



# The President's Letter

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Dear Member:

## **ARPs and AARPs**

According to the Alberta Medical Association's (AMA's) most recent membership survey, alternate relationship plans (ARPs) and academic alternate relationship plans (AARPs) are high priorities for specialists.

Currently, the faculties of medicine at both the universities of Calgary and Alberta are developing a proposal for an AARP that could potentially cover about 1,000 physicians, or 15% of the medical profession in Alberta.

There is much work to be done before this proposed AARP is ready for review and possible implementation. Until then Alberta Health and Wellness (AHW) is not prepared to approve any other AARP proposals.

As AHW stated in a recent letter, it is suspending "the intake process for new academic ARPs in the 2010-11 fiscal year until such time as a faculty-wide academic alternate relationship plan proposal has been developed."

Furthermore: "Letters of intent and proposals for new academic ARPs that have been received by AHW to date will be placed on hold. AHW will not be processing any new requests at this time."

Alberta Health and Wellness “will continue to provide conditional grant funding to existing academic ARPs in the 2010-11 fiscal year.” Furthermore, the AMA’s understanding is funding for AARPs will continue into the 2011-12 fiscal year.

Because AHW will not commit any ARP funding beyond March 31, 2011, when the current trilateral agreement ends, the result is to create even more uncertainty among physicians.

The AMA fully expects government will continue to pay for insured services billed through the Schedule of Medical Benefits after March 31, 2011, and there’s no indication it won’t. The AMA’s view is government has the same obligation to pay for insured medical services provided through ARPs/AARPs.

I discussed both ARPs and AARPs at some length in my February 12 *President’s Letter*. The AMA has a number of principles that we believe must be reflected in them.

A key AMA principle is that physician involvement in an ARP or AARP must be voluntary, and the terms and conditions for doing so must be clearly understood. Other principles promoted by the AMA include:

1. Provisions for clinical independence.
2. Fairness and equity on remuneration, including increases for clinical services tied to generally negotiated fee increases, as well as access to AMA benefit programs.
3. Requirement for AMA representation.

### **Laboratory physicians**

As you know, the Schedule of Medical Benefits increased 4.5% on April 1 this year and 5% on April 1, 2009. Our laboratory medicine colleagues, who are not under the trilateral master agreement, still have not received any increases in their compensation on those dates.

Several weeks ago I spoke at the annual meeting of the Alberta Society of Laboratory Physicians (ASLP), which wants its members to be repatriated back under the trilateral agreement. Doing so will expedite the ASLP’s ability to achieve a number of objectives.

- This, however, will require the agreement of both Alberta Health Services and Alberta Health and Wellness. As much as the AMA would like this to occur, we cannot do it by ourselves.
- Once laboratory physicians are under the trilateral agreement, they will be eligible for other provisions such as automatically having their compensation tied to increases in the Schedule of Medical Benefits.

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**AMA tops 10,000 members**

I'm delighted to announce that for the first time ever the Alberta Medical Association has over 10,000 members. This includes practising physicians, retired physicians, medical residents and medical students. Most encouraging is that about 95% of practising physicians in Alberta are AMA members. The Board of Directors and the Representative Forum value your support and your input.

Yours truly,

Christopher J. (Chip) Doig, MD, MSc, FRCPC  
President