

Clarifying the roles of RH leadership

MSA

RH medical affairs

Amac

Who are we?

**What is the governing
structure?**

What is RH Medical Staff Association?

- **Representation: RH MSA represents over 600 medical staff and locums at Richmond Hospital.**
- **Oversees Fems funding and coordinates facility engagement activities**

Facility Engagement

- Initiative of the Specialist Services Committee (SSC)**
- One of the four joint Collaborative Committees that represent a partnership between Doctors of BC and the Ministry of Health**

PROVINCIAL STRUCTURE



FOUR JOINT COLLABORATIVE COMMITTEES SUPPORT PHYSICIANS ACROSS BC



MEMORANDUM OF UNDERSTANDING
ON REGIONAL & LOCAL
ENGAGEMENT: 2014, 2019, 2022



MEDICAL STAFF ASSOCIATIONS/
PHYSICIAN SOCIETIES IN
ACUTE CARE PROGRAMS & HOSPITALS



SSC FACILITY ENGAGEMENT

What is Facility Engagement (FE) ?

A unique provincial initiative, negotiated through the Physician Master Agreement (PMA), that fosters meaningful **collaboration across acute care physicians and health authority partners.**

FE aims to:



Increase physician involvement in health care system planning and decision making.



Improve Provider experience



Improve patient experience

Our Strategic Goals (2026-2027)



Executives, Working Group and Operations Team

Executives

- Drs Eliza Chan (President), David Li (Treasure/Secretary), Caroline Choo, Sarah Monahan, Erik Swartz

Working Group

- Drs Casey Chan, Steven Fedder, Amrish Joshi, Erika Stokes, Patrick Wong, Bella Wu

Operations Team

- Veenita Charan(Wellness and event coordinator)
- Pinar Oduncu (Site and Project/admin support)
- Ellen Zhang (Project management, Fems)

Medical Affairs – Richmond

Medical Leadership Structure & Development
Dan Kopac | Alexandros Alexiadis | Kingston Fan

