

**METHOD FOR THE IMPLEMENTATION OF 2026/27 FFS COMPENSATION INCREASES IN THE MINISTRY OF HEALTH (MINISTRY) AND ONTARIO MEDICAL ASSOCIATION (OMA) 2024 PHYSICIAN SERVICES AGREEMENT**

The interim relativity-adjusted increase to physician payments for FY 2026/27 as set out in the Binding Interest Arbitration Award dated September 17, 2025 (the “Award”) were arrived at by:

1. Identifying insured Fee-For-Service (FFS) payments that are eligible to receive the 5.3700% compensation increase arising from the 2024 PSA for FY 2026/27 (the compounded value of 2.8% for Year 2 (2025/26) and 2.5% for Year 3 (2026/27).
2. Determining the derived specialty of each physician; and
3. Determining the relativity increase rate.

(1) **Eligible payments**

- a) FY 2026/27 payment increases shall be applied to the basic fee payable for an insured service, as set out in the schedule of benefits, except hospital technical fees.
- b) Increases will be applied based on service date and will apply to services rendered on or after April 1, 2026 and before April 1, 2027.

(2) **Assigning a derived specialty for each physician**

- a) A derived specialty is assigned based on physician billings for FY 2025/26. Derived specialty is the billing specialty associated with the claims for insured services submitted by the physician that had the highest total billings (paid and shadow billed) unless the exception listed below applies. NOTE: Physicians who did not have claims in FY 2025/26 will initially be assigned the 5.3700% global rate until a derived specialty can be determined based on their 2026/27 claims.
- b) Family & General Practice has three different derived specialties: 00\_1 Family Medicine (Capitation), 00\_2 Family Medicine (FFS), and 00\_3 Family Medicine (Salary and Contracts)
  - (1) The 00\_1 specialty is applied to ‘00’ physicians who are affiliated to a capitated model including Family Health Organization (FHO), Family Health Network (FHN) and Group Health Centre (GHC). See Table 2.
  - (2) The 00\_2 specialty is applied to ‘00’ physicians who receive fee for service (FFS) payments including Family Health Group (FHG), Comprehensive Care Model (CCM) and other FFS payment models.
  - (3) The 00\_3 specialty is assigned to ‘00’ physicians who receive payments from salary and contracts including Blended Salary Model (BSM), GP Focus Care of the Elderly (GPFCE), GP Focus HIV (GPFHIV), GP Focus Palliative Care (GPFPC), Rural and Northern Physician Group Agreement (RNPGA), St. Joseph’s Health Centre (STJHC), Aboriginal Family Health Team (AFHT), Community Health Centre (CHC), Indigenous Primary Health Care Organization (IPHCO), Toronto Palliative Care Associates (TPCA), Sioux Lookout Regional Physicians’ Services Agreement (SLRPSI), Weeneebayko Area Health Authority (WAHA), Homeless Shelter Agreements (HSA), Rural Generalist Model (RGM).
- c) The Emergency Medicine specialty is applied to physicians who have:

- (1) a derived specialty of '12' (Emergency Medicine),
  - (2) a derived specialty of '00' (Family & General Practice), are not in a primary care model (PCM) (relevant PCMs: Aboriginal Family Health Team (AFHT), Blended Salary Model (BSM), Community Health Centre (CHC), Comprehensive Care Model (CCM), Family Health Group (FHG), Family Health Network (FHN), Family Health Organization (FHO), GP Focus Care of the Elderly (GPFCE), GP Focus HIV (GPFHIV), GP Focus Palliative Care (GPFPC), Group Health Centre (GHC), Homeless Shelter Agreements (HSA), Indigenous Primary Health Care Organization (IPHCO), Rural and Northern Physician Group Agreement (RNPGA), Rural Generalist Model (RGM), Sioux Lookout Regional Physicians' Services Agreement (SLRPSI), St. Joseph's Health Centre (STJHC), Toronto Palliative Care Associates (TPCA), or Weeneebayko Area Health Authority (WAHA)) and are affiliated with an Emergency Department Alternative Funding Agreement (EDAFA) group (excluding GP Experts and Second On-call) and received payment for at least one claim under their affiliated group,
  - (3) a derived specialty of '00' (Family & General Practice), are not in a PCM (as above), are not affiliated with an EDAFA group (excluding GP Experts and Second On-call), and whose FFS is predominantly (>50%) for emergency department services (relevant H-prefix codes: 'H065', 'H100', 'H101', 'H102', 'H103', 'H104', 'H105', 'H112', 'H113', 'H121', 'H122', 'H123', 'H124', 'H131', 'H132', 'H133', 'H134', 'H151', 'H152', 'H153', 'H154', 'H960', 'H962', 'H963', 'H964', 'H980', 'H981', 'H984', 'H985', 'H986', 'H987', 'H988', 'H989').
- d) A physician may only be assigned one derived specialty. For '00' physicians who receive payments through various payment models, the following is the order of assignment of derived specialty: 00\_1, 00\_2 CCM/FHG, 003, Emergency Medicine, 00\_2 for remaining physicians.

