



**FACILITY  
ENGAGEMENT**

An SSC Initiative

# **Site Review & Reporting Process**

## **Submission Template File**

**2021-2022**

**Forensic Physician Engagement Society**

March 29, 2022 v. 3

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## ACRONYMS

AGM	Annual General Meeting
BCMHSUS	British Columbia Mental Health & Substance Use Services
COO	Chief Operating Officer
DoBC	Doctors of BC
EP	Engagement Partner
FE	Facility Engagement
FPES	Forensic Physician Engagement Society
FP	Forensic Psychiatrist
FPH	Forensic Psychiatric Hospital
FPS	Forensic Psychiatric Services
FPSC	Forensic Psychiatric Services Commission
GP	General Practitioner
HA	Health Authority
MSA	Medical Staff Association
PEC	Physician Engagement Center
PIC	Person-in-Charge
SRRP	Site Review & Reporting Process
S.W.O.T	Strengths, Weaknesses, Opportunities, Threats
WG	Working Group

## SECTION 1: MSA & HEALTH AUTHORITY FACILITATED DISCUSSION

Activity: FPES SRRP Planning Session – February 2022		
What Happened	Lessons Learned / Experiences	Potential Next Steps
<p>Session held with FPES Executive in February to discuss 2021/22 SRRP content but also revise the FPES vision, mission, &amp; values statements.</p> <p>Relationship with Health Authority (HA) site leadership is too tenuous at this point in time; therefore, the FPES opted not to include them in the facilitated discussion. See section 3 for information about HA engagement and Collaboration Committee – this is the only forum where HA/FPES interaction occurs (at a superficial level).</p> <p>A Board Self-Assessment also took place during the facilitated discussion, see section 3 for results.</p>	<p>Streamlined revisions to vision, mission and values statements were made and included:</p> <p><b>Vision</b> – The Forensic Physician Engagement Society is the principal voice of physicians in the Forensic Psychiatric Services. Physician Engagement is fundamental to organizational decision-making in the FPS. To be the best Forensic Psychiatry Service in Canada</p> <ol style="list-style-type: none"> <li>1. The most effective</li> <li>2. The most efficient</li> <li>3. The most enjoyable</li> </ol> <p><b>Mission</b> – To promote meaningful physician engagement that maintains FPS as a 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 expert advice and opinions provided by specialized, interdisciplinary teams of health professionals</p> <p><b>Values</b></p> <ol style="list-style-type: none"> <li>1. Integrity</li> <li>2. Respect</li> <li>3. Teamwork</li> <li>4. Collaboration</li> </ol>	<p>Next steps include integrating the revised vision, mission, and values into FPES documentation and practice.</p> <p>Another important part of this session was a discussion about strategy and actions the FPES could take moving forward. One of the biggest struggles the FPES has encountered is engagement with the HA and has repeatedly attempted at significant cost to develop a collaborative relationship with the HA but with very limited outcomes. The discussion on strategy and action really focussed on what the FPES can do internally to support its members if HA engagement cannot be ascertained. See the section on strategic goals for further details.</p>
<p><b>Engagement Partner Feedback:</b> The FPES and the HA meet formally through the Forensics Collaboration Committee which has been working with an external consultant for the past 8 months to conduct an in-depth assessment of internal and external engagement and relationships related to the FPES's work with its members and with Health Authority Site leadership. As the health of the collaborative relationship was the focus of this work, it was expected that the facilitated conversation would occur within the context of this work during its' final months. Unfortunately, the last two meetings of the collaboration committee meeting were cancelled. I have met with the FPES executive many times as well as with the Medical Director of the Forensic Hospital (newly appointed in Fall 2021) and the COO for Forensics. All have voiced that they are well intentioned to work together collaboratively and wish to do so. This is the opportunity that we start the new fiscal year with. The Collaboration Committee will likely be paused for a short time while the FPES onboards new executive</p>		

officers. I would recommend that the EP meet with the HA leadership starting with the Chief Medical Officer the Director of Medical Affairs to review facility engagement and the MOU for all BCMHSUS engagement groups to gain clarity of HA leadership roles (there have been many changes to roles and leadership structure over the past year). This will be brought to the BCMHSUS medical leads table to discuss a physician engagement strategy that includes the engagement societies. I concur that the FPES continue to build engagement within its membership and work on the strategic plan as outlined for the year.

## SECTION 2: HIGHLIGHTS & RESULTS

Despite ongoing challenges in attempting to engage the Health Authority site leadership, the FPES had several successes, highlights and results over the past year. The following table quickly summarizes these highlights while additional details are provided in the paragraphs below.

