

Restructure Negotiations to Optimize Constituency Group Engagement Report

(2022 Compensation Panel Priority)

May 2023



Introduction	3
Purpose	3
Recommendations:	4
Preparation: The OMA will prepare constituency leaders to learn about and be prepared to fully participate in all phases of negotiations.	5
Education: The OMA will provide increased transparency through guidance on the negotiations process and clarity on roles and responsibilities.....	7
Communications: The OMA will provide clarity on two-way communication channels between NTF and the members.	8
Structure: The OMA will set expectations for all participants involved and leverage its governance structure to improve engagement.....	10
Members of the Compensation Panel:	12
Additional Background.....	12
Conclusion	12

Introduction

In May 2022, the Priority and Leadership Group (PLG) identified “restructuring negotiations to optimize constituency group engagement” as a key General Assembly (GA) priority. This priority was approved by the board in June 2022. In response to the upcoming Physician Services Agreement (PSA) negotiation cycle and the associated time constraints, the Compensation Panel was tasked with acting as a working group to develop recommendations that would guide the Negotiations Task Force (NTF) in its approach to stakeholder engagement.

Early findings, while developing these recommendations were integrated into NTF’s ongoing work, informing its communication and engagement strategies, as well as providing a clear governance structure for negotiations. The recommendations reflect a thorough process that incorporated insights from external consultant’s SuccessMap’s engagement process review survey, feedback from members, practices from other Provincial and Territorial Medical Associations (PTMAs), and deliberations by the panel and supporting staff. Importantly, this is the first suite of working group recommendations aligned with the GA priorities being presented to the board for approval.

The recommendations directly support the Ontario Medical Association’s (OMA) strategic plan and are aimed at ensuring successful implementation of the 2021–2024 PSA agreement. They also help ensure that planning and processes for the next round of bargaining are informed by comprehensive member consultation and engagement.

Purpose

The primary purpose of this priority is to enhance the engagement of OMA members throughout the PSA negotiation cycle by strengthening and optimizing the mechanisms through which constituency groups participate. The Compensation Panel has identified a set of short-, medium-, and long-term activities designed to address known barriers to effective engagement and to improve member satisfaction with the negotiations process.

To support this, an Engagement Framework (Appendix 1) was developed, structured around four core components: preparation, education, communication, and structure. This framework stratifies opportunities and recommendations according to the three phases of the negotiation cycle—pre-negotiations, negotiations, and approval/ratification and provides a clear, visual summary of proposed actions and anticipated implementation timelines.

To develop these recommendations, the working group reviewed the comprehensive SuccessMap report on negotiations engagement, which included a breakdown of member survey results, discussions with Negotiations and Implementation (N&I) staff, and comparative insights from other PTMAs. In addition, the working group drew upon their own lived experiences as section, district, and tariff chairs, as well as their roles within constituency group leadership and grassroots membership.

The group identified several key themes essential to improving engagement, including:

- Communication strategies
- Role clarity and engagement of NTF members
- Addressing structural barriers
- Cross-sectional coordination
- Leveraging the districts
- Enhancing member trust
- Building leadership capacity in negotiations

These themes align with the three core focus areas identified by SuccessMap:

- Growing trust by driving excellence in the negotiations process
- Increasing strategic collaboration through clearer roles and responsibilities
- Leading and managing stakeholder talent

Additionally, the working group defined what effective engagement looks like across different stakeholder segments, outlining their respective roles, responsibilities, and expected outcomes (Appendix 2). While the proposed recommendations will require upfront investment in education, communication, and process refinement, the anticipated benefits include significantly improved member engagement, better-informed negotiations, and a stronger foundation of trust between members and the OMA.

Recommendations:

The panel developed the recommendations listed below fall to fall within the engagement framework (preparation, education, communication, and structure). A phased implementation is recommended as follows:

- Short-term indicates an immediate opportunity
- Medium-term opportunities have potential to be incorporated later in this round, and
- Long-term is meant to be implemented in future rounds

[Recommendations Overview](#) (use provided hyperlinks to navigate to the specific recommendations):

Note: current status is as of May 2023

1. [Preparation](#)
 - a. [Initial physician Leader Orientation](#)
 - b. [Formal education/preparation program for physician leaders](#)
 - c. [Expanded use of non-disclosure agreements \(NDAs\)](#)
2. [Education](#)
 - a. [Ongoing education of physician leaders throughout the negotiations cycle](#)

