OMA Ontario Medical Association

Develop a Comprehensive HHR Strategy including a Portable License that is Time-Restricted to Underserved Areas - Working Group Recommendations

July 2025

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Executive Summary

The working group on, *Develop a Comprehensive Health Human Resources (HHR) Strategy including a time-limited portable license restricted to underserved areas (referred to as Comprehensive HHR+)*, outlines a comprehensive approach to addressing Ontario's healthcare workforce crisis. The working group's recommendations focus on collaboration with the government and stakeholders to create a sustainable and equitable health human resources (HHR) framework. The OMA advocates for a data-driven, physician-informed, proactive HHR model that ensures, physician supply, retention, and improved access to care across the entire province.

Workforce shortages in Ontario's health system are both severe and deeply interconnected. When there are widespread shortages across specialties and geographic regions, there is little capacity for relief or backup. In the past, rural regions would rely on temporary locum placements from more urban or suburban regions. However, with physicians across the province facing unmanageable caseloads and increasing pressure to work more, this "backup" system is no longer viable. The current landscape underscores the urgent need for a strategic, system-wide solution.

To respond to these urgent challenges, the working group focused on three interconnected recommendations:

1. Developing a province-wide comprehensive HHR strategy;
2. Advancing a pan-Canadian licensure model to improve mobility and fill gaps in care;
3. Streamlining regional credentialing processes to reduce delays and administrative barriers.

These pillars are designed to reinforce each other, ensuring both short-term system responsiveness and long-term sustainability in Ontario's healthcare system.

The OMA's advocacy calls for the implementation of a modern, data-enabled workforce strategy that addresses the mismatch between physician distribution and the health needs of Ontario's diverse population. This includes the use of tools such as the **Physician Resources Integrated Model (PRIME),** attention to regional demographics (including northern and urban underserved areas), and public accountability measures to monitor progress and outcomes.

The working group also recognizes that short-term fixes alone are insufficient. Ontario requires sustained investment in permanent physician retention strategies, the removal of red tape that hinders service delivery, and stronger proactive coordination with health system stakeholders. These efforts must align with government efforts such as the recently announced Primary Care Action Team led by Dr. Jane Philpott and leveraging momentum generated from the OMA's *Stop the Crisis* campaign.

In summary, this report provides a practical, evidence-based and actionable roadmap for transforming change in Ontario's health workforce planning. The proposed strategy is rooted in

physician expertise, real time data, and designed to ensure all Ontarians, regardless of where they live, have timely and equitable access to care.

Introduction

In May 2022, the Priority and Leadership Group (PLG) convened in-person for the first time and conducted a prioritization exercise for each of the three panels: Advocacy; Issues & Policy and Compensation.

During the prioritization exercise, two separate ideas "Develop a comprehensive Health Human Resources strategy" and "Patient coverage and assisting in the locum / HHR shortage" were agreed upon and merged into a single unified priority, "Develop a comprehensive Human Health Resources strategy including a portable license that is time-restricted to underserved areas".

Following the June 22, 2022, meeting, OMA Board of Directors approval, the Advocacy Panel was tasked with defining the scope of its assigned priority. This included identifying related work already underway within the organization to avoid duplication and determining the skill sets needed to form a dedicated working group. The Nominations and Appointments Committee (NAC) would later recruit the working group who would develop the priority's recommendations.

In fall 2023, a recruitment ad was posted for all members, looking for five to seven members to serve on this working group focused on addressing the healthcare needs in underserved areas by implementing a portable license initiative. Applications were accepted until September 30, 2023. Of the twenty-six applications received, six members were appointed to the working group.

The working group received onboarding in January 2024 and held their first meeting in May 2024. Working group composition and biographies can be found in Appendix 2.

