

Annual Governance Report

OMA Governance and Nominating Committee

May 5, 2022



Table of Contents

1. Introduction	3
2. Governance at a Glance	4
3. OMA Board of Directors.....	5
Board mandate	5
Board size and composition	5
The 2021/2022 Board of Directors and Officers.....	7
Procedures for election of directors	8
Officers of the board.....	9
Regularity of meetings and attendance.....	9
Mechanisms to monitor performance of the board and individual directors	10
Summary of the 2021/2022 board evaluation and KPI assessment.....	10
Declarations of conflict of interest	11
Board education.....	12
Board committees.....	12
Finance and Audit Committee (FAC).....	13
Governance and Nominating Committee (GNC)	13
Human Resources and Compensation Committee (HRCC)	14
Other Board and Advisory Committees	14
Appointment Process.....	15
Constituency Governance Review	15
4. General Assembly	15
The General Assembly Steering Committee (GASC).....	15
Priority and Leadership Group (PLG)	15
Key Accomplishments	16
Priority-setting Process	16
Looking Ahead.....	16
5. Subsidiaries	17
OntarioMD Inc.....	17
Overview	17
Governance and Accountability.....	17
OMD Board Members.....	17

Recent Achievements	18
OMA Insurance (OMAI).....	18
Overview	18
Governance and Accountability.....	18
OMAI Board members	18
Offerings.....	19
Recent Achievements	19
Ontario Medical Foundation.....	19
Overview	19
Governance Transformation.....	19
Governance and Accountability.....	20
OMF Board of Directors	20
Recent Achievements	20
6. Appendices.....	21
Key Dates	21
Glossary of acronyms.....	21
How to get involved	22
Contacts	22

1. Introduction

We are pleased to present the inaugural Annual Governance Report to members, which highlights the considerable progress we have made in our governance transformation journey this past year.

As we advance the implementation of the OMA's governance transformation blueprint, it has been rewarding to see the principles embedded in the plan take shape and the OMA become a truly member-driven organization, delivering on the priorities that matter most to you.

While there is more work to do, let us consider how far we have come since last year's spring meeting:

- In March 2022, for the first time ever, all members had a binding vote on the proposed Physician Services Agreement (PSA)
- Members elected a smaller, skills-based board, enabling more effective decision-making, including three non-physician directors
- Members voted directly for the president-elect
- The first two member-driven priorities, reducing delays in patient care and data supports for work and health human resources, have been identified by the Priority and Leadership Group (PLG), approved by the board, and forwarded to the advocacy, and issues and policy panels where work will begin to provide concrete and achievable recommendations for implementation

These represent just a few of the year's successes. In this report you will find detailed information about the work of each of the OMA's governing bodies in 2022, including the board of directors, OMA committees, as well as updates on the association's subsidiaries.

As we look ahead, the organization's focus will be on implementing the PSA, conducting a review of the OMA's constituency groups, as well as a charter review of the board's standing committees, OMA advisory committees, and much more.

These are significant milestones in our journey to become a world-class medical association – a member-driven OMA that represents all voices and protects the interests of physicians, while positioning our organization to meet the challenges and opportunities, today and in the future.

