

Annual Governance Report

May 4, 2023



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Introduction

The past year has been marked by continued health system and economic disruption, which has had significant impact on individuals, organizations, and society. In such challenging times, strong and effective governance that adapts to business and strategic needs is essential.

In 2022, we built on the foundation of governance transformation work started in 2021 and made several improvements to ensure the organization is best positioned to meet the challenges of a changing health-care landscape, advocate for and support doctors, while strengthening the physician role in health system leadership.

This report provides a detailed outline of the governance of the organization through the activities of the board, committees, General Assembly, and subsidiaries throughout 2022. Our aim is to provide a view into some of the work being undertaken on your behalf, highlight opportunities to get involved and report on our efforts to improve the effectiveness of these structures. Key accomplishments include:

- Successful audit of the OMA's governance structure, undertaken as part of the board's commitment to continuous monitoring and enhanced functioning of the organization's governance bodies
- Improved recruitment process to attract a broader mix of candidates for a variety of roles. This has yielded tremendous results, including increased member engagement and diverse representation. In total, 71 vacancies were filled through the annual recruitment processes, with expressions of interest received from over 521 members for these opportunities
- Approval and implementation of a new district charter and leadership structure to better represent the local physician voice; play a key role in connecting members, the OMA and other decision makers in the health-care system; engage and develop local leaders; and enhance local advocacy

Though there is still work to be done, we are very pleased with the progress made in 2022. Efforts to strengthen our governance structure, processes and reporting will continue throughout 2023, including continued focus on succession planning, capacity building and the development of a highly skilled and diverse talent pipeline for leadership opportunities across the organization and broader health system.

The board remains committed to its responsibility for strategic leadership and ensuring relevant sustainability and environmental, social and governance (ESG) matters are incorporated into the organization's purpose, decision-making, and risk management.

We are confident that our ongoing commitment to best-in-class governance will facilitate the delivery of value for the membership and ensure that the OMA continues to be well-placed to deal with the challenges and opportunities of the future.

Thank you,

Dr. Cathy Faulds, board chair

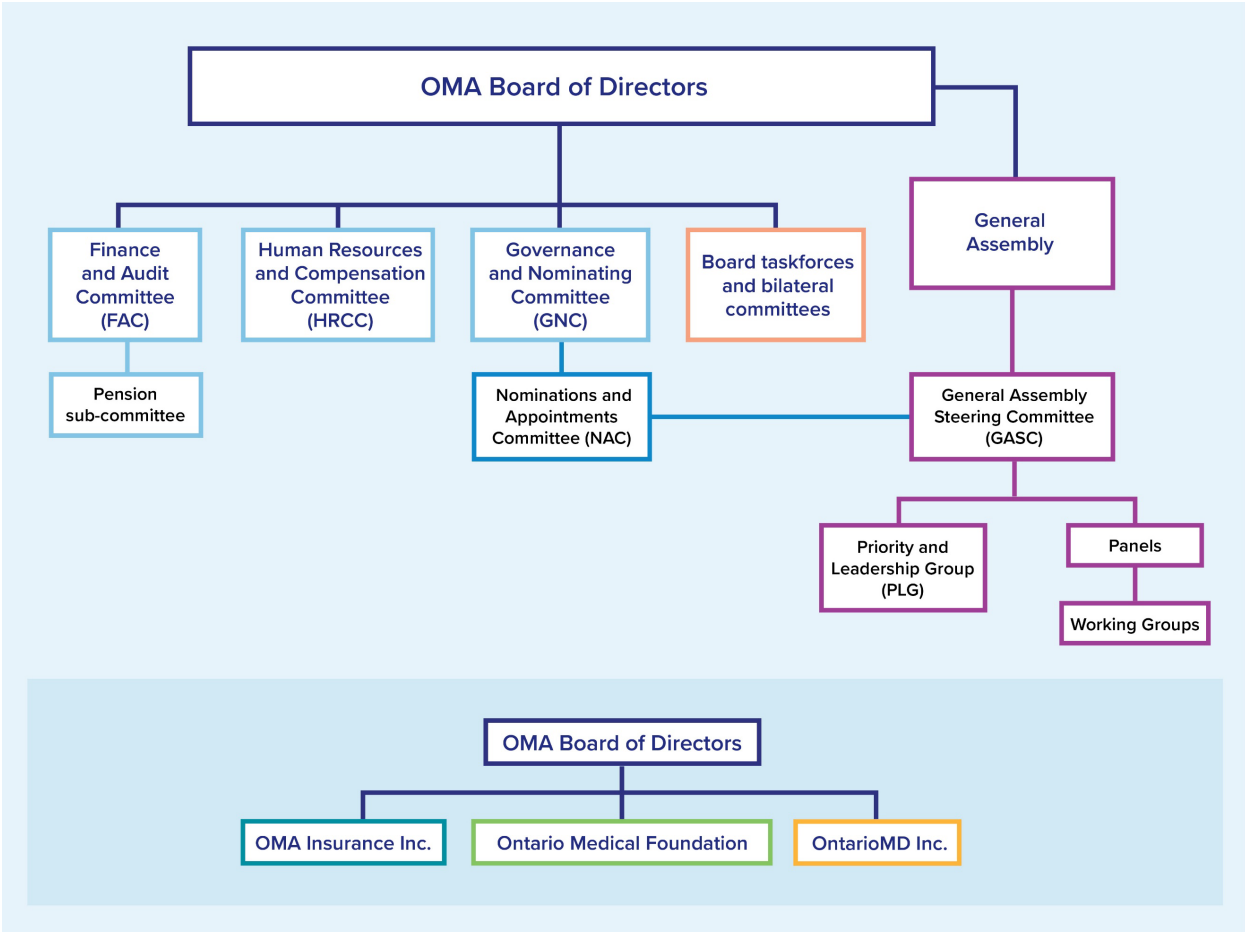
Dr. Zainab Abdurrahman, chair of the Governance and Nominating Committee

Governance at a glance

The OMA has made significant progress on the implementation of a new, modern and nimble governance structure that is member-driven, represents all voices and protects the interests of members. The structure enables the effective execution of organizational goals and strategic priorities. It also allows for agile responses to immediate and emerging issues.

