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Refreshed Primary Care Network Community Advisory Group (CAG) Terms of Reference (TOR) Template

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# INTRODUCTION

This document aims to support Primary Care Network (PCN) Steering Committees with the transition to the refreshed governance framework, as defined by the Family Practice Services Committee (FPSC) in August 2023.

Under the refreshed framework, PCN Steering Committees support a collaborative approach to patient care by building reciprocal accountability within a new membership structure, with representatives from across the community geography, including: longitudinal and episodic clinics, regional health authority, local Indigenous partners, community partners and patient/caregivers. Refreshed PCN Steering Committees are convened by a local family physician, who is nominated and supported by the local Division of Family Practice.

Many PCN Steering Committees form advisory groups in order to receive input and advice from key sectors of the community, or to ascertain a better understanding of key issues, challenges, or initiatives. This Terms of Reference (TOR) defines the advisory group’s purpose, timeframe, membership, authority, area of responsibility, and accountability.

To balance the need for representation with the need to remain nimble in decision-making, the PCN Steering Committee will form at least one Community Advisory Group (CAG) that meets four times each year (minimum) to ensure community perspectives, such as local leaders, patients and caregivers, and local non-profits contributing to the health of the community, are integrated within decision-making. The Community Advisory Group will nominate two members to sit at the PCN Steering Committee. The role of these two members is to provide both an inward focus to the PCN agenda and an outward focus to ensure voice, choice, and representation of the CAG as members to the PCN Steering Committee.

Additional advisory groups and subcommittees may be formed to enable the Steering Committee to involve a larger number of people and perspectives from a key sector in the decisions of the PCN without requiring sustained attendance at every Steering Committee meeting.

Advisory Groups, such as a patient/caregivers and community advisory group, can enable the Steering Committee to involve a larger number of people in a key sector in the decisions of the PCN, beyond what is effectual at the Steering Committee table. Additionally, the CAG may be leveraged to provide primary care advice and recommendations to other key healthcare stakeholders, such as the Collaborative Services Committees, as appropriate.

The content of this document is based on existing patient and community engagement committee TORs with updates that reflect the refreshed governance structure for PCNs. It is intended to guide the CAG as they transition to the new structure.

# COMMUNITY ADVISORY GROUP TERMS OF REFERENCE

Below are optional, recommended and required sub-headings with associated advice, content, and information to consider when you update your Community Advisory Group (CAG) TOR to reflect the new PCN governance structure.

## Background (optional)

This section provides a short descriptor of the history behind your CAG and the context for how it evolved.

## Purpose (required)

This section defines the overall function of the CAG, which ensures community perspectives, such as local leaders, patients and caregivers, and local non-profits contributing to the health of the community, are integrated within decision making.

The CAG should aim to:

* amplify the voices of patient and community partners in health care;
* provide input and feedback on PCN plans and activities;
* ensure patient and community voices are incorporated into the design and operation of the PCN;
* inform discussions by sharing patient and community partner perspectives; and,
* share opportunities and ideas on how the PCN can support the advancement of patient-centered care.

## Guiding Principles (recommended)

A PCN Steering Committee has specific obligations for overseeing the implementation of the PCN Service Plan and working towards the PCN Core Attributes (see Appendix A). As such, the CAG will also support the implementation of the PCN Service Plan and achievement and realization of the PCN Core Attributes.

To meet these obligations, CAGs should start by identifying shared values and developing guiding principles for how they would like to work together and revisit these principles regularly. There are many tools available to assist with this process. FPSC recommends this tool for [Establishing Values and Principles for Working Together](https://cdn2.hubspot.net/hubfs/316071/Resources/Tools/Tool%20Establishing%20Values%20and%20Principles%20for%20Working%20Together.pdf?__hstc=163327267.70aad4c5050ddc9dd0c2f5b513d99362.1674924712364.1674924712364.1674924712364.1&__hssc=163327267.2.1674936998659&__hsfp=3489631221&hsCtaTracking=06838051-75c4-4e8f-86d4-fea9d97f2a21%7C1ed9c421-d832-465c-b0d2-c0dc3c146b3e).