3. [Communications](#)

- a. [Increased use and variety of communication channels and tools used to enhance and improve partnership with consistency leaders](#)

4. [Structure](#)

- a. [Clear expectations set for all involved in negotiations consultations to increase reach, demonstrate transparency, and improve engagement](#)
- b. [Expanded use of NDAs to increase constituency group transparency](#)
- c. [Leverage the OMA's governance structure for engaging members beyond individual constituency groups](#)
- d. [Ensuring there are roles within each section that are accountable for compensation work \(e.g., tariff chair or other identified lead\)](#)
- e. [Conduct a jurisdictional scan](#)

1 Preparation: The OMA will prepare constituency leaders to learn about and be prepared to fully participate in all phases of negotiations.

Preparation Recommendations	Current Status (if applicable)	Timeframe
a. OMA staff will onboard constituency leaders to negotiations as part of their initial orientation to their role as constituency executive specific to what is expected of them during the negotiations process.	This currently happens on an ad hoc/case-by-case basis, formalizing this process will ensure all constituency leaders have access to the same supports and information. Delivery of "Negotiations 101" presentations are underway for teams across the OMA to ensure staff have a high-level understanding of the negotiations process and opportunities for member involvement.	Short to Medium Term
b. Additional preparation should be provided for physician leaders through a formal program. Throughout the PSA negotiations cycle, this should include:		
<ul style="list-style-type: none"> Outlining the roadmap including the bilateral process, timelines, roles and responsibilities, and what is in scope during the process kick-off. 	The compensation panel/ working group has developed a document outlining the observed roles and responsibilities and recommend that this or a version of this be used for the physician leadership development and member education.	Short Term
<ul style="list-style-type: none"> Identifying the specific expertise needed to support the NTF based on task force terms of reference, workplan and mandate. 	Ongoing	Medium Term
<ul style="list-style-type: none"> Outlining the engagement and consultation plan for members, along with updates as needed. Physician 		Short to Medium Term

Preparation Recommendations	Current Status (if applicable)	Timeframe
<p>leaders should understand when and how they will be engaged.</p>		
<ul style="list-style-type: none"> Providing specific guidance and resources when the OMA requests submissions. Examples include providing example submissions for use and reference, and what mechanisms could be implemented to provide early feedback on submissions and scope to constituency groups. 		Short to Medium Term
<ul style="list-style-type: none"> Creation of an education program and modules on broad compensation topics and to build and strengthen physician leadership competency and capacity enabling: <ol style="list-style-type: none"> 1) productive and informed engagement/representation on these files, 2) building of a talent pool and succession plan for positions tasked with this work (future tariff chairs, future members of numerous committees like NTF, RAC, PSC, and other bilateral tables tasked with compensation matters), and 3) deliberate growth and diversification of physician leaders with required technical skills/knowledge enabling physician leaders to support one another, their constituency groups, and the OMA. 	<p>GNC has discussed the need for a formal education program related to broad compensation matters (informally referenced as tariff school) related to recruitment and appointment to several of OMA's technical committees. This recommendation formalizes that identified need and will benefit the organization beyond the negotiation process.</p>	Medium to Long Term
<p>c. The NTF should expand the use of non-disclosure agreements (NDAs) as needed.</p> <p>Previous models of utilizing NDAs have included 'Sunday night calls' and the use of side tables to support the NTF. This would enable NTF to more easily and readily leverage technical expertise found within the membership. Also, expansion of NDAs</p>	<p>NDA model is currently in use and very successful.</p> <p>Monthly calls have been successfully used in previous negotiations rounds and present an opportunity to enhance their effectiveness by ensuring 2-way dialogue can occur and extending the invitations as needed/appropriate within the constituency leadership groups.</p>	Short Term

Preparation Recommendations	Current Status (if applicable)	Timeframe
within the section executives would allow constituency groups to create internal capacity by sharing the workload beyond the chair and/or tariff chair.		

2 Education: The OMA will provide increased transparency through guidance on the negotiations process and clarity on roles and responsibilities.

