

OMA General Assembly

General Assembly Orientation Binder

Governance, 2022



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1. Welcome from the General Assembly Steering Committee

Congratulations!

This is an exciting time to join the OMA General Assembly. Not only is the OMA doing important work to support members and the public during the pandemic and working tirelessly on behalf of doctors at the negotiation table, the OMA is also implementing member- led recommendations to modernize the OMA's century-old governance model.

This transformation will allow the OMA to represent members more effectively and empower members by placing them firmly at the core of everything we do.

Along with the rest of the OMA staff, the Governance team will be here to support you on this journey.

Whether you are on the Priority and Leadership Group (PLG), panels, or working groups, we will work to ensure you have the support, information and tools needed to deliver on your mandate.

You will likely have questions as you review materials and get acquainted with your new role, please do not hesitate to reach out to us at oma.generalassembly@oma.org.

We look forward to working together!

Dr. Veronica Legnini
Chair, General Assembly Steering Committee

Dr. Atul Kapur
Vice-Chair, General Assembly Steering Committee

2. Welcome from CEO Mr. Allan O'Dette

Welcome to the fall meeting of the General Assembly. I am looking forward to seeing you this weekend.

I would like to thank our Chair Dr. Veronica Legnini and Co-Chair Dr. Atul Kapur for their leadership and dedication to the General Assembly.

This gathering will be focused on your personal growth and development as a physician leader. We want to enable you to have the skills and tools you need to play a leading role in transforming Ontario's health care system.

It will also be an opportunity to form long-lasting relationships with your colleagues from across medicine, outside of your own district and section.

The General Assembly is now one year old. It has been an exciting first year. You have started to get to know each other. You have established some norms and processes. Most importantly, you have set several priorities and commenced work on them.

The ideal future state for this body will take some time to get to, but it will be worth it. Ontario's health care system is in crisis and needs significant change to properly serve the people of this province. We know that when doctors play key leadership roles, good things can happen. The General Assembly will succeed if it can position doctors to lead, drive and shape that positive change.

Thank you,



Allan O'Dette
CEO, Ontario Medical Association



OMA CEO Allan O'Dette

3. Meet your leaders

The General Assembly Steering Committee (GASC)



Veronica Legnini, MD
Chair, General Assembly Steering Committee



Atul Kapur, MD
Vice-Chair, General Assembly Steering Committee



Alykhan Abdulla, MD
Member-at-Large,
General Assembly Steering Committee



Joy Hataley, MD
Member-at-Large,
General Assembly Steering Committee



Sharad Rai, MD
Member-at-Large,
General Assembly Steering Committee

4. Board of Directors

Officers of the Board.

The officers of the Board are the Chair, President, President-Elect and Immediate Past President.



Cathy Faulds, MD
Chair, Board of Directors



Adam Kassam, MD
Immediate Past President, OMA



Andrew Park, MD
President-Elect, OMA



Rose Zacharias, MD
President, OMA

Members of the Board



Zainab Abdurrahman, MD
Member, Board of Directors



Sanjay Acharya, MD
Member, Board of Directors



Sharon Bal, MD
Member, Board of Directors



Denise Carpenter
Member, Board of Directors



David Collie
Member, Board of Directors



Audrey Karlinsky, MD
Vice-Chair, Board of Directors



Carmen Rossiter
Member, Board of Directors



Cynthia Walsh, MD
Member, Board of Directors



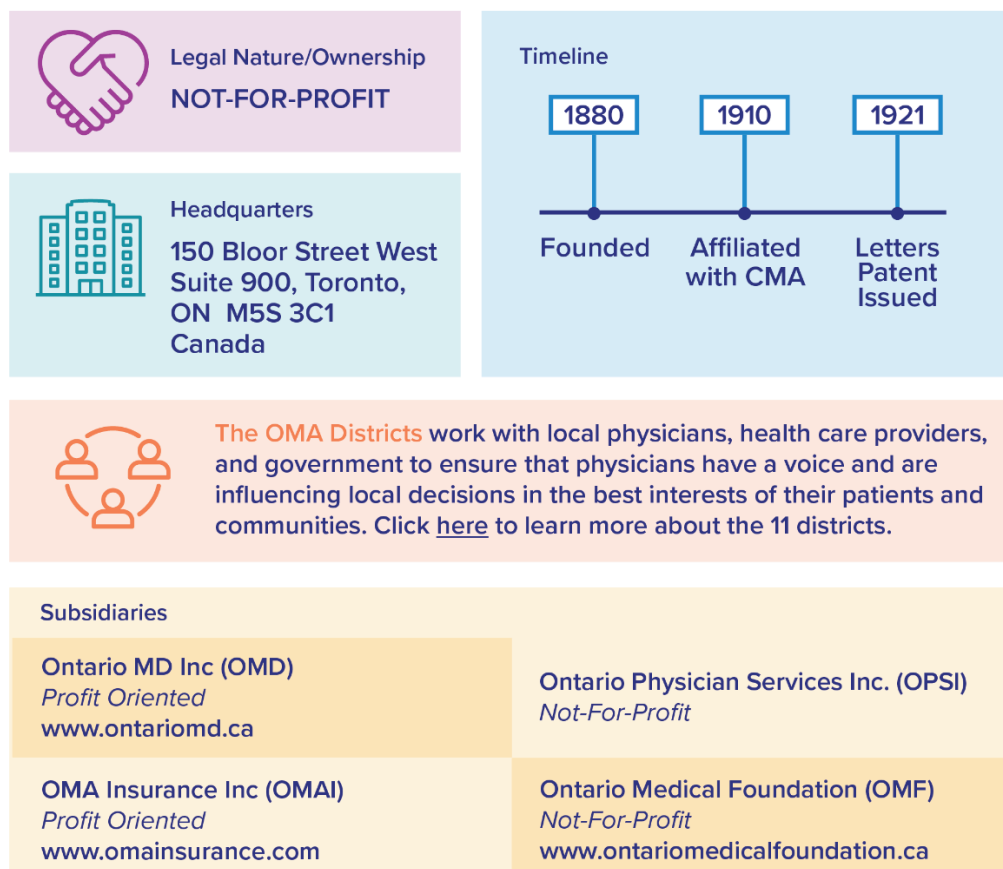
Hirotaka Yamashiro, MD
Member, Board of Directors

5. OMA at a Glance

Ontario is home to world-class medical professionals who are transforming the delivery of patient care, leading breakthrough research and contributing to the evolution of our publicly funded health care system. Ontario is also a major training ground to prepare physicians and health leaders for the future. Founded in 1880, the Ontario Medical Association (OMA) has approximately 47,000 members, including 33,800 practicing physicians. Membership also includes retired physicians, medical students, and Ontario physicians currently out-of-province.

As the representative of Ontario's physicians, we advocate for the health of Ontarians and provide leadership for an accessible quality health care system.

The activities of the OMA are wholly funded by membership dues. The OMA receives no funding from either the government or corporate interests.





¹ As of April 2022

6. Mission, Vision and Values

Our mission, vision and values outline our commitment and our core values.

Mission

Advocate for and support doctors. Strengthen the leadership role of doctors in caring for patients.

Vision

To be the trusted voice in transforming Ontario's health care system.

Core Values

Respectful

We treat everyone with dignity and value diverse experiences and perspectives.

Innovative

We seek opportunities to be creative and explore future possibilities.

Bold

We courageously pursue best practices, new ideas, solutions, and opportunities to improve.

Responsive

We listen to understand and connect.

Transparent

We are genuine and candid in our interactions, and we hold ourselves accountable.

7. Strategy

The OMA's Strategic Operating Plan enables the OMA to create a fundamentally integrated environment that focuses financial and human resources to deliver on member priorities and realize the OMA's Mission, Vision and Values. Each year the Executive Team and Leadership work collaboratively to develop a shared vision of what success will look like in the upcoming year. There are several governing bodies with oversight of all or parts of the Strategic Operating Plan. They are:

- Board: Oversight related to the strategic plan and CEO performance.
- Human Resources and Compensation Committee (HRCC): Monitoring CEO's goals as they pertain to Outcomes and Targets.
- Finance and Audit Committee (FAC): Oversight of financial matters tied to Outcomes, Targets and Initiatives.
- Executive Team: Accountable for the development and delivery of the Strategic Operating Plan.

The OMA's 2022 Strategic Operating Plan was developed in collaboration with all areas of the organization and aligns financial and human resources on delivering key objectives. The plan is three-tiered and at its highest level, identifies Outcomes and cascades through Targets to Initiatives. The Outcomes are outcome goals that outline who OMA wants to be; the Targets are performance goals that outline what OMA needs to action to achieve success for each Outcome; and finally, the Initiatives are the work and projects that OMA departments and staff will do to achieve the Targets. All work is classified under one of our 4 Ms, which align our work into four focus areas. The 4Ms and 2022 Outcomes and Targets are outlined below.