Thank you,

Dr. Paul Conte, board chair

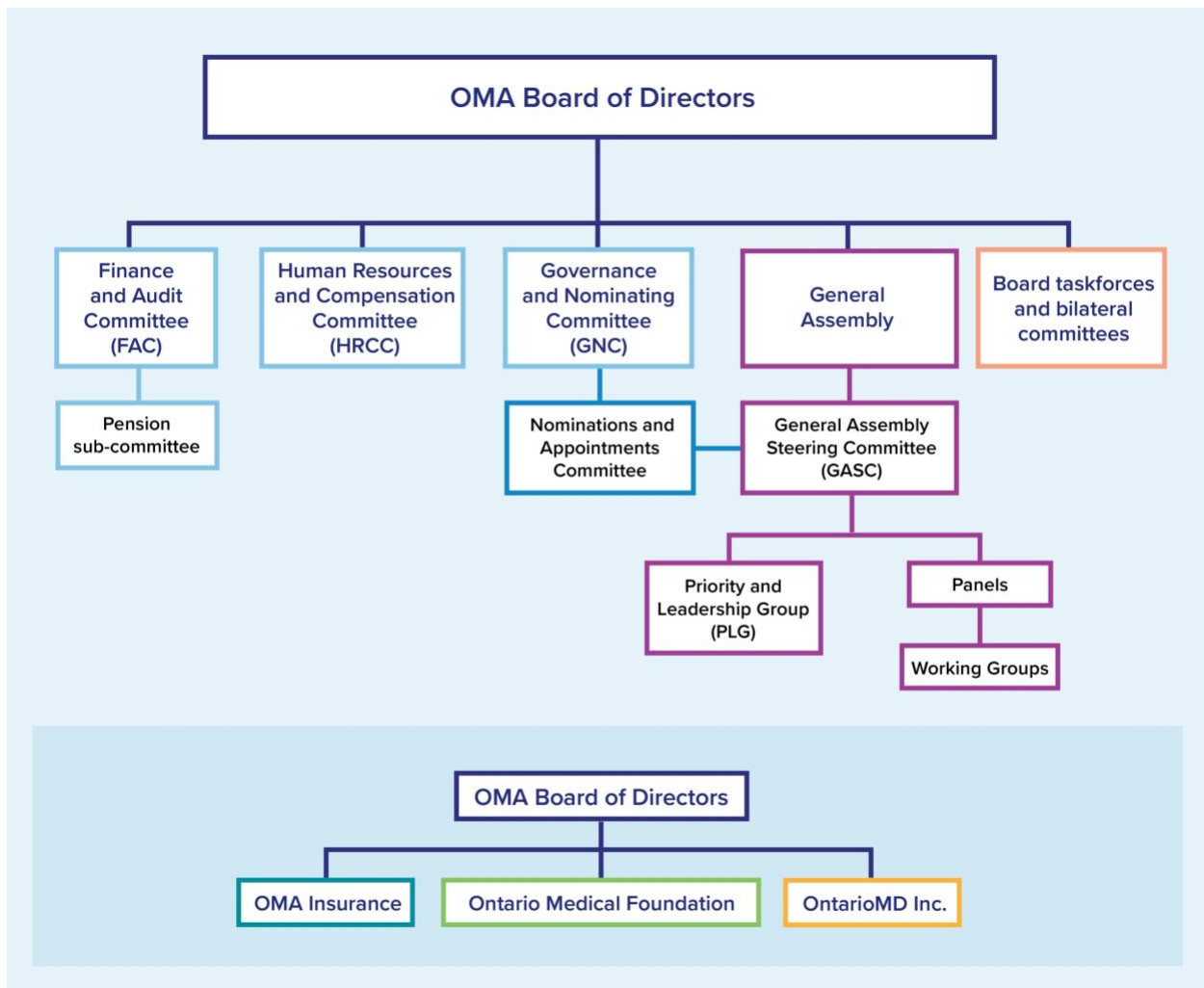
Dr. Zainab Abdurrahman, board member and chair of the Governance and Nominating Committee

2. Governance at a Glance

Following the approval of governance transformation in November 2020, the OMA has made significant progress on the implementation of a new, modern governance structure that is member-driven and represents all voices and protects the interests of members.

The focus has been on:

- Good governance and accountability
- Physician support and advocacy
- Resolution of compensation issues
- Robust member services and operations
- Transparency and high integrity
- Effective communication



3. OMA Board of Directors

Board mandate

The board of directors is responsible for the governance of the OMA and is the highest decision-making authority within the organization.

The board’s mandate includes oversight for management of the corporation and development of the OMA’s approach to governance. The board oversees all affairs of the OMA and exercises, as appropriate, its powers according to OMA bylaws, governance policies and applicable laws and regulations.

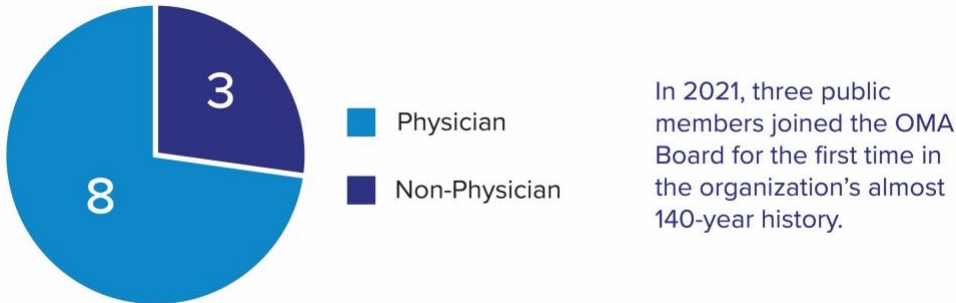
There is a clear delineation between the board and executive management. Management is responsible for the day-to-day operations of the OMA, while the board provides strategic oversight of and direction to the organization.

[Read more about the board charter and the role of the board.](#)

Board size and composition

The board is made up of 11 directors: eight physician directors and three non-physician directors.

A complement of skills and competencies are represented on the OMA board including governance, strategic thinking, leadership, transformative change, financial/business acumen, risk management and human resources.



The elected group of physician and non-physician directors have worked efficiently together over the last year and recorded major governance transformation implementation milestones such as:

- ✓ Successful first year of a smaller skills-based board with physician and non-physician directors
- ✓ Successful first year of the new General Assembly (GA)
- ✓ Ongoing constituency review project
- ✓ Development of governance policies to align with new governance structure

✓ Ongoing board committee mandate refresh and charter review

The board is broadly diverse with gender balance; women represent about 60 per cent of the board. Career stage of board directors ranges from early to late career stage.

