



Refreshed Primary Care Network Steering Committee Terms of Reference (TOR) Template

October 19, 2023



Table of Contents

INTRODUCTION	2
REFRESHED PCN STEERING COMMITTEE TERMS OF REFERENCE TEMPLATE	3
1. Background (optional)	3
2. Purpose (required).....	3
3. Guiding Principles (recommended)	3
4. Responsibilities of the Steering Committee (required).....	4
5. Accountability (required).....	4
6. Governance and Decision-Making (required).....	5
7. Membership (required)	6
8. Advisory Groups and Subcommittees (required)	8
9. Meetings (required).....	9
10. Operational Support from Divisions (required)	9
11. Dispute Resolution (required).....	10
12. Reporting (required).....	11
13. Confidentiality (recommended).....	11
14. Amendments (recommended).....	11
Appendix A: PCN Core Attributes	12

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, and a community advisory group. Refreshed PCN Steering Committees are convened by a local family physician, who is nominated and supported by the local Division of Family Practice.

The local Division of Family Practice will provide backbone support to the PCN by employing PCN management and administrative staff and taking on the secretariat role for the PCN Steering Committee. The regional health authority will support PCNs by being the primary conduit for financial, human resource, and other administrative reporting to the Ministry for PCNs.

Effective collaborative governance and transparency is established through several means, including a clear Terms of Reference (TOR) which defines the purpose, scope, and foundational principles and processes of the PCN Steering Committee. It also defines the PCN Steering Committee's reciprocal accountability structure.

A PCN Steering Committee identifies the primary care service needs of the population within a PCN geography in alignment with the PCN core attributes, develops a plan to meet those primary care service needs, and seeks approval and funding from the Ministry to implement. The PCN Steering Committee provides oversight to operationalize the PCN's clinical services, as defined in its PCN service plan and as part of the local network of primary care services.

The content of this document is based on existing PCN Steering Committee TORs with updates that reflect the refreshed governance structure for PCNs. It is intended to guide PCN Steering Committees as they transition to this new structure and refresh their PCN Steering Committee TORs.

The refreshed TOR for your PCN Steering Committee can be completed by updating your existing TOR and adapting it to meet the needs of your community. Your FPSC Primary Care Transformation Partner and Ministry Regional Director or Manager can provide further support and guidance. Additional information can also be found in the following documents which are available in the PCN Toolkit:

- [PCN Orientation Sessions](#)
- [PCN Manager Job Description](#)
- [Indigenous Engagement by PCNs](#)

REFRESHED PCN STEERING COMMITTEE TERMS OF REFERENCE TEMPLATE

Below are optional, recommended and required sub-headings with associated advice, content and information to consider when you update your PCN Steering Committee TOR to reflect the new PCN governance structure.

1. Background (optional)

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

2. Purpose (required)

This section defines the overall function of the PCN Steering Committee, which will oversee the development, implementation, and ongoing operations of the PCN.

The *aspirational* purpose of the PCN Steering Committee is to provide strategic guidance for the development and implementation of a local, coordinated and comprehensive primary care delivery system that promotes and advances accessibility, attachment, affordability, and high-quality care for all members of the community as described in the PCN Core Attributes (see Appendix A).

The Steering Committee enables the PCN to be responsive to the needs of patients, physicians and other professionals providing care, through advancing development of the PCN in a way that addresses the Quadruple Aim (improved health outcomes, effectively managed costs, and increased patient and provider satisfaction). With support from the PCN Manager/Director, the committee is responsible for monitoring the performance of the PCN, evaluating its effectiveness, and making recommendations for improvements as needed.

As part of the 2023 PCN Governance Refresh, the function of the PCN Steering Committee has been restated as follows:

“The PCN steering committee will provide leadership for the PCN to ensure that it is meeting the needs of patients, the system and the community (i.e. networked services, service planning, implementation and oversight).”

Under the refresh, the Steering Committee provides leadership for the PCN and is responsible for understanding, refining and overseeing the implementation of an evolving PCN Service Plan for their area in order to achieve milestones and expectations.

3. 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). The nature of this work is collaborative, given the multiple organizations involved.

To meet these obligations, Steering Committees 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](#).

Further, Steering Committees will find the Tamarack Institute's [Spectrum of Collaboration](#) useful as it defines a range of collaborative efforts, which span from “compete” to “integrate,” moving groups from “turf” to “trust.” It is vital for PCN Steering Committees to be clear about where the work of their PCN is positioned within the spectrum.

4. Responsibilities of the Steering Committee (required)

This section outlines what the PCN Steering Committee 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.

This section may also be called “Scope of Responsibilities” or “Expectations.” The title is flexible, but a section about what this committee is expected *to do* is important to include. “Governance” and “Operational Responsibilities” may also be included in this section or placed into the “Decision-Making” section.

