

OMA Laboratory Section Annual General Meeting

September 25, 2026

**In Conjunction with OAP Meeting
Held in Kingston Ontario and Via Zoom**

Faculty/Presenter Disclosure

Dr. Katherine Chorneyko	Laboratory Section Chair
Dr. Prashant Jani	Secretary/Treasurer
Mr. Jasmin Kantarevic	Chief Economist, OMA

Relationships with for-profit and/or non-profit organizations:

- OMA Section on Laboratory Medicine

Housekeeping

- For those online please stay on mute while the presenter or another participant has the floor
- Discussion and questions are encouraged at the end of the presentation. Feel free to submit questions through the Chat
- This session is being recorded for Section members who were unable to attend.

Agenda: Laboratory Section AGM 2026

- | | |
|--|-----------------------|
| 1. Welcome | Dr. Chorneyko |
| 2. Agenda and previous minutes | Dr. Chorneyko |
| a. Approval of 2026 AGM agenda | |
| b. Approval of minutes of 2025 AGM (previously circulated) | |
| 3. Section business | Dr. Jani |
| a. Results 2026 Council and Delegate elections | |
| b. Section financial | |
| i. Financial report (operations and action funds) | |
| ii. Membership update | |
| 4. Section high level activity update (chair's report) | Dr. Chorneyko |
| 1. Lab Medicine APP/NTF discussions | |
| 2. Lab Medicine FTE requests | |
| 3. Relativity | |
| 4. PPC Tariff Update | Dr. C. Tran |
| 5. Update from OMA on BBOC - Laboratory | Mr. Jasmin Kantarevic |
| 6. Advocacy Update | |
| 7. Other Work | |
| 5. Open discussion/questions from the floor | |
| 6. Adjournment | |

Approval of Agenda and Minutes

- The 2026 AGM Draft Agenda was previously circulated and is shown now for approval
- The Minutes of the 2025 Laboratory Section AGM were previously circulated for approval (with the registration)

AGM Objectives

- Participate in the Lab Section AGM and have the opportunity to learn about issues of advocacy, remuneration, etc. with an update from your OMA Section Executive:
 - **Dr. Katherine Chorneyko, Chair**
 - **Dr. Golnar Rasty, Vice Chair**
 - **Dr. Neil Davis, Past Chair**
 - **Dr. William Dubinski**
 - **Dr. Catherine Ross**
 - **Dr. Prashant Jani, Secretary/Treasurer**
 - **Dr. Christopher Tran, Tariff Lead**
 - **Dr. Ayman Al Habeeb**
 - **Dr Anthea Girdwood**

2026 Election Results

Executive Position	Term	Seats	Physicians in Roles (Dr.)
Chair	2	1	Katherine Chorneyko
Vice-Chair	2	1	Golnar Rasty
Member	1	2	Catherine Ross William Dubinski
Member	2	2	Anthea Girdwood Ayman Al Habeeb
Secretary/Treas Past President	2	1	Prashant Jani Neil Davis
Tarriff Chair	2	1	Christopher Tran

Report on Lab Section Membership

2025 Laboratory Medicine Group Physician Count

Specialty	Specialization	Physician Count
Laboratory Medicine	Diagnostic & Clinical Pathology	96
Laboratory Medicine	Diagnostic & Molecular Pathology	447
Laboratory Medicine	Forensic Pathology	34
Laboratory Medicine	Hematological Pathology	45
Laboratory Medicine	Medical Biochemistry	8
Laboratory Medicine	Medical Microbiology	17
Laboratory Medicine	Neuropathology	16
Laboratory Medicine	Total	663

Source: OPRC PIO 2025
(in 2024 total count was 652)

Laboratory Medicine Action Fund

Statement of Financial Position (Jan 1 – Jun 30, 2026)

- **Opening Balance:** \$33,721.33
- **Receipts:**
 - Dues: \$ 21,338.40
 - Other: \$195.48
 - **Total Receipts:** \$21,533.88
- **Disbursements:**
 - Miscellaneous Expenses: \$16,950.00
 - **Total Disbursements:** \$16,950.00
- **Net Change for the Period:** \$4,583.88
- **Closing Balance:** \$ 38,305.21

