

Vancouver Acute/Vancouver Community (VA/VC) Medical Staff Planetary Health Committee Terms of Reference

Preamble

In September 2021, 220 medical journals simultaneously published an editorial calling for emergency action to limit global temperature increases, restore biodiversity, and protect health.¹ Physician advocacy on social and planetary determinants of health is a medical responsibility^{2 3} as climate crisis-related events have a direct impact on physical and mental health. Medical organizations and institutions have a role in supporting advocacy to facilitate change at the public, professional, and governmental levels, a point that is well-articulated by a 2021 paper by Maibach et al.⁴

Purpose

The *Rockefeller Foundation–Lancet Commission on Planetary Health* defines planetary health as “the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity *and* the Earth’s natural systems that define the safe environmental limits within which humanity can flourish”⁵.

The purpose of the VPSA Planetary Health Committee is to educate, engage, and empower medical staff to become planetary health leaders in their professional lives with the goal of increasing awareness within their departments and affiliated institutions to lead rapid change in systems and processes. The committee will collaborate with relevant stakeholders to ensure a unified message and shared purpose of work.

Mandate

The VA/VC Planetary Health Committee is a joint committee of the Vancouver Physician Staff Association (VPSA) and Vancouver Coastal Health (VCH). Guided by Regional Medical Director of Planetary Health, Dr. Andrea MacNeill’s framework for sustainable healthcare systems (see appendix), it will engage medical staff in advancing efforts to improve planetary health.

¹ Atwoli L. et al. Call for emergency action to limit global temperature increases, restore biodiversity, and protect health *BMJ* 2021; 374 doi: <https://doi.org/10.1136/bmj.n1734> (Published 06 September 2021)

² Arya N. Advocacy as a Medical Responsibility. *CMAJ* October 15, 2013 185 (15) 1368; DOI: <https://doi.org/10.1503/cmaj.130649>

³ Redvers N. The Determinants of Planetary Health. *Lancet Planetary Health* March 1, 2021 [https://doi.org/10.1016/S2542-5196\(21\)00008-5](https://doi.org/10.1016/S2542-5196(21)00008-5)

⁴ Maibach E. et al. Health Professionals and the Climate Crisis: Trusted Voices, Essential Roles. <https://doi.org/10.1002/wmh3.421>

⁵ Horton R. et al. Planetary health: a new science for exceptional action [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)61038-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)61038-8.pdf)

Objectives and Responsibilities

As identified by the VPSA membership and VCH leaders, objectives for the committee are:

- Provide education on planetary health to medical staff at departmental level
- Empower medical staff to become leaders on planetary health at a departmental level by means of:
 - Planetary health-based events to promote the concept and foster discussion and action
 - Weekly presence in VPSA newsletter to membership
 - Collaborative work with other VPSA committees which have overlap (E.g. DEI and Wellness)
 - Funding department/division level interventions seeking to improve planetary health
- To support and connect medical staff with QI initiatives that can lead to improvements in planetary health
- Develop strategies to support and promote planetary health initiatives within VCH's Vancouver Acute and Vancouver Community
- Support VCH's own planetary health initiatives in collaboration with VCH's Regional Medical Director for Planetary Health
- Evaluate effectiveness of the VA/VC Planetary Health Committee in achieving its goals
- Support BC Greencare initiatives from the medical staff perspective
- Identify opportunities to partner with external stakeholders to support the promotion of Planetary Health initiatives
- Develop a budget to support its mandate for consideration and approval by the VPSA Executive
- Develop a project funding process for dept/division level interventions
- Allocate funding to groups

Membership

- Medical Staff Members:
 - Maximum of 7 Voting VPSA Members .
- Non-Medical Staff Members
 - VCH Executive Sponsor
 - VPSA staff representative (non-voting)
 - **Non Voting Members:** Recognizing that engagement beyond physicians is desirable in order for the Task Group to meet its mandate, participation may extend non-voting membership to non-voting VPSA members and other relevant stakeholders including but not limited to nursing, social workers, resident physicians (only with prior approval from DoBC can be compensated), and patients with lived experience

Term for Voting Medical Staff: Minimum 1 year. Expectation is 2 – 3 years. Maximum 3 years (subject to review). The membership term and renewal process will be reassessed annually by the Committee to balance experience and diversity.



