Clinical Stipends – FAQ

What are clinical stipends?
Clinical stipends are payments made to physicians from AHS that are supplemental to what physicians are paid in Fee for Service (FFS) billings under the Schedule of Medical Benefits (SOMB) for the provision of clinical services.

What is changing with clinical stipends?
Given the extraordinary circumstances our health care system is still facing related to COVID-19, AHS is extending the clinical stipends until the implementation of an alternate remuneration arrangement or March 31, 2021, whichever is sooner. This applies unless the physician receives or have received notice otherwise.
AHS has and will continue to work diligently and collaboratively to assess the impact these changes may have on our physicians and our patients.
Finding a solution that recognizes the value of physician’s work, the needs of our patients and the sustainability of our healthcare system will be a joint effort
Extending the clinical stipend programs will allow time for transition to alternate arrangements and minimize the impact on the care we provide to patients and families.
Notice of extensions will be sent shortly to all physicians whose current supplemental stipend contracts end on August 31, 2020. These will be sent from respective Zone Medical Affairs Office that currently administer contracts.
Following the extension of the stipends until March 31, 2021, at the direction of Alberta Health and as part of the AHS Review Report, AHS is eliminating payments to physicians that are over and above what physicians are paid in Fee for Service (FFS) billings under the SOMB for the provision of clinical services.

Clinical payments impacted by this change include:
- Stipends paid to the Most Responsible Practitioner (MRP) and specialist consultants in addition to FFS earnings.
- Stipends paid to physicians in addition to FFS earnings for the services they provide to support MRP physicians and specialist consultants.
Only stipends for clinical service provision paid to physicians eligible to bill FFS are being reviewed as part of this proposal at this time.

Why is AHS eliminating clinical stipends for physicians?
In Alberta, physicians are eligible to receive payment for services from AH according to the Schedule of Medical Benefits (SOMB), making Alberta Health the primary funder of all physician compensation for the provision of clinical services in Alberta.

AHS has historically provided additional payment to some physicians that are over and above what is paid through the SOMB. Many of these programs are historical and pre-date AHS, and were established for a number of reasons, including recruitment/retention, inherent challenges in providing the service, and address service delivery needs.
Frequently Asked Questions (FAQ)

There is some inconsistency in the way these stipends are applied, meaning that physicians in one area of the province may be compensated differently than physicians in another area.

A number of these stipends are no longer required or could be transitioned to a different service model or a more sustainable compensation model such as an Alternate Relationship Plan (ARP).

Eliminating AHS clinical stipends will allow for a more provincially consistent approach to physician compensation across the province.

We acknowledge that these changes are causing concern and anxiety among physicians, and we will work closely with them as we implement these changes, to ensure that patient care is not impacted.

Is this change aligned with Alberta Health’s physician funding framework?
Yes. Alberta Health introduced a new physician funding framework effective March 31, 2020. This framework includes 11 proposals, some of which require implementation by AHS. The elimination of clinical stipends is one of these proposals.

For information about this physician compensation framework, please visit alberta.ca.

Are the changes introduced in Alberta Health’s physician compensation framework a cost saving measure?
Yes. However, the changes are also about ensuring consistency across the province, and that physicians are compensated fairly regardless of where they work in Alberta.

The elimination of clinical stipends and other supplementary pay to physicians when fully implemented will result in significant cost savings. These are savings that will be invested back into the healthcare system, with the aim of improving access to patient care.

Why are AHS cost saving measures focused on physicians?
The 11 proposals included in Alberta Health’s new physician compensation framework are focused on physicians.

However, through the AHS Review Report, AHS is also implementing a number of cost-saving initiatives that are not limited to physician compensation.

For more information on the AHS Review please go here.

