



## TOHAMO Policy & Procedure

# AFP INNOVATION FUND – PHYSICIAN REMUNERATION POLICY #3

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**ISSUED BY:** Executive Director, TOHAMO

**Date of approval:** 2012/10/16

**APPROVED BY:** TOHAMO Board

**Last review/revision date:** 2017/06/13

**Implementation date:** 2013/04/01

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### **BACKGROUND:**

The Innovation Fund was created by the Alternate Funding Plan (AFP) agreement between the Ontario Medical Association (OMA) and the Ministry of Health and Long Term Care (MOHLTC). Over \$10.5M annually is made available to Academic Physicians to support the development of new and innovative approaches to health care delivery and to provide leadership in the dissemination of new knowledge across the healthcare system.

### **PREAMBLE:**

The Innovation Funds are not intended to compensate Group physician for time spent on the project proposal. As Group physicians in departmental practice plans, it is understood that financial support to individual members is provided from the practice plan for all academic and clinical activities. In the event that practice plan funding is not otherwise available to the Group physician, then Group physician remuneration will be considered as outlined below in the policy statement.

### **POLICY STATEMENT:**

TOHAMO does approve physician remuneration from the Innovation Funds aligned with the provincial AFP Innovation Guidelines, Appendix G. In order for funding to be approved, the following requirements must be met:

1. As a general principle, funding will only be considered 1) if the time requirement to perform the project is otherwise replacing time that would historically have been spent for billable clinical activity and 2) the physician is not already receiving protected time within their practice plan to perform such research or academic activity. An explanatory note from the Group Physician will be required, outlining the rationale for the funding for physician remuneration (for himself/herself or other physicians -- outlining the clinical time lost).
2. If the project is approved, a signed letter from the Department Head must be submitted, attesting to the need for physician remuneration and confirming the clinical time lost, as well as the absence of Practice Plan protected time funding.
3. Physician Remuneration authorized will be based on the OMA per Diem rates as set out in Appendix H (Attached).

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Examples:

- 1) Dr. A is a clinician who works within the department of Medicine. She works 50% of her time clinically seeing patients on the floor and in clinic. The other 50% of her time is protected to work on various research projects. Upon winning her TOHAMO grant, her clinical time commitment remains unchanged and she continues working in clinic and on the wards as previous. The time spent to work on her project is being spent during her non-clinical hours (during her protected time). **Physician remuneration would therefore not be allowed.**
- 2) Dr. B works in the department of Gynecology. He is primarily a clinician sharing his time between clinic and OR. With his TOHAMO grant, he has foregone an afternoon clinic, because he will have to spend one half-day a week during working hours overseeing the roll-out of the project, and where he will not be seeing patients or billing. He effectively will be losing that afternoon's clinical income. **Physician remuneration would be allowed in such a circumstance.**

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**Appendix H**

**Year 10: (2017-18)  
OMA per Diem Guidelines<sup>1</sup>**

5.1.3 Honoraria

5.1.3.1 Honoraria for time spent in meetings

Honoraria payments are based solely on time committed to OMA business. The same rates and rules will apply for all members including students and residents.

- Honoraria for time spent in meetings will be paid at a full-day rate of **\$760** or the equivalent of **\$108** per hour. These rates apply to both face-to-face meetings and to teleconferences.
- The daily meeting rates will be tiered to reflect additional meeting days of service during the calendar year, as follows:

Meeting Days Served (Calendar Year)	Daily Rate	Hourly Rate
0.0 – 15.0	\$760	\$108
15.5 – 25.0	\$930	\$133
More than 25.0	<del>\$1,645</del> <b>\$1095</b>	\$156

- A member will be paid at the highest tier achieved for all days served during the calendar year. A retroactive payment will be made if necessary.
- Meeting time is normally payable in half-day increments. For this purpose, a single date may have three half-days – morning, afternoon and evening.
- Face to face meetings may be paid by the hour when appropriate. Teleconference meetings will normally be paid by the hour. In both cases the minimum meeting duration is one half-hour and payment is in half-hour increments.
- This policy will normally be implemented as follows:

Meeting Duration	Basis for Honorarium
0.5 to 2.0 hours	Hourly
2.5 to 4.5 hours	1 Half-day
5.0 to 8.5 hours	1 Full day
9.0 hours or more (on the same calendar day)	3 Half-days

- Face to face meetings will be paid at the greater of scheduled or actual meeting duration. However the member has a duty to mitigate his loss of practice time to the extent possible.
- In cases where two eligible meetings take place simultaneously, a member will be paid for the actual time he/she spends, and not for the total duration of the meetings.

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<sup>1</sup> ONTARIO MEDICAL ASSOCIATION POLICY ON FINANCIAL MATTERS – Council, Board and Committees’ Expenses, Effective: February 2012. Section 5.1.3: Honoraria, Subsection 5.1.3.1 Honoraria for time spent in meetings (pages 4, 5).  
Innovation Fund Framework: Year 5 – Revised 10 09 2012