Mandate

The mandate of the working group was to develop advocacy recommendations for a comprehensive HHR strategy including portable licensure for underserved areas, reporting back to the Advocacy Panel. The objectives were to:

- Identify key areas physician advocacy in the development of a comprehensive Health Human Resources (HHR) strategy specifically focusing on addressing their needs and concerns of underserviced communities.
- Analyze regional variations and consider province-wide suggestions to ensure inclusivity and adaptability of recommendations across.
- Identify key stakeholders to inform recommendations.
- Develop targeted provincial licensing and credentialing recommendations, while avoiding duplication of initiatives led by other associations.

Background

To support its mandate, the working group received several onboarding presentations.

- The OMA's Government Relations and Advocacy staff provided foundational sessions on effective advocacy and government issues.

- Additionally, staff supporting the OMA Physician Human Resources Committee (OHRC) presented their insights and work to date on developing a health workforce strategy for Ontario as well as a predictive data model on physician supply (i.e., Physician Resources Integrated Model (PRIME)). The working group also had presentations on pan-Canadian licensure, the Rural BC Coordination Centre model, and existing regional credentialing in Ontario.

Regional credentialing presentations included:

- An overview of the OMA's past and current advocacy work on regional credentialing
    - Stakeholder consultation and engagement efforts

- Reviews of existing regional credentialing systems currently in place across the province. These systems reflect varying levels of maturity and scope, and included:
    - CMaRS (Centralized Medical and Referral System)
    - Northwest Regional E-Credentialing System (NRECS)
    - Privileging and professional staff appointment and credentialing processes for Northwest Ontario
    - The Ottawa Agreement
    - Other jurisdictional credentialing systems

Some members of the working group and staff met with Indigenous Services Canada's Chief Medical Officer of Public Health and regional medical officers, to discuss licensure as it pertains to Indigenous communities. These discussions highlighted jurisdictional complexities and the need for clear licensure pathways across provincial and federal boundaries, particularly in Indigenous care.

Simultaneously, while the working group was meeting, OMA staff were developing the *Stop the Crisis* advocacy platform based on consultations with Ontario's physicians and patients. OMA staff incorporated insights from the working group into the Stop the Crisis campaign and invited working group participants to take part in the advocacy activities at Queen's Park Day on Oct 21, 2024. In its 5-point Stop the Crisis platform, the OMA identified a key pillar calling for a health workforce strategy which directly aligned with the working group's recommendations.

Summary of Recommendations

The working group's recommendations are organized across three core areas:

1. Comprehensive Health Human Resources (HHR) Strategy;
2. Pan-Canadian Licensure;
3. Regional Credentialing.

Comprehensive HHR Strategy

The OMA must identify collaboration with the Ontario government and other stakeholders to resolve longstanding HHR issues (Appendix 1). A key frustration from physicians has been the band-aid or short-term solutions applied to persistent health workforce shortages and issues. The major focus of this work is to provide a sustainable, evidenced-based, and future-focused approach to addressing HHR challenges.

The OMA is committed to advocating for the government's adoption of a health workforce strategy to address the growing health human resource (HHR) crisis in Ontario. Team-based care and interprofessional collaboration are key to this advocacy.

The OMA supports a data-driven strategy, leveraging the PRIME model and other available data to assess physician supply, utilization and access. Key metrics include wait times, physician utilization, population-specific data, including underserved communities, Northern healthcare needs, and the impacts of an aging population. Additionally, the OMA will push for public reporting on the progress of health workforce commitments to track physician supply and training pathways.

A primary focus will be tackling physician shortages in underserviced areas. The OMA is committed to supporting permanent physician retention, by reducing barriers like credentialing red tape. Credentialing barriers include lengthy and duplicative processes for approving privileges, the inability to transfer privileges across hospital sites, and unnecessary administrative costs such as repeatedly submitting documentation already verified through provincial licensure. Programs like Practice Ready Ontario and locum support initiatives are key to addressing these challenges. While Practice Ready Ontario remains in its pilot phase, the OMA supports its continued evaluation and enhancement to ensure long-term effectiveness.

Detailed Recommendations:

The OMA will advocate for the adoption and implementation of its health workforce strategy by the Ontario government highlighting the numerous system challenges.