Manage

Managing and strengthening the relationship with decision-makers and other stakeholders.



Membership

Improve membership satisfaction and engagement through improved value to members.



Mandate

Mandate focuses on clarity of roles, goals and objectives between the CEO, the Board of Directors, General Assembly and the membership to drive organizational effectiveness.



Modernize

Build an agile, cross-functional, effective and efficient OMA to improve the lives of doctors and patients.

M	Outcomes & Targets
MANAGE	<p>1. The 2021 agreement is in place with an implementation plan that includes member education, and OMA has a plan to address relativity.</p> <p>1.1 Negotiated or arbitrated 2021-2024 PSA in place (Strategic Affairs)</p> <p>1.2 OMA is prepared for PSA implementation (Strategic Affairs)</p> <p>1.3 Plan to address Relativity developed through consultation and approved by Board (EPR)</p>
	<p>2. The OMA is a trusted and credible influencer to, and has enhanced credibility with, government and system stakeholders. The OMA drives provincial policy as a leader in advocacy, policy, thought leadership and positions physicians as leaders in healthcare system transformation.</p> <p>2.1 Establish new PSC membership to implement new PSA and influence health system outcomes. (Strategic Affairs)</p> <p>2.2 Position papers published that influence policy and thought leadership (EPR)</p> <p>2.3 OMA shapes health system policies and reform (EPR)</p> <p>2.4 Physicians are leaders in OHTs (EPR)</p> <p>2.5 OMA informs and influences legislation and policy on priority issues (EPR)</p> <p>2.6 OMA creates strategic relationships and partnerships with stakeholders that advances members interests and OMA policy (EPR)</p> <p>2.7 Effective advocacy campaigns support OMA's priorities and key drivers of public trust in doctors (MRAC).</p> <p>2.8 The OMA successfully leverages its committees and decision-making structures to positively influence policy, programs, initiatives and champion healthcare system transformation to best support members and patients. (Strategic Affairs)</p>
MEMBERSHIP	<p>3. Improve membership engagement by aligning OMA efforts around Negotiations, Advocacy, Practice Support, Advantages & Association Governance with a focus on helping members navigate the healthcare system and support them with their health and wellness.</p> <p>3.1 Members are aware of activities of the burnout task force including outcomes and products and supported by OMA regarding addressing, mitigating, or improving burnout (EPR)</p> <p>3.2 Develop Knowledge Translation Information tools and supports for members on topics of importance in appropriate formats and in a timely, responsive way that delivers value (EPR)</p> <p>3.3 Continue to support physicians by providing practice management support and education that they find valuable. (Strategic Affairs)</p> <p>3.4 Continue to support physicians professionally through providing physicians with broad legal support. (Strategic Affairs)</p> <p>3.5 Increase satisfaction with member facing channels i.e., OMA News, OMA.org, OMR, Scrub-In, OMA App, by leveraging OMA content and communications best practices to provide a member experience that is relevant, intuitive and fits into their lives. (MRAC)</p> <p>3.6 PLAYBOOK 2022 continues to focus on leveraging Member Value Survey findings to increase member experience of OMA offerings and content through continued cross-collaboration within OMA to integrate offerings tailored to segments. (MRAC)</p> <p>3.7 Develop an integrated framework that measures accountability to the membership (All departments)</p> <p>3.8 Technology enables the use of a 360-degree view of a member, including information on all member touch points available for staff to improve member experience: Member profile, member requests, member communications, surveys and events attended. Data on member interactions are leveraged to improve membership satisfaction. (Technology)</p> <p>3.9 Advantages Retirement Program new business plan is approved, and 2022 business plan achieved (Insurance)</p> <p>3.10 OMAI offers competitive insurance products that enhance member value and has a clear definition of what we want our member experience to be (Insurance)</p> <p>3.11 Maintain and enhance service levels to support physicians with their personal health and wellness through PHP (PHP)</p>

MANDATE	<p>4. The OMA strives to have the best governance structure and processes in place, with a lens of diversity and inclusiveness, that work together in a way that best represents members and delivers on the mandate of the organization. Management takes responsibility and is accountable for guiding and supporting Board, General Assembly and the Constituency groups</p> <p>4.1 Ongoing implementation, evaluation, and continual improvement of the new governance structure that builds a strong foundation enabling the OMA to deliver on all other outcomes. The OMA is seen as a modernly governed leader across PTMAs. (Strategic Affairs)</p> <p>4.2 The OMA physician leadership is aligned around clear articulation of the organizational culture that we intentionally strive for and our approach to advancing Diversity & Inclusion are defined. (Strategic Affairs)</p> <p>4.3 Management and support of modern, integrated community tool for Section and District chairs to engage with their constituencies. (MRAC)</p> <p>4.4 Continued support of Physician Leader communications via email as required, successfully delivering communications within a 72 hours service level agreement. (MRAC)</p> <p>4.5 Technologies are available and supported directly to enable members to communicate and effectively engage with peers and colleagues, supporting members to communicate in Sections, groups, and other forums. Improvements to member engagement are enabled. (Technology)</p> <p>4.6 Continue to execute and improve on the engagement plan for the Constituency groups to enhance services provided. (Strategic Affairs)</p> <p>4.7 OMA Insurance board is active, collaborative and effective (Insurance)</p> <p>4.8 Establish a clear mandate with managing all OMA subsidiaries (CEO).</p>
MODERNIZE	<p>5. The OMA attracts, retains, aligns and integrates employees by creating a diverse, equitable and inclusive environment that nurtures learning, psychological safety and wellness resulting in improved employee engagement.</p> <p>5.1 The OMA is aligned around a clear articulation of the organizational culture and behaviours that we intentionally strive for and our approach to advancing Diversity & Inclusion are defined and progressing (P&C)</p> <p>5.2 OMA practices best-in-class employee objective setting, measurement, monitoring, training, and development resulting in turnover and engagement that meet or exceed industry standards (P&C)</p> <p>5.3 Return to office and real estate strategy to address hybrid/post-pandemic way of working defined (P&C)</p> <p>6. The OMA is an agile and resilient organization that has embedded learning and continuous improvement in its process to anticipate and mitigate risk.</p> <p>6.1 Strengthening continuous improvement and learning into the culture of the organization. (CFOO)</p> <p>6.2 Modernize the Finance department to produce timely and accurate Strategic/Management reports to facilitate decisions at the Senior Management level. (CFOO)</p> <p>6.3 Data Governance infrastructure is defined and completed (Technology)</p> <p>6.4 Build Technology Risk maturity and enhance Cyber Security compliance (Technology)</p> <p>6.5 Business process automation technique using robotic process automation is implemented (Technology)</p> <p>6.6 Enhance OMA business resiliency, business continuity and operationalize the Enterprise Risk Management program. (CFOO)</p>

The CEO provides an update on the organization's performance with regards to the strategic operating plan through his CEO report to board at every board meeting. Please click [here](#) to access the most recent CEO report.

8. The General Assembly

GENERAL ASSEMBLY:

