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MEDICAL STAFF
ASSOCIATIONS
IN NOVA SCOTIA

TOOL KIT

Contents

3 INTRODUCTION

4 MEDICAL STAFF ASSOCIATIONS: THE BASICS

- 4 What does a medical staff association do for its members?
- 4 What is required to establish a medical staff association?
- 5 How are medical staff associations structured?
- 5 How do medical staff associations fit into the bigger picture?
- 6 Medical staff associations and the Nova Scotia Health Authority
- 6 What is the role of Doctors Nova Scotia?

7 THE TOOLS

- 7 Operational Processes
- 7 Guide to Developing Operational Processes
- 10 Terms of Reference
- 11 Sample Terms of Reference
- 14 Developing MSA Policies
- 14 Sample Policy (template)
- 16 Subcommittees
- 16 Sample Subcommittees

18 APPENDICES

- 18 Appendix A – The Provincial Draft MSA Structure
- 20 Appendix B – NSHA Medical Staff By-laws Relating to Medical Staff Associations



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Introduction

A medical staff association (MSA) is an independent, organized group of practising physicians who work together in a community, medical facility or (in Nova Scotia) zone. The primary purpose of any MSA is to represent and advance the interests of its members as they support their patients and the health-care system.

Ideally, an MSA comprises a united group of physicians who recognize the importance of building a strong and sustainable health-care system, modelling and sustaining a positive environment for physicians, and providing the highest-quality patient care.

Medical staff associations help to facilitate a professional and collaborative work environment that actively engages physicians in health-system planning. Across Canada, MSAs have been growing, providing physicians an opportunity to advocate for physician inclusion in all matters that govern the practice of medicine, facilitate communication with health-system partners, and bring the voice of physicians and the communities they serve to all levels of decision-making.

Robust, active, community-based MSAs already exist in some areas of Nova Scotia, while in other parts of the province they have yet to be established. There are presently no formal zonal MSAs. This presents an opportunity: establishing new or developing MSAs within Nova Scotia's health-care system, at the com-

munity or zonal level, would provide many opportunities for the province's physicians to become more involved in provincial health-care decisions.

Doctors Nova Scotia (DNS) is committed to supporting its members as they work to establish or improve MSAs in their communities. As part of that commitment, the association has created two written resources: *Medical Staff Associations in Nova Scotia: A primer*, and *Medical Staff Associations in Nova Scotia: A tool kit*. It has also created a grant program that will provide vital funding for establishing and developing MSAs across the province (read more on page 6).

How to use this tool kit

This tool kit is not a one-size-fits-all solution; rather, it is a collection of components that can be used in any combination to assist MSA members as they work to establish or develop their MSA. You may choose to read the document from cover to cover, or you may decide to pick and choose. A variety of document templates have been provided to assist MSA executive members as they develop the policies and procedures that will guide their work as an association. Copy and paste them into a Word document to customize them to meet your needs.

Medical Staff Associations:

The basics

As independent entities, MSAs in Nova Scotia are neither part of the Nova Scotia Health Authority's (NSHA) administrative structure, nor Doctors Nova Scotia's (DNS) governance structure. While the NSHA has medical advisory committees, and DNS has specialty-specific sections, MSAs are a third entity focused on representing the concerns of physicians in a specific facility, community or zone.

What does a medical staff association do for its members?

Historically, the work of MSAs ranged from casual (such as focusing on creating a collegial work atmosphere) to more formal (providing medical education, advocating for members' interests with the health authorities).

A note on terminology

There is some flexibility in the composition of MSAs, as well as the jurisdictions that they may serve: while physicians working in larger institutions like the QEII may find a facility-based MSA to be more effective, physicians in rural areas might prefer a community-based MSA. For simplicity, in this document, "community-based MSA" may refer to either a facility- or a community-based MSA.

Medical staff associations also:

- Provide a forum for physicians to address issues in their facility, community or zone
- Facilitate communication between medical staff and the zone medical authority
- Represent the interests of the medical staff and the community to each zone medical advisory committee (ZMAC)
- Advise on physician recruitment
- Advocate for members with the NSHA, the IWK, the Department of Health and Wellness (DHW), the College of Physicians and Surgeons of Nova Scotia, and DNS
- Ensure policies, procedures and due process are followed
- Enhance members' professional and personal quality of life
- Promote and support continuing medical education and physician leadership development

- Promote workplaces that value integrity, research, learning, teaching, clinical excellence and communication
- Model and sustain a positive physician culture
- Organize and promote social functions for members

What is required to establish a medical staff association?

The crucial ingredient of an MSA is people – a group of physicians united by geography and a sense of purpose, and who, in the case of zone-based MSAs, meet the health authorities' member eligibility criteria (see NSHA Medical Staff Bylaws, section 11.2, for more information). Members must be credentialed in that community or zone (member eligibility for ZMSAs is defined by the NSHA/IWK medical staff bylaws).

Once the membership has been established and an Executive Committee has been elected, the MSA needs:

- Terms of reference
- Policies and processes
- Mechanisms for collecting and managing member dues

The crucial ingredient of an MSA is people – a group of physicians united by geography and a sense of purpose

How are MSAs structured?

Because the province’s MSAs originated independently, each one has a slightly different organizational structure. Generally, MSA members elect an Executive Committee, which is responsible for governance and decision-making.

Following the development of the new NSHA medical staff bylaws in 2015, members of several Nova Scotian MSAs have been working together to develop a provincial MSA structure that complements the NSHA administrative structure and is compatible with the NSHA bylaws. (Read more in Appendix A, page 18.)