Participants:

Member Selection

The Committee member selection process for VPSA funded members will consist of a call for expressions of interest from all eligible VPSA Members, broadly distributed through VPSA and relevant VCH communications vehicles, followed by screening and selection by a joint, collaborative selection committee with representation from the VPSA Board of Directors.

Chair

The Chair will serve as the official spokespersons of the Committee and will provide leadership and guidance while ensuring cohesion of direction and purpose. The Chair will facilitate orderly meetings, establish in advance a meeting schedule and agendas, prepare an annual budget request to the VPSA and will be responsible for oversight of the committees.

The chair position will be filled by a physician member-at-large. This position will be elected annually by the members of the committee. Maximum term for the member-at-large chair position is 2 years. At the conclusion of the Chair's term, if no successor has been identified or is willing to assume the role, the current Chair may continue in the position until such time as a new Chair is appointed. The outgoing Chair is encouraged to support the transition process and facilitate the identification of a suitable successor.

Meetings

Frequency

The Committee will meet once (1) per month for 1 hour. Meetings will generally be held outside of clinical hours to accommodate medical staff clinical commitments.

Location

Meetings will be held both in person and virtually to facilitate accessible engagement.

Secretariat

Minutes will be prepared by and will be kept electronically by a designated staff member either from the VPSA or VCH.

Minutes are to be distributed to each member of the committee for review and approval in advance of the next meeting. Minutes will also be shared with the VPSA Board.

Quorum

Quorum will be achieved by a simple majority whereby attendance of more than half of the total voting members constitutes quorum

Decisions

Decisions of the committee shall be by consensus, defined as "all but one". If the committee



cannot reach a consensus decision on any matter, the decision is approved by simple majority vote and noted as such.

Reporting

The committee shall report all decisions to the VPSA Board in a timely manner by means of the minutes of the meeting and or other means as approved by the VPSA board. VPSA Support Staff to facilitate.

Dispute Resolution

The committee shall strive for consensus (i.e. “you can live with the decision/idea”) when making decisions. If consensus cannot be achieved, the committee members must agree on how to deal with the outstanding issue, i.e. vote, continue discussion, table the issue to a future meeting. If the committee cannot reach a consensus decision on any matter, the decision is approved by simple majority (50%+1) rules with quorum present and noted as such.

Funding

The cost of medical staff participation on the committee will be paid from the funds provided by the Vancouver Physician Staff Association. Standard SSC sessional rates will apply in addition standard expense claim policies of the SSC will be followed. Additional work outside of the committee meetings will be paid to members with prior approval of the committee. Medical Staff in formal health authority leadership roles can only submit claims if they are not already being paid for that work under their alternative payment arrangement, health authority contract, or by another party.

Confidentiality

On occasion, the committee may possess documentation or information of a confidential nature, such information shall not be disclosed to any person(s) other than the members of the committee without consultation with and agreement of the committee and the information shall be stored with reasonable security measures relative to the sensitivity or potential harm.

All members are required to agree to the VPSA Conflict of Interest Policy. Any committee member who has a real or apparent connection to a project application is required to excuse themselves from the review/discussion/voting process for that particular application.

Expectations

Members are expected to meaningfully participate in meetings and to represent and provide guidance on the activities outlined by the committee. The co-chairs of the committee (or designate) are expected to represent the committee at the VPSA meetings.

To ensure active participation in VPSA Zoom meetings, committee and task group members are expected to engage by contributing via chat or voice, and providing input when prompted. If a member does not engage during the meeting and fails to provide a valid reason either during or within 24 hours after the meeting, their claims for participation may not be approved. Members should communicate any technical, professional or personal issues that prevent engagement to the meeting chair beforehand or



immediately following the meeting. Repeated non-engagement may result in further actions by VPSA leadership.

A committee/task group member who does not uphold their responsibilities or **misses 50%** of meetings during a period of 12 months without a reasonable explanation will be asked by the Chair to resign. If the member refuses to resign, a vote shall be taken on the removal of the member.

Effective Date: _____ Approved By: _____
Review Date: _____ Date Approved: _____

Appendix

