

AMA Clinical ARP Working Group Terms of Reference

A. Purpose

The Clinical ARP (cARP) Working Group brings together AMA physician leaders involved in cARPs to develop a common understanding of the needs and concerns of cARP physicians and to advocate for changes to address those needs and concerns.

B. Roles and Responsibilities

- Share and discuss activities, needs, concerns and opportunities in cARPs.
- Serve as the voice for AMA communications with grass roots physicians involved in cARPs.
- Identify representation needs of cARP physicians and where possible, develop consensus advice on how the AMA can meet those needs.
- Advocate for changes to address the needs and concerns of cARP physicians.
- Collaborate with government and AHS to help advance their objectives (e.g., increase physician uptake of cARPs, achieve health system objectives through cARPs, etc.) while ensuring cARP physicians' needs are met.
- Assist the AMA with developing a clinical ARP Best Practice Guide and communicating these best practices to current and prospective clinical ARP physicians. The Guide would cover key aspects of ARP implementation such as internal governance/admin, change management, and revised work flows / practice changes enabled by ARPs.
- Provide advice to the AMA Executive Director and AMA Board as requested.
- Recommend an approach for improving the representation of cARP physicians within the AMA's Representative Forum (RF), including potential improvements within existing RF and section structures or adding cARP delegates to the RF.

C. Composition

The cARP Working Group will be composed of 12 members, as follows:

- Ten cARP physician Authorized Representatives (ARs), selected by the AMA's Executive Director following an application process open to all cARP ARs. The desired distribution of this group is as follows:
 - Five cARP ARs (three family physicians (FPs); two specialists) from northern Alberta (AHS Edmonton, North and Central zones)
 - There are currently 30 cARPs in this area
 - Five cARP ARs (three FPs; two specialists) from southern Alberta (AHS Calgary and South zones)
 - There are currently 31 cARPs in this area
 - There shall be at least one member from each cARP model (annualized, sessional, capitation) in this group of ten ARs
- Two representatives from amongst physicians currently applying for a new cARP:
 - One FP selected jointly by the Sections of Family Medicine and Rural Medicine
 - One specialist physician selected by Specialty Care Alliance leadership
- The Working Group, at its discretion, may add AH and AHS representatives

The proposed FP/Specialist ratio on the Working Group above is roughly proportionate to the FP/Specialist ratio in current cARP approved funding and FTEs (see current cARP statistics below). Adjustments to the composition of the Working Group could be made in the future if there were any significant changes in various ratios (North/South, FP/Specialist, urban/rural, model types, etc.).

D. Operations

- The Working Group shall meet quarterly, either face-to-face, via videoconference or teleconference facilities.
- The Working Group will select two co-chairs – one from the five ARs representing northern Alberta and one from the five ARs representing southern Alberta. The co-chairs will alternate chairing each meeting.
- The Working Group operates on a consensus-based decision making model; where consensus cannot be reached, the decision shall be determined by a majority vote.
- Working Group members shall engage and report back to the AMA Board and all cARP ARs on the activities of the Working Group.

E. Support

- The AMA will provide secretariat support to the Working Group.
- Working Group members are eligible for honoraria and expense reimbursement in accordance with the AMA's honoraria and expense guide.

F. Accountability

- Working Group members are accountable to the AMA Board and shall report its discussion to the board by distributing the minutes of its meetings.