

PEER SUPPORT

Long-Term Care Physicians provide care to an increasingly complex patient population in a strict regulatory environment that is undergoing continuous transformation. Physicians need to know that there is help from their peers when they are faced with difficult issues. The OLTCC provides help and expertise advising members of options and ways to ensure they are providing quality of care for their residents.

EDUCATION

The OLTCC's annual conference "**Practical Pearls in Long-Term Care**" is a highly respected conference addressing clinical and administrative issues facing practitioners in LTC homes. The format combines plenary sessions with interactive workshops along with opportunities for networking with peers. The **OLTCC Medical Director Course (now mandated by Ministry of Long Term Care for all Medical Directors to complete the course)** was successfully launched in 2014 and continues to be offered. Currently offered both virtually and in-person. This comprehensive course covers the regulatory environment, quality improvement, and leadership and risk management. Enrolment for the entire course is open to Attending Physicians and Medical Directors. In addition, Nurse Practitioners, Pharmacists, and Physician Assistants may enrol for the quality improvement training. OLTCC also offers the **Medical Director Refresher Course** which provides regular updates on new legislation and information is offered in this half-day virtual course.

NETWORKING

The opportunity to network with other Physicians and Medical Directors is a highlight of the Annual Conference. The website allows members to access relevant clinical information and connect with other Physicians with similar practices for information and discussion.

ADVOCACY

Medical Directors and Attending Physicians feel the increased pressure from the Ministry of Health and Long-Term Care as it implements the new compliance framework based on the LTC Act and regulations. The OLTCC is at the table with the LTC Associations, the MOHLTC, and stakeholder organizations.

WHO IS OLTCC?

The Ontario Long Term Care Clinicians is a not-for-profit organization founded in 2016 to provide advocacy, education, and membership services to Physicians, Medical Directors, Attending Physicians, Physician Assistants, Nurse Practitioners and Pharmacists and other providers working in Long-Term Care.

VALUE STATEMENT

We believe a dedicated, collaborative, inter-professional team with Physician leadership provides the highest quality, comprehensive evidence-based medical care for LTC residents.

VISION

All Ontarians in Long Term Care (LTC) will receive excellent care.

MISSION

1. Promote education, advocacy and engagement.
2. Advocate for the residents who are living in LTC homes through dialogue with the Ministry of Health and Long-Term Care and other stakeholders in Long-Term Care.
3. Provide an annual conference, "Practical Pearls in Long Term Care".



Ontario
Long Term Care
Clinicians

Non-Profit Organization
Founded in 2016

promoting

EXCELLENCE

in medical services
in LTC homes

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**MEMBERSHIP
BROCHURE**

www.oltcc.ca



Ontario
Long Term Care
Clinicians

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@OnLTCC

Membership Application (1 Year Option July 1, 2024—June 30, 2025) or (2 Year Option July 1, 2024—June 30, 2026)**Physicians, Medical Directors—Choose one: (1 Year \$275.00 + \$35.75 HST—TOTAL \$310.75) OR (2 Years \$500.00 + \$65.00 HST—TOTAL \$565.00)****Nurse Practitioners, Pharmacists, Physician Assistants, Other— Choose one: (1 Year \$225.00 + \$29.25 HST—TOTAL \$254.25) OR (2 Years \$400.00 + \$52.00 HST—TOTAL \$452.00)****Medical Residents/Students—Membership is complimentary provided proof of student status is received**Please complete the information below and return by **EMAIL:** office@oltcc.ca **MAIL:** OLTCC, 1288 Ritson Road North, Suite 333, Oshawa, ON L1G 8B2Or Join **ONLINE:** <https://eis.eventsair.com/oltcc/oltccmembership2024>**HST # 783327893RT0001****MEMBER INFORMATION**

Name: (First) _____ (Last) _____

Professional Designation: _____ Two Highest Academic Degrees: _____

Company or Organization: (If applicable) _____

Status: ☐ Attending Physician ☐ Medical Director ☐ Nurse Practitioner ☐ Pharmacist ☐ Physician Assistant ☐ Student Other (Specify) _____**PREFERRED MAILING ADDRESS**

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

FACILITY INFORMATION

If you are a Medical Director or Attending Physician at more than one facility, please provide the following information for each facility. Please copy this form or use a separate sheet for listing more than one facility.

Contact: _____

Facility Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

GETTING INVOLVEDWould you be interested in participating
in activities of the Board? Yes ___ No ___Would you be interested in participating
on a Committee: _____

Awards _____

Community of Practice _____

Conference _____

Coroner _____

Medical Director Course _____

FEE CATEGORIES—ONE YEAR OR TWO YEARS**All fees are HST applicable****PHYSICIANS, MEDICAL DIRECTORS****Paying between July 1, 2024—June 30, 2025: 1-Yr \$275 exp Jun 30, 2025; 2-Yrs \$500 exp Jun 30, 2026****Paying between Feb 1, 2025—May 1, 2025: 4 Months: \$215 exp Jun 30, 2025****Paying between May 1, 2025—Jun 30, 2025: 1-Year: \$275 exp Jun 30, 2026****NURSE PRACTITIONERS, PHARMACISTS****Paying between July 1, 2024—June 30, 2025: 1-Yr \$225 exp Jun 30, 2025; 2-Yrs \$400 exp Jun 30, 2026****Paying between Feb 1, 2025—May 1, 2025: 4 Months: \$175 exp Jun 30, 2025****Paying between May 1, 2025—Jun 30, 2025: 1-Year: \$225 exp Jun 30, 2026****MEDICAL RESIDENTS/STUDENTS—July 1, 2024—June 30, 2025**

Email: _____

CREDIT CARD: Please circle one: Amex VISA MasterCard

Scan and email to: office@oltcc.ca

Please note: Credit card payments are processed by Events In Sync, Inc., who is the managing company for OLTCC. Your credit card statement will show Events In Sync, Inc. shown as the vendor. All fees are transferred to OLTCC. OLTCC HST #783327893RT0001

Category Fee Selected: \$ _____ + 13% HST: \$ _____ TOTAL: \$ _____

Credit Card Number: _____

Expiry: _____ CVN: _____

Name on Card: _____

Signature: _____

CHEQUE:

Payable to Ontario Long Term Care Clinicians (OLTCC) and mailed to:

OLTCC, 1288 Ritson Road North, Suite 333, Oshawa, ON L1G 8B2