

VMDAS/VPSA Framework for Advocacy

Purpose

The Vancouver Medical, Dental, and Allied Staff (VMDAS)/Vancouver Physician Staff Association (VPSA) serves as the representative body of the Medical Staff within Vancouver Coastal Health Authority's (VCH) Vancouver Acute and Vancouver Community Communities of Care. Its role is to promote and advance meaningful medical staff involvement in the planning, delivery, and quality of medical services, and to advocate for the collective interests and well-being of the Medical Staff and their patients.

The intention of the VMDAS/VPSA is that advocacy and issue escalation respects, aligns with, and leverages the established medical governance and operational structures within Vancouver Coastal Health (VCH), while safeguarding fairness, transparency, and accountability for all members, with the goal of improving care, connection, and collaboration within our community of care.

Role and Structure

The operation and structure of the VMDAS shall align with the VCH Medical Staff [Rules](#) and [Bylaws](#). Per those documents, the objectives of the Medical Staff Association (MSA) include:

- Promoting Medical Staff participation in organizational decision-making and clinical governance.
- Representing the collective interests of the Medical Staff to VCH leadership.
- Providing a forum for communication between the Medical Staff, Medical Administration, and the Health Authority.
- Ensuring transparent, fair, and consistent processes for addressing concerns raised by the Medical Staff.

Scope of Advocacy

The VMDAS/VPSA's advocacy activities will focus on systemic, procedural, and strategic issues that impact the Medical Staff as a whole.

To maintain alignment with governance and accountability principles:

- For issues concerning individual members, programs, divisions, or departments, the general expected escalation process by the MSA is: Member → Division/Department Head → VMAC → HAMAC → VCH Board. The MSA will not engage in advocacy for individual members, programs, departments, or divisions on specific operational matters unless the established issue escalation process is not being followed or is failing to support fair and timely resolution of concerns.

The MSA will actively advocate on identified organizational and system-wide priority areas, including, but not limited to:

- Effective and appropriate communication and engagement between Medical Staff and Administration
- Strengthening medical leadership structures and participation in governance
- Physician and team wellness, including physical and psychological safety
- Recruitment, retention, and engagement of Medical Staff
- Quality improvement and workflow efficiencies
- Indigenous Cultural Safety
- Planetary Health
- Equity, diversity, and inclusion and Anti Racism

Advocacy priorities will be established and periodically reviewed by the VMDAS/VPSA Executive, based on member input and alignment with the MSA's mandate.

Principles of MSA Advocacy

The VMDAS/VPSA's advocacy activities are grounded in the following principles to ensure a transparent, equitable, and collaborative approach that strengthens the medical staff environment and supports excellent patient care.

1. Transparency and Accountability

Advocacy positions, priorities, and actions will be communicated clearly and openly to members. The rationale, steps, and outcomes of any advocacy or escalation will be documented and shared with relevant stakeholders.

2. Equity

Advocacy will promote fair, respectful, and consistent treatment of all members of the Medical Staff, recognizing diversity in roles, disciplines, and perspectives.

3. Process Integrity

Efforts will focus on ensuring that established processes are followed, accessible, and functioning as intended, with advocacy directed through appropriate medical and operational structures before formal action is taken.

4. Engagement and Collaboration

The VMDAS/VPSA will engage constructively with Department and Division Heads, VMAC, HAMAC, VCH Leadership, Administration, and Medical Staff Committees to advance shared goals and resolve concerns.

5. Governance Alignment

All advocacy will respect and operate within the defined structures and responsibilities of VCH's medical governance framework, including the Medical Staff Bylaws and Rules.

6. Alignment and Coordination

System-level advocacy will be coordinated with relevant VPSA-supported committees (e.g., Wellness, EDI, Recruitment and Retention) to ensure consistent and aligned action across priority areas.

7. Strategic and Collective Focus

Advocacy will prioritize initiatives that strengthen the work environment for Medical Staff—such as wellness, recruitment, retention, and professional fulfillment—and will focus on issues affecting groups of physicians or the medical staff environment as a whole.

8. Promoting psychological safety

We will advocate for psychological safety by promoting open dialogue and ensuring individuals feel supported in expressing concerns.

Systems-Level Advocacy and Escalation Process

This process outlines how the VMDAS/VPSA will identify, escalate, and advocate on systemic or organization-wide issues that affect the collective interests and functioning of the Medical Staff.

Role of VPSA Committees in System-Level Advocacy

For any advocacy related to a specific domain of physician experience or system function, the VMDAS/VPSA Executive will first engage and collaborate with the relevant VPSA committee/task group that is already working in that area, where applicable..

- Initiatives concerning a current area of focus for the association (eg. wellness, EDI, etc) should either originate within the VPSA committee/task group responsible for that domain, or if initiated outside the committee, be reviewed and supported by that committee before escalation.
- This ensures advocacy is informed by subject-matter expertise and reflects member input.
- The committee or task group and the Executive will work collaboratively to determine the most appropriate advocacy pathway and level of escalation. However, the Executive holds ultimate fiduciary responsibility for the association and therefore retains final decision-making authority.
- Where no relevant committee or task group exists, the VPSA Executive will seek input from affected members and stakeholders to guide the direction and scope of advocacy initiatives.

Escalation Pathway

- Step 1: Local Engagement – Engage with relevant local medical or operational leaders to resolve concerns through dialogue or local structures.

- Step 2: VPSA–SLT and/or VMAC Review – where patient safety or system risk persists, MSA to raise it at the VPSA-VA/VC Senior Leadership Team (SLT) Meeting or VMAC for governance review and coordination.
- Step 3: Regional Engagement – where patient safety or system risk persists, MSA to escalate it to HAMAC and/or regional medical or operational leaders (e.g., VP Medicine, Executive Medical Director) for regional oversight.
- Step 4: VCH Board Escalation – where patient safety or system risk persists, and If no resolution after governance review and regional engagement, bring the matter to the VCH Board through HAMAC or VP Medicine for organizational accountability.
- Where there are urgent or significant patient safety or system-level risks, escalation may proceed directly to the appropriate level of governance

Documentation and Communication

All stages of advocacy and escalation will be documented by the VMDAS/VPSA Executive to ensure transparency and accountability, including correspondence, meeting summaries, and decisions. The status of advocacy initiatives will be tracked and reviewed quarterly. Regular updates will be provided to membership summarizing advocacy themes and outcomes.

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