



Site Review & Reporting Process Submission Template File 2022-2023

Forensic Physician Engagement Society
Provincial Health Services Authority

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In order to collect information for the 2022/23 Forensic Physician Engagement Society (FPES) Site Review & Reporting Process (SRRP) report an offsite three-hour Strategic Check-up & SRRP Content Prep session was held on March 9, 2023. Attendees included, Board members of the FPES – Dr. Deanne Breitman, President; Dr. Mandeep Saini, Vice President; Dr. Pratap Narayan, Treasurer; Dr. Witold Widajewicz, Past-President & Member-at-Large, Dr. Santoch Rai, Member-at-Large. The FPES Society Administrator, Stacy Mulcahy, and Administrative Assistant, Danielle Elder, as well as the former (Ronnie Hammond) and new (Andrew Reid) Engagement Partners were also in attendance. The event was held in the boardroom at Milestones, Coquitlam. Nichola Manning of NM Consulting Inc. facilitated the session.

The following indicates the FPES vision, mission and values statements for 2023/24:

Vision Statement:

As the principal advocate for forensic physicians, the FPES ensures physician views are represented in organizational decision making through engagement and collaboration with administration.

Mission Statement:

To promote meaningful physician engagement that maintains the Forensic Psychiatric Services Commission as the leading agency that ensures forensic psychiatric patients throughout the province have equitable access to high quality care and services; and that key stakeholders are supported by the expert advice and opinions provided by specialized, interdisciplinary teams of health professionals.

Values:

The FPES adheres to the values set by the PHSA including: respect people; be compassionate; dare to innovate; cultivate partnerships; and service with purpose. In addition, the FPES also adheres to its own established values including:

- ***Integrity:*** *members are accountable for their actions and responsibilities; are honest, transparent and trustworthy; keep confidences and commitments; and always strive to do the right thing.*
- ***Respect:*** *members appreciate, regard and consider others; are open and nonjudgmental; foster a culture of empowerment and diversity; and embrace individuals with different backgrounds, ideas and viewpoints.*
- ***Teamwork:*** *members work together to achieve common goals; provide support to each other; communicate openly and honestly; strive for consensus; engage in peaceful resolution to conflict; and do their part by participating fully.*
- ***Collaboration:*** *members engage parties with mutual interests to achieve shared goals; work with stakeholders on initiatives that directly impact them; and exchange knowledge with other jurisdictions and sectors.*

SECTION 1: MSA & HEALTH AUTHORITY FACILITATED DISCUSSION

As part of the SRRP requirement, engagement societies are required to have a facilitated discussion with Health Authority local and regional administration to discuss the successes, failures, lessons learned and next steps from one to three key 2022/23 activities, initiatives, or events. To fulfil the requirements of this “MSA & HA Facilitated Discussion” section of the SRRP, agreement was made with the Engagement Partner for the FPES to provide a summary of the Feb 3 & 4, Physician & Administration Strategic Engagement Retreat.

Prior to the FPES Strategic Check-up & SRRP Content Prep session, and at the invitation of the PHSA and BCMHSUS leaders,¹ medical staff² from Corrections, Concurrent Disorders and Adult Mental Health, attended a Physician & Administration Strategic Engagement Retreat on February 3rd and 4th, 2023. This was the first time that the PHSA leadership has been available to converse with these medical staff groups. Historically, the relationship between the FPES and HA administration (both regional and site levels) has been challenging; however, the Strategic Engagement Retreat signaled a positive change and willingness for future collaboration and increased physician engagement.

