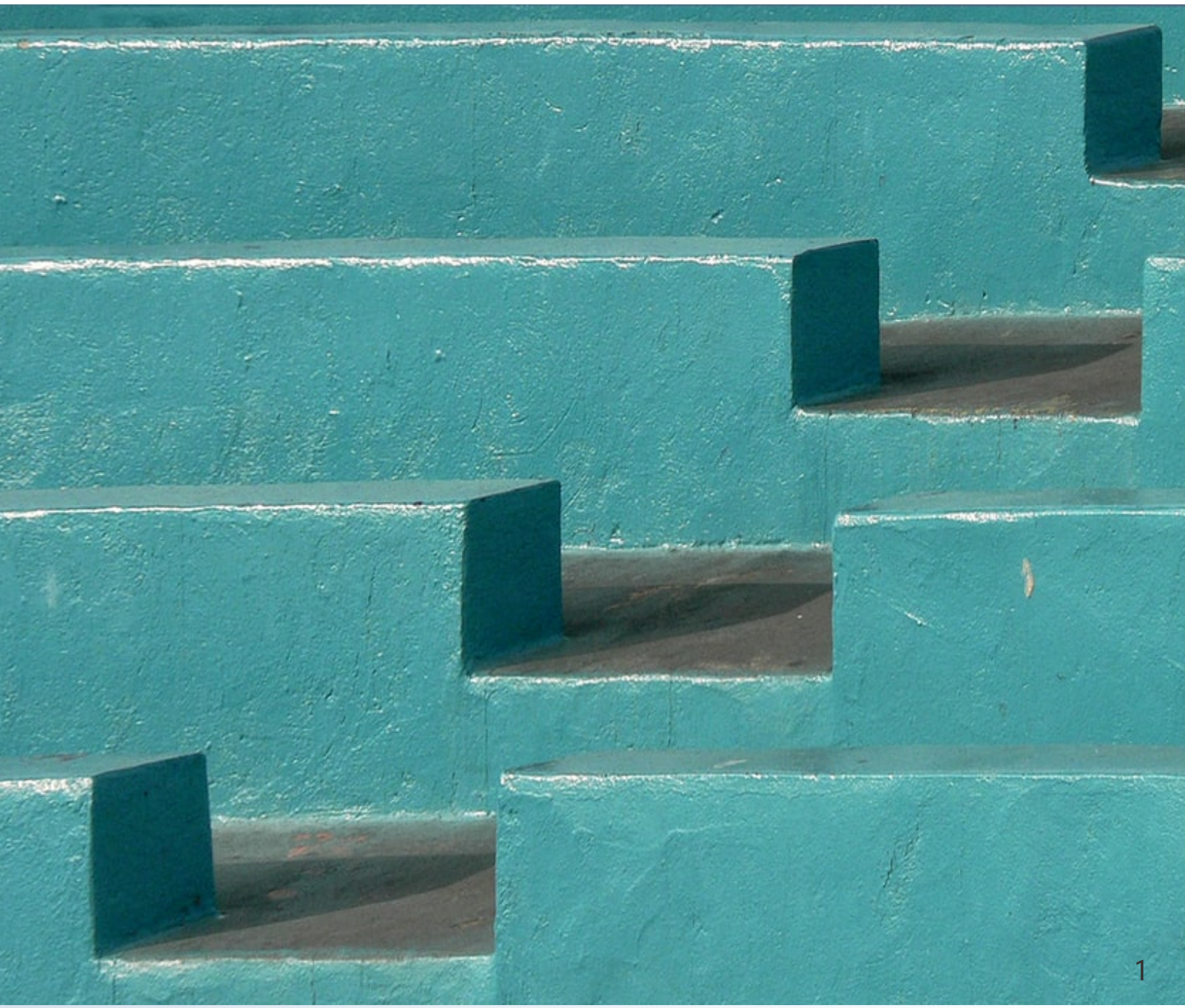


Nanaimo Medical Staff Engagement Society

# ADVISORY MEMBER

# HANDBOOK

2024



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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 Advisory Member. In addition to this handbook, we will ensure you are equipped with the information, resources, and support to help you excel in your role as an Advisory 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
- Attend an Advisory meeting as an observer
- Onboarding meetings with current Advisory Member(s)
- Onboarding meeting with Society Executive Project Manager

