

# Physician Associations: Getting Started

## Organizing your leadership group

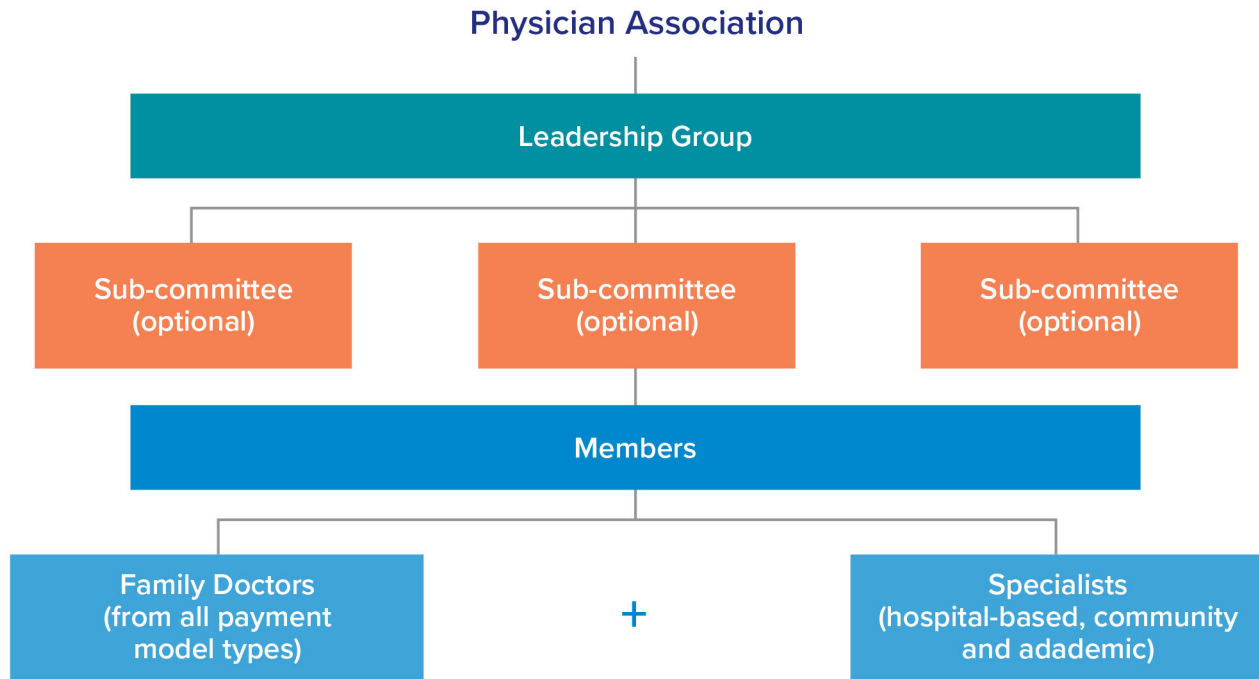
### What is a leadership group?

Each physician association (or network) will need a group of leaders to act as the leadership group. The purpose of the leadership group is to represent the voices of the broader group, as well as to oversee the operations of the association.

Sample physician association governance structure:

 The term “**leadership group**” in this document refers to the physician association’s **Governance Committee/Board**.

The term “Board” is reserved for corporations. If your physician association is unincorporated, your leadership group may be referred to as a Governance Committee.



### How many people should be in our leadership group?

The size of the leadership group is a fixed number of people and should consist of at least three members. It should also be proportional to the size of your physician association’s broader membership.

The size of the group should be:

- Large enough to manage the workload
- Large enough to represent its broader membership
- Large enough to include all required skill sets
- Small enough to enable all members to contribute to meaningful discussion without lengthy board meetings
- Small enough to make decisions efficiently



While there is no specific number of people required to be part of the leadership group, the OMA generally recommends between 3 to 9 people.

## How should our leadership group be structured?

When considering the structure and positions for your leadership group, think about:

- Will the leaders have specific, delineated roles with individual responsibilities (e.g. Chair, Vice Chair, Secretary, Treasurer, Physician Group Liaison), or will one leader be appointed as Chair, leaving the other roles more general?
- If you choose to have specific, delineated roles, what specific skill sets are required for each role?
- If you choose to have specific, delineated roles, what are the consequences of this on the size of the leadership group? The more specific roles you have, the larger the leadership group will be, which may impact their ability to effectively make decisions.

## How can we ensure that our leadership group is representative of the broader membership?

It is important to ensure that a broad range of voices are represented in your leadership group because this is the group that will make the majority of decisions for your physician association. Some physician associations may require that the leadership group have members that represent:

- Each geographic region
- Groups of specialists
- Different practice models
- Diverse backgrounds (e.g. race, gender, age/stage in career, etc.)
- A combination of these factors

## Should our members of the leadership team have any special skills?

It's not necessary to have specific skills, but in some cases it may be helpful. These skills could include:

- Previous leadership or Board experience
- Accounting experience
- Administrative experience
- Legal training
- Communications training
- Advocacy training
- Strong understanding of the health care system

## How should we choose members of the leadership group?

There are several ways to choose your leadership group, including:

- **Election**
- **Appointment:** appointing individuals based on skills; done by a special committee.
- **A combination of the above.** For example, physicians could be nominated by any member, vetted by a committee, and then be eligible for election.

Election is a popular option because it promotes fairness and allows members to feel that their voices are heard. In some cases, a combination of election and appointment may be appropriate. For example, a group of people is appointed as an expert panel to then elect a particular position.

## Can the chair of our physician association also be part of the leadership group of the OHT, or is that a conflict of interest?

It is a potential conflict of interest for the Chair of your physician association to be part of the leadership group of the OHT because they might have conflicting obligations in each role. For example, the individual would be required to act in the best interests of your physician association and the OHT simultaneously, which might not always be possible.

The OMA recommends that the Chair of your physician association does not sit on the OHT leadership group. In order to avoid a conflict of interest, consider having the person who sits at the OHT leadership group be a non-voting member of your physician association's leadership group.

## How long should leaders be in their roles?

In the initial phases of your physician association's development, longer leadership terms may be preferable, such as a term of two years or more. The advantage of longer terms is that you can retain the knowledge of those in the leadership group and avoid the need to educate new members from scratch.

As your physician association becomes more established, there could be value in having shorter terms, like one year, to encourage new ideas.

Also consider the maximum length of leadership terms (i.e. the number of times that a term can be renewed). The maximum length of leadership terms is typically between 6 to 12 years to prevent burnout and allow space for people with fresh ideas. Renewal should be performance based, rather than automatic.

It is useful to stagger the terms of experienced leaders with newer leaders to ensure continuity in the leadership group.

## Will members of our leadership group be financially compensated?

OHTs have been provided with funding for physician leadership from the Ministry of Health. You can negotiate with your local OHT for funding for the leaders of your physician association.



**A leadership term** refers to the length of commitment for an individual in a leadership role.