

AMHSP Transition Principles

Vision

Edmonton Zone Medical Affairs (EZMA) and the University of Alberta (UA) will jointly and collaboratively plan, execute and sustain a successful new AMHSP model within the AHS North Sector. The AHS vision of people first strategy and patient and family centered care shall be maintained as well as the UA academic vision and mission and overall accountability to Alberta Health (AH) and Alberta Advanced Education (AE).

Goals

- To transition 4 varied funding flow models to AHS and implement a cohesive funding flow model within EZMA.
- To transition certain finance and clinical support staff to AHS in a transparent, timely, respectful manner utilizing all key resources within AHS and UA.
- To maintain a high level of academic standards, as identified in the UA's academic mission, with minimal disruption while sustaining quality clinical services and achieving the accountability requirements to AH under the AMHSP.

Rationale

To facilitate operational efficiencies in both organizations under the new AMHSP model.

Guiding Principles

1. Zone Clinical Department Head/Department Chair and/or Section Chief/Divisional Director, as appropriate, will be responsible for managing and structuring their specific department to deliver the goals and objectives of those participating in the AMHSP arrangement. As such, a "one-size-fits-all" solution or structure is not a requirement. The continuity of this responsibility will be a key factor in minimizing the impact of the transition for both UA and AHS.
 2. Transition activities will strive to align staff services/responsibilities with the organization accountable for the provision of those services/responsibilities. The intent is to have staff supporting the academic mission/program remain as UA employees and staff supporting the clinical mission transition to AHS employees. As vacancies occur and replacements are required, the intent is that hiring will be done by the respective organization based on these duty categories.
 3. Transition activities must be timely, fair and equitable for all staff; considering both indirect and direct impacts.
 4. Communication of transition activities will be done in a transparent and timely manner.
 5. HR principles of 'equitable compensation' for transition will be developed.
 6. Costs of transition must be reasonable and kept as minimal as possible.
 7. The transition will be mindful of future AMHSP arrangement growth by establishing administrative structures that can accommodate new plans.
 8. The AMHSP is a joint and collaborative responsibility. We will be mindful of each organization's policies and information needs, including those of AH.
 9. These principles do not carry a particular ranking and in some cases, may conflict. The Transition Steering Committee shall strive to establish the appropriate balance.
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