

Facility Engagement Funding Guidelines for Non-Physician Medical Staff Members

1. Physician Societies

- Physician and non-physician members of the medical staff association are automatically members of the physician society. Physician society directors may allow non-physicians to participate as either voting or non-voting members in the physician society.
- Non-physician medical staff members should be notified of the physician society's annual general meetings and other requisite physician society meetings, and copies of the physician society's Constitution and Bylaws and any other progress reports should be provided as appropriate.
- Physician society directors must be physicians ([section 5.2 of Physician Society By-Laws Template](#)). Physicians are the fiduciaries of FE funding, and as such, they have the legal, financial, and moral responsibility for using FE funding.
- The physician directors may share [FEMS administrator privileges](#) (e.g., reviewing and approving claims and expenses) with a non-physician MSA executive through a directors' resolution.

2. FESC MSAs

- MSA physician executives are the fiduciaries of FE funding, and as such, physicians bear the legal, financial, and moral responsibility for using FE funding.
- MSA physician executives may share FEMS administrator privileges (e.g., reviewing and approving claims and expenses) with a non-physician MSA executive through an [approval decision](#) by the MSA physician executives.

3. **Compensation and Inclusion in FE-Funded Projects**

- When funding proposals and activities are reviewed, the MSA executives/working groups decide whether to fund non-physician providers (i.e., non-physician medical staff members and AHPs).
- [Compensation rates for non-physician providers](#) are provincially set in the Facility Engagement Management System (FEMS) with alignment to Joint Collaborative Committee policies. Note: Associate physicians and Residents are not eligible for JCC sessional payment under their contractual agreements with the health authorities.
- Non-physician providers/MSAs should consult with their health authority regarding their participation in FE activities to determine whether the activities are services under their existing employee or contract arrangement with the health authority.
- Non-physician providers can only submit claims for FE activities if they have not already been paid for that work by the health authority or another party.
- Physicians are the fiduciaries of FE funding, and as such, they have the legal, financial, and moral responsibility for using FE funding. FE funding proposals submitted by non-physician providers must include an MSA physician collaborator.

Supporting Communication Materials – FOR INFORMATION ONLY

Scenarios

1. An NP is elected to the executive committee of the Medical Staff Association (MSA), a physician's society.
 - a. An NP cannot serve as a director of the physician society as physicians are the fiduciaries of FE funding, and the physician society is the legal structure that holds/administers FE funding.
 - b. Depending on the society's bylaws, the NP can act as a voting or non-voting member of the MSA but is not eligible to be elected as a society director.
 - c. The MSA must elect physicians to director positions. The physician society directors hold the legal, financial, and moral responsibility for using FE funding for this site. Unless the physician society directors delegate FEMS administrator privileges to the non-physician MSA member, only physician society directors will have full administrator privileges in FEMS (e.g., reviewing and approving claims and expenses).

2. A midwife is elected as an executive to the Medical Staff Association (MSA). The site is a Facility Engagement Services Company (FESC) member and is not a physician society.
 - a. The midwife will act as a voting member of the MSA executive but will not have administrator access to FEMS unless the physician directors have authorized in writing to provide FEMS access. The physician members of the MSA executive hold the legal, financial, and moral responsibility for using FE funding for this site. Unless the physician MSA executive members delegate FEMS administrator privileges to the nonphysician MSA executive, only physician MSA executive members will have full administrator privileges in FEMS (e.g., reviewing and approving claims and expenses).

FAQs

1. What is the difference between a FESC MSA and a Physician Society?

An MSA is a pre-existing structure created through the BC Hospital Act and Hospital Act Regulation and pursuant to the bylaws and rules of the health authority medical staff. All practicing medical staff (physicians, nurse practitioners, midwives, and dentists) at a hospital belong to the MSA. A hospital MSA's purpose is to represent the individual and collective interests of the medical staff and promote the involvement & advancement of medical staff members in the provision of health authority medical services.

Prior to the Facility Engagement Initiative (FEI), most hospital MSAs were not particularly active or effective, so with the establishment of the Physician Master Agreement (PMA), Memorandum of Understanding on Regional and Local Engagement (MOU), the intent was to rebuild and strengthen existing hospital MSAs but not create a new physician structure. Hospital MSAs cannot hold funds or contracts or provide liability protection for its executives. However, with the establishment of a Facility Engagement physician society, the society acts as the hospital MSA's legal structure to do all these things. This is why the executive of an MSA, and the executive of a Facility Engagement physician society are the same individuals – the MSA and physician society mirror one another.

2. Can an MSA decide to compensate non-physician providers at their facility at a rate different from the JCC rate?

[Compensation rates for non-physician providers](#) are provincially set in the Facility Engagement Management System (FEMS) with alignment to Joint Collaborative Committee policies. MSAs cannot compensate AHPs at a rate different from the JCC rate for any FE time, including time spent on FE activities and time spent in a governance capacity (i.e., MSA executive).

3. How is the FE physician sessional rate set?

In November 2020, the Joint Collaborative Committee Co-Chairs and the Physician Services Committee decided to delink the JCC sessional rates from the Physician Master Agreement's clinical sessional rates, match the JCC sessional rate with the Doctors of BC honoraria rates, and apply the same JCC sessional rate for family physicians and specialists who are participating in JCC meetings and activities, including Facility Engagement funded meetings and activities. The JCC rate increases in line with the Doctors of BC honoraria rates.

4. Why can't the non-physician provider sessional rates be increased to match or be closer to the physician rate (e.g., midwives)?

SSC maintains a differential between non-physicians and physician sessional rates because the funds for the Facility Engagement Initiative are negotiated through the Physician Master Agreement and are predominantly intended to pay for physicians' involvement in Facility Engagement. The Facility Engagement Initiative funds were also created partially in lieu of physician fee increases through the Physician Master Agreement. The SSC encourages the professional associations of nonphysicians' clinicians to negotiate funding for non-clinical engagement through their respective bargaining agreements.