Education Session w. Dr John Bradford	Clinic Working Group – 9 meetings to date (as of Feb 10)	Communications Review and update of FPES Website and resources	Engagement meeting with Dr of BC President Matt Chow	TY Physician Hours = <b>766</b> vs LY Physician Hours = <b>568</b> (as of Feb 10)
SRRP Planning Day in Victoria in June 2021 (LY SRRP Finalization)	Model of Care Document feedback submitted to HA	FPH Psychiatry Working Group – 5 meetings to date (as of Feb 10)	Presentation to membership of Improving Internal and External Relationships project results by Alison Sayer	Re-start of Collaboration Committee meetings in June 2021
HA/BCMHSUS Physician support on projects: PIC Committee, Family Orientation Initiative & Patient Experience Committee	Support for creation of BCMHSUS Medical Lead Table with MAC & HAMAC representatives determined	Board Meetings – 11 meetings to date (as of Feb 10)	Completion of the Physician Engagement Centre at FPH	Presentation on the new Red Fish Healing Centre opening in BCMHSUS
Completion of the FPH Psychiatry Physician Onboarding Documents	UBC Department of Psychiatry Review Actions shared	Creation of the Person In Charge Committee Working Group	Increased partnership and communication with the BCPA	Hiring of new Administrative Assistant in July 2021
Re-start of the FPH & Clinic Bi-weekly Journal Club in the PEC	3 issues of the FPES newsletter mailed to membership and shared with site medical leadership	On-going wellness initiatives such as holiday cookie delivery and AGM teambuilding event	In-Person and Virtual AGM in September 2021 with <b>highest attendance to date</b>	50% completion of Annual Health Authority Engagement Survey by Dr of BC

### **PIC Working Group**

In April 2021, Dr. R. Lamba (FSC Person-in-Charge) established the Person-in-Charge (PIC) Committee. This Committee has the mandate to

*The mandate of the committee is, at the request of the FPS Person in Charge for BC Review Board related matters both at the Forensic Psychiatric Hospital (FPH) and at the Forensic Psychiatric Services Regional Clinics (RCs), to convene and address/resolve procedural, exceptional or internal FPS issues by ensuring timely communication and strategic recommendations.*

FPES representatives were limited to two individuals on the PIC Committee (Dr. George Wiehan and Dr. LeeAnn Meldrum); however, to ensure that all Forensic Psychiatrists could be aware and have input into the topics discussed at the PIC Committee, the FPES established the Person-in-Charge (PIC) Working Group. PIC Working Group meetings took place at noon via Zoom on the Monday following the PIC Committee meetings. At these PIC Working Group meetings, Drs. Wiehahn and Meldrum de-briefed on PIC Committee meeting discussion and sought input on issues from Forensic Psychiatrists. The intent of

the PIC Working Group was to create a unified Forensic Psychiatrist perspective, download information, and discuss solutions.

Between April and November 2021, a total of seven PIC Working Group meetings took place. Nichola Manning provided project support to the PIC Working Group and sent notes/minutes of the PIC Working Group as well as agendas/minutes of the PIC Committee to all Forensic Psychiatrist in advance of each meeting. Calendar invites were sent to all Forensic Psychiatrists to attend the PIC Working Group. The meetings were well attended, ranging in nine to twelve participants for each meeting. Those attending were able to claim for time in the FEMS system.

Examples of topics discussed at the PIC Working Group included:

- PIC Committee terms of reference
- Process for, and quality of, Review Board reports
- Unsuccessful requests to the PIC Chair to change date/time of meetings
- Communications with the Director-in-Charge and Directors Representative
- When Forensic Psychiatrists require legal representation
- Role of the Forensic Psychiatrist
- Patient travel requests
- Inappropriateness of Chairs' discussion of the conduct of individual Forensic Psychiatrists at Review Board or in relation to risk assessments
- Review Board Education Session/Workshop for all Forensic Psychiatrists (December 3)

There was excellent engagement and participation of Forensic Psychiatrists at the PIC Working Group; however, the decision was made disband in December 2021. The FPES did not feel that its suggestions for change or input was being valued at the PIC Committee level and it was realized that internal FPES membership engagement, participation, and distribution of information may more efficiently occur within pre-existing FPES committees. Please see Appendix B for the PIC Working Group close-out summary report.

#### ***June 2021 Strategic Planning & SRRP Session***

FPES Executive participated in a delayed Strategic Planning / SRRP event on June 29, 2021, to have a fulsome strategic discussion about the organization and the content for the 2020/21 SRRP. An extension on the 2020/21 SRRP report had been previously granted by the Doctors of BC, due the work being completed by the FPES with Alison Sayers Consulting regarding the *Improving Internal and External Engagement and Relationships* project.

An important part of this session was a discussion about Executive Succession Planning. It was acknowledged that the FPES is now a board of five, with full representation from FPH, forensic clinics and forensic GPs. This added capacity helps to distribute workload among board members. In terms of succession planning or replacements for current Directors, it was suggested that Working Groups are excellent grounds for leadership development and that likely some ideal candidates would come forward from these forums. It was also suggested that in six-months time that the Executive "take stock" of potential succession planning candidates during an Executive meeting.