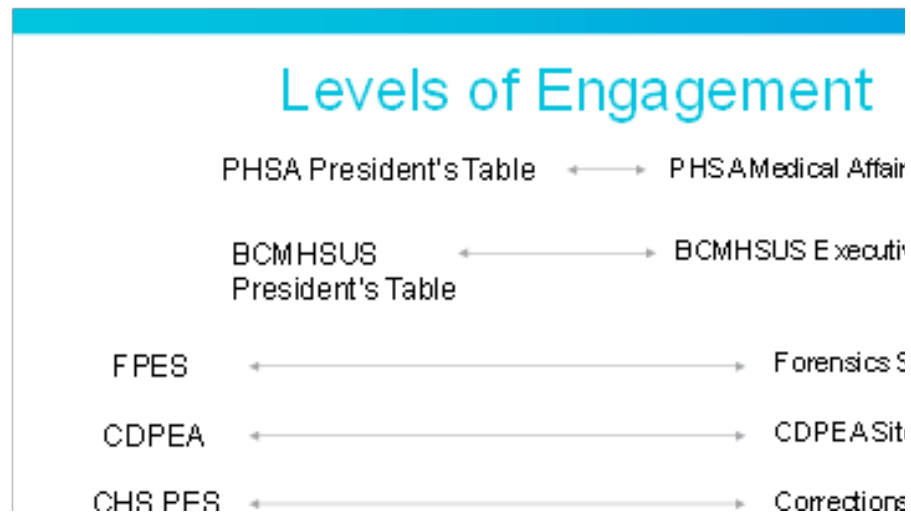
In an effort for the event to be physician-focused, Dr Seethapathy asked that the agenda be planned by the three engagement society Presidents and that membership issues be brought forward. The event provided both formal and informal opportunities for medical staff to have discussions with PHSA and BCMHSUS leadership and also allowed the BCMHSUS leadership to present their priorities and invite physician participation and commentary (see attached Question & Answer Summary). In addition to the question and answer session, other presentations during the retreat included:

- Intentions of FEI & History of BCMHSUS Physician Engagement Societies – Dr. Sam Bugis, Cindy Myles and Ronnie Hamman
- PHSA Priorities & Priorities of New Medical Staff Office – David Byers, Susan Wannamaker, Dr. Virani. Key take aways were
 - Creation of the medical staff office
 - Creation of PHSA HAMAC
 - Forensic Psychiatric Services Commission has been re-appointed with Tim Manning as the chair.
 - Invitation of all CMO's to the budgeting process
 - New portfolio of medical affairs
 - Two new EMDs
 - Titus Wong - Occupational Health and safety
 - Jeff Pike - Medical Staff Health and engagement

¹ PHSA & BCMHSUS leaders that attended the session included: (PHSA) David Byers – President and CEO of PHSA (attended the whole day on Saturday); Dr. Sean Virani – VP Medicine, PHSA (just for leadership presentation and Q&A); Susan Wannamaker – EVP, Clinical Service Delivery (just for leadership presentation and Q&A). (BCMHSUS) Dr. Vijay Seethapathy – CMO, BCMHSUS; Jennifer Duff – COO, BCMHSUS; Dr. Sophie Anhoury – Medical Director, Forensic Psychiatric Hospital; Dr. Rakesh Lambda – Medical Director, Forensic Regional Clinics and Correctional Psychiatry; Dr. Nickie Mathew – Medical Director, Complex Mental Health and Substance Use Services

² Approximately 60 medical staff from Forensics, Corrections, Concurrent Disorders and Adult Mental Health, attended a Physician & Administration Strategic Engagement Retreat

Also highlighted during the Strategic Engagement Retreat were the levels and areas of interaction and engagement where the PHSA and BCMHSUS have committed to participating directly with physicians:



Going forward the FPES have chosen to invite the FPH Medical Director (Dr. Sophie Anhoury) and Medical Director Forensic Regional Clinics & Correctional Psychiatry (Dr. Rakesh Lamba) to a portion of future FPES Board meetings to encourage engagement, collaboration and partnership.