The organization is focused on:

- Good governance and accountability
- Physician support and advocacy
- Health system leadership
- Robust member services and operations
- Transparency and high integrity
- Effective communication



Internal governance audit

With a view towards continuous improvement, an independent internal governance audit was undertaken to assess the design and effectiveness of the governance and oversight roles, functions, policies and processes of the OMA board. The audit was conducted by the accounting firm MNP LLP. It focused on three key areas:

1. Roles, responsibilities and mandates of the board, General Assembly and various other committees and groups

- Review of the corporate governance oversight structure and processes to ensure that it provides an efficient governance framework to the board and various committees
- Review of roles, responsibilities, and orientation of board members

2. Recruitment of board, general assembly and other committee and group members

- Review of policies, accompanying procedures and processes for recruitment activities, skill and talent diversity of the board, including a review of the board skill matrix and how recruitment practices are executed to replace board skills and talent
- Assignment of committee members and accountability mechanisms to the OMA board.
- Review of policies and processes for orientation of board and various committee members to ensure new members can contribute and be integrated into the OMA governance process

3. Reporting lines

- Review of policies and processes on reporting to, from and amongst the board, general assembly, committees, groups and subsidiaries to ensure effective information flow
- Review of evaluation and monitoring policies and processes, including board and committee effectiveness and annual performance management.

A review of the OMA's constituency groups and subsidiaries was not undertaken during this process, as governance reviews of these bodies are currently underway by management.

The audit found the OMA has an established and transformed governance structure and has made important investments in time, resources and systems to address the size of the board and improve transparency between the roles of the board and the General Assembly. Key areas of strength include the size and composition of the board, use of a third-party evaluator for board and general assembly application screening, board orientation and onboarding, the new General Assembly structure and the creation of a new Nominations and Appointments Committee (NAC). The audit noted there are opportunities for the OMA to continue to focus on enhancing the formal role of the board and committee evaluation assessments, complete the implementation of the General Assembly structure and continue to focus on member engagement and diversity, as well as change management.

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 within the OMA.

The first phase of work has focused on the districts. The OMA board recently approved a new charter for OMA districts which includes a renewed mandate and leadership structure and the creation of new positions. The district charter is designed to address the unique and important role of the districts in supporting members and advocating for system and policy issues relevant to their region. New district roles, including vice-chair and member-at-large positions, have been filled through an OMA byelection that closed on April 5, 2023.

The next phase of the review focuses on OMA sections, followed by MIGs to clarify their role in the new structure. The first series of consultations with section chairs was held in March and April. More information on this important part of the governance transformation journey will be shared with members as it is available.

OMA Board of Directors

The board of directors is responsible for 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 its powers according to OMA bylaws, governance policies and applicable laws and regulations.

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

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

Board size and composition

The board is comprised of 11 directors: eight physician directors and three non-physician directors. All directors are elected by the OMA membership. Directors are elected for a term of two years and may stand for re-election up to three times (six years maximum). All directors assume office immediately following the Annual General Meeting (AGM), typically held in May.

Observer positions are held by the president-elect, immediate past president and the chair of the general assembly.

The board is broadly diverse with a good mix across clinical specialties, career stage and gender distribution, as well as governance, business and finance, and industry expertise among the public members.

[Read more about the composition of the board.](#)

Regularity of meetings and attendance

The board held 13 meetings in 2022 and elected directors began their terms on May 5, 2022.

2022 board meeting attendance (May to December 2022):

Directors/observers	Board meetings
Zainab Abdurrahman	10/10
Sanjay Acharya	9/10
Sharon Bal	10/10
Denise Carpenter	10/10
David Collie	9/10
Cathy Faulds (chair)	10/10
Audrey Karlinsky (vice-chair)	10/10
Adam Kassam (observer)	10/10
Veronica Legnini (observer)	10/10
Andrew Park (observer)	10/10
Carmen Rossiter	9/10
Cynthia Walsh	10/10
Hiroataka Yamashiro	10/10
Rose Zacharias	10/10

Mechanisms to monitor board performance

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

Evaluation surveys are sent after every meeting, giving directors opportunity to provide immediate 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).

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 2022-23 board evaluation process was presented to the GNC in February 2022, with implementation currently underway. All directors and observers of the board are required to participate.

Declarations of conflict of interest

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.](#)

As part of the application process, candidates seeking election to the board are 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.

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 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. An annual stipend is provided for director education. 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.

Board development initiatives over the course of the year focused on capacity-building in key areas such as organizational culture, strategy, risk management, and equity, diversity, and inclusion (EDI).