March 25, 2026

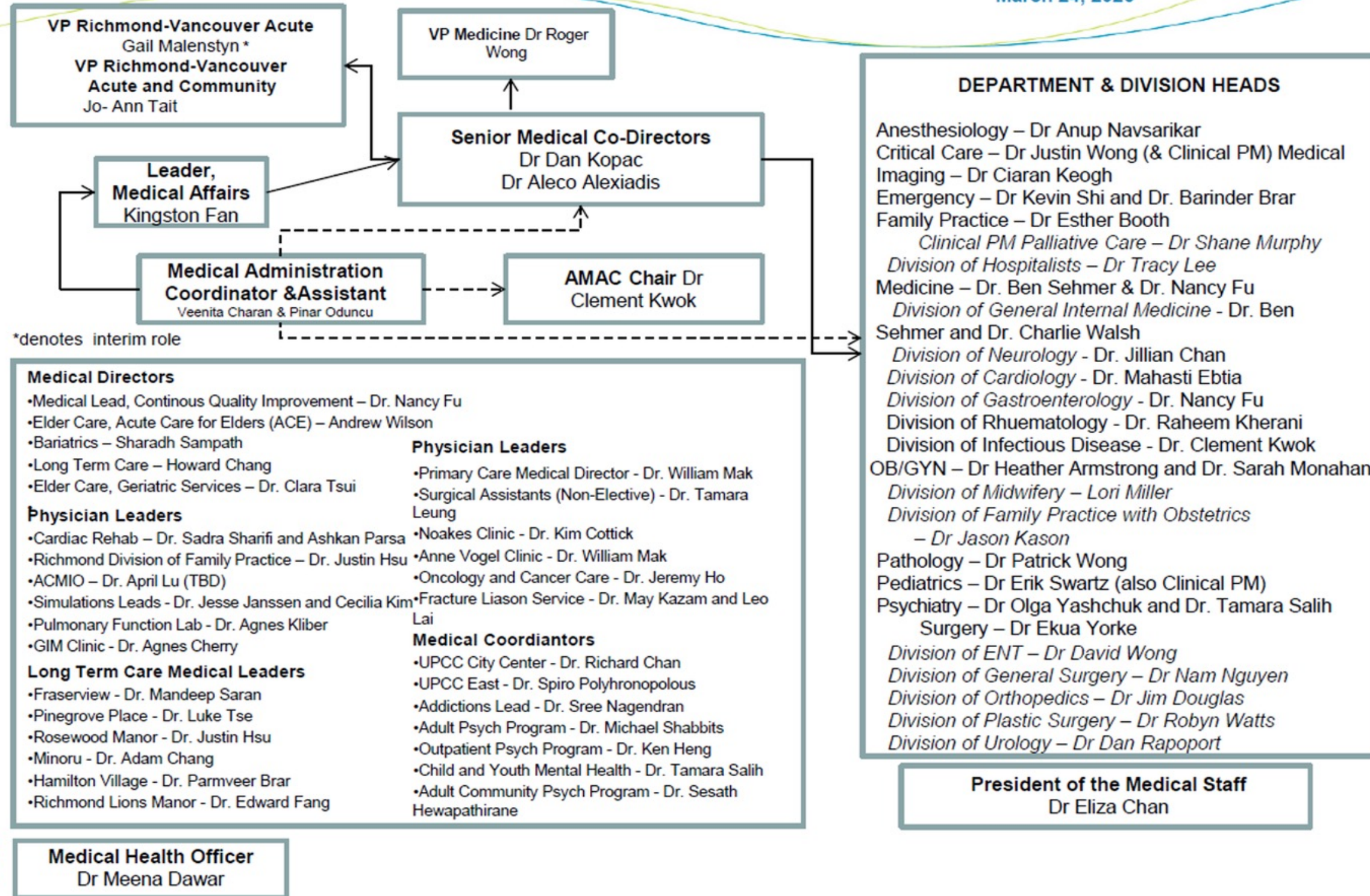


Medical Affairs – Richmond Team



