Physicians demand that government put Ontario’s patients first!

Further cuts threaten access to quality, patient-focused care

Municipal Leaders Support OMA
Association of Municipalities of Ontario conference: mayors, councillors join call to “Put Patients First”

OMA Advantages Program
New exclusive offerings and upcoming events

OntarioMD’s New Agreement
New program activities support physicians and office staff to maximize benefits of EMR use

Hospital-Physician Relationships
Guidance for Developing an Effective Hospital-Physician Relationship: joint OMA/OHA document

2016 OMA/CMA Honours & Awards
Nominate a colleague today! Full details inside

OMA Insurance Report
OMA making strides to simplify, accelerate insurance processes for members; tips to expedite applications

September 2015
www.oma.org
“It’s Simple” — OHIP Billing Software

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You find it is easy to get basic information from us such as pricing, “does it run on Windows 8?”, and “What does the product look like?” while other companies are slow to respond in giving you this simple and basic information.

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When you buy Klinix, you can download it from the internet to use it right away. It only takes five minutes to install and setup. Many customers bill OHIP within the hour of their purchase!

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Linda Vorano
Administrative Assistant
Div of Genetics and Metabolics
The Hospital for Sick Children

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Dr. S. Chris, North York

**Honorary Treasurer**  
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**Secretary**  
Dr. J. Stewart, North Bay

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2. Dr. T. Jevremovic, London  
   Dr. M. Toth, Aylmer
3. Dr. C. Cresssey, Palmerston
4. Dr. V. Tandan, Hamilton  
   Dr. R. Tytus, Hamilton
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   Dr. S. Whatley, Mount Albert
6. Dr. G. Athaide, Whitby
7. Dr. A. Steacie, Brockville
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9. Dr. P. Bonin, Sudbury
10. Dr. J. Johnsen, Thunder Bay

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**Vice-Chair**  
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### Committee Chairs

#### Agreement

(OMA-Ministry of Health and Long-Term Care)

**Agreement Board Co-ordinating Committee**  
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**Forms Committee**  
Dr. C. Pinto

**Joint Committee on the Schedule of Benefits**  
Dr. J. Harvey, Co-Chair

**Medical Audit Oversight Committee**  
Dr. D. Hellyer

**Physician Services Committee**  
Dr. V. Tandan, Co-Chair

**Workplace Safety & Insurance Board Knowledge Transfer and Education Subcommittee**  
Dr. C. Cresssey, Interim Chair

**Workplace Safety & Insurance Board Steering Committee**  
Dr. J. Tracey, Interim Chair

#### Governance

**Board Governance Committee**  
Dr. G. Beck

**Audit Committee**  
Dr. A. Abdulla

**Awards Committee**  
Dr. M. MacLeod

**Board Insurance Committee**  
Dr. C. Cresssey

**Board Planning Committee**  
Dr. L. Colman

**Budget Committee**  
Dr. G. Beck

**Committee on Committees**  
Dr. S. Acharya

**Council Committee on Structure & Bylaws**  
Dr. D. Weir

**Joint Governance Review Working Group**  
Dr. L. Colman, Co-Chair  
Dr. D. Weir, Co-Chair

**Nominations Committee**  
Dr. V. Tandan

#### Staffing Committee

Dr. A. Ng

#### Health Policy

**Health Policy Committee**  
Dr. S. Whatley

**eHealth Working Group**  
Dr. S. Chris

**Hospital Issues Committee**  
Dr. A. Steacie

#### Member Services

**Member Services Board Committee**  
Dr. R. Tytus

**Physician Health Program Advisory Panel**  
Dr. M. Judson

#### Public & Political Advocacy

**Communications Advisory Committee**  
Dr. M. Toth

**Outreach to Women Physicians Committee**  
Dr. C. Cannon
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8 Editorial
Further cuts to medical services undermine the stability of health care in Ontario, and threaten public access to the quality, patient-focused care that the people of this province expect and deserve. This is reality, and Ontario physicians know it. The OMA has a long history of working together with government to find savings in the health care system, and to identify and implement efficiencies, while ensuring no negative impacts to our patients. This type of work requires a healthy, respectful, and collaborative relationship. The government’s current agenda is instead focused on cost-cutting and rationing to achieve a fiscal target. Patient care and provider perspective are lost in this one-track approach. We need to move government off this path and restore balance and fairness, and a constructive approach.

11 OMA/CMPA joint statement on the medical legal liability system in Ontario
Both the OMA and the CMPA are acutely aware of the Ontario government’s ongoing fiscal constraints and their preoccupation with the high cost of medical liability. While the Canadian medical liability system is fundamentally sound, protection costs are rising at an unsustainable rate. Sensible reforms that reduce unnecessary systems costs are necessary to preserve an effective and efficient system. Such reforms require the active engagement of provincial governments, including Ontario.

14 OMA gains support from municipal leaders at AMO annual conference
The OMA recently joined municipal leaders from across the province at the Association of Municipalities of Ontario (AMO) annual conference. The OMA’s participation in the conference created an opportunity to build relationships with municipal leaders, listen to their growing concerns regarding the state of medical care in their communities, and to discuss what government cuts will mean for their constituents and physician recruitment efforts.

17 Developing Effective Hospital-Physician Relationships
The OMA and Ontario Hospital Association have jointly developed a document that provides some guiding principles and a practical approach that hospitals and physicians can use to build the foundation/framework for an effective working relationship. The shared objective of the OMA and OHA is to help create a high-performing, integrated, and sustainable health care system at a time of significant transformational change.

34 CCO releases plans for kidney, cancer care systems
CCO recently released Ontario Cancer Plan IV and Ontario Renal Plan II — health system plans for kidney and cancer care that set clear goals, priorities and objectives to drive improvements in the cancer and kidney care systems, with an emphasis on person-centred care, prevention, early detection, and integrated care.

38 Call for nominations: 2016 OMA and CMA Awards
The OMA is now accepting nominations for its 2016 Awards program, with submissions due by December 4, 2015. This year, the OMA also welcomes recommendations for nominations for the 2016 Canadian Medical Association Special Awards (see pp. 41-43), with submissions due by October 30, 2015.

46 OMA Advantages Program update
OMA Advantages provides discounted rates for members on many popular products, services, and entertainment offerings, as well as access to unique experiences, such as recent Member Days with the Toronto Blue Jays and Toronto Argonauts, and the return of Ski Day and Hockey Night events in 2016.
BETTER HEALTH FOR YOU AND YOUR FAMILY

The OMA Physician Health Program (PHP) is a confidential service for physicians, residents, medical students and their family members.

Our caring, health-care professionals offer assistance to those who may be experiencing problems ranging from stress, burnout, emotional or family issues, through to substance abuse and psychiatric illness.

The community of professionals interested in their own health and well-being is growing. The Physician Health Program staff and an expanding resource network of professionals are available to provide and/or support health promotion and prevention, educational presentations, seminars, or retreats throughout the province.

PHP EDUCATIONAL WORKSHOPS

Crucial Conversations®

Course Benefits
• Resolving disagreements by talking respectfully and skillfully with co-workers in a safe way
• Building acceptance rather than resistance
• Speaking persuasively
• Fostering teamwork

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Course Benefits
• Mastering performance discussions/appraisals and reviews
• Motivating others without using power
• Managing projects without taking over
• Turning solutions into actions

For more information about PHP visit php.oma.org or call confidential toll-free line: 1.800.851.6606
30 Electronic Medical Records: OntarioMD’s new EMR Agreement

OntarioMD’s new EMR Agreement with the Ministry of Health and Long-Term Care reflects a transition from a funding agreement with eHealth Ontario to a direct funding relationship between OntarioMD and the Ministry. It also represents a shift in focus from EMR adoption to supporting physicians in optimizing their EMR use. This broader reach now gives more physicians access to OntarioMD’s products and services, at no cost.

50 Insurance update: OMA simplifies and accelerates insurance processes

OMA Insurance provides a summary of recent changes introduced to help simplify and accelerate insurance processes, including online applications, tele-underwriting, and voice signatures, as well as ongoing plans to improve service, and tips to help members expedite insurance applications.
Constituency Groups

**SECTIONS**

- **Addiction Medicine**  Dr. R. Cooper
- **Allergy and Clinical Immunology**  Dr. B. Wong
- **Cardiac Surgery**  Dr. C. Peniston
- **Cardiology**  Dr. J. Swan
- **Chronic Pain**  Dr. C. Giorshev
- **Critical Care Medicine**  Dr. M. Warner
- **Dermatology**  Dr. S. Gupta
- **Diagnostic Imaging**  Dr. D. Jacobs
- **Emergency Medicine**  Dr. M. Haluk
- **Endocrinology and Metabolism**  Dr. J. Shaban
- **Eye Physicians and Surgeons of Ontario**  Dr. K. McReelis
- **Gastroenterology**  Dr. I. Murray
- **General and Family Practice**  Dr. L. Donohue
- **General Internal Medicine**  Dr. C. Shaver
- **General Surgery**  Dr. J. Kolbasnik
- **General Thoracic Surgery**  Dr. M. Blitz
- **Genetics**  Dr. C. Li
- **Geriatric Medicine**  Dr. A. Baker
- **Hematology and Medical Oncology**  Dr. T. Asmis
- **Hospitalist Medicine**  Dr. W. Coke
- **Infectious Diseases**  Dr. N. Rau
- **Interns and Residents**  Dr. N. Snelgrove
- **Laboratory Medicine**  Dr. N. MacNeill
- **Long Term Care & Care of the Elderly**  Dr. A. Moser
- **Medical Students**  Mr. A. Damji, Ms. M. Stroz
- **Nephrology**  Dr. C. Rabbat
- **Neurology**  Vacant
- **Neuroradiology**  Dr. S. Symons
- **Neurosurgery**  Dr. F. Gentili
- **Nuclear Medicine**  Dr. C. Marriott
- **Obstetrics and Gynecology**  Dr. B. Mundle
- **Occupational and Environmental Medicine**  Dr. P. Jugnundan
- **Ontario’s Anesthesiologists**  Dr. P. Tenenbein
- **Orthopedic Surgery**  Dr. D.S. Drosdowech
- **Otolaryngology - Head and Neck Surgery**  Dr. D. Hacker
- **Palliative Medicine**  Dr. D. Cargill
- **Pediatrics**  Dr. S. Grodinsky
- **Physical Medicine and Rehabilitation**  Dr. D. Berbrayer
- **Plastic Surgery**  Dr. S. Krajden
- **Primary Care Mental Health**  Dr. M. Paré
- **Psychiatry**  Dr. A. Freeland
- **Public Health Physicians**  Dr. H. Shapiro
- **Radiation Oncology**  Dr. R. Dinniwell
- **Reproductive Biology**  Dr. C. Librach
- **Respiratory Disease**  Dr. H. Ramsdcale
- **Rheumatology**  Dr. P. Baer
- **Sport and Exercise Medicine**  Dr. A. Moldes
- **Urology**  Dr. J. Kell
- **Vascular Surgery**  Dr. D. Kucey

**FORUMS**

- **Academic Medicine Forum**  Dr. R. Swenson, Chair
- **Rural Medicine Forum**  Dr. S. Cooper, Acting Chair

**MEDICAL INTEREST GROUPS**

- **Clinical Hypnosis**  Dr. M. Qaadri
- **College and University Student Health**  Dr. D. Lowe
- **Community Health Centres (CHC) and Aboriginal Health Access Centres (AHAC)**  Dr. I. Tamari
- **Complementary and Integrative Medicine**  Dr. S. Herr
- **Ontario Psychiatric Hospitals**  Dr. S. Allain
- **Sleep Medicine**  Dr. A. Soicher
- **Surgical Assistants**  Dr. D. Esser
“BECAUSE OF MY RELATIONSHIP WITH MD, I KNOW MY FUTURE IS SECURE.”

“MD has been helping me with everything from investments to insurance—and providing peace of mind along the way—since 1973. My life was really busy back then and I was glad not to have to spend valuable time running around to different banks and financial companies. I felt secure with the help and advice I received from MD. My MD investments enabled me to retire without worrying about money.”

– Dr. Naeema Matuk, Retired Family Physician

EVERY PHYSICIAN HAS A STORY. HEAR MORE FROM YOUR PEERS: MD.CMA.CA/MYSTORY

FOUR TIMES MORE PHYSICIANS TRUST MD.¹

¹ Fifty-three per cent of Canadian Medical Association members trusted MD Financial Management as their primary financial services firm, four times more than the next closest individual competitor at twelve per cent. Survey respondents (MD clients and non-MD clients) were also asked to identify their primary financial institution (MD or Other), and rate their level of trust associated with that institution. MD received the highest trust rating compared with all other firms rated. Source: MD Financial Management Loyalty Survey, June 2014.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.cma.ca. Incorporation guidance limited to asset allocation and integrating corporate entities into financial plans and wealth strategies. Professional legal, tax and accounting advice regarding incorporation should be obtained in respect to an individual’s specific circumstances. Banking products and services are offered by National Bank of Canada through a relationship with MD Management Limited.
Government cuts threaten access to quality, patient-focused care

Further cuts to medical services undermine the stability of health care in Ontario, and threaten public access to the quality, patient-focused care that the people of this province expect and deserve. This is reality, and Ontario physicians know it.

The provincial government’s continuing demonstration of contempt toward our members is appalling. And with the most recent round of unilateral cuts to care, imposed October 1, Premier Wynne and Minister Hoskins have captured the attention of the medical profession and ignited physicians.

Awareness is now growing — online, in the media, within political parties and local governments, and certainly among our patients — of the serious long-term damage to the health care system that the Wynne government has invited.

Members are uniting in opposition to further funding cuts that we know will impact patient access to care for many vital services. Specialty groups are articulating the immediate and long-range influences of the Ministry’s further cost-cutting.

In bullying doctors and willfully misleading the public about the impact of its fiscal agenda, government has angered many physicians. This frus-

Physicians have taken to Facebook and Twitter, and are speaking with local media outlets, sharing their stories about how government cuts will impact the excellent work that doctors are doing to deliver quality, patient-focused care.
All across Ontario, physicians are putting patients first, advocating strongly and effectively to protect public access to patient-focused care in the face of government’s actions.

Deep cuts to physician services undermine the stability of practice. We have many physicians dealing with underemployment or unemployment. Many new to practice are carrying substantial debt. Physicians manage small businesses, we absorb steadily increasing overhead costs, we pay for our benefits and our staff, and we are not pensioned. These are facts. And these facts are well understood by the Ministry.

The OMA has a long history of working together with government to find savings in the health care system, and to identify and implement efficiencies, while ensuring no negative impacts to our patients.

This type of work requires a healthy, respectful, and collaborative relationship. The government’s current agenda, driven by the Treasury, is instead focused on cost-cutting and rationing to achieve a fiscal target. Patient care and provider perspective are lost in this one-track approach. We need to move government off this path and restore balance and fairness, and a constructive approach.

The OMA Board is leading a number of short-term and long-term initiatives as part of a broader multi-pronged strategic plan. We’ve stepped up communications to ensure that members are fully aware of all facets of these efforts.

