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| **SSC facility engagement**  **[INSERT NAME OF medical Staff association]**  **Working group** |
| **TERMS OF REFERENCE** |

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| **MANDATE** |
| The XXXX Working Group) is a committee of the [INSERT MEDICAL STAFF ASSOCIATION NAME] that will engage [XXX MEDICAL STAFF] and advise the MSA executives of [INSERT NAME OF MEDICAL STAFF ASSOCIATION] on matters of importance to medical staff, their patients, and the health authority.  The intention of the Memorandum of Understanding on Regional and Local Engagement (MOU) is to strengthen the relationships and engagement between medical staff and health authority leadership. To support this, the Working Group is tasked with finding ways to:   * Ensure views are more effectively represented. * Contribute to the development and achievement of health authority plans and initiatives on matters directly affecting medical staff. * Prioritize issues affecting medical staff and patient care. * Have meaningful interaction with health authority leaders including but not limited to physicians in formal health authority medical leadership roles. |
| **OBJECTIVES AND RESPONSIBILITIES** |
| The Working Group will make recommendations to the MSA executives on matters that include, but are not limited to:   * Creating a work plan and a budget for the allocation of funds. * Identifying possible projects and initiatives that meet theobjectives of the MOU. * Consulting with representatives of the medical staff as necessary in the completion of the mandate. * Consulting and engaging with health authority leaders on regional and local issues as defined in the MOU. * Engaging with the provincial Facility Engagement evaluation team, as required. * Other matters that may be referred to it by the MSA executives. |
| **MEMBERSHIP** |
| The Working Group is intended to be representative of the medical staff, and will comprise the following:  [INSERT AS REQUIRED FOR SITE PARTICUALRS]   * X representatives of departments/divisions/medical staff. * % of executives of Medical Staff Association (recommend at least one; preferably two or more). * % of medical staff (when necessary, shall include nonphysicians).   Working Group terms are for 1 year with a maximum of 3 consecutive terms.  The Working Group may invite ad hoc guests to discuss matters related to a specific topic as needed or required. |

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| **CHAIR**  The chair of the Working Group will be selected annually by members for a term of 1 year with a maximum of 3 consecutive terms.  The chair will serve as the official spokesperson of the Working Group and will provide leadership while ensuring a cohesive direction and purpose. The chair will facilitate orderly meetings, establish in advance a meeting schedule and agenda, and will be responsible for the oversight of project planning. | |
| **Engagement Partner (EP)**  An ex officio (nonvoting) member, the EP provides initial and on-going advice, recommendations, and support to the MSA executives, Working Group, and subcommittees for facility-based engagement. The EP also supports physicians and health authorities in their efforts to improve collaboration and engagement. This includes support for establishing and maintaining local structures; hiring and guiding support staff; and assisting with budgeting, proposal preparation, and accountability reports related to the facility engagement initiative. | |
| **MEETINGS** | |
| Frequency | The Working Group will meet monthly. |
| Location | The meetings will be face-to-face at a venue approved by the Working Group, with a teleconference line made available. |
| Minutes | Minutes will be prepared and kept electronically by a designated member or staff person hired by the Medical Staff Association. Minutes will be distributed to each member of the Working Group for review and approval in advance of the next meeting. |
| Quorum | * A majority of members constitutes a quorum (not recommended). * One-third of members, and must include at least one director present. * Six members, and must include one director present. |
| Decisions | Decisions of the committee will be by consensus (where consensus means all but one). If the Working Group cannot reach consensus on a matter, the decision is approved by vote of simple majority (50% plus one of those present) and noted for the MSA executives. MSA executives has final approval on all matters. |
| **DISPUTE RESOLUTION**  In the absence of consensus or when there is a tie vote at the Working Group, a dispute may be submitted to the MSA executives of the Medical Staff Association for final resolution. Should the directors not be able to resolve the issues, the matters may be taken to the membership of the Medical Staff Association for vote by simple majority (or two-thirds majority). | |
| **FUNDING** | |
| Member Expenses | The cost of participating on the Working Group will be paid from the funds provided by [INSERT NAME OF PHYSICIAN MEDICAL STAFF ASSOCIATION]. Standard sessional rates will apply, and standard expense claim policies will be provided. |
| Budget | The budget will be identified as a part of the work planning process identified in the Objectives and Responsibilities section of this document (see above). |
| Signing Authority | The MSA executives have the sole signing authority and will make decisions based on Working Group recommendations. |
| **CONFIDENTIALITY** | Working Group members may possess confidential documentation or participate in confidential discussions. Unless consultation and a written agreement is made on the part of the Working Group, this information will not be disclosed to anyone other than the members of the Working Group. The information shall be stored with reasonable security measures appropriate to its sensitivity or potential harm. |
| **CONFLICT OF INTEREST** | Working Group members will disclose any matters that may constitute a direct or indirect conflict of interest between personal or professional activities and responsibilities as a Working Group member. Working Group members must act in a manner that will prevent conflicts of interest from arising and will recuse themselves from voting when conflicts arise that cannot be effectively and appropriately managed. |
| **ATTRIBUTES** | Working Group members are expected to:   * Have a comprehensive understanding of the MOU concepts and the ability to act as an ambassador of the Working Group. * Actively engage and support the development and implementation of the Working Group mandate and work plan, ensuring alignment with the interests and strategic objectives of the Medical Staff Association. * Maintain and improve the collaborative relationship with the various partners and stakeholders of the Working Group. * Actively represent the views and interests of the Working Group. |
| **EXPECTATIONS** | The Working Group members are expected to meaningfully participate in meetings and in the various activities and subcommittees of the Working Group as necessary.  Additional commitments may be required from time to time as necessary. |
| *Approved: Month Year* | |