

AMHSP COUNCIL UPDATE – DECEMBER 2022

Dear AMHSP Physicians,

We are writing today to let you know what initiatives Council has been focusing on in the past year, and the status of that work.

Academic medicine is a key element of Alberta's health care system, providing both education of future physicians and care to Albertans. The AMA's AMHSP Council continues to focus on providing the perspective of academic medicine physicians to Alberta Health, AHS, and the Faculties of Medicine at the Universities of Alberta and Calgary.

AMHSP Interests

Based on your feedback, we have presented AMHSP interests to Alberta Health, including:

- physicians' right to AMA representation
- the need for due process and appropriate dispute resolution
- meaningful engagement with participating physicians and listening to participating physicians' voice
- actively advancing a just culture, security of tenure and incentivizing innovation
- fostering a healthy working environment and promoting physician wellness

Opt-In Process

We have also written to Alberta Health (Attachment 1) to confirm that the 2019 AMHSP physician opt-in process – as it relates to AMA representation – will be honoured.

AMA Representation

We have been stressing the importance of having the AMA formally represent AMHSP physicians (Attachment 2) with respect to their clinical work and, as such, we've been advocating for the AMA to be a signatory to the AMHSP Master Agreement, as it was in the Academic ARP Agreements.

We believe these issues are important and will continue to advance them on your behalf. You'll be kept in the loop as we continue to press forward.

AMHSP Master Agreement

All this activity is occurring in an environment where there is a new AMA-AH Master Agreement and AH is updating the AMHSP Master Agreement. We have made it clear that the AMA's expectation is that participating AMHSP physicians will:

- be engaged in the process and will have meaningful involvement in development of options and decisions regarding AMHSPs, including engagement in the Master Agreement update.
- have early awareness of and be engaged in exploration and decisions regarding AMHSP expansions.
- not be surprised by new or amended AMHSPs, payment models, participation requirements and ISAs.

Alberta Health will be providing the AMA with an initial draft of the Master Agreement for consultation as soon as it's available. We will keep you informed as the review proceeds to ensure that your perspective is well represented by Council.

Physician engagement in and awareness of this work is critical to the success of AMHSPs and the program overall across the province. Please reach out anytime if you need support, require representation or have questions/comments: AMHSP@albertadoctors.org.

Sincerely,

North (U of A)

Family Medicine - Dr. David Moores
Medical Genetics - Dr. Alicia Chan
Medicine - Dr. Steven Katz
Neurosurgery - Dr. Greg Bowden
Pediatrics - Dr. Rabindranath Persad
Psychiatry - Dr. Katharine Hibbard

South (U of C)

Family Medicine - Dr. Carolyn Nowry
Medical Genetics - Dr. Ashish Marwaha
Medicine - Dr. Carolyn Owen
Neurology - Dr. Michael Hill
Neurosurgery - Dr. Walter Hader
Pediatrics - Dr. Kimberley Myers
PM&R - Dr. Daniel McGowan
Psychiatry - Dr. Thomas Raedler

The AMHSP Council brings together 14 AMA physician leaders (1 from each Arrangement in Edmonton and Calgary) involved in the AMHSP to develop a common understanding of the needs and concerns of academic physicians.

Click to read: [Academic Medicine and Health Services Program \(AMHSP\) Mandate, Vision, Mission, Goals and Principles](#)



November 28, 2022

Mr. Paul Smith
Assistant Deputy Minister
Health Workforce Planning and Accountability
Ministry of Health, Government of Alberta
Via email: paul.c.smith@gov.ab.ca

Dear Mr. Smith,

Re: Recognition of the AMA as the exclusive representative of AMHSP Participating Physicians regarding their clinical work

Thanks again to you and your team for meeting with the AMA group on October 3, 2022 and again on November 4, 2022 regarding the Participating Physicians' interest in being engaged in the development of the upcoming successor AMHSP Master Agreement. Given the revised timelines that are set out for the completion of the successor Agreement, I thought it would be good to summarize the discussions we've had recently, as well as follow up on the requests we made of you during those discussions.