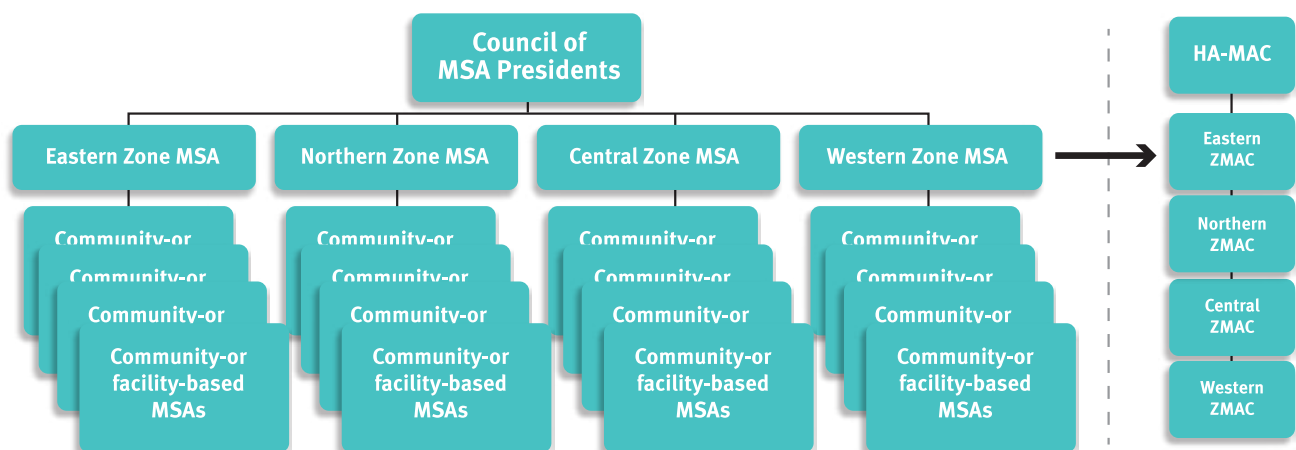
How do medical staff associations fit into the bigger picture?

With the move to a single provincial health authority in 2015 came new bylaws that stipulated the creation of four zone-based MSAs. Those bylaws also outlined how the work of community and zone-based MSAs intersected with the work of the new health authority.

NSHA and IWK

Reference to the Nova Scotia Health Authority (NSHA) throughout this document is not intended to exclude the IWK; any reference to the NSHA could generally be reasonably extended to the IWK, which has its own bylaws, terms of reference and medical staff association framework.

READ THE MEDICAL STAFF BYLAWS online at novascotia.ca/just/regulations/regs/hamedstaff.htm



This chart demonstrates how community-based MSAs could relate to one another, to the zone-based MSAs, and to the zone medical advisory councils (ZMACs) and the NSHA overall.

Note that MSAs feed into the NSHA by way of the zone medical advisory councils; this is the primary mechanism for physicians to provide input into decision-making at the provincial level.

Guide to acronyms

MSA – medical staff association (sometimes also known as medical staff organization)
CMSA – community-based medical staff association
ZMSA – zone-based medical staff association
HA – Health Authority
HA-MAC – Health Authority Medical Advisory Committee
ZMAC – Zone Medical Advisory Committee
CoP – Council of Presidents

Funding available

Doctors Nova Scotia (DNS) is committed to supporting its members as they work to establish or improve MSAs in their communities. In addition to commissioning written MSA resources, the association has developed an MSA grant program. Medical staff association members may apply for a one-time allocation of up to \$10,000 to support the establishment of a new community- or zone-based MSA, or support the ongoing work of an existing MSA.

Find the grant application online at doctorsNS.com > Contract & Practice Support > Tool Kits for Physicians > Medical Staff Associations.

Medical staff associations and the Nova Scotia Health Authority

The NSHA has medical staff bylaws provisions that pertain directly to MSAs. Sections 8 and 11 of those bylaws cover ZMACs and ZMSAs.

Section 8 explains that ZMACs are zone-based committees of the Health Authority Medical Advisory Committee (HA-MAC), which were established to advise the HA-MAC on matters concerning the provision of quality patient care, teaching and research within the four zones of the NSHA.

Section 11 details the requirement for four ZMSAs (one per zone), each of which must have terms of reference, policies and processes determined by its membership.

The sections specify the composition of the groups, their purpose and responsibilities, and the associated dues and resourcing requirements.

READ THESE and other relevant NSHA medical staff bylaws relating to MSAs in Nova Scotia in Appendix B (page 20).

What is the role of Doctors Nova Scotia?

Although MSAs exist independently of DNS, the association is committed to supporting their work. Doctors Nova Scotia may support an MSA in a number of ways, including:

- Developing governance processes and policies
- Collecting and administering dues
- Supporting your communication needs
- Providing help with advocacy, media training and government relations
- Improving physician engagement and leadership development
- Connecting groups of physicians with common issues
- Providing financial support (see “Funding available,” at left)

If your MSA needs support with any of the above, contact your DNS Physician Advisor (tinyurl.com/DNSphysicianadvisors) to get started.

The Tools

Practical assistance

Medical staff associations exist in a number of formats and jurisdictions in Nova Scotia. To help physician leaders in their work to establish or evolve MSAs in their facilities, communities and zones, DNS has gathered a number of useful resources, including:

- Guide to developing operational processes
- Sample terms of reference
- Sample policy (template)
- Sample subcommittees

In the following pages, you will find a brief introduction to each resource, followed by a template that you can use as an example as your MSA develops its own policies and procedures.

While each example outlines specific details, this is just suggested content that can be changed or augmented to fit the needs of a given physician community. The information in each section has been derived from MSAs in other Canadian jurisdictions and best practices, and it is designed to be adaptable for use in community-based, zone-based or provincial MSAs.