## Responsibilities of the Community Advisory Group (required)

This section outlines what the CAG is expected to do and the scope of their duties.

The PCN Steering Committee provides leadership for the PCN and is responsible for understanding, refining, and overseeing the implementation of the PCN Service Plan for their area. Specific functions include analyzing PCN issues and opportunities, setting goals, communicating expectations, evaluating, and measuring impact, and holding entities and institutions accountable. The CAG’s responsibilities are to provide advice and recommendations to the PCN Steering Committee to ensure the patients, caregivers, and community partner “voice” is incorporated into planning, implementation, and monitoring of the PCN Service Plan for the PCN geography.

## Accountability (required)

By joining the CAG, and committing to the CAG’s Terms of Reference, all members accept the following accountability:

* To reach agreement by consensus about the recommendations to be brought forward to the PCN Steering Committee;
* To ensure the voice of the patient and community is represented rather than member’s personal interests; and
* To make best efforts to ensure the voice of the patient and community is inclusive of every citizen within a PCN geographic region so that communities experience a primary care system that is accessible, inclusive, comprehensive, coordinated and culturally safe.

## Governance and Decision-Making (required)

This section outlines how decisions will be made by the CAG. These decisions will form the advice and recommendations that the CAG representatives bring forward to the PCN Steering Committee.

Effective collaborative groups use an agreed-upon decision-making strategy to guide their work. The multiple and reciprocal accountabilities inherent in the new PCN governance structure requires that full consensus (everyone says ‘yes’) or consent (no one says “no”) is achieved at all times.

James Madden’s [*Practical Guide for Consensus-Based Decision Making*](https://www.tamarackcommunity.ca/hubfs/Resources/Tools/Practical%20Guide%20for%20Consensus-Based%20Decision%20Making.pdf) provides helpful definitions, approaches, and roles when using the consensus model. Any local decision-making guidelines in your Terms of Reference will be evolving and reflective of the learning of the CAG regarding effective decision-making in its local context.

While establishing quorum is not required, it is recommended that the CAG determine minimum attendance principles or agreements for quorum and who should be present for a decision to be made (such as a representative from each of the partners). This is generally understood as a principle of ‘inclusion’ which is foundational for collaborative governance, reciprocal accountability, and consensus decision-making.

## Membership (required)

This section lays out the composition and rules around membership on the CAG and the group’s structure.

1. **Co-chairs**

It is recommended that the CAG has two co-chairs: a patient partner and a representative from a community organization. The co-chairs should be appointed by the members of the CAG and serve a two-year term. This term may be extended once for additional term of two years.

1. **Members**

The composition of the CAG should be guided by a principle of inclusivity and diversity among members, including geographic, cultural, lived-experience, age, and gender. Members should all come with a passion for patient and public engagement. It is recommended that the CAG includes 12 to a maximum of 18 members, plus the two co-chairs, to ensure a high level of inclusion and diversity. It is recommended that at least 6 members be from community organizations.

Patient Partners:

Patient partner representatives should be determined by a selection panel consisting of the two co-chairs (if in place) and two PCN representatives (e.g., PCN Manager) and confirmed by the PCN Steering Committee. Patients are selected based on an Expression of Interest, an interview, and diversity considerations.

Representation for youth, Indigenous, and 2SLGBTQ+ perspectives should also be sought.

Community Organizations:

Community organizations represented on the CAG should self-select a representative based on alignment with the group’s purpose. It is recommended that the PCN Steering Committee determine the organizations to be represented, as these will vary by community. However, consideration should be given for the following:

* Friendship Centres
* multicultural groups
* caregiver support groups
* chronic disease support groups
* seniors centres
* youth groups
* 2SLGBTQ+ groups
* faith groups
* other non-governmental organizations

Members are responsible for being prepared and attending all meetings of the CAG and contributing to the discussions in a collaborative and effective manner. Members agree to fully participate in efforts to improve primary care access, patient experience and health outcomes for the community the PCN represents (see Section 5 on membership Accountability).