On November 4, 2022, the AMA committed to provide you with a document outlining the rationale behind the Participating Physicians' interest in having the AMA represent them as a signatory to the upcoming successor AMHSP Master Agreement. We are in the process of preparing the document and will send it to you once it is in a form to share, and will look forward to continuing discussions regarding this.

As you are aware, in or about 2019 the AMA undertook the process of collecting the signatures of AMHSP Participating Physicians (PPs) to confirm their wish to have the AMA represent them as exclusive representative in both the AMHSP Master Agreement and the Individual Services Agreement with regard to their clinical work. Overwhelmingly, the Physicians indicated their desire to have the AMA represent them in discussions with Alberta Health, and the AMA shared that information with AHS and Alberta Health at the time. While we recognize that the opt-in process undertaken in 2019 relates specifically to AMA's representation of physicians in their relationships with AHS, as we have not yet broached the topic with AHS, we thought it best to follow up on our conversation first, with copy to Dr. Belanger so that he is aware and that we'll be following up with AHS soon as well.

At our November 4th meeting, the AMA requested confirmation that Alberta Health and Alberta Health Services will continue to recognize the AMA's representation of AMHSP Participating Physicians as per the 2019 process the AMA undertook to confirm the Participating Physicians desire to have the AMA as their representative.

Since 2019, the AMA along with the Participating Physicians have been attempting to advance the Participating Physicians' objectives through detailed proposals in relation to the Agreement, most recently presented May 5, 2022. Although these discussions have not progressed for a number of reasons, we believe there is now an opportunity for both parties along with the other stakeholders, to reengage in these important discussions.

Thank you for your consideration of these requests; I look forward to discussing next steps and working together on this in the very near future.

Yours truly,

Sean Smith
Assistant Executive Director
Southern Alberta Office

cc:

Dr. Walter Hader, Co-Chair AMHSP Council
Dr. Steven Katz, Co-Chair AMHSP Council
Dr. Francois Belanger, VP Quality and Chief Medical Officer
AMHSP Physician Negotiating Committee



November 28, 2022

Mr. Paul Smith
Assistant Deputy Minister
Health Workforce Planning and Accountability
Ministry of Health, Government of Alberta
Via email: paul.c.smith@gov.ab.ca

Dear Mr. Smith:

Re: AMHSP Participating Physicians' interest in having the AMA become a signatory to the multi-party AMHSP Master Agreement & Schedules, as the exclusive representative of Participating Physicians in respect of clinical and compensation matters

Thank you again for meeting with us as the AMA-AMHSP Council Representatives on November 4, 2022 and taking an interest in the rationale underlying our request that the AMA return as a signatory to the AMHSP Master Agreement. We are pleased to provide an overview of our perspective in this regard.

AMHSP Participating Physicians (Physicians) have a keen interest in contributing to the development and success of Alberta's AMHSPs as well as to the future of both exceptional medical education and health care in Alberta. As key members of the team that delivers medical education to future generations of physicians and other health professionals, conducts ground-breaking and internationally recognized research, and provides clinical care to Albertans and other Canadian residents, AMHSP Physicians wish to have input into the decisions regarding AMHSPs that impact their work environment, terms and conditions of work, and compensation.

Since the implementation of the current agreement structure, even with AMA participation in provincial committees, AMHSP Physicians have had very little meaningful opportunity to participate in the development and improvement of the AMHSP Master Agreement. This Agreement, and the Individual Services Agreement (ISA) Physicians must sign with AHS, govern the entirety of their work, including hours and type of work in each of the care pillars (clinical, administration, research, education). These agreements are required to participate in the AMHSPs, and we are required to sign a series of successor, single year Individual Service Agreements (ISAs) without any ability to negotiate the core terms and conditions of our professional relationships including our total professional remuneration. Simply put, in the current context, we must sign these contracts without any ability to influence their fundamental terms.