Operational Processes

Part of establishing a stable, sustainable MSA is developing sound operational processes. Ensuring that these processes are in place means that the crucial work of the MSA continues even during times of transition, for example, during the changeover of Executive Committee membership following an election.

Key operational processes for an MSA to establish include:

- Administration
- Governance
- Voting
- Finances and dues
- Communication
- Physician engagement

Each MSA can develop processes, and assign responsibilities for enacting those processes, as it sees fit. Use the following guide, which collates information gathered in a scan of MSAs across Canada, to help determine what needs to be done, when and by whom.

Guide to Developing Operational Processes

ADMINISTRATION

Each MSA will have to determine who will look after the administrative needs of the association and how much that service will cost. An MSA's Executive Committee should work together to determine what its needs are and what resources are available. Ensuring an MSA's administrative needs are met might require striking relevant subcommittees to take advantage of members' expertise, working with stakeholder partners to obtain in-kind support or hiring professional help to take care of items such as:

- Booking meetings and arranging meeting logistics
- Minutes and record keeping
- Managing member communications
- Bookkeeping
- IT management

GOVERNANCE AND VOTING

Governance is the process that determines who has authority, who makes decisions and how other members make their voices heard. When developing a governance process for your MSA, consider the following:

Mission-focused action

The first step in good governance is to define an overarching purpose for your MSA. Ask “What is the purpose of this MSA?” then use the answer to guide you as you plan the work of your MSA.

Cohesive policies

Policies should follow the same logic, overall objective and tone.

Consistent management

Create consistent, cohesive policies and realistic succession plans to ensure that your MSA is well-managed from year to year. Including a President-elect on the MSA’s Executive Committee is a simple way of ensuring smooth transitions. Term limits are also helpful, and create regular leadership vacancies that can also encourage new leaders to step up.

Oversight and accountability

Ensure that the responsibility for maintaining oversight of the association’s activities is shared among Executive Committee members. Keep accurate, up-to-date records of all activities and make accountability a priority. Work to ensure prudent fiscal management and regularly engage members in a comprehensive evaluation of your MSA’s key performance indicators.

Transparency

Provide regular (annual, if not more frequent) reports to MSA members to ensure that they are well informed about the MSA’s activities and that they understand how their membership dues are being administered.

Voting

Each MSA should determine the voting process that best meets its needs. To develop a functional voting policy, consider the following questions:

- When is the AGM?

This should be consistent each year and give enough time to clear all business matters after

fiscal year-end.

- What constitutes a quorum for the AGM or any special meeting?
- How, and when, will the AGM agenda and supporting documentation be distributed?

The agenda and any supporting documentation for voting items should be distributed at least 21 days before the AGM or any special meeting.

- Who sets the agenda for the AGM or other special meetings?
- What is the process for calling a meeting and setting an agenda if called by someone other than the Executive Committee, that is, an individual or sub-group of the membership? Consider:
 1. How many supporting members do they need to allow the meeting to go ahead?
 2. How far in advance should written notice of the agenda item, motion or meeting be provided to the Executive Committee and through them to the general membership?

FINANCES AND DUES

One of the most important topics of discussion surrounding finances for an MSA will be membership dues. The dues amount and related processes will vary from group to group. Before collecting dues, ensure that your MSA has developed and communicated clear plans about the amount, frequency and process of dues collection, and can outline how the money will be used.

Fiduciary duty

The MSA Executive Committee has a fiduciary duty to its MSA. This means that all necessary steps must be taken to ensure that the MSA monies are spent according to the MSA’s mission, that any statutory duties are fulfilled (for example, the appropriate payroll deductions are made for any employees) and that fraudulent activity is avoided. Financial management may be outsourced to a third party, but the President and Executive Committee members remain responsible for fulfilling their fiduciary duty.

Financial records

One of the best ways to ensure you are complying with the necessary elements of responsible financial management is to create and maintain sound financial records. Make sure that records are regularly up-

dated and maintained. In addition, it is recommended that MSAs:

- Present regular financial updates
- Produce an end-of-year financial statement

Dues payment

An MSA should outline its dues collection process as early as possible. When developing this process, consider the following:

1. Will dues be mandatory or voluntary?
2. How much will be charged for dues? An MSA's membership dues will vary depending on membership, activities and needs. The environmental scan showed that most MSAs charged dues of about \$100 annually.
3. How much money will be required on an annual basis, and how will the funds be used? This will vary from MSA to MSA, depending on each association's planned activities and other requirements; for example, will you need to pay member stipends, administrative support costs or fees related to continuing medical education or social activities?
4. How will dues be paid, and who administers their collection? Direct payment to an MSA's Secretary/Treasurer is one approach, but it requires a robust administrative support system.

COMMUNICATION

Communication is critical for any organization. Strong communication will position your MSA well for success with your membership, health-care stakeholders and the public. When developing communication processes, consider the following points.

Communication tools

The modern MSA has a variety of communication tools at its disposal. Choose the tool that best suits your message and intended audience.

- E-mail is likely to be the tool you use most often to communicate with your members, health-care stakeholders and others. For best results, use short, clear short messages with a subject line that succinctly describes the purpose of your message.
- Social media is a common way of communicating, but consider your audience. While a private Face-

book group might be useful for communicating among your membership, it is not the best tool for zone communications. Other jurisdictions report that not many physicians actively monitor social media.

- Flyers are a low-tech, highly effective way to promote meetings and special events. This is especially the case when promoting an event through the use of flyers in physician mailboxes or on bulletin boards in large clinics or at hospitals.

Internal communications

Communicating with members is essential to ensure optimal member engagement and participation. Regular, succinct member communications will keep the membership up-to-date on MSA business and help ensure members stay interested and active in the association.

