FACILITY ENGAGEMENT
Specialist Services Committee

JCC Joint Collaborative Committees

OPERATING MANUAL

FESC and Physician Society Funding Agreements

November 2026

Preamble

This manual outlines the essential procedures and compliance standards for MSAs participating in the Facility Engagement initiative, including incorporated physician societies and FESC MSAs. It serves as a reference for MSA administrators and executives, clarifying the requirements set out in the funding agreement. It also provides practical guidance on effective governance and sound financial management.

This is a living document that will be updated to remain relevant, accurate, and useful over time.

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Facility Engagement (FE) is an initiative of the Specialist Services Committee (SSC) that aims to promote collaboration among Medical Staff Associations (MSAs) and BC health authorities (HAs) to improve engagement, communication, and joint decision-making. It provides funding for MSAs to maintain the structures needed to foster effective partnerships with health authority leaders, promoting meaningful medical staff consultation and collaboration on shared priorities.

The SSC, a partnership between Doctors of BC and the BC Government, and FE acknowledge that we work on the traditional, ancestral, and unceded territories of many different Indigenous Nations throughout British Columbia.

Acknowledging that we are on the traditional territories of First Nations communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people living in BC.

Introduction

The purpose of this manual is to:

- Outline operational requirements and best practices for participating in FE and adhering to the Fund Transfer Agreement (FTA) for physician societies, and the Funding Terms and Conditions for FESC MSAs.
- Provide clear expectations for reviewing and maintaining governance standards.
- Support local MSA leadership in maintaining high standards of stewardship and accountability.
- Ensure understanding of established practices to inform new MSA executives and administrators about the history and requirements for MSAs joining FE.

How to read this manual:

Because this manual includes sections specific to physician societies and FESC MSAs, look for the symbols below to see which sections apply to your MSA. Sections without an icon apply to all MSAs. If you need further clarification or can't find information on a topic, please refer to your funding agreement.

Physician Societies

PS

Facility Engagement physician societies were established to serve as the MSA's legal structure for receiving funding, entering into contracts and providing liability protection for its Directors. Physician societies operate under the authority of the BC Societies Act and are required to have a constitution and bylaws that set out key aspects of their governance. The Fund Transfer Agreement (FTA) is the formal contract between the funding body, Doctors of BC (on behalf of the SSC) and the physician society that outlines the terms, conditions, and processes for the transfer and use of FE funds.

Facility Engagement Services Company

FESC

Given that unincorporated (non-physician society) MSAs lack a legal structure to receive funds or enter into contracts, some MSAs have opted to become members of the Facility Engagement Services Company (FESC) rather than form a physician society due to the disproportionate legal and financial burden on MSAs that receive limited funding relative to larger MSAs. FESC is a legal entity established to hold and transfer funds on behalf of its member MSAs. FESC manages funds, holds all service contracts on behalf of members, and provides bookkeeping and accounting services as required. FESC's core purpose is to serve as an administrative structure to flow FE funds to FESC MSAs while protecting local MSA autonomy over local fund decision-making. *For more information on FESC, see **here**.*

Financial Systems

All MSAs participating in FE are required to utilize the prescribed financial systems for fund management:

- **FEMS (Facility Engagement Management System)**: Used for tracking, approving, and reporting expenditures.
- **VoPay**: Used for secure electronic fund transfers and payment processing for physicians and non-physician medical staff/allied care providers.

Physician societies are also required to use:

- **QuickBooks**: For bookkeeping, invoicing, and generating financial reports. QuickBooks integrates with FEMS.

To Do List

- ☐ All financial transactions must be recorded in these systems, including detailed invoices and receipts, and backups must be maintained.
- ☐ Authorized personnel, such as the MSA executives and administrators, must be trained to use these systems, and access must be controlled to ensure compliance with privacy and confidentiality policies.
- ☐ Adhere to the 90-day claim submission deadline, as per JCC policy.

PS

- ☐ Physician societies: To receive a funding gate, contact the Facility Engagement provincial office at engagement@doctorsofbc.ca with a copy of the most recent balance sheet showing the deferred revenue account balance.
- ☐ FEMS:
  - Must use the **FEMS chart of accounts**

FESC

- ☐ FESC MSAs: Gated funding is automatically transferred once the funding balance threshold is met. This is monitored monthly.