While we acknowledge that we are represented, in part, by the Academic Faculty Associations of our Universities (AASUA and TUCFA), the representation provided by these Associations only extends to Physicians' academic appointments in relation to non-clinical activities and the Faculty Associations' Collective Agreements; physicians who do not have academic appointments are not represented by the faculty associations. Neither Association is signatory to the AMHSP Master Agreement or to our ISAs.

The single year ISAs that are a prerequisite to participating in an AMHSP closely govern every aspect of our professional lives; our relationships with, and obligations to, the Universities, AH, and AHS. Their duration is contingent on the continued funding of the AMHSP programs by (primarily) Alberta Health and the ISAs are drafted in such a manner that the power dynamic between the institutional parties and the Physicians is significantly imbalanced. While the Faculty Associations' Collective Agreements do contain procedural safeguards and appeal processes for Physicians when, for example, performance evaluation determinations have the potential to negatively affect their professional trajectories, those safeguards are noticeably absent from our ISAs. As such, our input into these agreements through representation by the AMA as our professional association is required.

There has been the perspective from AH, AHS and the Faculties in the past that senior administrators from our AMHSP Arrangements should be able to provide adequate representation for Physicians' interests at the table in respect of the Agreement's development and operation. It is our perspective that this gives rise to a conflict of interest. AHS has recently recognized and acted upon this concern as well, given the departures this year of our colleagues Drs. Vivek Mehta and Pius Mandhane from the AMA-AMHSP Council at the behest of AHS (when they assumed higher-level administrative responsibilities for AHS). We are not suggesting their transition away from Council was inappropriate, only that it illustrates AHS' recognition that it is difficult (if not impossible) for Senior Administrators to represent the interests of AHS/the Universities and the interests of front-line Participating Physicians simultaneously.

More recently, the release of the "*Alberta Academic Medicine Funding Evaluation*" report (also referred to as the "Invictus Report") to the AMA and other stakeholder representatives in October 2022, has increased Physicians' desire for continuous AMA engagement in AMHSP institutional decision-making, including contractual development. Two examples highlight this: the finding that some AMHSP Participating Physicians are lower paid than their community / FFS colleagues; and the recommendation that the AMHSP Participating Physicians should be subject to greater scrutiny and oversight with respect to both their expenditures and clinical/academic deliverables.

While the latter is not problematic on its own, it does underscore the need for procedural fairness safeguards for Physicians which are currently absent within the ISAs. We believe we share a common interest in Alberta's ability to attract and retain world-class educators, researchers and clinicians to our province. Academic Medicine programs' recruitment and retention initiatives would be strengthened by longer duration of contracts, and our ability to demonstrate fair and equitable working conditions, compensation, and dispute resolution. As AMHSP physicians have a primary role in teaching and training the next generation of Alberta physicians and in providing world-leading clinical care to Albertans, attention to matters that support initial recruitment as well as ongoing retention is key. All of these reasons underlie our desire for professional, collective representation and assistance through the AMA in relation to the daily, fundamental workplace issues that we face as Physicians.

Our past experience that has left us with the understanding that without formalizing the recognition by the other parties of the AMA as the collective voice of Physicians, we have little chance of having our concerns acknowledged and addressed. Since the creation of the AMA-AMHSP Council in 2019, we have been attempting – largely without success - to bring our concerns to this multi-party table. Unfortunately until now, the AMHSP Council has not seen any particular interest by, received any significant feedback from, or had any meaningful exchanges with, the organizational parties to the

Agreement in relation to the concerns and proposals of Physicians as set out in our original proposal from 2020, and summarized in the Fall 2022 AMA Proposal summary¹

It is both our hope and our request that with respect to the formation of the upcoming successor Agreement, Physicians will have a genuine opportunity to voice our interests, and that our interests will be seriously considered by those responsible for the next Agreement. This can best and most visibly be accomplished by Alberta Health and AHS (as well as the Universities) acknowledging the right of the AMA to exclusively represent Participating Physicians as a signatory to the next Agreement with respect to their clinical work and related compensation. There is historical precedent for this – the AMA was a signatory to the predecessor Academic Alternative Relationship Plan (“AARP”) contracts in the 2010s. We are requesting that this formal acknowledgement of the AMA’s representation of Participating Physicians return in the next Agreement.

