

Governance Policies and Procedures

Policy: Nominations and Elections Policy	
Policy Number: G 6.9	Section: Governance Processes
Board of Directors Approval Date:	

INTRODUCTION:

Following from the AFHTO bylaw requirements for the composition, nomination and election of the Board of Directors, this policy specifies procedures for nominations and elections.

POLICY:

The AFHTO By-laws requires the Board of directors to nominate people for election to the Board. In so doing, “the Board shall ensure a minimum of eleven (11) Directors are from Member entities, and endeavour to have Directors from all governance types of Member entities (e.g., Physician Led, Community Led, Mixed, Nurse Practitioner-Led Clinic, etc.), from different professions involved in Member entities, and from different regions of Ontario”. The Board may also consider “the inclusion of no more than three (3) Directors who are not associated with a Member entity, but who have an interest in interprofessional comprehensive primary care and whose skills or expertise are, in the opinion of the Board, useful to the Corporation”.

To ensure a process that is accessible by all who are associated with AFHTO-member organizations, and results in the best possible mix of individuals to comprise an effective Board:

- Through its Governance Committee, the AFHTO Board will issue a call for nominations to the Board to all member organizations.
- Through its Governance Committee, the AFHTO Board will share the call for nominations to the Board with stakeholder groups and external expertise as appropriate.
- The AFHTO Board will put in place and maintain a Board Competency Matrix to be used by the Governance Committee to evaluate nominees.
- Through its Governance Committee, the AFHTO Board will determine the slate of candidates that best meets the requirements of the AFHTO Bylaw and the Board Competency Matrix.
- Governance Committee will ask each nominee who is NOT recommended for the slate if they wish to proceed with having their name go forward on the election ballot.
- At the annual general meeting (AGM), the Board will present its recommended slate:
 - If none of the additional nominees want to proceed, then voting delegates would be asked to ratify the slate as recommended.
 - If one or more do want to proceed, an election will be held at the AGM.

The AFHTO Bylaw also states that no Board of directors “may be elected for more terms than will constitute nine (9) consecutive years of service”. Recognizing that the date of the AGM may vary from year to year for the purpose of clarity, a “year of service” is defined as the period from one AGM to the next AGM, regardless of the actual date of that AGM.

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Related forms:

- AFHTO Board Competency Matrix (G 6.9a)

Related information:

- [AFHTO By-Laws No. 10](#)

Revision dates:

February 27, 2019

August 31, 2021

May 31, 2023

Governance Policies and Procedures – G 6.9a

AFHTO Board Competency Matrix

Section 1: KNOWLEDGE/EXPERTISE:

(Strive to ensure that each of the following attributes is evident in one or more members of the Board)

Governance	Governance	Demonstrated experience of governance principles and practices
	Financial Literacy	Financial literacy is the ability to understand conceptually the financial position of the organization as presented in its financial statements
	Enterprise Risk Management	Demonstrated ability to think critically about operational and governance issues to ensure the effective management of potential opportunities and adverse effects
Influence	Advocacy	Demonstrated ability to communicate a position to the intended audience
	Government Relations	Understanding of the workings of government and ability to access government officials
	Public Policy	Knowledge of how public policy is developed
Perspective	Strategic Planning	Strategic understanding of trends and broad business issues, including new developments in healthcare, and the role of the Association in the health care system in Ontario
	Systems Thinking	Understands the reasons for ongoing organizational and system behaviour, and the underlying problems, opportunities or political forces affecting the Association and the health system
Health System issues	Quality and Safety	Demonstrated experience of monitoring/evaluating quality and safety initiatives
	Health system organization, governance and accountability	Demonstrated understanding of the principles and structures for organizing and governing the health system and entities within the system, and mechanisms for maintaining accountability and monitoring performance.
	Health Care Funding, Administration	Understanding of the principles and process of funding for primary health care and the administration of funding relationships – including funding for Family Health Teams and family physician models – in the context of overall health system funding.
	Health information and technology	Experience in using EMRs and other technology to improve care delivery and patient experience. Solid understanding of health information systems and use of data.
	Human Resources Strategy	Experience in planning and implementing human resource strategies in a health care setting

Section 2: BALANCED REPRESENTATION OF PRIMARY CARE TEAMS, TEAM MEMBERS AND EXTERNAL EXPERTISE:

(Strive to ensure appropriate representation and balance across the below criteria)

Team Based Model	Family Health Team	
	NPLC	
	Other – CHC, MICC etc.	
Regions of Ontario	North	North West, North East
	East	Central East, South East, Champlain
	Toronto	Toronto Central
	Central	Mississauga Halton, Central West, Central, North Simcoe Muskoka
	West	Erie-St. Clair, South West, Hamilton Niagara Haldimand Brant, Waterloo Wellington
Professions working within the team	Administrators	
	Physicians, Nurse Practitioners	
	Other IHPs	
Stakeholders, external partners, or affiliates, within entities who have an interest in interprofessional comprehensive primary care and whose skills or expertise are, in the opinion of the Board, useful to the Corporation.	Other (including external stakeholders, partners, or individuals with interest and/or expertise in interprofessional comprehensiveness primary care)	

Section 3: PERSONAL CHARACTERISTICS

(Applicable to all Board members)

Available to participate in Board meetings and committees	Has sufficient availability to prepare for and attend meetings
Collegial	Able to work well with others, able to provide critique in a respectful manner, able to listen to those whose opinions differ from one's own
Committed to Continuous Improvement	Knowledgeable about the principles of change management; Experience with business transformation; (e.g. Lean, implementation of mergers and acquisitions)
Committed to the success of the Association	Knowledgeable about and dedicated to the Association's vision, mission and values
Collaborator / Consensus Builder	Able to see different perspectives and assist in identifying the common ground
Community Oriented	Has a history of reaching out beyond self and team to consider, assess and work toward meeting needs of broader communities.
Creative / Innovative	Able to discern and propose responses or approaches to issues that are different from those already identified
Demonstrated continuous learning	Has undertaken specific activities in the recent past that show a commitment to life-long learning
Effective Communicator	Able to articulate in a manner consistent with the requirements of the situation
Integrity	Ability to act consistently in accordance with a value system
Leader/Motivator	Experience enabling a group to meet its objectives
Respects, and relates well to, people of diverse backgrounds	Demonstrated ability to act appropriately with people from different perspectives, backgrounds, sectors, education levels, etc.
Sound Judgement	Demonstrated analytical ability applied appropriately in a variety of situations
Strategic Thinker	Demonstrated ability to think critically about systemic issues
Visibly takes ownership of and supports decisions of the Board	Outside Board meetings, speaks and acts in support of the actions taken by the Board, even when not in agreement with the specific decisions