- The OMA will take a comprehensive approach to health workforce advocacy that recognizes the roles of physicians and allied health professionals. It will highlight physicians' roles while emphasizing how team-based care models can enhance the

delivery and quality of care for Ontarians. Clarifying the scope of care for allied health falls outside the mandate of this working group and will not be assessed.

- The OMA welcomes Dr. Jane Philpott's appointment to lead the Primary Care Action Team (PCAT) and the recent announcement of significant associated funding. The OMA recommends the PCAT and the Ontario government collaborate with the OMA to implement immediate, practical solutions to tackle physician shortages. This will be informed by engagement with the OMA's primary care sections, including the section on general and family practice (SGFP).

- The OMA will work with the Ontario government and other stakeholders to advocate for a comprehensive approach to finding solutions to the HHR crisis. A list of suggested stakeholders for collaboration are shared in Appendix 1. Potential collaborators do not need to be limited to the government or those in the health sector.

The OMA will advocate for a data driven approach to guide its health workforce advocacy efforts. It will urge the government to work collaboratively with the OMA to determine the appropriate supply of physicians needed to meet Ontario population's healthcare needs, and that accounts for the multiple roles of physicians in the healthcare system (e.g. clinical, education, leadership, research).

- The OMA's PRIME model will underpin some of the evidence-base along with other pertinent data, namely wait times, the best available utilization volumes (i.e., not COVID low average use benchmarks), and types of physicians. (note: Data Supports for Work and HHR Working Group (DSWG) recommendations tie into data standards)

- For physician groups not fully captured in PRIME—such as those on salaried models (e.g., Alternative Payment Plans Model, Public Health and Preventative Medicine, Laboratory Medicine, etc.), the OMA will use alternate data sources (e.g., salary scales, etc.). Changes in licensure and clinical practice patterns will also be considered (e.g., any changes to the public-private relationships of health care).

- The OMA will incorporate population-specific data into their advocacy approach including population growth and outline the priorities of regions where there are physician shortages, aging demographics, and other underserviced populations. This should acknowledge Ontarians who lack connectivity or are not eligible for OHIP which may place further direct and indirect demands on physicians and may not fully be reflected in the PRIME model.

- Although *Stop the Crisis* highlights urgent needs such as a northern workforce strategy, the OMA will continue to advocate for a data-driven approach to support increasing access to care province wide, where it is needed most. This includes what we know about providers, and what we know about population-based needs and complexity of care. Dr. Jane Philpott's recent PCAT announcement, which included postal code data from a wide range of communities across Ontario, is an encouraging step toward more

data-informed health planning. While the OMA welcomes the use of this data, we emphasize the importance of interpreting it with a deeper understanding of its nuances and limitations. Accurate interpretation is essential to pinpoint areas facing the most critical physician shortages. Every Ontarian deserves access to high quality health care no matter where they live.

- As Ontario increases medical school enrollment (e.g., Toronto Metropolitan University and York University) with a focus on family medicine shortages, it is important to evaluate the broader system impacts including potential effects on specialty care and non-primary care settings to ensure that progress is being made. It is critical these reforms lead to effective and sustainable HHR workforce changes.

- Leveraging data to understanding both current and future HHR needs. This approach must go beyond short-term gap-filling and identify proactive planning to anticipate emerging challenges helping Ontario avoid repeated "catch-up" responses.

- This information should be used by the OMA in their discussions with the Ontario government and where relevant, at any bilateral tables.

The OMA will lobby for the government to publicly report on progress at regular intervals related to its HHR commitments. Reporting should be based on key indicators in the provincial health workforce strategy, with a focus on physician supply and training pathways (e.g., number of net new family physicians/specialists in Ontario, number of Ontarians with a family physician, streamlined referral pathway for all specialists, wait times for non-surgical specialist appointments, etc.).

- The OMA will advocate for the expansion of the Practice Ready Ontario assessment program, working collaboratively with both government and the CPSO to strengthen and enhance the program, identify systematic barriers that prevent fully qualified physicians from entering practice in Ontario (e.g., limitations to academic appointments due to institutional policies requiring assistant professor titles for entry level academic appointments, when rank of lecturer could be sufficient).

