

# ROLES & RESPONSIBILITIES



	ENGAGEMENT PARTNER (EP)	PRIMARY CARE TRANSFORMATION PARTNER (PCTP)	REGIONAL ADVISOR & ADVOCATE (RAA)
PRIMARY DUTIES	<p>EPs act in a neutral capacity to collaborate with health authorities and physicians in both Medical Staff Associations (MSAs) and Divisions of Family Practice (DoFP) by exploring opportunities for stakeholders to work together on shared priorities that impact physicians and patient care. EPs support MSA and DoFP capacity building, knowledge sharing, acute and community care integration, and processes/structures for meaningful consultation and collaboration into local, regional and provincial matters.</p>	<p>PCTPs are multi-faceted change agents who facilitate the ongoing transformation of the primary care system in BC. PCTPs use their skills in relationship building, conflict resolution, coaching and knowledge transfer to support primary care providers (PCP), DoFPs, health authorities and regional partners to realize General Practice Services Committee's (GPSC) strategic direction, fostering meaningful health system change on the ground, guided by the Quadruple Aim and Doctors of BC's commitment to cultural safety and humility.</p>	<p>RAAs work in the Economics, Advocacy and Negotiations department at Doctors of BC. RAA's serve members by providing strategic advice to individuals or groups of physicians to advocate on local or regional opportunities and issues. RAA's support physicians in disciplinary processes, respectful workplace conversations and help navigate through challenging relationships. RAA's also serve members by connecting them to the appropriate services, programs and benefits provided by Doctors of BC.</p>
EXAMPLES	<ul style="list-style-type: none"> <li>Engage and facilitate trusting partnerships on common issues between physicians and system partners</li> <li>Provide strategic and operational guidance to MSAs and DoFPs to build their capacity in leadership, governance, and health system influence</li> <li>Share best practices and common priorities and activities amongst MSAs and DoFPs through peer-to-peer connections and by utilizing provincial program data and learnings</li> <li>Identify emerging opportunities for MSAs and DoFPs to consult and collaborate with facility and community-based care delivery and design</li> <li>Enhance MSA, DoFP and other system partners' understanding of the Specialist Services Committee (SSC) and GPSC policies, and assist in gathering MSA, DoFP and system partner input to inform SSC and GPSC decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>Provide strategic support to empower effective regional engagement and connection to decision making and collaborative processes and tables, build trusting inclusive relationships with all partners to foster strong and strategic partnerships</li> <li>Provide a direct connection and feedback loop to GPSC as the provincial collaborative space for primary care transformation, align local context and innovation with provincial direction and strengthen connections between primary care providers and the GPSC</li> <li>Act as the primary interface with the Ministry of Health Primary Care Division to assist implementation of ministry directives with regional implications</li> <li>Identify common issues across divisions and regions to develop and enhance the collective voice of physicians, support system navigation and knowledge building</li> <li>Work with physician leaders, division executive directors, and health authority senior leaders, as a trusted advisor to facilitate and align activities, guide vision and strategy, resolve issues and eliminate barriers to advance primary care transformation</li> </ul>	<ul style="list-style-type: none"> <li>Liaise and build relationships with members and stakeholders by providing strategic information, advice, support and influence as it relates to member advocacy</li> <li>Represent physician interests in various committees and health authority (HA) tables such as EHR implementation, OH&amp;S committees and contracts negotiations</li> <li>Connect members to the resources available to them through Doctors of BC or it's affiliated programs</li> <li>Assist with local contract support in collaboration with negotiations department</li> <li>Act as a local Doctors of BC staff representative and provide outreach, local visibility and promote HA Physician Engagement Surveys</li> <li>Lead the regional implementation of the MOA for Physical and Psychological safety projects and initiatives</li> </ul>

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OVERSIGHT	<ul style="list-style-type: none"> <li>SSC and GPSC</li> <li>Doctors of BC – Facility &amp; Community Engagement</li> </ul>	<ul style="list-style-type: none"> <li>GPSC</li> <li>Doctors of BC – Primary &amp; Community Care Transformation</li> </ul>	<ul style="list-style-type: none"> <li>Doctors of BC – Physician Advocacy</li> </ul>
FUNDING BODY	Joint Collaborative Committees	Joint Collaborative Committees	Member Dues
OUT OF SCOPE	EPs do not focus on physician advocacy. EPs function in a neutral capacity between physicians and HA partners.	PCTPs do not focus on local divisions' operations or individual physician advocacy or negotiations.	RAAs do not implement local governance structures as outlined in the MOU on Regional and Local Engagement for the Facility Engagement Initiative.