Thank you all for joining us to attend this year's President-Elect Town Hall. I'll note that we are recording the session and it will be made available to members. I'm Dr. Dominik Nowak, I'm the immediate past President at the OMA, and as past President, I have the honor of overseeing the 2026 elections period, and hosting tonight's Town Hall. And the role of the President is a tough job. It's one of the toughest things I've done physically and emotionally, and at the same time, it's also one of the most rewarding, because the role of the President is to listen deeply and amplify the voices of members, doctors, to help inform decisions, whether that's at government, at our Board, at bilateral tables with systems partners, and other parts of our healthcare system. And within the mandate of the role is to advocate on issues that impact the profession, to make the lives of our colleagues better, and the healthcare system. So I wanna say thank you to everyone who is open to stepping into the role, and tonight is about you, and introducing yourselves to our membership. Thank you also to those who submitted questions in advance, including our regional network, we received many common themes, some of which were more suitably directed to our current OMA President, and not for candidates for the role, but for the others, we worked hard to pull these common themes out, and cover the essence of the questions that we received. We'll also be taking questions throughout the Town Hall. The chat is not on, but you can share questions through the Q&A function. So, with that, let's begin. First, I'd like to welcome our five candidates in alphabetical order for the position of OMA President-Elect. Dr. Hal Berman, Dr. Nili Kaplan-Myrth, Dr. Jane Purvis, Dr. Rossana Tassone, Dr. Haroon Yousuf. And I'd like to take a moment to explain the format for this evening's Town Hall. Each candidate for the President-Elect position will have two minutes to give opening statements. The order was selected randomly, and starts with Dr. Purvis, then Dr. Yousuf, then Dr. Tassone, then Dr. Berman, then Dr. Kaplan-Myrth. For each of the questions selected, each candidate will be given 90 seconds to share a response, we'll try to get through as many questions as possible, and then we'll alternate the order to give everyone a chance to provide the first statement for at least one question. And then finally, towards the end of the evening, we'll give every candidate one minute to make a final statement. Please note, we're gonna be tough on time, and we'll be muting candidates at the end of those timings to make sure that we can get through as many of your questions as possible in the short time we have today. So with that, I'll turn it over to our candidates for their opening statements, starting with Dr. Purvis. Go ahead, Dr. Purvis.

- Hello, bonjour, bonjour. My name's Jane Purvis, and I'm speaking to you from Peterborough on the land of the Anishinaabeg. I would like to thank the OMA organizers for putting the Town Hall together, I'd like to thank my fellow candidates, but most importantly, I'd like to thank you, the people who've taken time out of your evenings to listen to this

important conversation, because Ontario medicine is in trouble. We know that. I thought tonight I'd like to share with you why I have chosen this time to run for President-Elect. I've had a career over decades as a rheumatologist and internist, but for the past 20 years, I've also been a physician advocate, initially for rheumatology, and then also at the OMA. And the reason for that is 'cause I could see a system that was flawed but had promise, where hard work might bring good results. And I still have that feeling. I love my profession, I love this province. I was born in Thunder Bay, grew up in Cornwall, in Montreal, went to school in Kingston, Ottawa, and Toronto. I worked as a rheumatologist in downtown Toronto, then Whitby, then in Peterborough, and I've done clinics across the province, Port Perry, Sault Ste Marie, Bancroft, in Campbellford. So I've seen lots of medicine that way, worked in a big building, worked on my own as a small business person, but I've seen another side of medicine, where I've had a family member who's been extremely ill for the past five years. I've seen what happens when you don't have primary care access to a family doctor, where specialist wait times are too long. But at the same time, I've seen amazing results with physicians operating with limited resources and access to medications and diagnostic imaging with no cost to the patient. And then out of the blue, a call from a family doctor. And that gives me hope. And it's that tiny kernel of hope that makes me wanna do the work to help fix our system, which is still flawed, but has promise. And I'm hoping that you will let me do that for you, and I hope I can count on your support. Thank you.

- Thank you, Dr. Purvis. Next up, we'll go to Dr. Yousuf for opening remarks.

- Hi, everyone. I'm Haroon Yousuf, I'm an Academic Internist in Hamilton, and I'm honored to be running for the position of OMA President-Elect on a platform of physician-centered systems change. Thank you for taking time out of your busy evening to attend this Town Hall. Your day has probably been like mine. An EMR glitching in the busy clinic, navigating between patient beds in the tight hospital hallway, apologizing to patients for delayed or canceled tests in the system we don't control. I've worked in rural hospitals, large academic centers, and community clinics across Ontario, and everywhere I go, I see and hear the same thing. Physicians are frustrated and want change. As a physician leader, I have led transformational change within large systems. How? By centering our mission and building coalitions, where people with competing interests learn to move forward together. As Head of hospital medicine, I led a full hospital system redesign for the care of 200 admitted inpatients. This required negotiating with hospital administrators, specialists, frontline hospitalists, university leaders, residents, allied health, and nursing. They all had different priorities, different incentives, and different pressures. We didn't agree on

everything, but we built trust, we built alignment, and we built a system that worked for patients and physicians. Systems change like this should be the OMA's priority, and as President-Elect, I plan to do this in three ways. First, by meeting physicians where they are, where they work, second, building trust across sections and districts, and third, by turning competing voices into a unified one. If elected, I will endeavor to uplift you. I will listen to you where you work, in your clinics, in your hospitals, in your communities, and I'll bring your stories forward strategically, not symbolically, because trust grows when we center your stories, when you feel heard, and when you see action.

- Thank you, Dr. Yousuf. Next, we'll go to Dr. Tassone for opening remarks.

- It is not just what I do, it is who I am, and what I love, just like you. Sadly, there's so much weight placed upon us that it's a struggle to thrive. We can't afford to wait for change, we have to lead it ourselves. I understand the suffering you are enduring in Ontario's health system, I work in it, I am a patient in it. Out of compassion for physicians, I have put my name and reputation behind the facts. OHIP insured services pay roughly one third of the OMA suggested fee. That is not a marginal gap. This is structural undervaluation. Procedure codes are paying out at $3.89, and $2.64, in the 2025 schedule of benefits. We must eliminate temporary increases, erratic and egregiously low compensation. Substantial investments are allocated elsewhere in healthcare, the problem is not scarcity, the problem is priority. In order to execute successfully, we must begin with fundamentals though. I will actively challenge terminology that diminishes the integrity of the profession of medicine. Physician equivalent services suggests interchangeability, physicians are not interchangeable with other health professionals. We must champion correction in federal policy language. The title doctor is more than a professional designation in meetings, casual, written, spoken, doesn't matter, internal, external, in any communications profession-related, it should be consistently used by us and in reference to us. If we allow casual diminishment, then structural diminishment follows. Family medicine is a formal specialty in Canada. It requires rigorous, structured residency. This is not an absence of specialization, nor is it a lesser designation. They must no longer be treated differently.

- Thank you, Dr. Tassone. Now I'll pass it over to Dr. Berman for opening remarks.