Meeting notices: Zonal MSAs should plan to meet at least twice per year. To ensure meeting notices are effective, plan to send two notices per meeting: one six weeks before the event and a reminder notice week of the event.

Minutes: Take meeting minutes to summarize the discussion, as a reminder for attendees and as information for members who were unable to attend. Include the date of the meeting, a list of attendees and the meeting agenda, followed by the points discussed. Meeting minutes should be distributed soon after the meeting.

Executive updates: One of the most important roles of the ZMSAs is to serve as a connection between their members and the health authorities. Zone executives are responsible for facilitating two-way communication and updating their members about any upcoming changes and/or events taking place at the NSHA/IWK level.

External communications

Because MSA members have direct contact with patients and understand the real impact of service delivery changes on the overall health of local populations, MSAs may play an important role in identifying local or regional issues that impact health-care delivery. Occasionally, raising these issues may involve contacting people outside of the MSA, including the Minister, officials at the DHW, representatives of the

health authorities, or members of the media or the public. When developing processes on external communications, consider the following:

Health-care stakeholders: Before contacting senior staff at any health-care stakeholder organization, it is important to understand if changes in the community or zone are the result of regional or provincial, what background information is available and what approach might be most effective.

READY TO SPEAK OUT? Doctors Nova Scotia provides a number of resources to support physicians in their health-care advocacy efforts. Learn more at tinyurl.com/DNSadvocacytoolkit

Media: Whether the MSA or its members have been contacted by a member of the media to provide an expert opinion, or they want to contact the media to raise a specific issue, it is important that they do so fully aware and properly informed of how the information provided may be used.

DOCTORS NOVA SCOTIA PROVIDES media training. Contact Barb Johnson, Senior Communications Advisor, for more information: barb.johnson@doctorsns.com

The public: Occasionally, an MSA may be asked to communicate with the public to promote a specific community event. Identify whether the event's goal aligns with the MSA's priorities before agreeing to publicize the event.

PHYSICIAN ENGAGEMENT

Physician engagement is key to the success of any MSA. Keeping members informed of the purpose and priorities of the association, regularly updating them on its activities, and providing regular opportunities for them to offer feedback to and drive change within the association will help keep physician members active and engaged. See page 16 for ideas about subcommittees that could support this work.

Terms of Reference

Terms of reference are the foundational building blocks of any organization. They define the organization's purpose, scope of activities and reporting structure, and can also show where the specific organization fits into a larger network; for example, an MSA's terms of reference might demonstrate how that association fits into the MSA framework as determined by the NSHA's medical staff bylaws.

The sample terms of reference provided may act as a template for MSAs that are beginning to develop or are in the process of revising their terms of reference. The template includes standard content that will help ensure the MSA has clearly identified its roles and responsibilities, and is adequately structured and supported, in sections including: purpose, scope, authority, executive, meeting schedule, communications, dues, voting, reporting, resourcing, review and evaluation, relationship to other groups and related documentation.

While it is necessary to outline certain details in a terms of reference document, such as reporting structure and responsibilities, the template provided in the tool kit is descriptive rather than prescriptive. Each MSA is invited to add to, subtract from or augment the provided content to best fit its needs.

The following template can easily be modified to be used as terms of reference for other bodies, such as an MSA subcommittee. (Read more on subcommittees on page 16).

Sample Terms of Reference

Adopt and modify this template as required to serve the needs of your MSA.

TERMS OF REFERENCE

XX Facility/Community/Zone Medical Staff Association

Effective Date:

Revised:

Approved by:

BACKGROUND

Nova Scotia has two health authorities, the Nova Scotia Health Authority (NSHA) and the IWK Health Centre. The NSHA has a CEO, nine vice-presidents and four zones (Western, Eastern, Central and Northern), in which exist a number of leadership roles, including: medical executive director, operational executive director, medical site lead(s), department head(s) and division head(s). The NSHA President, CEO and Board are advised by the Health Authority Medical Advisory Committee (HA-MAC) and its sub-committees, which are in turn advised by each zone's medical advisory committee (ZMAC). Zonal medical staff associations (ZMSAs) are the crucial link between physicians in practice and health-system decision-makers.

The NSHA medical staff bylaws speak to the relationship between the ZMAC and the zonal MSAs. They state:

- **Bylaw 11.4** states that the purpose of the zone medical staff association (ZMSA) is to represent the interests of the medical staff to the NSHA's executive management team, the zone medical advisory committee (ZMAC) and the health authority medical advisory committee (HA-MAC).
- **Bylaw 8.3.4** states that there must be a member from the ZMSA on each ZMAC.

The following provisions are the Terms of Reference for the XX MSA.

PURPOSE

The **XX MSA** mandate is to represent the best interests of its members.

SCOPE

The activities carried out by the **XX MSA** include, but are not limited to:

- Providing a forum for determination of common goals and the prioritization thereof
- Facilitating communication and collaboration across the medical staff
- Engaging with NSHA/IWK and providing effective representation of the MSA
- Advocating on behalf of its members to the NSHA/IWK, HA-MAC, ZMAC
- Modelling and sustaining a positive physician climate that enhances professional quality of life
- Gathering feedback and concerns from members regarding patient care or service issues, teaching and research
- Obtaining advice on strategic direction for policy and advocacy
- Organizing and running elections for MSA executive
- Coordinating voting on bylaw amendments
- Providing detailed reporting and accountability for funding and in-kind support
- Appointing an advisor to provide guidance, counsel or support to practitioners
- Organizing continuing medical education for members
- Organizing social functions for members

