

## **TERMS OF REFERENCE**

### **CLINICAL EXCELLENCE ADVISORY COUNCIL (CEAC)**

#### **MANDATE**

The Clinical Excellence Advisory Committee (CEAC) is made up of individuals with expertise in all aspects of midwifery and sexual and reproductive health. Council members will have expertise and knowledge in continuing education, credentialing and certification programs, research, and the professional development needs of midwives and other relevant health care providers. The CEAC offers strategic input, recommendations, and feedback to support the success of CAM's Promote Excellence work.

The key objectives of the CEAC are as follows:

- Advise on strategic decisions regarding the intermediate and immediate outcomes of CAM's Promote Excellence work (refer to Annex A),
- Advise and ensure the integrity and quality of all continuing professional development (CPD) offerings, including CAM Learns, annual conferences, webinars, and access to emergency skills training, and
- Provide insight and direction to the Board of Directors on the Promote Excellence pillar of CAM's Theory of Change.

#### **RESPONSIBILITIES**

##### *Advisory Council*

1. Provide strategic input to CAM's Board of Directors,
2. Provide input and recommendations to CAM staff, and
3. Promote and uphold CAM's mission, organizational values and justice, equity, diversity and inclusion (JEDI) principles in all CEAC activities, decision-making processes, and recommendations.

##### *Advisory Council Chair*

1. Develop meeting agendas together with key staff,
2. Foster open communication during meetings, ensuring all participants have the opportunity to express their views,
3. Assume responsibility for advancing discussions and decisions, addressing objections and conflict as required,
4. Ensure discussions and decision-making processes are guided by CAM's organizational values and justice, equity, diversity and inclusion (JEDI) principles, and
5. Address conflicts of interest, as required.

## **DECISION-MAKING SCOPE**

The CEAC serves in an advisory capacity to the Board of Directors. The CAM Board carefully reviews and considers all strategic input and recommendations from the CEAC in decision-making. Information is relayed to the CEAC through the Board representatives, maintaining bilateral accountability between the Board and the CEAC.

The CEAC aims to reach a consensus on its recommendations to the Board through discussion; however, if consensus is not achieved within a reasonable period, the CEAC will proceed with a vote.

## **COMPOSITION AND APPOINTMENT OF COUNCIL MEMBERS**

The Clinical Excellence Advisory Council (CEAC) is composed of four (4) to eight (8) appointed Advisors and a senior staff person responsible for the implementation of CAM's Promote Excellence work. While Advisors are not required to be members of the Canadian Association of Midwives, they must possess the skills and expertise required to fulfill the CEAC's mandate.

Each year, CAM issues a call for applications to fill vacant and open seats of the CEAC. The Governance and Recruitment Committee (GRC) reviews all applications and recommends candidates to the Board of Directors for appointment. To the greatest extent possible, the GRC considers and prioritizes applicants from equity-deserving groups and a variety of demographics to ensure diverse perspectives on both the CEAC and the CAM Board.

### *Advisory Council Chair*

The CEAC will select one (1) member to hold the position of Advisory Council Chair for a term of two (2) years. The individual selected is not required to be a Board representative.

### *CEAC Board Representatives*

The CEAC will nominate two (2) individuals from among the Council to sit on the CAM Board of Directors. While selecting members for nomination, the CEAC must consider the diverse backgrounds and lived and professional experiences relevant to CAM's work and ensure appropriate representation in the nominations.

The Governance and Recruitment Committee (GRC) will review these nominations and recommend the final candidates to the Board of Directors.

The Board of Directors is responsible for appointing the representatives to the Board and ensuring the CAM membership approves the Board slate annually.

### *Terms*

Each Advisor's term will be set at two (2) years. Terms may be renewed. As much as possible, terms will be staggered such that half of Advisors' tenures overlap.

### *Justice, Equity, Diversity and Inclusion (JEDI) Principles*

The CEAC will, to the greatest extent possible, represent diverse perspectives and contexts relevant to CAM, in keeping with the principles of justice, equity, diversity and inclusion (JEDI). Members of the CEAC must also commit to supporting diversity in all Advisory Council decisions related to JEDI, including the nomination of two (2) CEAC Board candidates.

CEAC recruitment will aim to consider the diversity of lived and professional experience, skillset, community connections, and relevant work aligned with the Board approved “Equity-Deserving and Priority Demographics List” (refer to Annex B).

Advisory members should represent a diverse set of perspectives, including:

- Educators, researchers, and subject matter experts in midwifery and sexual and reproductive health (SRH),
- Individuals with lived and/or professional experience in rural, remote or Northern regions and communities,
- Midwives or professionals working in expanded scope or a variety of practice models and settings (i.e. exemption practices, specialized population demographics, abortion care, etc)
- Professionals with expertise in SRH promotion, public health, quality assurance, accreditation, or instructional design, and
- Other relevant backgrounds to the funding, design, and delivery of national programming for midwives and SRH providers.

### *Orientation*

All appointed Advisors will receive onboarding which includes:

- A comprehensive overview of CAM’s programming and [Theory of Change](#), with an emphasis on CAM’s Promote Excellence pillar,
- A review of CAM’s Governance Structure and Advisory Councils, and Board of Directors Terms of References, and
- A review of CAM’s Governance Handbook, and all relevant policies and procedures.

## **COUNCIL MEETINGS**

The CEAC meets approximately four (4) times per year by videoconference. It is expected that Council Advisors have access to the necessary equipment to join videoconferences.