Key accomplishments

In 2022, the board achieved significant governance milestones and delivered on key priorities including:

- Held a Special Meeting of Members (SMOM), where the [2021 Physician Services Agreement \(PSA\)](#) was ratified through a binding vote by the membership

- Implementation of a hybrid AGM model, with the in-person meeting rotating across OMA districts each year, and a virtual component for members across the province. The 2022 meeting was held in district 10, Thunder Bay
- Approved four member-driven priorities selected by the priority and leadership group (PLG)
- Elected a new board chair
- Approved a new mandate for OntarioMD
- Launched a new Physician Leadership Program (PLP) and selected the 2023 cohort
- Commissioned a review of the 2021 negotiations process, which informed development of updated terms of references for the Negotiations Task Force

Looking ahead

Through the first quarter of 2023, the board has moved forward important pieces of governance work including appointment of the new Negotiations Task Force (NTF), new members to the OMA Insurance (OMAI) board, and several OMA advisory committees. The board has also approved updated terms of reference for the physician health program advisory panel and a renewed OMA district mandate and leadership structure as part of the ongoing constituency governance review. Work is also underway to bring the OMA into compliance with Ontario's new Not-for-Profit Corporations Act (ONCA). Consultations with members around governance-related policy changes are expected to begin in the spring of 2023. All existing not-for-profits have until October 2024 to update corporate documents to comply with the new legislation.

As the organization embarks on the development of a new strategic plan, the board continues to provide leadership to ensure the alignment of key priorities and objectives, including ongoing implementation of the 2021 PSA, as well as upcoming negotiations with the Ontario government. Building on work started in 2022, the board is also continuing to explore opportunities to strengthen relationships with key stakeholders, beginning with the Canadian Medical Association (CMA) and other medical associations across the country (PTMAs). The board will look for opportunities to align around a shared vision to address challenges in the broader health-care system.

The search for a permanent CEO is underway, and a selection committee has been struck with a mandate to seek and identify candidates for this role. The committee reports to the board through the Human Resources and Compensation Committee (HRCC). To ensure the right voices and perspectives are at the table, the committee's membership¹ includes representation from the board, as well as other non-board committees with mandates focused on recruitment and EDI.

¹ CEO Selection Committee members: Dr. Cathy Faulds (OMA board chair); Denise Carpenter (chair, Human Resources and Compensation Committee), Dr. Zainab Abdurrahman (chair, Governance and Nominating Committee), Dr. Sanjay Acharya (chair, Finance and Audit Committee), Dr. Justin Hall (chair, Nominations and Appointments Committee), Dr. Alison Freeland (chair, Civility, Diversity and Inclusion Committee)

General Assembly

The [General Assembly](#) is a generative body that collects member input to develop and recommend organizational priorities to the OMA board on physician issues and health-care policy, advocacy and compensation issues. It is accountable to the board and comprises the General Assembly Steering Committee (GASC), the priority and leadership group, panels and working groups.

General Assembly Steering Committee (GASC)

The GASC² is an oversight committee that ensures the general assembly, with its various entities, fulfils its mandate and functions effectively. The committee is made up of five elected members; three members-at-large from within the priority and leadership group, with the chair and vice-chair roles open to all OMA members who meet skills and eligibility requirements.

Priority and Leadership Group (PLG)

The PLG's mandate 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 also promotes and participates in leadership development, learning and networking.

The PLG includes 125 delegates consisting of elected leaders across all sections, districts, and fora.

[Learn more about the PLG, including its composition.](#)

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
- PLG delegates review and vote on shortlisted ideas to arrive at their priorities. Ideas can be refined, elevated or combined for better alignment to OMA 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

² GASC members: Dr. Veronica Legnini (chair), Dr. Atul Kapur (vice-chair), Dr. Alykhan Abdulla, Dr. Joy Hataley, Dr. Sharadindu Rai.

- Working groups complete the work and provide evidence-based recommendations, which are then brought to the board for approval

Panels

There are three general assembly panels — issues and policy, compensation, and advocacy — that oversee the development of recommendations, based on priorities set by the PLG.

Panels establish working groups, as needed, that work closely with OMA staff to tackle professional issues, deal with matters related to compensation, and address governmental, public and stakeholder relations issues.

Working groups develop recommendations that are credible, based on available evidence and best practices, and incorporate appropriate input from affected constituencies, members and stakeholders. The recommendations are then reviewed by the appropriate panel. Working groups present their panel-vetted recommendations directly to the board of directors.

[Learn more about panels and working groups, and how priority recommendations are being developed.](#)

Key accomplishments

The general assembly has been in operation for two years and made significant strides in 2022:

- Multiple town halls and information sessions were held on the general assembly, as well as an information session on the physician services agreement for PLG delegates
- An online tool, Ideanote, was developed for sharing member ideas and commentary to bring transparency and accessibility to general assembly work for all members
- A steady increase in priority ideas has been put forward by members; 52 member ideas were submitted for 2022 priorities, up from 34 the previous year. Sixty ideas have been received for 2023
- First in-person general assembly meeting held
- The PLG has developed and refined its process on prioritization, with two rounds of ideas prioritized to date, for a total of six priorities. All priorities brought forward have been approved by the board of directors. The PLG will meet in May 2023 to prioritize 2023 ideas
- Working groups have been established for all 2021 and some 2022 priorities. Panels continue to scope remaining priorities and working groups are expected to be established in 2023

Looking ahead

Over the course of 2023, the focus will be on ensuring:

- Working groups are well-supported as they begin development of recommendations; recommendations are brought to the OMA board for approval and implementation
- 2023 priorities are selected and working groups established
- Leadership development and networking opportunities continue to be offered

- Policy review undertaken to streamline PLG delegate appointment process and harmonize general assembly term dates