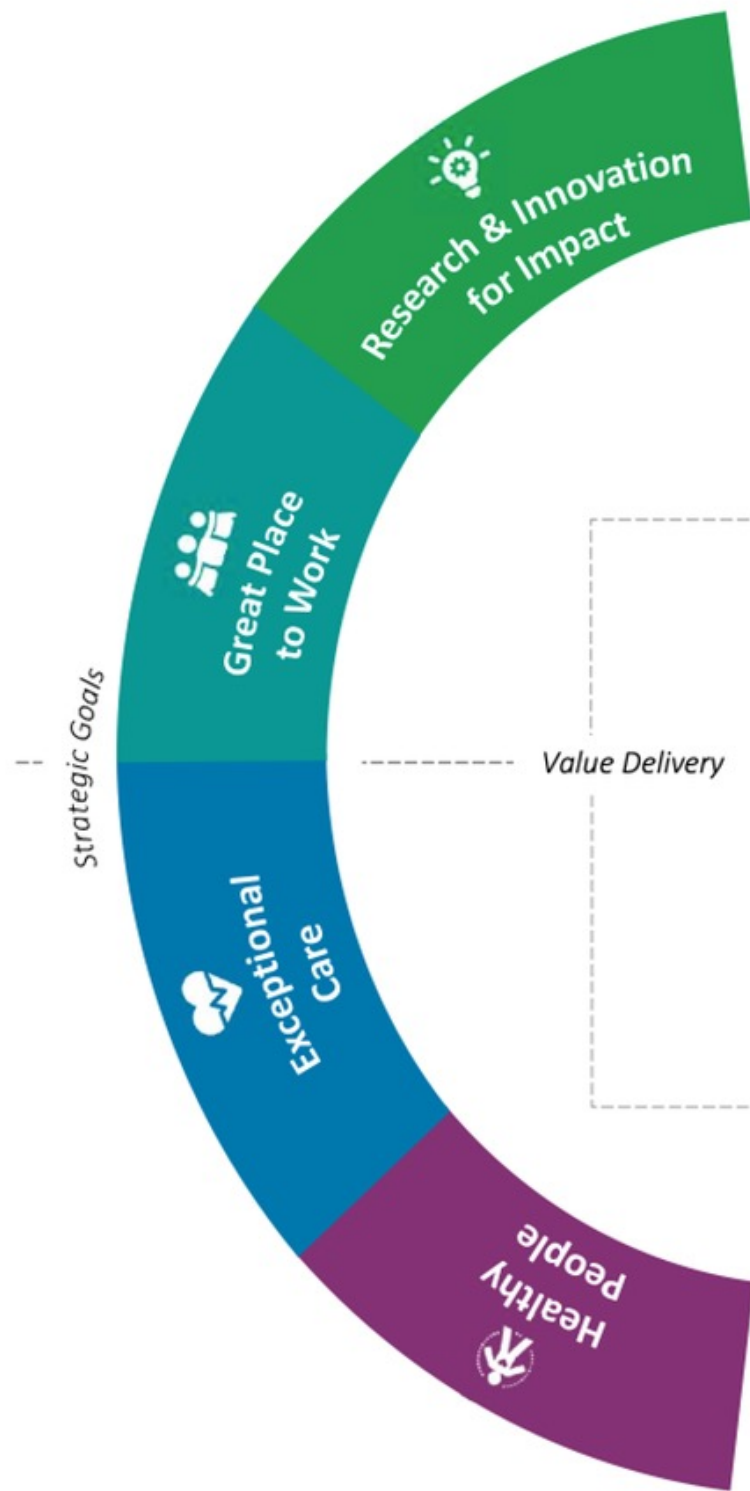
Local Richmond Clinical Leadership Structure

