

The Alberta Clinician Council, a multidisciplinary forum comprised of clinicians with frontline responsibilities from across the province, will facilitate meaningful change by consulting, advising, and providing input to AHS senior leadership on priority issues that impact patients and Albertans as well as all staff and clinicians who are part of the Alberta Health Services team.

Background

The Alberta Clinician Council (ACC) represents a significant and genuine commitment by Alberta Health Services (AHS) to clinician engagement and involvement in decision-making. Clinical engagement enables shared accountability between clinicians and the organization and enhances a “quality culture” by empowering clinicians and improving collaboration. Effective clinical engagement has the potential to improve health care delivery; enhance patient experience and outcomes; increase staff and physician satisfaction; and aid recruitment and retention.

Purpose

To provide a multidisciplinary forum where the collective knowledge, experience and expertise of the ACC members can be constructively applied to discuss issues and identify new opportunities related to quality, access, and patient safety. Through direct access to the Senior Executive and Chief Executive Officer, ACC will advise on these and other topics as they relate to strategic planning.

Function

The ACC shall advise Senior Executive on key issues related to patient outcomes, access, clinical practices, quality and patient safety, as well as strategic and service planning. In particular, ACC will serve two (2) main functions:

1. Advise on significant clinical strategic issues, organizational priorities and new opportunities; and
2. Advise on quality and patient safety issues and provide input on major safety recommendations.

Values

The work of the ACC shall reflect the values of Alberta Health Services:

- Respect
- Accountability
- Transparency
- Engagement
- Safety
- Learning
- Performance

Accountability

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- The ACC is accountable to the President and CEO, Alberta Health Services.
- The ACC will have the authority to make recommendations to Senior Executive and provide advice on clinical matters as needed.
- Recommendations from the ACC will be brought forward by the ACC Co-Chair, EVP & CMO, to the CEO and a formal response from the CEO shall be received within six weeks.
- All recommendations with funding implications will be channeled through the usual AHS priority and budgetary review and approval processes.

Membership

The ACC is established for collective good and not to embody individual interests. Membership of the ACC shall reflect a broad range of views that would be encountered across the continuum of care and through a variety of health care professions. The standing membership of the ACC will include approximately 50 members (most with direct clinical responsibilities). The Chair may invite ad hoc members for consultation on specific issues at their discretion.

The ACC membership is to be comprised of the following:

1. *The Co-Chairs of the Committee (2)*
 - The ACC shall be co-chaired by the EVP & CMO and an individual selected from the membership of the Coordinating Team of the ACC. See separate Terms of Reference.
2. *Clinicians with regular, direct clinical duties appointed through an Expression of Interest process (approx. 42). This group of clinicians will have collective backgrounds and experience related to:*
 - Geographical areas across the province (metropolitan and rural)
 - Patient population groups (i.e. seniors, adults, children)
 - Continuum of care (including Primary Care)
 - Various professional disciplines (e.g. physicians, nurses, pharmacists, other allied health professionals)
 - Clinical role outside of AHS (e.g. community pharmacist, academic position, etc.)

Efforts will be made to ensure members are drawn equitably across these different backgrounds and experience.

3. *Members Appointed by the President & CEO and / or the EVP & CMO (10 max.)*
 - Individuals who are part of the AHS Senior Leadership Team.

Terms of Office

Members of the ACC will be either directly appointed (senior leaders) or receive appointment through an Expression of Interest process (all other members).

- Membership of those directly appointed to the ACC will be reviewed annually.

- Successful applicants of the Expression of Interest process will be appointed to the ACC for a two (2) year term. After 2 years, vacancies will be re-advertised by Expression of Interest annually, with subsequent appointments being for 2 year periods.
- ACC members will be eligible for reappointment to a maximum of six (6) years membership.
- Members who take a leave of absence of one year or less will be permitted to complete their term of office upon their return, and will not be replaced unless their absence could jeopardize ACC functions (e.g. several members taking leave during the same timeframe).
- Members who resign prior to their two (2) year term, will be replaced through an Expression of Interest process.

The recruitment of ACC members, through an Expression of Interest process, will require that potential members demonstrate they (1) have direct clinical responsibilities (no minimum level of experience required), (2) can commit the time required to understand the issues considered by the ACC, (3) are able to participate fully and respectfully in discussions, and (4) are committed to improving quality, access, and patient safety within AHS.

Meetings

1. The ACC will meet on a quarterly basis. Additional meetings may be scheduled at the call of the President & CEO and / or the Co-Chairs to ensure strategic issues are addressed by the ACC in a timely manner. A quorum requires attendance by half of its members.
2. Duration of meetings may range from four to eight hours depending on the agenda. Meeting format is face-to-face but on occasion, guests and presenters may participate by videoconference or teleconference. Wherever possible, meetings will be arranged to allow attendees the opportunity to travel “same day”.

Alberta Clinician Council Support

Direct support and coordination for the ACC shall be provided by the Clinical Engagement Department of the Quality and Healthcare Improvement Division. This shall include secretariat support with meeting logistics, distribution of pre-reading or response material from AHS and compilation of the ACC report to the CEO.

Review of Terms of Reference

The Terms of Reference are to be reviewed annually and to be agreed by the Alberta Clinician Council and ratified by AHS Senior Executive.