MEMORANDUM OF UNDERSTANDING

2019 REGIONAL AND LOCAL ENGAGEMENT

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, as represented by the Ministry of Health

(the "Ministry")

AND:

FRASER HEALTH AUTHORITY, INTERIOR HEALTH AUTHORITY, ISLAND HEALTH, VANCOUVER COASTAL HEALTH, NORTHERN HEALTH and PROVINCIAL HEALTH SERVICES AUTHORITY

(the "Health Authorities")

AND:

THE BRITISH COLUMBIA MEDICAL ASSOCIATION
(doing business as Doctors of BC)

(the "Doctors of BC")

(individually a "Party" and collectively the "Parties")

Public Sector Governance and Accountability

The Ministry of Health and Health Authorities are taking important steps to strengthen governance and accountability in the health system in British Columbia. These efforts are guided by two key government documents:

- From the Ministry of Finance, **Taxpayer Accountability Principles: Strengthening Public Sector Governance and Accountability**, which sets out principles to strengthen accountability, promote cost control and ensure public sector entities operate in the best interests of taxpayers.[1]

- From the Ministry of Health, **Setting Priorities for the BC Health System**, which sets out government's strategic priorities for the health system, including:

    - Hard – wiring patient-centered care into health service delivery systems, board and executive management decision making and policy development;
    - Driving health service performance management and accountability through continuous quality improvement; and,
    - Establishing a cross system focus on a number of key patient populations and service delivery areas that are critical to both quality and sustainability. [2]

Both documents highlight the need to strengthen and clarify relationships, both across the public sector and within the health sector, in order to promote strategic collaboration and ensure public funds are spent in a responsible manner.

Strengthening the Relationship with Physicians

Within this context, the Ministry and Health Authorities are committed to and will be mutually accountable for clarifying and strengthening their relationship with physicians at provincial, regional and local levels.

At the provincial level, the parties have agreed to continue a Memorandum of Understanding with the aim of improving engagement and dialogue between senior executives of the Ministry, Health Authorities and the Doctors of BC through a number of key points of contact and senior level committees.

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[1] BC Ministry of Finance, **Taxpayer Accountability Principles: Strengthening Public Sector Governance and Accountability** Available online at: http://www2.gov.bc.ca/gov/DownloadAsset?assetId=B613CF138959439D9A947CF3D586FE6B

[2] Available online at: http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorites-BC-Health-Feb14.pdf

At the regional and local levels, Health Authorities are currently working to establish and improve relationships with community-based family practice physicians through Divisions of Family Practice and Collaborative Services Committees.

With respect to physicians who have privileges to practice in Health Authority facilities and programs, the *Hospital Act*, *Hospital Act Regulation* and respective Health Authority medical staff rules and bylaws set out the framework for the governance of medical staff and the relationship between Health Authorities and physicians. Within this governance framework, Health Authorities will take the following actions to strengthen relationships with physicians practicing in their facilities and programs:

a. Support the improvement of medical staff engagement within Health Authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures (collectively, "Local Structures") so that medical staff:

    i. views are more effectively represented;
    ii. contribute to the development and achievement of Health Authority plans and initiatives, with respect to matters directly affecting physicians;
    iii. prioritize issues significantly affecting physicians and patient care; and,
    iv. have meaningful interactions with Health Authority leaders, including physicians in formal Health Authority medical leadership roles.

b. Improve processes locally within Health Authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and Health Authority operational leaders.

c. Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system.

The Parties commit that the Ministry's Health Sector Workforce Division and Doctors of BC Department of Physician and External Affairs will play a key role in continuing to support both the Health Authorities and physicians in successfully implementing this Memorandum.

Health Authorities and physicians are mutually accountable for the quality of their relationship with the goal of providing high quality health care services. The actions to be taken by Health Authorities set out in this Memorandum will continue to be incorporated into the Ministry's accountability letters to Health Authority Boards and Executives, and will continue to be subject to ongoing monitoring and reporting for the period of this agreement. Further, the quality of engagement and consultation and mutual accountability of the parties will be the subject of

ongoing dialogue at a senior level through the various points of interface identified in the Memorandum of Understanding on Provincial Engagement.

Regional and Local Engagement Initiative

1. The Specialist Services Committee (SSC) will be responsible for developing payment and other financial support mechanisms, in line with the *Joint Clinical Committee Administration Agreement*, to enable facility-based Specialists, General Practitioners and Physicians paid under Alternative Payment Arrangements to participate in this engagement process, including:

    a. the hiring of Physician Engagement Leads, per the terms of the Joint Clinical Committee Administrative Agreement, to support physicians, working in consultation with Health Authorities to improve Local Structures, and thereafter to provide support to physicians as required to ensure effective participation of physicians in these structures.

        i. Physician Engagement Leads will not function as representatives in the relationship between Health Authorities and physicians.

    b. providing funding to qualified Local Structures, for the purpose of facilitating effective engagement and consultation between physicians and Health Authority leaders.

    c. support for EHR engagement, to the exclusion of funding for required EHR training, which remains the responsibility of each Health Authority.