### ***Clinic Working Group / Forensic Psychiatrist Working Group / General Practitioner Working Group***

One unique challenge of the FPES is the lack of an operational Medical Staff Association, as the site receives its legal authority from the *Canadian Criminal Code* and the *Mental Health Act* instead of the *Hospital Act*. The FPES has stepped in to fill the void, attempting to assume the traditional MSA role within Forensic Psychiatric Services (FPS). Much of FPES effort over the last 4 years has focused on encouraging robust and rewarding physician-to-physician relationships. Many of the physician members work alone and in isolated clinics, and it is recognized that additional work needs to continue to engage these physicians.

As part of FPES organizational structure, three physician-specific Working Groups were established in 2020/21 to address clinic, hospital, and General Practitioner (GP) issues. These working groups are representative of each of the physician groups within the FPES.

*General Practitioner Working Group* - purpose is to create an opportunity for forensic GPs working at Forensic Psychiatric Hospital (FPH) to determine key priorities and opportunities for projects in collaboration with the HA. Dr. Niall O'Dwyer is the Chair of the GP Working Group. A minimum of three meetings are held yearly.

*Clinic Working Group* - purpose is to create opportunities to focus on relationship-building amongst clinic physicians and improve engagement between each of the clinics and between the clinics and FPH. The Clinic WG will create an opportunity for clinic physicians to meet monthly throughout the fiscal year to determine key priorities and opportunities for projects in collaboration with the HA and FPH. Dr. Deanne Breitman is the Chair of the Clinic WG. 10 Clinic WG meetings are held yearly. There will also be 2 joint Clinic WG and Forensic Psychiatry Working Group meetings held annually.

*Forensic Psychiatrist Working Group* - purpose is to create opportunities to focus on relationship-building amongst FPH-based physicians and improve engagement within FPH. The FPWG will create an opportunity for FPH physicians to meet monthly throughout the fiscal year to determine key priorities and opportunities for projects in collaboration with the HA and forensic clinics. Dr. Rob Lacroix was the Chair of the Forensic Psychiatrist WG up until his departure from FPH in March 2022. The WG is currently seeking a new Chair. The WG formally meets bi-weekly, but a decision recently made to reduce meetings to a monthly basis.

### ***Completion of Physician Engagement Centre***

Renovations on the Physician Engagement Centre (PEC) took a significant amount of time (over five years in the making), often with the Health Authority having to pull back on a commitment that they originally made due to funding cuts (e.g., installing electric sockets in walls, painting, plumbing hook-up). However, the PEC officially opened in the Fall of 2021. The PEC is located on the second floor of the Hawthorn Building onsite at the Forensic Psychiatric Hospital. Forensic Psychiatrist offices surround the space. The PEC has been unofficially named the “Lacroix Lounge” to recognize the spearheading work Dr. Robert Lacroix, first FPES President, undertook to get the PEC completed. To date the PEC has been regularly used for FPES business, team building, and events. It is a comfortable and safe space that FPES members can come to network, decompress after a difficult shift, access resource materials, and learn.

### ***Restart of FPES Journal Club***

Covid-19 put a temporary hold on the FPES Journal Club; however, it was restarted in October 2021 and meets every two weeks. Journal Club is open to both hospital and clinic Forensic Psychiatrists and the Medical Director and Person-In-Charge are also invited to attend and participate in presentations. To date there have been a total of nine meetings, that last occurring on March 16, 2022. Journal Club is lead by Dr. Tyler Oswald. Topics covered to date include:

- Stress of COVID on psychiatric illness
- Different discharge models for psychiatric patients
- Drivers' licences and Review Board patients
- Relationship between Schizophrenia and violence- updated studies.
- Mental Health Act Section 30
- Estrogen and hormone therapy for cognitive function on post menopausal women
- Threatening homicide and its relationship with risk for suicide
- Complicated transgender NCRMD case

### ***Succession Planning for Executive***

March 2022 brought the unexpected resignations of two Forensic Psychiatrists at FPH. Another Forensic Psychiatrist is expected to retire in April 2022, and another resignation is pending. Two of the four Forensic Psychiatrist departures were from the Board of the FPES. As a result of the succession planning that was completed in June 2021, replacements have been found for the FPES Executive. The summer of 2022 will be spent orienting these new Executives to their position and ensuring they are informed about their roles and responsibilities. A new succession plan will need to be developed for future Executive successors. This process will start as soon as the new Executives are oriented to their role.

### ***Onboarding & Orientation Manual***

The FPES completed its Onboarding and Orientation Manual so that new physicians and Executive members will get an immediate sense of what the FPES does as well as quickly learn some immediate insights to the operations of the Forensic Psychiatric Service. The Manual is divided into three parts, that either can be reviewed together or independently. Part 1 details an onboarding checklist, Part 2 contains some general questions and answers, and Part 3 provides an in-depth orientation to the workings of the FPES. The Onboarding & Orientation Manual is available electronically on the members-only side of the FPES website and something that is easily accessible and can be used as an ongoing resource to new physicians and members alike.

