

OMA Governance Reform

- Spring 2017 -

Background:

- On March 13, 2017, the *OMA Governance Committee Discussion Paper on the Composition and Election of the Executive* (Discussion Paper) was released. The discussion paper contains recommendations for the election and composition of the Officers of the OMA Board and the composition of the Executive Committee. Physician leaders were invited to discuss the document on March 25, 2017 in Toronto. The Committee will present final recommendations for Board approval at the April 5-6, 2017 meeting and subsequently to the Spring Council for Delegates to consider.

Coalition Position:

- OMA Section leaders were not consulted or involved in advance of the preparation of the Discussion Paper or the meeting on March 25th. This is a continuation of the old-style “OMA consultation” process, where decisions are made by a small group before requesting “feedback” from other physician leaders. More effort must be made by the OMA’s leadership to reach out directly to Section leaders on these matters. Changing the way the OMA “does business” is crucial for trust to be restored in OMA leadership.
- The scope of this governance reform initiative is too narrow. It needs to extend beyond the scope and composition of the Executive Committee to include a review of the size, mandate and responsibilities of the Board of Directors (in relation to the Executive Committee, to other committees of the Board, to OMA Council, and to grassroots members). We must take this opportunity to examine the full leadership, governance and decision-making structures of the OMA to ensure that trust is restored and the best processes for making decisions in the interests of our entire profession are put in place.
- The OMA’s governance reform initiative needs to be re-set to include an examination of the organization’s broader leadership structures, positions and processes used to make decisions. The current initiative is being rushed through, without proper consultation and considerations of scope, in time for the spring 2017 Council. This process will likely not result in the kind of meaningful change that will restore trust in the OMA leadership and overall organization.
- An Interim President should be put in place for one-year until a proper reform process can be implemented with genuine involvement of physician leaders and tangible opportunities for input by all OMA members. During this time, there would continue to be no Executive Committee; the Board of Directors would meet and make decisions. The Board would recognise its duty to meet with physician and physician organization leaders on an ongoing basis to take advice and direction that represents the interests and will of the members.

Guiding Principles:

- The OMA governance review must be guided by the following principles:
 - The OMA President and Executive positions must be elected by the general membership;
 - The retention of past Board members and OMA Presidents no longer assume active management roles on Committees in favour of involving current and upcoming leadership;
 - The representatives of the four Assemblies be elected only by members of those Assemblies;
 - All elections are to be conducted in an open and transparent manner including the involvement of scrutineers and other representatives to ensure the requisite fairness that all members expect
 - Minority interests within the OMA membership must be safeguarded to ensure that their interests are not overrun by the majority.
- The OMA governance review must be about achieving fundamental change to make the OMA into a fair and equitable representative of all doctors versus the corporate interests of the organization, which too often have collided with the rights, interests and needs of individual physicians, Sections of the OMA, or large cross-sections of the membership.

Recommendations:

- Appoint an eminent member of the Ontario judiciary who is an acknowledged expert in corporate governance and organizational matters to properly and independently perform a full organizational review of the OMA. This independent reviewer would provide a comprehensive report that prepares the “new” OMA to be more responsive to and representative of its members.
- Give this reviewer a full and unrestricted mandate to examine all of the OMA’s corporate, financial, leadership, staffing and organizational structures for the purpose of rectifying existing issues and put a “new” OMA on a proper footing to be capable of responding to the challenges facing the medical profession.
- The reviewer would actively consult with both the OMA Board and physician organization leaders during the review period as well as report to same at key junctures such as preliminary and final findings.
- The review would be undertaken immediately in the consultative approach described above and would have a final report prepared no later than six months after commencing.