The OMA has demanded that the Ministry return to negotiations with a new mandate and a commitment to fair and meaningful discussions. We’ve publicly requested an amendment to our Representation Rights Agreement to provide for a binding dispute resolution process that will protect us against future unilateral actions. To date, the government has failed to agree to these requests. We have invoked a bilateral process to seek a solution. Barring a favourable outcome, the OMA will consider legal options.

The OMA websites, for members and the public, are being updated regularly with tailored materials and analysis and messaging. The impact of the October 1 cuts are described in a series of specialty-specific documents and the OMA Economics, Research and Analytics Department is available to provide assistance to members in interpreting that data.

Hundreds of physicians have attended recent OMA meetings and we are booking sessions for members across the province. These meetings are important venues for members to share opinions about the impacts of cuts at the local and regional levels, and offer solutions to protect our patients and our colleagues.

At every meeting, member comments and suggestions are recorded and overnight reports are provided to the OMA Board and senior management to enhance strategy alignment and resources to support our members.

The OMA has hired Navigator Ltd., arguably Canada’s top public strategy and communications firm, to work with us to develop and implement the next phases of our public affairs and communications planning. Our efforts on this front will be guided by evidence and research, undertaken with patients and grassroots physicians, to maximize effectiveness.

All across Ontario, physicians are putting patients first, advocating strongly and effectively to protect public access to patient-focused care in the face of government’s actions.

On behalf of my colleagues on the OMA Board, thank you for your continuing support and growing engagement. Let’s sustain this momentum in pursuit of our collective goals.

Dr. Mike Toth
OMA President
Join the OMA’s THOUGHT LOUNGE

Is your voice the piece that’s missing?

Help shape the health-care conversation.
To learn more, visit us online at www.oma.org/ThoughtLounge
While the Ontario Medical Association and the Canadian Medical Protective Association (CMPA) were interviewed and provided detailed information to the reporters to ensure the inclusion of a balanced perspective, the stories unfortunately are heavily skewed to the negative.

The OMA and the CMPA recognize that the vast majority of physicians and the health professionals they work with do their very best to deliver exemplary patient care, often in challenging circumstances. Our respective Associations provide the information and support necessary to help physicians provide the best patient-centred care that we all aspire to in the Ontario health care system. Essential to this system is an effective medical liability system.

As a not-for-profit, mutual defence organization, the CMPA offers more complete medical liability protection for physicians than would be possible from for-profit insurers. Unparalleled in its approach, the CMPA provides advice and assistance to members so they can practise safely and without fear of unwarranted retribution and, when it is proven patients have been harmed by negligent care, physicians know patients will be compensated. By collecting only those funds necessary to meet members’ expected liabilities, the CMPA contributes to a cost-effective system. Through its risk management and education efforts, the CMPA contributes to safe medical care and, by leveraging its understanding of other liability systems, it advocates, along with the OMA, for system improvements that could further strengthen the Ontario model.

Both the OMA and the CMPA are acutely aware of the Ontario government’s ongoing fiscal constraints and their preoccupation with the high cost of medical liability. While the Canadian medical liability system is fundamentally sound, protection costs are rising at an unsustainable rate. Sensible reforms that reduce unnecessary systems costs are necessary to preserve an effective and efficient system. Such reforms require the active engagement of provincial governments, including Ontario. The OMA and the CMPA are steadfast in our support for physicians and to empowering better health care. We will continue to collaborate with other key health care stakeholders on initiatives that reduce overall system costs, including medical liability protection costs, without compromising health care safety.

The OMA and CMPA will continue to collaborate with key stakeholders on initiatives that reduce medical liability protection costs, without compromising health care safety.
OMA Election Results Now Available Online

At its July 2015 meeting, the OMA Board of Directors passed the following motions:

• “That the Ontario Medical Association post on the member side of its website the results (total number of eligible voters, number of participating voters, votes cast for each candidate, spoiled ballots, number of electronic votes cast and number of mail votes cast) of all member elections.”

• “That the OMA make actual vote counts for elected positions available for members requesting the information.”

Starting in September, the results of Section, District and Forum elections will be posted on the OMA website following each election. Members will be able to access election results at www.oma.org/elections.

OMA Website Access Now Easier With “Stay Signed In”

The OMA website (www.oma.org) now features an option for members to stay logged in to the site for up to 90 days.

When entering your username (seven-digit OMA Member ID number) and password (date of birth), select the “Keep Me Signed In” checkbox, and you will automatically be signed in for subsequent visits using the same browser.

For assistance or more information, please contact the OMA Response Centre at 1.800.268.7215 or 416.599.2580, ext. 3333.
OMA President’s Tour and District AGMs to be held across Ontario

Join OMA President Dr. Michael Toth, your District representative and fellow colleagues for a complimentary dinner event to discuss issues of priority or interest to the medical profession, including the government’s unilateral action. Your input and expertise are important to the discussion in order to address some of the challenges and solutions within the evolving health care system.

To register, or for more information, please email President.Tour@oma.org, or phone 416.599.2580 / 1.800.268.7215, ext. 3229, and provide your name, contact information, and the meeting you wish to attend.

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>LOCATION</th>
<th>DATE</th>
<th>TIME</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1</td>
<td>Windsor</td>
<td>Wednesday, October 7</td>
<td>12:00 p.m.</td>
<td>Caboto Club 2175 Parent Ave.</td>
</tr>
<tr>
<td>CME Event</td>
<td></td>
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</tr>
<tr>
<td>District 1 AGM</td>
<td>Windsor</td>
<td>Wednesday, October 7</td>
<td>6:00 p.m.</td>
<td>Ciociaro Club 3745 North Talbot Rd. Tecumseh</td>
</tr>
<tr>
<td>District 4 AGM</td>
<td>Grimsby</td>
<td>Thursday, October 8</td>
<td>6:00 p.m.</td>
<td>Casablanca Winery Inn &amp; Spa 4 Winward Dr.</td>
</tr>
<tr>
<td>District 7 AGM</td>
<td>Kingston</td>
<td>Wednesday, October 14</td>
<td>6:00 p.m.</td>
<td>Delta Kingston Waterfront Hotel 1 Johnson St.</td>
</tr>
<tr>
<td>District 11</td>
<td>Toronto</td>
<td>Wednesday, October 21</td>
<td>7:00 p.m.</td>
<td>Toronto Don Valley Hotel &amp; Suites 175 Wynford Dr.</td>
</tr>
<tr>
<td>District 2 AGM</td>
<td>Norfolk County</td>
<td>Wednesday, October 28</td>
<td>6:00 p.m.</td>
<td>David’s Restaurant 168 New Lakeshore Rd. Port Dover</td>
</tr>
<tr>
<td>Ontario Orthopedic Association AGM</td>
<td>Toronto</td>
<td>Friday, October 30 Saturday, October 31</td>
<td>TBD</td>
<td>Hyatt Regency on King 370 King Street W.</td>
</tr>
<tr>
<td>District 8 AGM</td>
<td>Ottawa</td>
<td>Thursday, November 5</td>
<td>6:00 p.m.</td>
<td>The Westin Hotel 11 Colonel By Dr.</td>
</tr>
<tr>
<td>District 11</td>
<td>Toronto</td>
<td>Saturday, November 7</td>
<td>7:00 p.m.</td>
<td>Markham Event Centre 95 Duffield Dr.</td>
</tr>
<tr>
<td>CME Event</td>
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<tr>
<td>District 3 AGM</td>
<td>Kitchener/</td>
<td>Wednesday, November 18</td>
<td>6:00 p.m.</td>
<td>Waterloo Inn 475 King Street N.</td>
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<td></td>
<td>Waterloo</td>
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This August, the OMA joined municipal leaders from across the province at the Association of Municipalities of Ontario (AMO) annual conference, held in Niagara Falls.

The OMA’s participation in the conference created an opportunity to build relationships with municipal leaders, listen to their growing concerns, and open a dialogue so that leaders can join the OMA in putting patients first.

OMA President Dr. Mike Toth delivered the keynote speech to over 150 delegates of the Northern Caucus comprised of northern municipalities.

With restrictions to family practice, the cap on medical care, and the elimination of continuing medical education payments, the news for northern communities was a much-needed overview of what these cuts will mean for them. Dr. Toth outlined the potential impact of these new restrictions to an audience wanting answers to their concerns over physician recruitment and access to care.
In addition to meeting with representatives from numerous northern communities, Dr. Toth and OMA President Elect Dr. Virginia Walley held meetings with representatives from 20 municipalities, including the Kitchener-Waterloo and Niagara regions, to discuss the state of medical care in their communities and what the cuts will mean for their constituents and physician recruitment efforts.

A major theme that emerged from these meetings was the lack of information being provided to municipalities about restrictions to family practice and the classification of high-needs areas by the Ontario Ministry of Health and Long-Term Care.

The AMO conference attracts more than 2,000 delegates each year, with many of them visiting the trade show floor. The OMA made its presence known on the floor thanks to a petition wall filled with signatures expressing support for a fully funded health care system that puts patients first. Signing the wall were mayors and councillors from numerous municipalities, as well as MPPs Gila Martow (Thornhill), Jennifer French (Oshawa), Catherine Fife (Kitchener-Waterloo) and Ted Arnott (Wellington-Halton Hills) — all of whom were eager to support their municipal counterparts.

To date, four regions — City of Hamilton, County of Peterborough, Eastern Ontario Wardens’ Caucus, and the County of Hastings — have passed resolutions in support of the OMA. That number is likely to grow following the success of the OMA’s involvement at the conference.

OMA “wall of support”

Councillor Libby Clarke from Tudor and Cashel signs the petition wall asking the government to “put patients first.”

From left: Mayor Scott Warnock, Tay Township; Mayor Gord McKay, Midland; OMA President Elect Dr. Virginia Walley; Mayor George Cornell, Tiny Township.
OMA ADVANTAGES
Special offers & rates for you!

Take advantage of unique offers tailored to OMA members:

Introducing New Advantages Vendors!

CAA        Moneris        W4IOW Worldly

OMA Advantages discounts and services are available for Wireless Communications, Travel & Leisure, Auto, Fitness & Health, Moving & Relocation, Corporate Hotels, Entertainment, and Office Services & Support.

Visit www.oma.org/Advantages to access this exclusive affinity program.

CME CRUISE: November 18 - December 2, 2015

Earn up to 32 hours of CME credits on a cruise conference designed for family physicians, specialists and allied health professionals that focuses on current concepts in primary care medicine.

FEW SPOTS REMAIN!

THAILAND AND VIETNAM

CARDIOLOGY AND PULMONARY UPDATES

Speakers include:
Dr. Robert Dent,
Dr. Hyman Rabinovitch,
Dr. D. Kenneth Roberts,
Dr. Walter T. Savage

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The Ontario Medical Association and Ontario Hospital Association (OHA) work together on a continuing basis to bring leadership to issues of mutual interest, and to advance solutions to improve health care in Ontario.

The OMA and OHA are committed to maintain and enhance this relationship, particularly through the work of the joint Physician Hospital Issues Committee (PHIC).

The PHIC provides a forum for discussion and information exchange between the OMA and OHA with respect to issues that directly or indirectly impact both physicians and hospitals. The OMA and OHA are jointly committed to supporting hospitals and physicians as they continue to build and strengthen their relationships in support of quality, patient-focused care.

Physicians and hospitals across Ontario are faced with growing financial challenges and increased accountabilities. As in any relationship, when parties are stressed, the relationship may become strained. It is at times of stress, however, that a strong relationship is most essential to ensure mutual support, collaborative decision-making and successful outcomes.

For several months, the Physician Hospital Issues Committee has been working to develop an understanding of the essential components physician-hospital groups use to create and maintain effective relationships.

This initiative is in response to increased pressure on hospitals and physicians to ensure an effective relationship in support of the delivery of high-quality patient care while considering broader factors, such as health system transformation, health system funding reform, and changing patient expectations.

This undertaking has culminated in a joint document entitled Guidance for Developing an Effective Hospital-Physician Relationship, which appears on pages 18-29 of this issue, and is also posted online in the OMA Resource Centre at https://www.oma.org/Resources/Pages/default.aspx.

The Relationship Guidance document emphasizes the importance of organizational culture and leadership, and describes five guiding principles:

- Commitment to Patient Care
- Respect
- Accountability and Decision-Making
- Leadership
- Communications

In addition, the document provides a five-step practical approach that hospitals and physicians can use to build the foundation/framework for an effective working relationship.

Members of the Physician Hospital Issues Committee agree that while there is no single “right way” or “standard approach” that underlies the path to an effective working relationship, it’s important to note that regardless of the tools or methods employed, the value to all is in the collaborative and transparent process that leaders (non-physician and physician) and staff participate in to arrive at a set of shared values, goals, responsibilities and accountabilities.

For more information on Guidance for Developing an Effective Hospital-Physician Relationship, please contact Susanne Bjerno, Senior Advisor, Hospitals and Health System Funding, OMA Health Policy Department, at susanne.bjerno@oma.org.
Guidance for Developing an Effective Hospital-Physician Relationship

September 2015

Developed jointly by:
Ontario Hospital Association
Ontario Medical Association
Acknowledgements

The Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) acknowledge and thank the following members of the joint OHA/OMA Physician Hospital Issues Committee for their many contributions to the development of this document:

**OHA**

Dr. Charlie Chan, VP Medical Affairs & Quality, University Health Network (OHA PHIC Co-Chair)  
Dr. Gillian Kernaghan, President and CEO, St. Joseph’s Health Care (London)  
Dr. Nancy Merrow, Chief of Staff/VP Medical Affairs, Orillia Soldiers’ Memorial Hospital  
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**OMA**

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The OHA and OMA would also like to thank the hospital members and physicians who generously volunteered their time to review and consult during the development of this document.
Introduction to the Framework

Hospitals, as institutions, evolved in Ontario to provide comprehensive care to people who are unable to receive care in their community. Physicians played a key role in the development of institutional care and founded and ran many of Ontario’s earliest hospitals. The unique partnership between physicians and hospitals remains a pivotal one for healthcare in Ontario and today more than 20,000 physicians in Ontario have hospital privileges.

The Ontario Medical Association (OMA) and the Ontario Hospital Association (OHA) agree that positive relationships between hospitals and physicians at all levels are critical to high-quality patient care. Their shared objective is to be part of creating a high-performing, integrated and sustainable health care system with the common goal of providing high-quality, effective and efficient patient care. Ontario’s health care system is undergoing significant transformational change that can create pressure on hospitals and physicians as they work together to improve the quality of care for their patients.

As the demands for change continue to increase due to factors such as health system transformation, funding reform and changing patient expectations, it is critical that hospitals and physicians navigate through the changes as partners with shared goals and expectations. To achieve this, leaders (includes non-physicians and physicians), must build on current partnerships and relationships to ensure that they have a highly effective working relationship built on mutual trust, understanding and respect. Foundational to this relationship are the hospital’s mission, vision and values which are developed by leaders, staff, physicians and the hospital’s Board of Directors (Board).

The joint OMA/OHA Physician Hospital Issues Committee (PHIC) recognizes the importance of the relationship between hospitals and physicians in delivering quality patient care. The PHIC recognizes that there are various tools and approaches that hospitals and physicians can use to foster effective working relationships, which build upon shared values. The PHIC has developed this guidance material to support local relationship building and framework development.