Laboratory Medicine Operational Fund

Statement of Financial Position (Jan 1 – Jun 30, 2026)

- **Opening Balance:** \$19,478.71
- **Receipts:**
 - Dues: \$28,790.28
 - Other Income: \$382.03
 - **Total Receipts:** \$29,172.31
- **Disbursements:**
 - Miscellaneous Expenses: \$18,514.68
 - **Total Disbursements:** \$18,514.68
- **Net Change for the Period:** \$10,657.63
- **Closing Balance:** \$30,136.34

Section Activity Member Funding

- Most all OMA Sections raise a small amount of funds annually in addition to OMA dues (some larger Sections raise a lot of funds)
- These funds are used specifically to run the Section Executive and any important initiatives that they are asked to support (The Lab APP, Data, Legal, support/advisor etc.)
- Your Executive would be grateful if you annually tick the two boxes in support of your Section as follows: Lab Action Fund \$250 and Operational Fund \$200 (thank you)

How to Support your Section

Members of the Section can contribute at the time of renewal of their OMA fees or throughout the year online by using the following link: <https://apps.oma.org/MyAccount/profile/payment>.

1. Login using OMA credentials (OMA number or email address)
2. Click on Pay Dues & Constituency Fee or Pay Constituency Fees
3. You have reached the Membership Dues. Click on “Next Step” on the below far right
4. Select constituency fees to pay (if payment has a green check mark and \$0.00, that means they are already paid these fees in 2024)
5. Click on “Next Step” to provide payment details.
6. Click on “Next Step” to get to the confirmation page.

OMA Section on Laboratory Medicine: Strategic Directions 2026/27

- APP/LMFFA:
 - Comprehensive APP/LMFFA
 - Current process for new FTEs
- Compensation
 - APP/LMFFA
 - Relativity
 - PPC/Tariffs
 - BBOC
- Advocacy
 - Queen's Park Day/social media/laboratory directors
 - Other OMA committees
- Other work
 - Laboratory Director Role
 - Section Website

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CRITICAL CHALLENGES for Laboratory Medicine Physicians:

- An outdated hospital-based laboratory physician contract (LMFFA) since 2005 that has resulted several critical flaws in lab physician funding including:
- A complicated, uncertain and inadequate compensation funding stream that includes a significant portion of funds from hospital operating budgets and
- The lack of an agreed-upon measure for workload that was necessary for the success of the LMFFA resulting potential critical staffing shortages, unfilled positions and excessive, uncompensated work

Report on the Implementation of the **Laboratory Medicine Funding Framework Agreement**

Prepared by the
Laboratory Medicine Steering Committee

A Joint
Ontario Medical Association
Ministry of Health and Long-Term Care Committee

January, 2008

The challenges¹ facing the profession included:

- An aging and retiring cohort of hospital-based laboratory physicians, notably the oldest cohort of the medical specialties
- Reductions in the number of newly graduating specialists
- Declining Ontario competitiveness in recruitment and retention

Next Challenges:

- Attracting new physicians
- Alternative distribution mechanisms for compensation
- Workload measurement system
- Consideration of incentives
- Accountability and governance mechanisms

Challenges continue:

- chronic problem in the recruitment and retention of hospital-based laboratory medicine physicians in Ontario. This has led to increasing demands on the physicians that remain to do the hospital-mandated work for patients.
- no responsive, flexible and sustainable process to recognize increasing volume and complexity demands on laboratory physicians.
- More specifically:
 - **complicated and burdensome dual stream funding model under the current LMFFA**
 - **lack of a methodology to identify a “standardized workload” or control workload**
 - **lack of a mechanism to compensate for work above the “standardized workload”**
 - **compensation which is below the market both within and outside of the province**
 - **a multi-year APP process that has left significant work to be completed now**

Other Factors:

- **Constant change in the practice of Laboratory Medicine in Ontario including the increasing demand and expectations from i.e. Cancer Care Ontario and Individualized Medicine**
- **Hospitals do not understand their role and are often reluctant to allocate the significant portion of an FTE funding as required by the current LMFFA**

Results:

- **The number of funded positions and the related level of compensation have not kept pace with system needs**
- **Existing physicians are left to manage the increased workloads and reporting requirements without adequate staff and compensation resources**

Compare Compensation in Other Provinces

Province (No data for Quebec)	Total Remuneration for 2024 including benefits, retention bonuses and on-call provisions
British Columbia	378k + benefits (assume 13%) + on-call (TOTAL = 427K + on-call [between 58K to 136K] = ~500K)
Alberta	424k (being renegotiated for 2025) (TOTAL = 424K + on-call)
Manitoba	445k with increase to 463 by 2026 Overtime allotment \$21, 000 one time for retention bonus Q5years
Newfoundland and Labrador	286K + 60Kbonus + 5%RRSPmatch +45K market adjustment (TOTAL = 410K + on-call)
Saskatchewan	No data
New Brunswick	: 371K + 15% benefits (TOTAL = 427K
Ontario	\$383k total plus 8.2592% by 2026 (\$404K) no on call or overtime
Prince Edward Island	438K + 28Kbenefits (TOTAL = 466K)
Nova Scotia	\$423k

Ontario “below market” compensation has resulted in rising vacancies and excessive workloads due to uncompetitive compensation

Physician Supply Data

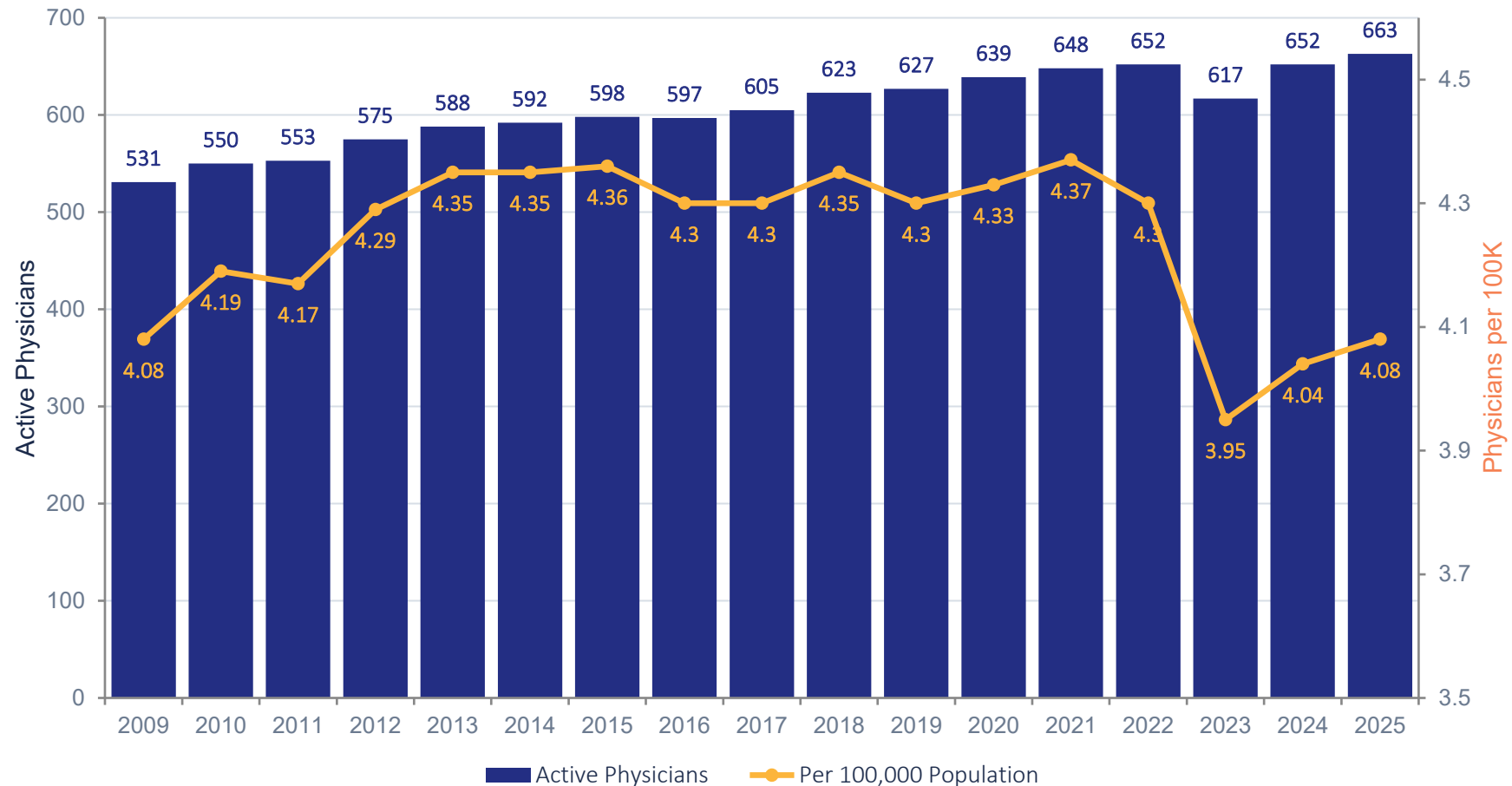
- OMA Economics presented OPRC data to the Section Executive/NTF team