PRIORITY & LEADERSHIP GROUP



STEERING COMMITTEE



NETWORKS

6 NETWORKS

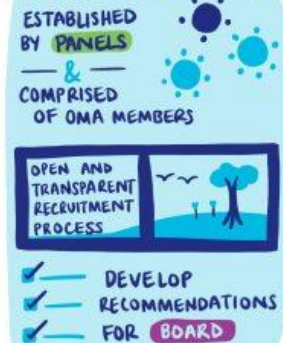
- MEDICAL
- DIAGNOSTIC
- PRIMARY CARE
- SURGICAL
- REGIONAL
- ACADEMIC



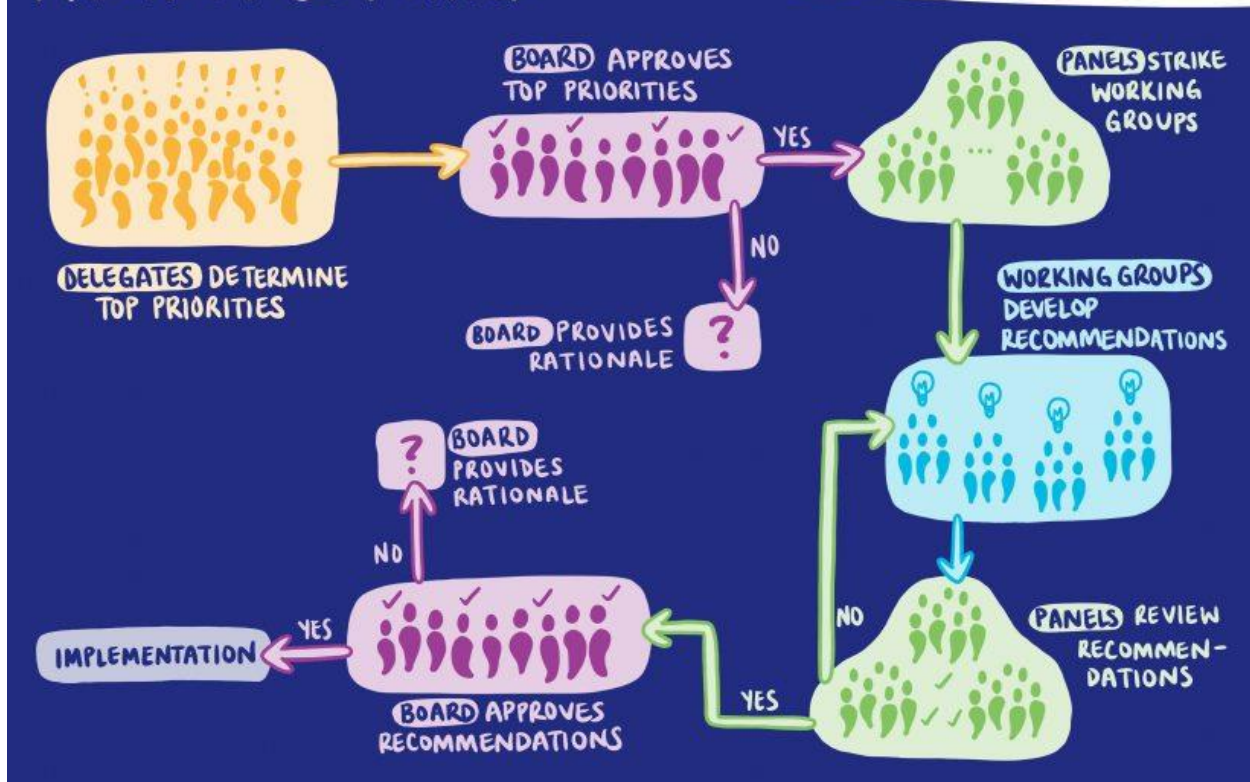
PANELS



WORKING GROUPS



PRIORITY SETTING:



All General Assembly Charters and position descriptions can be found [here](#).

General Assembly Steering Committee

The General Assembly Steering Committee is an oversight committee made up of 5 members that ensures the effective functioning of the General Assembly, Panels, and Working Groups. Along with the Governance and Nominating Committee, they provide oversight to the Nominating and Appointments Committee. This group also liaises with the Board of Directors.

Of the 5 members, 3 members are from the General Assembly delegate pool, while the Chair and Vice-Chair roles are open to members who meet the skills requirements. All members of the GASC are elected by the General Assembly.

Composition

- Veronica Legnini, MD – chair
- Atul Kapur, MD – vice-chair
- Alykhan Abdulla, MD
- Joy Hataley, MD
- Sharad Rai, MD

Priority and Leadership Group

The Priority and Leadership Group (PLG) will meet a minimum of twice a year and will consist of a total of 125 Delegates from the Sections, Districts and Fora. They will represent diversity in the type of medical practice, leadership experience, region, gender, and other diversity characteristics. The delegates identify and recommend priorities to the Board that the Panels and Working Groups will address. The PLG will also promote and participate in leadership development, learning and networking.

Delegate positions are appointed based on the delegate allocation numbers from each constituency group. These delegates are selected by the constituency leadership group and finalized by the networks. The composition of delegates can be found in Appendix B.

The General Assembly Steering Committee provides oversight of the General Assembly including the PLG. The PLG delegates are responsible for electing the members of the GASC including the Chair and Vice-Chair

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

Panels

There are three General Assembly Panels - Issues & Policy, Compensation, and Advocacy — who will oversee the generation of recommendations. The recommendations are generated by Working Groups, with the support of staff. The Panels will review these recommendations to ensure they meet all criteria for approval and advance the validated recommendations to the Board. If deemed acceptable, the recommendations will move forward to the Board and guide its decision making.

Panel members are appointed by the Nominating and Appointments Committee following a skills-based application and recruitment process. Eligible candidates must be an appointed Delegate to the General Assembly or a member of the Elected Constituency Leadership Group.

Advocacy panel**Composition**

Jonathan Eisenstat, MD
Jennifer Ingram, MD (Vice Chair)
Shehnaz Pabani, MD
Sharadindu Rai, MD
Lisa Salamon, MD (Chair)
Sandip SenGupta, MD
Sinthu Senthillmohan

Compensation panel**Composition**

Robert Dinniwel, MD (Chair)
Sonu Gaind, MD
Eric Goldszmidt, MD (Vice Chair)
Kathleen Gregory, MD
Jane Healey, MD
Karima Khamisa, MD
David Schieck, MD

Issues and Policy panel**Composition**

Lisa Berger, MD
Dharmendra Doobay, MD
Michael Finkelstein, MD (Chair)
Nili Kaplan-Myrth, MD
Rayudu Koka, MD
Jane Purvis, MD (Vice Chair)
Gregory Rose, MD

Working Groups

General Assembly Panels will establish a series of Working Groups that will work closely with OMA staff to tackle professional issues, deal with matters related to compensation, and address governmental, public, and stakeholder relations issues. The number of working groups needed will be driven by General Assembly generated priorities and overseen by the Panels. Working Groups will develop recommendations that are credible, based on available evidence and best practices, and incorporate appropriate input from affected constituencies, members, and stakeholders. These recommendations will then be reviewed by the appropriate Panel. Working groups present their panel-vetted recommendations directly to the Board of Directors.

Working Groups will be comprised of skilled members who can bring their diverse backgrounds, knowledge, and expertise to solve issues within their mandate. They are open to all members. The OMA's Nominations and Appointments Committee will support the Working Group candidate recruitment.

Networks

Networks are collaboration forums made up of sections, fora, and districts with common interests, goals and issues. There are 6 Networks: Primary Care, Medical, Surgical, Diagnostic, Regional, and Academic. They also finalize Priority and Leadership Group delegate selection.

Networks are a community of supports that share best practices and lessons learned on numerous topics including member engagement, and network-specific issues not identified as a priority by the General Assembly. They provide critical mass to support the delivery of their other non-General Assembly functions, including resource-sharing and capacity-building.

Governance Transformation

Transformation of the governance structure has been a long-term goal of the OMA.

The Governance Transformation Consultation Process with the Board, Council and members revealed what is important to members: A member-driven OMA that represents ALL voices and protects the interests of members.

Furthermore, the 2018 Strategic Plan identified the inadequacy of current governance practice and the need to further streamline and redesign OMA decision-making to ensure quick response, efficiency, effectiveness and transparency.

The work culminated in *OMA Better Together Governance Transformation Plan*, published in October 2019 and shared at the Fall 2019 Council. An updated version of the report can be accessed [here](#).

Following the adoption of the new Governance Transformation changes at Fall 2020 Council, a Governance Transformation Implementation Steering Committee was also created as a sounding board that would act as a resource to ensure the successful implementation of the approved transformation changes and completion of outstanding work.

Meeting frequency

Group	Meeting frequency
General Assembly (includes all bodies under the GA)	Annual
PLG	Annual (second meeting as part of General Assembly)
GASC	Quarterly
Panels	Quarterly
Working groups	As needed and identified in workplan

Qualifications and terms of office

Group	Qualification	Term of office
PLG	<ul style="list-style-type: none"> • Good standing with the OMA and eligible to hold office as per the OMA by-laws 	<ul style="list-style-type: none"> • Priority and Leadership Group Delegates and Entity Members, Panels and GASC serve a two-year term, which can be renewed twice, for a maximum of 6 years consecutive service • Priority and Leadership Group Delegates and Entity Members, Panels and GASC may return after a two-year break from serving as a Delegate • Maximum lifetime service as a Priority and Leadership Group Delegate or Entity Member is 10 years
GASC	<ul style="list-style-type: none"> • The Chair and Vice-Chair can be nominated from within the GA Delegate Body or from the general membership and will be elected by GA Delegate Body • The remaining three GASC members are elected from within the GA Delegate Body 	<ul style="list-style-type: none"> • The terms for all GASC members are 2 years, with a maximum service of 6 years
Panels	<ul style="list-style-type: none"> • Nominees come from Constituency Group Elected Leadership, including those on the Priority and Leadership Group • Members of a Panel elect their Chair and Vice-Chair 	<ul style="list-style-type: none"> • Members serve for two-year terms, with a maximum of six years of service
Working groups	<ul style="list-style-type: none"> • Any member in good standing with the OMA 	As needed and identified in workplan

Priority-setting Process

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

Step	Objective
Idea submission	Members submit ideas that benefit the profession and improve the health system
Idea analysis	Subject matter experts on staff provide analysis of ideas, context, updates on ongoing OMA work, and alignment to strategic goals to enable decision-making by the PLG
Idea ranking	PLG delegates review submitted ideas and rank them based on cost, feasibility, and impact to physicians
Prepare for prioritization	Top six ranked ideas for each panel are shortlisted for prioritization
Prioritization	PLG delegates meet to review to shortlisted ideas. Sometimes these ideas are reworded or combined with other shortlisted ideas for better alignment to strategic goals. PLG delegates vote for final ideas.
Approval	Final priorities must be approved by OMA Board of Directors ¹
Scoping	Approved priorities are handed to associated panels to begin scoping the work. Panels establish working groups to carry out the work and develop evidence-based recommendations
Action	Working groups begin to develop evidence-based recommendations. This can take between 1-3 years.
Recommendations	Recommendations are presented to the panels for review. Once reviewed, working groups will present recommendations to the Board for approval
Implementation	Approved recommendations are disseminated to OMA staff for implementation

¹ The Board is required to provide a rationale for any priorities not approved. OMA staff will communicate with GASC and the broader General Assembly.