SECTION 2: HIGHLIGHTS & RESULTS

GOAL 1 Insert physician voice into Criminal Code matters and strategic planning initiative affecting forensic physicians		
Activities	Performance Measures	Results / Next Steps / Action Items
Forensic Physician and forensic physician leader recruitment and retention initiatives	<ul style="list-style-type: none"> Bring forward at LMAC and Collaboration Committee – issue of FP involvement in the hiring of forensic medical leadership as well as the involvement of FPs in the 360 review and evaluation of new forensic medical leadership Assist with the recruitment of potentially 4 new Forensic Psychiatrists to replace those who left in March/April 2022 	<ul style="list-style-type: none"> Collaboration Committee not to be reconstituted. However, FPES has decided to invite site and clinic medical leadership to be invited to last 30 minutes of future board meeting with the intent to increase engagement, collaboration and partnership between the FPES and HA administration New physicians were recruited; however, although there may have been physician involvement on interview panels, the FPES was not formally involved. All new physicians must be approved at MAC, but that often has been the first time the FPES has heard about a new hire. Consistent hiring practices should be an item for FPES to discuss with the site and clinical leadership, and the question asked how the FPES can formally participate in the hiring process. In addition, once a new physician is hired, the Society Administrator needs to be notified so can begin onboarding and orientation with new physician.
Hold a facilitated FPES Executive Strategic Planning Retreat	<ul style="list-style-type: none"> FPES Executive Retreat for 2022/23 SRRP completion to be held in November/December 2022 Activity tracker reviewed quarterly 	<ul style="list-style-type: none"> Occurred March 9, 2023. The timing of the FPES Strategic Check-up worked well in lieu of the PHSA/BCMHSUS Physician & Administration Strategic Engagement Retreat held in Feb 2023 For next year, consider scheduling in January or February 2024 Board also needs to decide if wants an offsite retreat and if so, location suggestions need to be forwarded to Society Administrator before July 2023
Seek FPES governance clarity – roles of president/VP/treasurer without the authority of an MSA	<ul style="list-style-type: none"> Clarity provided related to: Advocacy/representation; HA perception of roles; Clarity around support roles within FPES; Reporting back to the Board; Strategic planning 	<ul style="list-style-type: none"> Project currently underway with Nichola Manning First draft to be presented to the Board in April 2023
Respond to FE HA Engagement Survey Results	<ul style="list-style-type: none"> By September 2022, respond to and develop actions to address the 2022 FE HA Engagement Survey results 	<ul style="list-style-type: none"> Last year's FE HA Engagement Survey Results shared, but no formal discussion occurred New engagement results have been shared and will be presented to FPES Board and site and clinic medical leadership in April 2023. Ongoing discussions about response actions required.
CAPL Engagement	<ul style="list-style-type: none"> Plan for and support physicians to attend minimum of 1 joint FPES / CAPL engagement event 	<ul style="list-style-type: none"> Formal relationship, partnership, and involvement between FPES & CAPL required. Dr. Rai is the new CAPL chapter liaison and will seek clarity on when the next CAPL Education Conference will take place (likely in June). Once confirmed, will inform Society Administrator so event can be promoted to members. Dr. Rai will also determine how a more formal relationship can be developed between the FPES & CAPL, and potentially ask if the FPES can be involved in the planning for the CAPL Education Conference.

GOAL 2 Physician wellness & education		
Activities	Performance Measures	Results / Next Steps / Action Items
Psychiatry Team Building Event	<ul style="list-style-type: none"> Forensic Physician team building event to be hosted at the time of the September AGM. Topic presentation to be included at AGM. 	<ul style="list-style-type: none"> 2022 Complete – included in AGM team trivia 2023 AGM planning for in-person AGM with a social event tagged on post-meeting underway. Consideration being given to hosting offsite, suggestions to come forward to Society Administrator.
Support physicians to attend meetings and activities to work on initiatives and ideas to promote wellness, education, and leadership opportunities	<ul style="list-style-type: none"> Plan 5 activities (including supporting FPs at meetings and events) to promote improved relationships and wellness by March 31, 2023 	<ul style="list-style-type: none"> Additional work needed to gain a better understanding of what “wellness” needs the FPES group has. Survey to be sent to members or “wellness” topic to be added to all WG meeting agendas for response and ideas. Dr. Wang to be queried for wellness ideas. Clinic physicians have proposed a few topics, currently sourcing out speakers and venues. Dr. Saini to explore idea of starting a FPES supported Reflective Practice Group. This may be something that the HA may be interested in partnering on. Concept to come back to FPES Board for consideration.
Forensic Physician Education Sessions – support both forensic physician teachers/presenters and those forensic physicians who attend education sessions	<ul style="list-style-type: none"> Minimum of 4 education sessions (e.g., ‘Lunch & Learns’) utilizing the completed Physician Engagement Centre Education sessions should be aimed at having separate Forensic Psychiatrist focus, Forensic General Practitioner focus and Clinic focus 	<ul style="list-style-type: none"> Completed “contract options and financial education” session Currently looking at topics for future education sessions Better connection with Education Lead needed. Society Administrator to meet with Education Lead to do some planning for next year. Policy for physician reimbursement to attend education sessions to be developed (10 hours max per year)
Resume Journal Club	<ul style="list-style-type: none"> Support Journal Club Physician Lead and encourage both hospital and clinic physicians to attend Journal Club every two weeks 	<ul style="list-style-type: none"> This program was led fully by past president – more information required if partnership is needed for this activity with current education lead Journal Club should be physician self-led and FPES can provide catering support to meetings. To be further discussed during FPES budget discussion.