Committees

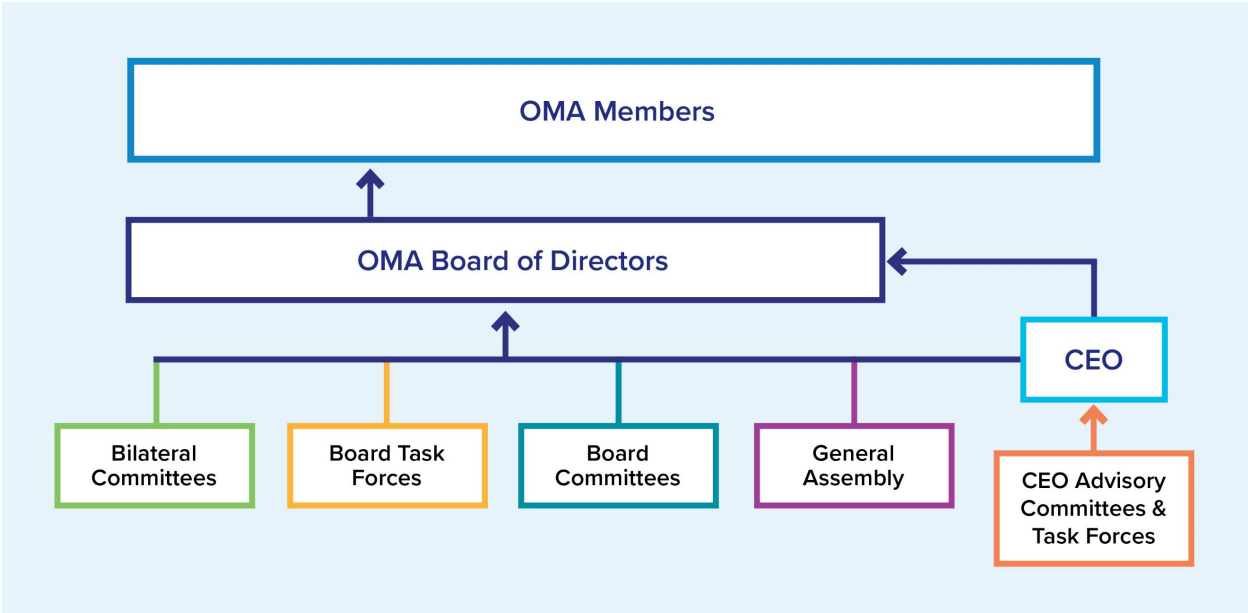
Overview

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.

The OMA has different types of committees including standing board committees, comprised primarily of board directors, as well as [bilateral and advisory committees and task forces](#) where members, including residents and medical students, can get involved to make a difference in association governance, health policy and the broader profession.

Advisory committee recruitment is typically undertaken twice a year, in the spring and fall. As part of ongoing efforts towards continuous improvement of the recruitment process, members of the Nominations and Appointments Committee (NAC) and the Governance and Nominating Committee (GNC) – which hold primary responsibility for all committee, working group and task force recruitment – participated in a joint education session on bias awareness in recruitment.

[Learn more about the recruitment process and how you can get involved.](#)



Nominations and Appointments Committee (NAC)

The NAC is the only decision-making committee within the OMA and has a dual reporting relationship to the Governance and Nominating Committee (GNC) and the GASC. The committee is comprised of five voting members³ and the immediate past-president as an ex officio non-voting member.

NAC is responsible for oversight of the recruitment and appointment of qualified members to serve on the panels and working groups of the general assembly. The committee also supports the promotion and recruitment of qualified candidates for election to the GASC and to the board of directors.

In 2022, the NAC engaged in key work and priorities including:

- Input into the development of elections policy amendments
- General working group recruitment and appointments
- Worked with the GASC to advance policy changes to address oversight and eligibility requirements for panels and working groups to minimize real or perceived conflicts of interest in mandates, as well as to increase the diversity of voices in the work of the general assembly. These were approved by the board in early 2023.

Board committees

There are three standing committees of the OMA board of directors, including the Finance and Audit Committee (FAC), the Governance and Nominating Committee (GNC) and the Human Resources and Compensation Committee (HRCC). A comprehensive review of the mandate and charters of these committees is underway.

Except for the board chair, who is an ex-officio voting member of all board committees, board directors and observers serve on one board committee.

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. The FAC has five members⁴, including one non-director/non-physician financial expert appointed by the board.

2022 highlights

- Successful 2021 fiscal audit
- MNP LLP internal audit of the OMA's governance model and succession plans related to talent and performance management

³ NAC members (2022): Dr. Justin Hall (chair), Dr. Diana Kljenak (vice-chair), Dr. Avi Orner, Dr. Levi Burns and Dr. Crystal Cannon.

⁴ FAC members: Dr. Sanjay Acharya (chair), Carmen Rossiter (vice-chair), Dr. Sharon Bal, Dr. Cathy Faulds (OMA board chair), Sue Armstrong, CPA (non-OMA director)

- Developed the OMA’s 2022 operating and capital budget

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. GNC has five voting members, including the chair of the general assembly steering committee (GASC) and an OMA member-at-large.⁵ The president-elect sits on the committee as an observer.

2022 highlights

- Physician Services Committee (PSC) recruitment and OMA co-chair selection
- Recruitment for nine PSA working groups, two OMA subsidiary boards and several advisory committees and taskforces
- Governance policy reviews on issues related to elections, committee terms of reference and the ongoing constituency review

Human Resources and Compensation Committee (HRCC)

To committee assists 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); and 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. The HRCC has five members.⁶

2022 highlights

- 2023 CEO goals
- CEO year-end report and evaluation received

Bilateral committees

Bilateral committees include core membership from the OMA and Ontario Ministry of Health respectively. The OMA-side of these committees is appointed by, and accountable to, the OMA board of directors.