Key Accomplishments

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

- Recruitment of 120 PLG delegates, 21 panel members and 5 GASC members. Working groups have begun recruitment.
- Multiple town halls and information sessions on the GA
- Dozens of ideas put forward by members for 2021 priorities (6 advocacy, 15 issues and policy, 13 compensation)
- Following careful analysis of all ideas, advocacy, and issues and policy priorities were determined by the PLG and later approved by board of directors. The respective panels have begun meeting to scope the work and identify the skills required on the working groups that will be tasked with developing concrete recommendations related to the priority.

Board approved priorities	2021	2022
Compensation panel	Deferred to incorporate the 2021 PSA	1. Restructure negotiations to optimize constituency group engagement 2. Revamp OHIP eligible rejected claims process to compensate uninsured patients
Issues and Policy panel	Data supports for work and health human resources	Centralized lab requisitions for imaging and bloodwork
Advocacy panel	Reducing delays in patient flow	Develop a comprehensive Human Health Resources strategy including a portable license that is time-restricted to underserved areas

9. Overview of Key OMA Committees

Below is a list of committees under the governance structure:

Board Task Forces

- Negotiations Task Force
- OMA Board Taskforce on OMD

Bilateral Committees

- Education & Prevention Committee
- Physician Services Committee
- Technical Fees Working Group
- Physician Services Payment Committee

CEO Advisory Committees

- Awards Committee
- Civility, Diversity and Inclusion Committee
- CMA Affiliation Committee
- Health Policy Committee
- Member Relations, Advocacy and Communications Committee
- Member Services Committee
- OMA Forms Committee
- OMA Physician Human Resources Committee
- OMA Women Committee
- Relativity Advisory Committee
- Uninsured Services Committee

CEO Task Forces and Working Groups

- CPSO Task Force
- Physician Burnout Task Force

10. Organizational Chart

The CEO's primary responsibility is to provide executive leadership of the Ontario Medical Association ("OMA"), and to facilitate the ongoing sustainable operations and highly effective performance of the OMA. As the chief executive of the OMA, the CEO is responsible for the operational management of the OMA and its subsidiaries through the Executive Team (ET) and ultimately responsible for all managerial decisions and outcomes.

The CEO is the most senior point of contact between the Board of Directors and the corporate operations. The CEO leads the strategic direction of the OMA with the Board of Directors through the development and operationalizing of the strategic plan and as an active member of the Board.

The CEO is accountable for building key relationships with the President and President- Elect, key stakeholders in the provincial government, and related ministries and agencies. The CEO is also accountable for communicating OMA activities and operations to the membership and stakeholders on as appropriate.

The CEO is also the lead change agent in times of transformation and/or modernization of the OMA, and is responsible for the alignment of the OMA's strategic direction, goals, values, and mission with the Association's organizational architecture and governance model.

Management has a critical role in effective board decision making by:

- reporting relevant material information to the Board;
- stimulating Board discussion on emerging issues;
- assisting the Board in analysing and considering issues; and
- responding to issues raised by the Board.

To learn more about some members of the Executive Team, please click [here](#) to read their profiles.

There are also video introductions in the description of each department. The organizational chart below shows the departments at the OMA and members of the Executive Team who report directly to the CEO:



Chief Executive Officer -
Allan O'Dette

Chief of Staff

Economics, Policy and
Research

Finance and Operations

Member Relations, Advocacy
and Communications

People & Culture

Physician Health Program

Strategic Affairs

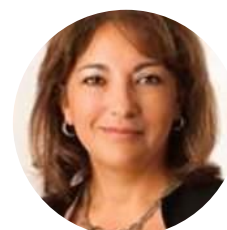
Executive Vice-President,
Economics, Policy &
Research - Jim Wright

Chief, Financial & Operating
Officer, Lily Chen

Executive Vice-President,
MRAC - John Bozzo

Executive Vice-President,
People & Culture - Sandy
Zidaric

Executive Vice-President,
Strategic Affairs - Kori
Kingsbury



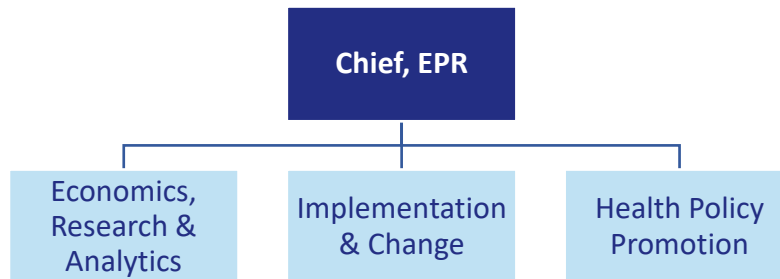
11. Key Departments

11.1 Executive Office

The Executive Office supports the Chief Executive Officer (CEO) in planning, scheduling, communications, correspondence, and operations. The Executive Office also provides support, as part of a cross-functional team, to the Board Chair, President and ET. The Executive Office works closely with MRAC (Member Relations, Advocacy & Communications), who are responsible for the President's communications.

11.2 Economics, Policy & Research (EPR)

Department Overview



Jim Wright
Executive Vice-President, Economics,
Policy and Research



Play video

Mandate

The overarching aim of Economics, Policy and Research (EPR) is to bring the physician voice and expertise to health system transformation. This aim is encompassed by the concept of ‘thought-leadership’ that enables OMA to be the well-respected voice for doctors. The EPR department provides outstanding economic and data analytics support to negotiations and implementations of Physician Services Agreements; monitors, advises on, and responds to key system issues for physicians and their patients; and supports members in implementation of health system reform.

Who We Are

The EPR department supports both the membership and the work of the organization by:

- developing evidence-based, physician-informed policy positions, papers, and submissions;
- supporting negotiations and implementation of physician services agreements by providing data analytics and subject matter expertise on physician payments;
- providing economic research, analysis, and member support with policy and billing issues;
- analyzing and responding to, and informing members of relevant legislation and regulation changes;
- advocating on behalf of the profession on key health system issues;
- strengthening the internal effectiveness of the organization using data analytics;
- conduct and publish research on physician related issues in peer reviewed journals;
- providing members with information summaries, resources and tools on topics needing support;
- building and leveraging stakeholder relationships to advance OMA policies and positions; and
- providing in-field support to physicians throughout the province on health system matters.

What We Do

Economics, Research & Analytics (ERA)

The Economics, Research & Analytics team:

- The ERA team applies its extensive expertise on physician payments and advanced economic and statistical skills to over 20 terabytes of integrated claim and clinical data, such as OHIP claims, Primary Care and Alternative Payment Plan Data, Emergency Department and Hospital Discharge Database to:
 - Provide subject matter expertise, data analytics and economic analyses to negotiate and implement Physician Services Agreements;
 - Assist and educate members on billings;
 - Provide access to data and analytics to members;
 - Provide surveying services to members and OMA;

- Publish original healthcare research studies;
- Provide research and environmental scan services;
- Provide access to data and analytics to OMA enterprise; and
- Maintains and designs OMA staff Research Portal as a one-stop shop for research information.

Health Policy & Promotion

The Health Policy and Promotion team:

- Monitors emerging issues;
- Develops evidence-informed proactive and reactive policy positioning. This includes member engagement—physician expertise and experiences are key aspects of Health Policy;
- Provides advice and content expertise to OMA Leadership, including OMA Board and Senior Management, to influence key decision-making on issues that affect physicians and the health care system;
- Develops practical policy positions and recommendations that inform the OMA’s anticipation of emerging issues and legislative and regulatory changes impacting Ontario’s doctors;
- Identifies health promotion and health education policy and positions to raise awareness and promote greater control over health and its determinants for patients;
- Creates partnerships with other stakeholders and associations to inform the policy development, issues management and the OMA at large; and
- Identifies opportunities to inform political engagement on an ongoing basis.

