

Nanaimo Medical Staff Engagement Society

EXECUTIVE MEMBER HANDBOOK 2023



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WELCOME!

This handbook is designed to help acquaint you with the purpose and functions of **Nanaimo Medical Staff Engagement Society & the Nanaimo Medical Staff Association**, how we engage with Island Health and your role as an Executive Member. In addition to this handbook, the onboarding process will be inclusive of learning and mentorship opportunities with the current Executive Members and the NMSES Executive Project Manager. We will ensure you are equipped with the information, resources, and support to help you excel in your role as an Executive Member. Please read the entirety of this handbook and do not hesitate to contact us with any questions.



Executive Onboarding Expectations:

- ☒ Review this onboarding handbook
- ☒ Onboarding meetings with current Executive Member(s)
- ☒ Onboarding meeting with Society Executive Project Manager
- ☒ Observing Local Leadership and other Executive meetings with Island Health

What will be covered:

- History of NMSES & MSA
- Achievements and ongoing initiatives;
- NMSES constitution, bylaws, policies, procedures;
- Awareness of fiduciary/legal responsibilities;
- Job description of position; and
- Current strategic plan



List of Acronyms

- AGM** - Annual General Meeting
- CSC** - Collaborative Services Committee
- DoBC** - Doctors of BC
- DoFP** - Division of Family Practice
- EP** - Engagement Partner
- FE** - Facility Engagement
- FNHA** - First Nations Health Authority
- FPSC** - Family Practice Services Committee
- HA** - Health Authority
- HAMAC** - Health Authority Medical Advisory Committee
- HAMSA** - Health Authority Medical Staff Association
- HEC** - HAMSA Executive Committee
- IH** - Island Health
- JCC** - Joint Collaborative Committees
- LMAC** - Local Medical Advisory Committee
- LQOC** - Local Quality & Operations Committee
- MOA** - Memorandum of Agreement
- MoH** - Ministry of Health
- MOU** - Memorandum of Understanding
- MSA** - Medical Staff Association
- NMSES** - Nanaimo Medical Staff Engagement Society
- PMA** - Physician Master Agreement
- RAA** - Regional Advisor & Advocate (DoBC)
- SSC** - Specialist Services Committee



Key Contacts

Nanaimo Medical Staff Engagement Society

Dr. Dave Coupland, President
Dr. Jodie Turner, Vice President
Dr. John Boldon, Treasurer
Bobbi Marcy, Program Director
Karli McGarry, Project Coordinator
Mikayla Cotton, Administrative Assistant



Find the full NMSES
Advisory membership [here](#)

Island Health Senior Leadership

Kathy MacNeil, President and CEO, Island Health
Dr. Ben Williams, VP Medicine & Quality and CME
James Hanson, VP Clinical Operations North/Central Island
Marko Peljhan, (Interim) VP Clinical Operations South Island
Ian Thompson, Executive Medical Director, Medical Staff Governance



Find the IH Executive
Organizational charts [here](#)

Island Health Local Leadership

Damian Lange, (Interim) Executive Director of Clinical Operations, NRGH
Dr. Steven Loken, Executive Medical Director, Geography 2
Marci Ekland, (Interim) Director Clinical Operations, NRGH
Dr. Blair Rudston-Brown, Chief of Staff, NRGH



Find the IH Medical Staff
Structures [here](#)

Doctors of BC

Rob Hulyk, Director of Physician Advocacy
Alanna Black, Regional Advisor and Advocate, Island
Rafal Grzyb, Engagement Partner



Learn more about the role
of EPs and RAAs [here](#).

Nanaimo Division of Family Practice

Dr. Taylor Swanson, Chair
Beccy Robson, Executive Director



Learn more about the
Nanaimo DoFP [here](#)



Important Documents

The following are foundational documents by which the MSA and NMSES must operate:

[2019 Memorandum of Understanding](#)

MOU for Regional and Local Engagement between the MoH, HAs, and DoBC.