Negotiations Task Force (NTF)

Mandate

The NTF is a board task force that works bilaterally to negotiate the Physician Services Agreement (PSA) with the Ministry of Health’s negotiating team. The committee was heavily involved in the delivery of a new three-year PSA, ratified by the membership in the spring of

⁵ GNC members: Dr. Zainab Abdurrahman (chair), David Collie (vice-chair), Dr. Audrey Karlinsky, Dr. Cathy Faulds (OMA board chair), Dr. Veronica Legnini (GASC chair, ex-officio), Dr. Katherine McKay (member-at-large), Dr. Andrew Park (president-elect)

⁶ HRCC members: Denise Carpenter (chair), Dr. Hirotaka Yamashiro (vice-chair), Dr. Cathy Faulds (OMA board chair), Dr. Cynthia Walsh, Dr. Rose Zacharias.

2022. Throughout the year, the committee worked to support PSA implementation with an immediate focus on the permanent virtual care framework and primary care. Terms of service on the NTF is mandate driven, and this iteration of the committee was sunset in December 2022, following completion of its mandate.⁷

The current NTF was appointed in February 2023, and is comprised of five members with a minimum of two specialists and a minimum of two general/family practitioners.⁸ The physician members of the NTF are supported by two Negotiations Advisors.⁹

Looking ahead

Preparations are underway for engagement and consultations in the development of negotiations priorities and a negotiating mandate to be approved by the board before negotiations begin.

OMA members, constituency groups, committees, working groups, panels and networks of the general assembly will be invited to submit priorities as part of the upcoming negotiations consultation phase. Updates on the consultation process will be shared through OMA News and the negotiations webpage.

[Learn more about the negotiations process, key timelines and dates, and access resources.](#)



Physician Services Committee (PSC)

Mandate

The PSC provides a broad and structured process for regular liaison and communication between the Ministry of Health (MOH) and the OMA as required under the Representation Rights Agreement. The OMA and MOH view the role of the PSC to be focused on broad health-system transformation and policy initiatives involving Ontario physicians. The PSC acts as a

⁷ NTF members (2022): Dr. Paul Tenenbein (chair), Dr. Hemant Shah (vice-chair), Dr. Patrick Conlon, Dr. Taylor Loughheed, Dr. Nikolina Mizdrak

⁸ NTF members (2023): Dr. Nikolina Mizdrak (chair – family medicine), Dr. Atul Kapur (vice-chair – emergency medicine), Dr. Patrick Conlon (psychiatry), Dr. David Neilipovitz (anesthesiology) Dr. Winnie Wong (family medicine).

⁹ Howard Goldblatt and Steven Barrett of Goldblatt Partners.

steering committee and strikes working groups as needed to address implementation and operational issues.

2022 highlights

In March 2022, the 2021 PSA was ratified. Ratification of an arbitrated PSA typically initiates a process to reconstitute the PSC. The PSC was appointed in September 2022. It is comprised of five voting members, including a minimum of two specialists and a minimum of two general/family practitioners¹⁰; and the president-elect and vice-chair of the board as ex-officio members, along with the OMA CEO.

Implementation of the 2021 PSA is well underway, with 12 working groups in operation and actively reporting to the PSC. The PSC continues to engage the MOH on key issues related to PSA implementation including integrated ambulatory centres and virtual care.

[Learn more about the PSC, implementation timelines and high-level deliverables.](#)

Physician Payment Committee (PPC)

Mandate

In accordance with the 2021 PSA, the PPC was struck to replace the Medical Services Payment Committee (MSPC). The PPC operates as a standing committee reporting to the PSC and OMA board and includes four OMA members¹¹ appointed for a two-year term.

The PPC develops recommendations on the implementation of each section's or physician grouping's compensation increases to the Schedule of Benefits. Permanent changes to the Schedule of Benefits will be implemented on April 1, 2023, for the compounded Year 1 and 2 increase, and on April 1, 2025, for the Year 3 increase.

In addition, the PPC is tasked with modernizing the Schedule of Benefits, with consideration of the time, intensity, complexity, risk and technical skills required to perform the service. This will be done on a revenue-neutral basis for each specialty and will be an ongoing process. The PPC is also explicitly mandated to take the necessary steps to achieve gender pay equity and to address innovation and technological advances.

[Read more about the PPC, Year 1 and 2 Schedule of Benefits changes and other key work underway.](#)

¹⁰ PSC voting members: Dr. Jane Purvis (OMA co-chair – rheumatology), Dr. Joy Hataley (general and family practice/anesthesia), Dr. Neil Isaac (diagnostic radiology), Dr. Nikolina Mizdrak (general and family practice), Dr. Peter Lovrics (general surgery).

¹¹ OMA PPC members: Dr. Dan Reilly (OMA co-chair – obstetrics & gynecology), Dr. Miguel Cortel-LeBlanc (emergency medicine), Dr. Kevin Smith (anesthesiology), Dr. Neshmi Zaman (family practice).

Education and Prevention Committee (EPC)

The EPC operates as a standing committee reporting to the PSC and OMA board. The EPC includes four OMA members¹² and works bilaterally to improve physician awareness and understanding of appropriate OHIP billing by developing and communicating billing education resources.

The committee continues to develop virtual care resources and [billing briefs](#) pertaining to select areas of the Schedule. Since 2022, the EPC has published eight billing briefs on issues such as the new virtual care framework, attendance at labour and delivery and billing for supervision of post graduate medical trainees.

