**board of director**

*Information Package*

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**BACKGROUND**

Divisions of Family Practice are community-based groups of family physicians working together to achieve common health care goals. Divisions work collaboratively with community and health care partners to enhance local patient care and improve professional satisfaction for physicians.

Beginning in 2009 in three prototype communities, the Divisions of Family Practice initiative has expanded to include 35 divisions representing more than 230 communities, including a division that targets physicians in remote and rural areas of the province.

The Divisions of Family Practice initiative is funded by the [General Practice Service Committee](http://www.gpscbc.ca/) (GPSC), one of four joint committees that represent a partnership of the [provincial government](http://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/health) and [Doctors of BC](https://www.doctorsofbc.ca/).

The Powell River Division of Family Practice (PRDoFP) was founded on December 24, 2010. In 2015, the membership was expanded to physician specialists and nurse practitioners.

**STRATEGIC DIRECTION**

**Vision**

A healthy and resilient community

**Mission**

Create opportunities for our healthcare providers to improve patient care

**Core Values**

* **Transparency:** We build trust and respect through a culture of openness and accountability
* **Continuous improvement:** We are committed to getting better every day in all we do
* **Collaboration:** We engage with our partners to co-create and achieve a collective vision
* **Excellence:** We strive for excellence in everything we do

**AREAS OF FOCUS**

1. **Healthcare Providers in their Practice**

Physician capacity within their practice, which include reflective practice, practice efficiency and competence to support patient in their journey through the health system.

1. **Robust Community of Healthcare Providers**

Collegiality that supports professional satisfaction, health and wellness as well as resource planning to meet community primary care needs.

1. **Patient Access to Coordinated Care**

The ease with which health services are reached in a timely matter and the extent to which patient care is seamless and coordinated.

1. **Community Health**

Improvement of local social determinants of health through partnership, innovation and patient empowerment.

**GOVERNANCE STRUCTURE**

The PRDoFP functions under the Policy Governance Model. Under this model, the board focuses primarily on considering and approving the strategic plan, overseeing the audit, supervising the Executive Director, managing risk and ensuring policy compliance and development.

The Board is complemented by two standing committees: Finance Committee and Clinical Committee. The Finance Committee monitors financial planning, management and reporting matters. The Clinical Committee acts as a strategic engagement mechanism with members and partners. Furthermore, the Clinical Committee provides clinical insights and operational oversight to projects and initiatives.

**BOARD COMPOSITION**

The PRDoFP bylaws allows for a minimum of 3 directors and a maximum of 7. In 2017, the Board adopted a motion to increase board diversification in order to comply with S.41 of the new Societies Act and to increase governance effectiveness. The board composition will likely include PRDoFP members, community members as well as physicians from other communities.

**RESPONSIBILITIES AND ACCOUNTABILITIES**

The PRDoFP Board of Directors (the Board) are responsible for the continuity of the PRDoFP, and works to further the aims of its members.

The members of the Board are the leaders of the PRDoFP, and play an essential role in establishing and safeguarding the vision, mission and values along with cultivating the culture of the organization.

The Board is required to take responsibility for its own management, continuity and renewal. It ensures effective Board meeting practices, appropriate Director conduct, ongoing board education and continuing attention to compliance and policy development.

Board Members are expected to:

* attend board related functions, board meetings, general meetings and extraordinary meetings
* adhere to and support board decisions and policies once they are collectively established
* uphold the reputation of the PRDoFP
* positively represent the PRDoFP, to the best of their ability, in the community, within the PRDoFP and to their staff and colleagues
* act honestly, in good faith, and in the best interests of the PRDoFP
* exercise the care, diligence and skill a reasonably prudent person would exercise in comparable circumstances
* expect to spend up to one hour per month preparing for and three hours per month in a Board meeting
* In addition, board members will be asked to attend an annual board strategic retreat

Board Members are accountable for the actions of the PRDoFP; and, as such, are responsible for:

* hiring for the senior manager role and providing direction, support and evaluation as appropriate
* ensuring effective financial stewardship
* creating committees to support the work of the PRDoFP
* creating policy to support the operations of the PRDoFP
* measuring the performance of the board and the PRDoFP
* managing risk

It is the Board’s responsibility to meet the legal and statute obligations of the Society Act. These responsibilities include:

* abiding by the constitution and bylaws of the PRDoFP and other laws governing Societies
* holding Annual General Meetings (AGMs); filing annual reports to the Registrar of Corporations; filing changes in the Society address, bylaws or Board membership
* keeping current membership lists and corporate records, maintaining proper banking and financial records, and keeping proper minutes
* making a copy of the bylaws and constitution available to every member
* making a copy of the financial statements available to any member requesting them
* remitting income taxes, CPP, EI, Worksafe (WBC) etc.
* abiding by the Personal Information Protection Act (PIPA)

**PERSONAL ATTRIBUTES AND COMPETENCIES OF DIRECTORS**

***Personal Attributes***

All Directors of the PRDoFP should possess the following personal attributes:

* High ethical standards
* Appreciation of service to the members and the community
* No direct or indirect conflict of interest with the PRDoFP’s requirements and responsibilities
* Ability and willingness to fulfill time commitments required to carry out responsibilities

***Competencies***

All Directors of the PRDoFP Board should possess the following characteristics, strengths and skills which will help them to fulfil their requirements and to excel as a Board of Director of the PRDoFP. A PRDoFP Board of Director should have the ability to:

* Act with integrity and independence of specific interests
* Relate to and respect a diverse range of values and beliefs
* Gain respect and credibility within a diverse group of stakeholders and the wider public
* Consider alternative perspectives on issues
* Desire to understand and respond effectively to people from diverse backgrounds, with diverse beliefs, perspectives and values
* Willingly raise potentially controversial issues in a manner that encourages dialogue
* Form constructive working relationships
* Negotiate with others to achieve desired results
* Work constructively as a member of a team
* Communicate and to listen effectively
* Review and synthesize large quantities of complex information
* Comply with the terms of the PRDoFP Conflict of Interest and Confidentiality policies

**OTHER CONSIDERATIONS**

Within the context of the required skills, requirements, consideration is given to the diversity of gender, knowledge of the community, connections and reputation within the community as well as board experience. Furthermore, Directors should have the following knowledge, interest or experience(s) in:

* Issues relevant to the mandate of GPSC and the Divisions of Family Practice
* Issues related to the health care system and public perspectives on issues related to heath care services at the community, regional and provincial level
* Community and membership engagement

**TIME COMMITMENT**

The Board generally meets 6-8 times per fiscal year, with the Chair calling additional meeting if required. Each meeting is approximately 3.5-hours in duration, depending on the Agenda. Meetings are generally held in person, in Powell River, BC; but, might have the occasional attendee via teleconference or videoconference.

**TERM**

The term of office of Directors will normally be two (2) years. However, the Board may by Board Resolution determine that some or all vacant Directors’ positions will have a term of less than two (2) years, the length of such term to be determined by the Directors in their discretion.

**COMPENSATION**

Directors are compensated based on current policy guidelines.

**LIST OF CURRENT DIRECTORS AND SENIOR MANAGERS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Term Ends** |
|  | Board Chair |  |
|  | Physician Lead |  |
|  | Treasurer |  |
|  | Secretary |  |
|  | Director |  |
|  | Director |  |
|  | Executive Director |  |

***Questions about the PRDoFP Board of Directors opportunity?***

Contact Guy Chartier, Executive Director at [gchartier@divisionsbc.ca](mailto:gchartier@divisionsbc.ca) or visit our website at <https://www.divisionsbc.ca/powellriver>