4,959,454</u>
Items not affecting cash		
Amortization (note 5)	1,426,567	1,340,879
Gain on portfolio investments (note 9)	(411,652)	(556,663)
Gain on pension benefit	(156,852)	(114,425)
Net change in non-cash working capital items (note 14)	(427,706)	7,018,931
	<u>8,675,532</u>	<u>12,648,176</u>
<b>Investing activities</b>		
Additions to property and equipment	(1,695,665)	(1,266,660)
Purchase of portfolio investments	(1,748,433)	(1,496,238)
Proceeds from sale of portfolio investments	981,736	774,496
	<u>(2,462,362)</u>	<u>(1,988,402)</u>
<b>Increase in cash during the year</b>	6,213,170	10,659,774
<b>Cash – Beginning of year</b>	17,801,133	7,141,359
<b>Cash – End of year</b>	<u>24,014,303</u>	<u>17,801,133</u>

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

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

### Notes to Consolidated Financial Statements

September 30, 2020

#### 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. Prior to June 30, 2019, the consolidated financial statements included the accounts of A.M.A. Holdings Inc. (AMAH), a wholly owned subsidiary, which during most of the year ended September 30, 2019 owned and operated a building that has the Association as its sole tenant. Subsequent to June 30, 2019, the net assets of AMAHI were transferred to the Association (note 5). With the windup of the AMAHI entity, it is no longer a wholly owned subsidiary. 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. The programs' funding is 100% reliant on funding from Alberta Health (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. 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, 2020, which is the most recent fiscal year of the programs, and amounts owing from these programs as at September 30 are as follows:

##### Summary by program

Program	March 31, 2020		
	Revenue \$	Expenses \$	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	-
	<u>157,762,579</u>	<u>157,762,579</u>	-

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

### Notes to Consolidated Financial Statements

September 30, 2020

Program			March 31, 2019
	Revenue \$	Expenses \$	Net change in reserves \$
Physician Assistance and Support Programs	109,210,024	109,210,024	-
Physician Locum Services	29,668,867	29,668,867	-
Electronic Medical Records Completion Project	2,398,093	2,398,291	(198)
Primary Health Care Opioid Response Project	638,517	638,517	-
	<u>141,915,501</u>	<u>141,915,699</u>	<u>(198)</u>

#### Due from administered programs

Program	2020 \$	2019 \$
Physician Assistance and Support Programs	626,188	1,008,427
Other	1,030	88,430
	<u>627,218</u>	<u>1,096,857</u>

### 3 Summary of significant accounting policies

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

#### Fund accounting

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

- General Fund

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

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

### Notes to Consolidated Financial Statements

September 30, 2020

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- 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.

#### Changes in accounting policy

The Association had the following changes in accounting policy applicable to the year ended September 30, 2020:

- Effective October 1, 2019, the Association elected to early adopt amendments to Part III of the Chartered Professional Accountants of Canada (CPA Canada) Handbook, Section 3463, Employee Future Benefits. The adoption of the CPA Canada Handbook amendments has resulted in the Association's supplementary defined benefit pension plan to utilize an accounting valuation to measure the defined benefit obligation as opposed to the funding valuation, which was acceptable under the pre-amended early adopted standards. The carrying value of the defined benefit obligation has increased by \$684,041 with respect to this change in accounting policy to recognize the impact of the valuation methodology. Subject to the transition election included in the standard, the accounting policies applicable under this amendment to the CPA Canada Handbook have been reflected in the opening net assets for the year ended September 30, 2020 as outlined in the consolidated statement of changes in net assets.

In the current year, the employee future benefit liabilities of the Association's supplementary defined benefit pension plan was recorded in the employee future benefits line on the consolidated statement of financial position. In the previous year, the balance was included in accounts payable and accrued liabilities. Accordingly, the adjustment of \$2,485,740 was made to conform with the current year presentation.