Key takeaways from this data:

- 0% growth in Lab Medicine physicians per 100K population, 2009–2025, while every comparator specialty grew 4% to 31%
- 24.9% growth in active headcount over 16 years, the slowest of any group compared
- -5.2% change in per-100K supply since 2019, the steepest decline of any comparator, alongside Diagnostic Radiology's -3.6%
- Lab Medicine has the oldest workforce of any comparator

Lab Medicine Supply, 2009–2025

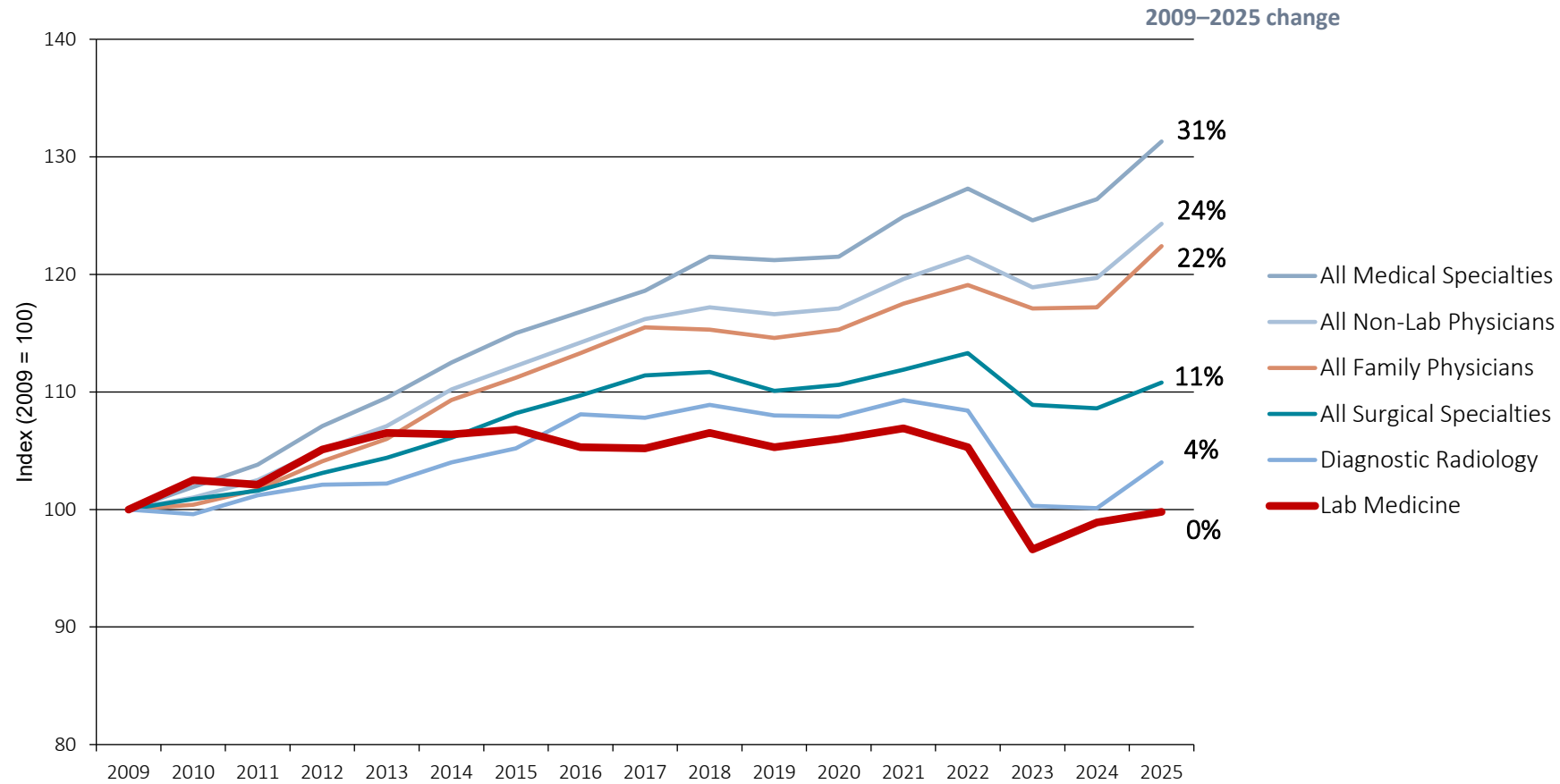
Per-capita supply peaked in 2021 and has since fallen back to the 2009 level; flat over a decade and a half.