Change Management and Implementation

The Change Management and Implementation team:

- Acts as the primary OMA contact for physicians within our regions and supports the work and role of our physician leaders within the regions and broader OMA;
- Supports regional delivery of OMA initiatives, products and services and develops and manage relationships with regional healthcare stakeholders and ensures physicians are present and/or represented in local regional planning and decision-making within the healthcare system; and
- Works across the OMA and with external partners through stakeholder engagement to develop and deliver tailored resources to support members with navigating health system change. The program strives to attain three primary goals:
 - To provide value to members by providing them with the information they need to inform and evolve their practice
 - To deliver information in a way that is accessible, trustworthy, supports moving knowledge into action and meets member needs through knowledge translation
 - To serve as a unique source of concise, relevant information targeted specifically to our members

To learn more about the work that EPR does, please refer to the most recent EPR Update to the Board [via this link](#).

11.3 Finance & Operations

Department Overview

Finance

Mandate:

To act as stewards of OMA funds and assets and to create value for Members by encouraging the identification and pursuit of opportunities to grow revenue beyond member dues and drive cost-effective delivery of all OMA services.



Lily Chen
Chief Financial & Operating Officer



Play video

Function:

The Finance Department's responsibility is to provide stewardship of the Association's financial resources to:

- Support financial and management decision-making;
- Assure members of a high standard of stewardship; and
- Process transactions in a timely, well-controlled and cost-effective manner.

Accounts Payable

- Process all payments to members and vendors timely and in conformity with OMA policies; and
- Monitor the corporate credit card program.

Procurement

- Implement delegation and procurement policies and procedures to support and improve the procurement process;
- Manage RFP and responses and help departments in the selection of suppliers to procure goods and services;
- Work closely with departments to review their long term contracts;
- Oversee vendor management program to ensure that our suppliers/contractors are complying with quality, insurance; and
- Other requirements.

Reporting Group

- Coordinate annual budgets and forecasts for the OMA and its subsidiaries, entities and government-funded programs, including related regulatory compliance;
- Coordinate external audits and year-end financial statements for audit by the external auditors and subsequent presentation to the Finance & Audit Committee and Council;
- Produce quarterly operations reports and prepare financial reports as required;
- Provide support for the Finance and Audit Committee; and
- Support OMA departments with financial analyses on potential initiatives

Treasury

- Process staff payroll and support the compensation budget;
- Control wire transfers and electronic payments;

- Monitor and control cash flows; invest surplus funds and manage the Association's investment portfolio; and
- Monitor the OMA and subsidiary accounts receivable and allowance for bad debts.

Enterprise Risk Management

Mandate

To effectively assess, communicate and lead the efforts to manage risks across the organization, provide resilience, cyber assurance, and support all layers of the OMA for improved strategies and decision-making capabilities.

Function

The Risk and Information Security Office (RISO) focus on providing OMA with business resilience, immunity, and assurance in two main areas:

1. **Enterprise Risk Management (ERM)** with related Business Continuity, and
2. **Information Security and compliance**

Enterprise Risk Management (ERM)

- Develop, maintain, and implement OMA Enterprise Risk Management (ERM) program and assist the achievement of objectives and facilitate strong governance and risk management;
- Work across the OMA to maximize opportunities for a healthy and intelligent risk culture that embeds risk into the decision-making processes and daily operations;
- Ensure that risk management priorities are reflected in the OMA strategic plans;
- Conduct organization-wide risk due diligence with expert consultation and advice;
- Maintain risk management framework, appetite/tolerance statements, guides, policies, key risk indicators, tools, systems, and reports for various situations and audiences;
- Update, maintain and lead Business Continuity Management and disaster recovery programs; and
- Lead and facilitate workshops and scenario planning to uncover issues, identify emerging risks, increase critical thinking, and improve effectiveness and efficiency of decisions.

Information Security

- Establish the information security program, threat intelligence, incident response, vulnerability, cyber resilience, and enable people, processes, and systems;
- Work closely with the Privacy Officer, Legal, Technology, and various lines of business across OMA and subsidiaries to assure compliance to data confidentiality, integrity, and availability;
- Provide cybersecurity tactics, expertise, awareness, training, and tools to staff and members;
- Review initiatives, vendors' risks, and establish related policies and guides relative to cybersecurity; and
- Ensure OMA adheres to Information Security Management System (ISMS), best practices, regulatory compliance, and related standards.

Operational Excellence (OpEx)

Mandate

To foster a cross-functional, results-driven OMA by collaborating with all staff to create an environment with visibility, transparency and accountability.

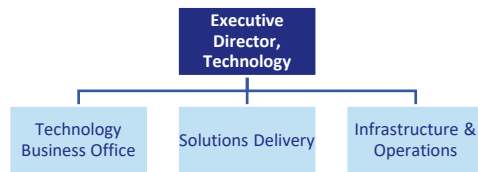
Function

The Operational Excellence (OpEx) Team is accountable for driving the development and reporting of the strategy of the OMA. In today's fast-paced environment, it is easy to get lost in the volume of requests and projects that cross our desks. The OpEx team is responsible for overseeing initiatives underway at the OMA in order to identify risks and issues, and leverage opportunities to collaborate and advance projects quicker and more efficiently.

The OpEx team is focused on supporting efforts to deliver on the strategic directions of the organization (the 4M's: Manage, Membership, Mandate, and Modernize). Some of the efforts are as follows:

- Improving visibility to key initiatives and events across the OMA
- Providing coaching and mentorship in project and change management
- Enhancing cross-functional effectiveness
- Supporting broader measurement and metric use across the OMA
- Understanding progress with our operating plan and how it is driving strategic progress

Technology (under Finance and Operations)



Mandate

To support OMA transformation and create value for our members through the implementation and promotion of technology solutions that enable effectiveness for employees and support members in their interactions with OMA.

Who We Are

Technology Business Office

The Technology Business Office is comprised of six key planning functions, each contributing specialized areas of focus on delivering structure, methodology and best practices to ensure that information technology projects and initiatives are scoped, planned, prioritized, managed and implemented to deliver on the directions and priorities of the OMA business.

Working as a shared technology service across the OMA, this planning function has a mandate to establish repeatable IT operational planning and demand planning at the enterprise level. It is responsible for strategic and tactical management and implementation of Technology investments and initiatives through the coordination and facilitation of:

- Business Analysis Functions and alignment of Technology solutions to business needs
- Business Relationship Management
- Technology Project management
- Centralized IT sourcing and vendor management processes and execution
- Demand and portfolio planning and management via Technology resource allocation and alignment.
- Budget and reporting within the business office
-

Infrastructure and Operations (I&O)

I&O is responsible for delivering modernized, product-oriented, adaptive, and automated infrastructure solutions to support business strategy and operations. The Service Desk team is an integral part of this function. High-level responsibilities include:

- Implementation of operational processes required to maintain the security, availability, and reliability of business infrastructure;
- centralized staff support to assure continuity of operations; and
- application of fit-for-purpose practices, standards, policies and procedures utilizing common industry frameworks.

The team also provides OMA staff with productivity software and support thereof; guidance on technology assets; and security awareness training.

IT Solution Delivery (Build):

Solution Delivery establishes its priorities from the management office, focusing on designing solutions and systems that are pragmatic and align with OMA strategy and business needs. This group is technically proficient at designing and delivering technology solutions through standardized project delivery practices, supplementing skills with external providers when approved.

Proficient and responsive to the needs of the business, Solution Delivery analyzes, designs, develops, and deploys solutions and systems in a timely and efficient manner. As solution engineers, we construct to specifications to ensure solutions or systems can meet business expectations and feature. In addition, we ensure, design and delivery governance practices, as well as process metrics, minimize cost wastage and business disruption. Delivery responsibilities include quality assurance (QA) to ensure that the proposed service meets specified requirements. System and application integration is often a major component of delivery. Following are some high-level activities or functions in this group:

- Custom solution Development (applications)
- Configuration of packaged applications
- System, application and data Integration
- Data Governance and maintenance
- Data and Application architecture.
- QA

Technology & Member Advisory:

Technology and Member Advisory is a new OMA initiative that aims to enhance services to its members by assisting them in navigating the complexities of modern technology throughout the lifecycle of their medical practices. Currently in the early stages of development, the function provides valuable advice and resources to its members, focusing on enhanced use of technology and identification of emerging trends.