- Effective October 1, 2019, the Association adopted the following new standard of Part III of the CPA Canada Handbook, Section 4433, Tangible Capital Assets Held by Not-for-Profit Organizations. The new accounting standard includes guidance on componentization of tangible capital assets, in which the cost of a tangible capital asset made up of significant separable component parts is allocated to the component parts when practicable and when estimates can be made of the lives of the separate components. Each component is then amortized based on the greater of cost less salvage or residual value over the useful life of the asset. The standard also requires consideration of partial impairments on tangible capital assets, not only full impairments. The standard was applied prospectively. The adoption of the new standard did not have a significant impact on the Association's consolidated financial statements.

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

### Notes to Consolidated Financial Statements

September 30, 2020

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In the prior year, the Capital Reserve Fund was originally established to sustain and maintain the property and equipment requirements of the Association, which included funding the additions and amortization of those assets. During the year, AMA made an accounting policy choice to integrate the Capital Reserve Fund with the General Fund to better reflect the unrestricted net assets available for AMA to support the ongoing activities and present the financial information in a more useable format.

#### 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, funds held on deposit, 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 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, due from AMA Health Benefits Trust Fund, due to Alberta Medical Foundation Charitable Fund 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

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

### Notes to Consolidated Financial Statements

September 30, 2020

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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, due from administered programs, due from AMA Health Benefits Trust Fund, accounts payable and accrued liabilities, due to Alberta Medical Foundation Charitable Fund 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.

#### 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 (note 3). 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.

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

### Notes to Consolidated Financial Statements

September 30, 2020

#### 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

	2020	2019
	\$	\$
Emerald Canadian Short-Term Investment Fund	19,879,680	19,071,571
Emerald Low Volatility Global Equity	2,918,539	2,826,717
Emerald Global Equity Pooled Fund	2,998,311	2,807,138
Emerald Canadian Equity Index Fund	1,690,207	1,602,962
Total portfolio investments – at quoted fair value	<u>27,486,737</u>	<u>26,308,388</u>
Total portfolio investments – at cost	<u>26,777,188</u>	<u>25,963,122</u>

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.

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

### Notes to Consolidated Financial Statements

September 30, 2020

#### 5 Property and equipment

	<b>2020</b>		
	<b>Cost</b>	<b>Accumulated</b>	<b>Net</b>
	<b>\$</b>	<b>amortization</b>	<b>\$</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
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
	<b>17,835,936</b>	<b>9,398,049</b>	<b>8,437,887</b>
	<b>2019</b>		
	<b>Cost</b>	<b>Accumulated</b>	<b>Net</b>
	<b>\$</b>	<b>amortization</b>	<b>\$</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Land	550,000	-	550,000
Building	5,270,000	1,686,560	3,583,440
Fixtures and improvements	2,801,291	1,280,807	1,520,484
Computers	4,261,944	3,499,646	762,298
Software	1,891,399	426,724	1,464,675
Office furniture and equipment	1,365,637	1,077,745	287,892
	<b>16,140,271</b>	<b>7,971,482</b>	<b>8,168,789</b>

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 \$1,426,567 (2019 – \$1,340,879).

During the year ended September 30, 2019, the Board of Directors of AMAHI approved the transfer of net assets from AMAHI to the Association. As the fair value of the property and equipment was in excess of the adjusted costs base, a capital gain was recognized for tax purposes. Included in accounts payable and accrued liabilities was \$358,911, which represented the taxes payable related to this transaction. The tax expense is included in corporate affairs expenditures on the consolidated statement of operations. This amount was paid during the year ended September 30, 2020 without issue.