CEO advisory committees

OMA advisory committees report to the CEO and board. Committees are physician-led, with support from OMA staff. A governance review is currently underway for all advisory committees to ensure the mandates and composition of these groups are in alignment with organizational needs and priorities, as well as governance transformation changes. A final report and recommendations are expected to be brought forward to GNC and the board in summer 2023.

Relativity and Advisory Committee (RAC)

The RAC provides recommendations toward the development of an updated evidence-based relativity methodology and approach. Membership includes two physicians each from the primary care, diagnostic, medical and surgical networks respectively, for a total of eight members.¹³

Most notably, the committee is heavily involved with the creation and implementation of the underlying components that make up the Fee Adjusted Income Relativity (FAIR) model; the OMA Board and former OMA Council approved approach to measuring physician income relativity in Ontario. These components include the determination of overhead, the return on education and non-fee-for-service.

In the past year, the RAC has made recommendations regarding the treatment of the return on education and non-fee-for-service components. It is also working on a joint MOH-OMA submission to Statistics Canada to obtain overhead information for each Section. Most recently, in the absence of a modernized fee schedule, the RAC has been involved with determining how to assign times to services in the existing Schedule of Benefits to determine FAIR calculations for each specialty.

¹² EPC Members (2022): Dr. Artur Gevorgyan, Dr. Jane Healey, Dr. Julia Upton, Dr. Winnie Wong

¹³ RAC members (2022): Dr. Daniel Baxter, Dr. Marilyn Crabtree, Dr. William Dubinski, Dr. Giuliana Federici, Dr. Sonu Gaiind, Dr. Eric Goldszmidt, Dr. Asad Razzaque, Dr. Christopher Vinden

OMA Forms Committee

The OMA Forms Committee and the Bilateral Joint Forms Committee report to the OMA board of directors and the PSC. Membership consists of four OMA members,¹⁴ OMD representatives and there is equal representation from the MOH for the bilateral committee.

The committee is committed to reviewing new, revised or existing forms that need to be completed by physicians, review the need for any changes to existing forms including digitization, and where appropriate develop recommendations for a form fee. The OMA continues to connect with the Canadian Medical Association (CMA) and Canadian Life and Health Insurance Association (CHLIA) on standardizing insurance forms and provides insight on administrative burden to the Bilateral Burnout Committee and the Ontario Ministry of Red Tape. Both parties agree to make every reasonable effort to reduce administrative work performed by physicians to increase patient access to care. The OMA is currently working on best practices guidelines and finalizing development of criteria for form review with the ministry.

OMA Physician Human Resources Committee (OHRC)

The OHRC reviews evidence on existing and emerging physician human resources issues to provide recommendations to the OMA board and CEO. The committee is comprised of four OMA members.¹⁵

In 2022, OHRC oversaw the analysis of the gender pay gap in medicine, which informed the PSA, and resulted in a peer-reviewed publication. It was also involved in the development of a [Physician Human Resources Planning Toolkit](#), which supports physician resources planning initiatives.

Key priorities over the coming year include:

- Advising the bilateral Physician Human Resources Working Group (PHRWG) with the MOH on the continued development of solutions to urgent physician human resources issues
- Overseeing development of the Physician Resources Integrated Model (PRIME) for physician workforce planning

These priorities reflect the importance of bilateral collaboration to address emerging physician human resources issues (through the PHRWG), and the opportunity to lead nationally in physician workforce planning (through PRIME).

Member Relations, Advocacy and Committee (MRACC)

MRACC provides advice, recommends strategy and monitors results of the OMA in its external and member communications, branding, regional engagement, government relations and advocacy initiatives and member experience. This work aims to promote member interests and

¹⁴ OMA Forms members: Dr. Marilyn Crabtree, Dr. Debra Dyke, Dr. Scott Elliott and Dr. Jane Purvis.

¹⁵ OHRC members: Dr. Gail Beck, Dr. Robert Dinniwel, Dr. Sarah-Lynn Newbery, Dr. Sarah Simkin.

evolve the OMA brand. The committee is comprised of six OMA members¹⁶ and the OMA president as an ex-officio member.

Over the past year, MRACC has:

- Provided insights into the development of the masterbrand/value of doctors campaign launched in 2020 and the Masterbrand 3.0 in 2022
- Provided input on the revised *Policy on Constituency Communications with Members*
- Developed OMA strategy for commenting on social issues
- Informed the 2021 *Prescription for Ontario* and 2023 renewal of *Prescription for Ontario*
- Informed development of the OMA's 2022-2023 health-care advocates strategy
- Informed proactive earned and social media relations strategies

Awards Committee

The Awards Committee identifies and recommends to the OMA board those individuals it feels would be suitable recipients of OMA and CMA awards. Committee members support solicitation and nomination of awards through existing networks. Following an open nomination period, the committee evaluates nominations against a standardized scoring matrix.

The committee meets once a year to finalize recommendations to be brought to the OMA board for all OMA award categories and the CMA honorary membership category. On occasion the committee will undertake a review of the program to ensure relevance and make recommendations for improvements.

The composition of the committee is primarily ex-officio members with two additional members. There are five members currently serving on this committee¹⁷, with further recruitment deferred pending completion of a full governance review to align the membership to the current governance structure.

Member Services Committee (MSC)

The MSC provides strategic advice and guidance on the creation, implementation and delivery of unique and cost-effective programs and services that members use on a voluntary basis which create value for the OMA membership. The MSC evaluates new opportunities through a standardized framework to review alignment, role, resources, risks and priorities.