Clinical specialties on the board include family medicine, anesthesiology, radiology, pediatrics, cardiac surgery, allergy and clinical immunology and physiatry. Members of the board practice in cities and towns across Ontario.

The 2021/2022 Board of Directors and Officers



**ZAINAB
ABDURRAHMAN, MD**
GNC Chair



**SANJAY ACHARYA,
ICD.D, MD**
FAC Chair



**DENISE
CARPENTER, ICD.D**
HRCC Chair



**DAVID COLLIE,
ICD.D**



PAUL CONTE, MD
Board Chair
and Officer



CATHY FAULDS, MD



**AUDREY
KARLINSKY, MD**
Vice-Chair



ADAM KASSAM, MD
President
and Officer



**CARMEN ROSSITER,
ICD.D**



CINDY WALSH, MD



**HIROTAKA
YAMASHIRO, MD**



ROSE ZACHARIAS, MD
President-Elect
and Officer

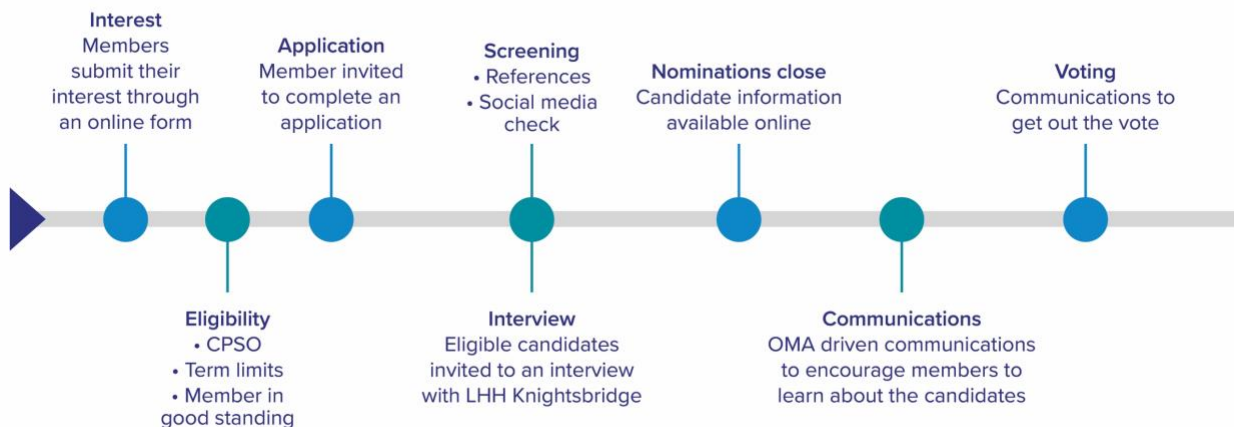


SAMANTHA HILL, MD
Immediate Past President
and Officer

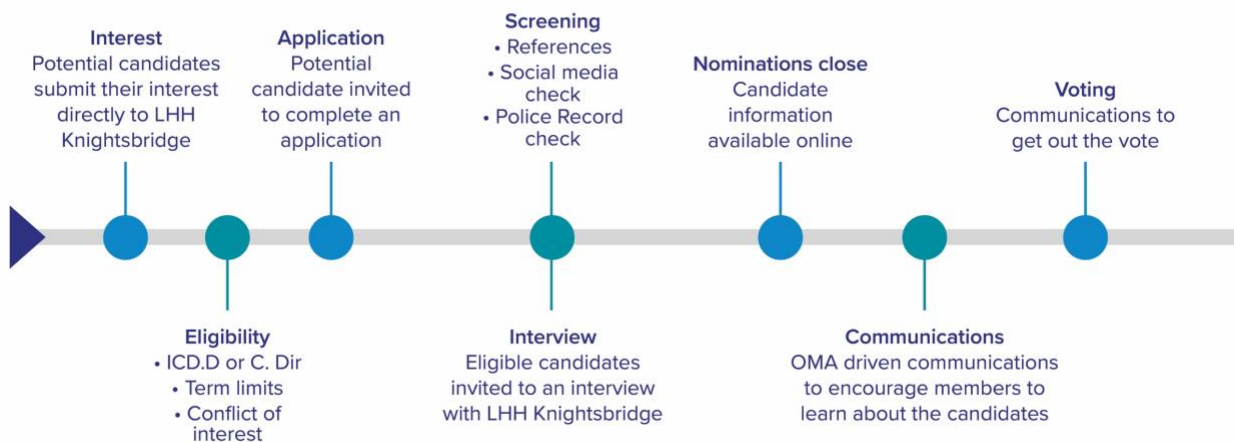
Procedures for election of directors

The OMA employed a third-party recruitment firm to provide a skills matrix for the board and to conduct reference checks and interviews of board director candidates. The process for physician and non-physician candidates began with their expression of interest and was followed by completion of applications, screening and interviews by LHH Knightsbridge. Screened candidates were presented to members for election.