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

### Notes to Consolidated Financial Statements

September 30, 2020

#### 6 Deferred membership revenue

	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
	<b>Balance – October 1, 2018 \$</b>	<b>Net amount received \$</b>	<b>Recognized as revenue \$</b>	<b>Balance – September 30, 2019 \$</b>
General Fund	-	24,033,125	19,066,310	4,966,815

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

#### 7 Deferred leasehold inducements and other

	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
	<b>Balance – October 1, 2018 \$</b>	<b>Net amount received \$</b>	<b>Recognized in net revenue \$</b>	<b>Balance – September 30, 2019 \$</b>
Canadian Medical Foundation	35,195	118,010	126,521	26,684
Other	2,500	122,328	44,664	80,164
Leasehold inducements	1,385,149	-	253,667	1,131,482
	1,422,844	240,338	424,852	1,238,330

Leasehold inducements and other to be settled within one year of September 30, 2020 represent \$373,343 (2019 – \$145,955) of the total balance.

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

### Notes to Consolidated Financial Statements

September 30, 2020

#### 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 for the year ended September 30, 2020 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.

	2020 \$	2019 \$
Fair value of plan assets	39,260,982	35,941,672
Accrued benefit obligation	37,265,995	33,411,598
Plan surplus	1,994,987	2,530,074

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 benefit under the valuation for funding purposes are as follows:

	2020	2019
Discount rate	4.50%	4.75%
Rate of compensation increase	0% until 2022 then 3.00% + SMP	3.00% + SMP
Inflation	2.00%	2.00%

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

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

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

### Notes to Consolidated Financial Statements

September 30, 2020

Total cash payments for employee future benefits for 2020, consisting of cash contributed by the Association to the registered pension plan, were \$1,718,780 (2019 – \$1,603,788). Cash contributions received from administered programs and remitted to the pension plan were \$736,425 (2019 – \$689,198).

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

	2020 \$	2019 \$
Employee future benefit – opening balance	2,530,074	791,530
Accounting policy remeasurement of employee future benefit obligation (note 3)	(684,041)	-
Restated employee future benefit – opening balance	1,846,033	791,530
Net benefit plan expense	(1,561,928)	(1,489,361)
Remeasurement of employee future benefits	(7,898)	1,624,117
Gross employer contributions	1,718,780	1,603,788
Employee future benefit – ending balance	1,994,987	2,530,074

#### 9 Investment income

	2020 \$	2019 \$
Portfolio interest and dividend income	827,494	820,105
Gain on portfolio investments	411,652	556,663
Interest income	342,903	265,705
	1,582,049	1,642,473

#### 10 Canadian Medical Association

During the year, the Association accepted a funding letter from Canadian Medical Association (C.M.A.). Per the funding letter, C.M.A. agreed to provide up to \$2,000,000 to the Association to support research, communications and legal efforts in its activities to secure a negotiated agreement with the Alberta Government (note 2). 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 \$1,750,000 in other revenue related to this funding. As at September 30, 2020, \$221,582 was unspent and recorded in deferred revenue (note 7).

In addition, during the 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 year.

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

### Notes to Consolidated Financial Statements

September 30, 2020

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#### 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 gain of \$7,290,516 (2019 – \$3,321,581) was recognized during the year with \$nil (2019 – \$1,179,413) 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 2020 premium reduction of \$2,083,000 (2019 – \$2,300,000) is funded from the Premium Reserve Fund.

#### 12 Related party transactions

During the year, the Association recognized administration fees totalling \$450,765 (2019 – \$432,393) from the AMA Health Benefits Trust Fund. Of this amount in the current year, \$37,221 (2019 – \$333,665 due to the AMA Health Benefits Trust Fund) remains due from the AMA Health Benefits Trust Fund at the end of the fiscal year. In the prior year, \$333,655 remained due to the AMA Health Benefits Trust Fund related to a service provider paying the Association as opposed to AMA Health Benefits Trust Fund.

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 \$1,873,859 (2019 – \$1,899,597).

Cost recoveries relate to costs incurred on behalf of the programs administered by AMA. 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.