## SECTION 3: SELF-ASSESSMENTS

### MSA Self-Assessment Form

Please rate the MSA statements below:					
Statement	Always	Frequently	Sometimes	Rarely/ Never	Comments
<b>1. 2021-22 MSA strategic priorities support the FEI Outcomes 2019-2023.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree – 20%, Agree – 66%, Neutral – 23%
<b>2. There was improved engagement among MSA members over the last year.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree – 26%, Agree – 46%, Neutral – 26%
<b>3. There was improved engagement between MSA members and the site HA staff over the last year.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Strongly Agree – 13%, Agree – 33%, Neutral – 40%, Disagree – 6%, Strongly Disagree – 7%

N = 15 member responses

The FPES's strategic priorities and goals do support the FEI Outcomes and it was strongly agreed that there had been improved engagement between FPH and clinic forensic physicians over the last year. Engagement between the FPES and HA site leadership continues to be tenuous and something the FPES has spent significant FEI funding on in attempts to resolve, with very little return on investment.

Focusing inward and also wanting to measure internal progress, the FPES Executive decided to also conduct a Board Self-Assessment as part of the SRRP MSA self-assessment reporting. Next year, the Board will conduct the same Board Self-Assessment in order to measure progress. The Board Self-Assessment results for 2021/22 were as follows:

1. Board members have a full understanding of their roles and responsibilities.
  - 100% Strongly Agree
2. Board members understand the FPES vision, mission, goals, and activities.
  - 80% Strongly Agree / 20% Agree
3. The Board has clear goals and activities resulting from relevant and realistic strategic planning.
  - 60% Strongly Agree / 20% Agree / 20% Neutral
4. The Board receives regular reports of finances/budgets/projects and other important matters.
  - 100% Strongly Agree
5. The Board regularly monitors and evaluates progress towards strategic goals and expected outcomes.
  - 60% Strongly Agree / 20% Agree / 20% Neutral
6. Each member of the Board feels involved and interested in FPES work.
  - 80% Strongly Agree / 20% Agree

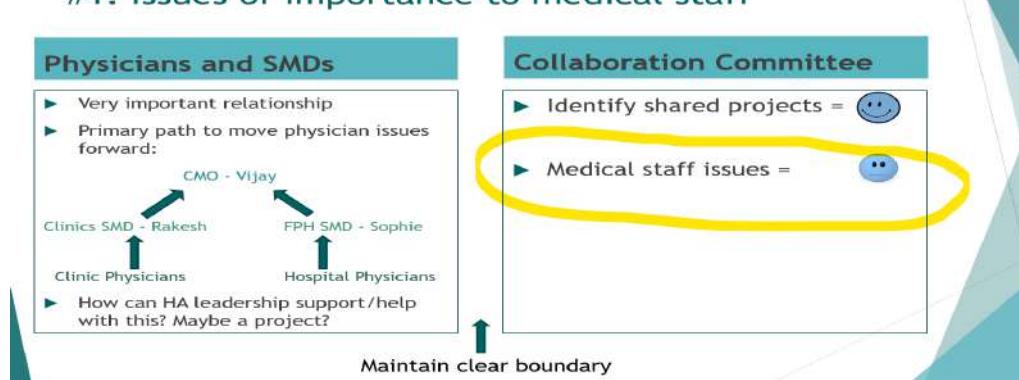
7. Board Committees and Working Groups provide useful support to the Board (they surface relevant issues and opportunities).
  - 60% Strongly Agree / 20% Agree / 20% Neutral
8. Board members represent the interests of the entire medical staff membership.
  - 100% Strongly Agree
9. Regardless of their personal viewpoints, Board members don't speak again or in any way undermine Board solidarity once a Board decision has been made.
  - 100% Strongly Agree
10. Board member contributions to discussion and decision making are positive and constructive
  - 60% Strongly Agree / 40% Agree
11. Board meetings are effectively conducted
  - 60% Strongly Agree / 40% Agree
12. Directors participate in FPES in ways other than attending Board meetings.
  - 60% Strongly Agree / 40% Agree
13. The Board works well together as a team.
  - 100% Strongly Agree
14. Board members criticize each other constructively.
  - 20% Strongly Agree / 60% Agree / 20% Neutral
15. There is a clear understanding of what Board member tasks are and what staff tasks are – and the differences between the two.
  - 60% Strongly Agree / 20% Agree / 20% Neutral
16. Are you updated to your satisfaction on changes to FPES projects, programs, or activities?
  - 80% Strongly Agree / 20% Agree
17. Are you satisfied with the degree of influence you have on decisions?
  - 60% Strongly Agree / 40% Agree
18. Are you involved to your satisfaction in the annual strategic planning of the organization?
  - 60% Strongly Agree / 20% Agree / 20% Neutral

## Health Authority Self-Assessment Form

Over the 2021/22 FY, the FPES continued to give a consistent effort towards building relationships and trust with Health Authority site leadership (e.g., significant time, funding, and effort was made to re-establish Collaboration Committee using a third-party consultant to try and help facilitate a relationship, unfortunately with limited results). Relationship development and consistent engagement with the Health Authority site leadership has been significantly challenging and the level of engagement has yet to reach the mutual collaborative threshold that the physicians hope for and desire (e.g., full IAP2 spectrum<sup>1</sup>). The FPES occasionally achieves engagement with the Health Authority at the IAP2 levels of “inform” or “consult” but this often comes with unrealistic turn-around times or after-the-fact when a change has already been implemented – thus making engagement not feel genuine. The key question for the FPES from the last four years still remains: ***How can we meaningfully engage ourselves with the Health Authority to impact patient care and issues affecting physicians?***