2023 saw a sharp one-year drop, due to both a 2023 OPRC methodology change and an underlying decline in the Lab Medicine workforce. See appendix.

Physicians per 100K Population by Specialty

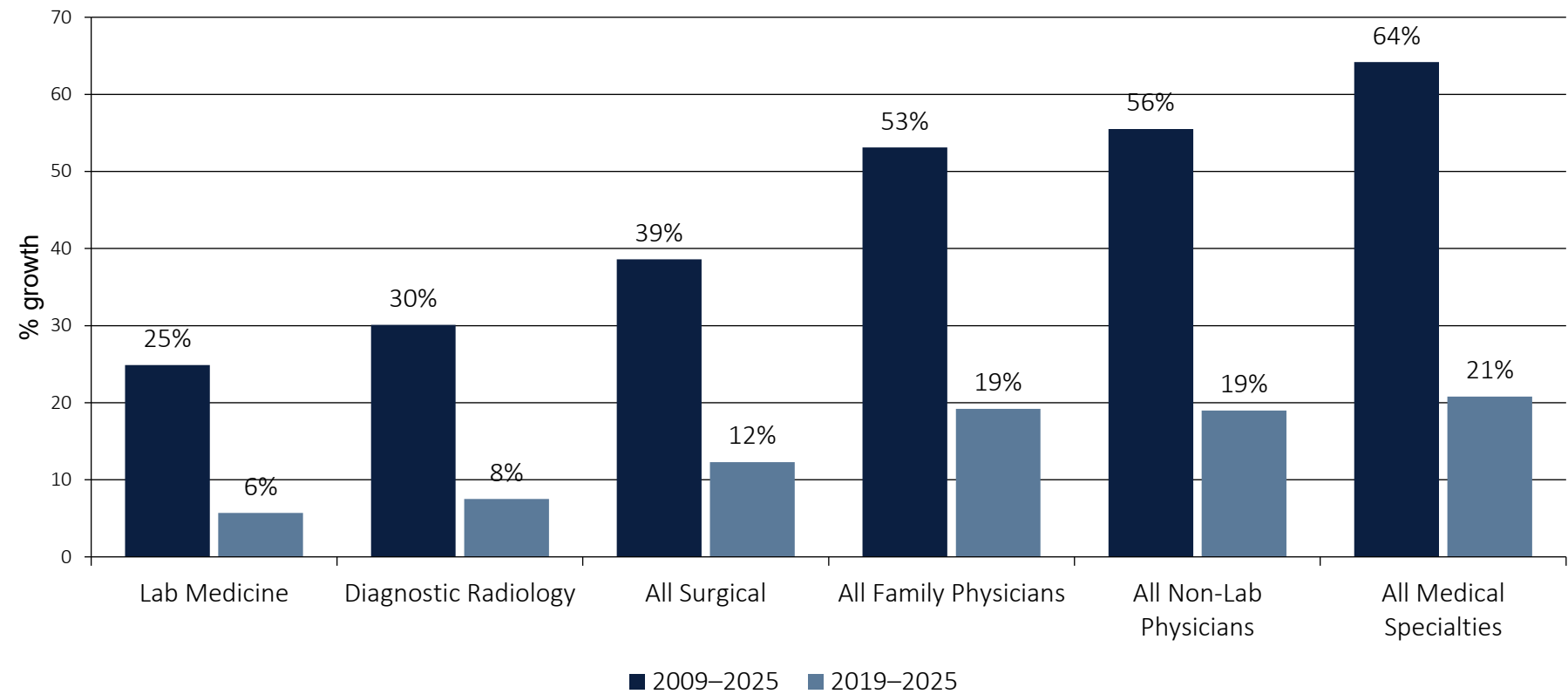
2009–2025, indexed to 2009 = 100



All Medical Specialties includes all physicians except Family Medicine, Surgical Specialties, and Laboratory Medicine (i.e., Internal Medicine, Pediatrics, and Other Specialty combined).

% Change in Active Physician Headcount

Lab Medicine trails every named comparator, both over the full 16-year window and the most recent 6 years



Inter Provincial Comparison: Physicians Per Population

Table 3.0 Physicians per 100,000 population, by specialty and jurisdiction, Canada, 2024

Specialty	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2.1.2 Laboratory specialists	6.42	3.92	6.41	8.08	5.78	3.98	4.02	4.27	5.63	6.14	0.00	0.00	0.00	5.04
Medical biochemistry	0.00	0.00	0.28	0.12	0.63	0.09	0.00	0.08	0.00	0.25	0.00	0.00	0.00	0.22
Medical microbiology	0.37	0.56	0.28	0.94	1.89	0.33	0.40	0.24	0.55	0.77	0.00	0.00	0.00	0.77
Diagnostic and clinical pathology	1.28	2.24	1.11	1.29	0.06	0.55	0.27	1.37	1.06	1.16	0.00	0.00	0.00	0.65
Neuropathology	0.18	0.00	0.37	0.00	0.04	0.12	0.20	0.24	0.14	0.14	0.00	0.00	0.00	0.12
Hematological pathology	0.37	0.00	0.65	0.70	0.03	0.17	0.33	0.24	0.31	0.82	0.00	0.00	0.00	0.28
Diagnostic and molecular pathology	4.22	1.12	3.72	5.03	3.12	2.70	2.81	2.10	3.56	3.00	0.00	0.00	0.00	3.00

From last year's AGM: 2025-2027 Lab APP Workplans