Key to the success of the developed framework is a balance between:

• Hospitals’ continued recognition that the physician-patient relationship is foundational to the provision of high-quality patient care (including the physician’s obligation to provide quality care and to act in the best interest of the patient) and,

• Physicians’ continued recognition that they may have to balance advocacy for the individual patient with the best interests of the patient population.

While there is no ‘right way,’ it is important to note that whichever tool or approach is used, the value to all is in the collaborative and transparent process that leaders, non-physician and physician staff participate in to arrive at the final framework.
Purpose

The OMA and OHA are jointly committed to supporting hospitals and physicians as they continue to build and strengthen their relationship in support of quality patient care. This Guidance for Developing an Effective Hospital-Physician Relationship is based on a high level review of approaches in other jurisdictions and successful models in Ontario. It provides some guiding principles and a practical approach to assist hospitals and physicians in developing a framework for a mutual understanding regarding an effective working relationship. In applying these principles and approach, it is important to recognize that while all relationships within the hospital are important, most physicians have a unique relationship with the hospital, namely privileges, in comparison to the rest of the staff.

The PHIC recognizes that hospitals and physicians across the province may be at different stages of developing and implementing best practices in creating and improving relationships between the hospital and physicians. Whichever stage an organization is at, this guidance is not meant to replace or override existing policies, such as the Professional Staff By-Law, Hospital Rules and Regulations, and the Code of Conduct. Furthermore, the approach presented should not be viewed as a standalone process, but rather complementary to and integrated into existing organizational initiatives.

Hospital Boards are responsible for the vision, mission and values of the organization and for ensuring continuous improvement in outcomes (i.e., quality, access, patient safety and patient-centredness). In an environment of continual financial pressure and increasing patient demand, the Board’s success in its pivotal role is more likely when it is driven by a tripartite effort from the Board, hospital management and physician leaders (formal and informal).
Guiding Principles

1. Commitment to Patient Care
   - A shared responsibility for high-quality, patient-centred care
   - A collective obligation to strive for excellence in all aspects of patient care within a healthy, multidisciplinary work environment through innovation and respect for the unique features of the patient and family
   - A shared recognition of the resources available and the needs of the community

2. Respect
   - Mutually respectful interactions among leaders, non-physician and physician staff at all levels of hospital practice built on a foundation of trust and respect
   - Shared commitment that promotes management’s understanding of what physicians need to provide quality patient care and physicians’ understanding of hospital governance, management and government/legislative requirements

3. Accountability and Decision-Making
   - Clear accountabilities, including delineated roles, responsibilities, expectations and lines of accountability
   - Collaborative approaches to problem solving that facilitate more effective engagement and support of physicians in all aspects of hospital practice (management and clinical)
   - Efficient structures/models of administrative decision-making that are evidence-based, impact sensitive, outcome oriented, fair, transparent and timely
   - An alignment of priorities built on a shared platform of consensus and commitment to common goals, including a patient-centred, accessible, integrated and accountable health system, and supported by appropriate incentives and rewards

4. Leadership
   - An environment of contemporary and responsive organizational (clinical and management) leadership styles that promotes staff engagement, integration and team building at all levels of hospital practice
   - An environment that identifies and supports physician leaders and provides opportunities for individual and collective leadership development
5. **Communication**
   - Clear, open, respectful communication among leaders, non-physician and physician staff, that values each member’s contribution and promotes trust, mutual understanding, constructive discussion and effective knowledge transfer

Figure 1: Guiding Principles
The Role of Organizational Culture and Leadership

Organizational culture plays an important role in sustaining behavior because it is rooted in shared assumptions and beliefs of individuals. An organization’s culture is reinforced and perpetuated as long as it ‘works’ and supports strategies and actions that result in successful outcomes. Organizational cultures evolve slowly over time and can drift from one that is beneficial in terms of supporting positive relationships and outcomes, to one that is a potential barrier to success when it does not adapt in the face of innovative strategies, system pressures, and technological advances.

The process of developing and formalizing a mutual understanding among leaders, non-physician and physician staff requires an inclusive process for new learning and adaptive change. A successful process results in leaders, non-physician and physician staff recognizing what is needed in terms of shared attitudes, to deliver high-quality patient care. All members of the organization will likely require some change in order to leave behind old expectations and move forward together in a new relationship with mutual understanding.

A hospital’s Board is ultimately accountable for the success and sustainability of the corporation it governs. As such, the Board has an important role to play in striving to ensure that leaders are creating and promoting an organizational culture that supports an effective working relationship between leaders, non-physician and physician staff at all levels of the organization. This is reflected at the highest level through the relationships mandated by relevant legislation, regulation and/or by-laws between the Board, the hospital CEO, the Chair of the Medical Advisory Committee (who may be a Vice President of Medical Affairs or a Chief of Staff) and the President of the Medical Staff Association. As leaders, these individuals are visible champions and should strive to model the desired organizational culture.

Figure 2: Linkages with the Board of Directors
Developing and Formalizing the Hospital-Physician Relationship Framework

The PHIC has developed the following practical approach to provide hospitals and physicians with guidance as they build the foundation for an effective relationship framework.

Figure 3: Overview of Process for Formalizing the Hospital-Physician Relationship
Assess and Initiate

1. **Assess the current relationship between leaders, non-physician and physician staff in the context of the organization's vision and values**
   - Evaluate whether there is awareness, recognition and acceptance of the organization’s vision and values at all levels of the organization
   - Determine whether or not there is a sense of trust, open communication, transparency and accountability at all levels of the organization
   - Establish a shared recognition that there is high value in continually striving to foster effective relationships between leaders, non-physician and physician staff
   - Consider all policies and guidance influencing the relationship

2. **Determine organizational readiness**
   - Identify the reasons for action and the implications of developing and formalizing a mutual understanding between leaders, non-physician and physician staff
   - Recognize and acknowledge past points of conflict in order to move forward
   - Ascertain the formal and informal leaders who can contribute to the process
   - Evaluate whether or not the availability of resources and timing of undertaking this improvement initiative will facilitate success

Organize and Communicate

3. **Develop and sustain urgency by communicating the importance of developing and formalizing a mutual understanding between leaders, non-physician and physician staff to all levels within the organization**
   - Reinforce the importance of the relationship
   - Communicate the risks and potential impacts on patient care as a result of ineffective relationships between leaders, non-physician and physician staff
   - Emphasize the value of organization-wide participation in this quality improvement initiative

4. **Establish a core team and assign roles**
   - Select senior leaders who will take on visible and unequivocal sponsorship and commitment
   - Determine the roles that formal and informal leaders (non-physician and physician staff) will play and assign tasks
   - Prepare formal and informal leaders who can champion this work

5. **Design and implement an engagement and communication strategy**
   - Outline an engagement and communication strategy that is based on transparency, fairness, timeliness and inclusivity to promote meaningful engagement
   - Align resources to support the development and implementation of the strategy
   - Emphasize and clearly demonstrate that non-physician and physician staff input is critical and will have an impact on patient care
Collaborate and Dialogue

6. Involve and engage non-physician and physician staff at all levels of the organization
   • Examine the various forums that exist which allow for healthy discussions and determine whether new forums need to be established
   • Facilitate open, transparent and inclusive conversations to develop a mutual understanding that non-physician and physician staff feel are reasonable and can support
   • Demonstrate sensitivity and maintain ongoing communication with those who may react strongly to participating

7. Formalize the mutual understanding framework in a format that is effective and meaningful for leaders, non-physician and physician staff at all levels within the organization
   • Document the mutual understanding and validate it with non-physician and physician staff at all levels of the organization
   • Formal and informal leaders must exhibit behaviours that demonstrate that the new relationship is important
   • Discuss how behaviours that are not aligned with the new relationship will be addressed

Implement and Monitor

8. Implement the communication strategy across the organization
   • Ensure that the communication is transparent, open, timely, and inclusive of leaders, non-physician and physician staff at all levels of the organization
   • Review and update any organizational practices and policies to ensure alignment between non-physician and physician staff and consistency with new relationship
   • Provide training and other development activities that may be required to ensure that leaders, non-physician and physician staff have the skills to support the relationship

9. Embed the mutual understanding in day-to-day practice and expectations
   • Determine what resources are required to support the new relationship
   • Actively involve non-physician and physician staff in shaping strategic, clinical and operational decisions
   • Use performance management conversations to communicate about how the relationship is being upheld by leaders, non-physician and physician staff at all levels of the organization

10. Evaluate the effectiveness and impact of the mutual understanding periodically
    • Solicit ongoing feedback from leaders, non-physician and physician staff regarding the relationship
    • Examine non-physician and physician staff engagement scores to determine impact
    • Maintain ongoing communication with formal and informal leaders to acknowledge success, address challenges and share reflections
Checklist for Developing and Formalizing the Hospital-Physician Relationship

✓ Does the assessment of the current relationship between physicians and hospital staff indicate a need for improvement?

✓ Is the organization well-positioned to improve the relationship between staff and physicians?

✓ Has the need to develop and formalize a mutual understanding between staff and physicians been clearly communicated to all levels within the organization?

✓ Has a core team consisting of formal and informal leaders been established, prepared and assigned roles?

✓ Are there fair, transparent and meaningful engagement and communication strategies in place to facilitate success during implementation?

✓ Do staff and physicians within all levels of the organization have fair, transparent and meaningful opportunities to participate in the consultation process?

✓ Has the relationship between staff and physicians working at the organization been formalized in a way that is effective and meaningful for the staff and physicians at all levels within the organization?

✓ Is there evidence to indicate that the communication strategy has been implemented effectively and that all organizational practices and policies have been updated to support the new relationship?

✓ Are there opportunities for staff and physicians to incorporate the mutual understanding into their day-to-day practice?

✓ Are there various mechanisms to monitor, evaluate and improve the effectiveness and impact of the formal mutual understanding between staff and physicians?
Appendix: Bibliography and Relevant Reference Material


OntarioMD has been very successful in supporting physicians in the selection, implementation and adoption of electronic medical records (EMRs). A total of 11,650 physicians are enrolled in our programs and realizing the benefits of their EMRs to enhance the quality of care and the efficiency of their practices.

It is this proven track record of delivering on EMR adoption targets, as well as developing and implementing award-winning connectivity to EMRs in its Hospital Report Manager (HRM) and eNotifications applications, that has led to the highly anticipated new EMR Agreement with the Ministry of Health and Long-Term Care, effective August 1, 2015.

The new EMR Agreement reflects a transition from a funding agreement with eHealth Ontario to a direct funding relationship between OntarioMD and the Ministry. It also represents a shift in focus from EMR adoption to supporting physicians to optimize their EMR use. With an 85% EMR adoption rate among community-based family physicians, generally, physicians who were interested in adopting an EMR have done so. Physicians now want more help with mastering the basic features of their EMRs, and continuously learning more about what they can do with this powerful tool to enhance patient care and practice efficiency.

An important change for OntarioMD and physicians in the new Agreement is the increased scope for OntarioMD to support any physician who is using an OntarioMD-certified EMR, regardless of whether they have been involved with OntarioMD in the past. This broader reach now gives more physicians access to OntarioMD’s products and services, at no cost.

What’s In The New EMR Agreement?
The new program activities that OntarioMD will be undertaking under the new EMR Agreement will support you and your staff to realize more benefits from the use of your EMR. The activities include:

- **EMR Practice Enhancement Program (EPEP)** — Supports community-based physicians as they migrate to a certified EMR, and helps EMR users at different skill levels and with different levels of experience to optimize their EMR use. The program offers an online EMR Progress Assessment tool that you and your staff can use to assess your current level of use, and identify opportunities for improvement. OntarioMD practice advisors and guides are available to advise you on next steps.

- **Peer Leader Program** — Features physicians, nurses, clinic managers and quality improvement specialists who can support and guide your practice to make clinical improvements to achieve your EPEP goals and improve your EMR experience. Peer Leaders also represent clinicians to influence the development of new EMR-related initiatives, such as eConsult and eReferral, and the evolution of certified EMR products and services.

- **Interoperability and Access to Provincial Assets** — These initiatives will give you and your staff the ability to communicate more seamlessly with one another, provide a more timely and convenient patient experience, and measure and improve the quality of your care. OntarioMD will continue to connect more clinicians to Hospital Report Manager and eNotifications, and make further enhancements to these services. OntarioMD will also deliver provincial eConsult, eReferral and eBooking services and an EMR Dashboard, as
Electronic Medical Records

against the requirements contained in the Specifications. Under the new EMR Certification Agreements with each EMR vendor, the vendors must meet the requirements in applicable Specifications to maintain their product’s certification, and OntarioMD will monitor their ongoing compliance. More information on these programs will be available on OntarioMD.ca as they get underway.

Changes To Funding For Physicians

The new EMR Agreement between OntarioMD and the Ministry does not include new payments or incentives by OntarioMD to physicians who were in the Enhanced Use (EU) Program. The EU Program ended on March 31, 2015, and the final monthly payment for the program was made in May 2015. Any future discussions related to incentives or payments for EMR services will take place between the Ministry and the Ontario Medical Association.

The EMR Agreement continues the payments to physicians who are in the legacy EMR Adoption Programs to the end of their individual funding agreements. There is no new funding for EMR adoption available under the new Agreement.

Support When You Need It

If you use a certified EMR, you can access the support and expertise of OntarioMD’s regional field teams who provide personal, customized support for your practice. They can assess how to assist you in using your EMR more effectively. Please contact your OntarioMD practice management consultant (PMC). If you are not sure who your PMC is, OntarioMD’s customer service representatives will be pleased to make the introduction. Simply email info@ontariomd.com to get started.

Dr. Rick Tytus, a family physician practising in Hamilton, serves as Chair of the Board of OntarioMD, and is a member of the OMA Board of Directors.

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Practical Introduction to General Practice Psychotherapy, with a focus on the Psychotherapeutic Relationship (October 24th to November 3rd 2015)

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This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 30 Mainpro-C credits for Physicians, General and Family Practitioners, Psychiatrists and others therapist. Each educational activity is approved for 3.0 hours of CPDA Group CE credits for each session (i.e., 3.0 CE credits for one three-hour seminar). Members of the American Academy of Family Physicians (AAFP) are eligible to receive up to 30 Prescribed credit hours for attendance at this meeting/event due to a reciprocal agreement with the College of Family Physicians of Canada. Please see more information: http://www.mycmeupdates.ca/cruise.html


Please contact Ms. Kitty Tam at Cruise Holidays of Scarborough. Tel: 416-293-1525 and email: customer chc@yahoo.ca

These popular MainPro-C Sessions are lead by Dr. Michael Paré, General Physician Practicing Psychotherapy. He is Chair of the Ontario Medical Association Section on Primary Care Mental Health. Doctor Paré has several credentials in psychotherapy. He is Certified in Group Therapy, and is Certified in IPT Psychotherapy. He is a Teaching Mentor / Supervisor of both the General Practice Psychotherapy Association and the Collaborative Mental Health Care Network of the Ontario College of Family Physicians.

More info at michaelpare@rogers.com / call 416-229-2399 x 125.
Helping Ontarians understand the impacts of marijuana use

Following an era of decline in marijuana use, there has been a recent rise again, presumably due to changing views on the use of marijuana for medicinal purposes as well as changing attitudes about recreational use.

