Summary of Recommendations:

The following are the Ontario Medical Associations recommendations from, Guarding the Health of Citizens: The Crucial Role of the Medical Officer of Health

1. The OMA urges the Ontario government to enforce its own existing legislation by insisting that all health units in Ontario have a full-time, properly credentialed Medical Officer of Health.

2. The OMA supports recommendation 1 of Part One Report of the Walkerton Inquiry which states: The Health Protection and Promotion Act should be amended to require boards of health and the Minister of Health, acting in concert, to expeditiously fill any vacant Medical Officer of Health position with a full-time Medical Officer of Health.

3. The OMA supports recommendation 7 of the Position Paper of the Community Medicine Residents of Ontario which states: As a precaution to protect the public’s health, the MOHLTC should ensure that any person being appointed by a board of health as an acting MOH, be assessed in accordance with the College of Physicians and Surgeons of Ontario (CPSO) Policy on “Requirements when Changing Scope of Practice” (Policy #13-00).

4. The OMA strongly supports the following recommendations of the first and second Campbell reports:

So long as the local boards of health remain in place: the local Medical Officer of Health should have full chief executive officer authority for local public health services and be accountable to the Local Board. Section 67 of the Health Protection and Promotion Act should be enforced, if necessary amended, to ensure that personnel and machinery required to deliver public health protection are not buried in municipal bureaucracy {Principle of Reform #9}.

The Health Protection and Promotion Act be amended to provide for every local Medical Officer of Health a degree of independence parallel to that of the Chief Medical Officer of Health. This would include:

a. Giving the local medical officers of health the same reporting duties and authority as the Chief Medical Officer of Health...

b. Protecting the independence of the local medical officer of health by providing that no adverse employment action may be taken against any Medical Officer of Health in respect of the good faith exercise of those reporting powers and duties.

5. The OMA recommends that the Ontario government requires that Boards of Health employ, in addition to a full-time Medical Officer of Health, a sufficient number of properly credentialed full time equivalents (FTE’s) to ensure adequate public health coverage at all times.
6. The OMA recommends that Ontario factor into the calculation of full time equivalents (FTE’s) sufficient Human Resources to meet surge capacity.

7. The OMA recommends that the Ontario government develop a Human Resource Strategy for Medical Officers of Health that includes surge capacity provisions and incentives to attract and retain properly credentialed Medical Officers of Health.

8. The OMA recommends that an Educational Strategy, including necessary funding, be developed to graduate well-qualified physicians in sufficient numbers to address current and growing needs, and to absorb the attrition of Medical Officers of Health who are nearing retirement.

9. The OMA supports Recommendation D of the Walker report: “The development of re-entry training positions in community medicine such that practitioners currently practicing in other specialties can become qualified to work in public health.”

10. The OMA recommends that the government immediately upload the funding and control of public health to the province.

11. The OMA recommends that the government remove municipalities from governing the business of public health.