

Terms of Reference
Canadian Forces (CF) Family Health Care Working Group
Director Military Family Services (DMFS)

Overview of the Project

Background

1. The Canadian Forces (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 Working Group

5. The CF Family Working Group will be made up of a group of individuals who are stakeholders in the policy, programs and/or services in place for military families. Members will understand the impact of the health care of military family members. The Working Group will provide “hands on” contributions to the development of policy and programs to enhance support to military families in the area of health care. This shall be accomplished through committee members sharing their expertise, knowledge and experience.

Mandate

6. The Working Group is established to develop appropriate CF Family Health Care policy and programs.

Objectives

7. The objectives of the CF Family Health Care Working Group are to:
- a. assess the recommendations provided by the CF Family Health Care Advisory Committee in order to determine effective development of CF family health care policy and/or programs;
 - b. develop policy and program scope, as applicable;
 - c. formulate fundamental components of policy and programs; and
 - d. prepare draft policy and program documentation.

Length of Term/Frequency of Working Group Meetings

8. The CF Family Health Care Working Group will remain in effect from 1 Nov 08 to 31 Mar 09, unless otherwise approved by DMFS.

9. The Working Group 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.

Working Group Composition

10. The Working Group will be composed of:
- a. Chairperson: DMFS Project Manager Health Care;

- b. Membership: a maximum of 8 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 staff;
 - ii. L1 representatives;
 - iii. CF family members;
 - iv. CF community leaders; and
 - v. 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.

Role of Working Group Membership

12. The Working Group Chairperson will:

- a. serve as Chair during Working Group meetings;
- b. provide advice and guidance regarding existing MFSP Parameters for Practice policy;
- c. arrange for Subject Matter Experts to advise Working Group members;
- d. keep CF Employment Advisory Committee Chairperson apprised of Working Group progress.
- e. ensure the coordination of meetings and agenda preparation;
- f. ensure the coordination meeting logistics; and
- g. ensure the provision and distribution of background subject matter documentation.

13. The Working Group members will:

- a. contribute to the Working Group mandate and objective based on each individual Working Group member's knowledge, background and expertise;
- b. share expertise, knowledge and pertinent resources with other Working Group members in order to achieve optimal results;
- c. draft material pertaining to policy and program scope, key components and documentation; and
- d. contribute to the development of materials, initiatives, programs and policies as determined by the Working Group Chair.