- Good evening. I'm Hal Berman, and I want to be your President. This is a challenging time for healthcare in Ontario. Millions of people have no family doctor. Access to specialists takes too long. Hallway medicine has become waiting room medicine. Doctors are facing historic levels of burnout, and the system is at a breaking point. The OMA needs to play a leading role in solving our healthcare crisis. Ontario is home to over 40,000 hardworking doctors, like you and me, and many of us need different things from government and from the OMA. I've worked in many settings across Ontario, and I understand that one size does not fit all. Some of you have told me that the OMA isn't giving you what you need. And I know the feeling, it's a reason I got involved in 2018. I want to be the leader that advocates for our profession by listening to everyone, and bringing every voice to the table, at the Board, at the government. As Chair of District 11, I led us back to in-person meetings and programs. I've helped many of you bring your concerns to the right place at the OMA, for example, when we switched to Manulife, well, I think we all remember that. I wanna continue that track record at a higher level. Many of you have reached out to me, and asked me why the OMA's third party initially characterized me as combative and confrontational. Now, only the Board can answer that. But here's my response. When no one spoke up for mothers who felt they were being left behind by the new Maternity Benefits Deal, I spoke up at council, when our colleagues were attacked because of their beliefs, I spoke up. I won't tolerate hate. Speaking up for you. Isn't that what you want from a leader? The OMA needs a President who isn't afraid to say what needs to be said, and to step up for each and every member. If you elect me, I'll be that leader. Thank you.

- Thank you, Dr. Berman. Next up, let's go to Dr. Kaplan-Myrth for opening remarks.

- Good evening. My name's Dr. Nili Kaplan-Myrth. I'm a family doctor in Central Ottawa, which is Unceded, Unsurrendered Anishinaabeg Algonquin territory. It's an honor and pleasure to meet with you today, and to join my esteemed colleagues in running for President-Elect of the OMA. Many of you know me from my advocacy during the pandemic. What you don't know is that I'm the granddaughter of refugees to Canada. I made my way through school and through life driven by the conviction that is possible for people to take better care of each other, and also thinking about health policy and politics. I started medical school at 30 with a PhD in anthropology from Yale, wanting to put into medical practice what I had studied as a social scientist. My work up to that point had been on disability rights and Indigenous self-determination in health. In my fourth year of medical school, I reached out to other women in Canada, and published a collaborative book about caring and healthcare. During residency, I again collaborated to write a book about women

in mental health care in Canada. And in 2024, off the side of my desk as a family physician, I published a book with Canadian physicians, nurses, health advocates, researchers, and patients about our experiences of the pandemic. I'm here today as a candidate for President of the OMA, because my passion is bringing people together across disciplines, geographic and political boundaries to ensure that all of our voices are at the healthcare decision-making table. We are a diverse group of physicians across Ontario, and each one of us is vital to our health system. We must communicate across specialties, collaborate with each other, and work with the ministry of health, with local health authorities, as well as with our allied partners, and the population of Ontario toward a shared goal. There is a lot of work ahead of us. I would be honored to take on that challenge if elected as President of the OMA.

- Thank you, Dr. Kaplan-Myrth. So we've concluded our opening statements, now we've received many questions from members in advance of this Town Hall, and we'll try to get through as many as possible. If there's time, we may also be able to take a few questions from the audience. Please share questions using the Q&A app at the bottom of your screen, and we'll group them into themes to try to get through during our time together today. So our first question is the following. As President, how would you put your interests, your own interests aside to represent the entire membership, even if it goes against your personal interests, and through our random selection process, we're starting off with Dr. Yousuf first.

- Thank you, Dr. Nowak. Leadership requires sacrifice, and I've demonstrated this in my previous leadership roles. During our hospital medicine transformation at Juravinski Hospital, I was tasked with a large task of reformatting the care for 200 patients. In order to do this well, I reduced my own clinical work, and took a pay cut, because it was necessary to build a sustainable model, for both patients, but also for our physicians to thrive in. As EDI and Indigenous Reconciliation Chair for the Department of Medicine, I routinely work with physicians who have different perspectives from mine. My responsibility isn't to advance my own personal interest in those roles, it's to advance what strengthens the systems and my colleagues around them, and the physicians I represent. As President of the OMA, I would do the same. This role is about stewardship and not about self-advocacy. Thank you.

- [Dr. Nowak] Next up, we have Dr. Tassone.

- If there is tension between my view and the association's position, my personal view cannot override the established position of the organization. I would express concerns internally, through proper channels, make sure my perspective is actively listened to, debate respectfully, I would rely on substantiated evidence, and member input-driven information, such as member surveys, consultation feedback, and formal policy positions. After resolved internally, I would unify externally. These ways ensure I'm not speaking from personal opinion, but from the documented voice of the membership. My role is to amplify the message, not steer it.

- [Dr. Nowak] Next up, we have Dr. Berman.

- That's a really good question. So I've had experience running in four general elections, and I ran for a political party. And when you're running for a political party, you have to promote the party line, and you can't have your own opinions, because it takes away from the party line. And I think this is similar. You know, the Board makes some decisions, the PLG will make decisions, and there's a lot of discussion and a lot of consideration that goes into those decisions, but once a decision is made, we speak with one voice. And I think that's really important. Now everybody has a line that they won't cross. And as we saw earlier this week, that line was crossed for a couple of Board members, and they made the decision, if they couldn't speak with the same voice as the Board, that they wanted to leave the board. But I've been working with the OMA since 2018, and I have yet to see a policy that would cross, come anywhere near to crossing that line for me. And I think that a true leader can represent diverse opinions without necessarily agreeing with everything, but still represent the views and the wishes of the people that they represent.

- Next, we have Dr. Kaplan-Myrth.

- I hear two issues embedded in this question. The first is that the OMA represents a rich diversity of doctors across Ontario, so how do we set aside ourselves as individuals with our unique personal interests shaped by our own cultural, religious, or political belief systems, our gender identity, our sexuality, our disabilities, or our urban, rural or remote geography, and also the OMA represents the whole health system, so how do we set aside our specific professional roles, because we each love our own chosen specialties, and my

answer to the first part of the question is, we are experts in value bracketing. We set aside our own interests in order to act in the patient's best interest. As a family doctor, I take care of 1,200 diverse patients, I commit to setting aside my own personal beliefs and values in my professional duty to provide patient-centered care. Just as I do for my patients in my family practice, as president of the OMA, I would set aside my own interests and put front and center the diverse interest of Ontario physicians. My answer to the second part of the question is that although we adore our own specialties, we don't work in silos. I see every specialty as vital in our health system. We must trust each other, communicate, and collaborate. We're actively sharing in the care of every patient from cradle to grave. In the role of President of the OMA, I would ensure that each of your voices is heard, and that your experiences and goals are reflected in negotiations between the OMA and the Ministry of Health, and that we communicate that to the public.

- [Dr. Nowak] Next, we have Dr. Purvis.

- Thank you very much for this important question. As President, the job is to represent the entire organization, and the leadership of the organization, the various committees and governance structures will produce issues that they want brought forwards. In order to do that, the OMA President has to find a way to speak with one voice. I've been able to do that when I was serving as co-Chair in the Physician Services Committee, we would often work in the morning, and have very strong internal debate about what to say to the government, but when it came to the afternoon and the government was there, we spoke with one unified voice, and that was very effective. And as President, if I was given something to read that I didn't agree with, I would go back to the originator of the item, and discuss it with them, so I could further understand it. But there may be some time where reflection is required, and if something can't be said, then personal integrity would still remain. Ultimately, the President's role is to uphold the credibility of the organization, of the OMA, so we need to make sure that internal debate stays inside, but we speak together with one voice. Thank you.

- Thank you to all of our candidates. We have our next question, which is the following. How would you leverage the role of President to help restore and strengthen the identity, value and public understanding of physicians within our communities? And first up is Dr. Tassone. Go ahead.

