**Draft Terms of Reference**

**Huron Perth OHT Physician Council**

**Preamble**

With the goal of better integrating care for our defined population, the Huron Perth Ontario Health Team is in development. This is a multi organizational partnership of the various health system players in the Huron Perth geography, who are organizing via a loose collaborative governance model in the first year to enable change management strategies that will “join up” care for patients in an improved way.

It has been noted that success will be dependent on a strong Primary Care sector, as well as a strong Physician leadership presence. With that in mind, the idea to bring together the distributed Physician leadership voice as a “Council” has taken hold.

It is recognized that this Council will likely be evolutionary, and that these Terms will need a refresh, likely in one year.

**Physician Organizations**

1. Family Health Teams with associated FHN or FHO (9 of each): Bluewater Area, Clinton, Happy Valley, Huron Community, Maitland Valley, North Huron, North Perth, Star, and Stratford
2. Community Health Centres (1): Grand Bend Area
3. Other FHO (one): Exeter
4. Hospital Organizations (4) (connecting to most Specialists): Huron Perth Healthcare Alliance (Clinton, St Mary’s, Seaforth, Stratford) Listowel Wingham Hospital Alliance (Listowel, Wingham), Alexandra Marine and General, South Huron

**Mandate**

The HP OHT Physician Council will perform the following functions:

1. Be the trusted consulting Physician voice in any HP OHT suggested activities.
2. Drive positive change in the local OHT system with both change ideas, and spread of those changes that work.
3. Elect and support the 3 Physician representatives to the HP OHT Implementation Committee.

**Structure**

1. 10 members will be Primary Care Physicians, (one from each FHO/FHN) and 5 will be Specialists. It is expected that these members will speak for and involve their various practice groups in the work of the Council.
2. The group will elect a Chair.
3. Decisions will be by consensus. If needed, a motion will pass with 50%+ of the votes, and will fail if either all the Specialists, or all of the Primary Care Physicians vote against.
4. The 3 Implementation Committee representatives will be elected from this group, and will include 2 Primary Care Physicians and one specialist.
5. Quorum will be 50% plus.
6. The group will meet at least quarterly, and more often at the call of the Chair.