Even with the latest attempt to develop a relationship with the Health Authority site leadership, the FPES has met resistance. A third-party independent consultant was hired to conduct an in-depth assessment of internal and external engagement and relationships related to the FPES’s work with its members and with Health Authority Site leadership. This resulted in the re-start of the Collaboration Committee in June 2021 using the consultant to facilitate meetings for the first six-months. Eight meetings were to occur but due to HA scheduling challenges, four of the eight meetings were cancelled. This affected committee continuity and momentum as well as morale and commitment to collaborative work. There also were regular shifts in HA leadership membership which prevented a sense of teamwork from developing. Furthermore, no substantive issues, problems or projects were undertaken. All the Collaboration Committee really discussed was surface level/house keeping things like terms of reference, respective roles and responsibilities, organization charts, respective priorities, and how to engage or behave during meetings. During a discussion of respective organizational priorities, the Health Authority even went as far as telling the FPES, that they were only interested in working on shared projects together but that they refused to discuss medical staff issues.

### MOU: HA Consultation/Engagement Commitments #1: Issues of importance to medical staff



Source: “FPSC Current Priorities” Presentation made to the BCMHSIS-FPES Collaboration Committee, November 16, 2021

<sup>1</sup> IAP2 Spectrum of Engagement levels include: inform, consult, involve, collaborate, and empower.

This minimal Health Authority engagement or unwillingness to even discuss medical staff issues, clearly was not the intention of the [Memorandum of Understanding on Provincial Engagement](#) or what Facility Engagement Initiative advocates for, or expects, regarding Health Authority and MSA partnership and engagement.

The final report from the consultant (see Appendix A) provided the following opinion:

*"There is no clear message of commitment being communicated from the highest tiers of the PHSA through the ranks of the FPSC, regarding specific expectations of administration and site leadership around Facility Engagement and collaborative work with physicians. This results in frustrating and expensive patterns of significant resources continually being devoted to collaboration over the years, by both FPSC and FPES, with very little tangible progress and very few positive results."*

Given this limited engagement between the FPES and the Health Authority, the FPES again opted to not have the Health Authority respond to the Health Authority Self-Assessment Form for the 2021/22 SRRP reporting period. The same occurred for the 2020/21 Health Authority Self-Assessment Form. This problem has been a long-standing issue. The FPES would appreciate guidance from the Specialist Services Committee (SSC) and Doctors of BC (DoBC) regarding how to try and further engage the Health Authority to fulfil its commitment as per outlined in the [Memorandum of Understanding on Provincial Engagement](#).

## SECTION 3: STRATEGIC GOALS

### MSA Strategic Goals

<b>GOAL 1</b> <b>Advocate for physician voice in Health Authority strategic planning initiatives affecting Forensic physicians</b>	
<b>Activities</b>	<b>Performance Measures</b>
Forensic Physician and forensic physician leader recruitment and retention initiatives	<ul style="list-style-type: none"><li>• 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</li><li>• Assist with the recruitment of potentially 4 new Forensic Psychiatrists to replace those who left in March/April 2022</li></ul>
Hold a facilitated FPES Executive Strategic Planning Retreat	<ul style="list-style-type: none"><li>• FPES Executive Retreat for 2022/23 SRRP completion to be held in November/December 2022</li></ul>
Seek FPES governance clarity – roles of president/VP/treasurer without the authority of an MSA	<ul style="list-style-type: none"><li>• Clarity provided related to:<ul style="list-style-type: none"><li>○ Advocacy/representation</li><li>○ HA perception of roles</li><li>○ Clarity around support roles within FPES</li><li>○ Reporting back to the Board</li><li>○ Strategic planning clarity</li></ul></li></ul>
Respond to FE HA Engagement Survey Results	<ul style="list-style-type: none"><li>• By September 2022, respond to and develop actions to address the 2022 FE HA Engagement Survey results</li></ul>
CAPL Engagement	<ul style="list-style-type: none"><li>• Plan for and support physicians to attend minimum of 1 joint FPES / CAPL engagement event</li></ul>

