

**MEDICAL DIRECTOR – KIDNEY SERVICES (Joint Position)**  
**HEALTH AUTHORITY RENAL PROGRAM**  
**and**  
**BC RENAL**

***Revised in May 2025***

This role description will be reviewed each fiscal year with a more thorough evaluation at the end of the current BC RENAL strategic plan (March 31, 2028).

**ROLE SUMMARY**

The Medical Director – Kidney Services (MD-KS) provides medical leadership and direction for the continuum of kidney services. The role is the essential link to enhance communication and collaboration between the HEALTH AUTHORITY RENAL PROGRAM (HARP) and BC RENAL. This position holds dual accountability to their respective Health authority, and facilities within them, and BC RENAL. All activities and behaviours will be in accordance with the institutional, professional and organizational policies and by-laws.

As a key leader within the Health Authority, the MD-KS advocates and facilitates:

- effective cross-functional teams to optimize and coordinate patient care of kidney services within HARP;
- adherence with standardized best practices;
- implementation of provincial initiatives within the Health Authority and facilities;
- collaboration with the MD-KS dyad partners (i.e., Renal Administrator) to provide support and address priorities; and
- alignment of kidney services to HARP and BC RENAL strategic plans.

A detailed outline is available in the “RESPONSIBILITIES” section.

**FUNCTIONAL WORKING RELATIONSHIPS**

The MD-KS works in close collaboration with their Health Authority leadership colleagues, including the Manager, Director, and/or Executive Director of the HARP, as well as the regional and provincial clinical teams.

In terms of reporting, the MD-KS reports to the Executive Director of BC RENAL, as well as their respective Health Authority’s reporting structure. Additionally, the MD-KS is subject to a performance management review with the Executive Director of BC RENAL. It is strongly advised that the MD-KS complete a performance management review within their respective health authority leadership structure.

To ensure a cohesive and collaborative approach, it is strongly advised that the MD-KS establish a formal reporting relationship with the Health Authority’s Vice President of Medicine. The relationship is useful for addressing key issues that are related to but extend beyond nephrology, such as medical care concerns, support for e.g., vascular or other related kidney disease surgery, medical professional standards, and the recruitment of medical staff.

## RESPONSIBILITIES

Given the depth and breadth of this position, selection of the appropriate individual is essential to ensure all responsibilities associated with the role are fulfilled effectively.

### Communication and Engagement

- Active engagement with the Nephrology Program Site Leads to facilitate and inform kidney care across HARP:
  - Invite the Nephrology Program Site Leads and regional Division Heads (if separate) to applicable regional and executive regional group discussions;
  - Invite the Nephrology Program Site Leads to participate in regional communication and engagement processes; and
  - Liaise with the Nephrology Program Site Leads and BC RENAL to maintain bidirectional communication.
- Have regular check-ins with the Nephrology Program Site Medical Leads, regional nephrologists, and BC RENAL, so that knowledge about specific issues or opportunities are well understood by all.
- Participate and have standing meetings with the regional operational health meetings.
- Support the Health Authority with the development and oversight of other groups (e.g., vascular access, surgical access, etc.) including but not limited to specific areas, disciplines, or for specific tasks, when needed.
- Support Health Authority members of the kidney community, when requiring the expertise of the MD-KS, and provide direct communication to them to disseminate information.
- Seek nephrologist representation/and appropriate membership from the Health Authority to be on local and provincial committees as required. The process may involve participation in the selection of kidney clinical care providers for committee work within, and between, the Health Authority and BC RENAL.
- Coordinate with the kidney transplant program in Vancouver General Hospital and St Paul's Hospital, given the overlapping communication, and patient groups.

### Provision of Care

- Support and champion the development of quality improvement and quality assurance programs, and the ongoing monitoring of provincial standards of patient care; The MD-KS reviews data and provides necessary input to support institutions in achieving the defined and benchmarked standards. The standards ensure care delivery is safe, timely, culturally appropriate, effective, efficient and appropriate for the needs of the kidney patients.
- Advocate that kidney care is delivered in an integrated fashion (within and across programs) while maintaining the focus of effectiveness and efficiency.
- Facilitate the development of a beneficial relationship with the other members of the integrated team. Suggestion to have regular meetings with the integrated teams to examine safety and effectiveness. Discussions include the above metrics with the rest of the team in co-leading fashion.

- Collaborate with the kidney clinical, administrative and leadership teams to provide guidance on resolving care delivery issues brought forth by the Nephrology Program Site Leads and members of the HARP.
- Advocate to the Health Authority to ensure kidney clinical team members have access to training that supports the delivery of culturally appropriate care to patients.
- In response to any emergencies, supports coordination and collaborates with the Health Authority Renal Director and BC RENAL, where applicable, in accordance with the HARP and provincial disaster plans. In urgent situations (e.g., pandemic) the MD-KS are involved in the operationalization of issues.

