

September 2023

## Facility Engagement (FE) Funding Guidelines for Non-Physician Medical Staff Members and Allied Health Professionals (AHP)

### Physician Societies

- Physician and non-physician members of the Medical Staff Association are automatically members of the physician society. Physician society directors may allow non-physicians to participate as either voting or non-voting members in the physician society.
- Non-physician medical staff members should be given notice of physician society annual general meetings and other requisite physician society meetings and provided copies of the physician society's Constitution and Bylaws and any other physician society progress reports as appropriate.
- Physician society directors must be physicians ([section 5.2 of physician society C&B](#)). Physicians are the fiduciaries of the FE funding and as such the legal, financial, and moral responsibility of the use of FE funding rests with physicians.
- The physician directors may share [FEMS administrator privileges](#) (e.g., reviewing and approving claims and expenses) with a non-physician MSA executive through a Directors' resolution.

### Unincorporated MSAs (e.g., FESC sites)

- MSA physician executives are the fiduciaries of FE funding and as such the legal, financial, and moral responsibility of the use of FE funding rests with physicians.
- MSA physician executives may share FEMS administrator privileges (e.g., reviewing and approving claims and expenses) with a non-physician MSA executive through a [documented approval decision](#) by the MSA physician executives.

### Compensation and Inclusion in FE funded projects

- The funding of non-physician providers (i.e., non-physician medical staff members and AHPs) is decided by the MSA executives/working groups when funding proposals and activities are assessed and reviewed.
- [Compensation rates for non-physician providers](#) are provincially set in the Facility Engagement Management System (FEMS) with alignment to Joint Collaborative Committee policies.
- Non-physician providers/MSAs 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 providers can only submit claims for FE activities if they are not already being paid for that work by the health authority or by another party.
- Physicians are the fiduciaries of the FE funding and as such the legal, financial, and moral responsibility of the use of FE funding rests with physicians. FE funding proposals that are submitted by non-physician providers must include a MSA physician collaborator.

## Supporting Communication Materials – FOR INFORMATION ONLY

### Scenarios

1. A NP is elected as an Executive to the Medical Staff Association (MSA). The site has a MSA and a physician society.
  - a. A NP cannot serve as a Director of the Physician Society as physicians are the fiduciaries of FE funding and the physician society is the legal structure that holds/administers FE funding.
  - b. The NP will act as a member of the MSA Executive, representing the individual and collective interests of the medical staff and promoting the involvement & advancement of medical staff members in the provision of health authority medical services.
  - c. The physician society will elect a physician to their physician society Director position. The physician society Directors hold the legal, financial, and moral responsibility of the use of FE funding for this site. Unless the physician society Directors delegate FEMS administrator privileges to the non-physician MSA executive, only physician society Directors will have full administrator privileges in FEMS (e.g., reviewing, and approving claims and expenses).
2. A midwife is elected as an Executive to the Medical Staff Association (MSA). The site is a member of the Facility Engagement Services Company (FESC) and is not a physician society.
  - a. The midwife will act as a member of the MSA Executive, representing the individual and collective interests of the medical staff and promoting the involvement & advancement of medical staff members in the provision of health authority medical services.
  - b. The physician members of the MSA Executive hold the legal, financial, and moral responsibility of the use of FE funding for this site. Unless the physician MSA executive members delegate FEMS administrator privileges to the non-physician MSA executive, only physician MSA executive members will have full administrator privileges in FEMS (e.g., reviewing, and approving claims and expenses).

### FAQs

- **What is the difference between a MSA and a Physician Society?**
  - A MSA is a pre-existing structure created through the BC Hospital Act and Hospital Act Regulation and pursuant to the health authority medical staff bylaws and rules. All practicing medical staff (physicians, nurse practitioners, midwives, and dentists) at a hospital belong to the MSA. A hospital MSA's purpose is to represent the individual and collective interests of the medical staff and promote the involvement & advancement of medical staff members in the provision of health authority medical services.
  - Prior to the Facility Engagement Initiative (FEI), most hospital MSAs were not particularly active or effective, so with the establishment of the Physician Master Agreement (PMA), Memorandum of Understanding on Regional and Local Engagement (MOU), the intent was to rebuild and strengthen existing hospital MSAs, but not create a new physician structure. Hospital MSAs cannot hold funds, contracts or provide liability protection for its executives. However, with the establishment of a Facility Engagement physician society, the society acts as the hospital MSA's legal structure to do all these things. This is why in most cases, the executive of a MSA and the executive of a Facility Engagement physician society are the same individuals – the MSA and physician society mirror one another.
- **Can a MSA decide to compensate non-physician providers at their facility at a different rate than the JCC rate?**

- [Compensation rates for non-physician providers](#) are provincially set in the Facility Engagement Management System (FEMS) with alignment to Joint Collaborative Committee policies. MSAs cannot compensate AHPs at a different rate than the JCC rate for any FEI time, including time spent on FE activities and time spent in a governance capacity (i.e., MSA Executive).
- **How is the FE physician sessional rate set?**
  - In November 2020, the Joint Collaborative Committee Co-Chairs and the Physician Services Committee made the decision to de-link the JCC sessional rates from the Physician Master Agreement’s clinical sessional rates, match the JCC sessional rate with the Doctors of BC honoraria rates, and to apply the same JCC sessional rate for family physicians and specialists who are participating in JCC meetings and activities, which includes Facility Engagement funded meetings and activities. The JCC rate increases in line with Doctors of BC honoraria rates (<https://www.doctorsofbc.ca/news/change-physician-payment-joint-collaborative-committees-jccs>).
- **Why can’t the non-physician provider sessional rates be increased to match or be closer to the physician rate (e.g., midwives)?**
  - SSC maintains a differential between non-physicians and physician sessional rates because the funds for the Facility Engagement Initiative are negotiated through the Physician Master Agreement and are predominantly intended to pay for physicians’ involvement in Facility Engagement. As well, the Facility Engagement Initiative funds were created partially in lieu of physician fee increases through the Physician Master Agreement. The SSC encourages the professional associations of non-physicians’ clinicians to negotiate funding for non-clinical engagement through their respective bargaining agreements.

**FEMS Administrative Delegation Templates:**

- [MSA FEMS authorization](#)
- [PS Resolution to Delegate](#)