For complete guidance on FE financial system management, please see:

- **Appendix A: FEMS, QuickBooks and VoPay**
- **FEMS 101 Manual**
- **Physician Society Finance Administrator Roles and Responsibilities**
- **Gated Funding Policy**
- **FESC Financial Policy**

Funding Agreement and Use of Funds

With each new Physician Main Agreement,[1] MSAs must sign a funding agreement to receive their FE funding allocation. For physician societies, this is the '**Fund Transfer Agreement' (FTA)**. For FESC MSAs, this is the MSA '**Funding Terms and Conditions Agreement'**. These agreements must be reviewed annually and whenever new executives are onboarded to ensure understanding and compliance.

Regularly reviewing the funding agreement is important: as leadership within MSAs changes over time, executives and directors need to understand FE program funding requirements to support strong governance and decision-making. As funding fiduciaries, they are also responsible for all items outlined in the funding agreement between Doctors of BC and their MSA or physician society. These reviews help everyone stay aware of their responsibilities and funding commitments.

To Do List

- ☐ Include the funding agreement as a mandatory part of onboarding for new executives.
- ☐ MSA executive members review their MSA's funding agreement annually.
- ☐ Confirm acknowledgment of this review to FE with your MSA's Engagement Partner.
- ☐ All funds received under the funding agreement must be used in accordance with the terms set out in the agreement and in accordance with the **FE Funding Guidelines.**

Note on fiduciary responsibility: Funding for FE is provided through the negotiated Physician Main Agreement[1] (PMA) between Doctors of BC and the Ministry of Health. The funding comes from public taxpayer funds and is not associated with the membership dues that physicians pay to Doctors of BC. Physician leaders at governance tables have a fiduciary responsibility to use the funding in alignment with the **Memorandum of Understanding – Local and Regional Engagement** as set out in the PMA. As a result, physician society directors/MSA executives are responsible for oversight of these funds and are expected to govern their use in an ethical, equitable and responsible manner. This is one of the most important jobs and a major role of governance table members. Unauthorized use or misallocation of funds may result in the need to repay FE and/or a pause in MSA funding.

[1] **Physician Main Agreement**. The 2025 PMA resulted in a name change to Physician Main Agreement. Prior to this, it was known as the Physician Master Agreement.

Terms of Reference

Terms of Reference define a table's purpose, scope, roles, responsibilities, decision-making authority, and accountability. They clarify how the group is expected to operate, guide consistent and transparent decision-making, and help ensure members understand their responsibilities.

Every MSA governance table, including the FE Working Group, Advisory, Executive Committee, or other sub-committee, should have a Terms of Reference that is regularly reviewed to outline its purpose, membership, quorum, how FE funding decisions are made, and other characteristics. Terms of reference keep the group aligned and accountable.

Regularly reviewing the Terms of Reference will ensure that the governance and decision-making structure stays current and aligned with actual practice. This practice will also help ensure good governance; keep the group aligned and accountable; maintain up-to-date records to avoid miscommunication, role confusion, or non-compliance; reduce risk by preventing documents from being overlooked or signed without review; and build organizational trust and credibility with the membership through a commitment to transparency and good governance.

To Do List

- ☐ Review the Terms of Reference for each committee annually with members and supporting administrators.
- ☐ Confirm acknowledgment of these reviews to FE with your MSA's Engagement Partner.
- ☐ When the Terms of Reference are changed or updated, send a copy to **engagement@doctorsofbc.ca**.

Terms of Reference Templates

- **MSA FE Working Group/Advisory Group**
- **Executive Committee**
- **EHR Committee**
- **Sub-Committees**

Reminder: When MSAs joined Facility Engagement, receiving full funding required that an appropriate governance and decision-making structure be clearly articulated and documented in a Working Group Terms of Reference, with a motion passed at an MSA meeting approving those terms. If it's been a while since this has been reviewed, check your MSA's historical documents from when the MSA received start-up funding to join FE to find the original terms of reference. You can also reach out to your Engagement Partner for support in finding this information.

Maintaining the Physician Society

To remain in 'good standing', a physician society must maintain ongoing compliance with all the requirements of the **British Columbia Societies Act** and its bylaws. This includes maintaining the Society's required records, keeping its registered office and director information current, holding annual general meetings as required, and completing required filings with the BC Registry.

