

Nanaimo Medical Staff Engagement Society

DIRECTOR AT LARGE

HANDBOOK

2024



Table of Contents

- 03** - Welcome
- 04** - List of Acronyms
- 05** - Key Contacts
- 06** - Important Documents
- 07** - About NMSES & Facility Engagement
- 09** - Engagement with Island Health
- 10** - NMSES/MSA Structure & Governance
- 11** - Strategic Plan
- 12** - Roles & Responsibilities
- 14** - Director at Large Information
- 15** - Useful Resources
- 16** - Appendix



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 a Director at Large. In addition to this handbook, the onboarding process will focus on 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 a Director at Large. 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

GPSC - General 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. David Forrest, President
Dr. Michael Pariser, Vice President
Dr. Dave Coupland, Treasurer
Bobbi Marcy, Society Director
Karli McGarry, Operations Coordinator
Melissa Lamb, 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 Island
Marko Pelijhan, VP Clinical Operations Central/South Island
Dr Keith Menard, Executive Medical Director, Medical Staff Governance

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

Island Health Local Leadership

Kelly Cox, Site Medical Director, NRGH
Vacant, Executive Medical Director, Geography 2
Helia Sillem, Director, Clinical Operations, NRGH
Dr. Blair Rudston-Brown, Chief of Staff, NRGH
Damian Lange, Executive Director, Clinical Service Delivery NRGH

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

Doctors of BC

Rob Hulyk, VP of Physician Advocacy
Leanne Bulmer, 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. Diane Wallis, 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.

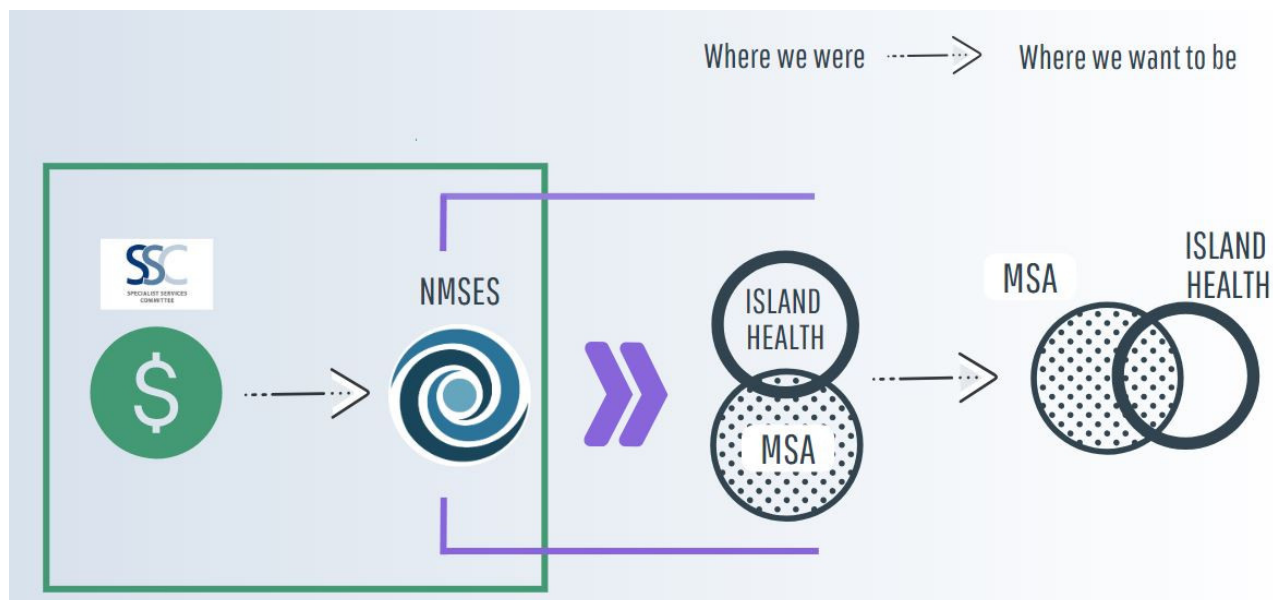
[2019 Physician Master Agreement](#)

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 privilege's 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 as stated in the 2019 Memorandum of Understanding on Regional and Local Engagement:

Strengthening the Relationship with Physicians

With respect to physicians who have privileges to practice in Health Authority facilities and programs, the Hospital Act, Hospital Act Regulation and respective Health Authority medical staff rules and bylaws set out the framework for the governance of medical staff and the relationship between Health Authorities and physicians. Within this governance framework, Health Authorities will take the following actions to strengthen relationships with physicians practicing in their facilities and programs (continued on next page):



About NMSES & Facility Engagement Cont.

a) Support the improvement of medical staff engagement within Health Authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures (collectively, “Local Structures”) so that medical staff:

- i. views are more effectively represented;
- ii. contribute to the development and achievement of Health Authority plans and initiatives, with respect to matters directly affecting physicians;
- iii. prioritize issues significantly affecting physicians and patient care; and,
- iv. have meaningful interactions with Health Authority leaders, including
- physicians in formal Health Authority medical leadership roles.

b) Improve processes locally within Health Authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and Health Authority operational leaders.

c) Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system.

