

**Terms of Reference**  
**Canadian Forces (CF) Family Health Care Advisory Committee**  
**Director Military Family Services (DMFS)**

**Overview of the Project**

**Background**

1. The CF Family Services Summit held May 2008 marked the beginning of working together with military and community leaders, service providers and CF family members to enhance the Military Family Services Program (MFSP).
2. Participants at the CF Family Services Summit tabled a series of recommendations to Chief Military Personnel to evolve the MFSP. CF Family Health Care constituted one of the key areas in which recommendations were provided.
3. Timely access to non-emergency health care by CF families is a systemic deficiency. Shortages of medical professionals, long waiting lists for service, absence of specialized medical service providers, exacerbated by frequent CF family relocations interrupting continuity of medical access, has created a health care delta, adversely affecting the quality of life of CF families.
4. In 2004, the Dependent Health Care Working Group considered seven options for the provision of guidance on the establishment of health care clinics for CF families. The analysis, which yielded the identification of three “access to non-emergency family health care” models, was founded on several legal, risk-management and governance parameters, specifically:
  - a. There must be no direct CF/DND involvement in the management of the family health care clinic;
  - b. A health care clinic should not be located under the management of the local MFRC;
  - c. The establishment of a health care clinic on any B/W will be based on locally determined needs;
  - d. DND/CF will ensure that families have access to appropriate health care, not provide it. For example, Public funding may not be allocated for the provision of provincially insured medical services; and
  - e. A health care clinic cannot be located in the B/W military clinic, however, military medical doctors are permitted to “moonlight” in family clinics outside of normal working hours.

## **CF Family Health Care Advisory Committee**

5. This CF Family Health Care Advisory Committee will be made up of a diverse group of individuals, including CF military or family members that understand the impact of the military lifestyle on the health care of military family members. The committee will provide guidance and strategic recommendations to DMFS for the purpose of conducting purposeful policy and program development in the area of health care of military family members. This shall be accomplished through committee members sharing their expertise, knowledge and experience.

### **Mandate**

6. The Committee is established to determine appropriate policy and program development in the area of CF Family Health Care.

### **Objective**

7. The objective of the CF Family Health Care Advisory Committee is to:
- a. review and validate existing CF family health care research and recommendations, using historical literature and activities to scope the formulation of way-ahead policy and program recommendations;
  - b. review recommendations provided to CMP on the 26 May 08 at the CF Family Services Summit pertaining to CF family health care;
  - c. formulate and prioritize recommendations in terms of policy and program development for the remainder of FY 08/09 and roll out in FY 09/10; and
  - d. identify appropriate partners and recommend DND / CF / Government of Canada / civilian alliances to advance / implement the policy and program recommendations.

### **Length of Term/Frequency of Advisory Committee Meetings**

8. The CF Family Health Care Advisory Committee will remain in effect from 1 Sep 08 to 30 Sept 09, unless otherwise approved by DMFS.

9. The Advisory Committee will participate in one face-to-face meeting at outset of this initiative with potential for additional similar meetings as resources permit. Optimal use of teleconferencing and email will be employed whenever necessary. Due to timelines, some source materials may be provided in the language of original publication.

### **Advisory Committee Composition**

10. The Advisory Committee will be composed of:

- a. Chairperson: DMFS Senior Manager;
- b. Committee Project Manager (ex-officio): DMFS Project Health Care; and
- c. Membership: a maximum of 12 additional members (with a representative mix of land, air and sea environments, as well as, an urban/rural/size distribution) from the following groups:
  - i. C/MFRC Executive Directors/Directors;
  - ii. Board/Advisory Committee members from C/MFRCs;
  - iii. L1 representatives;
  - iv. CF family members;
  - v. CF community leaders;
  - vi. DGHS; and
  - vii. DMFS staff.

11. Application for Committee membership will be accepted as per the submission guidelines / requirements outlined on the DMFS website at [www.cfpsa.com](http://www.cfpsa.com).

### **Role of Advisory Committee Membership**

12. The Advisory Committee Chairperson will:
- a. serve as Chair during Advisory Committee meetings;
  - b. provide advice and guidance regarding existing Parameters for Practice policy;
  - c. arrange for Subject Matter Experts to advise Committee members;
  - d. keep DMFS apprised of Advisory Committee progress.
13. The Committee Project Manager will:
- a. coordinate meetings and prepare agenda;
  - b. coordinate meeting logistics;
  - c. monitor Advisory Committee progress and brief Chairperson;
  - d. provide and distribute background documentation on subject matter; and
  - e. communicate with the Working Group results of the Advisory Committee, and vice versa.
14. The Advisory Committee members will:

- a. provide advice to the Chairperson based on each individual Advisory Committee member's knowledge, background and expertise;
- b. provide recommendations to the Chairperson regarding the development of policy and programs;
- c. guide and inform the Working Group through the Chairperson;
- d. share expertise, knowledge and pertinent resources with other Advisory Committee members in order to achieve optimal results; and
- e. review and comment on all drafts or work in progress as requested by the Chairperson or, when so approved by the Chairperson, as requested by the Advisory Committee.