



**FACILITY
ENGAGEMENT**

An SSC Initiative

Annual Review

Submission

2023-2024

**Forensic Physician Engagement Society
Provincial Health Services Authority**

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ACTIVITY 1: MSA & HEALTH AUTHORITY FACILITATED DISCUSSION

In order to collect information for the 2023/24 FEI Annual Report, Board members of the Forensic Physician Engagement Society (FPES) – Dr. Deanne Breitman, President; Dr. Mandeep Saini, Vice President; Dr. Pratap Narayan, Treasurer; Dr. Santoch Rai, Member-at-Large, and Dr. Stuart Lax, Member-at-Large. The FPES Program Manager, Stacy Mulcahy, and Administrative Assistant, Danielle Elder, as well as the Engagement Partner, Ana Arciniega attended a Strategic Planning Session at the Hotel Grand Pacific in Victoria, BC. Nichola Manning of NM Consulting Inc. facilitated the session.

The purpose of the facilitated discussion was to discuss the successes, failures, lessons learned and next steps from one key 2023/24 activities, initiatives, or events. FPES pre-selected the issues of “Health Authority Engagement” for the facilitated discussion topic and it was acknowledged that although there have been numerous attempts to engage the Health Authority in these SRRP facilitated discussions over the past years, bringing health authority administration to the table has been an extraordinarily challenge for the FPES. It is again hopeful that next year, the health authority administration will join the FPES for the facilitated discussion... hence the chosen topic “Health Authority Engagement” for this year’s facilitated discussion.

Questions posed during each topic discussion included:

1. What was supposed to happen?
2. What actually happened?
3. Why was there a difference?
4. What can we learn from this experience?
5. Are there any next steps?

Activity Title: "Health Authority Engagement"	
What Happened	What Can Be Improved for Next Time
<ul style="list-style-type: none"> Back in 2019, the FPES engaged in a jointly funded project with the FPS health authority administration to develop a human resources plan for forensic psychiatrists. The first phase of the project focussed on Forensic Psychiatric Workload at FPH. The purpose of the <i>Workload Report</i> was to provide objective advice on a reasonable, appropriate and acceptable workload for Forensic Psychiatrists and offer considerations and recommendations on how to address recruitment and retention challenges at FPH. Upon conclusion of the <i>Workload Report</i>, it was recommended that a 1:15 patient ratio or 12.67 Forensic Psychiatrist FTEs would be ideal for FPH. However, due to recruitment difficulties, an incremental approach of achieving a patient ratio of either 1:18 or 10.56 Forensic Psychiatrist FTEs, OR 1:20 or 9.5 Forensic Psychiatrist FTEs, in combination with improvements to FPH operations and work environment was likely more realistic. A total of 10 months were spent developing of the <i>Workload Report</i> (April 2019 to January 2020). The first version of the <i>Workload Report</i> was submitted to the parties in July 2019. 6 subsequent version were produced. With each subsequent version, the health 	<p><u>Lessons Learned:</u></p> <ul style="list-style-type: none"> Does the health authority administration even know how to engage? Engagement by the health authority needs to be meaningful. Physicians cannot just be invited to a meeting and be "talked at" – this feels artificial and disingenuous When looking at physician impact within the PHSA – there are no other forensic psychiatrists located at any other facility in the PHSA (or any other health authority for that matter); therefore, the assumption would be that the value and importance of forensic psychiatrists should have significance. But it doesn't feel that way at the current time. Value seems to be placed on the psychiatrists at Red Fish, while forensic psychiatrists are ignored. Does the PHSA even have a forensic vision? Since April, 2023 the FPES Board has formally invited FPH and Clinic medical leadership (Dr. Sophie Anhoury and Dr. Rakesh Lamba) to the last 30 minutes of its board meeting. But attendance has been relatively poor, there are many last minute cancellations, and it is assumed that these meetings are not a priority for Drs. Lamba and Anhoury. Although this has been perceived as a good start, it doesn't constitute meaningful engagement. Dr. Anhoury was also invited to the inaugural Women in Forensic Leadership Working Group. The dinner was positive and discussion fruitful. The group felt sincere engagement. Both Drs. Lamba and Anhoury were invited to the CAPL social dinner. The Commission Chair has attended a FPS medical staff meeting. Although not a formal FPES meeting but a health authority meeting, the FPES advocated to have the Commission Chair attend. In terms of the health authority's attempt to engage Forensic physicians... all physicians were invited to the BCMHSUS Retreat that was hosted in partnership with the Doctors of BC; however, the FPES Program Manager was not invited or informed of the meeting and no follow-up documents were distributed after the retreat. There was a short follow-up discussion regarding the retreat at PHSA Presidents Council and general feedback about the retreat questioned, but no actions were identified (it was questions whether the Presidents were used as pawns for the health authority to gain feedback. Had the health authority utilized the FPES channel, the Project Manager and President could have reached out to FPES members to garner feedback about the retreat). Although this may have been an attempt at engaging physicians, the engagement did not occur through the Physician Engagement Societies and there doesn't appear to be any effort on the health authority's part to utilize the PES's for physician engagement. There is a disconnect between physician engagement and engagement with the PES's.