Physician Director Screening



Non-Physician Director Screening



As a result of OMA's governance transformation, the entire membership directly decides who is elected to the board.

Officers of the board

The officers of the board are the chair, president, president-elect and the immediate past president. The president-elect and immediate past president are non-voting observers on the board.

[Read more about officer position descriptions.](#)

Regularity of meetings and attendance

The board held 17 meetings in 2021 and elected directors began their terms on May 29, 2021. Board committees were populated in August and September 2021. With the exception of the board chair, who is an ex-officio member of all board committees, each board director is a member of one board committee.

By the end of 2021, the Governance and Nominating Committee (GNC) met four times, the Finance and Audit Committee (FAC) met three times and the Human Resources and Compensation Committee (HRCC) met twice.

2021 board and committee meeting attendance (May to December 2021)

Director/Observer	Board Meeting	Committee Meeting
Zainab Abdurrahman	9/9	4/4
Sanjay Acharya	9/9	3/3
Denise Carpenter	9/9	2/2
David Collie	9/9	4/4
Paul Conte (Chair)	9/9	9/9
Cathy Faulds	9/9	1/2
Samantha Hill	8/9	N/A
Audrey Karlinsky Vice-Chair	9/9	4/4
Adam Kassam	9/9	3/3
Carmen Rossiter	8/9	3/3
Cynthia Walsh	9/9	2/2
Hirotaaka Yamashiro	9/9	2/2
Rose Zacharias	9/9	4/4

Mechanisms to monitor performance of the board and individual directors

The OMA employs multiple evaluations to monitor the performance of the board and individual directors.

Evaluation surveys are sent out after every meeting, giving directors the opportunity to provide feedback on the meeting and board chair performance and to make suggestions for improvement.

Annual evaluations include the board as a whole and peer to peer evaluation of individual directors, through an assessment of key performance indicators (KPIs).

Summary of the 2021/2022 board evaluation and KPI assessment

In accordance with OMA values of transparency and accountability, the board is committed to reflecting on the effectiveness of its performance and operations through a multi-layered annual board evaluation process.

Board evaluations serve a number of functions including:

- Informing continuous development of directors to better equip them to perform their oversight function for the benefit of the organization and its members
- Providing an input for succession planning
- Ensuring directors receive regular and timely feedback through various channels such as peer-to-peer evaluation, as well as committee evaluations
- Improving the structure and operation of the OMA board and its committees

The 2021-22 board evaluation process was presented to the GNC in December 2021 and was implemented between January and March 2022. All directors and observers of the board (president-elect and immediate past president) participated.

An overview of the evaluation process and the outcomes is set out below:

Launch of Evaluation Process through Questionnaires

- Written board evaluation questionnaires approved by the board, through GNC, are circulated to directors through a confidential survey platform. Directors are asked to assess themselves and their peers on areas such as director engagement, communication, understating of responsibilities, strategic thinking and the board skills matrix.

Discussion of Results

- Led by the board chair, one-to-one meetings are held with each director to discuss the findings from the evaluation and to identify areas for improvement.

Reporting on Findings

- The findings from the evaluation, as it applies to the whole board, are reported to GNC and are also discussed at a regular board meeting.
- Any actionable items are incorporated into an action plan, which the governance team supports to implement.

Outcomes of the Evaluation Process

- The evaluation process confirmed that there have been continuous improvements in the performance of the board. It also revealed strong institutional knowledge as one of the strengths of the board.
- The outcomes of the evaluation, particularly, insights gained regarding the skills matrix, will influence the structure and role of the board, for instance in supporting succession planning and enabling proactive recruitment of directors with skills such as innovation and financial acumen.
- Directors received direct and actionable feedback which supports their development and helps them serve members better.
- Post-meeting evaluations have helped identify improvements to meetings such as ensuring a strategic focus to meeting agendas, encouraging director participation and improving the quality of director meetings and materials.
- Any feedback in the evaluation process itself is also implemented in next year's evaluation.

Committee evaluations are also used to evaluate the committee chair performance and effectiveness of the board committee. They will be conducted later in the year.

Declarations of conflict of interest

As part of the application process, board director candidates were required to declare any conflicts of interest, real or perceived. Declarations of conflicts are assessed on a case-by-case basis and may restrict eligibility to serve on the board.

The OMA conflict of interest policy states that potential conflicts of interest, for self or a family member, include affiliation with another board, committee, organization, vendor, supplier, or any other party that has a direct or indirect interest in any business transaction or agreement with the OMA or payment of physicians which could result in benefit. It also includes involvement in any pending legal proceedings involving the OMA.

