South Island MSA

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

Minutes

General Meeting – September 19, 2022

In-person (RJH PCC S150)/Virtual (Zoom)

Meeting 6:00-7:30pm

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1. **Call to Order at 6:00 pm** - Welcome by MSA Co-President Dr. Fred Voon
   a. Welcome to special guests:
      - Annebeth Leurs – Engagement Partner, Doctors of BC (DoBC)
      - Dr. Christine Hall – Executive Medical Director, Medical and Academic Affairs (MAA)
      - Laura Nielsen – Executive Director, Medical and Academic Affairs
      - Jess Bossert – Director, Medical Staff Support
      - Kristine Votova – Director, Medical Staff Quality, Analytics and Clinical Improvement

   b. Approval and adoption of agenda and May 9,2022 minutes

2. **Physician-Led Family Friendly Workplace Presentation – Dr. Maria Kang & Dr. Alicia Power**
   - Journey started with SIFEI support; brought female physicians together in person, discussed structural and systemic barriers to joining leadership
   - Expanded into a conversation around women in medicine, women in leadership, families in medicine, and caregivers in medicine; want to promote a culture to be able to work together
   - Important to continue the discussion, this impacts every department; **a**pproximately 52% of the active physician workforce is 55 or older with a large, aging patient population encountering more complex medical conditions
   - We are being impacted by limits on medical school and residency programs; number of physicians who can qualify to practice medicine is largely controlled by medical school enrollment caps and the number of residency slots available to train physicians
   - With widespread physician shortages, it's a candidate's market; need a desirable work location to recruit and retain – two greatest concerns of practicing physicians and medical students entering the workforce are compensation and a good work-life balance
   - DoBC put out Workforce planning document in 2011 (https://www.doctorsofbc.ca/policy-papers/health-human-resources/doctors-today-and-tomorrow-planning-british-columbia%E2%80%99s-physician-workforce); they recommended:
     - Comprehensive and flexible incentives that address the professional and personal needs of physicians
     - Adequate resources and coordination of physician recruitment & retention programs
     - Strategies to support retention of physicians who are nearing retirement
   - Recruitment has been a hot topic but retention is equally or more important
   - The Physician Health Program (PHP) put out a consensus statement in 2010 outlining how we could support our families in medicine; support a culture change/reframing the conversation as well as structure and policy change

- Culture change starts with us within of our spheres of influence; shifting cultural norms take time, patience, persistence, intelligence and insight
- Structural change is only effective with the support of cultural change, then can introduce policy change
- From the PHP consensus statement, we condensed to the top 6 that would be the most reasonable for all departments to consider:
    1. All physician parents are entitled to parental leave, free of harassment and undue stress
    2. Modify work conditions for pregnant physicians when:
        a. Infectious disease prophylactic measures are not deemed by an occupational health specialist to provide sufficient protection.
        b. Exposure to infectious diseases and the potential impact of treatment or post-exposure prophylaxis is determined to be unsafe for the mother or fetus.
    3. Ensure that practice partners, employers and program leaders are made aware in a timely fashion of medical conditions or complications of pregnancy that require accommodation or may lead to a premature delivery.
    4. Eliminate physically strenuous work and heavy lifting, especially during the latter stages of pregnancy.
    5. Provide support, including private space, equipment and time for breastfeeding or the expression of milk.
    6. Consider the recommendation of the Canadian Pediatric Society to maintain exclusive breastfeeding for the first six months after birth for healthy, term infants.

- The ask: start talking about this early, understand everyone's needs before proposing strategies to meet them, pay attention to the conversation itself and pay attention to all of the voices – everyone needs to be part of the conversation

3. Activity/Discussion:

- Many scenarios for planned/unplanned leave; groups rarely have contingency plans or good governance structure to deal with issues
- Hard to move between communities without funding to move
- Barriers: decreased locum pool, small call group, hospital work is more valued/easier to find coverage for than community practice, decreased funding, decreased flexibility in call, changing retirement plans
- Trying to balance time off to pursue other career opportunities and determine what takes priority
- Only way to cover all asks on our workforce is to expand workforce remarkably; universities have to train more, environment has to be better
- Hiring cycle takes months/years, a lot of work goes into hiring
- What are the hiring policies – who is not at the table? Cultural humility piece is missing
- Need to determine how decisions are made – majority rules or consensus based; differences in policies as to how things are managed makes things challenging if you work in different departments
- Diminishing applicants to certain specialities
- On call is not compatible current expectations of work life balance
- Hard when people want alternate work schedules (i.e. not full time or half time); difficulties in splitting up small FTEs
- Need to re-examine how we define "full time", does it include non-clinical work (i.e. teaching, call work, improvement work)
- Minimal competencies levels (i.e. how many surgeries per year to retain competence); haven't created thresholds for when we must start hiring new people