Education Recommendations	Current Status (if applicable)	Timeframe
a. OMA staff and the NTF should provide ongoing education to physician leaders throughout the negotiations cycle through the following mechanisms:		
<ul style="list-style-type: none"> Developing a Negotiations 101 primer for physician leaders. 	Internal Negotiations 101 materials developed to support staff, and key elements have been shared online, through OMA News, and the recent edition of the Ontario Medical Review . Opportunity to continue to grow these materials to meet the membership's needs.	Medium Term
<ul style="list-style-type: none"> Sharing expectations and clear roles and responsibilities of all parties. 	The compensation panel/ working group has developed a document outlining the observed roles and responsibilities and recommend that this or a version of this be used for the physician leadership development and member education.	Short to Medium Term
<ul style="list-style-type: none"> Providing technical process briefings as needed. 	Currently happens successfully on an ad hoc basis e.g., education sessions & technical briefings for the board of directors, opportunity to build out this practice.	Medium Term
<ul style="list-style-type: none"> Leveraging district chairs as partners in member engagement and education alongside the existing mechanisms for section chairs. 	Following the refresh of the district structure and new leadership composition of the districts, staff have begun to incorporate district engagement, as appropriate, into plans as they are being developed.	Short Term
<ul style="list-style-type: none"> Revamping the negotiations website to help guide members. 	Newly revamped negotiations website was launched in early March, with a commitment to continual update and refine it based on members' needs.	Short to Medium Term

3

Communications: The OMA will provide clarity on two-way communication channels between NTF and the members.

Communications Recommendations	Current Status (if applicable)	Timeframe
a. OMA staff and the NTF should increase the communication channels and tools used to enhance and improve their partnership with consistency leaders, including:	A detailed communications plan has been developed that outlines the context, objectives, member impact, risks and mitigations, audiences, tactics and channels, risks and mitigation strategies, key messages, and evaluation approaches. This communications plan is a living document and will evolve based on changing circumstances and needs.	
<ul style="list-style-type: none"> Upholding early communications as a key principle to engage constituency groups. 		Short Term
<ul style="list-style-type: none"> Identifying and implementing multi-channel communication efforts with members. 		Short Term
<ul style="list-style-type: none"> Determining who needs to know what and when in advance using the developed roles and responsibilities (Appendix 2). 	The compensation panel/ working group has developed a document outlining the observed roles and responsibilities and recommend that this or a version of this be used for the physician leadership development and member education.	Short Term
<ul style="list-style-type: none"> Informing members on how to relay concerns through appropriate channels and providing opportunity for two-way communication. 		Short Term
<ul style="list-style-type: none"> Providing direct support and tools for physician leaders on what they can and should be sharing with their members. This should be articulated as: <ul style="list-style-type: none"> Providing clear direction at each meeting of what can and cannot be relayed and discussed. An example used was, out of Sunday calls, share (a,b,c) but (x,y,z) is confidential – to provide a very explicit outline for participants. Sharing language as to what can be communicated, how it should 		Short to Medium Term

Communications Recommendations	Current Status (if applicable)	Timeframe
<p>be shared, and top line key messages. For example, an email that physician leaders can copy and paste.</p> <ul style="list-style-type: none"> • Categorizing general updates to members by theme. This will facilitate better comprehension for those receiving the updates and allow those sharing them to effectively highlight relevant components of the update specific to their group(s). • Ensuring there is adequate capacity by the negotiations team and members to communicate the key messages for each meeting. 		

Structure: The OMA will set expectations for all participants involved and leverage its governance structure to improve engagement.

Structure Recommendations	Current Status (if applicable)	Timeframe
a. OMA staff and the NTF will set expectations for all involved in negotiations consultations, and more broadly include the bodies in the OMA's governance structure to increase reach, demonstrate transparency, and improve engagement.		
<ul style="list-style-type: none"> Roles and responsibilities will be circulated and available for all members (Appendix 2). 	The compensation panel/ working group has developed a document outlining the observed roles and responsibilities and recommend that this or a version of this be used for the physician leadership development and member education.	Short to Medium Term
<ul style="list-style-type: none"> OMA will develop a structure map of the negotiations cycle process, outlining (short-term to medium-term): <ul style="list-style-type: none"> What happens when – including phases, key timelines, and milestones. Who is communicated what and when. This should include messaging that different groups will be communicated with at different points in the process. This will allow for members to plan as they consider their commitments and capacity to be engaged. How that communication gets to different member groups – identifying the groups and channels in which they will be communicated with. How subject matter experts will be engaged and when. Training and education opportunities Use of NDAs (Non-Disclosure Agreements), their importance, clarity on when they are used, and why they are needed. 	<p>Elements of this recommendation have been developed and shared with members through oma.org and OMR.</p> <p>Developed communications plan contains numerous opportunities to share this information in a comprehensive way.</p>	Short to Medium Term