- Where possible, the OMA will provide clear benchmarks for the government to work towards meeting the healthcare needs of Ontarians, and advocate for evaluation plans to assess progress.

The OMA will advocate for priority issues affecting underserviced communities using available data such as postal codes selected for new Family Health Teams.

- To effectively address Ontario's healthcare challenges, a concerted effort must be made to improve permanent physician retention across the province, including areas that are underserved. This includes not only rural and remote communities but also urban regions which have been identified as underserviced through postal codes. By ensuring an equitably distributed, stable, dedicated healthcare workforce, we can alleviate many

systemic pressures and significantly improve access to quality care for all Ontarians, regardless of location.

- There should be a focus on sustaining Emergency Departments across Ontario. Physician shortages are province wide leading to more inequity when trying to fill shortages in urban centres with physicians who may typically be used as locums in more rural settings. When Emergency Departments in northern and rural Ontario are closed, there are no accessible alternatives to care, especially for patients in these communities without a family doctor which compounds care challenges.

- Ontario needs a strategy for access to qualified locum coverage that is more cost-effective. This strategy should consider the high cost of medical travel which make up the largest proportion of medical expenditures from Indigenous Services Canada (e.g., from NIHB).

- The system must better serve populations with complex needs who are homeless, refugees, newcomers, and older adults. Where possible, technology and other innovative practices should be used to enhance care delivery to these vulnerable populations.

The OMA should consider enhancing the Stop the Crisis campaign by actively engaging members to share stories about patient encounters where Ontarians and their families have suffered because due to lack of basic care. The firsthand stories from physicians and the challenges in providing care illustrate what the data confirms. Personal stories are an impactful way of strengthening OMA's advocacy efforts.

Pan-Canadian Licensure

Portable licensure was discussed including both its potential benefits and limitations. A time-limited, portable license would allow Canadian physicians to provide care to areas in high need, locum coverage, allow for easier transitions for trainees who wish to learn in other provinces (currently hindered by significant administrative burdens and financial costs). It would also benefit patients relocating within Canada while they identify new care providers. However, given that pan-Canadian licensure requires alignment with other jurisdictions, provinces, and regulatory colleges, pan-Canadian licensure was recommended as an initiative worth supporting but not prioritized as a short-term deliverable given the complexity and coordination required across all the bodies and various jurisdictions.

The OMA will continue to lobby for the implementation of pan-Canadian licensure as a strategy to facilitate labor mobility and address workforce shortages in underserved regions. The OMA will also continue to work with other regional and national partners to advance a pan-Canadian licensure scheme across the country.

Detailed Recommendations:

Advocate for pan-Canadian licensure including facilitating physician services in areas where there are shortages – especially northern, remote and isolated communities identified through data driven sources (addresses time-limited component also allows provinces to have some say in overall physician supply and distribution)

Encourage Regulatory Colleges to adopt a baseline standard recognizing physicians in "good standing" with their home College across jurisdictions. This approach builds on the success of Bill 60, *Your Health Act, 2023* which currently enables this recognition in public hospitals and long-term care homes.

- OMA should engage with CPSO, and any other regulatory colleges bodies to identify opportunities and barriers related to interprovincial physician mobility. These conversations would support advocacy efforts on behalf of physicians and help advance practical solutions to improve labour mobility within Canada. Recent interprovincial agreements, prompted by tariff-related disputes, present a timely opportunity to accelerate discussions on national physician mobility and reduce regulatory barriers through coordinated provincial action. [1]

- Reduce the administrative and financial barriers associated with obtaining additional licensure for physicians to improve mobility and reduce physician shortages in high-need areas.

- Focus on underserviced areas – applying an equity lens to ensure access to care in underserviced populations including Northern Ontario and among populations with additional needs, (e.g., newcomers).

Regional Credentialing

The working group emphasized the importance of expediting regional credentialing, drawing on the success of various programs implemented during the COVID-19 pandemic. These systems could be rapidly activated during emergency situations to deploy healthcare providers to areas with urgent needs.