Ongoing public discussions about marijuana legalization and decriminalization, its medicinal applications, and its more widespread recreational use, may have led some to falsely believe that this drug is harmless and has no potential adverse effects.

With the objective of contributing to the public dialogue on this topic, and to provide clarity about the risks associated with marijuana use, the OMA has developed a report — entitled Ontario’s Doctors Help You Make Informed Decisions: Clearing the Air About Marijuana — that articulates some of the health impacts associated with this drug.

The report does not deal with the use of marijuana in a clinical context; rather, it discusses:

- The impacts of evolving uses of marijuana.
- The addictive and problematic consequences of marijuana use.
- Driving under the influence.
- The effects of marijuana smoke.
- The relationship between marijuana and mental health.
- The cognitive effects of marijuana use.

Ontario’s doctors believe it is important that physicians and the public are aware of the scientific information about recreational marijuana use and how it can impact health.

A copy of the full report is posted on the OMA website at https://www.oma.org/member/resources/documents/clearingtheairaboutmarijuana.pdf.

For more information, please contact Katherine Patterson, OMA Engagement and Program Delivery, at 416.599.2580/1.800.268.7215, ext. 3093, or email Katherine.Patterson@oma.org.
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Primary care, by definition, is not only the first care patients receive on entering the health care system, but also the principal point of care. Patients often look to their primary care provider as the trusted expert who will guide them through both a challenging life experience and a complex, sometimes confusing, health care system.

CCO, the Ontario government’s advisor on the cancer and kidney care systems and on access to care for key health services, recently released health system plans Ontario Cancer Plan IV and Ontario Renal Plan II.

These plans recognize the importance of this central health care relationship between a patient and their primary care provider. The plans directly impact the work of health care providers in oncology and nephrology, while also highlighting the critical role primary care providers play in prevention, screening and improving the quality of life and care for patients with cancer and chronic kidney disease (CKD).

CCO develops multi-year system plans that are comprehensive roadmaps for the way Cancer Care Ontario and the Ontario Renal Network will work with health care providers, organizations and the provincial government to develop and deliver cancer and kidney care services. The plans set clear goals, priorities and objectives to drive improvements in the cancer and kidney care systems over the next four years (see sidebars, p. 35).

Health care providers — primary care providers, oncologists, nephrologists — were among the more than 800 stakeholders and partners consulted by Cancer Care Ontario and the Ontario Renal Network in the development of these system plans. These diverse health care perspectives helped identify opportunities for innovation and quality improvement in the cancer and kidney care systems. While the two plans address the unique needs of their patient populations, their goals and objectives share common areas of focus. Of particular interest to primary care providers are areas of person-centred care, prevention and early detection, and integrated care.

A Person-Centred Approach

There is increasing recognition among health care professionals, researchers and policy-makers that high-quality health care requires a shift from a provider-centred approach to one that is centred on patients and their families. Individuals who have received care in either the cancer or kidney care system have intimate knowledge of what works well and what could be done better. This is why CCO welcomed patient and family advisors at the planning tables for both system plans.

A person-centred model of care requires supportive partnerships between patients and their health care providers, including primary care physicians. CCO is working to ensure that health providers, patients and families have the resources necessary to improve communication, shared decision-making and self-management. To that end, Cancer Care Ontario recently released the Person-Centred Care Guideline (cancercare.on.ca/PCCGuideline). This guideline sets the standard of care that people experiencing cancer in Ontario should expect to receive.

With a similar goal in mind, the Ontario Renal Network is piloting and evaluating the use of a standardized approach and associated decision aids to support shared decision-making among patients, their families and their health care teams.
**Sustainability Through Prevention**

As much as Ontarians want a health care system that addresses their needs, they also want to know that similar high-quality care will be available to their loved ones in the future. In order to ensure the sustainability of our health care system, we must make the best use of our human, infrastructure and financial resources.

Cancer Care Ontario’s approach to building a sustainable cancer system will include, among other things, expanding prevention and screening efforts aimed at reducing the incidence of cancer. For example, the recently launched MyCancerIQ.ca is an online risk-assessment tool for breast, cervical, colorectal and lung cancer that encourages patients to talk to their primary care provider about lifestyle changes to reduce their risk of cancer and what screening tests are most appropriate for them. Cancer Care Ontario will continue to implement organized cancer screening programs for breast, cervical and colorectal cancers, and will expand physician-linked correspondence in Ontario for these programs. In addition, primary care providers can register with OneID (ereports.cancercare.on.ca) to receive Screening Activity Reports, which will help them understand and manage their patients’ screening activity and appropriate followup.

In the kidney care system, primary care providers play an integral role in early detection and prevention of progression of CKD. The Ontario Renal Network has developed the KidneyWise Clinical Toolkit (kidneywise.ca), a set of clinical tools and resources designed to guide primary care providers on which patients are at high risk of developing CKD, and provide recommendations on how to properly diagnose and best manage the patient to reduce the risk for further disease progression. Also included is a standardized outpatient nephrology referral form that offers referral guidance by outlining clinical scenarios that would require consultation with a nephrologist and lists appropriate investigations that should accompany the referral. Further research into the toolkit’s impact on

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The Ontario Cancer Plan focuses on six goals. These goals were arrived at through extensive consultation with many stakeholders, including patients, families and health care providers all across the province. These goals cut across the cancer care continuum so that no matter what stage a person is at — prevention, screening, diagnosis, treatment, recovery, survivorship or end of life — their needs will be addressed by the goals and initiatives of this plan.

- **Quality of life and patient experience**: Ensuring the delivery of responsive and respectful care, optimizing individuals’ quality of life across the cancer care continuum.
- **Safety**: Ensure the safety of patients and caregivers in all care settings.
- **Equity**: Ensure health equity for all Ontarians across the cancer system.
- **Integrated care**: Ensure the delivery of integrated care across the cancer care continuum.
- **Sustainability**: Ensure a sustainable cancer system for future generations.
- **Effectiveness**: Ensure the provision of effective cancer care based on best evidence.

*Complete details of the Ontario Cancer Plan IV are available online at ocp.cancercare.on.ca.*

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The underlying philosophy of the three goals of the second Ontario Renal Plan is a fundamental shift away from traditional provider-driven care toward a new model centred on patients and their families. At the same time, these goals highlight partnerships — between patients and their health care teams, among various health care professionals, between agencies, etc.— to ensure that we work together and are all accountable to deliver the best care possible.

- **Empower and support patients and family members to be active in their care.**
- **Integrate patient care throughout the kidney care journey.**
- **Improve patients’ access to kidney care.**

*Complete details of the Ontario Renal Plan II are available online at www.renalnetwork.on.ca.*
referral waiting times and influence on practice patterns is underway.

Integrating Care Throughout The Care Continuum
From screening through diagnosis, treatment and beyond, individuals will see many different health care providers in many different settings; this is especially true for patients with multiple comorbidities. They may be confused by Ontario’s large and complex health care system and feel uncertain who to turn to for help. Health care professionals may not be aware of changing roles and how to co-ordinate with different health care providers. Through better integration, patients will experience well-organized care across health care settings, with easy-to-navigate transitions at every stage.

The goals of the Ontario Cancer Plan IV address patients’ needs no matter where they may be in the cancer care continuum (see figure below). One of the ways that Cancer Care Ontario is working toward a more integrated person-centred model of care is with the implementation of Diagnostic Assessment Programs. These programs offer patients and health care providers a single point of access to comprehensive cancer diagnostic services. Cancer Care Ontario is also implementing a plan that takes a holistic approach to improving the diagnostic phase of cancer (see www.cancercare.on.ca/diagnosticstrategy).

At the other end of the continuum, supports for primary care providers are being developed to provide ongoing followup care to cancer survivors, and to increase the capacity for primary care providers to deliver high-quality palliative care, including symptom management, through a variety of mechanisms.

The Care Continuum
In the kidney care system, three areas offer the greatest potential impact for improved integration of care: early detection and prevention of progression of kidney disease, palliative care, and transplant. As in the cancer system, the comprehensive delivery of palliative care should be a standard that is integrated throughout the kidney care journey.

The Best Health Care Systems
The Ontario Cancer Plan IV and Ontario Renal Plan II are aligned with provincial quality initiatives plans, including the province’s Patients First: Action Plan for Health Care. The plans also align with the Ontario Medical Association’s commitment to have “the healthiest patients and the best health care system.”

The goals of these health system plans are ambitious, and making them a reality will require the ongoing, active involvement and collaborative efforts of every person involved in the cancer and kidney care systems in Ontario, including primary care providers. Making these plans a reality won’t be easy, but the right partners are in place. Working together, we will create the best health systems in the world here in Ontario.

Footnote
1. CCO houses both Cancer Care Ontario and the Ontario Renal Network, which leverage CCO’s infrastructure, assets and models to improve the province’s health systems for cancer and chronic kidney disease. It also directs and oversees health care funds for hospitals and other cancer and chronic kidney disease care providers, enabling them to deliver high-quality, timely services and improved access to care.

Dr. Allan Grill is Provincial Primary Care Lead, Ontario Renal Network, Lead Physician, Markham Family Health Team and Assistant Professor, Department of Family and Community Medicine, University of Toronto. Dr. Suzanne Strasberg is the Provincial Clinical Lead for Primary Care with Cancer Care Ontario, and a family physician practising in Toronto.
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For more information, please contact: Vita Ferrante, tel. 416.340.2263 or 1.800.268.7215, ext. 2263, email: vita.ferrante@oma.org

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Call for Nominations 2016 OMA Awards

The OMA is now accepting nominations for the 2016 OMA Awards Program for the following categories:

OMA LIFE MEMBERSHIP
Awarded to members who have made an outstanding contribution to the work of the Association in the interest of the medical profession. In addition to OMA-related involvement, work done to advance medical science and other positive work done at the provincial level can be considered. OMA Life Membership is awarded to members who have reached the age of 65 as of December 31st in the year preceding the annual meeting that the awards are to be presented. Under exceptional circumstances, candidates under 65 years of age may be considered. Nominations may be made by an OMA member, the Executives of a Branch Society, a District or a Section. A maximum of 25 Life Memberships are awarded annually.

OMA HONORARY MEMBERSHIP
Ordinarily awarded to a non-physician for having achieved eminence in science and/or humanities, such as outstanding service to the OMA, the medical profession, medical science or common good at the provincial level. Nominations may be made by an OMA member, the Executives of a Branch Society, a District or a Section. There are never more than 25 Honorary Members at one time.

OMA CENTENNIAL AWARD
Awarded to a non-physician in recognition of outstanding achievements through lengthy service and/or distinguished acts in serving the health and welfare of the people of Ontario. Nominations may be made by an OMA member, the Executives of a Branch Society, a District or a Section. One Centennial Award may be presented annually.

DISTINGUISHED SERVICE AWARD
Awarded to a member of the Association for exceptional long-standing service to the OMA, with the exclusion of Past-Presidents of the Association. This involves membership on major committees, Council, or the Board. Nominations may be made by any member of the Association. One award may be presented annually.

ADVOCATE FOR STUDENTS AND RESIDENTS AWARD
Awarded to a physician or non-physician in recognition of outstanding contributions that have significantly benefited the medical students or residents of the province of Ontario. Nominations may be made by an OMA member, the Executives of a Branch Society, a District or a Section, or by the deans of the six medical schools in the province. One award may be presented annually.

Submissions due
December 4, 2015, 5:00 p.m.
PRESIDENTIAL AWARD
Awarded to a member of the Association in recognition of exceptional and long-standing humanitarian service to the greater community (in Ontario or elsewhere) that brings honour to the medical profession. The award recipient, by his or her actions, expresses the highest qualities of service by a physician that we all admire. Nominations may be made by any member of the Association. One award may be presented annually.

GLENN SAWYER SERVICE AWARD
Awarded to OMA members in recognition of significant service to the OMA, medical profession or public at the community level. Nominations may be made through a Branch Society by universities, hospitals and community medical leaders in the area. One nomination from each Branch Society will be accepted. The Glenn Sawyer Service Award may be awarded to any OMA member who has not yet received OMA Life Membership or CMA Honorary Membership. A maximum of 15 awards may be presented annually.

COMMUNITY SERVICE AWARD
Awarded to non-physician members of a community for significant contribution to the health and welfare of the people of a local community as defined by involvement in community health and public welfare, including length of involvement, roles fulfilled in local organizations, and personal achievements. Nominations may be made by the nominee’s Branch Society or District Executive. One award per Branch Society may be presented annually.

SECTION SERVICE AWARD
Awarded to OMA members in recognition of significant service to the OMA, medical profession, or public within a Section. Nominations may be made through a Section by universities, hospitals and community medical leaders in the area. One nomination from each Section will be accepted. The Section Service Award may be awarded to any OMA member who has not yet received OMA Life Membership or CMA Honorary Membership. A maximum of 15 awards may be presented annually.

MEDICAL STUDENT ACHIEVEMENT AWARD
Awarded annually to one student from each of the six provincial medical schools based on significant contributions at the political and/or community level that helps advance the life and/or education of all medical students. Nominations will be accepted directly from medical students. Where necessary, applications may be reviewed by a committee of peers who are elected student representatives of the OMA Section of Medical Students.

RESIDENT ACHIEVEMENT AWARD
Awarded annually to one resident from each of the six provincial medical schools for outstanding contribution to the advancement of postgraduate training. Nominations may be made by university professors, teaching faculties, the OMA Section of Interns and Residents, and PARO.

T.C. ROUTLEY CHALLENGE SHIELD
Awarded to the Branch Society which most adequately fulfils its purpose of service to its members, community and profession through programs and activities defined by:

a) contributions by Branch Societies to the OMA as demonstrated by activity in OMA Committees, Council and/or

b) contributions by the Branch Society to science, medical education, culture, hospitals, community service, politics, public welfare and other civic activities. Branch Societies apply through their District Executive with a report outlining their activities. Only one Shield is awarded annually. Ordinarily, this award would not be presented to a Branch Society more frequently than every 10 years.
CMA Awards honour Ontario health care leaders

The Canadian Medical Association honoured the outstanding achievements of five Ontario physicians at the CMA Awards presentations, held during the recent CMA 2015 Annual General Meeting in Halifax (August 23-26). The Ontario recipients were among 13 award winners whose skills, leadership, and accomplishments in the health care field were being recognized.

“This is a group of dedicated people,” said then CMA President Dr. Chris Simpson. “Their tireless work, commitment and passion have led to innovative thinking, greatly benefiting those around them. Their remarkable contributions to the health and safety of others make them true inspirations and highly deserving of these awards.”

The Ontario award recipients are listed below:

• **Dr. John Gray**, Ottawa, was awarded the Medal of Service for his career-long dedication to patients, improvements in the safety of medical practice, and the reduction of medico-legal risk for Canadian physicians. A Queen’s University graduate, Dr. Gray practised family medicine in Peterborough from 1974 until 2000. He served the OMA in many capacities, including as President, and was also a CMA Board member. In 2000, after serving on the Canadian Medical Protective Association (CMPA) Council for two years, he was appointed its executive director and CEO. Dr. Gray led the CMPA through a transformative period from a relatively small organization to a strategic, transparent, and leading-edge national medical organization.