AUTHORITY

The relationship between physicians of the province and the NSHA/IWK is defined through the health authorities' privileging processes and governed by the medical staff bylaws. These bylaws allow medical staff to fulfill their responsibilities to patients of the province and support accountability to the NSHA/IWK. The bylaws govern the resolution of issues and the conduct of the medical staff. The Nova Scotia Health Authority bylaws, section 11 identifies that:

- 11.1 There must be four zone medical staff associations, which must have terms of reference and policies and processes which are defined by such zone medical staff associations.
- 11.2 Members of the Zone Medical Staff Associations must consist of members of the medical staff eligible for membership under these by laws and who have such Zone designated as the primary base for applications of their privileges.
- 11.3 Membership in the zone medical staff association does not convey, confer or imply any benefits, rights or privileges of membership in the Zone Medical Staff Association.
- 11.4 The purpose of the zone medical staff associations is to represent the interests of the medical staff to the NSHA Executive Management team and the Zone Medical Advisory committee and Health Authority Medical Advisory committee.
- 11.5 Dues to be paid to the zone medical staff associations by the members of the medical staff must be determined from time to time by the zone medical staff association for the zone designated as the primary base for application of their privileges.

Within these bylaws, the ZMSA has the authority to represent the interests of the medical staff to the NSHA/IWK Executive Management team, the ZMAC and the HAMAC.

The leaders of the ZMSA will convene with the leaders of the other three ZMSAs in Nova Scotia to select one representative to sit as a member of the NSHA MAC as the ZMSA member.

MEMBERSHIP

All physicians within the **XX facility/community/zone** are eligible to become members of the MSA and become members upon application and payment of MSA dues. All members may vote at any general or extraordinary meeting.

EXECUTIVE COMMITTEE

The **XX MSA** Executive Committee will be chosen through an agreed-upon process and voted upon by the membership at the AGM. Executive positions are appointed for a **XX-year term**, and may serve a maximum of **XX terms** consecutively.

TITLE	TERM	COMPENSATION
President	xx year(s)	\$X,XXX
President-elect	xx year(s)	\$X,XXX
Past president	xx year(s)	\$X,XXX
Secretary/treasurer	xx year(s)	\$X,XXX

MEETING ARRANGEMENTS/SCHEDULE

The **XX MSA** will hold an annual general meeting (AGM) that is open to all members. Any bylaw or terms of reference amendments must be ratified at this venue.

- For quorum to be met at the AGM, **xx** members must attend.
- For a vote to pass, there must be a simple majority (**xx%** of voters plus one).
- Proxy votes will not be accepted.

Between AGMs, it is recommended that the **XX MSA** Executive Committee meet monthly to discuss issues, initiatives, financial information and any other business.

If the Executive Committee deems a sub-committee or task force is required for a particular issue or initiative, that group will be formed with its own terms of reference, specifying the frequency and format of meetings, as well as membership to the committee and what constitutes quorum.

COMMUNICATIONS

It is the responsibility of the leaders of the **XX MSA** to ensure members are kept informed of the MSA's activities. Communication strategies can be flexible and designed to best suit the needs and expectations of the membership. Suggestions include:

- Quarterly newsletter
- Establishing a **XX MSA** web site
- Publication of minutes of **XX MSA** and subcommittee meetings and activities

REPORTING

The **XX MSA** is accountable to its members. Members are entitled to see quarterly and annual financial statements, and should be provided with the annual report (written or presented) at the AGM.

Finances and other resources

The funds available to the **XX MSA** will be raised by the organization through the collection of membership dues and/or other self-directed efforts (for example, through grant applications).

- Dues payable by each member are **optional/mandatory**.
- Dues will be set by the Executive Committee and announced at the AGM.
- Dues will be collected annually by **[describe the dues collection process]**.

REVIEW

These terms of reference will be reviewed by the **XX MSA** Executive Committee every three years. Any amendments made must be ratified by the membership of the **XX MSA** at an AGM.

Developing MSA Policies

For effective governance, every MSA needs to develop a set of policies to assist them in the efficient execution of the processes identified in the previous section. In fact, the NSHA’s Medical Staff Bylaws specify that all MSAs must develop policies, but the bylaws do not specify the number or type of policies; that is left to the discretion of each MSA.

To facilitate policy development, this section includes a sample policy: Election of MSA Executive. The content can easily be changed to support the development of any other policy that would benefit the work of your MSA, for example: communications, hiring, nomination or evaluation.

Sample Policy (template – Executive Committee Election)

Policy Number XX-XXXX			
Policy Title Election of XX MSA Executive			
Date			Originator of Policy
Month	Day	Year	Author Name, Title
xx	xx	xx	Approving Authority Approving Authority Name, Title
Revision Date			
Month	Day	Year	
xx	xx	xx	

PURPOSE

To outline the processes, policies and requirements for the election of the Executive Committee of **XX MSA**, and to ensure that the elected individuals possess the skills, qualities and professional experience to collectively contribute to effective board governance.

COMPOSITION OF EXECUTIVE COMMITTEE

Title	Term	Compensation
President	xx year(s)	\$X,XXX
President-elect	xx year(s)	\$X,XXX
Past president	xx year(s)	\$X,XXX
Secretary/treasurer	xx year(s)	\$X,XXX

NOMINATIONS COMMITTEE

The current MSA executive shall establish a Nominations Committee that shall be charged with identifying and recommending individuals to fill vacant Executive Committee positions.

The size and composition of the Nominations Committee shall be determined by the sitting Executive

Committee; this will be reviewed every **xx years**. The **Past President** shall serve the chair of the Nominations Committee.