## 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 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.

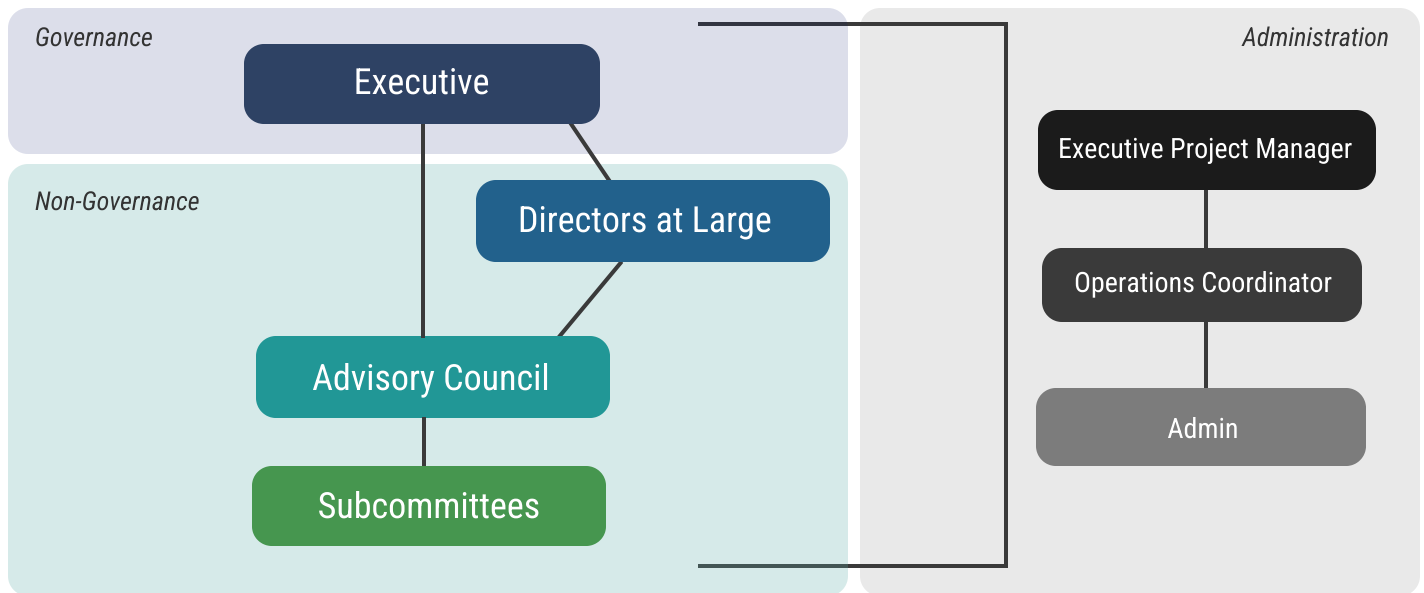
### Ad hoc & Advocacy

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 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.

**Society 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.

**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.



# ADVISORY MEMBER ROLES & RESPONSIBILITIES

## 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

Advisory Members normally serve a term of at least 1 year, up for renewal prior to the Annual General Meeting (AGM).

## ROLE & ACCOUNTABILITY

Advisory members will bring their particular background, experience and points of view to Advisory Council meetings in order to inform the Advisory Council and assist in a holistic, thoughtful and well-informed decision-making process. The Advisory Council must make decisions in the best interests of, and are accountable to, the MSA as a whole -meaning all members of the MSA rather than in their own interests or in the interest of any particular area of practice. Advisory Members will:

- Attend Advisory Council meetings, related functions, general meetings and extraordinary meetings.
- Adhere to and support Advisory Council decisions and policies as they are collectively established.
- Positively represent NMSES, to the best of their ability, in the community, within the MSAs, and to their staff and colleagues.
- Be reasonably available to privileged physicians in the community, to attend events and engage members and partners in the health care system

## REMUNERATION

Remuneration rates are set by the DoBC Joint Clinical Committees. Each Advisory Member is compensated for their involvement in NMSES Advisory Council meetings and other work on behalf of NMSES as required. You will receive remuneration for your time but you will not receive CPP or EI deductions, and you will be issued a T4A.

## OTHER

Advisory members are required to sign the 'Pledge of Confidentiality' form. See [Appendix A](#).  
Advisory members are required to sign a 'Conflict of Interest Declaration' form should a conflict arise. See [Appendix B](#).

## 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?