<b>GOAL 2</b> <b>Physician wellness &amp; education</b>	
<b>Activities</b>	<b>Performance Measures</b>
Psychiatry Team Building Event	<ul style="list-style-type: none"> <li>Forensic Physician team building event to be hosted at the time of the September AGM. Topic presentation to be included at AGM.</li> </ul>
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"> <li>Plan 5 activities (including supporting FPs at meetings and events) to promote improved relationships and wellness by March 31, 2023</li> </ul>
Forensic Physician Education Sessions – support both forensic physician teachers/presenters and those forensic physicians who attend education sessions	<ul style="list-style-type: none"> <li>Minimum of 4 education sessions (e.g., 'Lunch &amp; Learns') utilizing the completed Physician Engagement Centre</li> <li>Education sessions should be aimed at having separate Forensic Psychiatrist focus, Forensic General Practitioner focus and clinic focus</li> <li>Support future education session related to "contract options and financial education"</li> </ul>
Resume Journal Club	<ul style="list-style-type: none"> <li>Support Journal Club Physician Lead and encourage both hospital and clinic physicians to attend Journal Club every two weeks</li> </ul>

**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
Formalization of Working Groups under FPES	<ul style="list-style-type: none"> <li>• Maintenance of the Clinic Working Group (min. 8 meetings per year)</li> <li>• Maintenance of the Forensic GP Working Group (min. 2 meetings per year)</li> <li>• Maintenance of the Forensic Psychiatrist Working Group (min. 8 meetings per year)</li> <li>• All Working Group meetings are formalized (e.g., pre-circulated agendas, minutes) and well attended</li> <li>• All Working Groups are involved in some sort of educational component</li> <li>• 2 bi-annual joint Working Groups meetings are held</li> </ul>
Clinic Integration & Team Building - create opportunities to focus on relationship-building and collaboration amongst clinic physicians and improve engagement between each of the clinics and between the clinics and FPH.	<ul style="list-style-type: none"> <li>• Utilization of the Clinic Working Group as a means to facilitate clinic integration and determine key priorities and opportunities for projects in collaboration with the Health Authority</li> <li>• Engage clinic psychiatrists through surveys and other means, to generate interest. Use as bridge for networking, mentorship, support, &amp; pro-D</li> <li>• Support Kamloops/Vancouver Clinic team building event</li> <li>• Support clinic workload issues and advocacy</li> </ul>
FPES participation at Collaboration Committee	<ul style="list-style-type: none"> <li>• FPES Executive to participate at bi-monthly Collaboration Committee meetings</li> </ul>
Follow-up or respond to the UBC Department of Psychiatry Review	<ul style="list-style-type: none"> <li>• Share report at Collaboration Committee and have follow-up discussion to jointly determine how can address/respond</li> </ul>
AGM 2022 – host event with educational component/speaker included	<ul style="list-style-type: none"> <li>• AGM occurs in September 2022</li> <li>• “Piggy-back” a forensic physician team building event on the AGM</li> <li>• Virtual option for increased clinic attendance provided</li> </ul>
Enhance relationship with the BCPA – communication & partnership	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
BCMHSUS Patient Experience Committee, TIP Steering Committee, and FPH Family Orientation Initiative, MAC/HAMAC & Medical Lead Table	<ul style="list-style-type: none"> <li>• Support forensic physicians to participate on these Committees</li> </ul>
FPES Executive Succession Planning	<ul style="list-style-type: none"> <li>• Develop and implement new Executive Succession Plan by June 2022</li> </ul>
CST readiness	<ul style="list-style-type: none"> <li>• Although CST implementation may be still years away, be ready to support FPES members in whatever capacity that is deemed appropriate</li> </ul>

## APPENDIX A

### Forensic Physician Engagement Society 2022 SRRP Supplemental Report

#### Overview

This report briefly summarizes the Collaboration Committee Revitalization, which was the primary collaborative project undertaken during 2021 by the Forensic Physician Engagement Society (FPES) and Forensic Psychiatric Services Committee (FPSC) administration and site leaders.

#### History

In July 2020, meetings of the joint FPES-FPSC Collaboration Committee were paused, in order to reassess the need for, structure of, and purpose(s) of the Committee. In December 2020, FPES engaged Alison Sayers of Sayers Consulting to conduct an in-depth assessment of internal and external engagement and relationships related to the FPES's work with its members and with health authority site leadership. This assessment included determining the level of collective interest in, and chances for success of, a revitalized Collaboration Committee. Alison conducted individual interviews with FPSC physicians and leaders, analyzed the data from those interviews, and facilitated a review of the analysis (presented anonymously) with the FPES Board of Directors. Several recommendations came from this work, including a recommendation to move forward with a re-start of the Collaboration Committee, with Alison's third-party facilitation for the first six meetings. This contract was extended to eight meetings, held between June 2021 – March 2022. Due to a number of scheduling challenges, the actual number of meetings held was six.

#### Approach

An agreement was reached with BCMHSUS and FPES to split the fees for this facilitation, which included monthly prep/debrief meetings with the facilitator and Committee co-chairs, and 1:1 coaching sessions with the facilitator as needed for any Committee members. This allowed for a collaborative approach to creating meeting agendas, first with the co-chairs, then with wider committee membership input. It also allowed for supported self-reflection, and collective determination of healthy norms and behaviours at Committee meetings.