NOMINATION PROCESS

The Nominating Committee shall identify qualified candidates through the following process:

1. The number of vacancies will be determined each year and the necessary criteria to fill those vacancies will be identified. Renewal of current executive members will not be automatic.
2. A call for nominations will be made and interested parties will be encouraged to submit applications.
3. Vacancies will be communicated to all members of the MSA.
4. Applications will be submitted to the chair of the Nominations Committee; and reviewed and evaluated by the committee members.
5. A short list of candidates will be developed by the Nominations Committee. Short-listed candidates must be interviewed even if they are standing for re-election.

ELECTION PROCESS

1. The voting members of **XX MSA** have the ultimate responsibility of approving the recommendation of the Nominations Committee, however, subject to applicable legislation, only nominees approved by the Nominations Committee through the nomination process set out in this policy shall be eligible for election.
2. Election of executive members is completed each year as part of the Annual General Meeting.
3. The Nominations Committee shall identify candidates to be brought forward to the voting membership for consideration.
4. Candidates recommended by the Nominations Committee will be presented to the voting members for election and approval.
5. The Nominating Committee may recommend more candidates than vacancies.
6. In the event that the number of candidates equals the number of vacancies, the voting members shall be asked to vote for or against the slate and, if such vote does not carry, the vote shall take place for or against each nominee individually.
7. In the event that one or more recommended candidates are not elected, the current executive shall determine an appropriate process to bring new candidates forward for election.
8. In the event of a tie, the deciding vote will be cast by the current Past President.

APPROVALS

_____ President	_____ Date
_____ Vice-president	_____ Date
_____ Secretary/treasurer	_____ Date
_____ Past President	_____ Date

Subcommittees

In addition to its Executive Committee, an MSA may choose to establish one or more additional subcommittees to help the association carry out its mandate. There are a number of possibilities for subcommittees and an MSA may not use them all, particularly in the association's early days. Read the range of options available and decide among your membership what subcommittees would be best suited to providing the type of support you need.

All MSAs need effective leadership, so it is highly recommended to establish an Executive Committee fairly early. Other committees may be valuable additions to your MSA, but not as high priority. Indeed, in the early days, establishing and overseeing too many committees may require more work than can be justified by the benefits they provide. As an MSA grows and evolves, it can establish more subcommittees.

Below you will find a list of a number of subcommittees used in MSAs across Canada. These examples may prove helpful as you develop your own MSA.

SAMPLE SUBCOMMITTEES

Subcommittees for community-based MSAs

Executive Committee

The administration and direction of each MSA is the responsibility of the Executive Committee. Committee members are elected following the procedures, terms and term limits listed in each MSA's terms of reference. The voting members of the Executive Committee shall be composed, at a minimum, of the following four officers:

- President
- President-elect
- Past president
- Secretary/treasurer

Communications Committee

In MSAs with a large membership and business needs that require regular member communications, a Communications Committee performs a vital function. Communicating with members is essential to ensuring optimal member engagement and participation, and outsourcing that work to the Communications Committee frees up the Executive Committee to focus on governance work and other duties.

Practice Improvement Committee

MSA members can work together to define areas where practice relevant improvements are required. Working with members to identify topics and arrange training sessions (for example, on billing best practices, EMR technology or point-of-care testing) is the work of the Practice Improvement Committee.

Education Committee

Some MSAs are very active in planning continuing medical education (CME). These associations make CME sessions their focus; planning these sessions is the focus of the Education Committee.

Social Committee

Providing opportunities for physicians to socialize with their colleagues is the key role of the social committee and a highly valued function of many MSAs. In fact, many MSAs include social activities as a central part of their mandate and host gatherings such as holiday parties and special dinners.

Subcommittees for zone-based MSAs

Medical Staff Bylaws and Rules Review Committee

This subcommittee reviews and studies proposed amendments to the health authorities' bylaws and rules recommended by itself or the NSHA/IWK. It also confers with other parties as appropriate and makes such recommendations as it deems necessary to the Executive Committee to be moved forward to the Council of Presidents.

Zone Medical Advisory Committee

A zone medical advisory committee (ZMAC) considers, advises and reports on all matters pertinent to patient care and to the medical staff at the zone level. These matters include but are not limited to:

- Quality and safe patient care
- Zone-level service planning and delivery
- Zone input into practitioner workforce planning
- Interdisciplinary patient care
- Zone-level interaction with respect to the medical staff bylaws and rules
- Advise on matters concerning medical staff appointments, clinical privileges and changes to medical staff appointments and clinical privileges of the medical staff

- Promote interdisciplinary teamwork
- Fulfill all other responsibilities and duties assigned to it by the bylaws and rules

Subcommittees at the provincial level

The following subcommittees are examples of committees that exist in other jurisdictions in Canada, which may eventually become useful models in Nova Scotia.

Representative Forum

A representative forum consists of delegates from every specialty, geographic area, practice type (including medical students, residents/fellows, and practising and retired physicians), the College of Physicians & Surgeons and medical school dean(s). The forum meets at least twice a year to discuss relevant areas of interest/concern.

Provincial Practitioner Executive Committee

A Provincial Practitioner Executive Committee (PPEC) considers, advises and reports to the provincial health authority and the province's chief medical officer on all matters pertinent to patient care and to the medical staff. These matters include, but are not limited to:

- Quality and safe patient care
- Interdisciplinary patient care and teamwork
- Service planning and delivery
- Practitioner workforce planning
- Practitioner satisfaction
- All other responsibilities and duties assigned to it by the bylaws and rules

A PPEC oversees:

- The overall functioning of the four ZMACs
- The overall functioning of the bylaws and rules

Council of Presidents

With four ZMSAs in the province, it may be beneficial to form a Council of Presidents. This group could:

- Advise health authorities on medical staff bylaw revisions and amendments, representing the collective voice of their membership.
- Advise the HA-MAC, representing the collective voice of their membership.