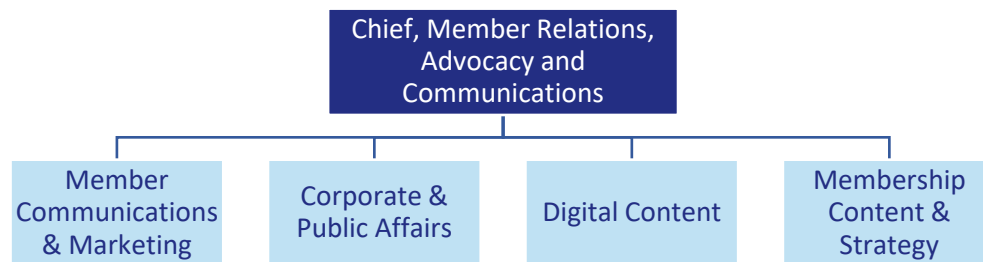
What We Do

The Technology Department supports and enables information and technology management aspects contained in OMA's business strategy as defined by the Strategic and Operating Plans. Specifically, the department is accountable for:

- Advising business leaders and influencing strategic business decisions relating to the current and emergent use of technology;
- The acquisition / development and implementation of technology-enabled business solutions to effectively and efficiently manage, access, and use data and information;
- The operational management of the associated infrastructure (hardware, software, and process);
- IT Governance; the processes that ensure the effective and efficient use of IT in enabling the Association to achieve its goals. This includes the alignment of the evaluation, selection, prioritization of IT investments and initiatives with business strategy, oversight of their implementation and measurement of their business value;
- Ensuring that appropriate technical processes, procedures and policies supporting business continuity and risk management practices are in place to protect the data and information; and
- Upholding the data governance principles, in partnership with the Privacy Officer, by advising and applying appropriate policies and procedures on the collection, storage and dissemination of data and information for, and within, the Association and its subsidiaries.

11.4 Member Relations, Advocacy & Communications (MRAC)

Department Overview



John Bozzo
Executive Vice-President,
Member Relations,
Advocacy and Communications



[Play video](#)

Mandate

To foster a member-centric OMA by engaging in regular, meaningful dialogue between Members and OMA, representing Members' voice and interests in all relevant venues, and effectively communicating on Members' behalf.

Who We Are

Member Relations, Advocacy & Communications (MRAC), includes Membership Content & Strategy / Voice of Membership, Member Communications & Marketing, Member Engagement (including Regional Engagement, and outreach to special interest groups), and Media Communications. This member-centric group explicitly creates strong representation for the “voice of the membership” at the leadership table.

What We Do

Advocacy & Public Affairs

The Advocacy and Public Affairs Department consists of three subunits: Member Communications & Marketing; Public & Government Affairs and Member Content & Strategy. As a team, we work to represent the interests of doctors and patients through advocacy efforts and public awareness campaigns that aim to promote the value of doctors in Ontario.

Member Relations

Member Relations includes work done to support the formation and maintenance of special interest groups. These groups include the Academic Medicine Forum (AMF); the Rural Medicine Forum; Outreach to Women Physicians Committee; and outreach to the Sections of Interns and Residents, and Medical Students. The outbound communications process is also part of the Member Relations portfolio.

11.5 People & Culture (P&C)

Department Overview



Sandy Zidaric
Executive Vice-President, People & Culture



Play video

Mandate

To create value for our members by continually developing the organization's talent and culture and to create value for our staff by providing a workplace that is supportive, engaging, and offers an environment of growth and development.

Who We Are

The OMA's People & Culture (P&C) department is comprised of four key functions:

- Human Resources;
- Employee Communications & Engagement;
- Equity, Diversity & Inclusion;
- Learning & Development, and
- Office Services.

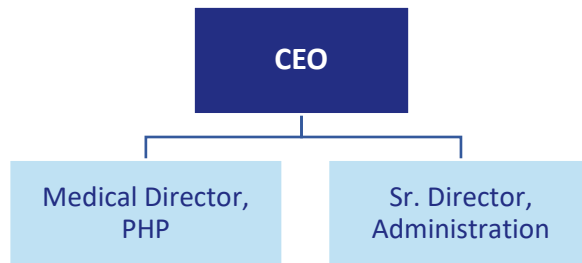
Together, our team seeks to continually enhance the employee experience.

P & C Vision

- Lead and champion change and transformation
- Cultivate a culture that reflects OMA values and nurtures learning, innovation and engagement, psychological safety and wellbeing.
- Enable staff to understand their roles, accountabilities and purpose.
- Attract, recruit and optimize our talent.
- Embrace and embed equity, diversity and inclusion in our decisions and our work.
- Consider the employee experience and make the OMA an employer of choice.

11.6 Physician Health Program

Department Overview



John Novick
Medical Director

PHP Program Mission

The Physician Health Program of the Ontario Medical Association will serve the needs of physicians and learners at risk of, or suffering from substance use disorders, and/or mental health challenges and illness through prompt intervention, referral to treatment, monitoring and advocacy.

It is the mandate of the Physician Health Program to educate and promote the biological, psychological, social and spiritual health of physicians and learners.



Laura Mattila
Senior Director, Administration

PHP Program Objectives

- To offer advice, help, and support to physicians and learners and members of their families who are experiencing personal difficulties including substance use disorders and/or mental health challenges or mental illness;
- To provide intervention services on behalf of physicians and learners who may be impaired due to substance use disorders and/or mental health challenges;
- To arrange appropriate assessment and treatment services for physicians and learners as required;
- To monitor, advocate, and function as case manager for all physicians and learners requiring this service after treatment for substance use disorders and / or mental health challenges for improved health and functioning by the physician or learner participant;
- To offer primary prevention and health promotion activities to the medical professions;
- To conduct and participate in research on physician and learner impairment and health; and
- To complete a comprehensive program evaluation every five years to improve program service and performance.



Play video

Our Plan and Promise: *Saving Lives, Enabling Careers, Transforming Culture*

Direction 1:

Optimizing Service Delivery

Innovating & Optimizing Physician Health Services for Our Clients and Our Staff

[IndividualLevel]

Priorities:

Proactively streamlining & building capacity to meet the growing and changing needs of physicians through efficient service models by:

1. *Optimizing Intake Processes* to redefine roles and build capacity to meet the growing demand for timely services
2. *Modernizing the PHP* by using technologies and streamlining work processes to deliver services efficiently
3. *Extending the Reach of PHP* to transform how services are delivered to support the growing needs and expanding populations for those we serve

Direction 2:

Building Partnerships

Building Synergies within OMA and its Partners to Positively Impact Physician Health

[OrganizationalLevel]

Priorities:

Extending influence, building greater alignment, creating shared supports and establishing new ways of working together by:

4. *Creating Synergies Across OMA Services* to efficiently translate educational and awareness strategies to members
5. *Building Partnerships with External Agencies* to extend influence & build preventative strategies to address physician health

Direction 3:

Influencing the System

Engaging in the Transformation to a Culture of Health, Wellness and Resilience within Medicine

[SystemLevel]

Priorities:

Increasing the knowledge, awareness and understanding of physician health, wellness and resilience through:

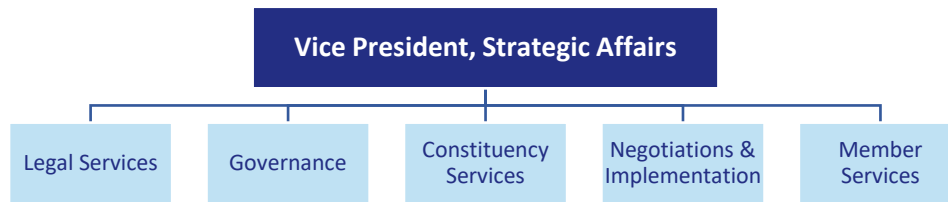
6. *Communication, Marketing and Branding* to improve awareness and knowledge of physician health
7. *Educational Strategies and Tools* that transform people's ability to support themselves and help others, while changing the conversation within the health care system
8. *Research Strategies and Creation of Evidence-Based Practices* that build innovative approaches to advance physician health

OMA Ontario Medical Association | PHP Strategic Plan 2020-2023

To learn more about PHP please visit <https://php.oma.org/>

11.7 Strategic Affairs

Department Overview



Kori Kingsbury
Executive Vice-President, Strategic Affairs

Legal Services

Mandate

To provide value for our members through accessible and professional legal advice.

Function

In addition to providing advice to members on a variety of practice-related issues, Legal Services maintains the Physician Incorporation Service and assists physicians in the negotiation of the various primary care and alternate payment plan contracts.

Staff lawyers are available to provide advice to members on a variety of practice-related issues, including:

- General medical-legal matters;
- Health legislation group practice agreements for FHNs, FHTs, FHGs, CCMs and fee-for-service arrangements;
- Unincorporated associations, partnerships and practice plan development and support
- Alternative funding and payment plan negotiation assistance;
- Advice on contracts with hospitals, universities, clinics or other institutions as employees or independent contractors; and
- Incorporation of Family Health Teams and other physician structures.

Charter Challenge

The Charter Challenge is a key issue at the OMA. Please [click here](#) to learn more about it.



Play video

Governance

Mandate

To provide value for our Members through the proactive development and oversight of the OMA's evolving governance structure.