[Memorandum of Agreement Physician and Psychological Safety](#)

MOA for Occupational Health & Safety, Psychological Health & Safety, and Violence Prevention for Physicians Working in Health Authority Facilities.

[NMSES Constitution & Bylaws](#)

The fundamental principles governing the operations and function of NMSES.

[VOICES Common Ground Document](#)

A memorandum of Common Ground between the Nanaimo MSA and Island Health to ensure decision-making at NRGH is collaborative and improves the quality of care and working life.

[Facility Engagement Funding Guidelines](#)

What we can and cannot do with our Society funding.

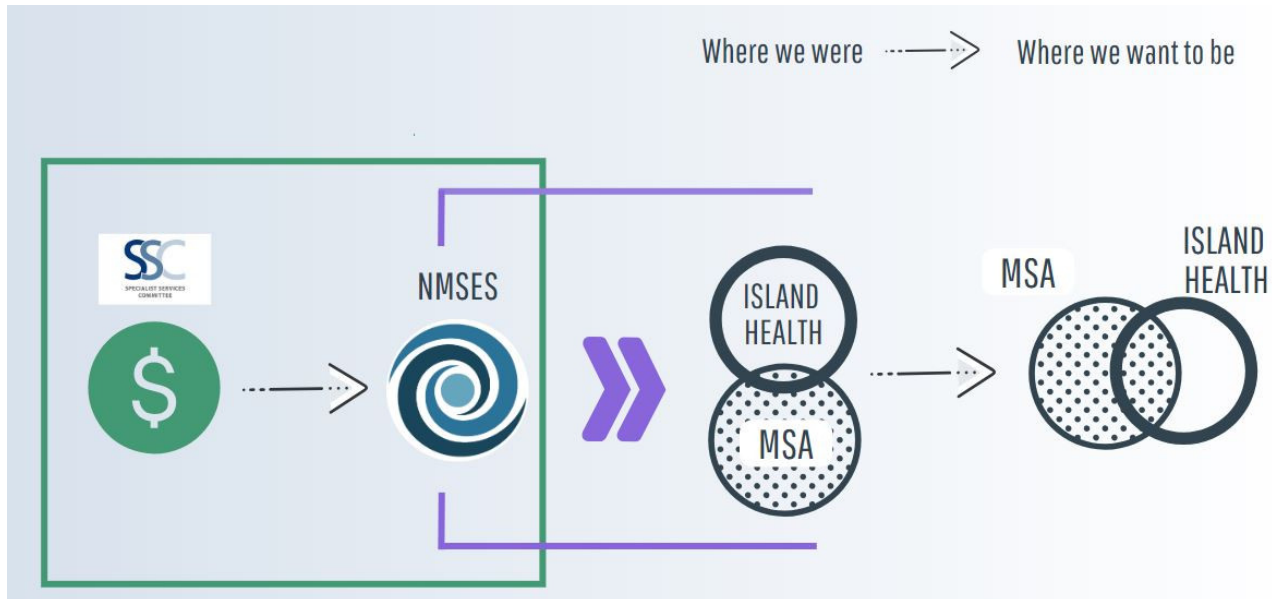
[2019 Physician Master Agreement](#)

An agreement negotiated by Doctors of BC and the BC government that governs compensation and benefits for Fee for Service and Alternatively Paid Physicians in BC



About NMSES & Facility Engagement

The **Nanaimo Medical Staff Engagement Society (NMSES)** was established in September 2016 to engage with the Health Authority and to provide a means to address issues of importance to the medical staff. This initiative is facilitated by the DoBC Specialist Services Committee's Facility Engagement Initiative and supports the Medical Staff Association to provide resources and infrastructure. In other words, NMSES is a fund holder for the MSA and allows the MSA to operate as a separate entity outside of the Island Health Medical Staff Rules. The graphic below outlines out the purpose of our funding.



