

Succession Planning of MSA Executive and Working Group Member Roles

Objective

This document is intended to provide guidelines to MSAs for recruiting physicians into MSA executive or working group member roles.

Roles Physicians Can Fill

There are three main ways a physician or member of the medical staff can get involved in the Facility Engagement Initiative (FEI).

- As an MSA executive.
- As an MSA working group member.
- As a physician or member of the medical staff.

Goals of the Recruitment Process

- The MSA is encouraged to adopt an intentional approach to recruiting candidates to fill the positions of MSA executive and members of the working group. The size of a facility will impact the recruitment pool.
- Each facility can develop a communications plan to let physicians know:
 - The health authorities' medical staff rules describe the MSA's role.
 - The objectives of the FEI; and,
 - Role descriptions, including time commitment and remunerations.

Key Messaging to Use in Recruiting Physicians

MSAs should use the following key messages when recruiting:

- Physicians should consider becoming an MSA executive if they are interested in representing the collective interests of the MSA, promoting MSA's contributions to health authority programs and services through effective interactions with health authority, and overseeing the direction and management of MSA affairs and funds.
- If physicians are interested in directly participating in engagement activities, they should consider joining the MSA working group or implementing an engagement activity.

Recommended Steps for Recruitment

1. Adopt minimum standards and identify desired attributes for the positions

Before you contact potential candidates for recruitment, consider what characteristics and competencies are needed. Specifically, answer the following questions:

- What experience, if any, would be helpful?
- What skills would be helpful and/or desired?
- What characteristics or qualities would be helpful and/or desired?

Take the time to brainstorm desired skills, experience, and attributes with the current MSA executives to help articulate the specific facility needs. Information from exit interviews can assist with this process.

2. Describe the key responsibilities and activities of the positions

A general outline of the various roles and responsibilities is below.

- **MSA executives (refer to Appendix A for detailed descriptions)**
 - Providing MSA leadership and direction
 - Representing the collective interests of the MSA
 - Ensuring effective communication between the MSA and administration
 - Promoting and advancing the MSA's contributions to health authority programs and services
 - Oversees the management of MSA funds (i.e., FE and dues) and reports to the membership and SSC as required.
- **MSA Working Group member**
 - Advising and assisting the MSA executives' leadership and oversight responsibilities (e.g., reviewing proposals, discussing issues, monitoring progress).
 - Provides the perspective of their physician group, where applicable.
 - Strategizes with MSA executives on forward planning activities (e.g., development of work plans and priorities).
 - Can chair or lead sub-committees of the working group or be directly involved in the implementation of engagement activities.

- **Medical staff member**

- Leading or implementing an engagement activity initiative approved by the MSA working group.

MSA executives will be compensated for their work with FE funds. For physician societies, please refer to Appendix B for further information.

3. Establish an election process

As part of the recruitment process, be sure to establish an open and transparent process for electing MSA executives that requires candidates to explain why they are interested and to share their qualifications. For example, a one-page expression of interest could be developed that asks candidates to answer key questions about their skills, experience, and interest in the position. Election procedures outlined in medical staff bylaws and rules can provide additional guidance.

4. Notifying the FE provincial office of MSA executive changes

The FE provincial office maintains a database of MSA executive contact information for communication purposes and FEMS administration. To ensure the database is up to date, please email engagement@doctorsofbc.ca of any changes in contact information or individuals.

For physician societies, please refer to Appendix C for additional information.



Appendix A: MSA Executive Role Descriptions

Context

The MSA is a preexisting structure created by the health authorities' medical staff bylaws and rules that includes all medical staff members. Its objectives include representing the medical staff's individual and collective interests and promoting and advancing medical staff member involvement in the provision of health authorities' medical services.

The intent of the MOU was not to create new representative structures for facility-based physicians but rather to rebuild and strengthen the MSAs through the FE initiative. Because MSAs historically have not been effective or active, the MOU was designed to provide funding and support to enable them to identify and prioritize their collective priorities, engage and work with health authorities on their priorities, and identify other opportunities for meaningful engagement and collaboration between MSAs and health authorities.

Where applicable, the physician society (i.e., incorporation of the MSA) was set up to only serve as a legal structure for the MSA to hold funds and contracts and provide liability protection for the MSA executives. Hence, the roles of MSA executives and society directors are linked: physicians who are MSA executives are also society directors. This means the functions of the roles overlap with a strong emphasis on strategic leadership and representation of the MSA, and effective communication and interactions with health authorities.

MSA executive roles

Below is a template description that should be tailored for each health authority region as per its medical staff bylaws and rules. It delineates the number of elected MSA executive positions, the roles and duties of each position, and related procedures (e.g., holding annual elections).