- Provide a venue for the NSHA/IWK and ZMSAs to discuss and consider common issues and developments on a by zone and/or provincially.
- Provide a venue in which zonal leaders can share issues and concerns.
- Identify common issues to advance to the health authorities on behalf of their members.

Appendices

More information

Appendix A – The Provincial Draft MSA Structure

The provincial draft MSA structure formalizes the relationship and interactions between MSAs and the Nova Scotia Health Authority (NSHA). It outlines how community and zonal medical staff associations are formed, structured and governed, outlines their responsibilities and delineates the reporting structures.

COMMUNITY-BASED MEDICAL STAFF ASSOCIATION

Formation and structure:

- Each of the former district-based medical staff organizations will be grandfathered in as a community-based medical staff association (CMSA).
- All members of the medical staff will be eligible to be a member of a CMSA, pay dues as ratified by the membership and attend meetings as specified by the CMSA.
- Members who are practising in more than one community or zone may choose which CMSA, or more than one CMSA, to join.
- Each CMSA will elect an executive consisting of, at minimum, a president, vice-president and secretary/treasurer. Other

positions (for example, events secretary, recorder, etc.) may be added to the executive at the discretion of the CMSA, following a formal motion.

- Duties of the executive, over and above expectations of the ZMSA structure, will be determined by CMSA membership.
- Ad hoc committees, with a specific function and reporting structure within the CMSA, may be established by formal motion.

Responsibilities:

The CMSA will be responsible for:

- setting and collecting CMSA dues;
- collecting and, if necessary, forwarding ZMSA dues;
- arranging community based educational and social events;

- determining quorum and membership's expectations for CMSA attendance;
- determining which members serve on local medical and hospital committees; and,
- other responsibilities.

Governance:

- A CMSA may apply to merge with another CMSA by majority vote of the total potential membership.
- New CMSAs may be formed in an area with 20 or more physicians, by a 2/3 supporting vote of the potential members.
- Electronic meetings and voting on motions are encouraged when the CMSA executive determines that broad member input is required.

ZONAL MEDICAL STAFF ASSOCIATION

Formation and structure:

- All CMSA members within a zone will be considered members of that zone's zonal medical staff association (ZMSA).
- The CMSA presidents will form the executive of the ZMSA and will meet at least twice a year.
- The CMSA vice-presidents (CVPs) will act as delegate members of the ZMSA executive.
- Each ZMSA will determine whether to extend full membership of the ZMSA executive to CVPs, according to the zone's needs.
- Each ZMSA will determine a method of voting for a zonal president (ZP), zonal vice-president (ZVP) and zonal secretary/treasurer, who will be chosen from members of the ZMSA Executive.
- Other positions may be added at the discretion of the ZMSA executive, following a formal motion.
- Ad hoc committees, with a specific function and reporting structure within the ZMSA, may be established by formal motion; members of such ad hoc committees may be recruited from any of the zone's CMSA, other professions and/or community members.

Responsibilities:

The ZMSA will be responsible for:

- ensuring that each CMSA is aware of pertinent information from other CMSAs within the zone;
- representing the Medical Staffs at the ZMAC (1 member of the ZMSA executive is to sit on ZMAC);
- reporting Zonal issues to the Council of Presidents via the ZP and/or ZVP;
- communicating any issues from the Council of Presidents to members;
- coordinating zonally based educational and social events;
- determining which members serve on zonal medical and hospital committees; and,
- setting ZMSA dues, (which require ratification by zonal medical staff, and are independent of CMSA dues).

Governance:

- Electronic meetings and voting on motions are encouraged, for example when a meeting of the ZMSA executive is not possible or when the ZMSA executive determines that broad input is required (for example, for setting ZMSA dues).
- Members of the ZMSA executive may choose to claim expenses for attendance at ZMSA executive meetings, paid out of zonal dues, at the same rate as those set by the NSHA. Details of expenses paid will be made available to all medical staff in the zone on an annual basis.

COUNCIL OF PRESIDENTS

- The presidents of the four ZMSAs and the IWK MSA will form a council of presidents (COP)
- Members of the COP will elect a chair, co-chair and recorder.
- The COP will inform and advise the V.P. Medicine and Integrated Health Services, NSHA, who will act as an ad hoc member.
- The chair and/or co-chair will represent the COP on NSHA Committees as appropriate.
- Biannual meetings in person will be held; these can be more frequent following a request by the V.P. Medicine and/or the majority of members of the COP .
- Meetings, and voting, via electronic means are encouraged to supplement these biannual meetings, as issues arise.
- Each zone president will provide a written report to the COP at least two weeks (14 days) before the biannual meeting, which will be disseminated one week (seven days) prior to the meeting.
- Ad hoc committees, with a specific function and reporting structure, may be established by formal motion, and may recruit members from any member of medical staff, as well as other professionals and/or community members.
- Members of the COP and invited speakers may claim expenses for attendance from, and at the same rate as those set by, the NSHA.
- The president of any CMSA, or another delegated member of any CMSA executive, may choose to be present at any COP meeting as an observer. (The NSHA will not cover expenses for observers, but the ZMSA may choose to do so.)

Appendix B – NSHA Medical Staff Bylaws Relating to Medical Staff Associations

This appendix excerpts the bylaws directly related to MSAs in Nova Scotia. Read the full bylaws at nova-scotia.ca/just/regulations/regs/hamedstaff.htm.

