Health Professionals Advisory Committee - Terms of Reference

Purpose

Engaging local stakeholders in a discussion of needs and priorities is critical to the work of the LHINs. A key stakeholder group within the community is front line healthcare practitioners. One component of planning and community engagement as outlined in Part III of the Local Health Integration Act, 2006 requires each LHIN to establish a health professionals advisory committee (subsection 16 (5)) as part of its overall community engagement strategy. These multi-disciplinary committees serve as a forum for dialogue amongst health professionals as they advise the LHIN to reach its goals and objectives.

Mandate of the Committee

The Committee will provide the LHINs with advice on key questions raised by the LHIN related to patient-centred care, implementation of the Integrated Health Services Plan, and other strategic initiatives. In providing advice to the LHIN, the Health Professionals Advisory Committee will need to consider the following matters as they relate to the Network's activities:

- The health status of those demographic segments of the population that the network specifies
- Innovative approaches to health service delivery
- The utilization of health human resources
- Health promotion and wellness
- Other matters that the committee determines and that are consistent with the objects of the network
- Other matters that the network considers appropriate and specifies to the committee

Reporting Relationships and Requirements

The HPAC reports directly to the LHIN CEO. The HPAC Chair will report on behalf of the Committee to the CEO and senior management team at least twice per year regarding advice on key questions and the implementation of the IHSP and other matters as raised by the LHIN.

Roles and Responsibilities

The role of the Health Professionals Advisory Committee is an advisory body to the LHIN; this committee is not a decision-making body. The Committee reports to the CEO.

Each Committee will have a Chair and Vice-Chair, each from a different regulated health profession. The Chair and Vice Chair will be appointed by the CEO for a 1 year term. The Chair and Vice Chair will rotate among the members of the appointed regulated health professionals, with a new Chair and Vice Chair being appointed by the CEO at the end of their initial term. A member who has previously served as Vice Chair may also serve as Chair during his/her membership; a member who has previously served as Chair may also serve as vice chair during his/her membership.

Role of Chair

- Receives direction from the LHIN senior management team and committee members to determine priorities for the committee.
- With input from the LHIN senior management team, sets agendas for committee meetings based on identified priorities.
- Ensures clear communication among the committee members and the LHIN to ensure LHIN priorities are addressed.
- Determines how to organize the committee to ensure it is responsive and effective, including establishing working groups if required.
- Chairs committee meetings, ensuring an opportunity for productive participative dialogue from all members of the committee.

- Meets with committee members who have been absent for two consecutive meetings to discuss their continued interest and commitment to the committee.
- Ensures a summary of discussions and recommendations are taken and that meeting notes are distributed to the LHIN senior management team and committee members.
- Synthesizes advice of committee as it relates to specific priorities raised by the LHIN and meets with the senior management team to discuss. May be required to meet with the Board of Directors from time to time.

Role of Vice Chair
- Acts as chair in the absence of the Chair.
- Participates on the committee as an active member.

Role of Members
- Brings their expertise and leadership in support of the committee's mandate and priorities areas as established in the IHSP and other issues as determined by the LHIN.
- Conveys local health issues and needs that may emerge from the community as they relate to priorities, the IHSP and other issues as determined by the LHIN.
- Participates actively and constructively in the work of the committee and provides leadership to working groups that may be created.
- Operates in a way that demonstrates inclusiveness and respect for diversity of opinions.
- Uses an evidence-based approach to inform advice.
- Provides advice as appropriate and as requested to other LHIN committees/forums.

Role of LHIN CEO
The CEO or delegate will regularly report to the Board of Directors on the work of the HPAC and ensure that minutes from the Committee are circulated to the Board as appropriate.

Role of LHINs Staff
The Senior Director, Planning, Integration and Community Engagement or Senior Director, Performance, Contract and Allocation or delegate will coordinate the ongoing work of the committee. LHIN staff will provide administrative support to the committee to ensure that meeting logistics are organized and, through the provision of tools, monitor and record minutes of the committee.

Duration of Term
- In order to ensure continuity and support the work of the Committee, the inaugural members of the HPAC will be appointed for an initial term of up to three years and may be appointed for one additional term of two years.
- All other members will be appointed for a term of up to two years and a member may be reappointed for one additional two-year term.
- The Chair and Vice Chair will be appointed by the CEO for a 1 year term. Time spent in the role of Chair and/or Vice Chair is included in overall committee membership tenure.

Reappointment for a second two year term will be upon mutual agreement and the approval of the LHIN CEO in accordance with the needs of the committee and the LHIN's priorities. Efforts will be made to ensure that a minimum of one-third of the composition of the committee is retained into a second term to support continuity of the work of the committee and to provide succession planning.

The total duration of membership on the HPAC is 4 years (5 years for inaugural members). However, in exceptional circumstances this maximum term may be extended upon mutual agreement and the approval of the LHIN in accordance with the needs of the LHIN.

Early Termination of Membership

Committee members who elect to resign from their position are requested to provide thirty days written notification of their decision to the committee chair and to the Senior Director.

Per the Ontario Regulation governing the Health Professionals Advisory Committee, a member of a health professionals advisory committee of a local health integration network shall cease to be a member of the committee if the person ceases to be eligible to be appointed to the committee (please see committee membership critieria below), the person resigns, or the network revokes the person's appointment.