- We need community involvement to restore the perception of who the physician is. Identity is shaped by what is said publicly and repeatedly. If we don't define our role, others will mistakenly define it for us. For example, let's make it clear that a physician is a physician, as opposed to a quote "provider." Value of the physician should be upheld by encouraging preventive care, letting physicians speak publicly about system realities, for example, I wanna see that we can launch a medical show, for example, to air on television and social media. We need real stories by patients to express their positive experiences with physicians, and how they help them, or their loved one, or how they saved a mind or a life. We need real stories by the physician, which reveal empathy that the physician has for the patient, 'cause we know they do. We do. We need to offer and accept interviews, so we can make inaccurate information accurate. I would like to see that we have campaigns by collaborating with Health Canada and Provincial Ministry of Health, utilizing billboards and television, you know, how we want the public to be healthy, and how they can help the doctor to help them. We should partner with elementary and high schools to explain the roles of physicians in their communities. These are the ways we can restore and strengthen the trusting, peaceful, understanding relationship that physicians --

- [Dr. Nowak] Next, we have Dr. Berman.

- Thank you. So this question is actually kind of the job description of what the President does. We're the voice of the OMA, and we have to bring that voice to all parts of the province, and be visible, so that people can see what it is that doctors do, what we're about. And there's many ways to do that, and I would do that, of course, with the help of the OMA, the OMA has a huge staff that gets us to places where we have to be. I would be visiting large and small communities, meeting with doctors, doing Town Halls on healthcare for the public, many things like that. Media availability is key if we are in front of the cameras, and we explain our role, and we explain things, that shows people what we're about. For example, last few years, we've provided, the District 11 provided a donation to the Daily Bread Food Bank. And so I invited the President to join me, and we spoke to the media, and we explained about food insecurity, and what that means, and why that's part of healthcare. So that's one example of what we would do. So meeting with elected leaders, meeting with community leaders, those are the important things that the President should be doing.

- Next, we have Dr. Kaplan-Myrth.

- Thank you. I would argue that we don't have to strengthen the identity of physicians within our communities. Most people in Ontario still value us. People are frustrated, however, because they want more of us. They want more access to primary care, more access to specialists, and they want more from us. They want faster access to appointments, to surgeries, and to procedures. As President of the OMA, I would want to help the Ontario public to understand the complexity of the strains on the healthcare system. Some key issues include public needing to understand that we're up against widespread staff shortages, rising costs of equipment and overhead, we need to explain the challenges of running hospitals and clinics in urban, rural, and remote settings across Ontario. Most of us work long hours with huge administrative burden, the threat of physician burnout is real. The public needs to understand primary care shortages, that there are still two and a half million Ontarians without access to primary care, but they also need to understand that there are marked disparities in models of primary care, fee for service, family health groups, family health organizations, family health teams, community health centers, the differences in models aren't just a matter of remuneration or administrative support, but a question of access to specialists and allied care for our patients. Finally, the public does not understand why there are delays in access to specialists and surgeries. We need to explain what causes these wait times. We need to explain that we're working towards more efficiency and equity. As President of the OMA, I would ensure that the public understands these issues, and also knows that we are innovative and committed to improving our health system.

- [Dr. Nowak] Dr. Purvis.

- Thank you for this important question. Restoring these and strengthening the identity and public understanding of physicians in communities is really important. And I think the first thing we need to do is to communicate our actual worth. Somewhere along the way, we have become worried to say that we are actually the most highly trained individuals in healthcare who are subjected to the most rigorous examination or held to the highest standard by our colleges, and I think we have to own that. This is us, we are the experts. And we can't be afraid to say that. We can't be afraid to say that in the media, we can't be afraid to say it to each other. The OMA should never call us providers, we should never allow ourself to be providers, we are physicians first. And I think we can really reinforce that make sure that the language is right. Second, we need to be honest. We need to be honest

that the system isn't perfect. There aren't enough family doctors to go around right now, there are long waits for things, and we can explain that to patients in ways that they can understand, and for a lot of our issues, with good, clear explanation, patients will become our allies in our fight for better services. Finally, we can become more visible in our communities. As I am now the President of the Peterborough County Medical Society, I have entered us as sponsors and participants in an upcoming charity run called The Butterfly Run for Pregnancy Loss. We are gonna be seen not only as sponsors of this event, but we're gonna actually be participants, as well. And this is gonna help with community building locally, and something that we can all do across the province. Thank you.

- [Dr. Nowak] And Dr. Yousuf.

- Thanks again. Like my fellow candidates said, such an important question. I see the key role of the President as being the chief storyteller for Ontario's physicians. Public trust in physicians remains strong, but the understanding of the strain that Ontario's physicians are under is limited among the public. We need to be out there articulating the invisible work that physicians do every day, the complex care coordination, the system navigation, the teaching, the quality improvement, and the research. The President's role is to consistently reinforce the value of physicians in delivering safe, accountable, and patient-centered care, across media, government, and communities. As President-elect, I would leverage multiple media and social media channels to ensure that the stories of frontline physicians are centered within the healthcare narrative, and I will emphasize how we as physicians are irreplaceable. When the public understands our challenges, they can be our allies in advocating for a system that both better serves patients and physicians. Thank you.

- Thank you all. I have the next question, which is the following. There are enormous challenges facing our profession and healthcare system. Rapid technological advances, AI, expanding scope of practice, evolving system structures, changing funding models, how do you envision leveraging the role of President to advance the voice of physicians and positioning our profession for success within today's rapidly changing healthcare landscape? And let's go to Dr. Berman first.

- Thank you. Thank you very much. So this is a great question. So how can the President do this? Well, I think the president needs to speak with a strong voice and confidence. And

how do we do that? The key is preparation. There are so many different issues that we're facing right now, and we have to be prepared to speak to all of them. And I think that's where my experience running for politics comes in. I learned to over-prepare for every debate, for every candidate's meeting that we had, and it wasn't just important for me to understand my party's position, and in this case, it would be the OMA's position, it's important for me to understand the position of the people that I'm speaking to, whether it's certain stakeholders in a community clinic, or if it's sitting at the table with the government to talk to them about whatever we wanna talk to them about. So we have to prepare, we have to know, and of course, we have staff at the OMA that can do that, but of course, you know, you have to read the binder before the debate to make sure you have all the information. And I'm pretty good at doing that, because I've done that before. And let's face it, leaders look to us for direction, they wanna help us, but we have to give them the answers. And that's what we can do.

- [Dr. Nowak] Dr. Kaplan-Myrth.

- In my role as President of the OMA, I would encourage discussion about the benefits and risks of change. Examples of the benefits of AI, for example, are include the reduction of time needed for administrative tasks, improved health data tracking and data analysis. AI can also improve health outcomes by creating avenues for patients to securely access their own health information, improve continuity of care, and empower patients by giving them access to medical information. There are also benefits to the expansion of the roles of other health professionals, such as nurse practitioners and pharmacists in reducing the pressure on primary care. That said, there are risks posed by change. We live in a world in which disinformation travels faster than evidence-based data. The CMA tells us that whilst 27% of Canadians trust AI to provide accurate health information, half of them are using tools to diagnose or treat their health issues. AI poses many questions of ethics, risks of privacy violation, and challenges of built-in biases. Unfortunately, our regulatory frameworks can't keep pace with technological change. Finally, I would encourage us to use an equity lens when we discuss the transforming healthcare landscape, who has access to new technologies and services, which patients and which healthcare providers, do our most marginalized populations and our geographically remote communities have essential infrastructure to support change. As President of the OMA, I would see it as crucial to engage with physicians, and politicians, and the public in discussions about these issues.

- [Dr. Nowak] Dr. Purvis.