Advisors are not required to be off call to attend meetings, however measures should be taken to not miss more than two (2) meetings in a row. An Advisor who is unable to attend a meeting is asked to notify the Chair and CAM staff as soon as possible. Advisors who send their regrets are encouraged to review all relevant materials and provide written comments in advance, if possible.

In special circumstances, CAM may request input via email from the CEAC on urgent matters. CAM may also invite Advisors to participate in the organization’s strategic planning.

CEAC meeting reports will be included in Board meeting consent agenda or given verbally during the Board meeting if discussion is required. Meeting minutes of the CEAC will be made available to Board members upon request.

### *Materials & Communication*

Meeting agendas, minutes of the previous meetings, and additional supporting materials will be made available to the CEAC at least one (1) week in advance.

### *Support*

In addition to CAM's senior staff participation on the Advisory Council, administrative staff will be assigned to the CEAC to provide support with meeting logistics and minute taking. The Executive Director may participate in meetings and discussions of the CEAC, as required.

## **REPORTING**

The CEAC reports to the Board at each Board meeting via the Board representatives and provides an annual report summarizing the CEAC's activities and recommendations for the Annual General Meeting (AGM). The Board representatives will provide updates to the CEAC on Board decisions during the Council's regular meetings.

## **PROFESSIONAL CONDUCT**

All Advisory Council members are expected to act professionally, uphold CAM's values, and abide by the organization's policies. This includes complying with the conflict-of-interest policy, completing an annual conflict-of-interest declaration, and updating it when a potential or perceived conflict arises. Members who have a direct or perceived conflict of interest must recuse themselves from relevant discussions.

Advisors may not hold positions that conflict with CAM's operations, such as employment or contractual agreements with funding agencies or regulatory bodies. This restriction does not apply to midwives employed or contracted by regional or provincial health authorities for clinical care or supervision. If the CEAC determines an Advisor has a conflict of interest, the Advisor may be asked to step down.

CAM will disclose if any Advisors receive financial support from CAM.

For additional information, review CAM's Governance Handbook.

## **REMUNERATION**

Advisors do not receive payment for their service on the CEAC; however, they may be eligible for reimbursement of reasonable, pre-approved expenses related to their duties.

## **EFFECTIVE DATE**

This Terms of Reference (ToR) shall be reviewed every two (2) years by the CEAC, with any recommended changes submitted to the Board for approval.

FINAL VERSION APPROVED APRIL 3, 2025

## Annex A: CAM's Logic Model

Ultimate Outcome					
1000. Equitable access to excellent sexual, reproductive & newborn midwifery services for everyone					
Intermediate Outcomes					
<b>ADVOCACY</b> <b>1100.</b> Governments, donors and stakeholders enhance sexual and reproductive health and rights (SRHR) related policies and investments in midwifery in Canada and globally, including for equity-deserving groups and underserved areas.		<b>PROMOTE EXCELLENCE</b> <b>1200.</b> Midwives deliver quality care that is evidence-based, rights-based, inclusive, anti-racist, culturally safe, and environmentally sound.		<b>ASSOCIATION STRENGTHENING</b> <b>1300.</b> Midwifery associations carry out their mandate effectively to advance the profession of midwifery and deliver relevant programming.	
Immediate Outcomes					
<b>INCREASE AWARENESS &amp; VISIBILITY</b> <b>1110.</b> Relevant government stakeholders demonstrate an increased understanding of midwifery and its contribution to SRHR outcomes in Canada and globally.	<b>INFLUENCE POLICY &amp; PROGRAMMING</b> <b>1120.</b> Midwifery associations engage in more strategic advocacy to influence SRHR policy development and programming.	<b>IMPROVE AVAILABILITY OF CPD &amp; RESOURCES</b> <b>1210.</b> Midwives improve their skills and competencies to equitably respond and adapt to diverse client needs.	<b>IMPROVE UPTAKE OF CPD &amp; RESOURCES</b> <b>1220.</b> Midwives increase their utilization of professional development opportunities and resources offered through CAM.	<b>INTERNAL STRENGTHENING</b> <b>1310.</b> CAM strengthens its leadership, organizational effectiveness, internal structures, and values centered approach, to carry out its mandate.	<b>EXTERNAL STRENGTHENING</b> <b>1320.</b> Member and partner associations strengthen their capacity to build partnerships, engage with members and governments and implement programming.

## Annex B – Equity-Deserving Groups & Priority Demographics

*\*should make up 50% of the CAM Board of Directors*

Representation of Equity-Deserving Groups	Representation of Demographical Diversity
<ul style="list-style-type: none"> <li>• Indigenous from Turtle Island (First Nations, Inuit, Métis)</li> <li>• Black</li> <li>• People of colour</li> <li>• Racialized not otherwise included (Indigenous from other region, ethnic minority)</li> <li>• 2SLGBTQI+</li> <li>• Francophone</li> <li>• Disability (visible, invisible)</li> <li>• Immigrant</li> <li>• Intersectional identities</li> </ul>	<ul style="list-style-type: none"> <li>• Rural/Remote/Northern/Urban midwives</li> <li>• Foreign-trained midwives</li> <li>• Employee/Self-employed model midwives</li> <li>• Regulated/Community trained/Traditional Indigenous midwives</li> <li>• New registrants</li> <li>• &lt; 5 years of practice</li> <li>• Midwifery students</li> <li>• Midwife educators</li> <li>• Full spectrum SRH midwives (i.e. abortion provision)</li> <li>• Specialized practice midwives (HIV clients, substance use, etc)</li> <li>• Midwives from low-capacity jurisdictions</li> </ul>