Given the significant ongoing disparities in access and the inconsistencies in regional processes, streamlining credentialing, particularly at the regional level, offers an immediate step in

[1] At the time of developing these recommendations, the Canadian Free Trade Agreement (CFTA) has made an internal action plan aimed to reduce barriers for the mobility of the labour force within and to Canada. Leveraging CFTA's Labour Mobility provisions (Ch 7), where that certified workers have to be recognized as qualified to work by a regulatory body in another province or territory which regulates that occupation, without having to go through significant additional training, work experience, examination or assessment, unless an exception has been posted, may be a viable path to support advocacy activities.

reducing administrative burdens and improving physician deployment where it's needed most. While a province-wide framework may take time to implement, collaboration with hospital partners and building on successful regional partnerships serve as a practical pathway to faster access to care across communities.

In summary, the OMA aims to resolve the current HHR crisis through data-driven solutions, strategic partnerships, and streamlined credentialing. These efforts will support a more efficient and equitable healthcare delivery system, ensuring that Ontario's health workforce meets the needs of its diverse and growing population.

Detailed Recommendations

The OMA will advocate for Regional Credentialing and collaborate with stakeholders (including hospitals and government) to work on identifying implementable solutions across the health system.

- Partner with the Ontario Hospital Association (OHA) to propose streamlined credentialing solutions to the provincial government and hospital boards, such as a common set of credentialing standards and documentation. Hospital boards should be encouraged to adopt shared standards in alignment with their authority under the *Public Hospitals Act*.

- Advocate for expedited and simplified credentialing processes to alleviate physician shortages, reduce wait times and minimize administrative burdens while maintaining patient safety, and protecting vulnerable workers in high-risk industries such as mining, construction, and agriculture.

- Provide support to low resource and underserviced regions – particularly those experiencing economic strain (e.g. industry moving into Northern communities) by leveraging recent federal and provincial legislative advancements such as Bill C-5, aimed at reducing interprovincial regulatory barriers and facilitate more efficient deployment of healthcare professionals to underserved areas.

- Support the current Rural Coordination Centre of Northern Ontario (RCCno) initiative underway.

- Engage in regional discussions including those focused on Northern and rural needs.

Regional credentialing systems – leading eventually to a provincial solution – (e.g., the BC model) would streamline physician recruitment and credentialing and make it easier for physicians to work in different hospitals. The OMA should support efforts aligned with this goal, including:

- Unifying and standardizing credentialing systems across regions, eventually scaling to a provincial model.

- Support the *Stop the Crisis* initiative which endorses a regional credentialing approach. The working group supports developing regional credentialing systems that can be scaled up or be developed into a broader provincial solution. Streamlined credentialing can decrease administrative burden, a key driver of physician burnout and improve system staffing shortages.

While long-term credentialing systems are being developed, an interim expedited credentialing process is needed for emergencies