[Read the conflict of interest policy.](#)

Directors are required to declare any potential conflicts of interest prior to or at the beginning of a board or committee meeting. Depending on the nature of the conflict, mitigation measures may include abstention from participating in the discussion or voting on a particular issue or leaving the meeting during discussion of the item.

Board education

The OMA is committed to providing support for learning and development to equip directors with the tools to deliver on their mandate. Tailored education sessions for board directors and access to learning resources such as LinkedIn Learning are ways in which this is achieved.

Directors also receive a complimentary membership to the Institute of Corporate Directors, where they can access a variety of governance resources, insights and thought leadership, and an annual learning stipend for self-directed learning.

Board committees

OMA board committees have delegated authority from the board to perform work on complex or specialized issues, and bring forward recommendations for action to the board, which retains collective decision-making authority.

There are three standing committees of the OMA board of directors, including the FAC, the GNC and the HRCC.

In May 2021, the OMA board approved changes to board committee composition to align with broader governance transformation changes. Changes implemented to date include:

- ✓ Smaller committee sizes to reflect the smaller, skills-based makeup of the board
- ✓ Addition of an external, non-director financial expert on the FAC and an OMA member-at-large on the GNC. These positions provide an opportunity to broaden the viewpoints and perspectives in the committee's work and address skills and/or expertise gaps that may exist. They also create a pipeline of potential future candidates for directorship.
- ✓ Appointment of the chair of the General Assembly Steering Committee (GASC) as a member of the GNC
- ✓ Appointment of the immediate past president as an ex-officio member of the Nominations and Appointments Committee (NAC)

In 2022, a broader review of the mandate and charter for each standing committee is being undertaken.

Finance and Audit Committee (FAC)

Mandate

To oversee the financial affairs of the OMA and to assist the board in monitoring the organization's financial reporting and disclosure.

Composition

- Dr. Sanjay Acharya – chair
- Carmen Rossiter – vice-chair
- Dr. Adam Kassam
- Dr. Paul Conte
- Sue Armstrong, CPA – (non-OMA director)

Appointment Process

- Appointments to the FAC are made at the recommendation of the GNC and approval of the OMA board
- GNC oversees the recruitment of the non-director financial expert and brings forward recommendations to the OMA board for approval. This individual must possess a CPA or other similar designation.
- Appointments are for a two-year term

Governance and Nominating Committee (GNC)

Mandate

To assist the board in gaining and maintaining reasonable assurance that the board's composition, structures and practices will enable the board to discharge its oversight duty and the board's other duties in a highly effective manner.

Composition

- Dr. Zainab Abdurrahman – chair
- David Collie – vice-chair
- Dr. Audrey Karlinsky
- Dr. Paul Conte
- Dr. Veronica Legnini – GASC chair
- Dr. Katherine McKay – OMA member-at-large
- Dr. Rose Zacharias – president-elect (observer)

Appointment Process

- With the exception of the board chair, who is an ex-officio member of all standing board committees, OMA directors serving on the GNC are elected by the OMA board.
- The chair of the GASC is an ex-officio member of the GNC. The GASC chair is elected by PLG delegates.
- The president-elect is a non-voting observer on the GNC.
- GNC oversees the recruitment of the OMA member-at-large and brings forward candidates to the OMA board. In accordance with the policy for selecting GNC members, the GNC member-at-large is elected from those candidates by the OMA board.

- In the first year of appointing a member-at-large to the committee, notice of the recruitment was shared with all members across a variety of channels. 12 applications were received for the position. The evaluation process included a quantitative assessment using a standardized skills matrix, as well as interviews of short-listed candidates. Following this process, three (3) candidates were brought forward to the OMA board, where the member-at-large was selected via election.
- Appointments are for a two-year term.

Human Resources and Compensation Committee (HRCC)

Mandate

To assist the board of directors (or any other committee of the board) in its oversight role with respect to:

- Human resources strategy, policies, and programs.
- Performance evaluation, compensation recommendations and succession planning of the chief executive officer (CEO).
- The appropriate use of human capital within the OMA by the CEO and designated senior management, with specific focus on succession planning, development, and compensation.

Composition

- Denise Carpenter – chair
- Dr. Hirotaka Yamashiro – vice-chair
- Dr. Cathy Faulds
- Dr. Cynthia Walsh
- Dr. Paul Conte

Appointment Process

- Appointments to the HRCC are made at the recommendation of the GNC and approval of the OMA board
- Appointments are for a two-year term

Other Board and Advisory Committees

In addition to the standing committees, there are other key committees and taskforces (including bilateral committees) that report directly to the OMA board. This includes the Negotiations Task Force (NTF), Physician Services Committee (PSC) and the Medical Services Payment Committee (MSPC). OMA advisory committees report to the board indirectly through the CEO. This includes the Relativity Advisory Committee (RAC) and Health Policy Committee (HPC).