The composition of the committee includes a minimum of one student or resident member, minimum of four practicing members, one retired member, other members as appointed to a maximum of seven committee members.¹⁸

¹⁶ MRACC members (2022): Dr. Bryce Durafourt, Faran Khalid (medical student), Dr. Rohit Kumar, Dr. Pamela Liao, Dr. Meenakshi Natarajan, Dr. Jane Purvis.

¹⁷ Awards Committee membership (2022): Dr. Sohail Gandhi, Dr. Shawn Whatley, Dr. Carl Ulysse, Dr. Stefan Kegel, Dr. Martha Riesberry

¹⁸ MSC members (2022): Dr. Aleksander Brezar, Dr. Martin Chen, Dr. Justin Hall, Dr. Cody Jackson, Dr. Dalia Karol (resident), Dr. Phillip Tremblay, Dr. Edward Bell

The committee meets infrequently and is currently undergoing a governance review.

OMA Women

The committee is comprised of eight members¹⁹, and is mandated to advise the OMA on how best to support medical women in practice and to encourage them to become involved in advocacy and medical politics.

In 2022, the OMA Women hosted two events for members; a wellness webinar titled “Learn by Looking Back and Live by Looking Forward: The Case of Challenges and Opportunities” and a financial literacy event on, “Money, Medicine and Maternity Leave: A Discussion for Financially Independent Women.”

The OMA Women Committee sponsored the 2022 McMaster Faculty of Health Sciences Women’s Symposium. It also provided input into the [OMA Women’s Leadership Memory Project](#) and released public statements to recognize International Women’s Day, Canadian Women Physicians Day, Her Heart Matters and International Day for the Elimination of Violence Against Women.

Health Policy Committee (HPC)

The HPC is responsible for supporting the OMA in the development of its policy agenda, monitoring progress on OMA’s healthy policy goals, reviewing policies and submissions as needed, and providing advice on emerging issues.

HPC is comprised of six members²⁰. Over the past year the committee has been a critical advisor on key policy issues including:

- Integrated Ambulatory Centres to inform the government’s proposal on Integrated Community Surgical Centres
- Mental health and addiction care
- Privacy issues and the Personal Health Information Protection Act (PHIPA)
- Scope of practice proposals, such as on pharmacist prescribing
- CPSO submissions, including issues related to end-of-life care, out of hospital premises, medical assistance in dying, human rights in the provision of health services and blood borne viruses.

Additional policy issues to be tackled in 2023 include team-based care, centralized referral, regional credentialing and administrative burden.

¹⁹ OMA Women members (2022): Dr. Fin Auld, Dr. Michelle Cohen, Dr. Clover Hemans, Dr. Samira Jeimy, Nessika Karsenti (medical student), Dr. Veronica Legnini, Dr. Constance Nasello, Dr. Fiona Pinto

²⁰ HPC members (2022): Dr. Sharon Burey, Dr. Travis Carpenter, Dr. Atul Kapur, Dr. Jesse Pasternak, Dr. Kamila Premji, Dr. David Schieck

Burnout Task Force

The OMA Burnout Task Force continues to work to address burnout in the health system and provide support to members. Since the launch of the task force's solutions-focused white paper in 2021, the group has turned its attention to better understanding patient expectations, ranked in member surveys as the highest contributor to burnout. An MOH-OMA Bilateral Burnout Task Force was struck in 2022 in accordance with a recommendation from the white paper. The group comprises OMA members and staff²¹ and has been working on prioritizing administrative burden and identifying a standard measure of burnout for the system.

Civility, Diversity and Inclusion Committee (CDI)

In 2022, the Civility, Diversity and Inclusion Committee dealt with the absence of all but one member as a result of maternity leaves and resignations. Staff and GNC stepped in to oversee the single issue facing the committee, a member-to-member complaint that was referred to an external investigator.

The committee has been repopulated²² and is developing a Code of Conduct for all OMA members involved in OMA work. The committee will also be updating the complaints process.

Uninsured Services Committee (USC)

The USC is mandated to review and recommend revisions to the Physician's Guide to Uninsured Services and Schedule of Fees as may be required, and to also recommend fees for new or unlisted uninsured services. The committee comprises four members²³, and work is completed on an annual cycle.

In 2022, following consultation with the various constituency groups, recommendations were successfully advanced for a 2.43 per cent increase to fees in the Physician's Guide to Uninsured Services, effective Jan. 1, 2023.

²¹ Burnout Task Force members (2022): Dr. Jim Wright (EVP, Economics, Policy and Research), Dr. Simron Singh, Dr. Rose Zacharias

²² CDI committee members (2022): Dr. Alison Freeland, Dr. Clover Hemans, Dr. Tisha Joy, Dr. Sung Min Cho, Dr. Anthea Paul

²³ USC Members (2022): Dr. Lisa Fu, Dr. John Harrington, Dr. Joy Weisbloom, Dr. Jesse Wheeler

OMA Subsidiaries

OMA Insurance (OMAI)

Ontario Insurance Inc. (OMAI) is a wholly owned subsidiary of the OMA. Since 1956, OMAI has been an advocate for doctors, using the group buying power of more than half of Ontario physicians to provide medical professionals with the right insurance coverage at every stage of their career.

OMAI is an insurance distribution agency operating on a not-for-profit basis. All earnings are reinvested into the programs and operations of OMAI, with any excess distributed to policyholders at the end of each year through a premium refund program. This allows OMAI to provide a wide range of insurance and retirement solutions for physician members.