My stipend ensures I am available to treat patients. How will you ensure patients continue to receive care?
AHS leadership and AHS medical staff must be partners to successfully deliver care. If ending current AHS operationally funded supplemental clinical payments requires a change to service delivery model (either to create fair, sustainable FFS payments or to create fair, sustainable ARP arrangements), AHS is dedicated to ongoing consultation and collaboration with the AHS Medical Staff to achieve this.
What consultation has been done?  
We consulted with approximately 50 AHS medical leaders on December 6, 2019 in order to seek feedback and encourage engagement to inform this work. AHS Provincial Medical Affairs also initiated a consultation process with AHS senior medical leaders and their respective operational dyad medical leaders and physicians to review all current supplementary payment programs, identify the appropriate transition group that each falls into, better understand the impact that these proposed changes may have on physicians, ensure sufficient transition periods and minimize impact to care.  
In the weeks and months ahead, we will continue to work to better understand the best way to ensure continuity of care for patients and families.

My clinical stipend is part of my contract with AHS. Will AHS honour my contract?  
Most clinical payments made by AHS to physicians are made under terms and conditions outlined in contracts. AHS will honour those terms and conditions.  
AHS is committed to working with physicians to ensure that the services they provide to patients and families will be continued and uninterrupted.

Is a physician required to transition to a Clinical Alternative Relationship Program (ARP)?  
Clinical ARPs are voluntary, and it is the choice of the physician to participate in the clinical ARP. If the physician chooses not to, then they are eligible to continue billing FFS for the services they provide.

What are the next steps for this work?  
AHS is currently evaluating the clinical compensation programs it provides to physicians across the province. This includes engaging with medical and operational leaders to consider the potential impact to participating physicians, service delivery models and patients.

Physician Professional Obligations  
What recourse do I have if I disagree with these changes?  
AHS supports physicians’ ability to advocate for themselves and their patients. It is important physicians are able share their concerns while we continue to meet the needs of the patients and families we all serve.  
We encourage physicians to consult the College of Physicians and Surgeons of Alberta (CPSA), Canadian Medical Association and AHS Medical Staff Bylaws and Rules for guidance on advocacy and any potential changes in practice or practise pattern.  
The CPSA and the AMA have developed resources to assist physicians to advocate effectively for their patients.

What is the process to terminate my professional relationship with AHS?  
We understand that the Medical Staff at various AHS facilities may be considering a collective resignation or termination of their Medical Staff Appointment and/or Clinical Privileges. Any member of the Medical Staff considering such action must adhere to the relevant requirements outlined in the AHS Medical Staff Bylaws and Rules, as well as professional practice and ethical guidelines outlined by the CPSA and CMA.

When a physician applies and accepts an AHS Medical Staff Appointment and Clinical Privileges they have agreed to abide by the AHS Medical Staff Bylaws and Rules. The process
for practitioners to terminate their Medical Staff Appointment and Clinical Privileges is prescribed in Article 3.5 of the Medical Staff Bylaws.

According to these rules, an applicant seeking termination of their Medical Staff Appointment and/or Clinical privileges must submit appropriate documentation to AHS Medical Affairs and must receive written notification from their Zone Clinical Department Head before their AHS responsibilities can be dissolved.

This process was developed in the interest of patient safety by AHS on behalf of its physician membership.

**What other professional or ethical regulations should I be aware of?**
In addition to acting in compliance with CPSA’s [Job Action](#) standard of practice, physicians are also obligated to act in accordance with the Canadian Medical Association’s [Code of Ethics & Professionalism](#) which states that physicians must “consider first the well-being of the patient” and “always to act to benefit the patient and promote the good of the patient.”

**I want to publicly voice my concerns about these changes. What should I be aware of?**
AHS respects physicians’ right to advocate publicly on issues that concern them and their patients.
AHS supports physicians’ ability to engage in public advocacy on various platforms. However, physicians must represent themselves appropriately and not as representatives speaking on behalf of AHS.

**Who can I contact for more information?**
The input, support and cooperation of medical leaders throughout this process will help ensure we continue to deliver safe, high quality patient care in a timely way.
If you have questions, concerns or feedback, please discuss these with your [medical leader](#).