If members are unable to fulfill their role and or engage in behaviour that materially undermines the integrity of the LHIN, work of the committee, priorities as outlined in the IHSP and other initiatives, or committee terms of reference they may be requested by the LHIN senior management team to resign from the committee.

In the event that there are vacant positions on the committee such that the committee is less than 11 members, the LHIN will undertake to recruit new members from the requisite health professions.

Committee Membership

The HPAC is a multi-disciplinary group whose membership is voluntary and whose composition will reflect a diversity of perspectives and expertise. The committee membership will be limited to 12-15 members plus the Senior Director, Planning, Integration and Community Engagement or Senior Director, Performance, Contract and Allocation in an ex officio capacity. English will be the working language of the committee unless otherwise determined by the LHIN.

Criteria

The Regulation made under the Local Health System Integration Act, 2006 establishes the following guidelines regarding membership:

To qualify as a member of the committee, an individual must be:

One of the following:

- A member within the meaning of the Regulated Health Professions Act, 1991,
- Registered as a drugless practitioner under Drugless Practitioners Act, or
- A member of the Ontario College of Social Workers and Social Service Workers who holds a certificate of registration for social

and practice or reside in the geographic area of the LHIN

An individual may **not** be appointed a member of the committee if any of the following applies:

- The indivdaul is a member of the board or an officer of a corporation or entity that represents the interests of persons who are part of the health sector and whose main purpose is advocacy for the interest of those persons
- The individual receives compensation to represent the interests of a corporation or entity described above, whether or not the individual is an employee of the corporation or entity
- The individual is a president, vice-president, chair, vice-chair, treasurer, secretary, chief executive officer or executive director of a local, provincial, national or international trade union or perform functions for a trade union similar to those normally performed by a person holding any of those titles
- The individual receives compensation to represent the interests of a trade union, except if the individual is an employee of the trade union
- The individual has been the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction and the finding has not been set aside on appeal or judicial review, as the case may be

Composition
The Ontario Regulation made under the Local Health System Integration Act, 2006 states that each committee shall have at least the following 12 members:

- Four members of the College of Physicians and Surgeons of Ontario
    - One who is authorized to practice in the area of family medicine and who practices in the community
    - One who is authorized to practice in a specialty of medicine that is not family medicine and who provides care to in-patients in a hospital
    - Two additional members
- Four members of the College of Nurses of Ontario
    - At least one from each of the following sectors: hospital, community and long-term care and at least one of whom holds a certificate of registration for registered practical nurses
- One member of the College of Dietitians of Ontario who is from the hospital, long-term care or community sector
- One member of the College of Occupational Therapists of Ontario or the College of Physiotherapists of Ontario
- One member of the Ontario College of Pharmacists who is from the hospital long-term care or community sector
- One member of the College of Psychologists or Ontario or the Ontario College of Social Workers and Social Service Workers who is from the community, long-term care or mental health sector

- The committee may also have 3 additional members who meet the membership criteria, but none of whom shall be a member of the College of Nurses of Ontario or the College of Physicians and Surgeons of Ontario. Please see ***Appendix A*** for list of regulated health professions.

An individual may participate on only one HPAC at a time, either the LHIN in which he/she resides or the LHIN in which he/she practices. Members may participate on other working groups or LHIN committees within the same LHIN provided there is no conflict of interest.

Committee members will be selected by the LHIN senior management team.

Frequency of Meetings
The HPAC will meet at least twice per year and additionally as called by the Committee Chair in collaboration with the CEO. The Chair will report on behalf of the Committee to the CEO and senior management team at least twice per year regarding advice on key questions and the implementation on of the IHSP as raised by the LHIN. The Chair may be required to meet with the Board of Directors as requested.

Meeting Attendance
Effective operation of the committee will require commitment from its members. Meetings shall proceed as scheduled, regardless of the health professions represented by committee members in attendance.

HPAC members who cannot attend meetings are to advise the Chair in advance. The Chair will meet with committee members who are frequently, and without reason, absent from scheduled meetings to discuss their continued interest and commitment to the committee. Attempts shall be made to make provisions for teleconferencing and/or video conferencing for those unable to attend in person.

Remuneration
HPAC is a volunteer committee and members will not be compensated for their role on the committee. However, members will be reimbursed for travel and accommodation expenses according to the Travel and Expense policy.

Non-Disclosure

Each committee member will be asked to sign a non-disclosure agreement indicating their understanding of the roles and responsibilities with respect to the handling of information shared and received as a member of the committee.

Appendix A - Regulated Health Professions within Ontario

College of Audiologists and Speech-Language Pathologists of Ontario

College of Chiropodists of Ontario

College of Chiropractors of Ontario

College of Dental Hygienists of Ontario

Royal College of Dental Surgeons of Ontario

College of Dental Technologists of Ontario

College of Denturists of Ontario

College of Dietitians of Ontario

College of Massage Therapists of Ontario

College of Medical Laboratory Technologist of Ontario

College of Medical Radiation Technologists of Ontario

College of Midwives of Ontario

College of Nurses of Ontario

College of Occupational Therapists of Ontario

College of Opticians of Ontario

College of Optometrists of Ontario

Ontario College of Pharmacists

College of Physicians and Surgeons of Ontario

College of Physiotherapists of Ontario

College of Psychologists of Ontario

College of Respiratory Therapists of Ontario