What We Do

Governance

The Governance team oversee the activities of the Board of Directors. Governance also provides guidance to the OMAI Board and manages the Association's core elections and its governance transformation. The main functions are:

- To support the Board of Directors, Executive Committee and the General Assembly - including meetings, events, issues management, onboarding and orientation, performance evaluation, and professional education;
- To manage elections through the single election period as well as that of the President-Elect;
- To oversee Board Committees and the review of OMA Advisory Committees, including their evaluation and recruitment process;
- To support the work of the Governance and Nominating Committee (GNC), the Nominations and Appointments Committee and the CMA Affiliation Committee); and
- To manage the Association's governance transformation.

Governance Transformation

The Governance Transformation is a key issue at the OMA. Please visit <https://transform.oma.org/> for an overview of the Governance Transformation work.

Knowledge and Records

The Knowledge & Records or Corporate Records work-unit ensures that all OMA information and records are managed and accessible to the right people in the most efficient and timely manner.

Our team provides the following core services to the OMA:

- **Research** – We carry out research using corporate, administrative, historical, and archival records produced by the OMA. We manage requests from internal and external stakeholders, gather and synthesize information, and present findings to stakeholders via customized, curated research reports.
- **Information Management Advisory & Specialized Services** – We provide advice and resources related to internal research, information management standards and best practices, and information confidentiality and access.
- **Document & Knowledge Management** – Our team acts as the stewards of OMA information ensuring access and confidentiality of information for staff where and when they need it. We manage the OMA's active corporate content and information throughout the information lifecycle. This includes policy lifecycle management and information classification and organization, including metadata.
- **Records Management** - The lifecycle management of OMA's departmental records. This includes administration, advisory services and management of records retention; subsidiary records; highly confidential records including contracts; vital records, and offsite records. It also includes archival management and the preservation and conversion of media to more accessible digital formats.

Constituency Services

The Constituency Services Team (CST) is a shared pool of staff who support the high-level administrative functions of constituency groups. This includes coordinating activities and information for all the OMA Sections, Medical Interest Groups (MIGs) and Fora, and triaging inquiries and requests to the appropriate Subject Matter Expert (SME) or department.

The CST strives to provide dependable service to all OMA constituency groups by offering the following types of support:

- Act as a single point of contact for the Section Chair and Executive Committee.
- Develop and maintain productive relationships with constituency leaders through outreach and gain an understanding of key member issues.
- Provide information on OMA processes and procedures (e.g. constituency group funding, high-level governance matters, etc.).
- Provide orientation opportunities so constituency group leaders can make the best use of OMA supports and services to succeed in their role.
- Triage inquiries and identify OMA contacts or SMEs for response (e.g. member communications, advocacy initiatives, pandemic planning, health policy initiatives, etc.).
- Liaise and coordinate activities with other OMA departments, physician leaders and external stakeholders to ensure an effective and integrated flow of processes.
- Set up Executive meetings, AGMs and town halls in collaboration with physician leaders (e.g. issue invitations, coordinate attendance, distribute materials and assist with triaging action items to SMEs where appropriate).
- Distribute meeting resources and information to Section members as requested by the Chair/Executive leadership.

To clearly present the OMA's perspective and position **on behalf of our members** as we work towards a negotiated or arbitrated agreement with the province that accurately and fairly represents the **economic interests of physicians** operating in Ontario's health-care system and to implement any negotiated or arbitrated agreements such that they are done so in accordance with what was negotiated.

Function

The Negotiations & Implementation department is accountable for the overall project management of the negotiation of physician compensation agreements, including provision of advice on optimal strategic approaches to the negotiation of contracts between physicians and the government, the management and coordination of OMA resources in support of contract negotiations, as well as the monitoring and implementation of the provisions of those contracts.

The department also deals with issues related to physician compensation or contracts that may arise outside of the Physician Services Agreement.

Key Issues

Negotiation and implementation of Physician Services Agreements is one of the most critical issues for the organization and its members.

The department, in conjunction with the NTF, negotiates with government to ensure adequate physician compensation and alternative models for providing delivery of care during COVID.

Please click [here](#) for an overview of 2021 PSA Negotiations and [here](#) for the work on COVID.

The mandate of the Member Services group is to provide our diverse membership with a range of unique and cost-effective programs and services that members use on a voluntary basis and that are collectively seen as valuable by members. We provide centralized frontline response to member inquiries and maintain membership accounts.

Function:

The Member Services group provides the following services to members:

Corporate Partnerships & Programs

- Manage and foster new and existing business relationships that support the professional and personal business needs of OMA members through the OMA Advantages Program.
- Provide project leadership, business analysis and management support for evaluating and delivering innovative services and other programs in support of the strategic interests of the members.
- Assist with stakeholder relationships and/or partnerships; including, but not limited to, institutions such as the Canadian Medical Association and MD Financial Management.

Database Operations

- Execute OMA Outbound Communications (generating and assembling mailing lists, sending out communications to our members).
- Maintain the membership database.
- Maintain OMA leadership records and lists.
- Send condolence letters to the families of deceased members on behalf of the President.

Membership Processing & Service

- Collect OMA membership fees.
- Collect constituency fees and provide related support to constituency leaders.
- Promote membership in OMA.
- Maintain member account information including addresses, specialties, Branch Society affiliations, Section membership.
- Process new member applications.

Practice Management & Education

- Provides an advisory service by fielding practice management inquiries from physicians, residents, and medical office staff on a range of topics.
- Educating members in navigating the health care environment, managing their practice and evolving their role.
- The program brings together pre-existing areas including Practice Management and Physician Leadership, each aligned in the delivery and facilitation of education, leadership and knowledge translation. We work cross-functionally both internally and externally to bring together experts in the field.
- Facilitates seminars and webinars in practice management and billing support.
- Oversees the ongoing management of the OMA Education Network, an initiative developed jointly by PM&E, Economics and Digital to meet an identified need by members to access content on their own time in a user-friendly, easy-to-understand format.

Response Centre

- Responds to front-line inquiries from OMA members, non-members and the general public, monitoring key topics or concerns.
- Maintain a collection of online and print resources important to the OMA and available to callers and maintain relationships with other OMA departments for the purpose of gathering information regarding departmental priorities and activities.

12. The Governance Framework

12.1 OMA Governance Structure

An Overview

The governance structure is what enables the OMA to accomplish its work through various processes in areas such as strategic planning, policy development, resource planning and the identification of emerging issues. The OMA has two main bodies:

- a. The Board of Directors : Members are represented by a Board of Directors comprised of 8 physicians and 3 roles open to non-physicians. The Board provides direct strategic oversight of the organization.
- b. The General Assembly: The General Assembly is a new body established under the recent Governance Transformation that sets priorities for the OMA and presents their best advice to the Board. The composition of the General Assembly is based on areas of clinical practice (sections), geography (district) and fora (Academic Forum and Rural Forum)
For geographic representation, the province is divided into 11 regions called Districts. Districts are further divided into Branch Societies. For representation based on clinical practice, members are divided into Sections based on their specialty. There are also two Trainee Sections for medical students and residents

Members inform the decision-makers through six types of constituency groups, which present different ways of segmenting members (geographic, specialties, etc.):

1. Districts - geographic territory
2. Branch Societies/Territorial Divisions - organized medical society within a District
3. Sections – based on medical specialty
4. Medical Interest Groups (MIGs) -based on common interest, and
5. Fora – The Academic Medicine Forum the opinions of physicians working in any aspect of academic medicine. The Rural Medicine Forum conveys the opinions of both generalist and specialist physicians practicing in rural communities

There are also numerous committees in the OMA. There are OMA Board Committees who are accountable to the Board, Advisory Committees accountable to the CEO, as well as Bi-Lateral Committees with joint accountability to the OMA and the Ministry of Health. External committees may also have designated roles for the OMA. Please go to section 8.3 to learn more about OMA Committees.

Lastly, there are task forces that are specific to topics that can be established at the direction of the Board of Directors or the CEO.

Board of Directors

The Board of Directors represent the members in all business affairs and exercise all the rights and powers of the Association. The Board has a legal and fiduciary responsibility to manage the affairs of the corporation. Directors have a fiduciary responsibility to make decisions in the best interests of the organization. The Board of Directors report to members at the annual general meeting and at such other times as appropriate.

Composition

The Board of Directors consists of 11 Directors

- 8 physician Directors from the OMA membership
 - The President is a voting Director
- 3 non-physician Directors

All Directors are elected directly by the OMA membership

- Observer positions are held by the President-elect, immediate Past President and Chair of the General Assembly.
- Other members may also be permitted to attend Board meetings as an observer/guests.
 - Please refer to the [Board Observation Policy](#), approved April 27, 2018, for more information.

Term of Office

Directors are elected for a term of two years and may stand for re-election up to 3 times (6 years total). All Directors assume office immediately following the Annual General Meeting.