- Thank you very much for this extremely broad and very interesting and important question. Healthcare is changing faster than ever before. With artificial intelligence coming at us at the same time as all this scope creep, and other changes in funding models, it's gonna be very difficult to try and remain static at this time. The President's role must remain proactive and strategic, I think that physicians need to put themselves at the head of artificial intelligence. One thing I feel really strongly about is that we wanna make sure that physicians are designing the AI, rather than it being designed for us. We wanna ensure that artificial intelligence helps physician-led care, not replaces it. The other thing I think I feel very strongly about is that the OMA should have its own separate department of artificial intelligence with a physician lead as an employee at the OMA, which is something that the OMA currently doesn't have. For the President's role, one of the things that the President can be is an active change manager. The role of AI is changing so quickly that someone's gonna have to let everyone else know about it to ensure that physicians don't become passive participants, but become architects of their future. This isn't just for learners, and people early in career, but people late in their career are gonna have to figure AI out. We wanna be captains of our own ship, not corks bobbing in the sea of chaos, so we definitely have to be change managers for sure. Thank you.

- [Dr. Nowak] Dr. Yousuf.

- Thanks. Thanks. Like everyone said, very important question, change is coming whether we lead it or not, and so we must lead it. The rapid uptake of AI, expanding scopes, and new funding models, these are not isolated issues. These are structural responses to a system in crisis. As President, I would ensure that physicians remain central in these conversations and these changes, not reacting, but rather shaping governance, safety standards, and implementation frameworks for AI. When it comes to scope practice changes, I would listen carefully to membership, gather multiple viewpoints, and promote the fact that no other professional has the expertise of a physician. In order to do this, as President-Elect, I would need to stay deeply informed, constantly be thinking strategically, and asking, "How does this change strengthen Ontario's physician? How can these changes around us be leveraged to support our physicians, and how can we strategically use this to protect the physician's scope of practice, and advocate against the false equivalency of other

professionals through physicians?" The President must anticipate position and advocates so that physicians don't get managed by change, but lead it.

- [Dr. Nowak] Dr. Tassone.

- Than it is, profession, especially over the past few years, regarding AI integration, although the benefits are exciting, it comes with significant risks. We should offer workshops, and seminars, and news regarding newly released published documents, such as the one I recently found, and I suggest people have a good read at this one, to protect yourselves, it's the Information and Privacy Commissioner of Ontario, "Guidance on the Use of AI Scribes", published January, 2026, and you know, candidly, I say that we need government funded interoperable AI integration across EMRs, whichever ones we choose to empower physicians. Regarding the scopes of practices, multidisciplinary teams are vital. However, we must resist allowing physicians' inboxes to become a dumping ground to transfer liability or administrative burden from others onto us. Also, we must define the physician's role clearly as physician-led care and evolving team care, we must request corrections to language and policies that dilute our role. In terms of the changing funding models, we are beginning to see small steps forward, but we remain far behind where we need to be. We must advocate for compensation that reflects the position's value, responsibility, and liability, not just the volume of service. A multi-year framework would enable adoption, physicians need resources, funding, and clarity in order to succeed and positioning them for success.

- Thank you all. We have our next question, which is the following. As President, what would be your plan for engaging with the membership, and how would you build on the trust of members with the OMA? Let's go to Dr. Kaplan-Myrth first.

- Thank you for this question, and this is the first question that we've received that we weren't given ahead of time. So I can say that one of the ways in which I have found, even throughout my advocacy during the pandemic, that the best way to engage with colleagues is not only to meet with the colleagues who you work with in your own office, or in your own community, but to really reach out to physicians, and also I think nurses and the rest of our health team across Ontario, and across the country. Part of that is for sure as part of the role of OMA President to be on the ground, meeting with physicians in their clinics, in their

hospitals, in their other institutions, to get a sense of the day-to-day lives of physicians, as well as the day-to-day challenges. But I'm also a really big believer in conversations, I've organized, in fact, during the pandemic, I organized a Town Hall, where I brought together physicians and the Prime Minister, but I think we get together as physicians, and invite politicians, invite other influential community members to our discussions, so that we can make change, and also inviting the community to be part of that, so that we've got physicians, patients, and politicians.

- [Dr. Nowak] Next, we have Dr. Purvis.

- Thank you very much. This is an excellent question. And really, we all have to be OMA members, so we have to find a way for people to feel as though they're getting value for that. And part of that is trust. In order to develop trust with all the members, we need transparency, engagement, and results. So the first thing we need is transparency. Members need to understand why decisions were made. They don't just need to get something on the Friday OMA News and wonder what's going on, but the path backwards from that to see how the decision was formed needs to be clear to all members. And with clearer communication, through everything, negotiations with that is allowed to be shared, any other policy statements can really enhance the feeling of trust and transparency. Second is engagement, and we need to meet people where they are. It's well and good to say that we're gonna have a meeting in Toronto on a Wednesday afternoon, but many people aren't gonna make it there. And Zoom is not something that everybody prefers. I think that the President needs to make themselves available and to be geographically indiscriminate as to where they'll go, and the time of day or evening, it should be wide open, because these are the members that we serve, and the OMA President is serving these people, we wanna make sure that we have structured engagement, so it should be a regular activity. And finally, results. So trust is brought by seeing results. So when we have successes, we need to trumpet them from the top of the hill, so the people know that we're actually getting something done. These things will help to increase trust in the OMA. Thank you.

- [Dr. Nowak] Next, we have Dr. Yousuf.

- Great. So I believe that trust is built when physicians understand what we're doing, why we're doing it, and how it affects them. To enhance trust, I would focus on three things. First, transparency. We need to clearly explain not just the decisions, but the trade-offs behind them. Second, I would meet physicians where they are, Ontario's doctors don't all consume information the same way. We need multiple communication channels ranging from Town Halls, digital platforms, district meetings, so that members know what the OMA is doing, and why it matters through their practice. Third, we must strengthen feedback loops. Listening cannot be symbolic, members need to know how their input shapes the outcome, and the OMA needs to better leverage technology to proactively gather feedback from members. Trust grows when physicians feel heard and see follow-through. As OMA President-Elect, as I've said before, I would endeavor to meet fellow physicians where they are in their offices, their clinics, hospitals, and show them the work that we're doing for them, and that the fact that we are listening deeply to their stories, and advocating for change that benefits them.

- [Dr. Nowak] Next, Dr. Tassone.

- Trust is built on visible action and results. Although members' concerns and stories would be welcomed, and I would remain curious to hear them, members don't just wanna be heard, they are tired of talking, we must act and achieve. I expect members to be informed of what government said no to, and that OMA requests for member input as to what specific leverage we should use next. I expect members to have progress in real time via OMA's website, where questions are not filtered and answers are direct. I would say that we should have or let members know where, for example, website links as to where they can access communication channels, such as when the Ministry of Health publicly requests comments on proposals, or through the Legislative Assembly of Ontario, where Ontario citizens can have their say on specific issues of public hearings, through a request to participate via either submitting material to an MPP committees or attending committee hearings, you know, I would say that, I would say publicly what physicians are seeing privately. And when physicians understand the rationale, they see the data, they know their voice was in the room, then trust follows.

- [Dr. Nowak] Dr. Berman.

