



NANAIMO MEDICAL STAFF ENGAGEMENT SOCIETY

# **TERMS OF REFERENCE**

### MANDATE

The NMSES Working Group is a committee of the Nanaimo Medical Staff Engagement Society Board of Directors that will engage the Nanaimo Regional General Hospital Medical Staff and advise the Board of Directors of the Nanaimo Medical Staff Engagement Society on matters of importance to medical staff, their patients, and the health authority.

The intention of the Memorandum of Understanding on Regional and Local Engagement (MOU) is to strengthen the relationships and engagement between medical staff and health authority leadership. To support this, the Working Group is tasked with finding ways to:

- Ensure views are more effectively represented.
- Contribute to the development and achievement of health authority plans and initiatives on matters directly affecting medical staff.
- Prioritize issues affecting medical staff and patient care.
- Have meaningful interaction with health authority leaders including but not limited to physicians in formal health authority medical leadership roles

# **OBJECTIVES AND RESPONSIBILITIES**

The Working Group shall make recommendations to the Board of Directors on matters that include, but are not limited to:

- Creating a work plan and a budget for the allocation of funds.
- Identifying possible projects and initiatives that meet the objectives of the MOU.
- Consulting with representatives of the medical staff as necessary in the completion of the mandate.
- Consulting and engaging with health authority leaders on regional and local issues as defined in the MOU.
- Engaging with the provincial Facility Engagement Evaluation Team, as required
- Other matters that may be referred to it by the Board of Directors.

#### **MEMBERSHIP**

The Working Group is intended to be representative of the medical staff, and will comprise the following:

Will have a minimum of 8 representatives

- At minimum of 8 representative of departments
- Minimum of 2 of Directors of the Society
- At the discretion of the Executive, medical staff shall, when necessary, include non-physicians

TERM: Serve a minimum term of one (1) year, renewable up to 4 years for Society Directors.

After the Completion of their final term the Past President shall remain on the Advisory council for the year immediately following their term as President

The Working Group may invite ad hoc guests to discuss matters related to a specific topic as needed or required.



#### **CHAIR**

The chair of the Working Group will be selected annually by members for a term of 1 year with a maximum of 4 consecutive terms.

The chair will serve as the official spokesperson of the Working Group and will provide leadership while ensuring cohesion of direction and purpose. The chair will facilitate orderly meetings; establish, in advance, a meeting schedule and agenda; and be responsible for the oversight of project planning.

### **ENGAGEMENT PARTNERS (EP)**

An ex officio (non-voting) member, the EP provides initial and on-going advice, recommendations, and support to the Board of Directors, Working Group, and sub-committees for facility-based engagement. The EP also supports physicians and health authorities in their efforts to improve collaboration and engagement. This includes support for establishing and maintaining local structures, Providing information and resources, develop work plans, and track progress on initiatives.

#### **MEETINGS**

| Frequency | The Working Group will meet monthly or no less than 9 times annually  |
|-----------|---|
| Location  | The meetings will be face to face at a venue approved by the Working Group, with a teleconference line available.   |
| Minutes   | Minutes will be prepared by and will be kept electronically by a designated member or staff person hired by the society. Minutes are to be distributed to each member of the Working Group for review and approval in advance of the next meeting.  |
| Quorum    | One-third of members, and must include at least one Director present.   |
| Decisions | Decisions of the committee shall be by consensus (where consensus means all but one). If the<br>Working Group cannot reach a consensus decision on a matter, the decision can be approved by<br>a vote of simple majority (50% plus one of those present) and noted for the Board of Directors.<br>The Board has final approval on all matters. |

# REPORTING

The Working Group reports to the Board, Medical Staff Association (e.g., via quarterly meetings, Society AGM), and as may otherwise be required.

# **DISPUTE RESOLUTION**

In the absence of consensus with a tie vote at the Working Group, the dispute may be submitted to the Board of Directors of the society for final resolution. If the Directors are not able to resolve the issue, the matter may be taken to the membership of the society for vote by simple majority (or two-thirds majority). In order to maximize participation of the membership, at the discretion of the Executive, electronic voting (e.g., Online Survey) may be used.

#### **FUNDING**

NMSES Nanaimo Medical Staff Engagement Society

| Budget<br>Signing Authority | <ul> <li>provided.</li> <li>The budget will be identified as a part of the work planning process identified in the Objectives and Responsibilities section of this document (see above).</li> <li>The Board of Directors has the sole signing authority and will make decisions based on Working Group recommendations.</li> </ul>   |
|-----------------------------|--|
| CONFIDENTIALITY             | Working Group members may possess confidential documentation or participate in confidential discussions. Unless consultation and a written agreement are made on the part of the Working Group, confidential information or discussions will not be disclosed to anyone other than members of the Working Group. The information shall be stored with reasonable security measures appropriate to its sensitivity or potential harm. |
| CONFLICT OF<br>INTEREST     | Working Group members shall disclose any matters that may constitute a direct or indirect conflict of interest between personal or professional activities and responsibilities as a Working Group member. Working Group members must act in a manner that will prevent conflicts of interest from arising and will recuse themselves from voting when conflicts arise that cannot be effectively and appropriately managed.         |
| ATTRIBUTES                  | Working Group members should:  |
|                             | • Have a comprehensive understanding of the MOU concepts and the ability to act as an ambassador of the Working Group.   |
|                             | <ul> <li>Actively engage and support the development and implementation of the Working<br/>Group mandate and work plan, ensuring alignment with the interests and strategic<br/>objectives of the society.</li> </ul>  |
|                             | <ul> <li>Be able to maintain and improve the collaborative relationship with the various<br/>partners and stakeholders of the Working Group.</li> </ul>  |
|                             | • Actively represent the views and interests of the Working Group.   |
|                             | Have active membership in the Medical Staff Association  |
|                             |  |

### **EXPECTATIONS**

Member Expenses

Working Group members are expected to meaningfully participate in meetings and in the various activities and sub-committees of the Working Group as necessary.

The cost of participating on the Working Group will be paid from the funds provided by NMSES. Standard sessional rates will apply in addition, and standard expense claim policies will be

Additional commitments may be required from time to time as necessary.

Approved: Oct 2022

