

CALL FOR MEMBERSHIP

The Clinical Advisory Council of the Ontario Palliative Care Network

The Ontario Palliative Care Network (OPCN) is seeking applications to fill non-remunerated, two-year term positions on the Clinical Advisory Council (CAC).

The goal of this appointment process is to ensure that the CAC membership represents a balance of skills, expertise, and experience needed for the CAC to fulfill its purpose and responsibilities.

All decisions on appointments to the CAC are made by the OPCN Executive Oversight.

What is the Ontario Palliative Care Network (OPCN)?

The Ontario Palliative Care Network (OPCN) is a disease-agnostic network developed to serve the needs of all Ontarians. The OPCN is an organized partnership of community stakeholders, health service providers and health systems planners, accountable for the development of a coordinated, standardized approach for the delivery of hospice palliative care services in the province.

The OPCN will:

- Act as the principal advisor to government for quality, coordinated hospice palliative care in Ontario
- Be accountable for quality improvement initiatives, data and performance measurement and system level co-ordination of hospice palliative care in Ontario
- Support regional implementation of high-quality, high-value hospice palliative care

Officially launched in March 2016, the OPCN introduces a new governance structure for hospice palliative care accountable to the Ministry of Health and Long-Term care, under the leadership of the Local Health Integration Networks (LHINs), CCO, Health Quality Ontario, and Quality Hospice Palliative Care Coalition of Ontario. The OPCN supports and aligns with the Ministry's *Patients First: A Roadmap to Strengthen Home and Community Care*, which highlights a commitment to improved access and equity in hospice palliative and end-of-life care at home and in the community. The OPCN is building on the tremendous work captured in the report [Advancing High Quality, High Value Palliative Care in Ontario: The Declaration of Partnership and Commitment to Action](#).

What is the Clinical Advisory Council?

The Clinical Advisory Council of the OPCN is accountable to the OPCN Executive Oversight. The Clinical Advisory Council will be multidisciplinary in nature and keep patient and family needs as the center of its purpose. The Clinical Advisory Council of the OPCN will provide recommendations to the Executive Oversight for clinical improvement of hospice palliative care in Ontario, as well as clinical implications of policy. Please refer to attached Terms of References for further details.

What is the role the Clinical Advisory Council?

- Promoting an excellent person and family centred palliative approach to care for all Ontarians
- Working in partnership with the other components of the OPCN to ensure alignment with provincial direction
- In collaboration the Regional Clinical Leads Table gathering advice, insights and recommendations from clinical partners to inform activities of the OPCN. The Regional Clinical Leads Table will also be Co-Chaired by the Provincial Clinical Co-Leads
- Establishing provincial direction for hospice palliative care education to guide local improvements and to support an integrated approach to hospice palliative care

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- Identifying clinical best practice, evidence, and guidelines to support the advancement of high quality and patient-centred multidisciplinary hospice palliative care in the province
- Identifying clinical priorities, and develop quality standards to drive practice change
- Providing strategic advice to Executive Oversight on clinical improvements
- Building multidisciplinary capacity in regional clinical services and leadership
- Providing advice to Executive Oversight on clinical implications of policy
- Providing advice to Executive Oversight on access to care, quality improvement strategies and service structure

Who is eligible to be a member of the Clinical Advisory Council?

The Clinical Advisory Council membership will demonstrate a solid commitment to the OPCN's vision, principles, and mandate and will act as a champion for hospice palliative care in their respective LHIN area, in accordance with the Declaration and the strategic direction of the OPCN. Clinical Advisory Council members are not representing a specific constituency but are invited to participate as system-level contributors, bringing expertise and a true desire to advance the system as a whole (not just one sector, service, professional interest or geographic area).

