

## **WRHA Population and Public Health Staff Development Working Group Terms of Reference**

### **1. Background**

The WRHA PPH Staff Development Working Group supports workforce learning and capacity building through collectively determined goals and activities. Staff development is intended for all staff, disciplines, and program teams within Population and Public Health (PPH) including: administrative staff, nurses, family first home visitors, managers, program specialists, coordinators, healthcare attendants, medical officers of health, outreach workers, public health dietitians, epidemiologists, and initiative leaders; as well as staff from partnering program (such as community facilitators) who may attend staff development activities. The staff development goals are informed by broad principles and strategic approaches of public health and the [core competencies for public health](#).

### **2. Purpose**

The purpose of the WRHA PPH Staff Development Working Group is to:

- support collective workforce cohesion, program identity, and shared values,
- support learning opportunities and capacity building

### **3. Scope**

The staff development working group will:

- identify collective staff development goals with input from PPH program, practice councils, staff development debriefs and evaluations, or other modes
- develop the annual plan
  - e.g., 2019/20: two team activities and annual PPH program event, unless otherwise approved by PPH program leadership
- contribute to development of content and activities in collaboration with content experts
- support the implementation of the staff development annual plan through collective cooperation of all PPH program staff
- evaluate staff development activities

Staff development is aimed at increasing knowledge for the entire diverse staff team of the program. The broad scope of roles and job functions across PPH means that translating the knowledge into action is not a singular approach. The wide audience and format does not lend itself to group action planning. Individual practitioner and teams are encouraged, and are better situated, to apply the high-level concepts and reflection to their own practice and specific team functions.

Staff education, development, and capacity building are not limited to the activities identified by the Staff Development Working Group. There are multiple ways PPH staff have access to individual professional development, clinical skill building, specific health service content, and technological skill development (e.g., orientation, individual learning plans, external training opportunities, regional mandatory training).

The activities of the PPH Staff Development Working Group do not replace, and instead compliment, the expectation and opportunity for practitioners to engage in professional development. The intent of PPH Staff Development is not to meet all professional development needs.<sup>1</sup>

#### **4. Roles**

The Staff Development Working Group consists of members from across the PPH program (see membership). Members represent their disciplines (or team) and the expectation is that they support knowledge exchange by communicating and gathering input to support staff development activities. Members may play different roles on the Working Group as per their expertise. Some members are ad hoc advisory e.g. content knowledge keepers.

#### **5. Governance and Decision Making**

The Staff Development Working Group will make recommendations using a consensus decision-making approach. This approach ensures every member has input into the recommendation and can live with and support the recommendation once made. During this process:

- Each member has the right and obligation to make their opinion known to the committee;
- All members contribute;
- Everyone's opinion is heard and encouraged;
- Differences are seen as helpful;
- All members share the final recommendation; and
- All members agree to take responsibility for follow-up of the final recommendation.

Consensus opinions of the Working Group will weigh heavily on the final decisions around staff development goals and activities, as supported by PPH program leadership (Director, Medical Director).

#### **6. Membership**

*Co-Chairs:* Clinical Nurse Specialist & Population Health Equity Initiatives Leader

*Members:*

Families First Home Visitor

Public Health Coordinator

Public Health Nurse

Community Facilitator

Team Manager

Program Specialist

Public Health Dietitian

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<sup>1</sup> For example, the Canadian Nurses Association [website](#) states Nurses are accountable for providing competent care, which means they must maintain and continuously enhance the knowledge, skills, attitude and judgment required to meet client needs in an evolving health-care system.

The Co-chairs will invite Ad Hoc Members and guests as needed.

## **7. Resources and Support**

- Administrative support for annual staff development event
- Budget and allocations for annual staff development day event

## **9. Meetings/Teleconferences**

- Meetings occur monthly, or as called by the co-chairs
- Minutes will be considered final upon approval by members
- Minutes taken on rotating basis

## **11. Terms of Reference**

The terms of reference will be reviewed annually. Amendments and revisions to the TOR can be made as required, as determined by the co-chairs.