• **Dr. I. Michael Kaufmann**, Toronto, received the Physician Misericordia Award for founding the OMA Physician Health Program. Serving more than 8,000 physicians and students since 1995, this program is designed to assist professionals with substance abuse, psychiatric disorders, and other personal health problems. Dr. Kaufmann has also led the service expansion of the Physician Health Program in a number of innovative ways designed to enhance physician civility and create respectful medical workplaces — all in keeping with his vision of meeting the needs of the individual while allowing positive cultural change within the profession. A medical graduate of the University of Toronto, and a fellow of the Canadian College of Family Physicians, Dr. Kaufmann practised family medicine in Campbellford, Ontario, for 14 years before dedicating himself to physician well-being.

• **Dr. Allison McGeer**, Toronto, received the May Cohen Award for Women Mentors for demonstrating outstanding and ongoing support to students and trainees at all levels of medicine. An internationally renowned researcher and expert in infection prevention and control, pandemic planning, and hospital outbreak response, Dr. McGeer has been the director of infection control at Mount Sinai Hospital for 25 years, and a University of Toronto professor in the departments of medicine, laboratory medicine and pathobiology. In addition to mentoring emerging researchers, she also supports medical residents, foreign medical graduates, and nursing students in their career planning.

• **Dr. Soniya Sharma**, Richmond Hill, received an Award for Young Leaders for her experience and accomplishments in medical politics, academics, research and extracurricular activities while a medical student. This included being elected Chair of the Ontario Medical Students Association, representing her school (Queen’s University) at the Canadian Federation of Medical Students, and serving on the executive council of the Aesculapian Society. Dr. Sharma represented her peers on the OMA Board of Directors and attended CMA General Council as an Ontario delegate, taking advantage of both opportunities to develop an innovative pilot program to teach medical students about governance while being mentored by physician leaders.

• **Dr. Amol Verma**, Oakville, also received an Award for Young Leaders. As a medical resident, he is co-principal investigator of the General Medicine Inpatient (Gemini) registry, which is currently being piloted at six Toronto hospitals. The registry has a huge potential to improve quality of care and health policy across Canada. This follows his success developing an internationally renowned weekly podcast, *The Rounds Table*, that summarizes recent studies in internal medicine. A Rhodes Scholar at Oxford University before returning to Toronto to pursue his residency in internal medicine, Dr. Verma also helped create the Leadership Education and Development (LEAD) program for medical undergraduates, and continues to participate in the admissions process.
CMA HONORARY MEMBERSHIP
Canadian Medical Association Honorary Membership is awarded to members having made outstanding contributions to the CMA on its Board of Directors, Committees, or General Council and/or have had significant involvement in Canadian medicine who have reached the age of 65 and have been an active member of the CMA for the preceding 10 years. Nominations may be made by any member of the OMA.

MEDAL OF HONOUR
The Canadian Medical Association Medal of Honour represents the highest award that lies within the power of the Association to bestow upon a person who is not a member of the medical profession. The award is granted in recognition of personal contributions to the advancement of medical research; medical education; health care organization and in educating the public about health; service to the people of Canada in raising the standards of medical practice in Canada; and service to the profession in the field of medical organization.

MEDAL OF SERVICE
The Canadian Medical Association Medal of Service is awarded to individuals who have made an exceptional and outstanding contribution to the advancement of health care in Canada. The award is granted in recognition of service to the profession in the field of medical organization; service to Canadians by helping to raise the standards of medical practice in Canada; and personal contribution to the advancement of the art and science of medicine. To qualify, a recipient must have made contributions in at least two of the above fields and be a member of the CMA.

F.N.G. STARR AWARD
The Frederic Newton Gisborne Starr Award represents the highest award that lies within the power of the Canadian Medical Association to bestow upon one of its members. Achievement is the prime requisite in determining the recipient of this award.

Medallists may have achieved distinction by making an outstanding contribution to science, the fine arts or non-medical literature; achievement in serving humanity under conditions calling for courage or the endurance of hardship in the promotion of health or the saving of life; advancing the humanitarian or cultural life of his or her community; and improving medical service in Canada. Such achievement should be so outstanding as to serve as an inspiration and a challenge to the medical profession in Canada.
MAY COHEN AWARD FOR WOMEN MENTORS
The May Cohen Award for Women Mentors is presented to a woman physician who has demonstrated outstanding mentoring by encouraging, facilitating and supporting a mentee in career and leadership development; contributing to the success of a mentee through the sharing of insight, perspective and knowledge based on the mentor’s experience; helping the mentee develop a network of relationships that might not normally be available early in a career; and acting as an effective role model in medicine or medical leadership.

SIR CHARLES TUPPER AWARD FOR POLITICAL ACTION
Sir Charles Tupper was the Canadian Medical Association’s first president (1867-1870), as well as a Father of Confederation, premier of Nova Scotia, and Prime Minister of Canada. The Sir Charles Tupper Award is presented at General Council to a member of the MD-MP Contact Program or other CMA member who has demonstrated leadership, commitment and dedication in advancing the goals and policies of the CMA through grassroots advocacy.

AWARD FOR EXCELLENCE IN HEALTH PROMOTION
The medical profession recognizes that a healthy population can be achieved and sustained only through the collaborative efforts of Canadians in all walks of life. The Canadian Medical Association honours those outside the health sector for activities and initiatives that have contributed to improvements in the health and wellness of Canadians with this award.

Eligible for nomination:
• Residents of Canada who are not health professionals or employed in the health sector.
• Organizations that operate outside the health sector (for example: corporate entities in the business sector, agencies in the volunteer sector, community groups, government departments and agencies).

Nominees must:
• Demonstrate a firm commitment to health promotion through specific actions and initiatives.
• Exemplify creativity and leadership in taking action to improve and promote health.
• Bring about change that has the potential to result in positive, long-term improvement in the health of Canadians.

AWARDS FOR YOUNG LEADERS
The CMA Awards for Young Leaders has up to three recipients each year in the following categories:
• Student Leadership Award
• Resident Leadership Award
• Early Career Physician Leadership Award

The award celebrates the efforts of young physician leaders of tomorrow for their efforts today. The CMA presents the Award for Young Leaders to two students, two residents, and two early-career physicians (five years post-residency) who have demonstrated exemplary dedication, commitment and leadership in one of the following domains:
• Political
• Clinical
• Educational
• Research and Community Service

Relative to these domains, nominees must have exemplified creativity, initiative, and a commitment to “making a difference;” been active and effective at the local, provincial/territorial and/or national level; and acted as a positive and effective role model for peers and colleagues.
DR. WILLIAM MARSDEN AWARD IN MEDICAL ETHICS
The Dr. William Marsden Award in Medical Ethics honours the Canadian Medical Association’s first chair of the Committee on Ethics. Dr. Marsden was CMA president in 1873-1874, and presided over the first draft of the CMA Code of Ethics, approved in 1868.

The award recognizes a CMA member who has demonstrated exemplary leadership, commitment and dedication to the cause of advancing and promoting excellence in the field of medical ethics in Canada.

Candidates must demonstrate, in one of the following areas: a high level of commitment to furthering the cause of medical ethics in Canada; leadership in enhancing ethical and professional behaviour among Canadian physicians; or excellence in research and/or teaching initiatives in medical ethics.

PHYSICIAN MISERICORDIA AWARD
The Canadian Medical Association Physician Misericordia Award is designed to recognize continued support for physician colleagues. It celebrates outstanding contribution by a CMA member to enhance the overall health and well-being of physician colleagues on both personal and professional levels — especially during times of conflict and crisis.

The award honours a physician who, during his or her career, has displayed outstanding leadership and support by demonstrating an outstanding lifetime commitment to caring, compassion, and support for physician colleagues; building and nurturing the vibrancy of the medical profession in his or her community; demonstrating a commitment to support a culture of collaboration with colleagues; demonstrating outstanding initiative; and being an inspiration to others.

JOHN McCRAE MEMORIAL MEDAL
This medal recognizes current or former clinical health services personnel of the Canadian Forces. Winners perform exemplary service demonstrating traits such as compassion, self-sacrifice, or innovation beyond the call of duty that have greatly benefited the health or welfare of fellow military personnel or civilian populations.

All nominations received will be reviewed by the OMA Awards Committee, who will develop recommendations for OMA Board approval and/or endorsement.

NOMINATIONS DEADLINES:
• OMA Awards and CMA Honorary Members: Nominations are due by Friday, December 4, 2015, 5:00 p.m.

Most OMA Awards and the CMA Honorary Membership awards will be presented during the 2016 OMA Annual General Meeting, to be held in Niagara Falls on Saturday, April 30.

• CMA Awards: Nominations are due by Friday, October 30, 2015, 5:00 p.m.

The CMA Awards will be presented during 2016 CMA Annual General Meeting, to be held in Vancouver on Tuesday, August 23.

Nominations should be submitted in writing with an attached curriculum vitae to:

Ms. Anna Carnovale
OMA Strategy & Governance
150 Bloor St. West, Suite 900
Toronto, Ontario, M5S 3C1
Fax: 416.340.2244
Email: anna.carnovale@oma.org
In need of medical-legal advice?

OMA Legal Services can provide advice to members on issues relating to practice:

Inquiries should be directed to OMA Legal Services:

Jim Simpson
Tel. 416.340.2940 or
1.800.268.7215,
Ext. 2940
Email: jim.simpson@oma.org

Robert Lee
Tel. 416.340.2934 or
1.800.268.7215,
Ext. 2934
Email: robert.lee@oma.org

Adam Farber
Tel. 416.340.2894 or
1.800.268.7215,
Ext. 2894
Email: adam.farber@oma.org

Jennifer Gold
Tel. 416.340.2889 or
1.800.268.7215,
Ext. 2889
Email: jennifer.gold@oma.org

Have a question?

Contact the OMA Response Centre:
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ONTARIO MEDICAL REVIEW
Ontario Delegates to CMA General Council Meeting

Vancouver, British Columbia
August 21-24, 2016

Ontario Delegates needed for CMA Council
The OMA will cover your CMA Registration Fee, Honorarium and Expenses

Role
To participate in Ontario Caucus deliberations in Toronto for a half-day in June 2016 and attend CMA Council, August 21-24, 2016 in Vancouver.

Skills and Qualifications Required
• You must be both an OMA member and CMA member.
• Delegates are selected based on criteria that promote diversity and an appropriate balance of geographic and sectional expertise.
• All Ontario Delegates should be practicing physicians.
• Interest in matters affecting the profession and familiarity with current issues facing the OMA/CMA and its members.
• Physicians, including those who have not been actively involved in the OMA political structure, are encouraged to apply.
• Ontario will be identifying three to five key strategic areas of focus it wishes to pursue at the CMA. As part of your application, candidates are encouraged to submit issues that you feel are relevant for Ontario physicians that should be raised at the national level. These issues may be used to develop Ontario Delegate motions.
• Delegates selected will receive background information and must be willing to become familiar with OMA/CMA strategies and policy positions, and will be asked to support positions that are consistent with OMA Caucus deliberations. Delegates will also be asked to speak to the Ontario motions at the CMA Council.
• Be willing to participate fully and offer your perspective to the entire Ontario delegation.

Honoraria and Reimbursement of Expenses
• All delegates will be paid honoraria and reimbursed for out-of-pocket expenses for necessary travel and accommodation related to attending the CMA General Council Meeting and Ontario Caucus Meeting.

Interested?
• If so, please submit a letter that outlines why you would like to attend the CMA Annual Meeting. Also, please include a photo and a short curriculum vitae that outlines the skills/knowledge that you can contribute as an Ontario Delegate, as well issues relevant for Ontario physicians that should be raised at the national level. If you would like to view motions passed at previous CMA Annual General Meetings, please visit http://www.cma.ca/gc2015.

Deadline for Your Response: November 22, 2015

Inquiries and Applications May be Directed to:
Anna Carnovale
Strategy & Governance, Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto, ON M5S 3C1
Tel. 1.800.268.7215, ext. 3100
Email: anna.carnovale@oma.org
Advantages Program Update

OMA Member Day with the Toronto Blue Jays among exclusive Advantages events in 2015: expanded entertainment offerings on tap for members; popular Ski Day and Hockey Night events return in 2016

by Bridget Haines
OMA Business Development and Partnerships

OMA Advantages, the exclusive affinity program for OMA members, provides discounted rates on many popular products, services and special events. This year, the program continued to expand its entertainment offerings in response to member requests for unique, collegial experiences.

OMA Member Day With The Toronto Blue Jays
On July 30, more than 130 OMA members, their families and friends, attended the first exclusive OMA Member Day with the Toronto Blue Jays at Rogers Centre.

Enthusiastic participants cheered the hometown Jays to a 5-2 victory over the Kansas City Royals, while enjoying great food and refreshments. The evening also offered members an opportunity to mingle with colleagues in a relaxed atmosphere, including OMA President Dr. Michael Toth, and Dr. Rick Tytus, Chair of the OMA Member Services Board Committee.

“This was a great event and an excellent opportunity to meet members from around the province,” said Dr. Toth. “It’s also enjoyable to meet their families and friends, and share an evening in a social setting away from our professional responsibilities. The feedback from members has been very positive.”

Dr. Tytus agreed: “Members really seem to enjoy it. I especially like the fact that I can bring my family with me to share in the fun.”

Dr. Tytus noted that the OMA Member Services Board Committee is “dedicated to acting on member feedback to ensure their needs are being met, and their suggestions are being put into action.”

The sold-out event was sponsored by Campbell Moving Systems, an OMA Advantages vendor and official moving company of the Toronto Blue Jays, as well as OMA Insurance, with generous support from New York Life and Sun Life Financial.

Due to its great success, a similar event is being planned for next year (details to be confirmed).

OMA Advantages Expanded Entertainment Offerings
In addition to events like OMA Member Day with the Toronto Blue Jays, members now have access to discounted tickets for many exciting entertainment offerings, including:
- Canada’s Wonderland
- The Group Tix Company
- Ontario Science Centre
- Rogers Cup
- Royal Ontario Museum
- Toronto Argonauts
- Ripley’s Aquarium of Canada

For more information, visit www.oma.org/Advantages/Entertainment.
Upcoming Events

OMA Advantages is pleased to announce the following exclusive events for members in 2016:

- Third Annual OMA Member Ski Day at Alpine Ski Club: February 18-19.
- Member Hockey Night with London Knights: March 18.

Please reserve your tickets early, as quantities are limited.

For more information on all entertainment offerings, products and services available to members through OMA Advantages, visit www.oma.org/Advantages.

The OMA Advantages program greatly appreciates suggestions from members regarding the types of events they would enjoy attending, or feedback on ways to improve our current offerings. Please email your comments to the Advantages team at oma.advantages@oma.org.
• Background Paper: Ontario Physicians Supporting Patient Self-Care
• Long-Term Care Practice Report
• Expert Advisory Committee on Strengthening Primary Health Care in Ontario
• Improving the Referral Process in Ontario
• Identifying Patients for Palliative Care — the “Surprise” Question

by OMA Health Policy Department

Background Paper: Ontario Physicians Supporting Patient Self-Care
At its July meeting, the OMA Board approved the OMA’s background paper entitled Ontario Physicians Supporting Patient Self-Care. It is now being shared with OMA members and other health-related organizations for information. The paper reinforces the importance of patient self-care as physicians face the growing demand of chronically ill patients in Ontario and offers tools and resources to support physicians in this area.