- Looking back on the last 3-5 years in your department, **what scenarios have come up when people needed/wanted time off?**

Planned	Unplanned
○ Holiday time/travel/vacation - 4 ○ Pregnancy ○ Parental leave ○ Scaling back clinically re age on call/shift work ○ Retirement ○ Surgery ○ Sabbatical/mid-career break ○ Educational leave ○ Family commitments ○ Child starting university in another city ○ International aid work ○ Flex work	○ Accident/trauma/illness/surgery – 13 ○ Mental health (self or family) – 10 ○ Sick family member - 8 ○ Death in family (chosen or birth) - 5 ○ Parental leave - 5 ○ New physician required paternity leave without full coverage within 6 months of appointment ○ Medical complications/unexpected outcomes ○ Early delivery ○ COVID – 4 ○ Personal urgent situation/crisis - 2 ○ Aging parents - 2 ○ Bullying in the workplace ○ College-required leave ○ Military leave ○ Didn't like departmental rules

- **What does 'Success' look like to you for working in a family-friendly team?** (Results presented in decreasing order of popularity)
  - Good, clear, humane physician leadership that balances the needs of patients (department) and practitioner
  - Having a workplace where physicians who need time off – planned or unplanned – do not create undue burden on their colleagues
  - Far, flexible, and open to revision based on experience and changing needs
  - Workforce planning where people actually feel comfortable and safe to discuss their goals/plans
  - Designated NICE breastfeeding room with fridge, locker, etc. at every hospital
  - Acceptance of multiple work patterns
  - The ability to take time off when experiencing burnout rather than needing to give 3-month notice for adequate locum coverage
  - A physician-led model that can provide guidance to the health authority
  - A department-approved governance model that outlines equitable leave, planned and unplanned
  - Urban locum project expanded (Victoria Division)
  - Medical staff are supported to maintain appropriate work life balance through fair and consistently applied leave policy/process
  - Everyone working to their optimum and not working when necessity demands
  - When physicians without children are considered for leaves too
  - Department members work in harmony and maintain quality of care
  - Co-developed workplace policy with physician leaders, administrators, and frontline physicians and eternal healthcare organizational development
  - I can easily take time off when I need it – for any reason
  - Patient-centric care and a team approach
  - More applicants accepted to medical school
  - Balance
  - A policy that regularly reflects and modifier based on the population it represents
  - Centralized privileging

- Next steps - we will collate the discussion and send to department heads; MSA can assist with facilitating discussions within departments if interested and can facilitate conversations with other stakeholders (Island Health, DoBC)
- Possible opportunity to partner with Victoria Hospitals Foundation re: breastfeeding space for all staff and medical staff

4. Other Business:

- DoBC HA Engagement survey is live – very important survey open until October 12th midnight; comes from surveys@doctoberofbc.ca – extremely valuable feedback positive or negative, only takes a few minutes
- Upcoming Events – details on South Island MSA website :
    - Mindful Mondays
    - Improving Community Physicians' Access to Online Resources
    - Friday Fun Walks – lunchtimes from VGH and RJH
    - South Island Physicians' Walking Group
    - Physician Psychological Safety Webinar #3 – Reaching out to Colleagues in Distress – Tues, Sep 27 @ 17:30
    - South Island FEI Society Working Group – Mon, Oct 3 @ 18:00 "Bring a Buddy"
    - Virtual Doctors' Lounge with Dr. Ramneek Dosanjh – Weds, Oct 5 @ 17:00
    - South Island MSA Speakers' Series – Quit Multiplying by Zero with Dr. Mamta Gautam – Tues, Oct 18 @ 18:00
    - Day of the Dead Celebrating Physicians of the Past – Weds, Nov 2 @ 18:30
    - AGM Evening – Tuesday, Nov 22
- Check out the Lending Library in the RJH & VGH Doctors' Lounges

Adjourned at 19:35