- So one of the things that I'm looking forward to the most as President is traveling all across Ontario, and meeting with doctors from all over, because FaceTime with the President, FaceTime with the voice of the OMA is a good way to make people feel like they're being heard, that they're being respected. And so I'm really looking forward to that, to doing that and to doing Town Halls on Zoom, I mean, my entire year is going to be being President of the OMA, and so we'll just schedule the time to do that, because that's the most important thing. Now, when I started out at the OMA, I didn't know how to contact the President if I wanted to. I happen to know some of the recent Presidents pretty well, and have been able to contact them when I want to, but I'm also Chair of District 11, but there are 40,000 doctors out there who really don't know how to get in touch with the President if they want to. And so I would have an email, hal.berman@oma.org, and people would be given that email, and they can email me, and I would spend every day answering emails. Some people might say that's overwhelming, but when I ran for parliament, I gave out my email, and there were 100,000 voters in that riding, and they could all write to me if they wanted, and I answered every one of those emails. It can be done. And then I would take those voices, and bring them to the Board, and then when the Board decides, I would bring those explanations back to those people. That's what I would do.

- Thank you all. We have a question from the audience today, and please again share your questions through the Q&A, we'll spread them out through the session today. This is the question. If you were going to go through another pandemic again, what would you do differently? And you could take this question wherever you'd like, either as a doctor, clinically, or for the profession, or if you were OMA President, what would you do differently? Let's go to Dr. Purvis first.

- Thank you very much for this challenging and somewhat shocking question. I sure hope I never have to go through a pandemic again, I didn't like the first one, I'm sure the second one won't be any better. One of the things that I reflected on with the first pandemic with COVID was a friend of mine who had received a giant box of masks and gowns at the end of the H1N1 flu epidemic, and he'd hung onto them, so he actually had some kit and I had to wait for the fireman to bring me a face mask, so that I could work in the office. So I think if a pandemic came again, the first thing that I would do would rally the troops. As President, I would make sure that we had open lines of communication, we would share everything that we knew, and even though the information would be changing hourly, we would make sure that there'd be a way of getting that information out. I know, personally, I did a lot of work behind the scenes to try and get those telephone codes going, and thankfully, they did

come to pass, and you're gonna have to immediately open up lines with the government to figure out how we're gonna cope with that. If patients can't access care in person, we have to quickly find ways to get people adequate care. I think in reflection, there were harms done by the pandemic that might have been more severe than they had to be, things like stopping all elective surgery probably was maybe a bit of an overstretch, the other thing I think we'd have to reflect on, as well, is to make sure we get treatment for the frontline workers who might develop PTSD after that experience if it happens a second time. Thank you.

- [Dr. Nowak] Dr. Yousuf.

- Thanks. Agree, this is a very interesting question. If I had to go through a pandemic again, I think some of the things I would do differently, first would, I would be communicating more proactively upfront. With the past pandemic, I myself personally, I was taking a lot of time to process information, and I feel that it's important to communicate upfront, both with colleagues and with the public about an action plan. It may not be perfectly correct, but at least it frames the narrative and moves things along. During the pandemic, I led a lot of innovation at our hospital around virtual care, and shifting a lot of our outpatient follow-up to virtual, and yeah, I really enjoyed that, and that's something I would continue to do, and I did a lot of education for both learners and my fellow colleagues about best practices for engaging in virtual care. So I would continue to do that, as well. As you know, if I was in the role of OMA President-Elect, the key thing I would focus on is making sure that we are supporting our colleagues from at every stage of their career, because their needs may be different, from learners to late career physicians, and I would make sure that we frame the stories of our physicians during this pandemic as being central. Thanks.

- [Dr. Nowak] Dr. Tassone.

- I can't say I would do anything really differently if we had another pandemic, because I continued to show up at the clinic. I geared up, I geared up fully, I had my face shield, mask at times, goggles, and I continued to work, and it's a memory, because I do recall patients having expressed their appreciation for that. And so I think it's a reminder that we should be prepared, well-stocked, have our proper personal protective equipment to protect the doctors, of course, 'cause they need to be protected if they are going to put themselves out

there on that frontline to protect the patients, and there was something that I remembered about this pandemic, and that was our messaging to people about advising to keep the six feet away distance. And I remember thinking, "We shouldn't have to wait for a pandemic for this, I really wish that our public health and ministry would send messages to the public, that this should be best practice all the time." You know, just because the pandemic attention went away, it doesn't mean we're not faced with germs, organisms at any other point in the future. We're gonna go through the same thing again. People need to keep their distance. That would be my message to instill to the public going forward.

- [Dr. Nowak] Next, Dr. Berman.

- Thanks. I remember that I was the attending physician who took the last SARS patient in Toronto out of isolation. That's how long I've been in this business. And I remember SARS, I remember H1N1, and no one can forget COVID-19. And I lost people to COVID-19, just like we all have. I think COVID inappropriately caught us by surprise. We didn't have the stores of PPE that we needed, and that was totally preventable. And we didn't have an understanding of what COVID was like. And I think, to some extent, we used our best practices as we found out more information, we changed things, so the six feet was no longer a big thing when it was airborne, but the one thing that I would do differently is first of all, let's not get caught unprepared. Let's have the PPE ready. There are ways to make it ready. Secondly, let's work with public health, and amplify their voice. And third, we need to help doctors manage all the challenges that they face. As an organization, we need to be there for our members so that they can help provide important services to our patients. Thank you.

- [Dr. Nowak] Next, let's go to Dr. Kaplan-Myrth.

- At the beginning of the pandemic, I stepped up to speak publicly about the impact of COVID-19 on primary care providers, and on our patients. I joined conversations with colleagues and community members through radio, television, print media, and social media. Early on, it felt like perhaps we were in this together, at least insofar as we are all focused on survival, and unsure of our future. That unity quickly gave way to a competition for resources. People scrambled for toilet paper, then for hand sanitizer and PPE, then the hunt began in earnest for vaccines. That was the point at which I organized the round table

discussion on inequities in the vaccine rollout with Prime Minister of Ontario, and the Federal Minister of Health. "You are not broken, the system is broken", I said a few years later, in speaking with colleagues across Canada, I was speaking to doctors, nurses, educators, grocers, construction workers, and childcare providers, and others who reached out to me to say, "I can't, I'm too broken." In December of 2021, Dr. Katharine Smart came to my clinic, where we were running a vaccine clinic for children to let me know that on December 17th, 2021, Bill C3 had passed in the House of Commons to amend the criminal code, to make it an offense to intimidate or impede a patient from seeking care. I think we are going to have another pandemic one day, and what we need to do is we need to remain in it together, and address all of the issues of inequity that we saw the first time around.

- Thank you all. Our next question is the following. If elected President of the OMA, what would be your plan to advocate to further address the gender pay gap in medicine in Ontario? And first up, we have Dr. Yousuf.

- Sorry. Thank you. So it's a great question, important question, very relevant. I believe the gender pay gap is exacerbated by a lot of the outdated ways that we use to reimburse care, and the outdated schedule of benefits. The schedule of benefits inevitably rewards volumes, and devalues complexity, and time spent with patients. And we know from research that women physicians tend to spend longer time with patients, patients, whether rightly or wrongly, expect more from their women physicians, they expect them to speak longer, to communicate longer, and oftentimes, women have to spend time to build trust in the room, and to be taken as an expert. And all of these means that women have to spend more time to achieve the same results as their male colleagues with their patients. And so what we need to do is advocate for modernization of the schedule of benefits, so that it better enumerates the complexity of care that we are providing in 2026, and that it rewards people for providing good care, it incentivizes value-based medicine, and it values times spent with patients. And I think moving for these type of chains will do a lot to support the gender pay gap. Thank you.

- [Dr. Nowak] Dr. Tassone.