#### Major Agenda Items

The major agenda items at Committee meetings included:

- In-depth personal introductions to support teambuilding and positive relationships
- Review and discussion of organizational charts for FPSC, in particular BC Mental Health and Substance Use Services (BCMHSUS), and FPES
- Guidelines/Agreements for meetings
- Terms of Reference: Review and Edits (Approval to occur in April or May 2022)
- Roles and Responsibilities of the BCMHSUS Chief Medical Director and Site Medical Directors for the Forensics Psychiatric Hospital and Clinics
- Review of IAP2 Engagement Framework
- Presentation: FPSC Operations Strategic Priorities

- Presentation: FPES Strategic Priorities
- Comparison of FPES and FPSC Operations Priorities
- Presentation: BCMHSUS Reorganization
- Presentation: Other Collaboration Opportunities and Committees within FPSC
- Survey questions to evaluate the success of Key Performance Indicators for the Committee (review and approval to occur at April or May meeting)

### **Progress Made**

The Committee made significant changes to the Terms of Reference, which clarified and refined Committee mandate, function, membership, decision-making, and frequency of meetings.

Committee members gained a better understanding of the organization, purviews, purposes, and functioning of both the FPES and FPSC. Physicians also gained a better understanding of the roles of the Chief Medical Officer and Site Medical Directors, in particular as they relate to collaborative work and Facility Engagement objectives.

The Co-chairs identified, with Alison's support, the Committee's Key Performance Indicators, including evaluation questions which can be self-administered periodically to assess Committee progress. Overall, the Committee has renewed their interest in continuing collaborative work together.

### **Barriers and Challenges**

Between June 2021 and March 2022, four monthly meetings were canceled due to various scheduling challenges. This adversely affected Committee continuity and momentum. A total of six meetings were held before the facilitator's contract ended on March 31st, 2022.

Shifts in membership of the Committee presented challenges for building a strong sense of teamwork. Changes in FPES representation resulted from the Society's annual election of Board members in October 2021. Changes in FPSC representation resulted from a reorganization at BCMHSUS in January 2022.

The final meeting in March 2022 was intended to define next steps for the Committee. However, this meeting was canceled three days prior due to lack of quorum as a result of a Concurrent Disorders Conference being held the same day. This cancellation was especially challenging due to the February meeting also being canceled with little notice.

### **Next Steps**

There are currently significant changes happening at FPES due to the concurrent resignation of two forensic psychiatrists who work at the Forensics Psychiatric Hospital, who are also FPES Board members. One is an FPES representative on the Committee. Any meetings which occur between April and the next FPES Annual General Meeting will need to ensure balanced participation between FPES psychiatrists and FPSC/BCMHSUS administrators.

The Committee has discussed potential projects, which are slated to be discussed again for approval at the April or May 2022 meeting.

A detailed set of next steps, and an agenda for the April or May meeting, will be discussed with the Committee Co-chairs and the Doctors of BC Engagement Partner before the end of March.

It bears highlighting that the February and March meetings were canceled with very little notice due to low attendance on the part of FPSC leaders. It's concerning that the functioning of this Committee is perhaps not being prioritized by several members, or perhaps it is impossible for them to prioritize due to pressures, timelines, and responsibilities within their roles over which they have little or no control. With more notice, both meetings could have been rescheduled for later in the month.

It is this consultant's opinion that, while good intentions exist at the Committee table, there is no clear message or commitment being communicated from the highest tiers of the PHSA, through the ranks of the FPSC, regarding specific expectations of administration and site leadership around Facility Engagement and collaborative work with physicians. This results in frustrating and expensive patterns of significant resources continually being devoted to collaboration over the years, by both FPSC and FPES, with very little tangible progress and very few positive results. Until this is addressed at the highest levels of authority within PHSA and FPSC, it's likely that this pattern will remain.

Respectfully submitted,



Alison Sayers, MA  
Sayers Consulting

## APPENDIX B

**FPES Person-in-Charge Working Group  
Project Close-out Report  
December 13, 2021**

**Person-in-Charge Committee:**

The *FPSC Exploratory Project*, completed in the Fall 2020 by the FPES concluded that the Commission exists on paper but not really in practice. Given this reality, the FPES believes it is important for the legal system to have improved voice, feedback, and input into forensic practice and there is a need for all stakeholders including Forensic Psychiatrists, the Health Authority, Review Board, the Crown, Defense Counsel, Corrections, and the FPS Director-in-Charge to come together in some sort of forum to discuss forensic quality improvement and systemic issues.