Consultation

Health Authorities will commit to consult and engage with medical staff on regional and local issues including the following:

- a) Issues of importance to the medical staff;
- b) Health Authority decisions on planning, budgeting and resource allocation directly affecting the medical staff;
- c) Significant decisions affecting physicians and the delivery of physician services;
- d) The working environment for physicians, including the physical and psychological safety of physicians working in Health Authority facilities;
- e) Matters referred by the Board of Directors, CEO or Medical Advisory Committee;
- f) Medical Staff Bylaws and Rules;
- g) Ensuring professional and collegial communications with health administrators, other physicians and members of the inter-professional health care team;
- h) Quality and cost improvement opportunities;
- i) Physician access to processes and resources that provide timely feedback on variations and the level of quality of clinical care in a way that will help to optimize patient outcomes;
- j) Quality improvement projects, including quality assurance projects, identified by the Health Authority, Local Medical Structure, Joint Clinical Committees, Physician Quality Assurance Steering Committee, BC Patient Safety and Quality Council or other; and
- k) A culture that supports appropriate and constructive physician advocacy for both patients and changes to the health care system.

In British Columbia, each Health Authority, including Island Health, has committed to working with their Medical Staff Associations through a Memorandum of Understanding that supports greater engagement and collaboration with physicians. **It is also the responsibility of the Medical Staff Associations to reciprocate and engage with the Health Authorities, and to conducted this engagement in a positive, collaborative and professional manner, focusing on improving patient-centered care.** 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

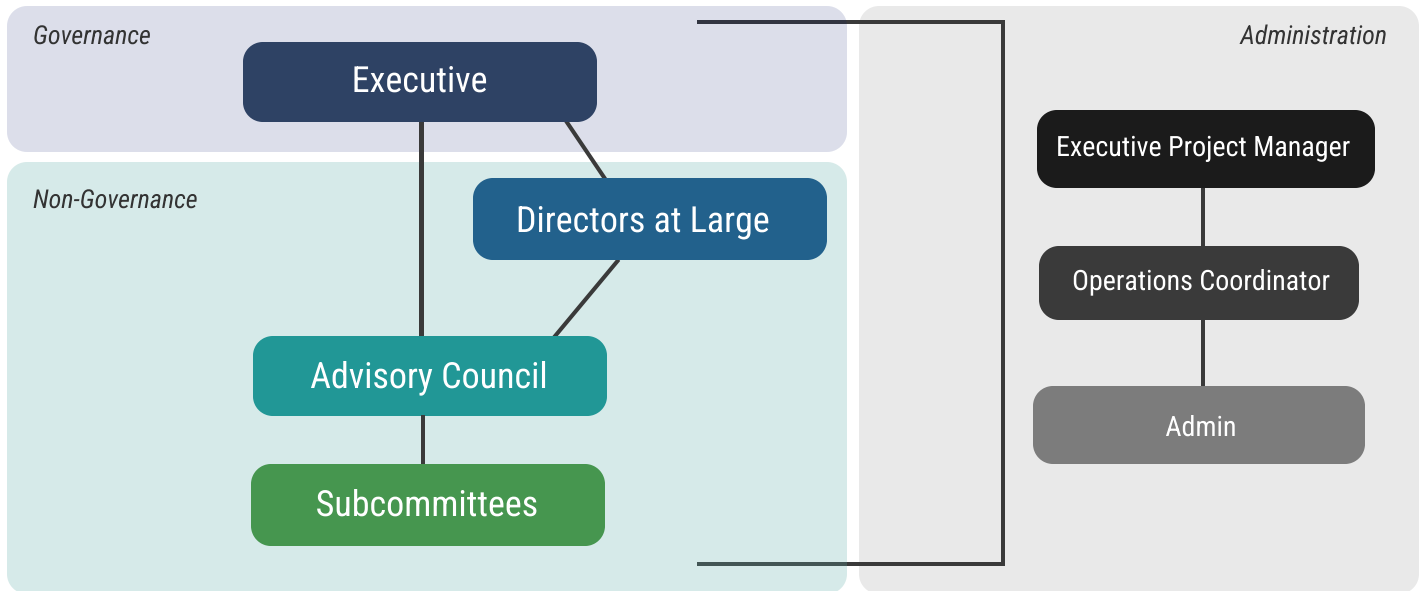
A local committee composed of medical and administrative leaders managing quality assurance, quality improvement, and operations efficiency and effectiveness at a given site.