- This question reminds me of a lot of my earlier years thinking, "Yeah, I realized I spent a little bit too much time with patients", and then when I realized, you know, our fee schedule ... Look, I think my colleagues have mentioned a few of the points already that I believe ... It is said that women tend to spend more time with patients, I mean, I think we would need to have some way of tracking that, our billing codes don't know exactly how long we're spending with patients, for sure, the issue around the fee codes in itself is, it leaves me almost speechless really, as I've mentioned before, it is tremendously low, and that has to urgently change. I think that we need ways, perhaps, as a team together within the OMA to figure out this, to critically analyze this reported gender pay gap. I really don't know, I don't have experience in that particular field with data to share, so I would be curious to learn more about that.

- [Dr. Nowak] Dr. Berman.

- Thanks. So the first thing that I would like to say about that is, I'm a man. I'm a male. I'm not proud of it, I'm not embarrassed by it, but it's a fact. And so the first thing that I don't wanna attempt to do is to mansplain the gender gap to other people. Now, I do acknowledge it's there, but I do not claim to be an expert, and I don't have all the answers to that. I have a few ideas which I'm going to share, but I am open to having those ideas pushed back, and to hearing new ideas from people who are actually experts on this. And this is one of those things that I would then be able to speak with in a strong voice once I have all that data. First of all, as I agree with Dr. Yousuf that the schedule of benefits rewards volume, and it doesn't really speak to quality of care. Now, there are other options. Alternate funding plans are one option, because they reward care, they don't reward the number of patient visits that you do. There's a model in British Columbia that might actually work for a lot of doctors in Ontario, and that might be helpful in addressing that gender pay gap. But while that's the case, there are some people who may still feel that they want to do fee for service, and I think that that should be an option for them, as well. But what I would do is I would listen, and I would learn, and I would speak with the voice of the OMA.

- [Dr. Nowak] Dr. Kaplan-Myrth.

- Thank you. So we have made huge improvements in promoting diversity and inclusion through our medical training, and through our professional organizations, and in our

medical institutions. However, we still see market inequalities in medicine, particularly with respect to gender differences in fields of medicine. So although we've been proactive for decades in trying to address underrepresentation of women and racialized groups, and people with disabilities in some medical and surgical specialties, there is still a preponderance of men and non-racialized men, in particular, in our highest earning positions in medicine. We see disparities within specialties, so for example, urogynecologists are paid less than urologists for similar surgical procedures. Female family physicians on average earn less than their male counterparts, with patient populations that are more likely heavily stacked with women, infants, children, and more time spent on av– There're also disparities between specialties with higher representation of women, and racialized physicians, and people with disabilities in family medicine, in pediatrics, and in psychiatry, which are all still the lowest remunerated specialties. As one of my colleagues said quite succinctly, "Men write the policies, and women face the results", disproportionately still, although we see way more women now in leadership roles as we are --

- [Dr. Nowak] Next up, Dr. Purvis,

- Thank you very much for this important question. Gender pay gap is real, there are actually studies published just recently showing how women are getting paid less, and see fewer patients per day in many scenarios compared to men. And it's an equity issue. I think we need to study it further, get really firm data on all of the issues, we know that women are overrepresented in the lower-paying specialties, we know that women spend often more time with each patient compared to a man, so perhaps we need to consider some different models. Time-based billing might be a solution, or alternate payment plans, we also need to look at parental leave, and whether that is part of the issue that people are facing, flexible practice models and ultimately, also, leader opportunities. So if there's no childcare available, or if someone has to take some time off in their career in order to be a mother or a parent, that can significantly affect their leadership possibilities and ultimately lead to lower pay. So I think the OMA needs to look at that to see if there's maybe some room that they can move there, for instance, this evening, were we asked if we needed childcare in order to participate in this Town Hall? I'm not sure, but it should be something that goes without saying that the OMA should itself reach out to all individuals to make sure that they are giving everyone an equal leg up, including people who might be single mothers of small children. Thank you.

- Thank you all. This next one is a part of a question that I'll share as a statement, because it's heartwarming. There's one question asker that finds all of you impressive in your own ways, and I thought that was a beautiful thing to share. Then this next question is dear to my heart, through my term and the work that we've done in the last few years, it's as follows. How will you advocate for learners and ensure residents and medical students are welcomed and most importantly, actively represented in the OMA? Let's go to Dr. Tassone first.

- First of all, I start with education, the actual learning environment itself, I would want to make sure that no student is exposed to an environment where they feel intimidated. I realize intimidation can come from within, not necessarily what someone else is doing onto you, but I highly, highly care about that learning environment, because that is their time to learn, and I voiced this to students, I would make sure that they have, that there are projects that they can participate in through the OMA. I'm not sure how that works with the advisory councils, the task forces, I know there are some students that participate at Queens Park, they sat in the same room I did when we were at Queens Park, and I have to tell you, they were quite impressive. And my goodness, did they defend the profession of medicine. It is my pleasure to be around students, I want more of them around, I hope we have plenty of opportunity for them within the OMA, and even ways that we can reach out to them in the community. So I look forward to speaking with more of them. Thank you.

- [Dr. Nowak] Dr. Berman.

- Thank you. So I was once a student, all of us were medical students at one time. Students are the future of our profession. So it's really important that if we want to remain and become more relevant as an organization, we have to welcome students and residents. Now, I do understand that there is this sort of, we call the power differential between physicians, who are fully licensed, potentially faculty members, and students and learners. But in the OMA, I don't think that that really is the same as if you were teaching them in a lecture. I think we need to encourage medical students right from the beginning, residents right from the beginning of when they come into an Ontario residency, to be involved in the OMA, to understand what the issues around healthcare are. And we can help them with financial literacy courses, we can help them with advocacy courses, just like we do our other members. We should have dedicated events for learners that the President of the

OMA attends, so that we're there listening to their questions, and providing them with answers that they need. That's what I think that as a President I would do, I would try to encourage them to come to me, and I would go to them and meet them in all of their schools.

- [Dr. Nowak] Dr. Kaplan-Myrth.

- Thank you for that question. So I don't know if this was an oversight, but I think that the question that was originally asked by the audience was how would transgender students and learners be included and welcomed in the OMA. But I'm gonna answer the question in terms of all students, because as a family physician, I take medical students into my office. I love teaching students. When I myself was a student, I was the Representative to the Ontario College of Family Physicians Committee, I was on, I was the representative for the Federation of Medical Women, I was the Chair of the OCFP Committee as a resident. One way to get students involved is to encourage them to be active in leadership roles right from the beginning. And I can remember, my very, very beginning of medical school, we actually had a member of Parliament who came to the medical school, and she said, "Immunize yourself against indifference." And I loved that, and I've carried that with me for all these years, because that is what we wanna teach students. And we want young people to feel that they're part of the OMA, we want their concerns and voices to be heard, well, we want them to be leaders. And in terms of transgender representation, that's an issue of equity, but we also need leaders and representation at the OMA that includes gender diversity and sexual diversity, and ...

- [Dr. Nowak] Dr. Purvis up next.

- Thank you very much. I love having learners in my office, and I've enjoyed doing rounds to residents, and I'm always impressed that their engagement and interest in, certainly from my point of view, rheumatology, but I've also given some talks on physician advocacy. I think as we move forward with these changing times, particularly with scope creep, and this weird model of care that seems to be emerging, where physicians maybe aren't part of it, we need to ensure that our medical learners know that they need to be leaders, that they need to be proud doctors in the middle of all of this, and advocate for the profession of medicine, and for the continuation of healthcare with physicians at the center of it. The

learners are gonna bring something important to the table for us, particularly those of us who've been around the block a couple of times, because they're gonna be much quicker to pick up on all the AI that's coming. So we need to make sure that we have them on board to help us design the physician-led AI that's going to work for us now, but particularly for them later. So I think that's very important. Ultimately, we need to show them the value of the OMA. We need to show what's in it for them, we need to show them the results that we've already had, we have to let them know that there's work to be done, but we can certainly tell them that they'll get paid to do it, and if they follow a leadership path, they could find themselves intimately involved in the organization. Thank you.