All members of the MSA (i.e. physicians with privileges at NRGH) are also automatically members of NMSES and have access to our funding and other resources. The overarching intent of FE funding is to foster meaningful consultation and collaboration between MSAs and health authorities. To meet this goal, FE expenditures must align with at least one of the following goals of the 2019 Memorandum of Understanding on Regional and Local Engagement:

- To improve communication and relationships among the medical staff so that their views are more effectively represented.
- To prioritize issues that significantly affect physicians and patient care.
- To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.



In British Columbia, each Health Authority has committed to working with their MSAs through a Memorandum of Understanding that supports greater engagement and collaboration with physicians. Our aim is to increase meaningful physician involvement in Health Authority decisions about work environments and the delivery of patient care. We strive to achieve this by sharing knowledge to make informed decisions, developing a cohesive physician voice, and supporting activities that involve physicians in decision-making.

HOW WE MEET: MSA & Island Health Collaborative Tables

Voices | Quarterly

A collaborative table composed of Island Health Senior leadership and the Nanaimo MSA Executive to improve the quality of care and working life for all at NRGH. The main principles addressed include communication and collaboration, effective decision making, respectful interaction, and supporting physician engagement and leadership.

Health Authority Medical Advisory Committee (HAMAC) | Monthly

Provides advice to the Island Health Board of Directors and the CEO on the provision, monitoring & quality, adequacy, and planning of medical care. The Medical Staff across the Island hold 5 voting seats on this committee, all held by MSA Presidents.

Local Leadership | Monthly

A collaborative table composed of local NRGH administrative leadership and Nanaimo MSA Executive members to discuss local issues at NRGH. Meeting attendees include the Nanaimo MSA President, Vice President, Treasurer; ED Geo 2; Manager Clinical Operations Geo2, Director Clinical Operations NRGH, and NRGH Chief of Staff

Health Authority Medical Staff Association (HAMSA)

A VIHA-wide entity operating under the Medical Staff Rules, comprised of all 11 MSAs on Vancouver Island that hold hospital privileges in Island Health.

Island Wide MSA Network | Monthly

An independent regional table representative of all 11 Island MSAs, operating separately from the Medical Staff Rules and Island Health. This table invites Island Health by request.

HAMSA Executive Committee (HEC) |

The HEC is the elected Executive of the HAMSA: Chair, Co-Chair, and Secretary.

Under the Medical Staff Rules, the HEC is required to meet at least 1 time a year with Island Health. Delegates from all 11 Island MSAs also attend.

Local Medical Advisory Committee (LMAC) | Monthly

A standing local subcommittee of HAMAC to monitor the quality of medical, dental, midwifery, and Nurse Practitioner clinical practice and governance matters in a geographic area.

Legislative Committee | Meets as needed

A collaborative table that supports the oversight, management, evolution and revision of the Medical Staff Bylaws, Rules and Policies.