The paper can be viewed on the OMA website at https://www.oma.org/Member/Resources/Documents/PatientSelf-Care.pdf.

OMA Contact: Katherin Platt (ext. 2961)

Long-Term Care Practice Report
Physicians who provide care for residents living in long-term care homes can sign up to receive Health Quality Ontario’s (HQO) new quarterly Long-Term Care Practice Report.

Created by HQO, with data provided by the Institute for Clinical Evaluative Sciences, the report will:
• Provide customized data about individual practice and are strictly confidential.
• Focus initially on antipsychotic prescribing patterns.
• Allow physicians to compare individual practice-level information and patterns with regional and provincial data.
• Provide examples of ideas to support quality improvement.


OMA Contact: Leianne Musselman (ext. 5587)

Expert Advisory Committee on Strengthening Primary Health Care in Ontario
In December 2013, the Ministry of Health and Long-Term Care established an Expert Advisory Committee on Strengthening Primary Health Care in Ontario to provide advice in support of the Ministry’s primary health care agenda.

The Committee submitted a report to the Ministry in late 2014. This report has yet to be publicly released by the Ministry, however, its principles and policy priorities are widely known. The Committee’s report highlights the following four key policy priorities for redesigning Ontario’s primary health care system:
• Guaranteed access for all Ontarians.
• Equitable access to interprofessional care.
• Effective integration of patient care.
• Timely and appropriate access.

Health Policy staff are working to ensure the OMA is well positioned to respond to the Ministry when consultation on the report is released.

OMA Contact: Peter Brown (ext. 2989)

Improving the Referral Process in Ontario
OMA Health Policy staff are currently undertaking a review of the literature and best practices focused on improving the referral process between family physicians and specialist physicians. Special attention will be paid to better understanding approaches to the referral process that have demonstrated improved outcomes as well as enhanced patient and physician experience. Consultation with members is expected in October 2015.

OMA Contact: Peter Brown (ext. 2989)
End of Life Planning and Care in Ontario: Identifying Patients for Palliative Care — the “Surprise” Question

To facilitate timely access to palliative care services and supports in Ontario, earlier identification of patients appropriate for palliative care is necessary. Currently, many referrals are made late in the illness trajectory — an average of 30 to 60 days before death, if at all. Delayed referral is the result of many factors, including the difficulty of estimating a patient’s prognosis.

However, a simple evaluative tool called the “surprise” question has shown to help identify patients with a poor prognosis who may benefit from referral to palliative care. Asking “Would you be surprised if this patient died in the next year?” requires physicians to examine prognosis from a broader perspective, and to consider the possibility of death within a year.

Evidence from several jurisdictions indicates that the “surprise” question is a reliable method to predict patient mortality. In a study of GPs in Italy, for example, a negative response to the question was highly correlated with death — 84% of patients who died within one year were correctly identified by the screening process.¹

By contributing to prognostic accuracy, the “surprise” question promotes the integration of palliative care earlier in the illness trajectory. Timely referral to palliative care is associated with, among other things, better co-ordinated care, lower rates of depressive symptoms, reduced pain, greater caregiver satisfaction, an increased likelihood of dying at home, and a higher quality of life.

For inquiries regarding End of Life Planning and Care, please contact eolpc@oma.org.

Reference

When I first started working in the insurance industry, I was shocked to learn that you actually had to qualify before being allowed to purchase a policy; people with money in hand could be turned down, or possibly required to pay more, due to issues like obesity, heart disease, or other factors.

Once I viewed it through a different lens however, I quickly understood the rationale: an insurer looks at actuarial averages when deciding what premium to charge — and of course, the health of some people can be quite far from the average. In those circumstances, the insurer charges a different premium, or might not even assume the risk at all. The rationale makes sense, but having moved to the insurance industry after several years in the not-for-profit world, it was still quite a shock at first.

But that shock was nothing compared to the next — and ongoing — shock of how incredibly slow this industry can be. For example, the Electronic Commerce Act may have come into force in 2000, but many insurers are still hesitant about the concept of electronic signatures. And it is not uncommon for policies to take months to be issued.

Why So Slow?
My first experience with the slowness of document issuance was in the life insurance side of this business, but when I moved over to the property and casualty side of insurance it wasn’t much different.

When I first started at a small brokerage in southwestern Ontario, there were address changes on home and auto policies that were months old, still waiting to be processed by the insurance company. Commercial policies were worse: we had a long distance trucker who had not paid his premiums in three years because the insurer had not yet caught up with the paperwork on his purchase of a new tractor about three years prior. This was an annual premium in excess of $25,000 (in 1994) that the insurer could not be bothered to process! (This experience taught me that not letting people pay for things when they are due and when they actually want to pay for them leads to unpleasant outcomes for all.) Our brokerage was not unusual: when, tragically, New York’s Twin Towers came down in 2001, the property insurance policy on the buildings had not yet been issued, leading to years of legal battles as to what the unissued policies would cover if the contracts did actually exist.

It Does Not Have To Be So
In the late 1990s, a small insurance company in Western Canada developed an online life insurance application that was guaranteed issue, meaning that anyone could apply for, and get, a policy as long as they paid the premium. (These policies generally have low limits and high premiums, as they tend to attract people who get declined for other insurance policies.) The online application generated a PDF file of the policy within seconds, and applicants received their policy by email as soon as their credit card authorization went through, generally a minute or so later.

This served as proof to me that slow speeds are not an intrinsic characteristic of insurance policies. Of course, there were problems and limitations of this truly “instant issue” policy:
• Security — even by the low standards of the 1990s — was largely
absent from this application. In these pre-privacy legislation days, what small companies could offer in terms of identity protection — and what at least some members of the public would accept — was very different from what would be acceptable today.

- **Very low face amounts:** The policies handled by this process were for a few thousand dollars in total value, certainly not enough to meet the real life insurance needs of most people.
- **Underwriting at time of claim:** Because there was no identity validation or security, the insurer had to do all of the normal “due diligence” only when there was a claim. This meant the trade-off for getting a fast policy was a slower claims payment. Many families were not happy with this outcome.

This online instant issue application did not survive for long: I suspect the above three factors certainly hastened its demise, as did slow sales (most consumers were still quite wary of entering personal and credit information online in the 1990s), and a lack of full-blown support from the company’s agents, who felt they were being cut out of the process. Nevertheless, the “experiment” proved it could be done.

**Back To The Future**

Which brings us to 2015 and OMA Insurance. In the policy year ending August 31, 2012, our 10-year life insurance policies took an average of 74 calendar days from the day the application was received by the insurance company to the day the company made a decision as to whether or not the applicant qualified for coverage. Given that it took at least two days for the application to be received by mail, and it then took at least another three days for the policy to be printed and sent to the member, the entire process — on average — took over 80 days (enough time for Phileas Fogg to travel around the world).

We were not proud of this number, although it was quite normal for the group insurance industry. Since we had no desire to be simply average, we started working on how we could make this process better.

We have made some great strides forward: by August 2014, 74 days was down to 57 days, and by June 2015 it was “only” 50 days. Still far too long, but moving in the right direction.

We have made similar gains in our other group policies. We are working with our two major group life and health insurers — Sun Life and New York Life — at fundamental process re-engineering that we hope will do more than just shave off days. Our Group Home and Auto insurer, The Personal, routinely issues policies within a few days of the completed application and payment being received.

**Going Forward**

Part of the challenge, especially on the life and disability part of our program, is the complexity of the process involved. We have worked to increase the number of policies that can be issued with little or no underwriting — meaning the insurer does not need to collect medical records or tests — and this work has certainly shortened the time to issue a policy.

For policies that do require underwriting, where we still need to access an applicant’s medical records or have tests done, we have made significant changes to our processes.

- **As much as possible, we use tele-underwriting (telephone interviews) and both our group insurers will accept voice signatures (recorded verbal authorizations) for confirming the accuracy of medical information by phone.** Tele-underwriting and voice signatures mean this step now gets completed, on average, in less than a week.
- **We still need to use para-medical services if blood work or other tests are required,** so we have implemented better notification and followup processes to ensure this work gets done as quickly as possible. Working with our main para-med provider, we have reduced the cycle time on these services to 12.5 days.

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(416) 800-3770  www.yescorp.ca  info@yescorp.ca
• The slowest part of the process continues to be collecting medical records: on average, it takes 18.5 days for this step. In the vast majority of cases where our turnaround time exceeds 90 days, it is because of a delay in obtaining medical records.

We feel we have made the process better and simpler for everyone, and the speed at which we work has improved dramatically. In 2014, only 19% of our new life insurance policies were issued in less than 40 days; in 2015, almost 42% are issued within 40 days. In 2014, one out of every five applications took more than 90 days to process; in 2015, less than one in 10 takes over 90 days.

Tips To Speed Up The Application Process
Online applications, faster processing, better co-ordination of the various players involved in the underwriting process, and wholesale process re-engineering are just some of the projects under-way to fundamentally alter the speed at which we work for you. We are working hard to make your experience better, but we need your help because the process cannot move forward without your co-operation.

If you are applying for group life, disability or professional overhead insurance, here are a few tips that can help speed up the interview and application process:

• On your application form:
  - Answer all questions completely.
  - Provide details where required.
  - Include your OMA member number.
  - Sign and date your application (you would not believe how often this is missed!)

• If a tele-underwriting interview, para-med, or other testing is required, try to find time in your calendar for it as soon as possible. The underwriting process cannot start until this information is collected.

• If you are having either a tele-underwriting interview or para-med visit, prepare in advance by knowing:
  - Medical conditions (diagnosis and date diagnosed, treatment and result of treatment, treating physician information).
  - Medications used (both prescribed and over-the-counter, names and dosages, how long used, recently discontinued medications).
  - Primary care physician’s name, address, and phone number.
  - Medical visits in the last five years, (including dates, and reasons for visits, to doctors, clinics, and hospitals).
  - If you are comfortable doing so, use the voice signature process.

• For a blood chemistry profile and urinalysis (or other medical tests that may be requested):
  - Have your government-issued photo identification available.
  - Provide any history of problems associated with providing a specimen.

  - If possible, for the 12 hours prior to the appointment: avoid strenuous exercise, limit salt intake and high-cholesterol food, and refrain from alcohol intake. As well, try to fast for at least three hours prior to the appointment, limit caffeine and nicotine, and drink a glass of water just before the appointment is scheduled to begin.

• If we required an Attending Physician’s Statement (APS), call or email your personal physician directly and ask him or her to expedite your APS.

We are currently finalizing a reference guide for members — called What to Expect: Understanding the Application Process for Life, Disability, Professional Overhead Expense and Critical Illness Insurance — which contains the above information plus more detail. The guide will be made available to all new applicants to these policies.

Speed And Service
“There is more to life than simply increasing its speed.” This is a quote from Mahatma Gandhi, and I certainly agree with it from a quality-of-life point of view. I also agree with it from an insurance perspective: you want good service, great advice, quality coverage, competitive pricing, and so on.

At OMA Insurance, we are committed to delivering these to you: to educate you about your insurance needs and options, to engage you in the decisions and understanding of risk needed to manage it properly, to advise you on smart courses of action, and to help you implement the actions you select as you navigate through the insurance system.

We also understand that some degree of speed is important to you, and that three months from now you don’t want to be still dealing with the followup from the insurance decision you made today. Working with our business partners and with you, we know we can make the process so much better. This, too, is our commitment to you.

OMA Insurance: Not for Profit. All for Doctors.

Interior Health
Come live, work and play where others only vacation!
We are proud to be a Top Employer of BC with an amazing team of professionals in a location surrounded by spectacular mountains, orchards, vineyards and lakes.
We offer a competitive compensation package including pension, vacation and comprehensive health benefits. Relocation assistance is also available.

Job Competition # 00756291
Kelowna, British Columbia
Jobs.InteriorHealth.ca
IN MEMORIAM

The OMA would like to express condolences to the families and friends of the following members.

Barr, Johnston Robin
Toronto
University of Glasgow, 1950
May 2015 at age 88

Brezina, Jeanie Shkimba
Toronto
University of Toronto, 1962
May 2015 at age 77

Brown, Thomas Lawrence
Markham
Loma Linda University, 1953
April 2015 at age 92

Burrows, George M.
Sutton West
University of Toronto, 1954
May 2015 at age 87

Carbin, Robert Jardine
Burlington
University of Toronto, 1962
June 2015 at age 76

DeGrace, Michel C.
Orleans
University of Ottawa, 1976
May 2015 at age 63

Dyson, Charles
London
University of Western Ontario, 1943
June 2015 at age 95

Eckert, Grant Haviland
Toronto
University of Toronto, 1952
May 2015 at age 90

Grant, Paul Henry H.
Stouffville/Richmond Hill
University of Toronto, 1983
November 2014 at age 56

Harrison, Warren Edward
Ottawa
University of Western Ontario, 1971
June 2015 at age 77

Hausler, Hans Richard
Toronto
University of Graz, 1947
May 2015 at age 91

Hunter, Gordon Andrew
Toronto
University of London, 1960
June 2015 at age 78

Kindler, Alan Ronald
Toronto
University of Melbourne, 1964
June 2015 at age 73

Leitenberg, Samuel
Toronto
University of Toronto, 1974
June 2015 at age 66

MacLaren, Mary Chisholm
Rockcliffe
Dalhousie University, 1958
May 2015 at age 83

Madronich, John Sylvester
Hamilton
University of Western Ontario, 1960
April 2015 at age 81

May, David Clifford
Peterborough
Queen’s University, 1962
May 2015 at age 76

Posen, Gerald Allan
Ottawa
University of Western Ontario, 1961
June 2015 at age 79

Rosenberg, Marla Francine
Toronto
McMaster University, 1984
June 2015 at age 56

Snow, Grant Albert Edward
Dunnville
University of Toronto, 1961
April 2015 at age 79

Steklac, Vera Miriam
Kingston
Palacky University of Olomouc, 1960
June 2015 at age 79

Syms, Jonathan Bjorn
Toronto
Queen’s University, 2004
May 2015 at age 38

The OMA publishes brief notices about deceased members as a service to their colleagues. Information concerning these members should be sent to carlene.nash@oma.org. If you know a colleague or a relative of a deceased member who has practice-related questions and needs advice, or would like an information package on winding down a practice, please have them contact Practice Management and Advisory Services at 1.800.268.7215, or email practicemanagement@oma.org.
Classifieds

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Advertisements are accepted by mail, email or fax. Copy deadline, notice of cancellation and/or changes to existing advertisements must be submitted in writing no later than the 10th of the month prior to the month of publication. A proof copy of your classified ad will be faxed to your attention for approval prior to publication.

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Rates: $50 for first 4 lines (minimum), each line approximately 35 characters; $5 per line thereafter; $5 for each line of contact information. Spot colour billed at $20 per issue.

A Classified Advertisement Insertion Order Form is posted online: www.oma.org/Resources/Documents/AdOrder.pdf

Following are the classified advertising deadline dates for the next six issues.