The Nominations and Appointments Committee (NAC) is a decision-making committee within the OMA and has a dual reporting relationship to the GNC and the GASC. The committee has oversight responsibility for the recruitment and appointment of qualified members to serve on the panels and working groups of the GA. The committee also supports the promotion and recruitment of qualified candidates for election to the GASC and to the board of directors.

Appointment Process

Unless otherwise stated in the committee charter, the appointment process for all [OMA committees](#) is overseen by the GNC, with recommendations brought forward to the board for approval. To ensure a skills-based appointment process, interested candidates are asked to complete a standard application form. A standardized skills matrix is then used to evaluate all applications, with an added lens for diversity of candidate experiences, clinical background, gender, and geography. In recent years, there has been an increased use of interviews for technical and bilateral committees to ensure that recommendations are based on combined quantitative and qualitative assessments. Key committee appointments undertaken by the GNC over the course of the last year include the MSPC, RAC and NTF.

Constituency Governance Review

As part of governance transformation, the OMA committed to conduct a detailed review of all constituency groups, including sections, districts, branch societies, MIGs and fora to ensure groups are aligned with new governance requirements and that an appropriate structure and supports are in place to achieve mandates and optimize engagement in the GA.

With the oversight of the GNC, this work is now underway and will include extensive consultation to develop new charters for each constituency type, and to facilitate member-driven recommendations on how to optimize engagement moving forward. The charter work is expected to be completed by November 2022, with recommendations brought forward to the OMA board for approval.

4. General Assembly

The [General Assembly](#) is comprised of networks, the PLG, the GASC, panels and working groups. The GA collects member input to help identify and recommend priorities, including opportunities and challenges facing the profession.

The General Assembly Steering Committee (GASC)

The [mandate of the GASC](#) is to provide oversight of the various entities within the GA, ensuring that each fulfils its mandate and functions effectively.

Composition

- Dr. Veronica Legnini – chair
- Dr. Atul Kapur – vice-chair
- Dr. Alykhan Abdulla
- Dr. Joy Hataley
- Dr. Sharadindu Rai

Priority and Leadership Group (PLG)

The mandate of the PLG is to set member-driven priorities for the organization that are achievable and aligned to the OMA's strategic plan, helping to modernize the organization as well as health care in Ontario.

The PLG includes 125 delegates consisting of elected leaders across all sections, districts, and fora. [Learn more about the PLG, including its composition.](#)

Key Accomplishments

The GA has been in operation for almost a year. Accomplishments over that period include:

- Recruitment of 120 PLG delegates, 21 panel members and five GASC members
- Multiple town halls and information sessions on the GA
- Dozens of ideas put forward by members for 2021 priorities (six advocacy, 15 issues and policy, 13 compensation)
- Following careful analysis of all ideas, advocacy, and issues and policy priorities were determined by the PLG and later approved by board of directors. The respective panels have begun meeting to scope the work and identify the skills required on the working groups that will be tasked with developing concrete recommendations related to the priority.
 - Advocacy priority: reducing delays in patient care
 - Issues and policy priority: data supports for work and health human resources
- A total of 53 member ideas have been received for 2022 priorities

Priority-setting Process

- All OMA members can participate in the process by submitting an idea or contributing to an already submitted idea by adding feedback, comments, etc.
- Aided by background information and analysis provided by staff, PLG delegates then consider and rank ideas based on factors including impact to physicians, cost, feasibility, and alignment with OMA's strategic goals
- Once a priority has been selected, it is brought to the board for approval, before being assigned to the appropriate panel. Panel members discuss how to address the priorities through scoping the ideas and establishing parameters for each working group
- Working groups complete the work and provide evidence-based recommendations, which are then brought to the board for approval
- [Learn more about the priority-setting process.](#)

Looking Ahead

Over the course of 2022, the focus will be on ensuring that:

- 2022 priorities are selected
- All three panels are operational
- Working groups are established as required
- Leadership development and networking opportunities are launched

5. Subsidiaries

OntarioMD Inc.

Overview

OntarioMD (OMD) is a wholly owned subsidiary of the OMA that delivers digital health services and solutions to Ontario's physicians. Critical to its mandate is OMD's role in supporting physicians' practices in the optimization and meaningful use of Electronic Medical Records (EMRs) and integrated digital health tools, including change management and peer support. OMD works to support the integration of digital health tools to speed up sharing of information across the health-care system. For instance, OMD's flagship Health Report Manager (HRM[®]) service facilitates the electronic delivery of lab test notifications, medical and diagnostic reports from 500+ hospitals and specialty clinic sites. Other digital health tools OMD has integrated with EMRs include the Digital Health Drug Repository, eConsult, eForms, and the Ontario Laboratories Information System (OLIS). Ontario Health funds OMD through an annual transfer payment to support its work. OMD does not receive any funds through members' dues.