5. Accountability (required)

Guidelines for accountability of the PCN Steering Committee(s) are recommended and could be a section on their own or included under Responsibilities (Section 4).

The PCN Steering Committee, and its individual members, operate in an environment of multiple individual and reciprocal accountabilities. This produces a level of interdependence that means collaboration is not just desired, but required, to achieve collective aims.

Individual Steering Committee members have social, contractual, and legal accountability to multiple individual stakeholders, including, but not limited to, those they represent at the Steering Committee, their funders, government, and the individual patients and families and communities they serve.

Reciprocal accountability means shared responsibility to achieve common goals. The principles that guide reciprocal accountability are:¹

- **Clear roles and responsibilities for the partners** that are well understood and agreed on.
- **Clear performance expectations** including objectives, expected accomplishments and resource constraints that are understood and agreed on by all partners.
- **Balanced expectations based on capacity.**

¹ Adapted from the *British Columbia First Nations Perspectives on a New Health Governance Agreement: Consensus Paper*

- **Credible reporting** of information that demonstrates what has been achieved, whether the means used were appropriate and what has been learned; this information is shared between all partners.
- **Reasonable review and feedback** on performance is carried out by the parties, achievements and difficulties and **adjustment** is made where needed.
- **Ethics** based on cultural teachings and best practices.

By joining the PCN Steering Committee, and committing to the PCN's Terms of Reference, all members accept additional specific points of reciprocal accountability, including:

- To reach agreement by consensus about the design of, or update to, the PCN Service Plan.
- To fulfill individual commitments to deliver services in alignment with PCN Service Plan design within their respective communities.
- To measure and report on progress in achievement of the PCN's purpose.
- To allocate, oversee and report on specific shared PCN resources funded through the PCN Service Plan by the Ministry of Health and FPSC.
- To make best efforts to meet the needs 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, and to provide care to those who may reside outside the geography when service is needed or appropriate.

The PCN Steering Committee makes decisions in a way that ensures that all of these accountabilities remain congruent. Members are not expected to forgo their individual accountabilities for the reciprocal ones they adopt as members of the PCN. Under the new framework, accountability to the Ministry for reporting and performance against deliverables rests with the PCN and is supported by the PCN Manager within the Division of Family Practice using health authorities' reporting structures (see Section 12. Reporting). Nevertheless, the Steering Committee members share reciprocal accountability for credible reporting, reasonable review, and adjustment.

6. Governance and Decision-Making (required)

This section outlines how decisions will be made by 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](#) provides helpful definitions, approaches, and roles when using the consensus model. Any local decision-making guidelines in your Terms of Reference will be evolving, stewarded by the convenor of the PCN Steering Committee, and reflective of the learning of the Committee regarding effective decision-making in its local context.

The title of this section may be "Governance" or "Decision-Making" or both. Some PCN Steering Committees include the reporting structure in this section.

Note that PCN Steering Committees are not legal entities governed under the *Societies Act*. Therefore, they do not need to establish quorum. Nonetheless, the committee may wish to establish 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.

7. Membership (required)

This section lays out the composition and rules around membership on the refreshed PCN Steering Committee and the committee structure.

a) Chair as Convenor

The Chair is a local family physician representative nominated and appointed by the local Divisions of Family Practice. The Division and/or the partners may decide on a co-chair model representing key leadership of PCN Clinics. If so, co-chairs would chair meetings on a rotational basis.

The role of chair in the PCN context extends beyond the typical role of only facilitating PCN Steering Committee meetings, and instead is the “convener.”² In collaborative leadership, the convener is responsible for bringing people together from multiple sectors/organizations to address a complex issue, problem, or opportunity. The specific functions of conveners in collaborative work include:

- Identifying the issue or opportunity facing the group;
- Clarifying the purpose of the collaborative effort;
- Determining who might initially be invited to the collaborative table based on the membership requirements;
- Seeking input from the partners about their engagement, role, and potential contributions; and
- Seeking buy-in from collaborative partners and working toward a shared approach.

b) Members

The specific membership requirements for the refreshed PCN Steering Committee includes:

- Provider representatives from longitudinal and episodic clinics in a community, considering:
 - Family Practice clinics (FP and NP)
 - First Nations primary care centres
 - Health Authority primary care clinics
 - Community Health Centres
 - Walk-in clinics
 - Foundry centres
 - Maternity clinics
 - Urgent and Primary Care Centres (UPCCs)
 - Other longitudinal and episodic clinic types that emerge from time to time
- Local community and patient/family caregiver representatives
- Indigenous community representatives

When appointing members, the following is recommended:

1. Maintain a target size of no more than 12 individuals, including the chair(s).

² Source: <https://collaborativeleadersnetwork.org/leaders/the-role-of-the-convenor/>

