



The Clinical Learning and Interprofessional Practice Unit (CLIPP)  
of the Saskatchewan Academic Health Sciences Network (SAHSN)

**Advisory Council for Clinical Education**

**Terms of Reference**

**September 2015**

**Purpose of the Council**

The Council will advise and guide the Resource Officers and Director from the Clinical Learning and Interprofessional Practice (CLIPP) unit on their work to support Educational Institutions, Health Authorities, and other stakeholders in Saskatchewan. The focus of this Council is to address the larger policy issues that affect clinical education in all disciplines. This council also serves as the HSPnet (Health Science Placement Network) management committee for Saskatchewan fulfilling requirements of the memorandum of understanding for HSPnet licensing with the PHSA (Provincial Health Services Authority).

**Responsibilities**

In a collaborative approach with Government, Post-Secondary Education Institutions, and Regional Health Authorities and other stake holders, the Advisory Council will work toward quality clinical placement experiences by promoting the following:

1. The development and implementation of common clinical placement policies where appropriate among all disciplines in consultation with the Educational Institutions, Health Authorities and Saskatchewan Cancer Agency.
2. Establishing the strategic direction, implementation and continued operation of HSPnet-SK and providing direction and guidance to the National Alliance steering committee and PHSA. This includes overseeing a local HSPnet user group committee. (See appendix B)
3. Support the expansion of provincial student clinical placements by enhancing capacity through joint policy development, optimization of HSPnet and management of issues related to Clinical placements.

**Council Processes:**

Members of the Council are responsible for:

1. Communicating back to key decision makers as appropriate in their respective constituencies (universities, colleges, and programs).
2. Following the appropriate protocol within their organization to obtain feedback before decisions at the ACCE can be made.
3. Communicating the recommendations of their organization with the other members of the ACCE, and SAHSN Director and Resource Officer.
4. Advising the SAHSN Director and Resource Officer on priorities and allocation based on organizations priorities.
5. Advising on SAHSN stakeholder communication.
6. Establishing ad hoc committees as needed and ensuring that their organizations have appropriate representation on the different committees (ad hoc committees do not need to be made up solely from the individuals sitting on ACCE – there may be more appropriate people from the different organizations depending on the goal of the committee). Ad hoc committees will be responsible to report back to the ACCE.

7. Reviewing the clinical placement agreement and attached schedules every two years or sooner as required.
8. Whenever possible/appropriate ACCE will identify and work with a project sponsor on all new projects.

**CLIPP is responsible to communicate and provide support by:**

1. Distributing the minutes of each meeting to ACCE members for distribution within organizations as appropriate.
2. Developing communication documents to assist the members of ACCE in obtaining feedback from their internal stakeholders.
3. Being available to report to respective stakeholders within the different organizations regarding decisions that need to be made and updates on initiatives underway.
4. Ensuring decisions and recommendations from ACCE are provided to the SAHSN Board for final approval.
5. Communicating outside of meetings.
6. Creating opportunity for ongoing dialogue and meeting preparation by housing all documents on the SAHSN website in which all members will have access. Members will be able to provide feedback to SAHSN on an ongoing basis by phone or email.
7. Organize and facilitate all ACCE meetings.
8. Oversee the development, implementation and evaluation of a work plan

**Reporting**

The Advisory Council will communicate through the Resource Officer and Director within the CLIPP unit.

**Membership, Composition, Structure**

A minimum of fifteen members will be appointed for a three year term with the option to renew their appointment. Appointments will be staggered. The composition of the council will be as follows:

- Two representatives appointed by the University of Saskatchewan Council of Health Science Deans (CHSD) (2);
- One representative appointed by the First Nations University of Canada (1) (This representation is only required when the University has an active health science program requiring clinical placements.)
- Two representatives appointed by the University of Regina (2);
- A representative appointed by each of the CEOs of the Saskatoon and Regina Qu'Appelle Health Regions or their designates(2);
- A representatives appointed by CEO or designate from two or more health regions outside of Saskatoon and Regina Qu'Appelle Health regions (2 or more);
- A representative appointed by each of the ministries of Advanced Education and Health (2);
- One representative appointed by each of the Deans of Science and Health and Nursing at Saskatchewan Polytechnic (2);
- One representative appointed by the Regional Colleges (1);
- The CLIPP Director and one Resource Officer as ex officio members (2).

A chair will be appointed by the group to hold an office for a two-year term.

### Meetings

Meetings will be held a minimum of three times a year. The Council may decide to meet more frequently or if the Chair calls a meeting. Videoconference and WebEx options will be made available for meetings.

### Decision making

Decision making will be based, when possible, on consensus of committee members. In the event that consensus is not achieved, a decision would be made based on a simple majority vote by members present at the meeting.

A meeting quorum is defined as 75% of the committee membership. In the event a quorum is not reached at a meeting, then members not present will be surveyed via email to vote on any decisions requiring a vote because a majority vote could not be reached during the meeting.

### Appendix A: HSPnet responsibilities according to committees for Saskatchewan

HSPnet responsibilities and tasks	HSPnet-Sk Advisory group committee	ACCE	National HSPnet Data Stewardship
Create provincial HSPnet strategic plans	√	√	
Approve strategic plans		√	
Approve provincial HSPnet budget		√	
Set expansion priorities for HSPnet-SK, within provincial share of the annual Alliance budget		√	
Review status reports from the HSPnet-SK Coordinator and/or national HSPnet Director	√	√	
Review results of monitoring as required by HSPnet policies and create or revise HSPnet-SK-specific procedures as necessary to facilitate or enforce compliance;	√	√	√
Advise the national Steering Committee on issues requiring new or revised national policy		√	
Provide advice to guide the participation of HSPnet-SK representative(s) on the national Steering Committee,	√	√	
Plan annual HSPnet user group meeting	√		
Plan content of HSPnet newsletters	√		
Discuss options for unused budgets	√		
Approve uses for unused budgets		√	
Discuss and propose enhancement ideas	√		
Approve changes to HSPnet payment		√	

schedules (i.e. how much each orgs pays into HSPnet)			
Review HSPnet national privacy policies			√
Review HSPnet data requests			√
Discuss and determine strategies for data quality	√		√
Discuss/review data privacy issues or breeches	√	√	√