



Dr. G.N. (Gerry) Kiefer

# The President's Letter

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Dear Member:

In this, my last *President's Letter*, I would like to reflect on my year as your president and offer my thoughts on what may lie ahead for our profession.

There are two highlights from the past year that really stand out.

- The two-year fiscal agreement between Alberta Health and Wellness, Alberta Medical Association (AMA) and Alberta's regional health authorities (RHAs)
- The Clinical Stabilization Initiative (CSI)

By any objective assessment or measurement, the two-year agreement is a remarkable achievement and a tremendous financial package.

It was only possible because of the work of many people. I want to express my personal thanks to the Board of Directors, the Representative Forum, the Negotiating Committee and CEO Michael A. Gormley and his team.

The second highlight is the Clinical Stabilization Initiative within the financial agreement. The CSI is a singularly important achievement in itself because it offers long-term value for Alberta's health care system. An innovative approach, it addresses some of the overhead costs that physicians face in Alberta's booming economy. It also acknowledges the remarkable contributions of our colleagues who practise in rural, remote and northern communities.

Negotiating a program, however, is only the first step. You also have to find a way to implement it, something that's often easier said than done with three parties at the table, each needing to cross every "t" and dot every "i."

It was really important to me personally to have details of the CSI programs worked out before the end of my presidency. Thanks to the extraordinary efforts of the physicians who represented the AMA, along with AMA staff, details of the CSI programs were announced in the August 29 *President's Letter*. I'd like to acknowledge Drs. Leslie R. Cuning, Connie L. Ellis and Michel D. Sauve for their contributions!

Work still needs to be done before physicians receive payment for the Business Costs Program and the Rural, Remote and Northern Program. We know, however, the payments will be retroactive to September 1. Furthermore, the Clinical Stabilization Initiative will serve as a building block in future negotiations.

I know that the trilateral process can be very frustrating for physicians. We are trained to get things done – now! Yet that is not the reality of dealing with government.

Within this process and relationship, though, lie tremendous possibilities. As an old adage reminds us, there is opportunity in challenge. Finding it is the heart of medical leadership that we must exercise.

Just as the art of medicine transcends all else in the relationship between patient and physician, the art of leadership transcends all else in the interactions between professionals, our organization and the parties of the trilateral agreement.

While serving on the AMA board, I have acquired a deeper appreciation for the principles that guide and support the leadership of our organization – principles that challenge us to listen, to respect the individuality of groups, to do the right thing, maintain our integrity and put Patients First®.

### **What about the future?**

In his book *Good to Great*, author Jim Collins writes: "Greatness is not a function of circumstances. Greatness, it turns out, is largely a matter of conscious choice and discipline."

This is so pertinent to the future of the AMA and the profession, for whom hope for the future must always take precedence over concern about the past. And, a key element of leadership is to be forward looking. Internally, we must address issues around fee and income equity, as well as the overall economic well-being of the medical profession.

The current physician shortage is going to become worse over the next few years and will result in major implications: for timely access, quality care, health care teams and physician workloads.

We must also be mindful of our own health. I am encouraged that more and more of us are putting a value on work-life balance.

Externally, we must continue to be advocates for a well-funded public health care system, and we must always put Patients First<sup>®</sup>. At times this will put us into conflict with government, with the regional health authorities and with other health care groups. We must, however, never shirk our ethic and our responsibility to speak out, whether as individual physicians or as a provincial organization.

I believe the AMA is uniquely positioned and well-prepared for its leadership role as the voice of the medical profession in Alberta. Our strategic long-term planning, our annual business plans and our financial strength are three important features.

We have many other assets. These include the physicians who become leaders at the Representative Forum, on the board, with the 38 sections and on numerous committees. Additionally, we benefit from our reputation as a profession and an organization.

Our mission statement and our vision are powerful and succinct reference points as we look forward and plan for the future. They demand leadership that stretches the association and that speaks to the underlying motivation and drive of the members to put Patients First<sup>®</sup>.

I want to thank you, the members of the AMA, for the unique and wonderful opportunity to be your president. The privilege of serving our profession and speaking on your behalf has filled me with pride and honor. The success we have had is due to the efforts of many, many people.

Thank you.

Yours truly,

G.N. (Gerry) Kiefer, MD, FRCSC  
President