- Step 1: Streamline Current Funding Model and APP Development (December 2025)
- Step 2: Burden Based on Call System (December 2025)
- Step 3: Negotiation for funding increases for the new APP in the new PSA (2024-28)
- Step 4: Development of Workload Metrics (December 2026)
- Step 5: Negotiation for Funding Increases and APP Augmentation (2027)
- Step 6: Opportunities outside the PSA cycle

APP UPDATE

- APP discussions are part of the 2021 PSA have now moved into the current negotiations process focused on the 2028 PSA
- Subgroup of OMA Laboratory Section (Dr. Chorneyko, Dr. Davis and Dr. Tran) have met several times with the NTF to help set a path forward aimed at addressing the problems and limitations of the LMFFA
- We will continue to meet with them on a regular basis throughout the fall and beyond as necessary

OMA Section on Laboratory Medicine: Strategic Directions 2026/27

- APP/LMFFA:
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Lab FTE Requests - Current State

- In the 2024 PSA a \$120M investment was made available to support the development of new APPs and the **expansion of existing APPs**
- Laboratory Medicine and other relevant specialties can submit applications to access this funding (new FTE funding)
- The MOH/OMA are reviewing all incoming expansion requests, including new position requests submitted or to be submitted from your hospitals
- Unlike in the previous PSA, future requests will now proceed through a joint review and prioritization process and be budgeted against the \$120M investment for all APPs

