

The Rheumatology AARP at the University of Alberta

By Stephen Aaron, MD, ABIM, FRCPC

The Academic Alternate Relationship Plan (AARP) of the Department of Medicine was the first such arrangement made in Alberta, following by several years the establishment of the practice plan in the 1990s by then-Chair, Dr. Garner King. It was negotiated with the Alberta Government to provide predictable and sustainable funding for academic activities, as well as the more complex clinical care taking place in a university setting.

To date, it remains very much an academic plan, particularly within our division, where all members are on the tenure track in the Faculty. With the recent retirement of Dr. Paul Davis from the University, our division has only seven members, although we are actively recruiting for several positions, including a new Divisional director.

The plan has been very successful in its goal of providing flexibility in the pursuit of education and research.

The AARP is funded by the Alberta government through two budgets: one that provides base funding for clinical activities, the other a “conditional grant” that provides for academic activities and overhead. Our plan in Edmonton is administered through the University of Alberta. A salary component is channeled through the University, which provides us the benefits and pension of an academic position. The clinical component is administered by a committee of the department and has been designed to provide us with independent professional income allowing for favourable taxation and incorporation.

Each member of the AARP is given a job description, but their total annual income, divided into university salary and a clinical component, depends only upon seniority and university merit increment. This income, which includes university benefits, is highly competitive. We are provided with clinical facilities, office space, and staff. The stability of our individual incomes makes it very easy for us to make decisions about our career pathways and scholarship based only upon our areas of interest and success. For example, an educator can move from a position as program director to a position as

undergraduate clinical skills coordinator without any concern about how these positions will be funded.

Percentages of time to be spent by each member on clinical care, teaching, research, and administration are negotiated with the chair of the Department of Medicine, and may change only by agreement. This may take place, for example, when a major position such as Program Directorship changes. However, according to our contract with Alberta Health, the total amount of clinical time committed by our Division must not fall below the negotiated amount. This is tracked by a comprehensive system of “shadow billing;” it is the responsibility of the Divisional Director to ensure accountability.

The “shadow billing” system has created some challenges to delivering care in more innovative ways, although allowances have been made, for example, for telehealth. In addition, although we strive to provide integrated, team-based care, there has to date been no dedicated program in Alberta Health Services (AHS) to fund alternate providers.

We are fortunate to have a team of nurses, physiotherapists, occupational therapists, and a pharmacist working with us, and are optimistic that with this nucleus we shall be able to expand our integrated programs to encompass more of northern Alberta.

In summary, the AARP of our Department of Medicine has been very attractive to rheumatology, giving us a great deal of flexibility as individuals to pursue our clinical and academic career pathways. Our primary issue with the plan has been its reliance on traditional, service-based metrics rather than upon clinical outcomes. Tracking these outcomes on a wide, regional basis is a major strategic goal of our unit.

*Stephen Aaron, MD, ABIM, FRCPC
Professor of Medicine,
Division of Rheumatology,
Associate Chair,
Department of Medicine,
University of Alberta
Edmonton, Alberta*