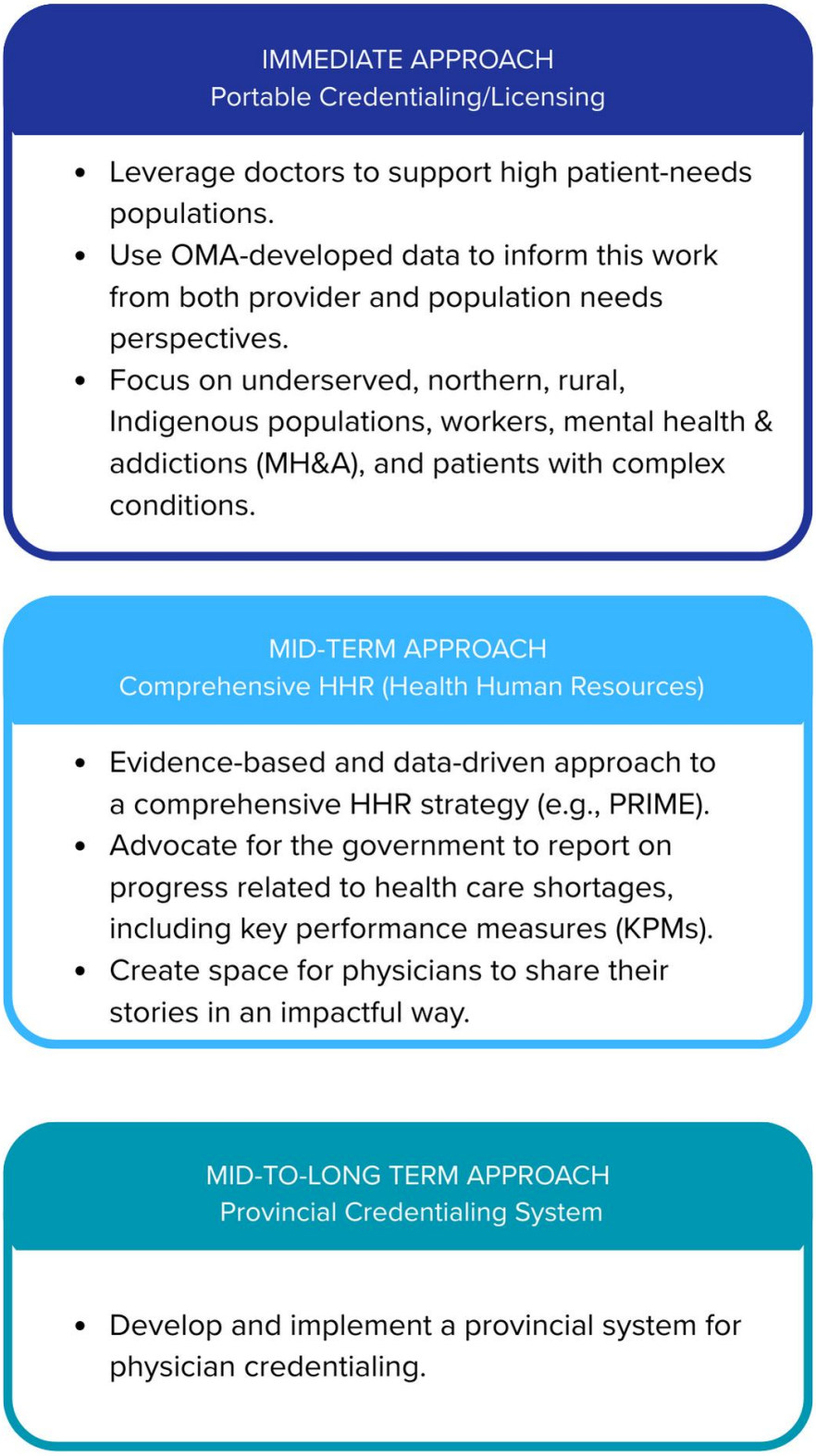
- In the absence of a fully implemented regional or provincial credentialing framework, there is a need for a **time-limited expedited credentialing process** that can be activated during declared emergencies (e.g., natural disasters, outbreaks, pandemics).This can build on the successes of the Emergency Department Locum Program (EDLP) an interim emergency credentialing and recruitment process – and pandemic measures to expedite credentialing and enable rapid deployment of physicians to facilities in urgent need, particularly in rural and emergency settings.

- *Stop the Crisis* initiative supports a regional approach to credentialing. Developing a system to rapidly identify emergency departments in need and facilitate timely credentialing of physicians to practice in their facilities is a priority in order to develop the building blocks to a more comprehensive approach.

Considerations for Implementation

The working group recognizes that the political landscape can quickly change. For example, after this working group finished developing their recommendations, new USA-Canada tariffs triggered legislation aimed at removing the federal barriers to internal trade and labour mobility – including health care professionals. These policy changes can have significant health workforce implications. In view of this, the working group recommends that the OMA carefully consider the sequencing of its advocacy efforts and be ready to change as the landscape evolves. A phased approach is proposed for consideration (see Figure 1 below).