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Added Value
Classified ads are posted online and accessible to OMA members and the general public: https://www.oma.org/Pages/OMR.aspx

Office Space Available

Bayview — Richmond Hill, ON: We are looking for family physicians interested in running their own practice. New medical suite with three offices. Pharmacy on-site. Very attractive terms.
Contact: CP
Tel. 416.432.8260
Email: accounts@viactrl.com

Bolton, ON (located northeast of Brampton): Pharmacy has clinic available for physician. Great opportunity for a family/walk-in practice. 1,100 sq. ft., six exam rooms in a busy location. Fully equipped EMR, lab and/or X-ray. Well located 21,000 sq. ft. new retail plaza. Main artery, dense residential area adjacent to LCBO. Last available space. Excellent position.
Tel. 905.881.0994
Email: waterloo-place@hotmail.com

Boxgrove Medical Centre: For lease. Four storey, 60,000 sq. ft. medical building located at 9th Line & Hwy. 407. X-ray, lab, rehab & urgent care on-site.
Tel. 416.357.7509

Boxgrove Medical Centre: For lease. Two units, 2,100 sq. ft. total for medical, combined pharmacy/medical, lab and/or X-ray. Well located 21,000 sq. ft. new retail plaza. Main artery, dense residential area adjacent to LCBO. Last available space. Excellent position.
Tel. 905.881.0994
Email: waterloo-place@hotmail.com

Doctors needed. New Hamburg/Baden: Two units, 2,100 sq. ft. total for medical, combined pharmacy/medical, lab and/or X-ray. Well located 21,000 sq. ft. new retail plaza. Main artery, dense residential area adjacent to LCBO. Last available space. Excellent position.
Tel. 905.881.0994
Email: waterloo-place@hotmail.com

Elegant office facility available in Richmond Hill: Yonge Street and Major Mackenzie. Ideal for a family physician, internist or a general surgeon. Ultrasound laboratory (OB/GYN, sonoheartograms, ultrasound-guided biopsies, advanced musculoskeletal and vascular), also available in the building.
Tel. 905.884.6998

Downtown Kingston office space for rent: Bright and new with two exam rooms, reception and waiting area. Great for a health practitioner. Three days per week.
Contact: Heather
Email: hakarn@yahoo.ca

Early career psychiatrist or GP psychotherapist wanted to share rent & office space. Rent includes wireless, voicemail, email. Located in old Markham Village. Minutes from transit & shops. Free parking.
Tel. 905.201.1859
Email: cnoble@drnoble.com

Tel. 416.829.1875
Email: medicaloffices123@gmail.com

Yonge Street and Major Mackenzie. Ideal for a family physician, internist or a general surgeon. Ultrasound laboratory (OB/GYN, sonoheartograms, ultrasound-guided biopsies, advanced musculoskeletal and vascular), also available in the building.
Tel. 905.884.6998
**Classifieds**

**Guelph, ON — physicians/specialists needed for growing medical centre:**
A 22 exam room, turnkey family practice. Full-time positions available, using Practice Solutions’ EMR. Knowledgeable, flexible staff, great modern work environment. Currently seven practices in well-established medical centre, in addition to a pharmacy, physio/osteo group, and LifeLabs. Very congenial progressive-minded group, part of the Guelph Family Health Team. Medical centre located within The Village by the Arboretum, Guelph. The Village is a development of 497 single-family detached and townhomes, as well as 81 mid-rise condominiums and assisted-living units, built on a 112-acre site located adjacent to the University of Guelph’s 500 acre Arboretum. The VBA offers an active adult lifestyle within the Guelph city limits and near the cultural offerings of a large university and a vibrant urban community.

*Email: dinder@afmci.com*

**Kipling-Queensway Area, Etobicoke:**
Prime medical space available for physician or physician group to start a new family practice and/or walk-in clinic, or to relocate an existing one. Busy family orientated neighbourhood, with several high-rise buildings recently built and more under construction. Pharmacy, physiotherapist, dentist and diagnostic/imaging centre in plaza. Ground floor, high visibility with lots of free parking. Excellent incentives.

*Tel. 416.994.1259*  
*Contact: Shafin Visram*  
*Email: shafinvisram@gmail.com*

**Location, location, location:**
AAA brand new medical office in Toronto (Dufferin & St. Clair). Move-in ready medical clinic; ideal for physicians looking to relocate or start a new practice, walk-in or family. Very dense neighbourhood. Established pharmacy on-site. The clinic has four furnished exam rooms, physician office, staff room and beautiful reception. For inquiry or site visit, please call or email.

*Tel. 647.686.9466*  
*Email: mensurohealthniagara@bell.net*

**Medical suite available:**
Akron Medical Building (Lakeshore Blvd. — Parklawn). Southern Etobicoke (Mimico), high density, rapidly growing, underserviced area of Toronto. All services on-site including walk-in clinic. Turnkey, risk-free rent.

*Contact: Domenic Rando  
Tel. 416.985.1396  
Email: rando@rogers.com*

**Medical building 15,000 sq. ft. in North York:**
Looking for family physician and specialist doctors. Physician group to start new or relocate existing practice. Offices available any size up to 15,000 sq. ft. Excellent opportunity and lucrative terms. Free parking on-site, public transit. Please email your requests.

*Email: markhammedicaloffice@gmail.com*

**Medical Centre at The Boardwalk:**
On the west side of K-W, a local initiative for integrated health care. Exceptional building with turnkey space for grads and GPs new to the region, specialist clinic, and essential medical services (cardiac testing imaging, lab, pharmacy). Now open.

*Contact: Cynthia Voisin  
Tel. 519.744.6464*  
*Email: cvoisin@theboardwalkmedical.com or bstoneburgh@par-med.com*

**Medical clinic available immediately:**
Eglinton Ave. E./Victoria Park. Family doctor has retired. Ample, free parking space, very low rent plus incentives, pharmacy next door. Please call or email to discuss further.

*Tel. 647.405.7338*  
*Email: mbp@rogers.com*

**Medical suite available:一份医疗套间**
位于470 Bronte St. S. with brand new medical space available for lease with units ranging from 1,000 sq. ft. — 10,000 sq. ft. The medical centre that has an attractive daily patient traffic of 30,000. Looking for specialists and medical professionals. Located within a five minute walk to Milton District Hospital. Rent starting at $21 per sq. ft. and TMI of $10.50 per sq. ft. Available immediately.

*Contact: Nival  
Tel. 416.419.7782  
Email: nivalebeid@gmail.com*

**Mississauga — close to Square One mall:**

*Tel. 416.829.1875  
Email: medicaloffices123@gmail.com*

**Mississauga — excellent medical office/walk-in:**
Fully furnished recently renovated suites. Private underground parking. Units have three-to-six spacious exam rooms, private reception and common patient waiting area. Great location inside a medical centre, close to Credit Valley & Trillium Hospitals in a dense residential highrise and commercial area. Lab services and pharmacy on-site. Very low rent and relocation incentives.

*Tel. 416.587.9430*

**Mississauga, ON:**
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*Contact: Sarah  
Tel. 647.606.4399*
Niagara Falls is in need of family physicians: Take your family practice where it's needed! Come check out our professional medical buildings in Niagara Falls. Currently available units range in size from 754-1,600 sq. ft. There are many benefits right on-site such as medical laboratories, X-ray, ultrasound, group practices, specialists & pharmacies. Let us work with you in designing the most suitable office space for your needs. We offer attractive terms. Call for more information.
Contact: Alvin Schellenberg
Tel. 905.503.6633

Northern Ontario: Unique opportunity to start a practice or relocate existing business. Located on high-traffic route, street level, ample parking, on-site pharmacy, medical professionals and restaurants. We offer attractive terms.
Contact: MJ
Tel. 905.503.6633

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Contact: Dave Casimiro
Tel. 416.366.2000, ext. 4302
Email: dave.casimiro@nwhp.ca
Website: www.nwhp.ca

PAR-Med Realty Ltd.: Specializing in medical office building leasing, property management, and building sales. We have over 70 medical office buildings in our portfolio throughout Ontario. For leasing inquiries:
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Tel. 416.364.5959, ext. 403
Email: bstoneburgh@par-med.com
Website: www.par-med.com

Prime location in Kitchener, minutes to Grand River & St. Mary’s Hospital: Located on the main floor of a prestigious building. This 1,200 sq. ft. medical office space has six exam rooms, two washrooms, large reception, waiting area and lunch/meeting room. Turnkey clinic ideal for two to three family physicians. Free parking & pharmacy on-site. Very attractive rent.
Contact: Sahar
Tel. 519.897.8564
Email: abdelsayed@rogers.com

Psychiatry office for lease, St. Clair Avenue West: Prime central location and designed to facilitate full-time professional practice. Close to TTC. Includes Wi-Fi, cable, indoor parking, and more.
Contact: Ed Brown
Tel. 416.922.2028

Psychotherapy office available in Mississauga: Across from Trillium Hospital. Share space with psychiatrist and social worker. Group room, EMR, Wi-Fi, shared reception and administrative support if needed. Suitable for GP psychotherapist, psychiatrist or psychologist. Flexible terms based on usage.
Tel. 647.860.5704

Rutherford/Keele — prime location: Medical space available for family doctors or any specialists. Visible to traffic. Welcome new grads.
Contact: Nada
Tel. 416.666.6680
Contact: Nizar
Tel. 416.918.4614

Therapist’s office, 180 Bloor Street West: Professional, quiet and bright. Full or part-time. Office is specially constructed for maximum sound privacy. Very close to TTC. Available immediately.
Contact: Catherine Wood, PhD
Tel. 416.926.7216
Email: catherinewoodphd@gmail.com

Two fully equipped medical exam rooms for rent within the New Oakville Medical Centre. Included: computers, OSCAR EMR, cabinetry, desks, etc. Waiting area and admin. support included — shared with a rheumatologist. Move-in fall 2015.
Contact: Dr. Damian Frackowiak
Tel. 647.808.2850
Email: info.rheum@gmail.com

Vaughan, ON: Near Yonge Street south of Hwy. 407. Beautiful four bedroom, five-and-a-half bathrooms, three self-contained basement apartments and a 900 sq. ft. permitted home/office (reception, three offices and washroom), suitable for live/work medical professional. For sale by owner.
Contact: Matin
Tel. 416.816.1015
Email: nasacent2000@yahoo.ca

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Bay/College Street: Perfect downtown home for a busy resident/staff in Toronto. Walk to hospitals, Eaton Centre, restaurants, all amenities. 24-hour security, health club, whirlpool/sauna, terraces, etc. Some utilities included, 801 Bay St., approx. 600 sq. ft. $1,795/month.
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Tel. 416.258.5374

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Website: www.matrixmortgageglobal.com

Rental: Gorgeous Vero Beach, Florida private oceanfront home, three bedrooms, three baths, sleeps eight. Email or visit website.
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Website: vбро.com #740578

Vacant medical building for sale in downtown Toronto. Over 7,000 sq. ft. in the hospital zone. Fully furnished in 2013. Call us for more info and please ask about other off-market opportunities.
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Locum required in Ottawa’s west end (Bells Corners): Flexible maternity leave coverage (September/October 2015 to March 2016) in a well-run multi-disciplinary clinic with an amazing staff and colleagues including pediatricians and family physicians, physiotherapy, chiropractic, massage therapy, podiatry, audiology, osteopathy, and dietetic services. Very easygoing practice with young healthy families. OSCAR EMR, F HG group, full admin. & nursing support provided along with billing services. Flexible days and hours with an attractive 75/25 split. No on-call! Please inquire by phone or email. Tel. 613.828.4816 Email: info@lifesourcehc.com

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FHO MD with CCFP/FCFP seeks to relocate practice within Pickering. Will meet minimum roster size before end of IS period (September 30, 2015). Prefer to join existing group of physicians. Email: Samd835@gmail.com

POSITIONS VACANT

$250/hour: GP required immediately at Mississauga outpatient clinic. Hours 8 a.m. to 11 p.m. seven days a week. Contact: Angela Tel. 905.897.8928

$300 per hour minimum: Internal medicine (general and subspecialist), pediatrician, surgeon in busy outpatient clinic in Mississauga. Contact: Dr. Stein Tel. 416.464.0238

1,600+ patients right from the start: Full-time physician required. Located in the growing community of Binbrook (Hamilton), you will find a brand new modern facility with exam rooms fully equipped with quality diagnostic tools, and fully stocked medical supplies. Remuneration is fee-for-service + bonus for rostered patients with an attractive split. Extensive marketing will ensure constant growth of patient roster for your practice. Other services offered: diabetes educator and nutrition counselling, EMR system: labs, X-rays, ultrasounds, medical reports received through the EMR. New grads are welcome! Contact: Dave Tel. 289.522.0093 or 905.692.2580 Email: dave@binbrookfamilyhealth.ca

Attention academic physicians: We are an online test preparation service for the Medical Council of Canada licensing exams. We are hiring physicians to write high-quality cases for the MCCQE Part 1 and MCCQE Part 2 for our online question banks. Please contact us or visit our website for more details. Email: subscribe@canadaqbank.com Website: www.canadaqbank.com/careers.php

Aurora, Ontario — walk-in or practice: F/T, P/T family physicians needed at busy location in the heart of Aurora on Yonge Street. PS EMR. Flexible hours. ROS designated location. Lab tech/reception, pharmacy. New office, five exam rooms. 85:15 split. Immediate start date. Please email if interested. Tel. 416.419.6980 Email: familypractice@orchidmedicalcentre.ca

Bayview — Richmond Hill, ON: Busy clinic seeks full-time or part-time family physician, FHG benefits. Contact: Dr. Lorne Kliman Email: lornekliman@gmail.com

Brampton — full-time, part-time physicians and specialists required for a very busy family practice/walk-in clinic. Very modern and computerized exam rooms, paperless. $200/hour billing guarantee available. Contact: William Tel. 647.627.4170 Email: chinguacousy-medical@hotmail.com

Brampton, ON: Seeking family doctor(s) with an interest in sports medicine or CASEM certified. Full-time or part-time physicians to share 20,000 sq. ft. medical office space at busy integrated health care clinic with physician urgent care, chronic disease management, physiotherapy, massage, fitness centre and bracing. Suitable for an existing or new growing practice. Tel. 905.595.3482 Email: HR@lifeclinics.ca

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Supplement your income with a low-stress and highly rewarding part-time position helping people overcome obesity and related disease.

Improve your quality of life while improving the lives of others - without the stress of administrative duties or working nights and weekends.

We have part-time physician opportunities available in Belleville, Peterborough, Ajax, Oshawa, Newmarket & Barrie. We are seeking personable and enthusiastic physicians to work 1 to 2 days per week, from 6:30 am to 2:30 pm.

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To learn more about this opportunity, please contact me at your earliest convenience.

Michael McGuire
Bernstein Diet & Health Clinics
Director - Human Resources
Tel: 416.447.3438 ext. 232 Fax: 416.447.0835 Email: Michael@drdbdiet.com

1.888 DR.B.DIET DrBDiet.com
Classifieds

Brampton, ON — walk-in & family practice clinic: FT/PT physician needed. New state-of-the-art clinic with four exam rooms, blood lab on-site and EMR. A must see! Very high income potential and long-term practice potential. Offering guaranteed hourly rate or billing split.

Contact: Dr. Dhillon
Tel. 647.801.9323
Email: drgdhillon1@gmail.com

Brampton, Ontario: Full-time/part-time family physicians and GP psychotherapist required for busy family practice/walk-in clinic. Attractive modern office. Option to join FHG. High fee-for-service split or flat monthly rate. Best EMR. Office. Option to join FHG. High fee-for-service split or flat monthly rate. Best EMR.