OMD runs the provincial EMR Certification Program, which sets the standards and requirements for EMRs to integrate with provincial digital health tools and monitors EMR vendors for ongoing compliance. The EMR Certification Program is the most comprehensive and longest running program of its kind in Canada.

OMD has a client services engagement team situated across the province to support physician practices in onboarding digital health tools, training them to use the tools and helping them incorporate the tools into their workflows. This group of digital health experts is complemented by a network of about 60 clinician peer leaders who mentor physicians in their use of EMRs and other digital health tools. OMD further supplements its training and educational offerings with comprehensive privacy and security training modules and resources, as well as an annual digital health conference and webinars on topics relevant to Ontario's physicians.

Governance and Accountability

OMD is governed by a nine member, skills-based board of directors. The OMD board provides financial and operational reports to the OMA board, and OMA board approval is required for material corporate or strategic changes. OMD's leadership team, under CEO Robert Fox, supports the board in carrying out the organization's mandate.

OMD is currently undergoing a full governance review.

OMD Board Members

- Dr. Greg Athaide, chair
- Dr. David Daien, vice-Chair
- Dr. Zainab Abdurrahman (OMA board director)
- Dr. Rachel Bevan
- Debbie Fischer

- Dr. Kevin Glasgow
- Stephen Goldsmith
- Lucie Laplante
- Dr. Cynthia Walsh (OMA board director)

Recent Achievements

OMD's value has been highlighted during the COVID-19 pandemic through the introduction of new virtual care resources and guidance to help physicians provide continuity of care. OMD was asked by the Ministry of Health to lead the training on COVaxON for primary care clinicians and assisted the ministry with physician staffing for the Ontario Virtual Care Clinic. HRM was mobilized to deliver thousands of COVID-19 vaccination reports to more than 13,000 clinicians. In 2021, OMD partnered with the OMA to create a virtual care privacy and security training program; OMD also commenced an advanced pilot of its Insights4Care population health management program, which highlights diagnostic indicators, contributing to better patient outcomes and significant future cost savings. [Find out more about the impact of OMD's work.](#)

OMD's services are increasingly in-demand as more physicians seek digital solutions, products and services to enhance operations, decrease their administrative burden and enhance patient care.

OMA Insurance (OMAI)

Overview

OMA Insurance (OMAI) is a wholly owned subsidiary of the OMA. Since 1956, OMAI has been an advocate for doctors, using the group buying power of well over half of Ontario physicians to provide medical professionals with the right insurance coverage at every stage of their careers. It is an insurance distribution agency operating on a not-for-profit basis. This allows it to provide a wide range of insurance and retirement solutions for physician members. In January 2017, insurance operations, including group plans, were transferred to OMAI as a standalone organization. OMAI's vision is to be the trusted choice for members' financial wellness through its non-commissioned staff who can provide objective advice and service.

Governance and Accountability

OMAI is governed by an eight-member, skills-based board of directors comprised of a mix of OMA board members, the OMA CEO, OMA physician-members and industry experts. A vice-president of insurance reports directly to the OMA CEO. The OMAI board utilizes OMA board committees such as FAC and GNC. It presents approved audited financial statements to the OMA on an annual basis as the sole shareholder of the organization. The OMAI board also refers material corporate or strategic decisions to the OMA board for approval.

OMAI Board members

- Susan Armstrong – chair
- Gordon Graham
- Robert Ritchie
- Anthony Knight
- Dr. Sanjay Acharya (OMA board director)

- Dr. Deepa Soni
- Dr. Audrey Karlinsky (OMA board director)
- Allan O’Dette (OMA CEO)

[Learn more about the board.](#)

Offerings

OMA provides Ontario’s physicians with a wide range of solutions to meet their needs including OMAI and the Advantages Retirement Plan™.

[You can learn more about how OMAI can protect your lifestyle, your assets and your business.](#)

The Advantages Retirement Plan™ is a group retirement plan established exclusively for OMA members and their spouses or common-law partners, distributed by OMA Insurance Inc. It features a first-of-its-kind retirement income plan that offers low investment management fees, flexible contribution options and a guaranteed lifetime income option. [Learn more about the plan and find out how to join.](#)

Recent Achievements

OMAI launched a repricing initiative for the long-term disability program in September 2021, resulting in a 95 per cent retention rate. Five per cent of members cancelled or changed to the OMA Disability program. New senior roles and new processes and technology have been added to enhance customer service. OMAI has achieved internal targets for service and outreach. The website has been updated to be more user friendly and legal revisions are scheduled for implementation later this year. Marketing and outreach efforts on the Advantages Retirement Program and will continue in order to help Ontario’s doctors plan for retirement.

