

As part of an update from Alberta I have also included parts of our most recent report from the Section of Rural Medicine to the Alberta Medical Association Representative Forum (below in italics).

Regards,  
Rithesh

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### **Recent Election Funding Announcements**

There has been numerous election funding announcements in the last month including:

- The Rural Health Revitalization Program provides capital funding for revitalizing select rural health facilities throughout the province.
- Budget 2023 invests \$105 million over three years for the Rural Health Facilities Revitalization Program. This includes \$75 million in additional funding for new capital projects in rural Alberta.
- To date, about \$65 million has been committed to 22 projects across the province, including emergency department renovations, upgrades to EMS stations and new dialysis spaces.
- An investment of \$237 million over three years towards the Alberta Surgical Initiative Capital Program will help reduce surgical wait times and help Albertans receive the surgeries they need.
- This includes \$120 million in new funding for projects in 15 communities across the province to expand and modernize operating rooms in public hospitals.
- Budget 2023 includes \$64 million over three years to continue the La Crete Community Health Centre capital project to provide increased access to maternity health services.

- \$11 million over three years is part of a \$23.5-million commitment to expand the renal dialysis program at the Chinook Regional Hospital in Lethbridge.
- This project will relocate the dialysis unit to provide additional treatment spaces and address patient and staff safety concerns with the current site.
- \$3 million over three years in planning dollars is committed to the North Calgary/Airdrie Regional Health Centre.
- \$3 million over three years in planning dollars is committed to expanding the Strathcona Community Hospital.
- Planning dollars are also committed for new or upgraded facilities in Bassano, Cardston and Whitecourt.
- Investing \$30 million in health care program expansion to create about 1,800 new seats over the next three years in nursing, health care aide and paramedicine programs.
- Investing almost \$20 million to create 120 new physician seats at the University of Calgary and the University of Alberta.
- Funding will also help increase the number of rural physicians in Alberta in collaboration with the Ministry of Health.
- Investing \$113 million over three years for medical residency positions to add 100 residency training spaces and fund compensation for academic physicians instructing medical students.
- Investing \$22 million to upskill internationally educated nurses by creating new bridging programs and expanding seats at existing bridging programs to add 1,500 new spaces.
- Investing \$14 million over two years for the targeted recruitment of internationally trained nurses from the United States and the United Kingdom.
- \$90 million to strengthen programs to attract and retain rural physicians
- \$29 million to fulfil the government's commitment in the agreement signed with the Alberta Medical Association that specifically focuses on underserved rural and remote communities
- \$7 million for the targeted recruitment of internationally trained nurses from the United States and the United Kingdom
- \$1 million to fund the provincial Nurse Navigator program which support all nurses immigrating to Alberta
- Investing \$1 million to explore ways that regional post-secondary institutions, such as the University of Lethbridge and Northwestern Polytechnic, can help deliver medical education outside of Edmonton and Calgary.

### **Recent CaRMS Results**

The first round CaRMS numbers were alarming as there were 42 unmatched family medicine residency positions in Alberta whereas in BC there are two, and in Saskatchewan, none. The percentage of unmatched at most of our distributed rural sites was even more shocking: Lethbridge 22%, Grand Prairie 33% and Medicine Hat 71%. CaRMS data shows that every family medicine residency position was filled after the second round between 2015 and 2021. However, that changed last year, when there were 11 unfilled positions. The number of Alberta residencies in family medicine that are vacant after the first-round match has grown over the last decade.

The reasons for this trend are multi-factorial, and unlikely to change anytime soon as academic, medical and political leadership are unwilling to acknowledge and then tackle all of these different variables immediately and appropriately. This is even more obvious given the comparison and differences between the recently signed Alberta and BC physician agreements within the last year where BC's is very obviously family

physician focused, and Alberta's is most definitely not.

### **Rural Health Care Crisis**

*Rural communities across Alberta continue to experience unprecedented challenges that threaten both the viability of rural medicine and the health of Albertans living in those communities. Workforce and resource shortages have resulted in the closure and/or reduction in hours for rural emergency departments across the province, with communities such as Boyle, Milk River, Elk Point and Cold Lake cycling through repeated emergency department closures. There has also been a loss of services, including obstetrical services, in a growing list of communities. The province's ongoing EMS crisis adds another layer of complexity, making it harder for patients to be transported to nearby facilities. No Albertan should have to drive themselves to a neighboring emergency department when they are ill, injured or about to give birth.*

### **Rural communities continue to face myriad issues, including:**

- *Finding locum coverage for rural physicians, as AHS continues to rely on locums to keep emergency departments open. Connect Care has further exacerbated these challenges, as the training for rural is more extensive and the time required to complete mandatory modules is not compensated. Some locums report refusing placements that will require them to use Connect Care.*
- *Licensing barriers that impede recruitment efforts.*
- *EMS, nursing and other healthcare worker shortages create unsafe situations for patients and increased liability/ stress on physicians managing sicker patients with fewer resources.*
- *Increase in allied providers being promoted as replacements for family physicians, such as in pharmacy-run clinics.*

### **MAPS Recommendations**

*When the AMA reached a negotiated agreement with the Government of Alberta, the MAPS initiative was touted as a means to help improve Alberta's primary care system. In the intervening months, the Section of Rural Medicine has worked to identify the issues that matter most to rural medicine and feed suggested solutions to the MAPS initiative. In December, we submitted a joint proposal with the Section of Family Medicine and the PCN Physician Leads Executive outlining our shared recommendations. While we hope that MAPS will result in meaningful short- and long-term solutions for the challenges facing our primary care system, we are mindful that solutions only work if they are actually implemented. Inaction is not acceptable.*

*The upcoming provincial election also raises concerns about the risk of the MAPS recommendations being too closely associated with the current government. No matter what happens with the election, we cannot allow the recommendations that emerge from MAPS to be politicized and dismissed.*

### **Physician Supply/Burnout**

*Alberta is continuing to experience significant physician supply challenges, especially in rural settings. We are not alone in this situation, as there is a national health human resources shortage that is impacting patients across Canada. What makes Alberta unique is that the decisions made by government created a situation where it was difficult for many physicians to sustain their practices. Although changes to virtual codes have helped, for many, the damage cannot be undone. Some have changed their practices, some have retired and some have left their communities entirely. Alberta was also the only province in Canada where physicians worked throughout much of the pandemic without a negotiated agreement, a situation that created undue stress and uncertainty.*

*To encourage more students to choose rural medicine and choose Alberta, we need to give them reasons to make that choice. We need to convey the opportunity that comes with rural medicine – the chance to work in clinics and work in hospitals as surgeons, emergency physicians, anesthesiologists and palliative care specialists. And we need to create incentives to make rural communities the place they want to call home.*

*In the midst of these growing supply challenges, we are also keenly aware that physician burnout, exhaustion and moral distress are on the rise. The CMA's 2021 National Physician Health Survey found more physicians are feeling the pressure of a lack*

*of work-life integration, bullying and harassment and a lack of professional fulfillment. The survey indicated that 60% of physicians and residents felt their mental health has worsened since the onset of the pandemic, with nearly half of respondents screening positive for depression. More than half of physicians and medical learners experienced high levels of burnout and the results showed that there were several at-risk subgroups who had more negative wellness outcomes, including those working in small town/ rural or isolated/ remote areas.*