

Frequently Asked Questions

Alberta Academic Medicine & Health Services Program (AMHSP) – Transition of Support for Clinical Activities

What is changing?

Support for clinical activities is moving from the UofA to Alberta Health Services (AHS). The UofA will retain responsibility for academic programming (research and education).

Alberta Health has changed the way it funds some physicians who have academic positions at universities, including the funding for activities that support the physicians' clinical services. Government funding used to be administered by the UofA for academic physicians and all of their activities. As of July 1, 2017, funding is now administered by AHS. There is a new legal provincial framework for funding, governance and accountability, called the Academic Medicine & Health Services Program (AMHSP) that replaces a former framework called the Academic Alternative Relationship Plan.

Why is there a change?

This change realigns responsibility for clinical activities to AHS and academic activities to the UofA to be consistent with the type of work and mission of each organization. AHS is responsible for clinical services and activities, while the UofA remains responsible for research and education.

The goal of the new AMHSP is to create a single and cohesive funding model for academic medicine in both Calgary and Edmonton, with a clear governance structure, more consistent rules, increased accountability, and transparency when it comes to funding.

Which UofA departments or divisions are impacted by the transition?

Four UofA departments/divisions are enrolled in the AMHSP and are at different points in the transition.

- Department of Medicine
- Department of Pediatrics
- Division of Neurosurgery
- Department of Family Medicine

When will these changes take effect?

Funding for clinical activities transitioned through AHS in July 2017 and interim processes ensured no disruption to physician or staff compensation. We are working on a step-by-step transition plan and will communicate this as soon as it is confirmed.

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While the specific timeline for implementation has not been developed yet, we do know that this is a complex transition involving several organizations. As such, change will not happen quickly and could take months to complete. We anticipate a phased approach and will keep you informed as the plan is determined.

Who is making the decisions?

AHS Medical Affairs and UofA Faculty of Medicine and Dentistry leadership are the executive sponsors of the transition of clinical services administration. There is an AMHSP Transition Steering Committee, composed of AHS and UofA administrative and physician representatives. Additionally, there are working groups for Human Resources/Operations, Financial Management Team Transition, and Communications.

Some decisions will be made at a department level, as it is unlikely there will be one-size-fits-all solutions, and departments work very differently.

Current admin duties will be examined within the departments. While each department may determine the impact on individual jobs, the goal is to realign clinical work to AHS while minimizing impact on individuals.

Will department chairs still be able to allocate clinical and academic support based on their needs and approved budgets?

We do not anticipate any changes to the department chair's authority if the department chair holds a dual role of AHS Zone clinical department head (ZCDH).

There would also be no change to authority if the UofA department chair and AHS ZCDH roles were separate, as is the case in some departments. It is expected that the two individuals will continue to work together with shared authority for their respective roles.

Will any staff lose their jobs?

Both organizations are committed to minimizing the impact on individuals, where possible. AHS will need to determine their staffing needs for clinical work and UofA departments will need to determine their staffing needs for academic work.

As with any undertaking of this size and scope, there may be individuals who will choose to consider their options, as the process moves forward. New opportunities may emerge or be identified from this process.

Are unions involved?

UofA labour relations staff have been communicating with NASA (Non-academic Staff Association) since August 2017 when the clinical funding flow changed from the UofA to AHS.

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Until staff transition to AHS, NASA will continue to be their negotiating body and staff are governed by their current collective agreement.

AHS labour relations staff have begun discussions with AUPE (Alberta Union of Provincial Employees), which is the receiving union for those transitioning to AHS. A letter of understanding (LOU) will need to be reached with AUPE to define terms of transfer of staff from the UofA to AHS.

UofA labour relations have also been involved in discussions with their AHS counterparts. They have provided AHS with the terms of the current NASA agreements.

How will these changes impact clinical support for physicians?

Maintaining patient care is the first priority. Patients need to be booked for appointments and physicians need to be supported in their clinical work.

Clinical administrative work will move to AHS and the UofA will retain responsibility for academic programming (education and research) and related support.

Can a physician's assistant be "grandfathered" and continue to do both clinical & academic support?

In keeping with the spirit of the AMHSP master agreement's concept to align clinical and academic duties with the appropriate organization, it is more likely that the duties will be separated to different assistants.

What about finance jobs like billing or physician compensation?

Finance positions that support physician compensation and clinical billings are also being reviewed in this transition process.

If a current admin job has both clinical and academic research/education activities – will it still be impacted?

If current duties include any clinical support (e.g., booking appointments, preparing for clinics) then the job likely will be impacted relative to the amount of clinical admin.