- [Dr. Nowak] Dr. Yousuf.

- Thanks. This is dear to my heart, I'm an academic internist, as you all know, and I believe no part of my clinical care is delivered without learners. I'm with them constantly, with residents and medical students, and I've always been a strong advocate for resident wellness, I spoke about our Juravinski Hospital redesign, that was done in response to resident concerns about call burden, and safety on call, we moved 250 residents out of the Juravinski Hospital, and replaced them with 90 staff physicians. And that was done because we put residents' safety and wellness first. So I believe that that's something I would push for if I was OMA President-Elect, I believe we need to strengthen our collaborations, both with PARO and OMSA, I believe they have representatives at the OMA, but we need to strengthen those bilateral relationships, we need to communicate more directly to residents and medical students with communication that is more relevant to them as opposed to general membership, so they understand what the OMA can do for them, and then finally, we need to focus on building a healthcare system that these trainees want to enter in and want to stay in, and that doesn't end up burning them out. So I think those are the key things I would do.

- We have our next question, which is the following. How would you use your voice as President to support and address inequities in healthcare for communities in underserved areas, thinking Northern and rural, remote, and in particular, advocating for support for new models of care, better access to primary care, specialists and so on? Let's go to Dr. Berman first.

- Wow. So this is one of those questions where I kind of wished I wasn't the first person answering, so I would actually have a chance to think about a good answer, not just give sound bites, but I'm gonna give it a go. We know that there are a lot of underserviced areas, especially up in the North, and I don't think that the government has properly taken care of that. We do have, we did have, during the pandemic, ironically, we were able to use virtual care to give better access to people in remote areas to specialists. But then with the changes in the rules, we haven't been able to do that as easily since then, so one of the things that I would advocate is for better access to virtual care. The other thing is that one of the reasons people don't wanna practice in underserviced areas is because they're the only doctor there. And what we need to do is we need to find a way to support the physicians who are there with locums for vacations, and with somebody that they can call if they have a question, if they need something, they need some help. So we need to advocate with the government to put those things in place, because those things will cost money, and we have to advocate for the government to step up and pay for those things.

- [Dr. Nowak] Next, we have Dr. Kaplan-Myrth.

- Thank you for that question. So, you know, the Society for Rural Physicians of Canada noted, and I referred to this before when I was talking about AI, but that essential infrastructure is lacking in some of the rural and remote communities. That is one of the, I think, pivotal things in terms of improving the access to care, both primary care, as well as specialists in those communities. I know that I have done rotations, I've gone out to work in Nunavut, and the importance of virtual care, long before the pandemic, and everybody else started using virtual care, the importance of being able to, in rural and remote communities in Ontario attract physicians to work in those communities, you have to have education systems for the physician, who has a family that's coming with them, you have to have adequate supports, I know that my colleagues who work up in Kenora, there's a lot of trauma, there's a lot of complex needs that physicians face in communities that are also very much populated by marginalized populations. So making sure that we have the infrastructure, both like the technological infrastructure, as well as the social infrastructure to attract and retain physicians, and to have supports for those physicians.

- [Dr. Nowak] Dr. Purvis.

- Thank you very much for this excellent question. So the North is not just one blob of similarity. There are big differences between Sudbury, and let's say, South Porcupine. But looking at it overall, we are not gonna suddenly be able to increase resources equitably across the entire province. So we have to start thinking about alternate models of care. The Ontario Rheumatology Association has put together a program that utilizes individuals called Advanced Practitioners in Arthritis Care, who are therapists who've taken a course at U of T, and have become basically the equivalent of a nurse practitioner in arthritis care. They are now located in the North, and they get visits regularly in person with rheumatologists from the South, as well as constant video communication. And this has allowed many more patients to be seen using this novel model, without having to dramatically increase the resources locally. The challenge that we as physicians have is that it's not OHIP funding that's needed, but it's Ontario Health funding outside of the OHIP envelope. But this is a model that's been very successful, and has increased the access to care for patients in distant places, decreasing wait times by months, where people used to have to wait and wait to try and see either the local physicians in the North or travel all the way from a distant place down to Toronto. And I think what we should be doing is supporting models like that to try and maximize the use of healthcare with the things that we currently have. Thank you.

- [Dr. Nowak] Dr. Yousuf.

- Thanks, Dominik. Yeah, this is key, you know, I was just responding today to an email from a colleague in Owen Sound, who is desperately looking for internal medicine and ICU coverage, and I shared it with our physician group. So I see these emails coming from colleagues all the time about how their hospitals, their clinics in the North are underserviced. And, you know, we can't keep asking individual physicians to compensate for these systems gap, we need structural changes, and we need to advocate for structural changes through the ministry, and Ontario Health, to support the North. We need to better align incentives for physicians to be working in the North, we, as Dr. Purvis suggested, we need better team-based care with other professionals supporting our physician colleagues, we need to expand on virtual care, as Dr. Berman said, where we are supporting our frontline colleagues up in the North, and finally, we need to give our training, our universities, the NOSM, especially, and University of Ottawa, where a lot of the train, the physicians from the North train, we need to support them in expanding programs that will train physicians and retain physicians in the North. And so I think those are the key things that we should be advocating for, and of course, you know, if I was elected as

President-Elect, I'd go up to the North to hear the stories of our physicians, and see how we can support them.

- [Dr. Nowak] Dr. Tassone.

- I think a few things come to mind in these sorts of areas. I have experience having worked in a rural region, and I have to say that I understand that the physicians take on a lot of responsibility, and it is impressive as to what they do. Various specialists taking on the roles of what perhaps in more urban areas other specialists would be doing. So they definitely need support, number one, I would recommend that we bring back the virtual codes at full pay for these areas, for these doctors, and let these patients connect with the physicians. Another thing is, we could have the clinics on wheels, where, you know, they can be mobile, the mobile clinics, we've seen this, it exists. Another thing that can happen is we can have teams, so interprofessional teams rotate around small communities, and, you know, schedules according to whatever the particular medical condition is, could be grouped and scheduled closely together, so that they are served with the appropriate professionals, and then the last thing would be just making sure that the doctors have workshops to enhance their hands-on skills, let's get them comfortable, for those who wanna do stitching, for example, and other things, you can imagine, we need their skills enhanced, and I want to see that OMA may can support such physician.

- Thank you all. So we have a final question before we move into closing statements, and for this question, we'll aim to keep it short and sweet, we'll have our timer set to one minute, 60 seconds each for this question. And it's the following. What's the role of the President in addressing burnout or building joy in work in our profession? Let's go with Dr. Kaplan-Myrth first.

- Hmm. So the President is ... The question is worded as what's the role in addressing burnout or joy in work, I think as I said before, raising public awareness about the reality of physician burnout, and raising physician awareness, but I think we're all aware that we are working night and day and we are tired. The OMA President is really there to validate what he or she is hearing from colleagues across the province. In terms of the joy, absolutely, the President is also there to celebrate with those colleagues, and well, I think that the role of

both speaking on behalf of colleagues, and to colleagues is ultimately what the President is doing.