LQOC | Monthly

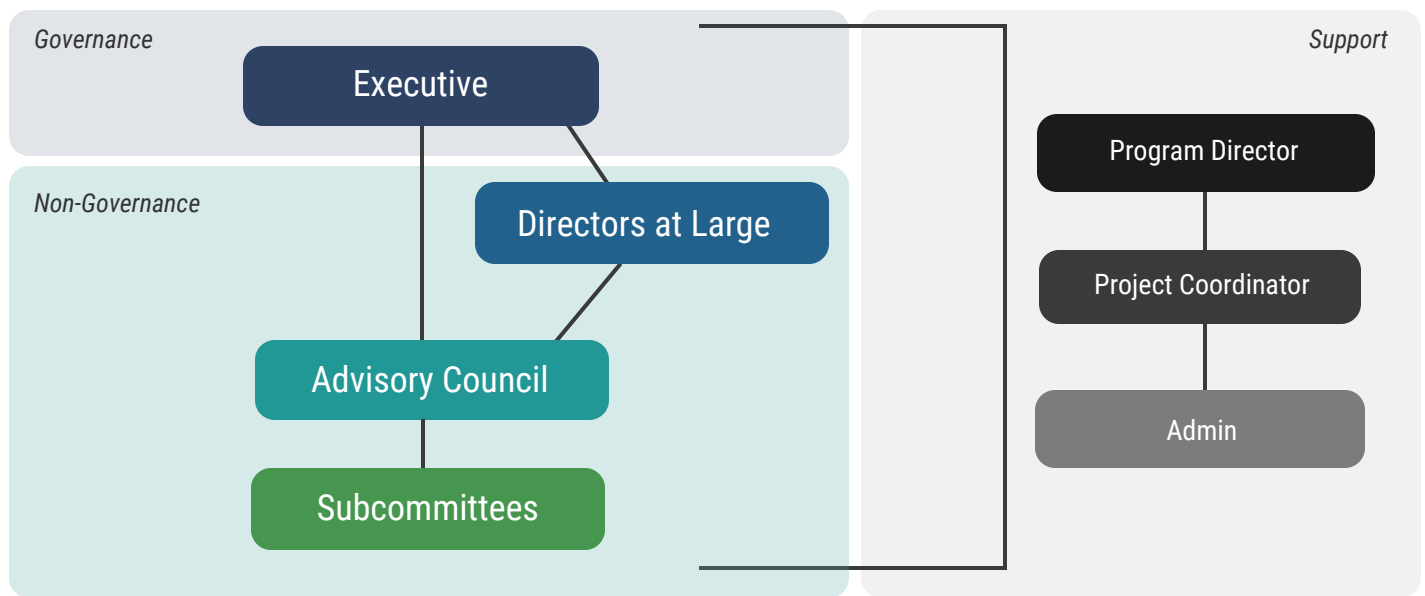
A local committee composed of medical and administrative leaders managing quality assurance, quality improvement, and operations efficiency and effectiveness at a given site.

Ad hoc & Advocacy

The MSA Executive consistently engages with Island Health regarding departmental planning issues, as well as any advocacy for issues of importance to physicians. We also advocate in partnership with Island Health for health care services needed locally.

NMSES/MSA Structure & Governance

NMSES and the MSA share the same Advisory Board, Directors at Large, and Executive members. We strive to have a diverse membership representative of NRGH department/division voices and perspectives. The work of NMSES/MSA is supported by the NMSES Program Director, Project Coordinator, and Administrative Assistant.



Executive: is comprised of a President, Vice President, and Treasurer who hold Society decision making authority acting on behalf of the Medical Staff. The Executive oversees the strategic direction of the Society and ensures engagement and governance practices are upheld as per the [MOU](#).