Registered Office and Society Records

Each physician society must maintain a registered office in British Columbia and keep the records required under the *Societies Act*. Required records include the society's certificate of incorporation, constitution and bylaws, registers of members and directors, minutes of meetings and written resolutions of members and directors, financial statements, and accounting records.

Society records may be maintained electronically. Records that are not maintained electronically must generally be kept at the society's registered office. When records are maintained electronically, they must be available for inspection at the registered office by means of a computer or other electronic technology.

The board may designate another location in BC where some or all society records are kept or made available for inspection. Often, a physician society will engage a law firm to provide registered office records management and/or use BC Registry filing services, as was common practice at the time of FE's establishment and incorporation. Regardless of the arrangement used, the responsibility for ensuring that the society's records are complete, current, appropriately safeguarded, and available for inspection, as required by the *Societies Act,* remains with the physician society. The society should establish a process to provide the required records and updates in a timely manner.

To Do List

- ☐ Board/governance table meetings are held in accordance with the society's bylaws and governance practices, with minutes, resolutions, and decisions properly recorded and retained.
- ☐ Membership lists and records are kept accurate and up to date and managed securely in accordance with applicable record access and privacy requirements.
- ☐ An Annual General Meeting (AGM) is held as required under the *Societies Act* and the society's bylaws. For more guidance, see the **MSA AGM meeting planning tool.**
- ☐ File annual tax return and GST reimbursement with the CRA
- ☐ Filings: All filings must be made online at **www.gov.bc.ca/societiesonline**. The BC Registry does not accept any other form of filings. A full list of records can be found in **Part 3 of the British Columbia Societies Act**.

Templates

- **AGM agenda template**
- **AGM notice template**
- **Standard meeting minutes template**
- **Annual Report Template**

NOTE: With the establishment of the **Memorandum of Understanding on Regional and Local Engagement (MOU)** through the Physician Main Agreement, the Facility Engagement Initiative was created to support the enabling structures that allow MSAs to organize and govern themselves. Hospital MSAs cannot hold funds or enter into contracts. However, with the establishment of a physician society, it serves as the hospital MSA's legal structure for these activities.

PS Directors' and Officers' Liability Insurance

Physician societies must maintain adequate liability insurance covering at a minimum Directors and Officers Liability Insurance, to protect directors and officers from any financial claims that may arise from their roles. They should also maintain appropriate coverage for their business activities.

Directors and officers of a physician society are required by law to:

- Act diligently and with due care.
- Avoid conflicts of interest and activities that benefit them personally at the expense of the physician society.
- Both personally and corporately comply with the federal and provincial statutes regulating management and corporate conduct.

If directors and officers fail to act properly, they may be liable, depending on the circumstances, to members, employees, the general public, creditors, government regulators and other third parties.

Policy Coverage Overview

A directors' and officers' policy provides coverage for errors and omissions in a broad range of management decisions that could result in lawsuits against directors and officers. The policy covers directors and officers for defense costs, settlements and judgments arising from claims by members, employees, creditors, the public, regulators, governments and other third parties for a broad range of allegations, such as:

- Unpaid wages, vacation and taxes
- Negligent misrepresentation
- Negligence
- Antitrust
- Breach of Fiduciary Duty/Mismanagement (excluding pension plans)
- Consumer protection violations
- Wrongful interference with a contract
- Copyright, trademark and patent infringements

To Do List

PS

- ☐ Provide proof of insurance to FE on an annual basis, or upon renewal if a multi-year policy.

NOTE: It is suggested that the physician societies procure insurance with a liability limit of $3.0M. DoBC has a relationship with Westland Insurance. While societies are encouraged to contact Westland Insurance and mention their DoBC affiliation, this referral is only for informational purposes. Each society may obtain insurance from any provider they deem appropriate.

PS

Bylaws

Physician societies must operate in accordance with their own constitution, bylaws, and all applicable procedures.

To Do List

- ☐ Review bylaws annually.
- ☐ Confirm acknowledgment of this review to FE with your MSA's Engagement Partner.
- ☐ Any proposed changes to bylaws must be communicated and approved by Doctors of BC by submitting to the Facility Engagement inbox at **engagement@doctorsofbc.ca** . FE will facilitate legal counsel review, if required. *Note: this process could take 1-2 months if extensive legal review is required.*
- ☐ Changes to the constitution and bylaws may be made only by special resolution at the AGM or by a special meeting of the physician society's members.
- ☐ Approved changes to the constitution and bylaws must be filed with the BC registrar in compliance with the **British Columbia Societies Act**.

