



Canadian Society of Palliative Care Physicians

Terms of Reference:

Access to Palliative Care Working Group

Purpose

To support the Board of the CSPCP to develop recommendations to the federal, provincial and territorial governments on how to improve, monitor and evaluate quality and access to palliative care services across Canada, particularly in light of negotiations of the Health Accord.

We have been advocating for improved access to palliative care and we need to provide guidance on how to accomplish it.

1. The working group will provide recommendations to the Board on how to improve both access to and quality of palliative care services in a measurable way.
2. The goal is to have recommendations prepared by Sept 15, 2016 to be ready in time for negotiations for the Health Accord. The work will include a communication plan to the provinces/territories and federal government.

The Working Group may provide support to the Board in the following ways:

1. Support individual CSPCP and Board members in advocating for high quality accessible palliative care by providing access to articles, resources, policies and materials to stimulate reflection and evidence informed decision making
2. Provide CSPCP members with an opportunity to contribute feedback through Working Group members
3. Increase the likelihood that the Board can make decisions regarding advocacy with some degree of confidence that they will be supported by/represent members

The Working Group acknowledges that consensus on the specifics of the recommendations is not always possible. Overall, members may support advocacy decisions of the Board if they feel the process used to reach these recommendations is fair and transparent.

Chair

Pippa Hawley - Appointed by the Executive Committee of the CSPCP Board.

Members

Eight members of the CSPCP in good standing who have submitted an Application to Participate and have been selected by the Selection Committee of the Board group (Susan MacDonald, Leonie Herx and Pippa Hawley). The Selection Committee will assign an initial score to the Application to Participate and then select based on ensuring the necessary mix of expertise, experience, contacts and representation of multiple perspectives.

Expert guests will be invited as needed such as representation from the CHPCA, the CMA, legal and government affairs communities, policy experts, communications advisors etc.

Term

June 2016 until June 2017, with an option to extend annually if/as needed

Reporting Structure

Directly to Board, via the Chair

Meetings

At group discretion – Likely to be every 4 weeks by phone with tasks as needed in between. A face-to-face meeting may be called if deemed necessary by the Working Group and the CSPCP Board of Directors. Work will commence in June 2016 in preparation for upcoming negotiations of the Federal/Provincial/Territorial Health Accord.

Components/Deliverables of such support to the Board *may* include:

1. Review and recommend models of care, using The Way Forward as a guide
2. Develop CSPCP standard for staffing based on care model
3. Explore and recommend novel approaches with emphasis on Compassionate Communities.

*Approved May 30, 2016
By Chair of the Working Group and
CSPCP Executive Board Members*