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 Executive Project Manager, Operations 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.

Executive Project Manager: 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.

Operations Coordinator: oversees the day-to-day operations of the society, reporting and coordination of projects, and assists the Executive Project Manager as required.

Admin: performs all office administrative activities including correspondence, record keeping, and scheduling of Executive and Advisory meetings.



MISSION & VISION

We aim to foster a strong, independent, accountable, and effective leadership that empowers physician voice, promotes collaboration and engagement, and nurtures physician wellbeing.

Through this we aim to develop a cohesive, empowered medical staff that engages with Island Health and the community to optimize patient care.

Priorities

- **Strengthen relationships with our colleagues (including post grad trainees) locally and across Island to improve culture, patient equity, and access to healthcare.**
 - We create intentional places/opportunities for us to connect, as well as build and maintain relationships with colleagues across the Island to promote broader collegiality.
- **Promote the medical staff to act as agents of change.**
 - We create intentional places/opportunities for us to connect, as well as build and maintain relationships with colleagues across the Island to promote broader collegiality.
- **Promote physician wellbeing and improved work culture while supporting equity and diversity.**
 - We nurture physician respect and safety and ensure the medical staff feel supported bringing issues of importance forward.
- **Empower our medical community to improve patient care.**
 - We support physicians to lead and participate in projects that directly improve the care we provide to patients.
- **Improve safety and equity of our indigenous community members**
 - We strive to improve the safety and equity of care of our Indigenous community members through ongoing education of Medical Staff and engagement with local Indigenous leaders and communities.
- **Continue to develop connections with the community**
 - We connect and engage with the community to better understand their needs and actively involve them as partners in health.
- **Support and promote Medical Staff involvement in hospital planning both infrastructure and program planning**
 - We empower physician voices to be partners in all aspects of hospital planning.
- **Advocate in governance that supports the work**
 - Promote governance models that facilitate organizational effectiveness, open dialogue, collaborative priority setting, and provide an effective physician voice.

DIRECTOR AT LARGE

ROLES & RESPONSIBILITIES

Preamble:

In an executive role as NMSES/MSA Director at Large, 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.

As a Director at Large, you will be participating in Executive Member activities to receive mentorship and leadership training. 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](#).

DIRECTOR AT LARGE VOTE

A Director at Large will not obtain voting privileges for decision making as an Executive Member, but will maintain their vote in an Advisory Member capacity.

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 (see above)
- 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 (see above)
- 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.

Director at Large

- Works with Directors and senior staff lead to assist the President in meeting his/her duties (see above)
- Actively and collaboratively participate in meetings, discussions, and planning of the Society under the direction of the Executive
- Maintain knowledge of Society activities, represent collective interests of the MSA, and serve as an advocate.
- Maintain confidentiality of information as needed.
- Be accessible and attend meetings as requested/as available.

DIRECTOR AT LARGE INFORMATION

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

Directors normally serve terms of 1 year, up for re-election or appointment by the Advisory Council following the Annual General Meeting (AGM).

Directors at Large will be supported with continued learning and leadership opportunities in preparation for potential transition into an Executive Member role. Executive Member roles are subject to a member-wide vote at each AGM.

ACCOUNTABILITY

In order to understand and prioritize medical staff issues, Directors at Large 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.

Directors are accountable to the MSA membership, and work with the Executive Members to advance the purpose and priorities of the Society. Directors at Large assist Executive Members in all Executive Member activities and assist with the develop MSA Membership updates for each AGM. Updates are also provided through NMSES communications as needed.

MEETING FREQUENCY

- Directors at Large will be required to alternate attendance at regular MSA meetings or be requested to attend specific tables including Local Leadership meetings, Island MSA Network meetings, local MSA-HA meetings in an advocacy capacity on behalf of the medical staff, and/or HAMAC, LMAC, and LQOC (see page 8 for list of tables and meeting frequency)
- Directors at Large will initially attend meetings to observe and learn. Direct participation in MSA-related work will be delegated as the Director builds familiarity and understanding of the role of the MSA, and with the roles and responsibilities of Executive Members.

REMUNERATION

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.

Directors at Large are considered non-voting Executive Members conducting 'Non-Director' work and are therefore not considered an employee of the Society. You will receive remuneration for your time but you will not receive CPP or EI deductions, and you will be issued a T4A.

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](#).

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?