Contact: Dr. Star
Tel. 416.312.1233
Call for details.

Busy Oakville clinic seeks adult or child/adolescent psychiatrist full or part time. Integrated mental health clinic, must enjoy working with a multidisciplinary team.

Contact: Dr. Jane Gilbert
Tel. 905.844.4673
Email: jgilbert@thebearclinic.ca

Cardiologist wanted with patients: Fully set up facilities in central Toronto and Woodbridge. Other opportunities open all over Ontario. All services, ECG, Echo, SE and Holter. Excellent management. Text, call or visit website.

Contact: Philip
Tel. 416.409.7771
Website: http://www.cardiostudy.ca

Citrus Medical Centre Toronto: Family and walk-in physicians at two locations in south Etobicoke (398 Royal York Road, 2240 Lakeshore West). Renovated, modern office, EMR, full nursing/billing support. Pharmacy/lab/physio/chiropractor on-site. Competitive overhead in well-run clinic in an area surrounded by new condos and townhouses.

Contact: Dr. Hinal Sheth
Tel. 416.570.7297
Email: careers@citrusmedical.ca

Disera Medical Centre, Thornhill: Family physician opportunity to join established and growing family health group. Start your own practice or have sporadic walk-in shifts at first. Fully equipped, spacious exam rooms with EMR. Well developed specialist’s support for referrals. We handle all administrative and billing issues. Educational activities and teaching opportunities are available. Opportunity of transferring rostered patients to guarantee a stable income.

Call for details.
Contact: Dr. Star
Tel. 416.312.1233

Downtown Toronto, Barrie and Oakville: Lifestyle health & chronic disease management clinics are looking for doctors with a particular interest in lifestyle and preventive medicine, or psychotherapy to join our growing practice F/T or P/T. Work with a multidisciplinary team prescribing a broad range of evidence-based nutrition, exercise, stress management and other interventions to promote optimal physical, psychological and social well-being. Training will be provided. Flexible hours. Turnkey. We provide bright, modern offices, tools, and all support systems. New grads welcome. Competitive compensation. Practise progressive medicine!

Tel. 905.595.3482
Email: HR@lifeclinics.ca


Contact: Lynn
Tel. 905.619.6641
Email: lynn@dumhamdoctors.ca

Established medical office requiring a physician: Prime location in downtown Toronto (adjacent to a pharmacy). Busy family practice/walk-in clinic seeking FT/PT physician. Modern and fully equipped office space with EMR and MCEDT (online OHIP billing), full administrative support and lab on-site. Attractive and flexible terms, free parking and other benefits. Opportunities and competitive compensation negotiable. New graduates are welcome.

Contact: Joseph
Tel. 647.785.5759
Email: jfawzan@gmail.com

Family physicians — Vaughan, ON: Join the only medical walk-in clinic in the heart of Vaughan (Hwy. 7 & Hwy. 400). High traffic. High visibility. Overlooking new TTC station in a rapidly growing area. Beautiful new office servicing an existing and growing client base. Negotiable terms from ownership to FFS or both. Fully equipped exam rooms, EMR, billing and administrative support provided. Option to sub-specialize in sleep medicine and transfer rostered patients. We are a multidisciplinary clinic with well-developed support for referrals.

Contact: Billy
Tel. 647.995.7193
Email: service@piosmed.com

Family practice/walk-in/psychiatrist/neurologist/pain specialist needed to join our well-established medical centre with 40 plus doctors in Scarborough. Extremely busy and congenial work atmosphere. Full EMR.

Contact: Dr. Thomas Van
Tel. 647.227.5088
Email: thomvan@rogers.com

Full-time or part-time medical doctors required for a busy walk-in located in downtown Mississauga.

Contact: Adel
Tel. 416.904.2929, 905.897.6160 (office)

Gastroenterologist/general surgeon, Kitchener-Waterloo: Needed for three to four days every week of endoscopy in out-of-hospital clinic. Required: FRGPC or FRSCS, ACLS, CPSO independent practice license, advanced computer skills, including Dragon Dictate. No call, evenings or weekends. Excellent opportunity for recent graduate. Pay is in the top 1% of Canada’s income earners.

Contact: Deb Sheedy
Tel. 519.957.9730
Email: mail@reimerclinic.ca
Classifieds

GP/GYN needed for a very busy clinic in Scarborough. For more info, please call. Tel. 416.565.2004 Email: mehrdadvakilha51@yahoo.ca

Green Valley Medical proudly presents Courtice Walk-in Clinic: A family practice/walk-in clinic in Clarington seeking family physicians to join FHG and/or work walk-in shifts (full time, part time or casual) in a rapidly growing return-of-service designated area. Flexible options available! 25/75 FFS split. Pharmacy, PTs and RMTs on-site. OSCAR EMR used. Please email for more information. Email: info@courticewalkin.ca

Housecall physicians PT/FT: MedVisit Doctors Housecall Service. Greater Toronto/Ottawa/Oshawa/Ajax/Whitby/Pickering/Mississauga/Brampton. $200-$250/hour net plus bonus. Afternoon, evening or weekend shifts. Choose when and where you work. No overnight calls. Drivers available to accompany physicians. Enjoy a professionally rewarding experience while providing a much needed medical service for your community. Contact: Dr. Tom Burko Tel. 416.631.0298 or 1.800.355.6668 Email: drburko@medvisit.ca Website: www.medvisit.ca/doctors

Internal medicine and/or subspecialties required immediately for outpatient coverage in Mississauga. FT/PT locum. No on-call. Top take-home pay. Contact: Dr. Sekely Tel. 416.464.0238

Looking for a family physician to monitor fertility patients at a busy fertility clinic. Six GTA locations available: Milton, Richmond Hill, Brampton, Mississauga, Burlington, and Woodbridge with flexible hours. A great opportunity to expand your practice and be a part of one of Canada's leading fertility clinics. Contact: Nival Tel. 416.419.7782 Email: nivalebeid@gmail.com

Looking for doctor to work in a chronic pain clinic in Bolton, ON: The office is established two+ years with over 700 patients and a waiting list of three+ months. We have a physiotherapist on-site, a fully stocked block room with a state-of-the-art Samsung ultrasound machine. Secretary, booking (Telus EMR) and billing on-site. Must be Ontario CPSO registered. Please respond via email. Email: fibropainclinic@yahoo.ca

Medical clinic in Hamilton: Well-established clinic looking for physician (part & full time). 70/30 fee-for-service split. All administration costs taken care of with your 30%. No GST payment. Contact: Meena Tel. 905.308.0659 Email: lockemedical@sympatico.ca

Medical office next to North York General Hospital: Seeking full/part-time family MDs/specialists to join newly renovated, established clinic in medical building. Fully equipped, EMR, six exam rooms. Currently two GPs & one GI. Contact: Dr. David Hsu Tel. 416.300.2598 Email: dhsumd@gmail.com

Medical psychotherapy clinic: Our clinic continues to thrive. We must be doing something right! Physicians needed — enjoy medicine more. Enjoy medicine again! If you have an interest in this important clinical area, we would like you to join our busy clinic. We need family doctors, GPs, GP psychotherapists, psychiatrists, semi-retired, part time or full time. We are open weekends and weekdays. We provide comfortable offices, professional staff, excellent financial arrangements, professional supervision, and CME programs are available. Contact: Dr. Michael Paré Tel. 416.229.2399 Website: www.medicalpsychclinic.org

Methadone physician needed: We are currently recruiting methadone physicians to take over and expand existing practices. Multiple sites available. To discuss opportunities, please email. Contact: Jameet Bawa, MD Email: info@horizonsclinic.com

North of Richmond Hill (Toronto GTA): Busy clinic, fully equipped, EMR, ECG, lab & pharmacy inside looking for FT/PT family and walk-in physician, and those who would like to relocate their office. Negotiable offer, rent or split. Contact: Dr. Sara Tel. 416.873.9080 Email: alirezashahkar@yahoo.com


North York & Scarborough clinics located inside Loblaws and very busy shopping mall. Very busy walk-in clinics/family practice seeking family physicians and specialists. Physicians required for walk-in shifts as well as opportunity to relocate an existing practice or build a new practice. Flexible hours and very attractive split. Tel. 647.206.0790

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Physician recruitment service: Global Medics Canada have been successfully placing family physicians in roles across Canada for the last six years and are currently working with many Canadian and CFPC-eligible physicians from the UK, Ireland and Australia looking for long-term roles in Ontario. Company and service overview plus references available on request. We can help you recruit the perfect family physician for your clinic, and in the most efficient and hassle-free way possible. If you’re interested or just keen for further information, please contact us.
Contact: Phil Martin (Business Manager)
Tel. 1.250.307.4352
Email: phil@gLOBALMEDICS.com

PT/FT associate needed for FHO in Richmond Hill: Multidisciplinary clinic. EMR. Young patient population. Attractive terms.
Contact: Dr. Araghi
Tel. 416.454.6399

Respirology clinic in North York is looking for a P/T or F/T associate respirologist. Full PFT and sleep lab on-site. For further information, please email.
Email: tnjholding@gmail.com

Richmond Hill, Ontario: Richmond Hill After-Hours Clinic requires physicians for daytime shifts 9 a.m. to 5 p.m., as well as evenings and weekends. Guaranteed minimum 70:30 split.
Contact: Dr. Ian Zatzman
Tel. 289.553.7711
Fax: 289.553.7722
Email: medz@rogers.com

Seeking pediatrician and/or family doctor for practice in Oakville, ON: Full-time/part-time locum with the intention of acquiring my practice in the near future. Location: 455 Trafalgar Road, Oakville, ON. Three minute walk from GO and VIA Rail station. Three minute drive to QEW highway/25 minute drive to downtown Toronto. Five minute walk to Oakville Trafalgar Memorial Hospital. Practice information: mixed pediatric practice consisting of consultants, and well-baby and patients for ongoing care. Interested candidates please contact directly.
Contact: Dr. Elizabeth Galanter
Tel. 905.467.6296 (cell) or 905.469.8180
Email: elizabethgalanter@gmail.com

Specialists — Brampton, Ontario: Dermatologist, pediatrician, internist, and psychiatrist required for medical centre with several GPs and large patient base. Attractive modern office with seven days/week reception service. Fee-for-service split or low flat monthly rate.
Tel. 416.949.3830
Fax: 647.340.2586
Email: bramptonfamilyhealth@gmail.com

Stouffville medical centre requires family physicians to join team of physicians for walk-in and family practice. This new medical centre has a multidisciplinary approach managed by medical doctors. EMR. Flexible hours. Pharmacy, physiotherapy, and dentist on-site. Please call.
Contact: Sara
Tel. 905.479.2571

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Contact: Fonda Betts
Tel. 1.877.513.4769
Email: fonda@medicalmarijuana.ca
Website: https://www.greenleafmc.ca

Thornhill family practitioner required to replace an established physician in a full service medical building at Bathurst St. north of Steeles Ave.
Email: dr.r.wittes@witsendmed.com

Two FHO positions available immediately in southwestern Ontario: Established general practice with full roster. Hospital and ER available but not mandatory. Full specialist and ER backup. Locum physician would be considered.
Email: rowlandg1@bellnet.ca

We are seeking a medical doctor to join our team in Vaughan: Our multidisciplinary clinic is well established with walk-in and family medicine. The new doctor will be fully rostered within a few months. To discuss opportunity and compensation, please contact us.
Contact: Pindy
Tel. 416.731.6828
Email: drjohal@outlook.com

We welcome you to join our team at The Medical Station and Apothecary. We are a state-of-the-art new medical centre commencing a search for full, part-time and casual family physicians for both comprehensive primary care as well as walk-in shifts. Our mission is to provide an integrated approach to health care, combining primary patient-centred care with specialty and complementary therapies, integrating both physical and emotional aspects of health. A continuum of care will be provided whereby the medical team shares information to create a personalized program for optimal health and wellness. This is achieved through a multifaceted approach including a collaborative team of health care providers and linkages with community care, the provision of education through classes, seminars, workshops, events, and the application of technology in the treatment and communication with patients. Additional on-site service providers will include a dietician, physiotherapist, chiropractor, massage therapist, social worker and yoga meditation specialist. Programs will be added to include weight management, diabetes control, grief support groups, and hormone replacement therapy for men and women. We are steps from Wilson subway, and provide indoor patient and physician parking. We operate seven days a week and welcome walk-in and emergency patients in addition to our full-time practice. For further information, please email.
Contact: Wendy Peters
Director of Clinic Operations
Email: themedicalstation@gmail.com
Work close to home — Toronto, North York, Vaughan: Multiple locations available. High traffic, high visibility locations, modern and fully equipped, full EMR. Work alongside orthopedic surgeons, sports medicine doctors, physiatrists. Ideal for F/T or P/T GPs looking to start or move their practice and/or build a walk-in practice. Full admin. and marketing support, very attractive split.
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York Region-Weston & Langstaff: F/T or P/T associates required for established medical practice. Physicians with particular interest in preventive medicine and chronic disease management; large female roster, EMR, competitive split.
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PRACTICES

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Full-time or part-time family physician needed for well-established clinic in Toronto. For family practice, walk-in or relocate. Close to Toronto East General Hospital. Email or phone Wednesday or Thursday 1-6 p.m.
Contact: Dr. Chang
Tel. 416.463.4878
Email: pharmaclinic@rogers.com

Gynecologists/family physicians: Come set up your own practice and be a part of our well-established fertility clinic. Choose from six beautifully maintained and conveniently located clinics across the GTA. The clinics offer ample parking and multiple treatment rooms, with spacious and comfortable waiting areas. Contact me today and start your practice as soon as possible.
Contact: Nival
Tel. 416.419.7782
Email: nivalebeid@gmail.com

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Tel. 416.473.9857

Mississauga, ON — retiring: Well-established, well-run, FHG rostered, busy general practice located centrally in medical building very close to Trillium Health Partners Hospital. No EMR but building is equipped for same. Present partner would consider suitable candidate or practice could be relocated elsewhere.
Tel. 905.279.2712
Email: junebug28@live.ca

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Contact: Kashif Sher, LLB, MBA
Tel. 416.218.8373
Email: ksher@aryasher.com
Website: www.aryasher.com
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*Contact: Edith Erdelyi*
*Tel. 416.576.6788*

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*Contact: Melissa Cervinka*
*Email: mmcmedba@gmail.com*
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*Contact: David Wainberg Bookkeeping*
*Website: http://bookkeepertoronto.ca*

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Website: www.cwcpa.ca

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**UPCOMING EVENTS**

**Refresher course for general practitioner anesthetist:** Fairmont Hotel Vancouver, Vancouver, B.C. November 6-8, 2015. This course covers a wide spectrum of problems relevant to the provision of anesthesia in community/rural hospitals. Topics include updates in a variety of general, obstetrics and pediatric anesthesia; two-hour ultrasound workshop in regional anesthesia/TTE/FAST. Email and details below.
Contact: Winnie, UBC Anesthesiology
Email: wyung@mail.ubc.ca
Website: http://med-fom-apt.sites.olt.ubc.ca/files/2015/08/2015Brochurefillable.pdf

**Publisher’s Notes** (continued from page 5)

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