Figure 1: Proposed Phased Approach



APPENDIX 1: Stakeholders to consider approaching for this advocacy work

- Ontario Government (Ministries of Health, Long-Term Care, and Training, Colleges, and Universities)
- Dr. Jane Philpott and the Primary Care Action Team
- Ontario Hospital Association (OHA)
- Ontario College of Family Physicians (OCFP)
- Registered Nurses' Association of Ontario (RNAO)
- Nurse Practitioners' Association of Ontario (NPAO)
- Ontario Pharmacists Association (OPA)
- Chiefs of Ontario (COO)
- Indigenous health authorities and communities that provide individual care
- National, provincial/territorial medical associations,
- Other relevant health associations
- Association of Municipalities of Ontario (AMO)
- Pertinent Industry partners (including consideration of high-risk/occupational injury, and being able to attract and retain workers)
- Ontario Chamber of Commerce (OCC).

APPENDIX 2 – Working Group Member Biographies

Comprehensive HHR strategy including portable licensure working group

Dr. Olivia Cheng

Dr. Olivia Cheng specializes in musculoskeletal and sports-related care in rural Ontario. She completed her orthopaedic surgery training at the University of Toronto and became a Fellow of the Royal College of Surgeons of Canada in 2009. Since 2017, she has been an adjunct professor at McMaster University and Queen's University, mentoring students and residents.

Dr. Cheng also plays a key role in healthcare governance as a Surveyor for Accreditation Canada and has served on advisory committees for Ontario Health. She is the Surgeon Champion for the Regional Coordinated Access Working Group for Ontario's Central Region and chairs the Emerging Leaders' Committee of the Canadian Orthopaedic Association. Additionally, she leads initiatives for Osteoporosis Canada at Collingwood General and Marine Hospital, focusing on preventive care.

Driven by a passion to help her community achieve and maintain optimal health, Dr. Cheng has made significant contributions in clinical care and healthcare leadership.

Dr. Aviraj Deshmukh

Dr. Aviraj Deshmukh is a Stroke Neurologist and Neurointerventionalist. He completed the Stroke and Neurointervention Fellowship Training Program at McMaster University and has been practicing in Northern Ontario for the past three years. He plays a key role in improving access to endovascular thrombectomy in the region. In addition to his clinical work, he holds an academic position at the Northern Ontario School of Medicine and serves as a clinical investigator at Health Sciences North Research Institute. He is also an active researcher dedicated to advancing stroke care and neurointervention.

Dr. Marc Gabel

After graduating from Cornell, A.B., and the Downstate Medical Centre, New York with an M.D., Dr. Marc Gabel interned at UCLA in Los Angeles. Served in the US Air Force as an active duty medical officer in Asia, and returned to a Pediatric Residency at UCLA. After joining the faculty of the Dept. of Pediatrics, he achieved an M.P.H with a special interest in tropical Medicine. After serving for a few years in Asia doing Public Health, he migrated to Canada and did General Practice, first in the Nelson area and then a more rural practice in Rock Creek B.C. On moving to Ontario, he evolved from a general practice to a special interest in Psychotherapy and have a continuing practice in downtown Toronto. He has taken sabbaticals to work with two companies in internet related areas. He was a peer assessor for the College of Physicians and Surgeons for 8 years and then was elected to the College's Council, where he served for 12

years as well as serving as a non-council Chair of the Discipline Committee for 3 years. Dr. Gabel was elected President of the CPSO in 2013-2014. He chaired the Professional Obligations and Human Rights Policy group, was a member of the MAID policy group, and has been concentrating on assessments of patients requesting MAiD (Profoundly meaningful work!). He is now retired from medical practice but remains available to health professionals for confidential consultations (at reasonable fees) on their regulatory issues to complement received legal advice. Marc has been married to JoAnne Harrop for 50 years and have 3 sons and 6 grandchildren. He also served as a coach at the High Park Little league for many years.