Physicians want to feel confident that their interests with respect to the AMHSPs are heard, considered, and addressed by Alberta Health and AHS. They want a return to a more reasonable and balanced relationship with the other parties through the next AMHSP Master Agreement, and for Alberta Health and AHS to recognize their right to representation and meaningful participation with respect to the development and operation of the contracts that govern their professional lives on a daily basis. Including the AMA as a signatory to the successor AMHSP Master Agreement is the first step in achieving these goals as they relate to Physicians’ professional lives and working environments.

We would be happy to discuss our perspective with you and, should it help to advance this work, representatives from AHS. Thank you for your consideration; we look forward to hearing from you regarding a mutually convenient time to continue our discussion in the very near future.

Yours truly,

Dr. Walter Hader and Dr. Steven Katz Co-Chairs, on behalf of the AMA-AMHSP Council


Encl.

cc:

Mr. Sean Smith, Assistant Executive Director, Southern Alberta Office, AMA

¹ AMA Proposals for the AMHSP Master Agreement Renewal, Fall 2022 (a summary of our proposals to date)

AMA PROPOSALS for the AMHSP MASTER AGREEMENT RENEWAL Fall 2022



SUMMARY of AMA-AMHSP Council's Contract Proposal Priorities

- 1. MEANINGFUL ENGAGEMENT WITHIN THE AMHSPs: LISTENING TO PARTICIPATING PHYSICIANS' COLLECTIVE VOICE**
(pages 2 – 3)
- 2. LIVING AHS VALUES: ACTIVELY ADVANCING A “JUST CULTURE”**
(pages 4 – 5)
- 3. RECOGNIZING COMMITMENT: PROVIDING SECURITY OF TENURE & INCENTIVIZING INNOVATION**
(pages 6 – 7)
- 4. FOSTERING A HEALTHY WORK ENVIRONMENT & PROMOTING PHYSICIAN WELLNESS**
(pages 8 – 9)

*Developed through consultations with AMHSP
Participating Physicians, 2019 - 2022*

AMA PROPOSALS – AMHSP CONTRACT RENEWAL 2022



1. MEANINGFUL ENGAGEMENT WITHIN THE AMHSPs: LISTENING TO PARTICIPATING PHYSICIANS' COLLECTIVE VOICE

Objective #1: The AMA has a contractually recognized right to advance concerns of its members in respect of decision-making relating to AMHSP Agreements (including the template ISA), generating a greater sense of fairness and reasonable balance of power for Participating Physicians

Accomplished by:

- Addition of the AMA as a signatory to the AMHSP Master Agreement
- Addition of an express provision acknowledging the AMA as the exclusive representative of Participating Physicians with respect to their relationship with Alberta Health and Alberta Health Services in accordance with the *Alberta Health Care Insurance Act* and the *Regional Health Authorities Act*

Contractual amendments required to accomplish this objective: Adding the AMA as a signatory to the Master Agreement; adding a recognition article within the Master Agreement & ISAs

Objective #2: Participating Physicians have input, through the AMA's participation, into any changes or amendments that the institutional parties contemplate and make to the ISAs (excepting Schedules A & B which are particular to each Participating Physicians)

Accomplished by:

- A contractual commitment from Alberta Health and the other institutional parties that no changes will be made to the Template ISA in Schedule G of the Master Agreement without the AMA's involvement and agreement

Contractual amendments required to accomplish this objective: Article 1(t) in the Master Agreement and a new article within the ISA

Objective #3: Participating Physicians’ desire for a more democratic and fair representation of their interests on a day-to-day basis is realized, and their knowledge of and engagement with the AMHSPs’ overall administration is increased

Accomplished by:

