



Facility Engagement Funding Principles

The Facility Engagement Initiative (FEI) identifies mutual goals that Medical Staff Associations (MSAs) and health authorities are to work toward using the funding and supports provided by the initiative. The intent of this document is to provide clarity and guidance on the purpose of the funds and the bilateral commitments of the physicians and health authorities to meaningfully consult each other.

Purpose of FEI Funds

The overarching purpose of the FEI is to facilitate effective engagement and consultation between physicians and health authority leaders. To strengthen the relationships between physicians and health authorities, funds should be used for 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 to the development and achievement of health authority plans and initiatives that directly affect physicians.
- Facilitate constructive interactions between the medical staff and health authority partners on overlapping regional and local issues.
- Support medical staff contributions to improving patient care and their own work environment.

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

Accountability

To strengthen governance and accountability in the health system, MSA executives/society directors have a fiduciary duty to the taxpayers of BC and the members of the MSA to ensure that funding decisions align with the purposes of the initiative and health system priorities. At the same time, they must be cost-conscious and accountable in their approach. All funding decisions must be able stand up to the scrutiny of MSA members, the membership of Doctors of BC, and ultimately the public.

Decision making

Facility engagement funding decisions are 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 for consideration.

Bilateral commitment

Medical staff are committed to consulting with health authority partners on relevant proposed activities and priorities – in particular those that have a direct impact on facilities' operations or that request health authority resources. Health authority partners are committed to consult with the medical staff on regional and local issues including:

- Topics 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.
- Working environment for the physicians.
- Matters referred by the Board of Directors, CEO, or Medical Advisory Committee.
- Medical staff bylaws and rules.
- Professional and collegial communication with health administrators, other physicians, and members of the interprofessional 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.