Ontario Medical Foundation

Overview

The [Ontario Medical Foundation \(OMF\)](#) is the charitable arm of the OMA established in 1967 to engage in charitable activities in the field of medicine.

Governance Transformation

Transforming the OMF into a modern organization that serves the evolving needs of Ontario’s doctors and their communities has been a key priority for both the foundation and the OMA. Following a review of the OMF and decision by its board, work was initiated in 2020 to modernize governance and strategic priorities. The transformation was grounded in organizational goals aligned to the OMA. These goals include:

- Becoming a modern, well managed and successful philanthropic organization with a new and compelling case for support
- Supporting the brand of physicians, and the OMA goal of thought leadership
- A mandate that unifies, to bring the physician voice into areas of social impact and to engage members differently
- Maintaining student bursaries. The OMF has built a strong program with dedicated donors and seeks to maintain and grow those relationships
- Engaging members and the public on causes with social impact

A new strategic plan was approved by the OMF board in February 2021 with a mandate to engage and mobilize Ontario’s doctors to improve the lives of Ontarians through direct service, research, and advocacy.

At a meeting of members in March 2021, updated bylaws were approved to enable the transformation of OMF to a modern philanthropic organization and a new skills-based board composition. The board is now comprised of nine directors (five physicians, three non-physicians and one OMA board director). The new board of directors began their terms on October 1, 2021.

Governance and Accountability

The foundation reports to its members which consist of both the current OMA board of directors and the OMF board of directors as ex-officio members.

OMF Board of Directors

- Dr. Albert Ng – president
- Dr. Alykhan Abdulla
- Dr. Sarah Bryson
- David Collie (OMA board director)
- Janet Lambert – vice-president
- Dr. Lisa Lefebvre
- Gilles LeVasseur
- Dr. Neil Maharaj
- Jo-Anne Sobie

Recent Achievements

The OMF continues its Ontario Medical Student Bursary program and is also engaged in other initiatives that align to its mandate, such as the Shoebox Project and a COVID-19 campaign in the early days of the pandemic. [Learn more about these programs, including how to support.](#)

6. Appendices

Key Dates

2022

May 5, 2022 – OMA Annual General Meeting
May 14-15, 2022 – General Assembly Meeting

2023

May 4, 2023 – OMA Annual General Meeting

Glossary of acronyms

CDIR	Chartered Director
CEO	Chief Executive Officer
CPA	Chartered Professional Accountant
EMR	Electronic Medical Record
FAC	Finance and Audit Committee
GA	General Assembly
GASC	General Assembly Steering Committee
GNC	Governance and Nominating Committee
HPC	Health Policy Committee
HRCC	Human Resources and Compensation Committee
HRM	Health Report Manager
ICDD	Institute of Corporate Directors Designation
KPI	Key Performance Indicator
MSPC	Medical Services Payment Committee
NAC	Nominations and Appointments Committee
NTF	Negotiations Task Force
OLIS	Ontario Laboratories Information System
OMA	Ontario Medical Association
OMAI	OMA Insurance
OMD	OntarioMD
OMF	Ontario Medical Foundation
PSA	Physician Services Agreement
PSC	Physician Services Committee
PLG	Priority and Leadership Group
RAC	Relativity Advisory Committee

How to get involved

JOIN A COMMITTEE: The OMA has several [committees](#) where members, including residents and medical students, can get involved to make a difference in association governance, health policy and the broader profession. Recruitment for committees occurs twice annually during the Spring and the Fall. Interested candidates are encouraged to apply for available vacancies during the recruitment period. Term limits are for 1-2 years depending on position. For more information contact the OMA Recruitment team at oma.recruitment@oma.org

JOIN THE OMA BOARD OR BECOME A CONSTITUENCY GROUP LEADER: All members are encouraged to run for the [board](#), [president-elect](#) and constituency group leader positions. For constituency positions, members may run for any position in their district, primary section, medical interest group and/or fora that is up for election.

As an elected representative, you will advocate for members and/or constituents on issues identified as being important; develop and implement goals and work plans to move those issues forward.

Most positions are for 2-year terms and are elected during the [single election period](#), with nominations opening in November each year.

For more information contact the OMA Recruitment team at oma.recruitment@oma.org

SUBMIT AN IDEA: The OMA launched a new idea management software tool to collect your proposals for [priority setting by the General Assembly Priority and Leadership Group](#). With this tool, all OMA members can contribute a new, or add to an existing, idea that they believe should be an area of focus for the OMA. For more information contact oma.generalassembly@oma.org

NOMINATE A COLLEAGUE FOR AN AWARD: With 14 different award categories, the OMA Awards program recognizes physicians, residents, medical students and community leaders for their contributions to the medical profession and health care in Ontario. Read more about the [OMA Awards Program](#) and how can nominate a colleague.

Contacts

For questions regarding this report please contact boarddirectors.support@oma.org.