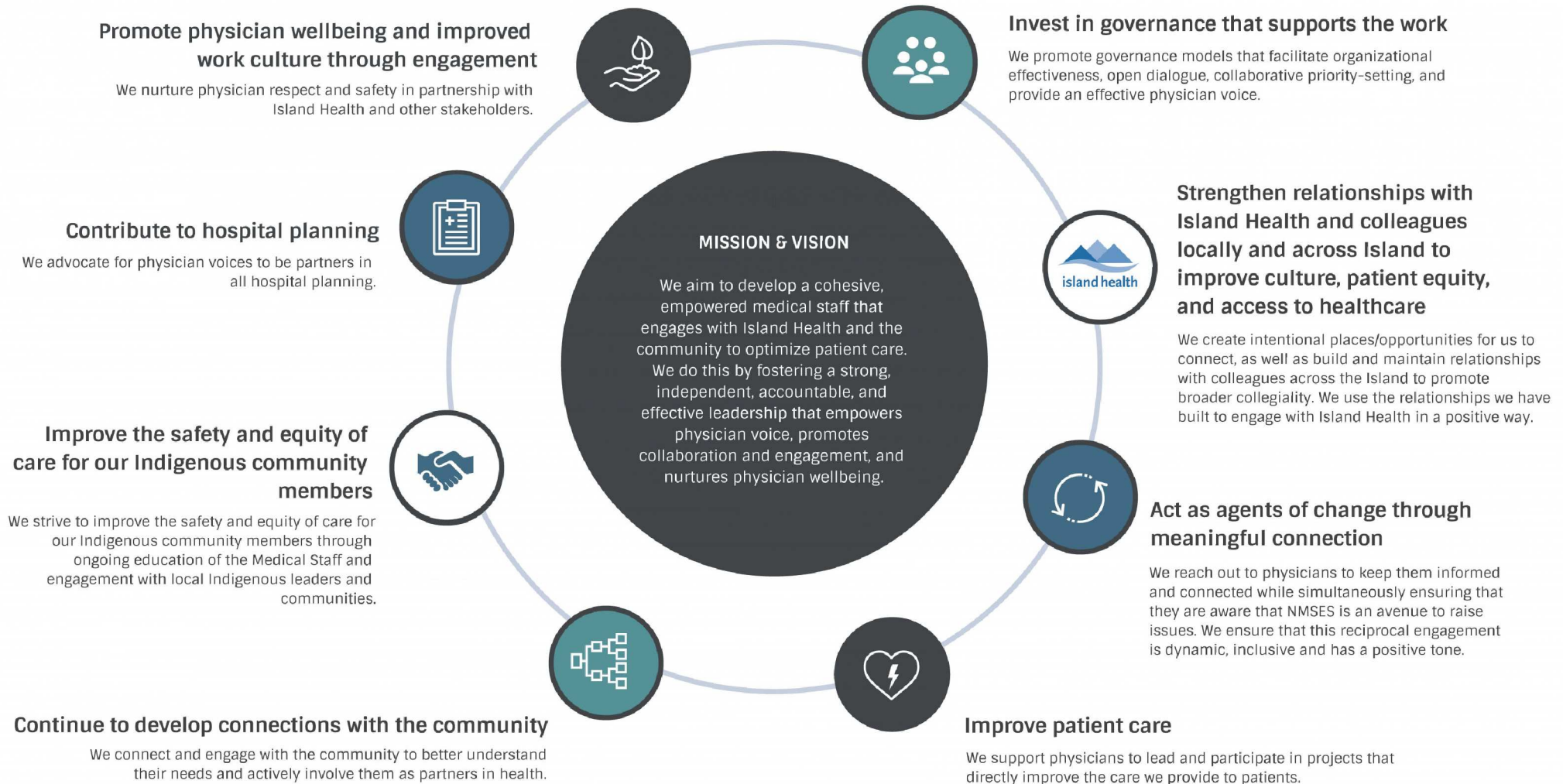
Director at Large: assumes all the same duties of an Executive in a mentorship capacity while remaining a voting member of the Advisory.

Advisory: jointly discusses issues of importance to the medical staff at monthly Advisory meetings, and provides strategic advice to the Executive members. The Advisory also reviews NMSES project funding applications for approval.

Program Director: works directly with the Executive members to provide strategic advice and support while ensuring all Society activities align with the MOU, Facility Engagement funding guidelines, and the Societies Act of BC.

Project Coordinator: oversees the day to day operations of the society, reporting and coordination of projects, and assist the Program Director as required.

Admin: performs all office administrative activities including correspondence, record keeping, scheduling of Executive and Advisory meetings, and assists the Program Director and Project Coordinator as required.



EXECUTIVE MEMBER ROLES AND RESPONSIBILITIES

Preamble:

As a NMSES/MSA Executive, you are charged with the welfare and the success of the Medical Staff being able to provide proper care, the proper level of care, and the resources and environment to do so. As such, you must put the interests of the Medical Staff first ahead of your own interests, and ahead those of your particular practice and medical group. There can be no conflict of interest or you lose the ability to advocate effectively on behalf of the Medical Staff. Hand in hand with this comes the need to prioritize issues presented, and this is where full discussion at the Advisory Council and with other Executive Members becomes paramount. Discussions with Island Health administration, and understanding administrations' plans and priorities, must be considered and must be part of this.