VANCOUVER COASTAL HEALTH
 MEDICAL ADMINISTRATION
 VCH - RICHMOND
 March 24, 2026

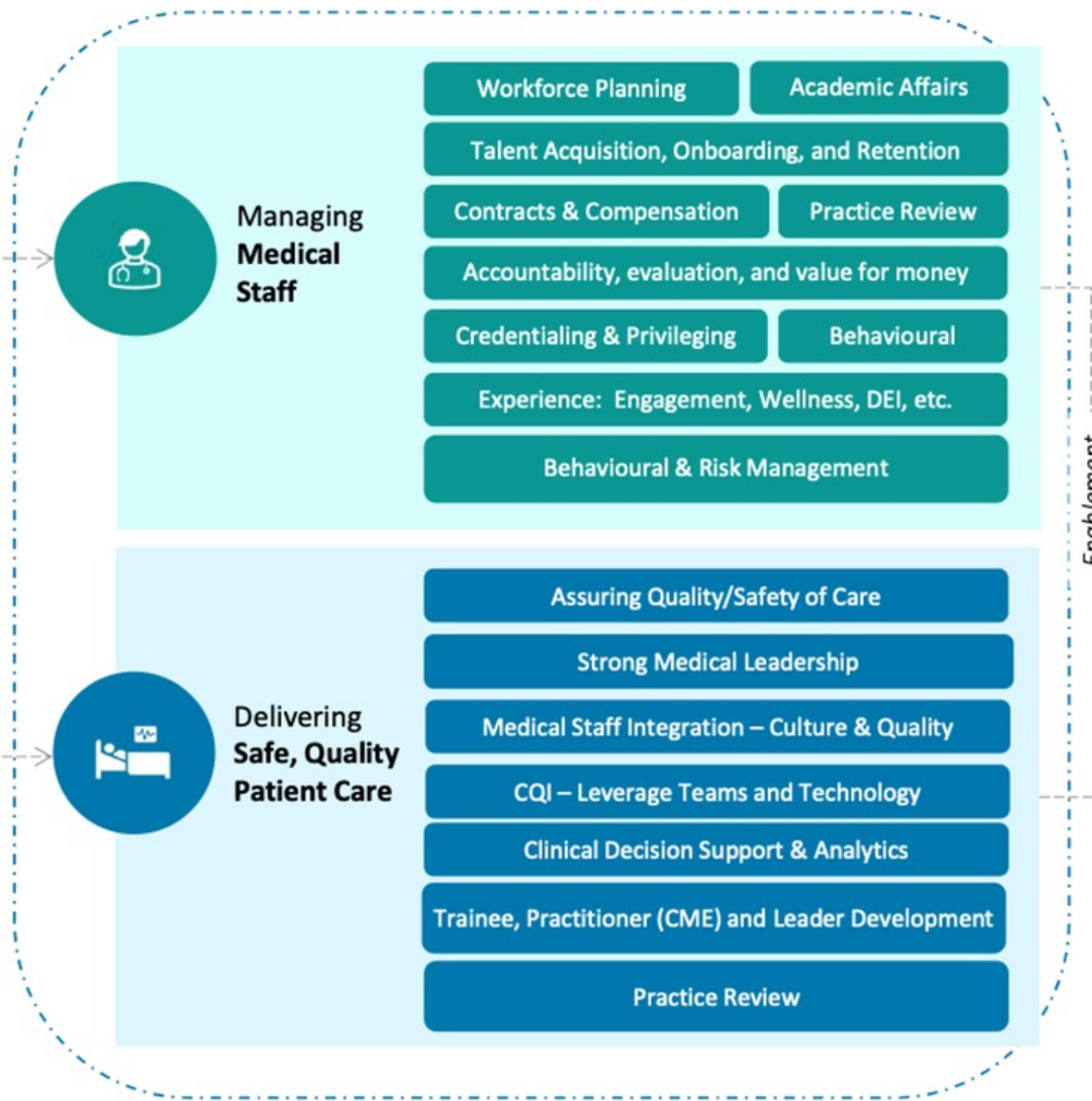


Advisory/Disciplinary
Health Authority Medical Advisory Committee (HAMAC)

Leadership & Direction
Board of Directors & Senior Executive Team
(e.g., VP Medicine Portfolio & VP Quality Portfolio)



Core Functions of a High-Performing VP Medicine Portfolio



Finance & HR Management
(i.e., Contract Management, HRIS, Med Staff Portal, Payment)

Implementation Science
(i.e., Leadership, Communications & PR, Change Management, PMO, Marketing)

Digital/Data Capabilities
(i.e., Business Intelligence Planning, Forecasting, Quality Improvement, Analytics)

Value Delivery

Enablers

How Medical Affairs Fits In

- Sits at the intersection of physician leadership, operations, and regional governance
- Helps connect physicians to the right leaders, processes, and decision-making tables
- Supports a shift from individual issues to program and system-level solutions



Onboarding, Reappointments & Accountability

- Physician broken up into multiple categories including Provisional and Active Staff, Temporary/Locum and Consulting/Associates coming into VCH.
- Any new physician coming onto our side completes their credentialing and privileging, followed by
 - Initial physician-to-physician onboarding (Varies by group) and Completion of the online physician
 - Individuals from other sites get cross credentialed which is a faster process.
 - Physicians only working in the Community and not Hospital only do Credentialing
- Defined cadence of reappointments and accountability expectations with staff going through reappointments every 2 years if Active/Provisional and every year for all other categories.
- Regional team is working on a way to streamline this process further.

Supporting and Growing Medical Leaders

- Ongoing leadership development and education opportunities for physicians at all levels in their leadership journey
- Dyad leadership and quality improvement support
- Partnership with Medical Quality, Leadership & Practice includes Multi Source Feedback surveys, SDI, and Leadership Coaches
- Regional leadership and quality work led by Vivian Chan and team. Includes regular course offerings like Having Difficult Conversations and How to Run a Meeting. Also includes Leadership Breakfast led by our VP

All Medical Staff

All medical staff

Aspiring Leader

Medical staff who are interested in taking on a leadership role

New Leader

Medical staff with limited experience in a leadership role managing at least one person

Experienced Leader

Medical staff with moderate experience in a leadership role

Senior Leader

Medical staff with advanced experience in a leadership role

Workforce Planning, Talent Acquisition and Contracts

Workforce Planning & Talent Acquisition

- Medical Affairs leads site-level physician workforce planning, aligned with service needs, patient volumes, and program sustainability across acute and community setting, working with Department and Division Heads and Program Leads.
- Close partnership with Medical Staff Talent Acquisition who support recruitment activities including postings (using various recruitment websites, conferences and job fairs), pre-screening, relocation and immigration support
- Increasing focus on retention, succession planning, and early engagement (e.g., PGME, IMG pathways, leadership roles)



Contracts

- Medical Affairs locally and regionally manages a growing and increasingly complex physician contract portfolio, including CSCs, sessional, MOCAP, leadership, and special project contracts
- Ensures contracts align with service delivery models, governance requirements, and funding constraints, while supporting continuity of care
- Ongoing work to modernize processes, improve transparency, and reduce administrative burden through regional and provincial initiatives
- Some contracts that are more regionally connected are mainly negotiated with the regional team compared to the ones that are unique to are site.