<p>authority demanded additional changes, to the point that it became a negotiation between the FPES and health authority of what information would remain in the <i>Workload Report</i>, regardless of what the data indicated.</p> <ul style="list-style-type: none"> After version 6 of the <i>Workload Report</i> submitted in January 2020, the health authority requested numerous additional amendments making the FPES feel taken advantage of and viewing health authority participation in the HR Plan project as disingenuous. In frustration, the FPES President terminated participation in the <i>HR Plan</i> project and concluded the <i>Workplan Report</i>. The FPES considers version 6 of the <i>Workload Report</i> as “final,” however, there still remains a “draft for approval” watermark on the report because the health authority never officially signed-off. Since the stalemate of the Workload Report, the FPES has on numerous occasions tried to re-engage the health authority through initiatives such as the Collaboration Committee, the Ratio project, the Commission project, the Governance Consultation project, and the Person-in-Charge Committee. However, on each occasion engagement has not felt genuine. Since January 2020, the number of FTE Forensic Psychiatrists has fluctuated. When there are more FTE's, workload doesn't seem to be an issue. However, when the 	<ul style="list-style-type: none"> Also, it is clear that the health authority doesn't understand the role of the FPES Program Manager – Stacy needs to be informed so that she can support FPES members to attend whatever the health authority may be hosting. There is a lack of clarity regarding health authority administration roles and responsibilities (e.g., PHSA corporate, BCMHSUS leadership, FPH and Clinic leadership - both medical and operational) <ul style="list-style-type: none"> For example, the CMO (Dr. Vijay Seethapathy) appears to delegate to another administrator (Aazadeh Madani). What is Aazadeh's role? Her title is Director, Medical Administration. Does Vijay utilize Aazadeh as his representative? Is it common to have non-physicians reporting to a physician? What exactly does “medical administration” mean in this context? The CMO appears to only interact with the FPES when he wants something and it has been observed that opinions are sometimes fluid (e.g., same issue has been raised in two different meetings and the response is different each time) Also, how does the PHSA interact with the Commission. It would be important to understand how this interaction occurs. Apparently the PHSA is developing an onboarding package for physicians; therefore, the FPES has not recently updated its onboarding documents. There hasn't been any formal consultation with the FPES on this work, but are awaiting to determine if there are implications. Given the number of FTE Forensic Psychiatrists are declining, the FPES are questioning whether the health authority is trying to promote that 1:20 is the new workload norm instead of 1:15 (not that this has ever been a formally acknowledged ratio) Apparently, the health authority is also starting a HR / models of care project, but limited information on details has been shared with the FPES, although the FPES has made it clear that Forensic physicians want to participate.
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Next Steps:

- Next year at the strategic planning event and Annual Review Report cycle, the FPES has set the goal to have health authority administration, FPH and Clinic medical leadership as well as representation from the Commission at the table so that a genuine facilitated discussion on a mutually agreed upon topic may occur.
- Working through Ana Arciniega, FPES Engagement Partner, terms of reference, job descriptions and an updated organization chart for the various health authority administration positions will be requested. Recognizing that this may be fluid, regular updates should also be requested over the course of next year. The written role and

<p>number of FTE's decreases, as it currently is trending, workload becomes a significant issue. The Forensic Psychiatrists want the health authority to recognize and define a FP to patient ratio and reasonable workload standard, in order to make the workplace safe and enable FPs to do their jobs appropriately.</p> <ul style="list-style-type: none"> Given the tumultuous history between the FPES and the health authority, it is really difficult to foster a relationship between the two parties. However, the FPES still remain hopeful that the health authority will eventually come to the table to genuinely engage. 	<p>responsibility document for Aazadeh Madani, Director Medical Administration is especially important as the FPES do not understand her role well.</p> <ul style="list-style-type: none"> The FPES Board will consider whether there is value in inviting Aazadeh Madani to a board meeting to explain her role and responsibilities as well as give tips on how to interact with the FPES. The invite will be extended only after receiving something in writing that clarifies her role and responsibilities. Re-socialization of FEI with the PHSA will be very important. The health authority needs to understand FPES structure and how it works. Ana Arciniega indicated this is a priority of the FEI initiative for 2024/25 and she will be starting those conversations with the PHSA. The FPES Board will continue to invite Drs. Lamba and Anhoury to the last half hour of every board meeting. It is hopeful that their attendance will become regular. <ul style="list-style-type: none"> At the next Board meeting where Drs. Lamba and Anhoury attend, in order to better understand the Commission, ask if they are able to seek a Commission organization chart and bios on each of the members.
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ACTIVITY 2: HIGHLIGHTS & RESULTS