Templates

- Physician society **standard bylaws template**

NOTE: Because the process for changing the constitution or bylaws is complex, they are often stated in broad terms, leaving the particulars to be fine-tuned in site-defined policies and procedures.

FESC

FESC Credit Card Use

FESC MSAs can obtain a corporate credit card for the MSA's use in paying expenses and other costs. FESC credit cards are serviced by Scotia Bank and managed centrally by Facility Engagement staff. Each MSA can obtain a card with a credit limit of $5,000 to $15,000, depending on the MSA tier size. The card is attached to an MSA member (usually an executive member) or MSA administrator, who also receives the Scotia Bank monthly statement. The cardholder is responsible for entering all receipts into FEMS on a timely basis, as the cards are reconciled and paid automatically by the 10th of each month. If unable to find matching claims in FEMS, FESC's accounting partner, Enkel, will also provide a monthly reconciliation with the MSA's financial statements.

To apply for a card or review the FESC credit card terms and conditions, please see **here**.

To Do List

FESC

- ☐ Submit all receipts to FEMS as soon as the expense has been triggered.
- ☐ Review monthly statements and report errors within 10 days.
- ☐ Advise the Facility Engagement provincial office when the cardholder is no longer authorized; cancel all preauthorized payments.
- ☐ Use credit card for purchases only for the FESC MSA to which the credit card is assigned.

Third-Party Funding and In-Kind Supports

MSAs often collaborate with external partners to share costs for larger-scale activities, collaborative projects, and events. This approach is beneficial, but it is essential that non-FE funds from these collaborations are kept separate from FEMS and the physician society/FESC bank accounts. This separation ensures financial transparency and accountability for all activities.

Prohibited Third-Party Funding and In-Kind Support

The updated funding agreements for MSAs provide greater clarity about third-party funding and in-kind support. The funding agreements specifically state:

- **Article 2.5.** *The physician society/MSA is prohibited from obtaining other financial, operational, technical, or in-kind support from a third party without the prior written approval of Doctors of BC, which approval may be withheld by Doctors of BC, in its sole discretion.*

It's important to note that no partnership funds should be mixed with FE funds in FEMS or in a physician society or FESC bank account. Partnerships with local health authorities, divisions of family practice, hospital foundations or others are encouraged; however, partner contributions should remain separate. If the physician society/FESC MSA were to enter into a partnership in which the partnership contribution would be held by the physician society/FESC MSA, they would need to seek approval from Doctors of BC (and be aware that this approval may be withheld).

The updated funding agreements also state:

- **Article 2.6.** *The physician society/FESC MSA shall not accept, either directly or indirectly, any financial or in-kind support, sponsorship, legacy, gift, grant, endowment, or donation of any kind whatsoever from the pharmaceutical, health, technology, or medical device industry(ies).*

This requirement has been added to the funding agreement for clarity and alignment with JCC policy and practice.

If you have any questions or concerns about third-party support, please reach out to your Engagement Partner.

To Do List

- ☐ If collaborating with third-party partners on an FE activity or event, speak with your Engagement Partner, who can navigate whether prior approval from Doctors of BC is required.
- ☐ All in-kind partnership support must be costed and managed by the third party and not added to or integrated into FEMS or physician society/FESC bank accounts.

Stipends & Dues

Use of Stipends for Physician Society Director/MSA Executive Work

Some physician societies or FESC MSAs may choose to pay their directors/executives a monthly or quarterly stipend for their governance work on behalf of the physician society or FESC MSA. Under the *Societies Act*, a majority of the directors of a society must not be remunerated by the society for non-director work. For more information, see: **Physician Society Director Compensation Guidelines**. While FE does not recommend a stipend for governance work, if this payment method is chosen, the physician society/FESC MSA cannot exceed the maximum JCC sessional rate when determining the appropriate number of hours that make up the stipend.

For example, the 2026-27JCC sessional rate is $192.35 for physician members. If the physician society or FESC MSA determines that an appropriate number of hours for a physician executive's work is 15 per month, the stipend cannot exceed $2,885.25 per month.