Current UMLC status:

Fiscal Year 2025/26 (Year 2 of the 2024-28 PSA)	Apr-25	8.3%	\$ 2,570.37	8.3% increase for Year 2 flowed in real time beginning April 1, 2025	\$ 33,692	UMLC Base 2025-26: \$404,300 per annum or \$33,692 per month Retroactive lump sum payment received in Dec. 2025 for Year 1 9.95% increase on 2024-25 payments, totalling \$38,199
	May-25	8.3%	\$ 2,570.37		\$ 33,692	
	Jun-25	8.3%	\$ 2,570.37		\$ 33,692	
	Jul-25	8.3%	\$ 2,570.37		\$ 33,692	
	Aug-25	8.3%	\$ 2,570.37		\$ 33,692	
	Sep-25	8.3%	\$ 2,570.37		\$ 33,692	
	Oct-25	8.3%	\$ 2,570.37		\$ 33,692	
	Nov-25	8.3%	\$ 2,570.37		\$ 33,692	
	Dec-25	8.3%	\$ 2,570.37		\$ 33,692	
	Jan-26	8.3%	\$ 2,570.37		\$ 33,692	
	Feb-26	8.3%	\$ 2,570.37		\$ 33,692	
	Mar-26	8.3%	\$ 2,570.37		\$ 33,692	
Fiscal Year 2026/27 (Year 3 of the 2024-28 PSA)	Apr-26	3.6%	\$ 1,218.00	3.6% increase for Year 3 will be flowed in real time, beginning April 1, 2026	\$ 34,910	UMLC Base 2026-27: \$418,920 per annum or \$34,910 per month Retroactive lump sum payment expected in Fall 2026, including the normative fee increase of 2.8% on Y2 2025/26 payments and unspent targeted funds (if any) for Year 1 and Year 2.
	May-26	3.6%	\$ 1,218.00		\$ 34,910	
	Jun-26	3.6%	\$ 1,218.00		\$ 34,910	
	Jul-26	3.6%	\$ 1,218.00		\$ 34,910	
	Aug-26	3.6%	\$ 1,218.00		\$ 34,910	
	Sep-26	3.6%	\$ 1,218.00		\$ 34,910	
	Oct-26	3.6%	\$ 1,218.00		\$ 34,910	
	Nov-26	3.6%	\$ 1,218.00		\$ 34,910	
	Dec-26	3.6%	\$ 1,218.00		\$ 34,910	
	Jan-27	3.6%	\$ 1,218.00		\$ 34,910	
	Feb-27	3.6%	\$ 1,218.00		\$ 34,910	
	Mar-27	3.6%	\$ 1,218.00		\$ 34,910	
Note regarding implementation of increases in the 2024-28 Year 2-4 award: On Sept. 18, 2025, the Board of Arbitration awarded a total compensation increase (general increases + targetted investment) of 9.5 per cent for Year 2-4 of the 2024-2028 PSA, which means the percentage and amount illustrated on this chart for April 2025 onwards will undergo further increases as a result of the award. Part of each year’s increase will be paid to physician specialties or groups based on relativity, with the remainder paid across-the-board. Relativity details are still to be determined for Year 4 of the PSA (FY 2027/28), along with implementation timelines.						

NOTE:

OMA is working with the ministry on the allocation related to the unspent targeted investments which are expected to be added to the 2.8%. We will communicate these allocations with the membership once they are finalized. Similarly, they are still working on year 4 by specialty allocations.

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Relativity score and it's importance

- The Section Executive working with OMA Economics to more thoroughly understand Relativity as it applies to Lab Medicine
- We are seeking to better understand the OMA CANDI score mechanism and MOH's RAANI score mechanism
- These are combined for the final CANDI/RAANI score (Lab 1.22)
- There are a number of factors that impact our score including After Hours, Overhead and Return on Education (see formulas below)
- CANDI:
$$\frac{\text{Gross Daily Income} \times (1 - \text{Overhead Rate}) \times (1 - \text{Return on Education})}{\text{Hours Per Day}}$$
- RAANI:
$$\frac{\text{Annual Gross Income} - \text{After-Hours Adjustment} - \text{Overhead} - \text{Opportunity Cost of Training}}{\text{Full -Time Equivalent}}$$