Structure Recommendations	Current Status (if applicable)	Timeframe
<ul style="list-style-type: none"> • Transparency map – how, when, and what will be shared. • Evaluations, both process and outcome, and outlining their use and which results will be shared. 		
b. Build capacity for groups to fully participate by the inclusion of more executive members in the process, considering expanded use of NDAs.	NDA model currently in use and very successful.	Short Term
c. Leverage the OMA's governance structure for engaging members beyond individual constituency groups. Specific entities to consider include the General Assembly, the networks, and post-board calls. For example, leveraging the networks to discuss systems issues, or providing updates when large groups of physician leaders come together.	<p>Incorporated into early refinements including communications plan and constituency leadership outreach conducted to date.</p> <p>Network meetings are being organized to support negotiations work.</p>	Short to Medium Term
d. Examine the equity of inconsistent tariff chair roles for each section and incorporate that into the constituency governance review. Sections need a specific interface with the NTF and clarity regarding which elected leader is responsible. It has been noted that the chair role already has an enormous amount of responsibility and demands on their time. Tariff chairs (or other designated physician leaders) can focus on physician compensation and build technical expertise.	Constituency review engagement is underway with the sections with the first round of focus groups completed. Constituency group capacity has been raised proactively by staff in those conversations and has been greeted with agreement and support. Next steps will include what those structures might look like as sections have unique needs that will need to be incorporated.	Medium to Long Term
e. Undertake an environmental scan with other provincial-territorial medical associations (PTMAs) and their approach to negotiations. The scan will identify best and promising practices, including the identification of any tri-lateral processes to bring in groups early and engage them along the way as needed.	<p>Environmental scan completed, findings available.</p> <p>Commitment made to fellow PTMAs to share findings and recommendations.</p>	Short Term

Members of the Compensation Panel:

- Dr. Robert Dinniwell, chair
- Dr. Eric Goldszmidt, vice-chair
- Dr. Sonu Gaiind
- Dr. Kathleen Gregory
- Dr. Jane Healey
- Dr. Karima Khamisa
- Dr. David Schieck

Additional Background

Original Idea as submitted to the PLG:

The current OMA approach to negotiations involves constituting a Negotiations Task Force (NTF) that is made up of five physicians from across the spectrum of consultants and family medicine specialists. The NTF consults specific areas of specialty as needed over the course of negotiations and takes that input and feedback into consideration as it engages with the MOH (Ministry of Health) over the course of negotiations. This approach often results in various constituency groups feeling that they have not had the opportunity to be appropriately and adequately engaged in negotiations that directly impact on their specific membership.

A different approach to negotiations might involve a small group of physician leaders from a particular constituency group being brought directly in to participate with the NTF in those aspects of negotiations that specifically relate to their area of focus. There are different approaches to negotiations in other provinces that might give some direction to how specific groups of physicians might be more directly involved in those aspects of negotiations that affect them.

- Member/Public Opinion Evaluation: Provide information available on related to opinion research (qualitative and/or quantitative data, etc.)
- Key Historical Context: Provide historical information and details necessary to understand the issue (including practice, government commitments, positions taken by other groups)
- Jurisdictional Research: Provide key insights learned from experience of other jurisdictions if relevant.

Conclusion

The Compensation Panel's recommendations mark an important step forward in strengthening the OMAs negotiations process. By prioritizing clarity, structured engagement, and member trust, these efforts aim to build a more transparent and collaborative approach with members and the government. The phased implementation plan, supported by cross-departmental collaboration and informed by member insights, ensures the recommendations are actionable and sustainable.

Effective communication, clear role definition, and strategic engagement are central to this work. As implementation progresses, success will be measured not only by the outcomes of negotiations but by the degree to which members feel informed, involved, and confident in the process.

Through this initiative, the OMA reaffirms its commitment to member-driven negotiations, continuous improvement, and organizational transparency that supports all physicians.

Attachments:

- Appendix 1 – Engagement Framework Restructuring Negotiations
- Appendix 2 – Participation Roles Restructuring Negotiations