You are the voice the Medical Staff. As per the MOU, you have a right to engage at any table where issues that affect the Medical Staff, their patients, their ability to practice effectively, and that impact resources needed to do so are being discussed and decided upon. Island Health Administration has a duty to engage, and so does the MSA. Above all, it must be in a respectful and collaborative manner.

Roles & Responsibilities cont.

The role of the Executive is to provide leadership and stewardship to the activities of the MSA/NMSES. Executive members will seek direction from, and represent the interests of, its members, the broader community, and ensure alignment with our [funding guidelines](#), Society strategic plan, and the provincial [MOU](#).

Indicators of Good Governance

- Alignment behind a clearly articulated mandate
- Clear roles and responsibilities
- Strong relationships
- Earned trust
- Engagement in difficult conversations
- Leveraged governance table skills and experiences
- Focus on strategic issues
- Continued improvement
- Unified voice outside of meetings
- Focus on outcomes and results

President

- Creates a culture of active and constructive governance table engagement including the facilitation of open, candid dialogue and healthy debate
- Presides at all governance table meetings and manages governance table business
- Ensures governance table adheres to its constitution and bylaws, rules, mission, vision, and goals
- Supervises, builds, and maintains a productive relationship with the Executive Project Manager and staff.
- Prepares agenda in partnership with senior staff lead and with input from Directors
- Encourages participation of Directors at governance table meetings
- Represents the collective interests of the membership, not their own personal agenda
- Attends external health authority or community meetings to represent the Division/MSA
- Plays a leading role in MSA events
- Facilitates communication between the MSA and the health authority
- Addresses conflicts of interest and interpersonal dynamics
- Ensures new governance table Directors receive orientation
- Ensures delegation of responsibilities among governance table Directors

Vice President

- Works with Directors and senior staff lead to assist the President in meeting his/her duties
- Fulfills the President's duties and responsibilities in their absence
- Is often the successor for the role of the President upon their retirement

Treasurer

- Works with Directors and senior staff lead to assist the President in meeting his/her duties
- Works with the Executive Project Manager to ensure the financial controls and procedures of MSA are maintained and accurate and leads the governance table in understanding and decision-making in regard to finances.

Past President

- Ensures continuity during governance transition and organizational change
- Helps ensure the appropriate succession of Directors
- Assists with the recruitment of new Directors
- Supports the President his/her role
- Provides continuity to the organization by providing historical context for issues
- Often is a non-voting member of the governance table, acts in an advisory capacity

Executive Roles & Responsibilities cont.

QUALIFICATIONS

As per the BC Societies Act: Starting on that date, every director and every senior manager must:

- be at least 18 years of age (or may be 16 or 17 years of age if the bylaws of the society expressly permit and provided that a majority are 18 or older);
- not be found by any court, in Canada or elsewhere, to be incapable of managing his or her own affairs;
- not be an undischarged bankrupt; and
- not be convicted in or outside of British Columbia of an offense in connection with the promotion, formation or management of a corporation or unincorporated entity, or of an offense involving fraud, subject to certain exceptions

TERMS OF APPOINTMENT

As per section 5.4 of the NMSES Constitution & Bylaws, Directors normally serve terms of 1 year, up for re-election at each Annual General Meeting of the MSA.

ACCOUNTABILITY

In order to understand and prioritize medical staff issues, Executive members need to seek input from medical leads, divisions, departments, all medical staff, and need to develop a reasonable understanding of Island Health leadership structures and medical staff governance.

The Executive and Advisory members are accountable to the members of the Society and report to the members at each AGM. Updates are also provided through NMSES communications as needed.

