



Facility Engagement Funding Principles

June 2017

The Facility Engagement Initiative (FEI) identifies mutual goals that medical staff associations (MSAs) and health authorities have committed to work towards using the funding and supports provided by FEI. The intent of this document is to provide clarity and guidance on the purpose of the funds, and on the bi-lateral commitments of the physicians and health authorities to meaningfully consult each other.

Purpose of FEI Funds:

The overarching purpose of FEI is to facilitate effective engagement and consultation, and strengthen relationships between physicians and health authorities. To that end, funds should be used towards activities that will:

- Improve communication and relationships among the medical staff so that their views are more effectively represented, and issues that significantly affect physicians and patient care are prioritized.
- Support medical staff contributions towards developing and achieving health authority plans and initiatives that directly affect physicians.
- Facilitate meaningful and constructive interactions between the medical staff and health authority partners on overlapping regional and local issues.
- Support medical staff contributions towards improving patient care and their work environment.

Funds are primarily intended to compensate physicians for their time in participating in both internal meetings and in meetings with health authority partners in relation to FEI. Secondary uses of the funds may include governance/administration costs of the MSA/societies and staff support for the MSA/societies.

Accountability:

MSA executives/society directors have a fiduciary duty to the taxpayers of BC. This means they are accountable for ensuring that all funding decisions they make align with the purposes of the FEI and priorities of the health system. It also means they must be cost-conscious at all times and accountable in their approach. All funding decisions must be able to stand the scrutiny of MSA members, the membership of Doctors of BC, and ultimately the public.



Decision-making:

Facility Engagement funding decisions are to be made by the MSA executives/society directors with advice from the MSA working groups and/or the MSA at large, and health authority partners where appropriate. Proposed uses of the funds can be brought forward by the medical staff (including MSA working group members) and health authority partners to the MSA working groups and/or the MSA executives to consider.

Bi-lateral commitments:

MSAs/societies have committed to consult with health authority partners on proposed activities and priorities – in particular those that impact health authority operations or budgets. In turn, health authority partners have committed to consult with the medical staff on regional and local issues including:

- Issues of importance to the medical staff.
- Health authority decisions on planning, budgeting and resource allocation directly affecting the medical staff.
- Significant decisions affecting physicians and the delivery of physician services;
- The working environment for the physicians.
- Matters referred by the Board of Directors, CEO or Medical Advisory Committee;
- Medical staff bylaws and rules.
- The need to ensure professional and collegial communication with health administrators, other physicians, and members of the inter-professional health care team.
- Quality and cost-improvement opportunities.
- 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.
- Quality improvement projects, including quality assurance projects.
- A culture that supports appropriate and constructive physician advocacy for both patients and changes to the health care system.