The FPES has no interest (or actual authority) in rejuvenating the Commission but had asked to collaborate with the Health Authority on the establishment of a “Forensic Stakeholders Forum” whereby all forensic stakeholders gather to discuss quality improvement and systemic issues applicable to the Forensic Psychiatric Service. In April 2021, Dr. R. Lamba (FSC Person-in-Charge) established the Person-in-Charge (PIC) Committee. This Committee has the mandate to:

*The mandate of the committee is, at the request of the FPS Person in Charge for BC Review Board related matters both at the Forensic Psychiatric Hospital (FPH) and at the Forensic Psychiatric Services Regional Clinics (RCs), to convene and address/resolve procedural, exceptional or internal FPS issues by ensuring timely communication and strategic recommendations.*

The PIC Committee is a standing committee of the BCMHSUS Executive Leadership Team and has the following key responsibilities or objectives:

1. *Works to support the Person in Charge by ensuring alignment with established policies and procedures related to patients and clients subject to the Criminal Code of Canada and specifically Part XX.1 Mental Disorder.*
2. *The Committee will ensure timely review of systemic issues arising in meeting the mandate. This may include a forum to address clinical or procedural issues.*
3. *To periodically review and update as necessary the Person in Charge Delegation Matrix and recommend changes/updates as necessary*
4. *The Committee will have a standing agenda which will include:*

<i>a) Exceptional / High Profile Hearings</i>	<i>f) Travel Requests</i>
<i>b) Legal Issues / Representation / RB Liaison</i>	<i>g) Discharge Planning</i>
<i>c) Reports to the BCRB</i>	<i>h) Interprovincial Transfers</i>
<i>d) FPH Programs and Privileges (P&amp;P) Update</i>	<i>i) Communication with the BCRB</i>
<i>e) Direct Back and Breach Return</i>	<i>j) Other agenda items as may be called by the Chair</i>

While the PIC Committee was not exactly what the FPES envisioned in a “Forensic Stakeholders Forum,” there was some hope that the PIC Committee would eventually evolve to a forum where quality and systemic issues would be discussed and there was cross-over between the forensic and legal systems.

The FPES was asked to appoint two representatives, one from FPH and one from Forensic Clinics to the PIC Committee. In a vote of the Forensic Psychiatrists, it was determined that Dr. George Wiehahn would represent the FPES from the hospital perspective, while Dr. LeeAnn Meldrum was appointed to represent the clinic perspective. Other members of the PIC Committee included the FPH Medical Director, the Directors of FPH and Clinics, the Forensic Review Board Administrative Services Specialist, and the FPS Regional Clinic Manager.

The inaugural PIC Committee meeting took place on April 23, 2021. At the time it was established that meetings would occur repeatedly on the fourth Friday of every month (this did not exactly occur, as the Chair rescheduled at least three meetings between April and November). Friday morning meetings were also not a convenient time for the Forensic Psychiatrists attending and although this was raised with the Chair, there was no movement for changing the meeting dates. As a result, the Forensic Psychiatrists voted Dr. Scott Prior as an alternate, if Drs. Wiehahn or Meldrum could not attend.

***Person-in-Charge Working Group:***

The PIC Working Group was established by the FPES so that all Forensic Psychiatrists could be aware and have input into the topics discussed at the PIC Committee. PIC Working Group meetings took place at noon via Zoom on the Monday following the PIC Committee meetings. At these PIC Working Group meetings, Drs. Wiehahn and Meldrum de-briefed on PIC Committee meeting discussion and sought input on issues from Forensic Psychiatrists. The intent of the PIC Working Group was to create a unified Forensic Psychiatrist perspective, download information, and discuss solutions.

Between April and November 2021, a total of seven PIC Working Group meetings took place. Nichola Manning provided project support to the PIC Working Group and sent notes/minutes of the PIC Working Group as well as agendas/minutes of the PIC Committee to all Forensic Psychiatrist in advance of each meeting. Calendar invites were sent to all Forensic Psychiatrists to attend the PIC Working Group. The meetings were well attended, ranging in nine to twelve participants for each meeting. Those attending were able to claim for time in the FEMS system.

Examples of topics discussed at the PIC Working Group included:

- PIC Committee terms of reference
- Process for, and quality of, Review Board reports
- Unsuccessful requests to the PIC Chair to change date/time of meetings
- Communications with the Director-in-Charge and Directors Representative
- When Forensic Psychiatrists require legal representation
- Role of the Forensic Psychiatrist
- Patient travel requests
- Inappropriateness of Chairs' discussion of the conduct of individual Forensic Psychiatrists at Review Board or in relation to risk assessments
- Review Board Education Session/Workshop for all Forensic Psychiatrists (December 3)

At the last meeting of the PIC Working Group, it was suggested that in the spirit of less meetings, efficiency, and value for money – instead of having a PIC Working Group meeting, the topic “PIC Debrief” could become a regular standing agenda item for either Drs. Wiehahn or Meldrum to report out on at either the Clinic Working Group or Forensic Psychiatrist Working Group. Drs. Wiehahn or Meldrum would continue to forward both PIC Committee meeting agendas and minutes to FPES members for information,

and in the event FPES members needed to be consulted on a systemic issue, an ad hoc meeting of members would be called or opinions sought through the FPWG or Clinic Working Group forums.

A request for the official “disbanding” of the PIC Working Group will come forward to the FPES Board in January 2022. In the meantime, all Forensic Psychiatrists have been made aware of the PIC Working Group ending and how issues from the PIC Committee will be raised on a go-forward basis.

There was excellent engagement and participation of Forensic Psychiatrists at the PIC Working Group; however, it realized that this engagement, participation, and distribution of information may more efficiently occur within pre-existing FPES committees.