MEETING FREQUENCY

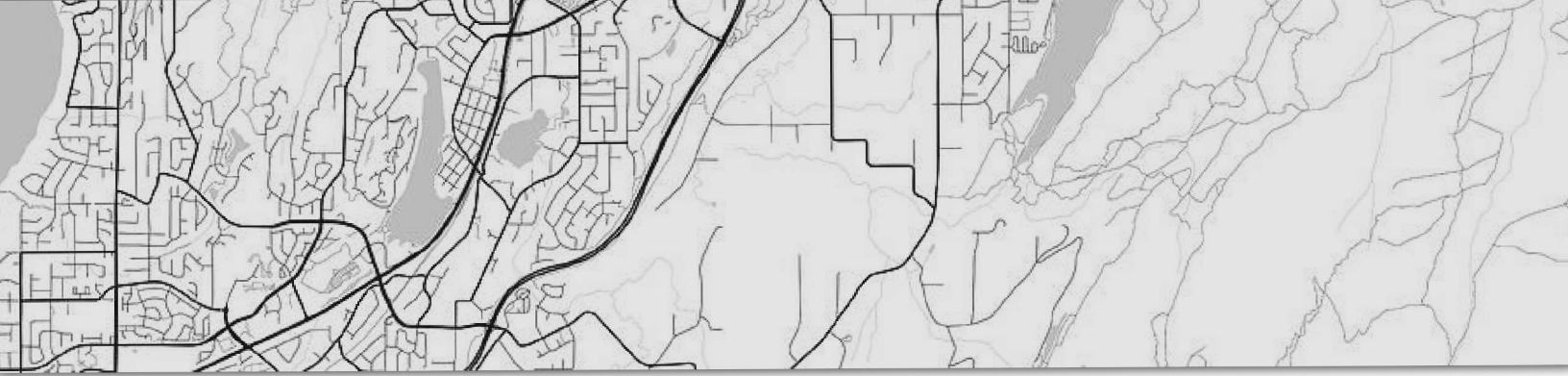
- At least 2 Executives must be able to attend regular MSA meetings, including monthly Advisory Council and Local Leadership meetings. At least 2 Executives must also attend the quarterly Voices meetings.
- The President and/or Vice President attend monthly Island MSA Network meetings.
- The executive may also be called upon to attend local MSA-HA meetings in an advocacy capacity on behalf of the medical staff.
- The President attends regular HA meetings that include HAMAC, LMAC, and LQOC.

OTHER

Directors are required to sign the 'Consent to Act as a Director of NMSES' form. See [Appendix A](#).

Directors are required to sign the 'Pledge of Confidentiality' form. See [Appendix B](#).

Directors are required to sign a 'Conflict of Interest Declaration' form should a conflict arise. See [Appendix C](#).



Nanaimo MSA's Do's and Don'ts

- **Do** use Existing Plans/Priorities developed by our Medical staff and IHA. Majority of our advocacy work.
- **Don't** start advocacy without the use of regular channels. Patient care needs **must** come from an area or division, go to our Site/Geo administration for support, then to Department/Regional administration. It is best if the care need is in existing plans but not essential. The MSA can help at any step in this process.
- **Do** meet routinely with all MS divisions (to understand needs) and all of IH administration, on committees and as needed with the Community, University and Political groups. Helps with planning and support.
- **Do** use data, improving patient care and our hospital mandate when building plans and pushing forward.
- **Do** meet extraordinarily for legitimate patient care needs not met by regular channels. This occurs a lot. Get informed, meet with stakeholders and get the right clinical and administrative people in the room – Escalate as appropriate to senior administration and occasionally to LMAC/HMAC (SBAR). Relationships help!
- **Do** inform other sites/MSA's of our plans and ask for support. Support other sites and island priorities.
- **Do** be professional, respectful and patient, but persistent, passionate and strong. Follow up.
- **Don't** expect to get everything or get things right away.
- **Do** expect to have legitimate issues addressed or put in a plan to be addressed in the future. If not escalate.
- **Don't** surprise administration with new issues – If at all possible give them advance warning.
- **Don't** have individual groups advocating in their own area, avoid conflict of interest. Let the MSA help/lead.
- **Don't** get personal or too dramatic.
- **Do** expect to do a fair amount of work to get anything.
- **Do** be focused and advocate in order of highest priority to lowest, but when any opportunity arises take it.
- **Do** advocate for HA governances changes that allow our voice to be heard routinely. Our other Major focus.
- **Do** try to get more senior leaders who have an HA wide vision and more at our site or in our area/Geo.
- **Do** try and share the work and plan for the future and for succession, if you want sustainability/stability.
- **Do** be very careful with communication and generally **Don't** go to the media except for critical issues or as a last resort. If necessary be professional, focused on patient needs and act calmly without contempt.
- **Will this effort ever end or be easier? Yes** when our plans are integrated HA wide, all sites are all on the same page and our local leaders are at the table when decisions are made that effect us.
- **What we do may not work for others or forever.** Took time, lots of effort and we made mistakes. May be better ways in the future as things evolve. Stick to principles, but look for new ways.