HR Rules and Bylaws and Interaction with College

Medical Staff Rules & Bylaws

Medical Affairs is responsible for interpreting and operationalizing VCH Medical Staff Bylaws and Rules governing appointments, privileges, leadership eligibility, performance, and discipline

Recent updates (effective March 2026) improve clarity, fairness, and transparency, reflecting extensive medical staff engagement

Will often work with our VCH in house legal Council for additional legal support

Interaction with the College

All medical staff must remain in good standing with the College of Physicians and Surgeons of BC (CPSBC) as a condition of appointment and contract

Medical Affairs supports recruitment and compliance in the context of evolving CPSBC bylaws, including new pathways for US-trained physicians

Acts as an interface between VCH policies, HR processes, and College requirements, particularly when obligations intersect or conflict

Academic Affairs, Teaching, Research, Quality and Practice Performance

Teaching & Academic Engagement

Supports physician participation in undergraduate, postgraduate, and continuing medical education, including teaching appointments and learner integration

Works in partnership with UBC (Site Lead Dr. Matt Kwok) and regional academic leadership to enable teaching roles alongside clinical service delivery.

Research

Facilitates and supports site-based clinical research, working with the Richmond Research Advisory Committee and VCH Research Institute partners

Focus on enabling clinician-led research while ensuring governance, ethics, and operational alignment

Quality & Practice Performance

Medical Affairs contributes to quality improvement, professional practice oversight, and leadership accountability, in collaboration with Medical Quality, Leadership & Practice

Supports leaders in addressing performance concerns, complaints, and system issues within a fair and structured framework

Medical Affairs – Big Picture

Medical Affairs is evolving from a reactive administrative function to a strategic system partner enabling physician workforce sustainability, leadership effectiveness, and safe, reliable service delivery.

4 strategic pillars

1. Workforce Sustainability & Stability

- Proactive physician workforce planning aligned to service needs, patient volumes, and care models
- Recruitment, retention, succession planning, and early pipeline development (PGME, IMG, ROS, leadership pathways)
- Data-informed planning to reduce service risk and burnout

2. Strong Medical Leadership & Governance

- Clear leadership structures, role clarity, accountability, and succession with Regional consistency
- Strengthening Dyad leadership support and leadership development across career stages
- Governance alignment with regional and provincial priorities (EMALT, bylaws, rules)

3. Enabling Safe, High-Quality Care

- Credentialing, privileging, reappointments, and performance frameworks that protect patient safety
- Structured, fair processes for quality, complaints, and practice concerns
- Integration with Medical Quality, Leadership & Practice

4. System Integration & Sustainability

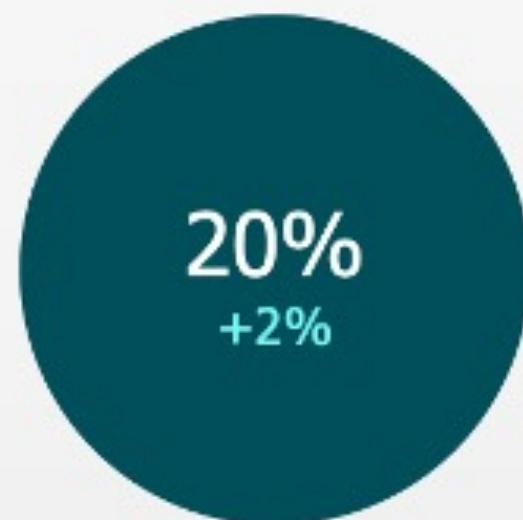
- Aligning contracts, funding models, and medical staff structures with operational realities
- Supporting cost pressure management through workforce and service planning
- Reducing fragmentation across acute, community, academic, and regional portfolios