If a physician society/FESC MSA uses stipends, it should clearly delineate and define what is included or excluded in the stipend and what should be claimed as sessional. In the case of physician societies, only up to one-third of directors can perform non-director (engagement activity) work, as per the BC Societies Act. A physician cannot receive both a stipend and sessional pay for the same work; they must choose one or the other.

MSA Dues

If an MSA collects member dues, a separate bank account in the name of the MSA (not the Society) must be opened a) separate from the one used for FE funding and b) in the MSA's name. MSA dues must be rigorously budgeted, managed, and tracked outside of FEMS (i.e. using a spreadsheet) and separately from any FE funding. Receipts/invoices should be kept as backup via an electronic management system (e.g., Google Drive).

While MSA dues can supplement Facility Engagement funding, they must not be added to FEMS or the FE bank account. They must be held completely separately and accounted for outside of the MSA's FE accounting systems and financial statements.

To Do List

- ☐ Hold MSA member dues in a bank account separate from FE funds. They should not be tracked in FEMS at all.

Communication

MSAs must have a general email address that is not associated with any one individual (e.g., info@oceanviewmsa.ca or oceanviewmsa@gmail.com). A general MSA email provides a consistent point of contact and helps ensure organizational ownership and access to important records and communications as executives, administrators, and contractors change over time. The password and two-factor authentication should be maintained in a way that supports secure access and efficient handover when roles change.

The MSA general email address should be used for official communications with Doctors of BC, including the submission of required reports. This ensures correspondence and submissions are clearly made on behalf of the MSA, rather than residing with an individual, and provides an identifiable organizational record of reports, financial information, approvals, and other formal communications.

To Do List

- ☐ Create a generic email address for the MSA for official communication.
- ☐ Share the login details with all executive members and any contractors who need them, making sure to follow relevant privacy policies.
- ☐ Share the email address with **engagement@doctorsofbc.ca** and your Engagement Partner.
- ☐ Use this email when submitting official MSA communications to Doctors of BC (i.e., financial statements, Annual Reviews, and other reports as required).

Funding Pause

Funding may need to be temporarily paused, offering an MSA the chance to stabilize and regroup without losing future funding or participation opportunities.

MSAs may have their funding paused for reasons, including, but not limited to:

- Significant discrepancies, delays or non-compliance in required financial or activity reporting.
- Lack of the minimum number of MSA executives required in accordance with their bylaws.
- Contravention of any section of the MOU or FE funding guidelines. In this situation, funds used inappropriately may also need to be repaid to Doctors of BC as per the funding agreement.
- Capacity constraints among physician members.
- External factors that affect the MSA's ability to meet its obligations under the funding agreement.
- Other discrepancies or non-compliance with conditions set out in the funding agreements.

In-depth discussions with the physician society directors/FESC MSA executives, the Engagement Partner, the FE Director, and other FE staff members will occur prior to any pause in funding, and will include the steps to resume FE fund transfers.

At a Glance: Funding Agreement & Reporting Requirements

Ongoing/Monthly	Resources	
PHYSICIAN SOCIETY		
Document minutes and decisions of regular board/governance meetings	Minutes template	☐
Maintain up-to-date membership lists and society records		
Record and track all financial transactions in FEMS, VoPay, and QuickBooks	FEMS, VoPay	☐
Ensure authorized personnel access and FEMS chart of accounts usage		☐
Request funding gates as needed; include current balance sheet	Gated funding policy	☐
FESC		
Document minutes and decisions of MSA executive governance meetings	Minutes template	☐
Record and track all financial transactions in FEMS and VoPay	FEMS, VoPay	☐
Reconcile FESC credit card	FESC Credit Card	☐
Quarterly (within 30 days of quarter end)	*Resources*	
PHYSICIAN SOCIETY - Financial Reporting *(balance sheet and profit and loss statements)*		
July 31: Submit Quarter 1 financial statements		☐
October 31: Submit Quarter 2 financial statements		☐
January 31: Submit Quarter 3 financial statements		☐
May 31: Submit Year-end financial statements		☐
Bi-Annually	*Resources*	
ALL MSAs - SEAT Entries *(these can be entered and updated at **any time** throughout the year)*		
October 15: SEAT entry final due date		☐
April 30: SEAT entry final due date	SEAT Overview & FAQ	☐
Annually	*Resources*	
ALL MSAs		
April 30: Submit final FY claims and expenses; all previous-year projects auto-close		☐
March 31: Final due date for submission of completed contracts to FE; can be completed and submitted anytime up to the final due date	PS (template) FESC (template)	☐
Annual Review Report March 31–April 30: Annual Review submission intake period	*Released annually*	☐
Review funding agreement (FTA/FESC Terms and Conditions) during incoming executive members orientation		☐
Review funding agreement (FTA/FESC Terms and Conditions) and submit acknowledgement to FE		☐
Review terms of references with the executive, working groups, and committees, as applicable, and submit to FE	ToR (template)	☐