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-member²⁴, 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 to the OMA Chief Financial and Operating Officer (CFOO).

The OMAI board utilizes OMA board committees such as the Finance and Audit Committee (FAC). 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 corporate or strategic decisions to the OMA board for approval.

OMAI is undergoing a governance review.

[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™.

[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

²⁴ OMAI board members (2022): Susan Armstrong (chair), Gordon Graham, Robert Ritchie, Dr. Sanjay Acharya (OMA board director), Dr. Audrey Karlinsky (OMA board director), Dr. Deepa Soni, Anthony Knight

*Dr. Akanksha Kulshreshtha and Dr. Alissia Valentinis joined at the start of 2023

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

- National licensing initiative, with advisors now being licensed nationally to support physicians who move out of province
- Group benefit transition to Manulife effective September 1, 2023
- Following the completion of a talent attraction and retention review, OMAI has implemented a strategy to enable a hybrid workforce, further incentivize career development, bolster continuing education and professional development, allow for ease of transfer between divisions and offer more competitive total compensation for new recruits
- Negotiated and implemented a new strategic alliance agreement with the Atlantic Medical Associations that allows us greater business development opportunities

OntarioMD (OMD)

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 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 more than 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.

OMD has a client services engagement team situated across the province to support physician practices to onboard digital health tools, train them to use the tools and help 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 supplements its training and education 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.

[Learn more about the OMD and offerings provided.](#)

Governance and accountability

OMD is governed by a 10-member, skills-based board of directors²⁵, including a mix of industry experts, physician members and OMA board members. 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 has been working to mature its governance processes and practices, in alignment with the OMA.

In 2022, OMD aligned some governance processes with the OMA. This included the introduction of new evaluation processes for the board and its committees, as well as leadership renewal policies to inform its own board succession planning.

Recent achievements

In 2022, HRM[®] delivered 36 million medical reports from hospitals and independent health facilities to more than 13,000 primary care providers. HRM also began delivering hospital pathology reports in summer 2022. OMD established a task force in early 2022 to examine and put forward HRM[®] improvement recommendations, with participation of more than 60 individuals from key stakeholder organizations. OMD looks to take action on the recommendations in 2023.

OntarioMD piloted a bundle of privacy and security services including a new training module for clinicians in acute and community care settings, a maturity assessment for community clinics and implementation of DNS firewall for several clinics that are part of UHN (mid-west OHT) and HSN in Sudbury. In partnership with the University of Ottawa, OMD delivered practical quality improvement workshops to family physicians and specialists teaching them to leverage their EMRs and other tools to improve their practice. Another collaborative initiative in 2022 was the development of a digital health curriculum for medical schools, leveraging the foundational materials developed by a family doctor and OMD Peer Leader.

Over the past year, OMD began to advance physician access to prescription information on their patients through the roll out of the EMR Integrated Digital Health Drug Repository (DHDR). Through OMD's work, DHDR is now available to community-based primary care and specialist practices using certified EMRs.

Find out more about [the impact of OMD's work](#).

OMD is looking to make a difference in the enhanced delivery of EMR services. OMD is also working with the OMA on options for a marketplace for digital tools and apps, and to identify AI scribe-based solutions that can reduce physicians' documentation burden on their EMRs. Other partnership opportunities exist in leveraging OMD's expertise in digital health to support the extension of community and team-based care to the home.

²⁵ OMD board members: Dr. David Daien (chair), Debbie Fischer (vice-chair), Dr. Zainab Abdurrahman (OMA board director), Dr. Cynthia Walsh (OMA board director), Dr. Greg Athaide, Dr. Rachel Bevan, Dr. Kevin Glasgow, Stephen Goldsmith, Lucie Laplante, Craig MacInnis.

Ontario Medical Foundation

Established in 1967, the [Ontario Medical Foundation \(OMF\)](#) is the charitable arm of the OMA.

For the past 20 years, the OMF has focused on its student bursary program, providing more than 2,000 bursaries, totaling more than \$5.9 million to support medical students in the development of their careers.

The OMF is ready to build on this success and broaden its impact. In 2021, the board approved governance and strategic transformation resulting in expansion of OMF's mandate to focus on advancing health equity and address social determinants of health and other systemic barriers to health equity.

A new case for support was developed and approved by the OMF board in November 2022. The OMF outlined three focus areas: supporting communities, supporting equity, and supporting the future of health care. A new creative brand will be launched in mid-2023.

In 2023, the OMF will focus on diversifying revenue streams and growing the OMF General Fund with a focus on growing the major gifts stream.

Governance and accountability

The OMF reports to its members, who are the current OMF board directors²⁶ and OMA board directors as ex-officio members.

Recent achievements

On Sept. 23, 2022, the OMF hosted its most successful golf tournament to date, raising \$200,000. Funds raised will support the OMF's efforts to advance health equity and address social determinants of health.

Almost \$28,000 was raised for the Shoebox Project for Women, which collects and distributes gift-filled shoe boxes for women living in shelters, on the streets or other unhoused situations. Funds raised included 84 donations from OMA members and 75 donations from OMA staff. This is the fifth year the foundation has participated in raising funds for the Shoebox Project, bringing total funds raised to more than \$92,000.

²⁶ OMF board members: Dr. Albert Ng (president), Janet Lambert (vice-president), Dr. Alykhan Abdulla, Dr. Sarah Bryson, David Collie (OMA board director), Dr. Lisa Lefebvre, Gilles LeVasseur, Dr. Neil Maharaj, Jo-Anne Sobie.