GOAL 3

Formalize collaboration and communication strategies between physician (e.g., physician to physician), between physicians and the health authority (regional and local), and between physicians and key stakeholders

Activities	Performance Measures	Results / Next Steps / Action Items
Formalization of Working Groups under FPES	<ul style="list-style-type: none"> Clinic WG (min. 10 mtgs per year) GP WG (min. 3 meetings per year) FP Working Group (min. 10 meetings per year) Female Physician Working Group (min 4 meetings) All Working Group meetings are formalized (e.g., pre-circulated agendas, minutes) and well attended All Working Groups are involved in some sort of educational component 2 bi-annual joint Working Groups meetings are held 	<ul style="list-style-type: none"> Clinic Working Group has been very active Forensic Psychiatry Working Group has next meeting planned for April 2023. Needs rejuvenation. GP Working Group has been meeting 2x annually New Female Physician Working Group had inaugural meeting in February 2023 Issue of “wellness” to be added to all WG meeting agendas for feedback on activities that FPES can implement
FPES participation at Collaboration Committee	<ul style="list-style-type: none"> FPES Executive to participate at monthly Collaboration Committee meetings 	<ul style="list-style-type: none"> Collaboration Committee fell to wayside and will not be reconstituted
Follow-up or respond to the UBC Department of Psychiatry Review	<ul style="list-style-type: none"> Share report at Collaboration Committee and have follow-up discussion to jointly determine how can address/respond 	<ul style="list-style-type: none"> Report tabled at Collaboration Committee but no action initiated. Society Administrator to resend Board UBC Review document FPES to reach out to UBC to see if anything was actioned from this review and if not, maybe report tabled at BCMHSUS Presidents’ Council
AGM 2022 – host event with educational component/speaker included	<ul style="list-style-type: none"> AGM occurs in September 2022 “Piggy-back” team building event on the AGM Virtual option for increased clinic attendance provided 	<ul style="list-style-type: none"> Complete. Planning underway for in-person 2024 AGM. Venue suggestions to come forward to Society Administrator
Enhance relationship with the BCPA – communication & partnership	<ul style="list-style-type: none"> Provide input and support to the BCPA as required to ensure that forensic physician issues are addressed in the next PMA. Respond to 100% of BCPA’s requests for information. 	<ul style="list-style-type: none"> While the PMA was supportive of Forensic Physicians, no direct support was provided by the FPES. Dr. Saini is FPS BCPA rep and will reach out to BCPA to formalize relationship with FPES (same sort of relationship as will do with CAPL)
Physician Committee Participation	<ul style="list-style-type: none"> Support forensic physicians to participate on these Committees Implement new policy on max number of hours FPES will compensate for participation 	<ul style="list-style-type: none"> Dr Uyeda still attending as her time and capacity allows New policy to be drafted for a max of 30 hours per physician to be compensated for committee participation. Policy to be communicated to member.
FPES Executive Succession Planning	<ul style="list-style-type: none"> Develop and implement new Executive Succession Plan by June 2022 	<ul style="list-style-type: none"> Ongoing succession planning discussion needed
CST readiness	<ul style="list-style-type: none"> Support as needed 	<ul style="list-style-type: none"> Paused until further notice Although CST implementation may be still years away, be ready to support FPES members in whatever capacity that is deemed appropriate
Support for FPES Staff	<ul style="list-style-type: none"> Review or bring forward requests as needed 	<ul style="list-style-type: none"> Administrative assistant hired to support Society Administrator Board to have in-camera session related to increasing Society Administrator compensation. Should take COLA increase and other factors into consideration. Andrew Reid, new Engagement Partner to help facilitate.
Establish relationship with the Forensic Psychiatric Services Commission	<ul style="list-style-type: none"> Have inaugural first meeting between FPES & FPSC 	<ul style="list-style-type: none"> Based on formal introduction from Tim Manning between FPES & FPSC, invite FPSC to informal dinner meeting to discuss future relationship. Inform site and medical leadership that are requesting meeting and invite them to join.