### Strategy and Policy

- Support the development and implementation of the HARP strategic plan.
- Advocate and collaborate with the HARP and BC RENAL to ensure kidney services are aligned with both strategic plans.
- Collaborate with the Health Authority Renal Administrative Director, executive sponsor, other Health Authority leadership colleagues and BC RENAL to advocate for an effective structure and organizational work plan to meet the needs of the HARP. This can include regular meetings, usually of a core group with respect to strategic issues.
- Responsible for approving and providing an annual list of physicians who have access to BC Renal-funded HARP resources (services funded by BC Renal and provided by HARP such as KCC clinics, HD/PD/HHD services, and formulary medications). Physicians who do not have approval, but want patients to have access to BC Renal-funded HARP resources must refer to approved Health Authority nephrologist/establish a 'shared care' model. HD/PD patients must be under the care of an approved nephrologist. Physicians are expected to follow protocols/guidelines and ensure responsible use of resources.

### Resource Allocation

- Collaborate with the Renal Director and/or Manager of the renal program(s) to ensure fair and equitable use of funding that may exist for QI projects and education through provincial contracts. Identifies potential overlap between the Health Authorities and provincial initiatives, and fosters collaboration as appropriate to avoid duplication of projects. The MD-KS is one of the approvers for the disbursement of the funds.
- Maintain working knowledge of the financial status of the HARP and work to support alignment with the Renal Resource Management Model (RRMM). Through these efforts, advocate for equitable distribution of resources, and bring attention to gaps in kidney patient care or misalignment of resources.

### Workforce Planning

- Working with the Health Authority leadership colleagues to support the development of the regional health workforce planning.
- Collaborate with the Renal Director and/or Manager in the interview process for health authority nephrologists, and ensure the hired nephrologist understands the working relationship between BC RENAL and the HARPs.

## TIME COMMITMENT AND COVERAGE EXPECTATION

The MD-KS is expected:

- To participate at the regularly scheduled (monthly or bimonthly) BC RENAL Medical Directors meeting;
- To participate at the annual Consensus meeting;
- To participate at the two (2) BC RENAL Medical Advisory Group meetings per year;
- To attend the two (2) BC RENAL Executive Committee meetings per year; and
- To be involved in the coordinating and facilitating activities outlined in the “RESPONSIBILITIES” section: this includes but is not limited to
  - Regular meetings with Nephrology Program Site Leads
  - Regular meetings with Administrative Leads
  - Regular meetings with Executive Sponsor

In the event of the MD-KS absence, MD-KS will delegate and choose an Acting MD-KS (a nephrologist within their respective Health Authority) to fulfill administrative duties, if necessary, and be available for emergency response.

## COMPENSATION

BC RENAL is committed to provide an annual salary as per BC RENAL’s funding policy towards the MD-KS salary. The MD-KS receives additional remuneration from the HARP.

## TERM OF APPOINTMENT

The terms are set between the MD-KS and their respective Health Authority.

In order to accomplish the goals and responsibilities of the MD-KS, it is strongly recommended that the initial appointment is for a period of five (5) years with the possibility of extension for a two (2) year period.

In the event that the MD-KS or health authority chooses to not renew the contract, it is recommended that there be a minimum of six (6) months of overlap between the departing MD-KS and their replacement to ensure a smooth transition and adequate knowledge transfer.

## QUALIFICATIONS

The MD-KS will:

- Be a registered member in good standing of the College of Physicians and Surgeons of the Province of British Columbia and conduct his/her practice of medicine consistent with the conditions of such registration.
- Be a member of the medical staff of the health authority and HARP.
- Will abide by the code of ethics of the Canadian Medical Association as adopted by the College of Physician and Surgeons of British Columbia.
- Be a licensed adult nephrologist for the adult renal program and a licensed pediatrics nephrologist for the children program for a minimum of five (5) years.
- Have leadership training and/or experience at the regional or provincial level is valued.
- Have a good understanding of the provincial renal organizational structure.
- Have collaborative leadership style, strong communication skills and excellent interpersonal skills.

## SELECTION PROCESS

The Health Authority is responsible for advertising, recruiting, and selecting the appropriate individual. To encourage a collaborative process of involved parties, during the selection process, it is recommended that the panel include members of the Health Authority executives, BC RENAL and HARP members, and Nephrology Program Site Leads.

## TERMINATION

Either parties involved, MD-KS or Health Authority, may terminate the Agreement based on the terms set between the MD-KS and their respective Health Authority.