Applicants will be considered based on their experience, knowledge and expertise in any of the following competency areas

Clinical and Program Leadership

- Strong knowledge and understanding of hospice palliative care best practices and guiding principles
- Effective communicator with the ability to present / listen to various viewpoints and deal with conflicting opinions
- Able to bring an objective, regional perspective to the discussions
- Strong knowledge and understanding of hospice palliative care needs across the Province.
- Ability to work with multiple cross sector providers to develop a common plan and build consensus
- Negotiation experience
- Experience in collaborative approaches

System Expertise

- Knowledge of and experience in community development and engagement
- Effective working relationships with and understanding of the broader health system and other related stakeholders including those in primary care, community support services, spiritual care, pharmacy etc.
- Knowledge of and experience in regional planning
- Ability to be a system thinker
- Knowledge and understanding of current health care policy and legislation

Scholarship/Academic Leadership

- Strong knowledge and understanding of hospice palliative care research, evidence based best practices and guiding principles
- Strong experience in knowledge translations and transfer to practice

Clinical health informatics and decision support

- Knowledge of and experience in data interpretation/analysis

Quality and Performance Improvement

- Knowledge of and experience in quality improvement and program evaluation
- Knowledge of and experience in research, best practices, education and knowledge transfer

Change Management

- Knowledge of and experience in change management

Caregiver Expertise

- Knowledge and expertise in clinical HPC service delivery
- Knowledge of and experience in a caregiving role

Health Equity and Cultural Competence

- Experience in delivering HPC in various settings; (community and home-based, facility-based, residential-based, rural and remote regions)
- Knowledge of and experience in working with vulnerable/marginalized populations
- Ability to recognize cultural differences and to adapt healthcare services to meet culturally unique needs at all levels of care.
- Understanding and appreciation for the unique challenges faced by different populations that have difficulty accessing healthcare services due to barriers such as homelessness, poverty, linguistic barriers, and social exclusion

Pediatric Palliative Care Expertise

- Knowledge and expertise in pediatric palliative care (as guided by the CHPCA Pediatric Norms of Practice
http://www.chpca.net/media/7841/Pediatric_Norms_of_Practice_March_31_2006_English.pdf)

The preceding list is not intended to cover all possible categories. Additional areas of expertise and experience that are applicable to hospice palliative care should be highlighted in the submitted application.

How can I contribute as a member of the Clinical Advisory Council?

As a member of the CAC, the responsibilities will include the following duties:

- Regularly attend Clinical Advisory Council meetings
- Participate fully in discussions
- Listen well and contribute to open exchange of information and ideas
- Generate future agenda topics
- Demonstrate systems critical thinking by questioning and challenging the status quo, identifying clinical opportunities and challenges and providing strategic advice and insight related to clinical improvements
- Contribute as a member of an expert panel or other working group as necessary
- Declare any perceived or potential conflicts of interest. Declaration of actual or perceived conflict of interests does not preclude individuals from participating in discussions but they should not vote upon a matter where there is a declared conflict.
- Act as an OPCN champion with their respective organization/affiliation

How can I apply to be a member of the Clinical Advisory Council?

Applicants must submit the following information to be considered for membership:

1. A cover letter (maximum 3000 words) that highlights all applicable competencies, and describes how you will use your knowledge, abilities and personal traits to contribute to the CAC.
2. The applicant's résumé.

FAILURE TO PROVIDE A COMPLETE COVER LETTER WILL RESULT IN THE REJECTION OF YOUR APPLICATION. CANDIDATES WILL NOT BE CONTACTED FOR INCOMPLETE OR POSSIBLY MISSING INFORMATION.

Selection Process

The Ontario Palliative Care Network will evaluate potential candidates using the defined criteria outlined in this call for applications. Final decisions on the appointments rest with the Ontario Palliative Care Network Executive Oversight. Successful candidates will be notified in August 2016.

Please note: In keeping with the Privacy Act, the personal information in completed applications is protected level B, and will be treated accordingly.

Membership applications should be submitted electronically to Nina Palikuka at Nina.Palikuka@cancercare.on.ca by Monday July 11, 2016.

If you have any questions, please contact Tara Walton, at tara.walton@cancercare.on.ca

Thank you

Please feel free to share this document with interested individuals, groups and organizations.