
October 3, 2025

Dear Colleagues,

Over the past two years, Alberta's health care system has undergone a dramatic restructuring. We now have four pillars, four health ministries and four [corresponding health agencies](#). While these changes have created confusion and concerns for many physicians, rural physicians are in the unique situation of working across all four pillars, sometimes multiple times each day. It is imperative that we are able to inform and influence how these pillars operate in rural and remote communities to ensure the best possible care for our patients. Rural medicine will also be profoundly impacted by the introduction of [regional corridors](#), which will see some rural communities grouped with Alberta's largest urban centres.

There are lots of unknowns, but what we do know is that the unique voice of rural medicine needs to guide the ongoing evolution of our health care system. To make that happen, the Section of Rural Medicine Executive has undertaken a restructuring of our existing governance model.

SRM Governance Restructuring

Currently, the SRM Executive consists of a president, a president-elect/past president, a secretary-treasurer, and four to five members at large. The Executive also includes the SFM president and a representative from the Physician Leads Executive (PLE) – both of which are ex-officio roles. Over the next year, we will expand the work of the non-ex-officio executive members so that they take on the role of pillar liaisons, serving as a direct interface between the pillars in our refocused health system and SRM. SRM will advocate for SRM pillar liaisons to attend pillar-related meetings and sit at pillar-related tables. They will liaise with the Ministry as appropriate and undertake internal AMA advocacy/relationship-building. This advocacy work will be essential in ensuring the voice of rural medicine is heard and heeded.

The SRM Executive will also invite representatives from the Northern Alberta Medical Program (NAMPP), the Southern Alberta Medical Program (SAMP) leadership, the Professional Association of Resident Physicians of Alberta (rural) and the AMA's Specialty Care Alliance (rural/regional) to join us as non-voting, ex-officio members. In addition, once the AMA corridor representatives are established, we may invite them to attend SRM Executive meetings as guests when appropriate.

Even before undertaking this restructuring, we have always been proactive in our advocacy work. We began our advocacy with the four health ministries and agencies early on, through a partnership with the Rural Municipalities Association (RMA). We worked with RMA to present a resolution at the RMA Spring 2025 convention that advocated for a rural generalist to sit as a voting member on the Health System Integration Council and within the new health board leadership structure. RMA has since sent that resolution to government.

We have been, and will continue to be, outspoken, present and future orientated. Updating our governance structure will make it easier for us to influence the decisions that affect us and our patients.

Fall 2025 Representative Forum

Health system restructuring was one of the central themes during the Fall 2025 Representative Forum, held on September 26 and 27 in Edmonton. For all of the reasons that are prompting the SRM Executive to update our governance model, the AMA is undertaking a similar geographic restructuring that will allow them to amplify physician voices in a refocused health system. I'm sure you will be hearing more about this in the coming weeks.

In addition to a session on realigning geographic representation at the AMA, RF also included sessions on physician compensation, government relations, and the reopener and negotiations 2026, as well as reports from the negotiation committee and the governance oversight group. There was also a session on medical schools and medical school expansion – a topic that I am closely involved in and I was pleased to sit on the panel, which included representatives from the Northern and Southern Alberta Medical Schools programs. During the presentation, we discussed the work being done to address primary care and general specialist physician training and workforce challenges, as well as opportunities for collaboration between AMA and medical schools. I will continue to champion the importance of this work.

I've asked the AMA's Executive Office to forward the RF Recap to all members of the Section of Rural Medicine so that you can see what was discussed. If you have any questions, please reach out to me.

Upcoming SRM AGM and learning opportunities

The SRM will be hosting its [annual general meeting](#) on Thursday, October 9, from 6:00-8:00 p.m. It will be held virtually, and will include several updates and reports, new business items, as well information on proposed bylaw changes. We will also be making a presentation to this year's three Tarrant Scholarship recipients. If you haven't already registered, please [register here](#). I hope to see you there.

I also wanted to let you know about an [online town hall](#) for Connect Care prescribers that will be held just prior to the SRM AGM. The event will share the results of previous satisfaction surveys, invite prescribers to share their concerns and discuss plans for Connect Care optimization.

Thank you, as always, for everything you do for your patients and your communities. I look forward to seeing you at our AGM.

Regards,

Dr. Rithesh Ram
President, Section of Rural Medicine