1. **Term of Membership**

Term length for members is recommended to be three years, with the possibility to extend for one additional term, serving a maximum of six years. Co-chairs’ term length is recommended to be two years, with the possibility to extend for one additional term of 2 years, serving a maximum of four years.

1. **Onboarding and Orientation**

The orientation of new members to the local PCN will be facilitated by representatives of the PCN (e.g., Division of Family Practice representatives, PCN Manager).

1. **Guests**

The CAG has the authority to invite guests to discuss matters related to a specific topic. Guests are to be approved by the co-chairs in advance of them attending the meeting.

1. **PCN Steering Committee Representatives:**

The CAG will nominate two members to fulfill the representative roles on the PCN Steering Committee. The role of these two members is to provide both an inward focus to the PCN agenda and an outward focus to ensure voice, choice, and representation of the Community Advisory Group as members to the PCN Steering Committee.

## Meetings (required)

Indicate:

* frequency of meetings,
* how the agenda will be created, when it will be distributed, and by whom
* minutes (who will be responsible for taking minutes, how/when they will be approved, the timing for distribution, and to whom they will be distributed)
* where/how the meeting will be held (including virtual meeting protocols)

As the role of the CAG is to provide patient and community input into decision making, timely advice and recommendations are required. Therefore, it is recommended that:

1. **Meeting Frequency**

Meetings should be held virtually quarterly for a duration of one to two hours, as determined by the agenda, or at the call of the co-chairs.

1. **Meeting Materials**

Agendas will be developed by the co-chairs with support from the Division of Family Practice and PCN Manager and input sought from the CAG. Materials are to be distributed at least 5 business days in advance of each meeting.

1. **Meeting Minutes**

Meeting minutes should be distributed to CAG members within 5 business days of each meeting.

## Operational Support from Divisions (required)

This section states the overall support from the Division of Family Practice for the CAG.

As the Division of Family Practice is the backbone support team for the PCN Steering Committee, to ensure alignment, the following should be provided to the CAG:

* Providing secretariat support for the CAG including:
  + briefing new advisory group members on their role, purpose, and responsibilities of the CAG;
  + supporting the CAG co-chairs in understanding their role and responsibilities; and
  + developing the scheduling, agendas, materials, and action tracking for CAG meetings.
* Leading the work with patients and partners to establish the membership of the CAG, including identifying the co-chair(s) and other members.
* Supporting Steering Committee representatives in understanding their roles and responsibilities.
* Seeking engagement with all partners in the PCN and reporting back to partners regarding how their feedback was integrated to support aligned activities.

## Dispute Resolution (required)

Tension and conflict are natural in working relationships. Whether due to an inability to reach consensus, a disagreement about the implementation of the PCN Service Plan, or any other reason, members of the CAG should engage in a principled, interest-based approach to resolving disputes with minimum delay and cost, internally.

In the event that the CAG members cannot resolve a dispute internally, the CAG representatives on the PCN Steering Committee will bring the differing opinions forward in their recommendations and will be left to the PCN Steering Committee for decision-making.

## Reporting (required)

This section outlines the reporting relationship of the CAG to the PCN Steering Committee.

As the Community Advisory Group will nominate two members to sit at the PCN Steering Committee, the representatives will be expected to provide regular status updates to the committee on the operations of the CAG.

## Confidentiality (required)

This section includes a statement about the confidential nature of information shared within the CAG.

## Amendments (recommended)

This section outlines the frequency of the Terms of Reference review. It is recommended that the CAG and PCN Steering Committee review the CAG Terms of Reference annually.

## Appendix A: PCN Core Attributes

Diagram

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