PART B – ORGANIZATIONAL STRUCTURE

8. ZMAC(s)

- 8.1 There must be a ZMAC for each zone of the HA.
- 8.2 ZMAC(s) are committees of the HA-MAC established to advise HA-MACs on matters concerning the provision of quality patient care, teaching and research within the management zone as prescribed by the mandate of [the] HA.
- 8.3 The ZMAC(s) must consist of the following:
 - 8.3.1 the Zone Medical Executive Director who must act as chair;
 - 8.3.2 any other members, as may be outlined in the rules and regulations, reflecting representation of the leadership of the zone departments and programs of care as determined by the HA VP Medicine after consultation with the Zone Medical Executive Director and the Zone Executive Director and as documented in the rules and regulations;
 - 8.3.3 the applicable medical site leads for the applicable zone;
 - 8.3.4 a designated representative of the ZMSA;
 - 8.3.5 the Zone Executive Operations Director(s); and
 - 8.3.6 the HA VP Medicine ex officio and other non-voting representatives from the zone clinical directors/managers as may be provided for in the rules and regulations.
- 8.4 The chair of the ZMAC is accountable to the HA-MAC through the HA VP Medicine.
- 8.5 The ZMAC must meet at regular intervals and not less than 10 times per year. Special meetings may be called by the Chair, and written or oral notice must be given to all members of the committee at least 48 hours prior to any meeting.
- 8.6 The quorum for a meeting of the ZMAC or any of its committees must be 50% of the voting members.
- 8.7 The Chair is entitled to vote and in the situation of an equality of votes, the motion must be considered defeated.
- 8.8 ZMAC must:
 - 8.8.1 be responsible through the Zone Department [Heads]/[Zone] Division Heads and the medical site leads for oversight of the ethical conduct and professional practice of the members of the zone medical staff;

- 8.8.2 be responsible, through the Zone Department [Heads]/[Zone] Division Heads and the medical site leads for the supervision, quality, organization and delivery of all services provided by the medical staff including patient care, teaching and research for the applicable zone;
- 8.8.3 consider, coordinate, and recommend to the HA-MAC the rules & [and] regulations and policies as they apply to the medical staff as a whole or to individual departments, or divisions;
- 8.8.4 consider and take appropriate action on all matters and recommendations forwarded from standing and ad hoc committees or subcommittees;
- 8.8.5 consider and make recommendations on such matters as may be referred to it by the HA-MAC; and
- 8.8.6 advise the HA-MAC of such committees as it considers necessary for the proper governance of the ZMAC and must set their terms of reference and appoint the members and chairs of such committees.

11. ZMSA(S)

- 11.1 There must be 4 ZMSAs which must have terms of reference and policies and processes which are defined by such ZMSAs.
- 11.2 Members of the ZMSA must consist of members of the medical staff eligible for membership under these bylaws and who have such zone designated as the primary base for application of their privileges.
- 11.3 Membership in the ZMSA does not convey, confer or imply any benefits, rights or privileges of membership in the medical staff.
- 11.4 The purpose of the ZMSAs is to represent the interests of the medical staff to the NSHA's executive management team and on the ZMAC and the HA-MAC.
- 11.5 Dues to be paid to the ZMSA by the members of the medical staff must be determined from time to time by the ZMSA for the zone designated as the primary base for application of their privileges.

OTHER RELEVANT BYLAWS:

PART B – ORGANIZATIONAL STRUCTURE

2. Medical staff categories

- 2.8.3 Active with admitting and active without admitting (facility) medical staff:
 - 2.8.3.2 must attend, participate in the general business of their division/department, program or service and the NSHA and be entitled to vote at the ZMSA meetings and meetings of the division and department to which they are appointed.
- 2.9.2 Active without admitting medical staff (community) members:
 - 2.9.2.2 may, on request of the applicable Zone Department Head, participate in the on-call requirements of their division/department; may attend, participate in the general business of their

department, division, program or service and the NSHA and be entitled to vote at the ZMSA meetings and meetings of the division and department to which they are appointed

2.10 Locum tenens

2.10.8.1 Locum tenens staff are not eligible to hold office on the ZMAC or HA-MAC or on the ZMSA.

2.12 Affiliated staff

2.12.3.4 may attend but not vote at ZMSA meetings or hold office in the in ZMSA;

2.12.3.5 may attend but not vote at zone department or zone division meetings or at the ZMAC or HA-MAC unless they are appointed to the role of division or department heads.

2.13.2 Temporary medical staff:

2.13.2.3 temporary medical staff may attend ZMSA meetings, but are not required to do so.

2.14 Residents

2.14.1 Medical/dental students/residents shall not be members of the HA medical staff or of the ZMSA.

PART C – NSHA BYLAWS RELATED TO MEDICAL STAFF APPOINTMENT, CREDENTIALING AND DISCIPLINE

1. HA-MAC hearing pool and HA-MAC hearing committee

1.1 The HA-MAC hearing pool is composed of 8 members made up of:

1.1.1 1 member representing each zone and who is not a member of their ZMAC; and

1.1.2 member from the ZMSA for each zone.

5. Revocation/suspension/variation regarding medical staff privileges – complaint

5.6 In the case where the Zone Department Head (or the Zone Medical Executive Director, as relevant) finds that the grounds for the complaint are unfounded, the Zone Department Head shall notify the person initiating the complaint, the member, and the ZMSA that the complaint is being dismissed.

7. Facilitated mediation process

7.2 The parties involved in the facilitated mediation process shall be:

7.2.1 the member who is the subject of the facilitated mediation process;

7.2.2 the HA representative selected by the CEO or designate (who must not be the Zone Department Head of the member who is the subject of the facilitated mediation process, and who is not the person named in Section 7.2.4);

7.2.3 a ZMSA member of the zone that the member works in and appointed by the ZMSA executive; and

7.2.4 the member's Zone Department Head in the case of a reappointment application; the person initiating a complaint in the case of the Section 5; or the person initiating the immediate action in the case of Section 6.