- Adding a designated representative from the AMA to the Representative and Notice clauses of the Master Agreement to act as a continuing liaison with the other parties and on behalf of Participating Physicians
- Improving circulation to, and awareness of, information relevant to the AMHSP Agreement for Participating Physicians by transferring their representation (and consent for receipt of notices) from their Department Chair/Head to their respective AMHSP Arrangement Management Committees
- Adding elected Participating Physician representatives to the AMHSP Governance Committees

Contractual amendments required to accomplish this objective: Article 8 and 26 of the Master Agreement; Governance Committee Terms of Reference

Objective #4: The principles of income equity, and health care access, productivity and quality are at the forefront of decision-making related to Arrangement compensation (rates) and full-time equivalency definitions (FTE definitions); and such decisions occur within the broader, provincial compensation framework that focusses on both value for money and fairness to physicians

Accomplished by:

- Ensuring that all determinations related to AMHSP Arrangement rates and corresponding FTE definitions are overseen and approved by the “Management Committee” or “MC” established under section 10 (and described in Schedule 4) of the *Alberta Medical Association Agreement* with the term of April 1, 2022 to March 31, 2026
- Ensuring that the principles for a Participating Physician’s movement on an Arrangement’s compensation grid and sub-grids (where applicable) are approved by the above-referenced Management Committee

Contractual amendments required to accomplish this objective: Addition of an express provision within the AMHSP Master Agreement reaffirming the same

AMA PROPOSALS – AMHSP CONTRACT RENEWAL 2022



2. LIVING AHS VALUES: ACTIVELY ADVANCING A “JUST CULTURE”

Objective #1: Fundamental / first principle fairness guarantees are introduced into the ISAs

Accomplished by:

- Ensuring that any decision to not offer a future contract (ISA) to a Participating Physician is capable of being substantiated by intelligible, transparent and justifiable reasons
- Ensuring that any decision made in regards to physician compensation through the “remuneration at risk” provisions is made, and is perceived to be made, in an unbiased manner by amending the composition of the Provincial Appeals Committee to include the Participating Physician’s peers (including quorum requirements)
- Introducing a three (3) month time limit within which AHS must dispute a Participating Physician’s total remuneration (limitation period for claw-back) after the annual evaluation and review of a Participating Physician’s performance is completed pursuant to Article 13.2 of the ISA; and such right is in turn waived if no annual review of the Physician’s performance is completed
- Removing the double jeopardy to a physician when their contract is not renewed (currently repayment by the Physician to AHS is required of any payment of “remuneration at risk” made then later reduced pursuant to Article 4.4 of the ISA)
- Allowing for an appeal of a decision of the Provincial Appeals Committee to a neutral, third party adjudicator such as an arbitrator with expertise in the field

Contractual amendments required to accomplish this objective: Article 6(a)v. in the Master Agreement; Article 2.2 in the ISAs; Articles 4 & 13 of the ISAs, C.4. AMHSP

Objective #2: Adequate transparency and open communication channels are introduced into these contractual relationships

Accomplished by:

- Requiring that a Participating Physician is made aware when Alberta Health and/or the institutional parties to the Agreement relay information about a Participating Physician's continuing involvement in the AMSHP

Contractual amendments required to accomplish this objective: Article 16 in the Master Agreement; Article 9 of the ISAs

Objective #3: Participating Physicians are protected from arbitrary or mistaken decisions by having the right to challenge the truth of assertions and leadership decisions that are detrimental to their academic careers and professional reputations

Accomplished by:

- When Alberta Health and/or the institutional parties intend to terminate or not renew a Participating Physician's ISA:
 - the Participating Physician and the AMA have advance notice that such a decision is being contemplated;
 - any such decision is to be made in a fair, transparent, non-arbitrary and reasonable manner with written reasons provided;
 - the Participating Physician is entitled to attend such deliberations with legal counsel or an advisor of choice and may make representations; and
 - the Participating Physician is provided with a fair dispute resolution mechanism to appeal the decision to a neutral third party adjudicator such as an arbitrator with expertise in the field or the Courts

Contractual amendments required to accomplish this objective: Article 23 in the Master Agreement and Articles 8.3 and 14.3 in the ISAs