SECTION 3: KEY ACTIVITIES FOR 2023-24

Strategic Goal #1 – Improve Physician Voice into Criminal Code Matters and Strategic Planning Initiatives Affecting Forensic Physicians	
Activities	Performance Measures
Forensic Physician & forensic leader recruitment & retention initiatives	<ul style="list-style-type: none"> Clarify with site and medical leadership the role of FPES in recruitment and retention Notification process to FPES implemented when new physician hired (so can initiate onboarding and orientation process)
Hold FPES Executive Planning retreat	<ul style="list-style-type: none"> Schedule for January / February 2024
FPES governance clarity – roles of President, VP, Treasurer	<ul style="list-style-type: none"> Director Onboarding & Orientation guide to be completed by May 2023
Respond to FE HA Engagement Survey results	<ul style="list-style-type: none"> To be discussed with site and medical leadership at Board meeting in April 2023
CAPL Engagement	<ul style="list-style-type: none"> Dr. Rai to seek clarity on development of more formal relationship between FPES & CAPL Plan for and support physicians to attend 1 joint FPES / CAPL event
Strategic Goal #2 – Physician Wellness & Education	
Activities	Performance Measures
Physician Team Building event	<ul style="list-style-type: none"> Team building event to be hosted at time of the September AGM Explore opportunities to have in-person, offsite AGM in 2024
Support physicians to attend meetings and activities to work on initiatives and ideas to promote wellness, education and leadership opportunities	<ul style="list-style-type: none"> Topic of “wellness” to be added to each Working Group agenda with aim of seeking feedback on wellness activities that members would like FPES to implement Dr. Saini to explore idea of FPES supporting a Reflective Practice Group Plan 5 activities (including supporting FPs at meetings and events) to promote improved relationships and wellness by March 31, 2024
Forensic Physician Education Sessions – support both forensic physician teachers/presenters and those FPs who attend education sessions	<ul style="list-style-type: none"> Minimum of 4 education sessions (e.g., Lunch & Learns) utilizing the Physician Engagement Centre Develop policy for physician reimbursement to attend education session (10 hours max, per physician, annually). Communicate to members.
Resume Journal Club	<ul style="list-style-type: none"> FPES to support catering requirements at min of 3 Journal Club meetings

Strategic Goal #3 – Formalize Collaboration & Communication Strategies Between Physicians (e.g., physician to physician), Between Physicians and the Health Authority (regional & local), and Between Physicians and Key Stakeholders	
Activities	Performance Measures
Continuation of Working Groups	<ul style="list-style-type: none"> • Clinic WG – min. 8 meetings annually • GP WG – min. 3 meetings annually • FP WG – min. 8 meetings annually • Female Physician WG – min. 4 meetings annually • 2 bi-annual joint Working Group meetings are held • All Working Groups involved in some sort of educational component
Follow-up or respond to UBC Department of Psychiatry Review	<ul style="list-style-type: none"> • Connect with UBC to determine if any action resulted from this review • Table report with site and medical leadership at Board meeting in Spring 2023
AGM 2024 – host event with educational component / speaker	<ul style="list-style-type: none"> • Schedule AGM for September 2024 • Explore opportunities to have in-person, offsite AGM in 2024
Enhance relationship with BCPA	<ul style="list-style-type: none"> • Dr. Saini (current BCPA rep) to reach out to BCPA to formalize relationship with FPES
Physician Committee Participation	<ul style="list-style-type: none"> • Develop and implement new policy on maximum number of hours FPES will compensate for participation at committees (30 hours max, per physician, annually). Communicate to members.
FPES Executive Succession Planning	<ul style="list-style-type: none"> • Ongoing succession planning as needed
CST Readiness	<ul style="list-style-type: none"> • Support as needed when CST is ready to be implemented throughout FPS (currently on hold)
Support for FPES staff	<ul style="list-style-type: none"> • Board in-camera session to be held Spring 2023 to discuss Society Administrator compensation lift
Establish relationship with the Forensic Psychiatric Services Commission	<ul style="list-style-type: none"> • Host minimum of one joint meeting between FPES and FPSC in 2023/24