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| **Patient and Family Advisory Council**  **[Insert Region]**  Terms of Reference | A picture containing drawing  Description automatically generated |

Background and Purpose

Ontario Health is an agency created by the Government of Ontario with a mandate to connect and coordinate our province’s health care system in ways that have not been done before, to help ensure that Ontarians receive the best possible care. We oversee health care delivery across the province, which includes ensuring front-line providers and other health professionals have the clinical tools and information they need to deliver the best possible care within their communities.

Patient and Family Advisory Councils are one of many mechanisms for Ontario Health to learn from the experiences of patients and families. The purpose of the [Insert Region] Patient and Family Advisory Council (PFAC) is to advise the Ontario Health [Insert Region] region on its core activities including the planning and integration of health care in the region, advancing health equity, and improving health care experiences for all patients, families, caregivers, residents, and clients. Understanding the lived experiences of patients and caregivers enables Ontario Health to design and deliver health care that is tailored to their needs, resulting in better experiences and health outcomes, as well as more value for the health system.

The PFAC will advise on topics that align with Ontario Health’s provincial and regional priorities such as mental health and addictions, health equity, primary and community care, pandemic planning and response, and Ontario Health Teams (OHTs).

Membership

**Council Composition**

* The Council consists of 12-15 members, including the co-chairs
* All members serve on a volunteer basis
* All members are approved by the Chief Regional Officer and the co-chairs
* The membership has been designed to include:
* Representation from a variety of health care experiences
* Geographical representation from across the region or province, as appropriate
  + Patient and family advisors from at least two (when possible) Ontario Health Teams should be invited to join the council to strengthen healthcare linkages, identify opportunities for collaboration and ensure consistency in approaches
* 1/3 of membership should be individuals who represent the diversity of the population of the Region, including equity-seeking groups. For example, members of Black, Indigenous, Francophone, LGBT2S+, low-income, disability, newcomer, etc. communities.

**Terms**

Membership on the Council is a volunteer and advisory role. Members shall be appointed for a term of 3 years. Council membership will be renewed at the discretion of Ontario Health team members with recommendations from the co-chairs. Consideration will be given to overall Council representation, current strategic priorities, and the relevance and diversity of the membership’s health care experiences.

A member will be an interim member during the first 6 months of their initial appointment. This interim period provides an opportunity to ensure members can commit to participating within the group and to assess fit with the Council. The co-chairs will reach out to new members when the interim period concludes to confirm their appointment. Council members who elect to resign from their position are requested to provide 30 days written notification of their decision to the co-chairs.

Council members who are unable to fulfill their role or who engage in behaviour that does not respect the work of the council, the council terms of reference, or Ontario Health policies, will be asked to resign.

**Member Expectations**

* Members are appointed for patient and caregiver experience and perspective and should have actively and regularly interacted with, or had a family member actively and regularly use, the health care system within the last 2 years
* Members are expected to attend at minimum [enter # or % of meetings] meetings per year and notify Ontario Health supporting team members as soon as possible if they cannot attend a meeting
* Members are expected to be prepared for meetings by reviewing materials in advance and by actively participating
* Members should be open to hearing and considering the perspectives of others
* Members should aim to share insights and information about personal and community experiences in a way that others can learn from them
* Members are periodically asked to evaluate their experience as Council members to assist in program improvement
* Barriers to participation or other concerns that might hinder meaningful participation in council activities can be discussed with the council co-chairs or Ontario Health team members supporting the council

Meetings

**Frequency**

* The Council will meet at least [enter # - suggest minimum of 4-6] times per year or at the call of the co-chairs
* Members will attend virtually via teleconference or video conference, or in-person if possible

**Confidentiality**

Unless indicated otherwise, conversations held during the Council meetings, should be treated as confidential allowing for candid dialogue. Any confidential data or information shared will be noted.

Council Operations

**Co-Chair Roles**

The Council will elect two co-chairs from among its patient and family advisor members – or may choose to elect one Ontario Health team member co-chair and one patient and family advisor co-chair. Co-chairs can serve a maximum of two 2-year terms. To ensure continuity and provide support for new co-chairs, a staggered approach to appointment is recommended.

The co-chairs are responsible for:

* Opening and closing meetings
* Promoting and facilitating open and inclusive dialogue ensuring all voices on the Council are heard
* Developing meeting agendas in collaboration with Ontario Health staff
* Contributing to the development of meeting materials
* Communicating with council members and Ontario Health leadership about council matters
* Assisting with recruiting and orientating new council members in collaboration with Ontario Health team members
* Working constructively with Ontario Health leadership and team members, as well as council members
* Assisting with the evaluation of the council

**Code of Conduct**

To help foster an environment that is positive and inclusive for all members of the council, the council may establish a code of conduct to clearly outline the types of behaviours that are expected of council members, as well as the norms and proper practices of the council. It is the responsibility of all council members, including Ontario Health team members, to act in a manner consistent with the code and hold each other accountable to its terms.

**Advice to Ontario Health**

The Council is advisory and will not be asked to make decisions beyond how it will function as a group (e.g., in the election of co-chairs). In giving advice to Ontario Health [Insert Region], the Council does not need to reach consensus - exploring a full range of opinions provides valuable insight to the organization.

**Reimbursement for Expenses**

Council members, including patient and family advisor co-chairs, will be reimbursed for expenses relating to council participation in accordance with Ontario Health’s policies.

**Conflict of Interest**

Council members must ensure that any actual or potential conflict of interest regarding any matter under discussion by the committee is drawn to the attention of a co-chair or Ontario Health supporting staff. Actions may include but not limited to requesting the member absent him or herself from participation in discussion of the matter.

**Review**

The Council will review its membership annually and its Terms of Reference every two years.

**Council Secretariat Support**

In collaboration with the co-chairs, staff at Ontario Health [Region] will:

* Provide all administrative pre- and post-meeting support, including creation and distribution of meeting materials
* Provide support during meetings
* Ensure Council meeting proceedings are accessible to people with disabilities and meaningful for all members
* Support with the election of council co-chairs and the annual membership review, as well as reviewing the Terms of Reference
* Provide an annual report on council activities and impact

**Records Retention**

The Patient and Family Advisory Council records are subject to the *Freedom of Information and Protection of Privacy Act* and the *Archives and Recordkeeping Act, 2006*, and are governed by Ontario Health's Records Retention Policy.

**Date approved:** November 5, 2021