<u>GOAL 1</u> Include physician voice in Criminal Code matters and strategic planning initiative affecting forensic physicians		
Activities	Performance Measures	Results / Next Steps
Forensic Physician and forensic physician leader recruitment and 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) 	<ul style="list-style-type: none"> Ongoing discussion needed on roles of FPES members in recruitment, this has been added as a potential discussion in Board meetings where Sophie and Rakesh are joining Ongoing support needed for this – who is the best contact? How do we know?
Hold a facilitated FPES Executive Strategic Planning Retreat	<ul style="list-style-type: none"> Schedule for January/February 2024 	<ul style="list-style-type: none"> Completed!
Seek FPES governance clarity – roles of president/VP/treasurer without the authority of an MSA	<ul style="list-style-type: none"> Director Onboarding & Orientation Guide 	<ul style="list-style-type: none"> New document created and distributed by Doctors of BC. Are there new PHSA Medical Staff bylaws outlining roles and responsibilities? Aazadeh has talked about a new Medical Staff manual?
Respond to FE HA Engagement Survey Results	<ul style="list-style-type: none"> To be discussed with site and medical leadership at Board meeting 	<ul style="list-style-type: none"> Presentation to Sophie occurred in late 2023 at Board meeting
CAPL Engagement	<ul style="list-style-type: none"> Dr Rai to seek clarity on development of more formal relationship between FPES & CAPL 	<ul style="list-style-type: none"> FPES to hold social at CAPL event in April 2024

GOAL 2 Physician wellness & education		
Activities	Performance Measures	Results / Next Steps
Physician Team Building Event	<ul style="list-style-type: none"> Forensic Physician team building event to be hosted at the time of the September AGM. Explore opportunities to have in-person, offsite AGM in 2024 	<ul style="list-style-type: none"> Completed Booked Fraser River Lodge for September 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 the aim of seeking feedback on wellness activities that members would like to FPES to implement Dr Saini to explore the idea of FPES supporting a Reflective Practice Group Plan 5 activities (including FPs at meetings and events) to promote improved relationships and wellness 	<ul style="list-style-type: none"> Was added to a number of agendas at the beginning of the year, ideas fizzled or simply weren’t appropriate uses of engagement funding, will need to revisit again Dr Saini and Rai moving ahead with Balint Group Ongoing work needed
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 Develop a policy for physician reimbursement to attend education sessions (10 hours max, per physician, annually). Communicate to members. 	<ul style="list-style-type: none"> Journal Clubs? Obesity education still needing to be scheduled Education reimbursement policy implemented and well-used
Resume Journal Club	<ul style="list-style-type: none"> Support catering for 3 journal clubs 	<ul style="list-style-type: none"> This was communicated out to the members, however no one submitted receipts at all for fiscal year Is there a need for this next year?

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
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 2 meetings annually All WG involved in some sort of educational component 	<ul style="list-style-type: none"> Clinic WG met 8x Psychiatry WG met 9x GP WG met 3x Female Physician WG met 1x Ongoing educational support needed
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 	<ul style="list-style-type: none"> Who to connect with? Is this still valuable at this time?
AGM 2023	<ul style="list-style-type: none"> Schedule event for September 2023 Explore opportunities to have in-person, offsite AGM 	<ul style="list-style-type: none"> Completed
Enhance relationship with BCPA	<ul style="list-style-type: none"> Dr Saini to reach out to BCPA to formalize relationship with FPES 	<ul style="list-style-type: none"> Ongoing FPES funded Dr Saini presentation for BCPA
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. 	<ul style="list-style-type: none"> Implemented, low uptake from physicians, most seem to be having hours covered in sessions
FPES Executive Succession Planning	<ul style="list-style-type: none"> Ongoing succession planning as needed 	<ul style="list-style-type: none"> Future needs Who to recruit?
CST Readiness	<ul style="list-style-type: none"> Support as needed when CST is ready to be implemented throughout the service 	<ul style="list-style-type: none"> CST has arrived! All groups meeting to determine needs
Support for FPES staff	<ul style="list-style-type: none"> Board session held Spring 2023 	<ul style="list-style-type: none"> Completed
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 	<ul style="list-style-type: none"> While not formally organized by FPES, one meeting did occur and more information needed from Sophie before proceeding