VCH - Engagement Trends



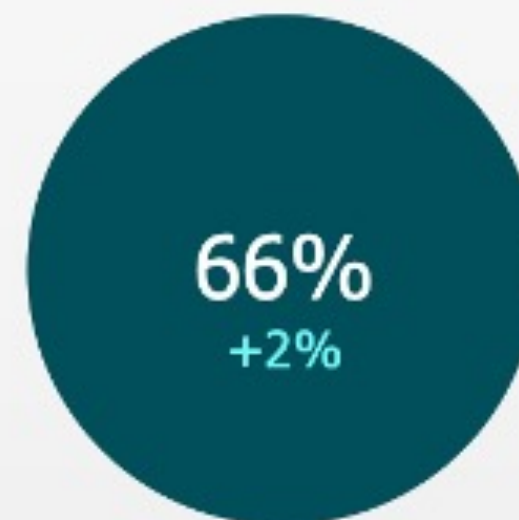
PRACTICE ENVIRONMENT

I have meaningful input into changes affecting my practice environment.



TRANSPARENCY

Senior leaders' decision-making is transparent to physicians.



BELONGING

I feel I belong to a collaborative, patient-centered team/unit.

Opportunities & Way Forward

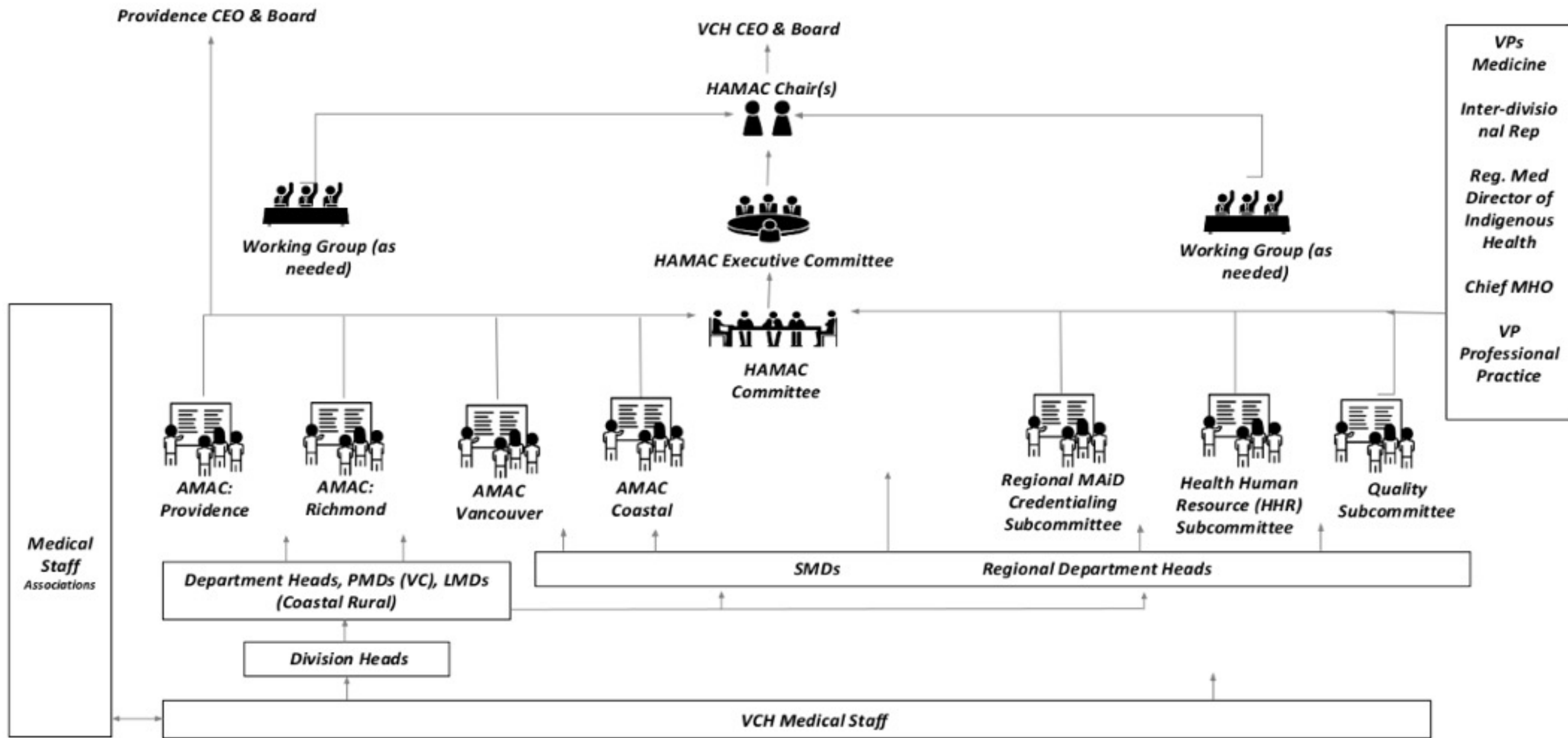
- Strengthen role clarity, accountability, and succession planning for medical leaders across acute and community settings
- Enhance early onboarding, leadership development, and operational support to set leaders up for success
 - Online Orientations and Program Specific Orientations
- Leverage Medical Affairs structures to improve integration, consistency, and alignment across care settings and with regional priorities
- Build a sustainable, well-supported medical leadership model that balances service delivery, quality, academic work, and workforce realities