Remember the most important factor in our success has been good relationships! Good luck to us all!

Executive Member Remuneration

Executive Members conducting 'Director' work (i.e. Governance) are considered an employee and will have CPP and EI deducted from pay. A **T4** will be issued. See the Canada Revenue Agenda Payroll for Elected or Appointed Officials

Executive Members conducting 'Non-Director' work (i.e. non-Governance work like leading or participating in a project) will **not** receive deductions and be issued a **T4A**.

As per sections 5.11 & 5.12 of the NMSES Constitution and Bylaws, a director may be compensated for being or acting as a Director. A Director may be reimbursed for all expenses necessarily and reasonably incurred by the Director while engaged in the affairs of the Society.

NOTE: All Executive Members are covered by Facility Engagement's Directors Liability Insurance.

Remuneration rates are set by the DoBC Joint Clinical Committees. Each Executive is compensated for their involvement at governance tables and activities. Remuneration is paid based on the time involved. Examples include:

- Preparing for and attending meetings of the governance table and its committees;
- Preparing for and attending annual and special meetings;
- Attending meetings with administration and other stakeholders in the capacity of an Executive; and
- Attending project or working group sub-committee meetings in the capacity of an Executive.

If a physician is working on behalf of the MSA governance table (e.g., representing the society) then the CRA considers the physician to be an officer of the society, and therefore an employee. To ensure that all CRA tax requirements are met, appropriate source tax deductions must be applied to all Director compensation. This includes CPP and Employment Insurance deductions which must also be reported on a T4 information slip. Furthermore, MSAs must pay GST on sessional payments if it is included on the invoice (e.g., sessional form signed by the doctor) and the doctor's GST number is included on the form.

For governance tables under the legislation of the Societies Act, a new rule came into effect in November 2018 whereby a majority of the Directors of a society must not be remunerated by the society for "non-director work." Non-director work is defined as "work done by a Director relating to the implementation or day-to-day operational work of the society." Non-Director work is the 'hands-on work of the society (e.g., operational work like designing a work plan for an initiative or implementing and monitoring a project). While this does not preclude a Director from being paid for non-director work, the society must ensure that the majority are not being paid (e.g., if there are 5 Directors at a governance table, only 2 Directors can be paid for non-director work at a time).

Useful Resources

[NMSES Project Funding Application](#)

[VIHA Medical Staff Rules & Bylaws](#)

[Governance Fundamentals Guidebook](#)

[Facility Engagement Resources for MSAs](#)

[Island Health Medical Staff Website](#)

[Meet your DoBC Regional Advisor & Advocate for the Island](#)

[Other MSA Societies in British Columbia](#)

Other SSC Funding Programs:

[Health System Redesign](#)

[Physician Quality Improvement](#)

[Enhancing Access Initiative \(pooled referrals\)](#)

[Physician Leadership Scholarship](#)



Did you know

that physicians can access up to **\$10k**/fiscal year to develop leadership and quality improvement skills?