ACTIVITY 3: KEY ACTIVITIES FOR 2024-25

Strategic Goal #1: Include Physician Voice in Criminal Code Matters, Organizational Change, and Strategic Planning Initiatives Impacting Forensic Physicians	
Activities	Performance Measures
Forensic Physician recruitment and retention initiatives	<ul style="list-style-type: none"> Continue to clarify with site and medical leadership the role of FPES in recruitment and retention. Offer assistance where FEI R&R guidelines permit (e.g., assessment & planning, R&R strategies, recruitment ads) Assist with advocacy for hiring additional Forensic Psychiatrists at FPH Start process for conducting regular FPES Exit Interviews to help inform retention initiatives
Hold a facilitated FPES Executive Strategic Planning Retreat	<ul style="list-style-type: none"> Schedule for January/February 2025
Respond to FE HA Engagement Survey Results	<ul style="list-style-type: none"> To be discussed with site medical leadership at a Board meeting
CAPL Engagement	<ul style="list-style-type: none"> Hold social at CAPL event in April 2025
Re-engage on issue of Workload	<ul style="list-style-type: none"> Re-raise the issue of workload and FP:patient ratio with health authority Advocacy for united front among FPs on the issue of workload Make topic of workload standing item on FPES Board meeting agendas
Participate in Health Authority lead initiatives where Forensic Physician feedback and input is required	<ul style="list-style-type: none"> Provide feedback and input into HR / Model of Care project Provide feedback and input into PHSA Physician Onboarding Guide. Update FPES Orientation & Onboarding Guide if necessary.
Strategic Goal #2: Physician Wellness & Education	
Activities	Performance Measures
Physician Team Building Events	<ul style="list-style-type: none"> Combine team building event with 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' added to each WG agenda with the aim of seeking feedback from members Encourage participation in Balint Groups once initiative Plan 5 activities to promote improved relationships and wellness
Forensic Physician Education Sessions – support both forensic physician teachers / presenters and those	<ul style="list-style-type: none"> Minimum of 4 education sessions (e.g., Lunch & Learns) utilizing the completed Physician Engagement Center

forensic physicians who attend education sessions	
Continue with Journal Club	<ul style="list-style-type: none"> Support catering for 3 journal clubs and encourage members to submit receipts
Strategic Goal #3: Formalize Collaboration and Communication Strategies Between Physicians, Between Physicians and the Health Authority, and Between Physicians and Organizational Partners	
Activities	Performance Measures
Continuation of Working Groups	<ul style="list-style-type: none"> Clinic Working Group – 8 meetings GP Working Group – 3 meetings FP Working Group – 8 meetings Female Physician WG – 2 meetings All working groups involved in educational component
AGM 2024	<ul style="list-style-type: none"> Schedule for September 2024, in-person, off-site
Enhance relationship with BCPA	<ul style="list-style-type: none"> Dr. Saini to continue to be liaison
FPES Executive Succession Planning	<ul style="list-style-type: none"> Minimum 2 additional Executive members recruited to FPES Board
Increases engagement with forensic medical leadership	<ul style="list-style-type: none"> Continue to invite Drs. Lamba and Anhoury to last 30 minutes of FPES Board meetings At 2024/25 Strategic Planning session, have health authority participate in the Facilitated Discussion as required by the Annual Review Report process
Seek clarity on health authority leadership roles and responsibilities	<ul style="list-style-type: none"> Seek written documentation on role & responsibility of Director, Medical Administration (Aazadeh Madani) as well as PHSA / BCMHSUS / FPH and Forensic Clinic leadership roles and org chart
Continue relationship with the Forensic Psychiatric Services Commission	<ul style="list-style-type: none"> Host minimum of 1 joint meeting between the FPES and FPSC in 2024/25 Seek clarity from health authority regarding how it engages with the FPSC
Strategic Goal #4: Take Action to Address Indigenous Specific Racism within the FPS	
Activities	Performance Measures
Develop relationship with Kwikwetlem First Nation	<ul style="list-style-type: none"> Start relationship development process with Kwikwetlem First Nation and Friendship Centres in regions where Forensic Clinics are located Meet with Dr. Rose Melnic, PHSA Indigenous Liaison Explore option of purchasing Indigenous art to be displayed at FPH and regional Clinics