Amac

**Dr. Clement
Kwok**

What is AMAC and what does it do?

- AMAC- Area Medical Advisory Committee
- RMAC- Richmond Medical Advisory Committee
- Medical Staff Rule (2026) Article 7.2 *The Mandate of AMAC:*
 - Providing clinical and content expertise to the HAMAC on policies and protocols affecting the quality, quantity, effectiveness and sufficiency of health care provided to its population.
 - Initiating the review and evaluation of health care services and Medical Staff within the AMAC to determine the quality of medical care provided by VCH.
- Submitting recommendations for the selection, appointment, privileging and promotion of members of its VCH Medical Staff.
- Facilitating effective communication between VCH Medical Staff, VCH Medical Staff Association and the HAMAC.



The Composition of RMAC

Voting Members (Quorum=8)

AMAC Chair: **Clement Kwok**
Senior Medical Director (Acute): Dan Kopac
Senior Medical Director (Community): **Aleco Alexiadis**
Medical Health Officer: Meena Dawar
Anesthesia Head: **Anup Navsarikar**
Critical Care Head: Justin Wong
Diagnostic Imaging Head: **Ciaran Keogh**
Emergency Head: **Bindi Brar**/ Kevin Shi
Family Medicine Head: **Esther Booth**
Medical Staff Association President: **Eliza Chan**
Medicine Head: **Nancy Fu/Ben Sehmer**
OBS/GYN Head: **Sarah Monahan**/ Heather Armstrong
Pathology Head: Patrick Wong
Pediatrics Head: **Erik Swartz**
Psychiatry Head: Tamara Salih/Olga Yashchuk
Surgery Head: **Ekuu Yorke**

Non-Voting Members

AMAC Admin Assistant: **Veenita Charan**
Leader, Medical Affairs: **Kingston Fan**
VP Richmond Acute: **Gail Malenstyn**
VP Richmond Community: **Jo-Ann Tait**
VP Medicine: Roger Wong
Pharmacy and Therapeutics: Gabe Loh
Professional Practice: **Kate McNamee**
Professional Practice, Allied Health –Erin Henthorne
Quality and Patient Safety: Lisa Stewart
Medical Lead, Continuous Quality Improvement: **Nancy Fu**
Division of Family Practice: **Lisa Nakajima**
Division of Family Practice: **Cristina Sun**
ACMIO: April Lu

What does AMAC Chair do?

- Medical Staff Rules (2026) Article 7.4 *The Appointment and Duties of the AMAC Chair:*
 - Plan and preside over all meetings of the AMAC.
 - Be responsible for transmitting all recommendations of the AMAC to the HAMAC.
 - Advise Department Heads regarding disciplinary and quality of care issues.
 - Ensure that professional standards for Department programs are established, maintained and are directed toward the continuing improvement of the quality of care provided by VCH.

Role of AMAC in Collaborative Care

- Forum for interdepartmental discussion between department heads on issues that involve multiple stakeholders
- Forming subcommittee or working group as appropriate to address issues pertaining to quality of care, research or education