

## NORTH YORK FHT – FORMAL PHYSICIAN CONTRACT

### **Quick Facts:**

- Established 2007
- North York, ON
- Community/Academic FHT
- 20 offices across 12 sites
- 7 FHOs; 84 MDs
- 40 IHPs
- Mixed, skills-based Board
- 92,533 rostered & non-rostered patients

### **Supporting Documents:**

[Physician Contract Policy and Procedures and Appendices](#)

Appendix A: Contract Between North York Family Health Team and NYFHT Physicians

Appendix B: Physician Taking the Leave of Absence and the Locum Tenens

### **Homepage:**

<http://www.nyfht.com/index.php>

### **Summary**

The North York Family Health Team (NYFHT) is a large, urban, multi-site academic/community FHT that has to deal with the challenges of an expansive organization. The Physician Contract, as part of a Board policy, is a signed agreement that communicates a clear understanding and alignment of duties, roles and responsibilities between the individual physicians and the FHT. Designed to be a neutral grounding document to support both parties and to align with the Board's strategic direction and NYFHT bylaws, the development of the Contract created an opportunity to: enable more efficient provision of NYFHT Services; facilitate clear understanding and alignment of duties, roles and responsibilities; and, demonstrate appropriate attention to risk management considerations, e.g., PHIPA.

### **Background**

NYFHT was incorporated in June 2007 and now provides health care to approximately 92,533 patients in 20 offices across 12 geographical sites in the North York region. It is an academic FHT associated with the Department of Family & Community Medicine at North York General Hospital and the University of Toronto. NYFHT was originally governed by an all physician-led Board of Directors, consisting of a lead physician from each of the seven partnered FHOs. This Board transitioned to a mixed, skills-based governance model in 2014, interviewing and accepting community representatives with skill set expertise from both the North York General Hospital and the community.

### **Motivation for Change**

The motivation for change occurred due to the need for a skills-based Board that minimized risk to the FHT, a separate organization from the physician offices which are privately owned and operated. The Board, recognizing their accountability in oversight and governance, developed a policy and contract to address these considerations.

### **The Process**

#### **Participation**

The Board Policy and Physician Contract were developed slowly over a period of two years due to the involvement of so many individuals working to come to consensus. A lawyer familiar with FHTs and FHOs created the first draft based on a preliminary discussion with the Medical Director and FHO Leads. The document was reviewed at two stages by the OMA at the request of different physician members of the FHT. All physicians associated with the FHT were encouraged to review the document and provide feedback so that in the end, there would be unanimous physician acceptance.

***“If people are part of the decision-making process, they will be engaged.”***

– Maria Muraca, Lead Physician

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### **Board Policy**

When the Contract was enacted, it was voted in by the Board as a policy, not as a by-law. It was signed by all of the 84 physicians who were members of the FHT. As the first year of the Contract is just concluding (June 2017), NYFHT has been paying close attention to how the Contract has functioned in practice and is open to exploring revisions as necessary.

### **Success Factors**

#### **Peer-to-Peer Cascade**

Many physicians were cautious about the Contract as it was a legal document and there was hesitation about some of the legal language and its implications. As well as being reviewed by the OMA, some physicians had their personal lawyers review the Contract to ensure they were not at any risk as independent practitioners by signing it. Physician Champions - who were often dually FHO Physician Leads and Board Members, and had approved the policy at that level - were individuals that came to understand the language and recognized that the Contract supported physicians' concerns and specifically addressed managing risk and privacy issues, and shared their knowledge and understanding of the contract with their peers.

### **The Challenges**

#### **Signatures**

During the development of the contract, it was envisioned that each FHO Lead Physician would sign on behalf of all the physicians within their respective FHOs. However, the FHO Physician Leads did not want to take on the responsibility, nor did they believe they were accountable for their FHO members, so the Board agreed that each physician would review and sign the Contract on an individual basis.

#### **Communication**

As a large and multi-site FHT, keeping physicians informed of programs, processes, needs and changes can be a challenge for NYFHT. For the majority of physicians, contact with the FHT is through email, AGM's or FHT update/educational sessions with limited face-to-face interaction between the physicians and the FHT. Embedded nurses and IHP staff help share FHT initiatives across the FHOs. FHO Physician Leads (all of whom are Board members), the Medical Director and the Executive Director hold quarterly meetings, allowing for input and feedback on FHT programs and services while respecting the FHT is a separate administrative corporation and is accountable for business/operating practices to the Board and Ministry. Physician Leads are encouraged to share information with their respective FHO colleagues.

### **The Benefits**

The Physician Contract is a signed agreement that communicates a clear understanding and alignment of duties, roles and responsibilities between the physicians and the FHT. The intention of the Contract is to achieve the following benefits:

- / Neutral grounding document supports physicians and FHT
- / Meets legislation and accountability
- / Guides conflict resolution
- / Clearly outlines risk management, e.g., PHIPA
- / Enables more efficient provision of NYFHT Services

***“The Physician Contract is in the physicians' best interests; it addresses issues such as risk, data sharing, and privacy, while bringing the physicians and the FHT closer together closer as a cohesive unit.”***

– Maria Muraca, Lead Physician