**(3) Determining relativity increase rate for each payment category**

- a) The relativity increase rates are set out in **Table 1** below and will be applied as set out below. These rates are cumulative, taking into account the 2.8% increase from Year 2 and the 2.5% increase from Year 3 of the 2024 PSA.
  - (1) The basic fee payable for an insured service, as set out in the schedule of benefits (excluding hospital-based technical and office-based technical fees) will receive an increase based on the individual physician's derived specialty.
  - (2) Office-based technical fees will receive the global increase rate, regardless of the individual physician's derived specialty.
  - (3) Hospital-based technical fees are excluded and will not receive an increase.

**(4) Calculate payments**

- b) The basic fee payable for an insured service, as set out in the schedule of benefits, will be multiplied by the appropriate relativity increase rate [set out at 3 and as detailed in Table 1] for services rendered on or after April 1, 2026 and before April 1, 2027.
- c) Increases will be applied to all eligible payments [set out at 1 and 3] on a monthly basis, except hospital technical fees, and will be flowed to the recipient in the usual manner (e.g. to individual physicians, group, contract, or institution).

**Table 1 – Specialty Based Cumulative Relativity Increase Rates**

OHIP	Specialty	2026-27 Relativity rate
00_1	Family Medicine – Capitation: FHO, FHN, GHC	4.8506%*
00_2	Family Medicine – FFS (FHG, CCM, FFS)	6.2901%
00_3	Family Medicine – Salary and Contracts	6.2901%
1	Anaesthesiology	3.0843%
2	Dermatology	4.3826%
3	General Surgery	5.2813%
4	Neurosurgery	4.2027%
5	Public Health	5.7090%
6	Orthopaedic Surgery	4.0985%
7	Geriatrics	5.7590%
8	Plastic Surgery	5.3269%
9	Cardiac Surgery	4.6879%
11	Critical Care Medicine	3.9639%
12	Emergency Medicine group	4.8907%
13	Internal Medicine	5.7090%
15	Endocrinology	6.2344%
16	Nephrology	5.5620%
17	Vascular Surgery	4.6094%
18	Neurology	7.2082%
19	Psychiatry	7.6966%
20	Obstetrics & Gynaecology	6.8215%
22	Genetics	6.5195%
23	Ophthalmology	1.3425%
24	Otolaryngology	4.3459%
26	Paediatrics	6.8215%
28	Laboratory Medicine group	3.6162%
31	Physical Medicine	5.2813%
33	Diagnostic Radiology	2.6695%
34	Radiation Oncology	3.5862%
35	Urology	4.5324%
41	Gastroenterology	2.6240%
44	Medical Oncology	5.2362%
45	Palliative Care	5.3700%
46	Infectious Disease	6.6382%
47	Respiratory Disease	6.2344%
48	Rheumatology	7.2082%
60	Cardiology	4.0644%
61	Haematology	7.4123%
62	Clinical Immunology	3.9971%
63	Nuclear Medicine	5.6595%
64	General Thoracic Surgery	6.2344%
72	Occupational Medicine	5.7090%
GB	Global	5.3700%

\* Adjusted to account for additional Schedule of Benefits investments for 00\_1 physicians effective April 1, 2026. Combined effect of Schedule of Benefits investment and interim relativity-adjusted increase is 6.2901%.