## A GP for Me Steering Committee

## Terms of Reference

1. **Purpose & Objectives**

The program’s aim is to strengthen the health care system through enhancing primary care on the DIVISION by:

* Helping people who want a family doctor get one; and
* Supporting and enhancing the relationship between patients and family doctors.

Over time, the supports provided by A GP for Me will:

* Make it easier for doctors to provide and coordinate care for their patients effectively – so they will be able to accept more patients into their practices; and
* Enable physicians to develop plans at a community level to improve local primary care capacity, including a mechanism for finding doctors locally for patients who are looking for one; and
* Provide (transitional) care for unattached patients, especially those with multiple, complex health conditions; and
* Create multidisciplinary models of care.

1. **Membership**

The Steering Committee consists of:

* # Division physician members, one as committee chair, as appointed by the Division board of directors.
* # Health Authority management representatives

Quorum for the steering committee meetings will be a majority of the members of the committee.

The Steering Committee may invite guests to its meetings, such as Division staff and contractors, and the Physician Engagement Lead for the Division.

1. **Term and Frequency of meetings**

The project cycle includes three phases: assessment and planning; implementation; and evaluation. The project lifecycle is estimated to last until March 31, 2016. The committee may alter the frequency of its activities depending upon the project phase.

Two types of regular meetings will take place:

1. Administrative meetings will take place weekly.
2. Steering committee meetings will take place every second week.

Meeting frequency may change from time to time based on project needs, and any changes will be approved by the committee.

Additional meetings will be at the discretion of the committee.

1. **Minutes**

Minutes of meetings will be recorded and circulated to committee members. The minutes will be available to all board members upon request.

1. **Reporting relationship/procedure**

Reports to the board on matters relating to its responsibility and authority on a quarterly basis. Items of business from the Board are brought to the attention of the committee by the chair.

1. **Remuneration of Committee Members**

Division physician members will receive sessional payment for participation on the committee. Health authority members will be compensated through their existing positions. Staff or support services will be funded through the Division.

1. **Committee Budget**

The budget is outlined in the A GP for Me contract.

1. **Decision-making**

Decision-making will be made by consensus. Consensus decision-making is a group decision-making process in which all committee members have their chance to express their views with a focus of discussion amongst the group. Consensus seeks the agreement of participants with minority objections. Consensus does NOT mean everyone gets exactly what they want. It does mean that everyone can live with and support the decision.

**Decision-making Guiding Principles**

1. **Transparency**

Committee members will have prior notice, on an agenda, that a decision is required. At meetings where significant decisions are to occur, all members will be notified and encouraged to attend.

Key reasons leading to a decision will be made available to all committee members

1. **Fair mindedness**

Committee Members agree that the grounds for the decision are relevant and focus on a shared/common good

1. **Accountability**

Committee members are collectively accountable for implementing the decisions made by the steering committee

1. **Collaborative** **consensus decision-making**

Collaborative consensus decision-making is the preferred mechanism to make decisions. Collaborative consensus is achieved when committee members accept and support a decision and understand how it was reached.

**Decisions are implemented under the following conditions:**

* If all # committee members are present at the meeting and agree with the decision; or if the members present at the meeting agree and any absent member(s) communicate their agreement to the Chair in advance of the meeting
* # physicians and # health authority representative must be present for substantive decisions; otherwise, a decision will be held off
* If consensus cannot be reached, further discussion will occur in order to understand the underlying concern and try to create a solution that will gain consensus
* If consensus cannot be reached after trying to understand the concern and creating a solution, a decision request will be sent to the Division of Family Practice Board for final decision making. The Board decision will stand and be implemented by the GP for Me Steering committee.

1. **Member Roles & Responsibilities**

Responsibilities of Chair (with support from Division staff/consultants):

* Agenda – ensure the agenda is set and circulated to committee members prior to the meeting
* Minutes – ensure minutes are recorded and distributed to committee members within two weeks of the meeting and submitted as an attachment to the agenda of the next committee meeting
* Facilitation of meeting
* Ensure that a master file of all minutes and meeting documents is maintained

Responsibilities of members:

* Prepare for and attend all meetings
* Communicate activities to and solicit input from other board members, health authority leaders or contractors, as required
* Respond to committee directives in a timely fashion.

1. **Meeting Ground Rules**

* Meetings start and stop on time
* Honour opinions - focus on issues not personalities - soft on people, hard on ideas
* Participate - everyone contributes to conversation
* Engage in respectful, open and honest communication - give benefits first, share all relevant information
* All pertinent issues will have a full airing. Alternate agendas may be stated but will not unduly influence committee activities or decisions.
* No side conversations
* Parking lot – document issues that are not in scope and return to them as time permits. Bring forward issues to future meetings as appropriate.
* Use action item and key decision lists as appropriate

1. **Review of terms of reference/ Evaluation**

The committee will review the terms of reference at the beginning of each A GP for Me phase – upon approval of implementation phase and each year thereafter.

The committee will participate in the provincially led A GP for Me evaluation by supporting data collection as appropriate. Additional evaluation activities will be approved by the committee and supported through the project staff.

Effective date Approved by (Signature)

Date Approved Approved by (Name)

## Appendix A: Division of Family Practice A GP for Me Team

## Steering Committee Members

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| **Role** | **Name and Contact Information** |
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## Other Regular Meeting Attendees

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| **Role** | **Name and Contact Information** |
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Last updated DATE