2. The appropriate Joint Clinical Committee will provide funding to support facility-based Specialists, General Practitioners and Alternative Paid Physicians developing leadership and other skills necessary for effective, collaborative working relationships with health care managers, administrators and other health care workers.

3. In order to qualify for funding under paragraph one above, Local Structures, must:

    a. demonstrate a capacity for accepting and managing funding and reporting on expenditures;

    b. demonstrate a composition, governance and decision making structure that can effectively represent its members' interests; and

    c. work closely with the Health Authority on the development of the representative structure(s) to facilitate effective interaction with Health Authority operational leaders.

4. At the discretion of the Local Structures the annual funding provided is to be used exclusively for the following purposes:

    a. governance/administration costs of the Local Structure;

    b. compensation of physicians for their time in participating in internal meetings and in meetings with Health Authority/facility representatives in relation to this specific SSC engagement initiative;

    c. other costs contributing to the objectives of this Memorandum, including for activities related to EHR training

5. The annual funding may not be used for the following purposes:

    a. advertising with the exception of physician recruitment ads;

    b. compensation for clinical services;

    c. purchase of real estate and vehicles;

    d. purchase of clinical equipment;

    e. donations to charities or political parties; and

    f. meeting attendance that is presently required as part of maintaining privileges.

6. The above funding criteria may be amended and additional funding criteria may be established by the SSC in consultation with Health Authorities through the Leadership Council. The SSC may take into consideration the availability of funding, the size of Local Structures and other criteria that the parties consider relevant.

7. Funding to support the Regional and Local Engagement Initiative will be as per the renewed Physician Master Agreement.

Consultation

Health Authorities will commit to consult and engage with medical staff on regional and local issues including the following:

a. Issues of importance to the medical staff;

b. Health Authority decisions on planning, budgeting and resource allocation directly affecting the medical staff;

c. Significant decisions affecting physicians and the delivery of physician services;

d. The working environment for physicians, including the physical and psychological safety of physicians working in Health Authority facilities;

e. Matters referred by the Board of Directors, CEO or Medical Advisory Committee;

f. Medical Staff Bylaws and Rules;

g. Ensuring professional and collegial communications with health administrators, other physicians and members of the inter-professional health care team;

h. Quality and cost improvement opportunities;

i. 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;

j. Quality improvement projects, including quality assurance projects, identified by the Health Authority, Local Medical Structure, Joint Clinical Committees, Physician Quality Assurance Steering Committee, BC Patient Safety and Quality Council or other; and

k. A culture that supports appropriate and constructive physician advocacy for both patients and changes to the health care system.

Roles and Responsibilities

Nothing in this Memorandum limits the authority of the Ministry or Health Authorities to make decisions with respect to any matters within their purview.

Nothing in this Memorandum limits the responsibilities of medical staff, Health Authority medical leadership and administration arising from Health Authority bylaws and rules.

Nothing in this Memorandum limits the representation rights of the Doctors of BC as provided for in the Physician Master Agreement.

Separate Agreement

This Memorandum is a separate and distinct agreement and its construction is not to be influenced or affected by the provisions of the Physician Master Agreement (PMA), except as provided in this Memorandum. This Memorandum does not apply to any issues of physician compensation addressed in the PMA. The general provisions of the PMA do not apply to this Memorandum. For greater certainty, and without limiting the generality of the foregoing, the following provisions of the PMA have no application: (i) Articles 20 through 23; and (ii) Articles 26 and 27.

Resolution of Disagreements

If any of the Parties has a concern respecting this Memorandum, the CEO of the Doctors of BC, the Deputy Minister of Health and/or the Health Authority CEO(s) will meet to attempt to resolve these issues. Failing resolution, there are no further steps under this Memorandum to address such concerns.

Termination

This Memorandum shall have the same term as, and shall terminate concurrent with any termination of the 2019 Physician Master Agreement, subject to the following:

a. The Doctors of BC will survey facility-based physicians to measure engagement under this Memorandum between January 1, 2021 and June 30, 2021.

b. The Doctors of BC, the Ministry and the Health Authorities will meet between July 1, 2021 and December 31, 2021 to discuss the results of the Doctors of BC survey and any other issues related to engagement and the operation of this Memorandum. The parties may agree on amendments to this Memorandum.

c. If the parties are not able to agree on amendments to this Memorandum, if any, either the Doctors of BC or the Ministry and the Health Authorities, through Leadership Council may give notice to the other parties on or after January 1, 2022 of the termination of this Memorandum, in which case this Memorandum will terminate on March 31, 2022.

Dated this 1st day of April, 2019

Dr. Eric Cadesky
President
Doctors of BC

Allan Seckel Q.C.
Chief Executive Officer
Doctors of BC

Mark Armitage
Assistant Deputy Minister
Ministry of Health

Dr. Victoria Lee
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Kathy MacNeil
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