PHYSICIAN SOCIETY		
March 31: Final FY funding gate request deadline; include current balance sheet		☐
Submit annual filing to BC societies registry and FE within 30 days of AGM		☐
File AGM minutes with the BC societies registry within 30 days of the AGM	AGM minutes (**template**)	☐
File an ad hoc change of physician society directors with the BC societies registry and FE within 30 days of the change, if outside the AGM		☐
File annual tax return and GST reimbursement with the CRA		☐
Upon Renewal: File a copy of the physician society's Directors and Officers Lability insurance with FE	**Directors Insurance**	☐
Review bylaws annually at the governance table. Any changes should be sent for approval to Doctors of BC prior to membership vote	Bylaw (**template**)	☐

APPENDIX A: FEMS, VoPay, and QuickBooks Financial System

FEMS:

Each MSA receives its annual budget allocation on April 1 of each year in FEMS. Any transferred budget allocation not spent in the previous fiscal year rolls over and is added to the annual allocation on May 1 each year. Together, these form the total available budget for the MSA for the fiscal year, April 1 to March 31. This information can be found in the MSA's **financial overview section of FEMS**.

FEMS operations:

- FEMS functions as the medical staff, administrator, and supplier payment system for all MSAs.
- A claim in FEMS covers physician or allied health sessional time and is submitted after meetings or project work.
- An expense in FEMS is any physician/allied health cost that is not time-related (e.g., catering for a meeting, consultant work, supplier invoices).
- A supplier expense is any cost for administrators and outside vendors.
- Once either a claim or an expense is entered, an MSA executive member or administrator must approve it for payment.
- Once approved, the FEMS system sends physician and allied health payments to VoPay and supplier payments to the MSA accountant for final payment to the claimant.

VoPay operations:

- All MSAs must use VoPay to pay physicians and allied health members for claims and expenses incurred for their FE work.
- VoPay is not the appropriate payment channel for suppliers and other vendors. The MSA's accountant or bookkeeper is responsible for paying these expenses via e-transfer or direct deposit from the MSA's bank account and accounting system (QuickBooks).
- All MSA VoPay account settings are maintained in a single account, centrally managed by FE operations. MSA administrators can contact **femssupport@doctorsofbc.ca** with any questions or issues regarding VoPay payments or related details.
- For full details, please see the **VoPay FAQ** document.

All MSAs are subject to the following financial frameworks:

1. FE funding guidelines
    - The funding guidelines clarify prohibited uses of FE funds and address common questions not covered by the Memorandum of Understanding (MOU). Recognizing that MSAs will continue to face funding grey zones, criteria are provided to assist in decision-making. Your engagement partner is a valuable resource to assist in decision making
    - **Facility Engagement Funding Guidelines**
    - **Funding Guidelines for Non-Physician FE Participants**
    - **EHR Funding Guidelines**

2. FE gated funding policy
    - The amount of annual funding an MSA may qualify for depends on its tier classification. Tier classification is based on the number of acute care beds at the facility at the time of Facility Engagement participation, which serves as a proxy for MSA size. The release of the MSA's annual funding is based on the actual spend rate on engagement activities. Funding is "gated" and will be disbursed upon meeting the criteria within the policy below.
    - **Facility Engagement Gated Funding Policy**

3. Sessional rates and guidelines
    - JCC sessional reimbursement for family physicians and specialists is intended primarily to recognize time away from practice and to recognize time spent leading and/or actively participating in quality improvement work, strategic initiatives, and related meetings.
    - Non-physician clinicians 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 clinicians can submit claims for FE activities only if the work has not already been paid for by the health authority or another party.
    - **Facility Engagement Sessional Rates and Guidelines**