- [Dr. Nowak] Dr. Purvis.

- Thank you so much for this important question. I'm reflecting on an experience that I had not too long ago, when I was at a session, where rheumatologists had invited five medical students from each of the different schools, and we were trying to tell them about how great rheumatology was. And the first speaker of the day was a retired rheumatologist who stood up, and for 45 minutes just said things that made us love rheumatology. He was so inspiring. He was like the cheerleader that you need to have in your office every day. And I must say that even though I enjoyed teaching the medical students how to do joint injections, that talk that he gave is still with me. And if I ever feel a bit blue, I just remember what Simone said, because it was just so inspiring. So I think as OMA President, that would be what I'd be trying to do is to channel my inner cheerleader outwards to try and inspire other physicians, to catch that glow that I caught that day, because it really has inspired me, and given me a lot more joy that seemed to be missing before. Thank you.

- [Dr. Nowak] Dr. Yousuf.

- Thanks, Dominik. 60 seconds for a loaded question. I believe the, you know, the OMA President can't fix burnout alone, but the President can change the conversation around burnout, right? Burnout is not because of lack of individual resilience, rather, it's because of flawed system design. And so I feel the role of the President is to constantly be advocating for systems change, that can help our physicians avoid falling into that trap of burnout. As Head of hospital medicine, I wanted to identify one specific area that I felt could help reduce burnout amongst our physician. And for us, it was unnecessary pages, when things weren't emergent. And so I drilled things down with all of our hospital colleagues, nursing, allied health, and I managed to decrease paging by 72% in the span of three months. And so as OMA President, I'd be listening to your stories, channeling them, but also picking one specific issue to address a burnout.

- [Dr. Nowak] Dr. Tassone.

- I care very much about our health, the health of physicians, you know, interestingly, the word patient means suffering, right? From its origin root, suffering, and we are physicians, in recent times, I would say, a lot of us are suffering. We are the sufferers. I care very much about the health, I said before, and I would make sure to advocate that physicians must have their own health cared for first. Actually, I've said this at Queens Park to our member of Provincial Parliament, I said, "It starts with the physicians, they need to be well psychologically, emotionally, financially well in order to take care of the patients properly." And so I would tell physicians, "Care for your health, sleep well, exercise, take, you know, your time off to do whatever it is you need to do to feel well." The other thing is, the answer to this question is exactly why I'm here. It's to try to communicate with people and get it done to reduce the unnecessary --

- [Dr. Nowak] Next up, we have Dr. Berman.

- I think it was Dr. Yousuf who said that the President is the chief storyteller of the OMA. And I think this is a really good example of this. The public needs to know that we love our work. Sometimes it's hard to show it when there are 500 patients in the emergency department, et cetera, and you're being run off, you know, run off your feet doing different things. But the public need to know that we love our job, and we can tell stories, within the, you know, confidentiality limits and stuff like that. And they also need to know that sometimes that we struggle. And so I think the President can be the voice to tell this to people of Ontario, and also to validate the experiences of our own members. I want to hear from members when they've had a good day, or if something really special has happened, and I wanna hear if you're struggling, and I will do my best to help you, as well.

- Thank you all. We have our closing statements now. Everyone will have one minute sharp to share a closing statement, starting with Dr. Purvis.

- Well, I'd like to thank the OMA organizers, my other President-Elect candidates, and especially to you, the OMA members who've taken time out of your busy lives to sit here and listen to this very important discussion. Ontario medicine is under tremendous strain right now. We have got scope creep, administrative burden, burnout, and then we've got worries about technological change. The next President-Elect must be prepared to deal

with all of these things. That means understanding all of the different physician reimbursement models, to be able to advocate effectively with government, to be able to support family practice, and get funding for all family practice streams to decrease administrative burden, and to make sure that artificial intelligence helps physician-led practice, rather than replaces it. It also means uniting our profession. We are strongest when we speak with one clear, credible voice, grounded in fairness, transparency, and respect. Ontario physicians deserve representation that listens, acts, and delivers. Thank you.

- [Dr. Nowak] Dr. Yousuf.

- Great. I wanna thank all of you for attending, and thank my fellow candidates. We are practicing medicine at a time of profound change. The demands on physicians is rising, technology is advancing, and systems are straining. And through it all, Ontario physicians continue to show up for our patients, and for each other. But resilience alone is not a strategy. We need leadership that strengthens the systems around physicians, and not just ask physicians to stretch themselves further. My vision is simple, to stabilize longitudinal care, modernize how medicine is valued and paid, and ensure technology serves physicians, rather than burdens them, and keep physicians at the center of healthcare decision-making. As chief storyteller for as President-Elect, I will tell the story to advocate for these priorities. I've built coalitions, led complex change, and created cultures of inclusion in my own institutions at McMaster and Hamilton, and I'll bring that same steady, systems-focused leadership to the OMA. Thank you.

- [Dr. Nowak] Dr. Tassone.

- Courage under pressure is how I am wired, but a President alone cannot achieve our mission. Required are the collective strength of our 51,000 members, the dedication of those engaged in leadership roles at our association, and the trust of 16 million Ontarians. We must carry forward the progress built in recent years, and in 2026 accelerate. Just to envision. Envision how you want our profession and healthcare framework to be, how you want it to be to thrive in, because what we think leads to how we feel, which leads to how we act, and how we act defines our reality, our future, profession, income, health, all of it is

at stake. Our President should lead with precision, and execute with sophistication to show us the results we've been longing for. I am equipped to deliver exactly that.

- [Dr. Nowak] Dr. Berman.

- I wanna thank you all for taking your time to be here tonight. Next week, you're going to be asked to make a choice, who will be the next President-Elect, who will represent you. You have some great options here, but I'd like you to choose me. Why? Because I understand the challenges we face as a profession, because I have the skills and experience to advocate for the things that we need to do our jobs, because I have the courage to speak up on behalf of any member who needs it. This job is a three-year commitment. I thought about it very carefully when I put my name forward. I love being a doctor, and I wanna help create a system where we can all love what we do. If you elect me, I will be your seat at the table for three years. I'm gonna bring your voice and your energy to the Board, and I will represent you. Please give me your support, so that I can work for you. Your vote, your voice, our future. Thank you.

- [Dr. Nowak] Dr. Kaplan-Myrth.

- Thank you. I'm sure you've all had days in which you feel like, "Yes, this is why I chose medicine." We're drawn to this profession, and we choose our various specialties according to the passions in our bellies. I'm here today putting up my hand for the role of President of the OMA, because my passion as a social scientist and a physician is to bring people together, across disciplines, across geographic and sociopolitical differences. I am ready to step from the bedside where I advocate for my patients to the organizational side to address health system issues across Ontario. As an organization, the OMA represents its physician members to the Ministry of Health, and negotiates on our behalf. As President, I would ensure that physician colleagues trust that our financial and professional wellbeing are championed that processes of arbitration are transparent, and reflect our priorities. Thank you for attending this evening's Town Hall, thank you to the OMA for organizing it, I look forward to working with you, and I'd be honored to serve as President of the OMA.

- Please join me in a big thank you to all of our President-Elect candidates, it's a tough job and also so rewarding. Thank you all for stepping up for this role, and thank you all for joining us this evening. I'd like to remind everyone that voting opens on Monday, February 23rd, closes at noon on March 10th. You can find more information on the OMA's website under Elections about each of our candidates for President-Elect, constituency leaders, and the Board of Directors. If you know members who weren't able to attend this evening, please let them know to view the recordings, and don't forget to vote. Have a good night, everybody.