General Assembly

The General Assembly is a new generative body that receives issues and priorities from constituencies. The General Assembly is responsible for:

- Advocating for the well-being and interest of the profession.
- Setting priorities for the OMA on physician issues and health care policy, advocacy and compensation issues. It will provide its best advice to the Board of Directors on priority areas.
- Supporting the OMA strategic planning process.
- Providing opportunities for physician networking, leadership and knowledge transfer

The General Assembly is accountable to the Board. It is made up of members beyond traditional elected delegate models (i.e., Council). The General assembly is made up of:

- General Assembly Steering Committee
- Priority and Leadership Group
- Networks
- Panels
- Working Groups

12.2 Meet the Governance Team

All communications, questions and queries should be sent to oma.generalassembly@oma.org. Responses will be triaged to the appropriate member of our Governance Team. Below are details of our team and various responsibilities:



Melinda Gibson

Executive Director, Governance

Ask me about:

- All Corporate Governance issues including Transformation
- Equity, Diversity and Inclusion related to governance, committee recruitment, and elections
- Civility, Diversity and Inclusion (CDI) Committee
- Board Chair & Vice-Chair Support



Joanne Thanos

Director, Governance

Ask me about:

- General Assembly
- Governance Transformation



Cynthia Cheng

Sr. Lead, General Assembly

Ask me about:

- General Assembly and General Assembly bodies (GASC, Priority & Leadership Group, panels, networks, working groups)
- OMA Advisory Committee Review



Ania Mielniczek

Sr. Administrator, General Assembly

Ask me about:

- General Assembly and General Assembly bodies (GASC, Priority & Leadership Group, panels, networks, working groups)



Kathryn Mayer

Director, Governance

Ask me about:

- Constituency Review (comprehensive review of sections, districts, MIGs, branch societies and fora related to transformation)



Mandy Machin

Executive Assistant

Ask me about:

- Scheduling Meetings (including Board, Committees, Task Forces, etc.)
- Honoraria
- Accommodations and Travel Arrangements



Shadae Wilson

Manager, Corporate Governance

Ask me about:

- All Board of Directors Operations including Board committees, Board development, and evaluation
- Governance & Nominating Committee
- Nominations and Appointments Committee
- CMA Affiliation Committee



Nazlene Shivcharan

Sr. Lead, Governance

Ask me about:

- Committee Recruitment & Appointments



Jamie Yuen

Sr. Lead, Elections & Appointments

Ask me about:

- Elections and appointments
- Rules and regulations
- By-elections and term limits



Linda Kowal

Sr. Lead, Governance

Ask me about:

- Board annual planning
- Board meeting coordination
- Director support and information management



Jennifer Csamer

Manager, Event Planning

Ask me about:

Event Planning – including, but not limited to:

- Venue/Vendor procurement
- Management of Certification process for Continuing Medical Education (CME) events
- Trade show/sponsorship management
- Budget planning
- On-site event management (in-person events)



Ian Wolfe

Manager, Knowledge & Records

Ask me about:

- Research
- Information Management Advisory & Specialized Services
- Document & Knowledge Management
- Records Management



Pina Felletti

Sr. Lead, Knowledge & Records

Ask me about:

- Research
- Information Management Advisory & Specialized Services
- Document & Knowledge Management
- Records Management

Sections

***College Certified Sections:** These Sections are limited to persons having special qualifications (such as Royal College Specialty Certification) in the Section interest or specialty according to the definition recommended by the Section and approved by the Board of Directors.

- | | |
|--|----------------------------------|
| 1. Addiction Medicine | 40. Psychiatry* |
| 2. Allergy and Clinical Immunology | 41. Public Health Physicians |
| 3. Cardiac Surgery* | 42. Radiation Oncology* |
| 4. Cardiology* | 43. Reproductive Biology* |
| 5. Chronic Pain | 44. Residents* |
| 6. Critical Care Medicine | 45. Respiratory Disease |
| 7. Dermatology* | 46. Rheumatology |
| 8. Diagnostic Imaging* | 47. Sports and Exercise Medicine |
| 9. Emergency Medicine | 48. Urology* |
| 10. Endocrinology and Metabolism* | 49. Vascular Surgery* |
| 11. Eye Physicians and Surgeons of Ontario (EPSO)* | |
| 12. Gastroenterology | |
| 13. General and Family Practice (SGFP) | |
| 14. General Internal Medicine* | |
| 15. General Surgery* | |
| 16. General Thoracic Surgery* | |
| 17. Genetics* | |
| 18. Geriatric Medicine* | |
| 19. Hematology and Medical Oncology | |
| 20. Hospital Medicine | |
| 21. Infectious Diseases | |
| 22. Laboratory Medicine* | |
| 23. Long Term Care and Care of the Elderly | |
| 24. Medical Students* | |
| 25. Nephrology | |
| 26. Neurology* | |
| 27. Neuroradiology* | |
| 28. Neurosurgery* | |
| 29. Nuclear Medicine | |
| 30. Obstetrics and Gynecology* | |
| 31. Occupational and Environmental Medicine | |
| 32. Ontario's Anesthesiologists, A Section of the OMA* | |
| 33. Orthopedic Surgery* | |
| 34. Otolaryngology – Head and Neck Surgery* | |
| 35. Palliative Medicine | |
| 36. Pediatrics Section, OMA* | |
| 37. Physical Medicine and Rehabilitation | |
| 38. Plastic Surgery* | |
| 39. Primary Care Mental Health | |

Networks

The Networks are composed as follows:

Diagnostic: Diagnostic Imaging, Laboratory Medicine, Neuroradiology and Nuclear Medicine.

Primary Care: Addiction Medicine, Chronic Pain, Emergency Medicine, General/Family Practice, Hospitalist Medicine, Long Term Care/Care of the Elderly, Medical Students, Palliative Medicine, Primary Care Mental Health and Sport and Exercise Medicine.

Medical: Allergy & Clinical Immunology, Cardiology, Critical Care Medicine, Dermatology, Endocrinology & Metabolism, Gastroenterology, General Internal Medicine, Genetics, Geriatric Medicine, Haematology & Medical Oncology, Infectious Diseases, Nephrology, Neurology, Occupational and Environmental Medicine, Pediatrics, Physical Medicine & Rehabilitation, Psychiatry, Public Health Physicians, Radiation Oncology, Respiratory Disease, and Rheumatology.

Surgical: Anesthesiology, Cardiac Surgery, Eye Physicians and Surgeons of Ontario, General Surgery, General Thoracic Surgery, Neurosurgery, Obstetrics & Gynaecology, Orthopaedic Surgery, Otolaryngology - Head and Neck Surgery, Plastic Surgery, Reproductive Biology, Urology, and Vascular Surgery.

Geographic: Districts and Regional Forum

Academic: Academic Forum, Section of Residents, Section of Medical Students

Medical Interest Groups

1. Cannabinoid Medicine
2. Clinic Endoscopists
3. College and University Student Health
4. Community Health Centres (CHC) and Aboriginal Health Access Centres (AHAC)
5. Complementary and Integrative Medicine
6. Hyperbaric Medicine
7. Ontario Psychiatric Hospitals
8. Primary Care Solo Doctors
9. Sleep Medicine
10. Surgical Assistants
11. Green is Health
12. Neurodevelopment Disorders
13. Fee-for-Service Family Physician (approved at May 5, 2021 Board Meeting)

Fora

1. Academic Medicine Forum
2. Rural Medicine Forum

Networks Summary

(Delegate Allocation)

Medical Net work	Surgical Net work	Primary Care Net work
Allergy & Clinical Immunology (1)	Cardiac Surgery (1)	Addiction Medicine (1)
Cardiology (2)	EPSO (2)	Chronic Pain (1)
Critical Care Medicine (1)	General Surgery (3)	Hospitalist Medicine (1)
Dermatology (1)	General Thoracic Surgery (1)	LTC/Care of the Elderly (1)
Emergency Medicine (4)	Neurosurgery (1)	Palliative Medicine (1)
Endocrinology & Metabolism (1)	Obstetrics & Gynaecology(3)	Primary Care Mental Health (1)
Gastroenterology (1)	Orthopaedic Surgery (2)	Sports and Exercise Medicine (1)
General Internal Medicine (3)	Otolaryngology — Head and Neck(1)	SGFP (20)
Genetics (1)	Plastic Surgery (1)	
Geriatric Medicine (1)	Reproductive Biology(1)	Academic Net work
Haematology & Medical Oncology (2)	Urology (1)	Academic Forum (3)
Infectious Diseases (1)	Vascular Surgery (1)	Medical Students (1)
Nephrology (1)	Anaesthesiology(5)	Residents (2)
Neurology (1)		
Occupational & Environmental Medicine (1)	Diagnostic Net work	Regional Net work
Pediatrics (4)	Diagnostic Imaging (3)	Districts (22)
Physical Medicine & Rehabilitation (1)	Neuroradiology (1)	Rural Forum (3)
Psychiatry (6)	Nuclear Medicine (1)	
Public Health (1)	Laboratory Medicine (2)	
Radiation Oncology (1)		
Respiratory Disease (1)		
Rheumatology (1)		