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Tariff Update (Lab Medicine)

- Schedule of Benefit changes from previous Physician Payment Committee (PPC) cycle implemented April 1, 2026.
- Proposals submitted for current cycle:
 - Molecular consultations
 - Multidisciplinary Cancer Conferences
 - Cervical Vaginal Cytology
- Targeted funding (\$15 million) allocated to technical fees – proposals submitted

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Burden Based On-Call

- The Section Executive is pleased that OMA representative Jasmin Kantarevic has agreed to provide an update on Lab Medicine's recent inclusion in BBOC
- Welcome to:
- Jasmin Kantarevic: Chief Economist, OMA Economics, Policy & Research

BBOC Summary

Specialty	Level and Per Diem Payment
Any eligible on-site group with service type in Anesthesia, Obstetrics and Gynecology, Critical Care, Pediatrics, Internal Medicine, Hospitalists	LEVEL A - \$800
Family Medicine, Anesthesia, General Surgery, Orthopedic Surgery, Obstetrics and Gynecology, Neurosurgery, Internal Medicine, Critical Care, Transplant Medicine, Vascular Surgery, Cardiac Surgery, General Thoracic Surgery, Psychiatry, Pediatrics, Urology, Plastic Surgery, Plastics Burns, Gynecological Oncology, Interventional Radiology, Emergency Medicine Back Up, Hospitalists, Surgical Assistants	LEVEL C – \$565 or where: any individual call group has after hours hospital billings of at least 15%, then: LEVEL B - \$650
Cardiology, Gastroenterology, Hematology and Oncology, Neurology, Respiriology, Geriatrics, Diagnostic Radiology, Nephrology, Endocrinology, Otolaryngology, Ophthalmology, Infectious Diseases, Hyperbaric Medicine, Medical Oncology, Cardiac Surgical Assistants, Addiction Medicine, Palliative Care, Laboratory Medicine , Genetics	LEVEL E – \$115 or where: any individual call group has after hours hospital billings of at least 5%, LEVEL D - \$200
Immunology, Dermatology, Radiation Oncology, Nuclear Medicine, Rheumatology, Physical Medicine	LEVEL F - \$50

Next Steps : Laboratory Medicine

- 52 groups approved at level E: \$115 per diem, \$41,975 per group per year, for the total of \$2,287,911

Soon

- BBOC Contracts Signed

Oct 1

- Effective BBOC Payments

Spring 2027

- Consultations about Negotiation Priorities

April 1, 2028

- New Physician Services Agreement

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Lab OMA Advocacy Efforts

- Recently the Section Executive held a meeting with OMA's Advocacy leadership
- We helped the OMA team to better understand the issues facing Laboratory Medicine
- They believe there is an opportunity to help raise awareness of these challenges with both the public and government, and to support the case for meaningful change.
- A number of initiatives were agreed to and are currently being pursued by the Executive
- These include (not limited to):
 - Profile at Queens Park Doctors' Day (November 2, 2026)
 - Profile Laboratory Medicine on Social Media/Medial platforms
 - Hospitals and OHA (thank you to input from other Ontario lab physicians)

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Lab Director Role

- Representatives of the Section Executive met recently with OMA legal counsel to seek advice with respect to the hospital Lab Director Roles and Responsibilities
- The responsibilities and accountabilities of laboratory directors are defined in the Ontario Laboratory and Specimen Collection Licensing Act,
- However, in the current hospital climate, laboratory directors are finding it increasing difficult to effect needed changes as the administrative authority for resourcing is increasingly likely to be overseen by Admin. Directors who have no background or training in laboratory medicine

Lab Section Dedicated Webpage

- Your Section Executive has developed a dedicated Section Webpage
- This can be found at **omalabmed.ca**
- The Members Only page is now password protected for secure sharing
- The password for members is “**labdocs**”
- This page gives us the opportunity to communicate directly with members

Finally...

- Thank you to the Ontario Association of Pathologists (OAP) for the opportunity to present as part of their session today
- Thank you to all members that were able to attend either in person or on-line
- Adjournment