

The Governance Institute

Action Plan and Discussion Questions

When exploring the idea of having physicians more involved in governance, the board can ask the following questions:

- Should there be more physicians serving as board members? If so:
 - What is the right number or percentage of doctors?
 - How should they be selected? What qualifications should they possess?
 - Should they be voting or non-voting board members?
 - Should they be *ex officio* members (e.g., Chief of Staff, CMO, VPMA, or President of the employed physician group)?
- Should more physicians be standing guests at board meetings? If so, should they be:
 - Medical staff officers?
 - Physician executives?
 - Representative of employed physician group?
 - Physician representatives elected at large?
- Should more physicians sit on board subcommittees? If so:
 - Which committees (e.g., professional affairs, strategy, quality)?
 - How many spots on these committees should be held for physicians?
- What alternatives to board membership should be considered that can bring physicians and board members together? For example, should board members participate in a standing joint council that periodically brings together key physician stakeholders, senior management, and trustees/directors?
- Should some board members attend medical staff assemblies or standing committee meetings to build social capital with physicians and inform board oversight of the medical staff?

Reflective Questions
How would having physicians more involved in governance benefit the board and your organization?
What types of physicians are currently serving on the board (if any), and what kind of expertise do they provide? What additional physician competencies are needed to fill knowledge gaps on the board?

What is the organizational structure that will best enable the medical staff, board, and senior leadership to collaboratively pursue the organization's goals (is it through physician board membership, a different physician leadership structure, or other methods of involving physicians in governance)? Should your organization consider any of the alternatives to physician board membership listed in this course? Or, if you have already adopted some of these strategies, are they working well or is there anything that needs to be changed to ensure the board and senior leadership are successfully partnering with physicians?