Dr. Hamidah Meghani (Vice-Chair)

Hamidah Meghani is Public Health Physician currently working for Niagara Region, but worked for Peel Region and Public Health Ontario during the time she served on this working group for the OMA. Dr. Meghani brings extensive expertise as a Public Health and Preventive Medicine physician, having served as the Commissioner and Medical Officer of Health for Halton Region for close to a decade, where she led a department of over 500 staff and managed a significant budget. As the Medical Officer of Health, she led pivotal public health initiatives, notably amidst the complexities of the COVID-19 pandemic. She has continued clinical practice part-time focusing on priority populations such as the underhoused. With academic accolades, including a Masters of Public Health from Columbia University and a Masters in Management (Health Leadership) from McGill University, Dr. Meghani's commitment to health equity and preventative healthcare underscores her impactful career.

Dr. Alexandre Petiquan (Chair)

Alex Petiquan is Anishinaabe from Wabauskang First Nation. He graduated from the Northern Ontario School of Medicine and is currently in residency, specializing in public health. His work spans Indigenous public health, health policy, governance, epidemiology, and data sharing agreements, both as a Senior Analyst in the Federal sector and as a member of the Health Expert Advisory Panel for Grand Council Treaty #3.

Dr. Vivian Tam

Vivian Tam is a Family and Emergency Physician (CCFP)EM currently practicing in Toronto, ON. She completed her Family Medicine residency at the University of Toronto, concurrent with her MSc in System Leadership and Innovation. Since graduating from the University of Ottawa's EM program, she has practiced in a variety of settings, ranging from a tertiary care academic centre through to rural and remote settings across Canada. She has taken locum positions in family and emergency settings from coast to coast as well as in northern Canada and is excited to bring these experiences to bear in advocating for a comprehensive HHR strategy for Ontario's physicians. Most recently, in recognition of her leadership, advocacy and diplomacy, she was selected as a Canada Memorial Foundation Scholar to undertake a Master of Public Policy at Oxford University.

APPENDIX 3: Proposed Workplan

Meeting Number	Meeting Date	Focus
Meeting 1	January	Orientation
Meeting 2	May	Onboarding and workplan development
Meeting 3	June/July	Comprehensive HHR plan advocacy
Meeting 4	August/September	Licensing and Credentialing
Meeting 5	October/November	Medical training advocacy efforts
Meeting 6	December	Review recommendations / share with Advocacy Panel
Meeting 7	January/February	Present recommendations to Advocacy Panel
Meeting 8-9	February/March	Refine recommendations based on Advocacy Panel feedback and/or present final recommendation to OMA Board of Directors

APPENDIX 4: Resources

- **Government 101 for Health Human Resources**. (2024). *OMA Staff Presentation, Government Relations & Advocacy*.
- **Advocacy 101 for Health Human Resources**. (2024). *OMA Staff Presentation, Strategic Affairs and Government Relations & Advocacy*.
- **Physicians Leaving Canada, Ontario Data, National CIHI Data, Workforce Policy Changes**. (2024). *OMA Report*.
- **Rural and Remote Physician Services Coordination in Northern Ontario: A Brief Discussion Paper on the Model from British Columbia**. (Jan 2024). *Commentary on RCC Model for Ontario*. Northern Ontario School of Medicine (NOSM). PDF. Retrieved from https://www.northernpolicy.ca/upload/documents/publications/commentaries-new/commentary-rcc-model-for-ontario-nosm-24002.pdf
- **Time to Borrow from B.C.? Why This Rural Healthcare Model Could Work in Northern Ontario**. (2025, March 7). *Canadian Healthcare Network*. Retrieved from https://preview.canadianhealthcarenetwork.ca/time-borrow-bc-why-rural-healthcare-model-could-work-northern-ontario
- **A Health Workforce Strategy for Ontario**. (2024). *OMA Human Resources Committee (OHRC)*.
- **Physician Resources Integrated Model (PRIME)**. (2024). *OMA Staff Presentation, Economics, Research & Analytics*.
- **Pan Canadian Licensure and Regional Credentialing**. (2024). *OMA Staff Presentation & Briefing Note, Health Policy*.