2. Determine clinic-based representatives in approximate proportion to where patients receive care from the PCN. The division should refer to the PCN Service Plan or conduct an asset map to identify the locations/clinic types from which the population of the region receives their longitudinal and episodic care, considering there may be gaps in service or regions, such as Indigenous communities that are underserved where patients are not currently receiving care and require representation at the steering committee.
3. Engage with local Indigenous communities to seek their direction on how they would like to be involved and represented. To ensure engagement with Indigenous communities respects local capacity, steering committees are able to engage FNHA Regional Primary Care Managers to support the process.
4. Include a minimum of two community representatives from the Community Advisory Group (see Section 8).
5. Ensure traditionally underrepresented voices are not overlooked by using an equity, diversity and inclusion (EDI) tool such as [GBA+](#).

Steering Committee membership will differ by community, depending on the number and type of clinics, within it. An example of how membership might look is included below.

Sample table of member representation on a PCN Steering Committee

Role and Representation	Number of Seats and Position	Selecting Organization	Core Attribute and Priority Addressed
Convenor – Physician Lead , Division of Family Practice	1 seat: <i>Family Physician (FP)</i>	<i>Nominated and supported by the Division of Family Practice</i>	<i>All priorities; the chair and all members commit to culturally safe care</i>
Family Practice Clinics FP and NP PMHs, Walk-in/Medical Clinics, HA primary care clinics	3 seats: <i>Two FP</i> <i>One Nurse Practitioner (NP)</i>	<i>FP representatives will be appointed by the Division or HA based on proportion of clinics providing care in the PCN geography</i> <i>NP representative will be selected by the local practicing NP community in collaboration with the Regional NP Leads</i>	<i>Attachment, same day access, extended hours, comprehensive care</i>
HA Operational Leadership (UPCC, allied health resources)	1 seat: <i>One administrator</i>	<i>HA determined</i>	<i>Attachment, same day access, extended hours, comprehensive care focused on mental health supports and social determinants of health</i>
Community Indigenous Population	2 seats	<i>Locally determined</i>	<i>Culturally safe care, coordination of care, access & attachment, social determinants of health</i>
Community Advisory Group	2 seats	<i>Locally determined</i>	<i>All priorities</i>
Maternity Care	1 seat: <i>FP or midwife</i>	<i>Selected by the Division of Family Practice in collaboration with local midwives</i>	<i>Access and comprehensive care focused on maternity care</i>
Operations	<i>Non-member: PCN Manager/Director or their designate (division hired)</i> <i>Non-member: PCN Managers (health authority hired)</i> <i>Non-member: HA Clinical lead</i> <i>Ex-officio non-member: Division of Family Practice Executive Director or their designate</i> <i>Ex-officio non-member: Ministry of Health and FPSC staff</i>		

Members are responsible for coming prepared and attending all meetings of the PCN Steering Committee and contributing to the discussions in a collaborative and effective manner. Members are accountable to their selecting organization but 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).

c) Term of Membership

Term length is recommended to be three years. Maximum length of service is recommended as two three-year terms, either as a member, convenor, or both. For continuity, terms should be staggered so that only a portion of the Committee members are up for re-election each year.

d) Onboarding and Orientation

The orientation of new members to the local PCN is the responsibility of the selecting organization that they represent and the PCN Manager. There will be additional, general, required orientation provided by the FPSC for PCN Steering Committee Chairs and members.

e) Change of Membership – Offboarding and Removal

If a member ceases to attend three consecutive meetings without cause, they may, at the Convenor’s discretion after discussion with the PCN Steering Committee, be removed from the Committee. It is the responsibility of the Convenor to inform the member of their removal and contact the selecting organization to request the appointment of an alternate member.

f) Advisory/Ad hoc Members

Others may be included as members in an advisory, non-decision-making capacity, such as the Division Executive Director, an FPSC representative, an MoH staff member, a PCN Manager, allied health providers, community agencies, etc. These members may speak at meetings and provide input for consideration by the PCN Steering Committee; however, these members do not participate in final decisions that are made by the committee.

g) Guests

The PCN Steering Committee has the authority to invite guests to discuss matters related to a specific topic.

8. Advisory Groups and Subcommittees (required)

All PCN Steering Committees are required to form an advisory group or subcommittee to receive input and advice from key sectors of the community, or to ascertain a better understanding of key issues, challenges, or initiatives. This section defines the Steering Committee’s role in striking a subcommittee or advisory group, appointing its members, and defining its scope of work.

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 that meets four times per 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 appoint 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 Community Advisory Group as appointed 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 and subcommittees should have their own Terms of Reference that reflects the same sub-headings as the PCN Steering Committee TOR. It should describe purpose, timeframe, membership, authority, area of responsibility and accountability.