AMA PROPOSALS – AMHSP CONTRACT RENEWAL 2022



3. RECOGNIZING COMMITMENT: PROVIDING SECURITY OF TENURE & INCENTIVIZING INNOVATION

Objective #1: Adequate contractual recognition that Participating Physicians’ personal and professional security is important; as well as a recognition of the value of Participating Physicians’ commitment to the AMHSP programs

Accomplished by:

- Increasing the term of Participating Physicians’ ISAs from one year to three years
- Removing the provision of the Master Agreement completely releasing the institutional parties from any obligation to renew a Participating Physicians’ ISA

Contractual amendments required to accomplish this objective: Delete the last sentence of Article 6(a)v. in the Master Agreement; Extend the ISA term to three (3) years in Article 2 of the ISAs

Objective #2: Contractual terms within the Agreement optimize conditions for recruitment and retention of top caliber physicians to the AMHSPs, and increase Participating Physicians’ motivation to seek out additional opportunities to innovate and advance the field of medicine

Accomplished by:

- Increasing the dollar amount of excluded contracted services from \$30,000 to \$100,000 in the ISAs
- Move a number of services from the “Contracted” and “Contracted after \$30,000 Services” into the “Non-contracted” column

Contractual amendments required to accomplish this objective: Revise the AMHSP Remuneration Amount Policy, all relevant ISA articles (3.6 and 4.3) and ISA Schedules B & C accordingly

Objective #3: Leadership roles and responsibilities that Participating Physicians take on within the AMHSP are treated with consistency and fairness

Accomplished by:

- Ensure all listed leadership roles within the Leadership Stipend Policy (Section 2.6 Leadership Policy) are treated similarly by making all leadership remuneration “Non-contracted” within Schedule C

Contractual amendments required to accomplish this objective: Amend policies and the ISA Schedule C accordingly

AMA PROPOSALS – AMHSP CONTRACT RENEWAL 2022



4. FOSTERING A HEALTHY WORK ENVIRONMENT & PROMOTING PHYSICIAN WELLNESS

Objective #1: The principles of *Equity, Diversity & Inclusivity* (EDI principles) are realized on a day-to-day basis within the AMHSPs and all Participating Physicians can appropriately advance concerns if they do not feel safe or respected in their workplace

Accomplished by:

- Expressly integrating a shared position statement by way of an articulated goal within the Master Agreement based on the parties' agreement that better patient and system outcomes are achieved where health care team members feel their working environment is safe, healthy, equitable, respectful, inclusive and fair
- A contractual commitment to finding resolution to issues of concern in a manner which is fair and reasonable to all parties including Participating Physicians, guaranteeing procedural fairness

Contractual amendments required to accomplish this objective: Introduce this as a goal into Article 2(a) of the Master Agreement, as well as a term within the ISAs

Objective #2: Support and accommodation is provided for Participating Physicians needing to fulfill personal obligations and maintain their health (outside obligations related to family care responsibilities or decreased ability to work full-time hours) as well as to providing the space required to explore other professional pursuits.

Accomplished by:

- Contractual barriers are removed and flexibility created within the Agreement to reasonably allow for part-time participation within an AMHSP (implemented only the basis of physician request and mutual agreement rather than for organizational cost-savings purposes) without disproportionate financial implications for the Physician

Contractual amendments required to accomplish this objective: Create exception rules to the “Remuneration Amount” definition and methodology in Schedule B of the ISA, and allow for an FTE threshold, below which the AMHSP Remuneration Amount (“all-in”) Policy and Schedule C of the ISA does not apply.

Objective #3: All parties participate in acknowledging and resolving issues of mutual interest such as physician fatigue and burnout, workforce planning, and allocation of resourcing for the adequate support of Participating Physicians

Accomplished by:

- Collaboration and the formation of an all stakeholder Workload Management and Physician Wellness Planning Committee

Contractual amendments required to accomplish this objective: Amend policies and the Agreement accordingly