The description below draws upon common features of medical staff bylaws/rules and the physician society template bylaws.

- a) **Elected officials:** 3 -5
- b) **Term:** 1-3 years
- c) **Meetings:** MSA meetings required under the medical staff rules, MSA working group and other meetings supported by FE
- d) **Expected annual commitment/hours:** determined by the individual MSA based on the number of required meetings and level of administrative support

e) **Descriptions:**

- **President:**

- Leads the MSA, including convening and chairing MSA executive meetings and other relevant meetings (e.g., AGMs, quarterly meetings, developing agendas and materials with other executives and administrators and overseeing the planning and management of MSA activities, affairs and contractors.)
- Represents the collective interests of the medical staff.
- Attends medical advisory committees and other relevant health authority and SSC meetings as the MSA representative.
- Facilitates communication between the MSA and the health authority by disseminating pertinent information to the MSA from the health authority and communicating matters of concern and recommendations to the health authorities.
- In the case of disciplinary action taken against an individual member, inform that member of their rights under the health authority bylaws.
- Delegates or shares duties with other MSA executives.

- **Vice-President:**

- Works with the MSA executives and administrators to assist the President in meeting their duties.
- Fulfills the President's duties and responsibilities in the President's absence.

- **Secretary-Treasurer:**

- Give notice and keep minutes of all MSA meetings.
- Ensures the custody of all records and documents.
- Oversees the management of FE funds, including reviewing claims and approving engagement activities within FEMS, ensures that financial statements are presented to the MSA executives and membership, and maintains the register of members.
- Where approved by the medical staff membership, collect dues from medical staff members; maintain records of funds received and expended; and prepare an annual financial statement of the medical staff funds to be presented to the membership.
- Works with the MSA executives and administrators to assist the President in meeting their duties, including the assumption of duties in the Vice-President's absence.

Appendix B: Physician Society Director Remuneration

What is the society director remuneration rule (i.e., Section 41 of the Societies Act)?

- Section 41 of the Societies Act prevents not-for-profit societies from paying a majority of their directors for **non-director work**. However, all directors can be paid for **director work** (see below for differences).
- This provision is intended to prevent directors from being in a conflict of interest, and generally to maintain the independence of the board from management. For example, the provision can prevent a director from approving his or her own company to carry out operational work for that director's society.
- The general rule is that fewer than half the directors can be paid for non-director work (e.g., if there are four or three directors, one can be paid; if there are five directors, two can be paid).
- The rule applies to all society directors at any given time for non-director work, not a specific initiative or project.
- This rule always applies. A control procedure that allows the rotation of directors' eligible non-director work reimbursement on an annual fiscal basis is recommended.

What is director work?

- Director work is the management or supervision of the physician society's management, activities, and internal affairs. Examples include:
 - Preparing for and attending meetings of the board and its committees (e.g., MSA working group).
 - Preparing for and attending the society's annual and special meetings.
 - Reviewing financial statements and required reporting.
 - Attending meetings with administration and other partners in the capacity of a society director.
 - Attending project or MSA working group sub-committee meetings in the capacity of an MSA executive/society director.
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What is non-director work?

- Non-director work is operational work – that is, executing tasks and activities separate from a society director's duties. Examples include implementing a project, engagement event or communication strategy that has been endorsed by the MSA working group or executives.



Appendix C: Notification of Society Director Changes

Please ensure that the following organizations or individuals are notified of any changes in the physician society directors.

BC Registry

Filing a Director Change with an Annual Report

If the change in physician society directors occurred at an annual general meeting, you should update the director information as part of the annual report filing for that meeting. A separate filing is not required. The effective date of the change is the date of the annual general meeting.

To avoid possible delays in filing the Annual Report, please ensure that any outstanding changes in directors that occurred other than at an annual general meeting are filed.

Filing Fee: \$40.00

Filing a Director Change other than at an Annual General Meeting

If any information about a physician society director changes – other than at an annual general meeting – you need to file those changes as soon as possible. This will avoid errors in your society's records and possible delays of other filings.

If a director's information—such as legal name, mailing, or delivery address—changes, the effective date is the date of filing. If you are adding, removing, or replacing a director, the date of the change is the effective date.

Filing Fee: \$15.00

Lawyer

Physician societies will have a corporate lawyer or a Registered Records Office. They will also need to be notified to assist with making the above changes for you.

Financial Administrator

Physician societies will need to ensure that their financial administrator (e.g., bookkeeper, accountant) is also aware of these changes. They will ensure that governance payments are completed correctly.