9. 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)

10. Operational Support from Divisions (required)

This section states the overall operational roles of the PCN Manager and the Division of Family Practice.

PCN Manager: The PCN Manager is responsible for the day-to-day operational requirements of implementing the PCN Service Plan. The Manager is hired by the Division of Family Practice and receives strategic direction from the PCN Steering Committee to execute the PCN Service Plan and reports operationally to senior division staff.

The PCN Manager job description can be found [here](#).

Division of Family Practice: The following activities are required by the Division of Family Practice as the backbone support team:

- Hiring PCN operations staff, including the PCN Manager.
- Supporting the PCN operations staff in their secretariat role for the PCN Steering Committee, which includes:
 - briefing new steering committee physician members on their role and the purpose and responsibilities of the committee to support consistent decision making;
 - ensuring all incoming steering committee members are familiar with the Service Plan (vision, strategy and common agenda) and stage of implementation;
 - ensuring the PCN Steering Committee Chair understands their role and responsibilities and the functions of the steering committee, including the approach to decision making (e.g., decisions by consensus);
 - developing the scheduling, agendas, materials and action tracking for steering committee meetings; and,

- working with the health authority on delivering monitoring and reporting to the Ministry, ensuring shared measurement practices and systems are implemented to support data for performance monitoring and continuous improvement.
- Maintaining the overall strategic coherence of the PCN Steering Committee vision and strategy.
- Leading the work with partners to establish the membership of the PCN Steering Committee, including identifying the convenor and physician members.
- Seeking engagement with all partners in the PCN and reporting back to partners regarding how their feedback was integrated to support aligned activities.
- Supporting clinics and/or health authority to hire and manage PCN Service Plan funded staff (e.g., nursing and allied) as they hold service contracts for new to practice FPs and NPs.

11. Dispute Resolution (required)

Tension and conflict are natural in working relationships. In PCNs in particular, where value-based conflicts about goals of care, limited resources, and differing organizational priorities are involved, disputes are to be expected. In the event of disagreement or divergence of views, members should strive at all times to conduct themselves in a respectful manner, recognizing that the foundation of the PCN Steering Committees efficacy is the strength of relationships and depth of trust at the table.

Whether due to an inability to reach consensus, a disagreement about reciprocal accountability for the implementation of the PCN Service Plan, or any other reason, members of the PCN Steering Committee should engage in a principled, interest-based approach to resolving disputes with minimum delay and cost, internally.

In the event that the PCN Steering Committee members cannot resolve a dispute internally, the following process is recommended by the FPSC:

Step 1:

The PCN Steering Committee Chair will make best efforts to work with partners locally to resolve the dispute. If resolution cannot be reached locally, the chair will contact the Senior Manager, Primary Care Transformation at the Doctors of BC/FPSC, and the Executive Director, Planning, Implementation and Oversight at the Ministry of Health (or their delegates) via an [SBAR](#) to seek support and resolution, including the option to engage the services of an independent third party to assist the PCN Steering Committee with mediation. Depending on the nature of the dispute, an FNHA and/or Nation(s) representative(s) will also be contacted.

The FPSC Senior Manager, FNHA and/or Nation representative(s), and MoH Executive Director will assist by recruiting an appropriate mediator, who is either a respected PCN leader in another jurisdiction or a professionally contracted service provider, and will work with the PCN Steering Committee Chair to ensure the independent third party has mutual agreement of the members most involved in the dispute.

The mediator will be instructed to assist achieving resolution by:

- Identifying interests
- Exploring options for resolution
- Developing and articulating resolution options that may be acceptable to all
- Engaging community partners/members that are directly impacted by dispute.

Step 2:

In the event that mediation is unsuccessful in resolving the dispute within 60 days from the engagement of the mediator, the PCN Steering Committee will request that the FPSC co-chairs, or their chosen delegate(s), settle the dispute. All documentation produced as a result of the external dispute resolution process will be shared with the co-chairs when the request is made.

12. Reporting (required)

This section outlines the reporting relationship of the PCN Committee vis-à-vis the Ministry of Health and FPSC (who they report to, what kinds of reports they provide, and with what frequency).

Under the new PCN governance framework, health authorities will support PCNs by being the primary conduit for financial, human resource and other administrative reporting to the Ministry. However, the Steering Committee members share reciprocal accountability for credible reporting, reasonable review, and adjustment (see Section 5 on Accountability) and the PCN Manager has responsibility for monitoring and reporting to the Ministry, ensuring shared measurement practices and systems are implemented to support data for performance monitoring and continuous improvement.

13. Confidentiality (recommended)

This section includes a statement about the confidential nature of information shared within the PCN Committee or to their CSC.

14. Amendments (recommended)

This section outlines the frequency and process of how the PCN Steering Committee will review their Terms of Reference. Annual review is recommended.

Appendix A: PCN Core Attributes