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

### Notes to Consolidated Financial Statements

September 30, 2020

#### 14 Net change in non-cash working capital items

	2020 \$	2019 \$
Accounts payable and accrued liabilities	238,075	1,460,702
Due from/to AMA Health Benefits Trust Fund	(370,886)	368,878
Deferred membership revenue	(1,637,355)	4,966,815
Payable to Canadian Medical Association	(167,208)	317,839
Due from administered programs	469,639	(20,918)
Accounts receivable and prepaid expenses	(252,559)	106,505
Deferred leasehold inducements and other	110,774	(184,514)
Funds held on deposit	1,179,413	-
Due to Alberta Medical Foundation Charitable Fund	2,401	3,624
	<u>(427,706)</u>	<u>7,018,931</u>

#### 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 \$93,045 (2019 – receivable of \$204,981) related to sales taxes. Income taxes payable have been outlined in note 5.

#### 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.

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

### Notes to Consolidated Financial Statements

September 30, 2020

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

#### 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, 2020, \$959,126 (2019 – \$9,434,504) 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, 2020, \$169,926 (2019 – \$191,520) was transferred from the Premium Reserve Fund.

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

### Notes to Consolidated Financial Statements

September 30, 2020

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#### 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:

	\$
2021	648,772
2022	656,156
2023	670,922
2024	628,564
2025	416,772
Thereafter	<u>567,368</u>
	<u>3,588,554</u>

The Association entered into a lease agreement to obtain office space for its SAO operations with a ten-year term beginning on December 1, 2017. The above table reflects the impact of the estimated minimum annual lease payments required under this lease agreement. 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.

#### 19 Comparative figures

Certain comparative figures have been reclassified to conform to the current year presentation.

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

Schedule 1

**Consolidated Schedule of Expenditures****For the year ended September 30, 2020**

	<b>2020</b>	<b>2019</b>
	<b>\$</b>	<b>\$</b>
<b>Expenditures</b>		
Salaries	8,270,095	7,187,942
Purchased services	5,218,546	3,701,200
Employee benefits	2,425,999	2,302,971
Committee per diem and travel	2,007,271	2,106,621
Insurance discount premium	1,914,091	2,134,000
Amortization	1,426,567	1,340,879
Zone grants	759,285	759,706
Equipment maintenance	752,373	640,210
Facilities	559,013	726,223
Investment and bank fees	319,695	451,548
Travel and accommodation	256,109	407,321
Section support	156,055	78,340
Scholarships	145,000	111,000
Communications production	124,723	98,204
Subscriptions and publications	86,709	74,693
Stationery and office supplies	83,101	91,138
Insurance	63,903	67,802
Telephone	61,025	56,828
Sundry	43,968	70,101
Postage and courier	37,910	83,375
Equipment maintenance	26,324	10,643
	<u>24,737,762</u>	<u>22,500,745</u>

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

Schedule 2

### Consolidated Schedule of Committee Expenditures

For the year ended September 30, 2020

	2020 \$	2019 \$
<b>Governance</b>		
Representative Forum	949,562	873,607
Board of Directors	677,966	583,618
Executive Committee	31,233	23,265
CMA General Council	21,841	290,278
	<hr/> 1,680,602	<hr/> 1,770,768
<b>Other committees</b>		
Compensation	94,623	67,437
Other committees	66,012	52,426
Nominating Committee	27,828	39,551
Health Issues Council	26,143	26,138
Committee on Financial Audit	25,983	31,359
AMHSP Advisory Committee	21,061	59,283
Healthy Working Environments	13,654	-
Primary Care Network Executive Committee	12,459	-
Primary Care Alliance	12,423	12,090
Council of Presidents	11,840	14,948
Specialty Care Alliance	6,329	3,504
Indigenous Health	4,118	23,169
Provincial Physician Liaison Forum	2,667	3,431
Committee on Student Affairs	847	1,278
Committee on Bylaws	682	1,239
	<hr/> 326,669	<hr/> 335,853
	<hr/> 2,007,271	<hr/> 2,106,621

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