

MEDICAL ADVISORY GROUP

Originally ratified: February 2005

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TERMS OF REFERENCE

BACKGROUND:

BC Renal plans, coordinates and funds healthcare services for patients with kidney disease in BC. It is the hub of a unique network model, designed to improve kidney patients' quality of life and outcomes, to support sound fiscal management and system sustainability, and to act as a catalyst for research, knowledge translation and innovation.

BC Renal leads a range of committees and working groups, with representation across health authorities and disciplines, to ensure timely communication, appropriate input and involvement in decision making.

The BCR Medical Advisory Group (MAG) ensures a diversity of physician voices are considered in decision making, supports knowledge translation and quality, evidence-based care, and provides a forum for education and ongoing professional development for both new and experienced physicians regarding clinical care, the renal network and health systems improvement.

Category	Description
<p>1. Purpose</p>	<p>On behalf of BCR, to provide advice and counsel on the practice of nephrology to nephrology colleagues (physician and non-physician), health authorities and other interested parties.</p> <p>As delegated by the BC Renal Executive Committee – a Regional Quality Committee approved and authorized by the Boards of the Provincial Health Services Authority and the BC Health Authorities and Providence Health Care – to evaluate, control and report on clinical nephrology practice in a hospital / health authority / multiple hospitals / health authorities, including community dialysis units (CDUs), in order to continually maintain and improve the quality and safety of patient care in the hospital(s) / health authority(ies), or otherwise perform a function for the appraisal and control of the quality of patient care in the hospital(s) / health authority(ies).</p>

2. Responsibilities

1. To provide the opportunity, at each regular meeting, for a report of activities and issues from each health authority.
2. On request, to provide advice to nephrologists and health authorities regarding policies and standards of care for nephrology practice.
3. To support the development of practice guidelines and related tools specific to the BC context.
4. To appoint subcommittees, as deemed necessary by BCR and/or MAG, for the supervision, review and analysis of clinical work by nephrologists or other specialists (pharmacists, etc).
5. To appoint and support the MAG-appointed chair of each subcommittee to ensure it meets, fulfills its responsibilities and prepares written meeting minutes for reporting to the MAG and the BCR Executive Committee as appropriate; this is for the purposes of accountability and clarity of communication within the community.
6. To receive, consider and act upon the reports and recommendations of subcommittees, individual nephrologists, and other committees within and outside BCR who may require the input of nephrologists specifically.

	<ol style="list-style-type: none"> 7. To receive reports, consider and act on recommendations respecting teaching programs and research projects of the BCR and its affiliates. 8. To report to the Executive Director of BCR and, as required, to the Executive Vice President, Clinical Policy, Planning & Partnerships Vice President of PHSA, concerning the practice of nephrology and standards of care on behalf of the BCR. This may include the identification of (and reasons for) deviations from recognized standards of care, and to recommend steps to reduce unexplained variations in patient care, so as to ensure good understanding by all of the practice of nephrology. 9. To advise as necessary the various committees and working groups of BCR. 10. To advise as necessary the Executive Director of the BCR and the PHSA Executive Vice President (EVP), Clinical Policy, Planning & Partnerships in all matters pertaining to the professional, quality and ethical standards and clinic and technical services rendered on behalf of the renal community. 11. Such other duties and responsibilities as may periodically be requested by BCR, PHSA, or the larger renal community. 12. To ensure communication of BCR-related activities to the medical community. 13. Ensure quality and safety of care by reviewing and reporting on critical incidents and resulting actions that may have provincial ramifications, as well as reviewing and reporting on quality of care in general. 14. Perform risk management functions by sharing critical incidents and resulting actions that may have provincial ramifications in order to avoid / reduce similar future incidents.
<p>4. Deliverables</p>	<ol style="list-style-type: none"> 1. Regular communications re: activities to the BCR Executive Committee 2. Regular communication to the BC nephrology community 3. Organization as necessary of extraordinary meetings of the nephrologist community

<p>5. Composition and appointment process</p>	<p>The BC Nephrology Physician Community (BCNPC) will appoint the members of the Medical Advisory Group (MAG) from each health authority constituency of nephrologists. Membership of MAG will include the Medical Directors, Kidney Services, Chairs of BCR provincial committees and up to two additional representatives from each health authority, as follows:</p> <ul style="list-style-type: none"> Fraser Health (2) Island Health (2) Interior Health (2) Northern Health (1) Vancouver Coastal Health/Providence Health Care (2) BC Children's (1) BCR Executive Director (non-voting) Senior Medical Leads, Provincial Quality and Networks (2)
<p>6.. Reporting Relationships</p>	<p>The MAG will be chaired by one of the Sr Medical Leads, for a term of three (3) years, to a maximum of 2 terms, with each term commencing on Jan 1. This can be renewed for a period of 2 additional years. There should be a clear succession plan. The co-chair will be elected from HA leadership, to serve in a facilitated role for a period of 3 years. The chair and co-chair should not be from the same health authority. The MAG reports to the BCR Executive Committee.</p>
	<p>Members should hold office for at least 2 years, and have a succession plan; in order to avoid complete committee turnover, a staggered change of HA representation will take place.</p> <p>The Chair, or designate, will attend all meetings of the Executive Committee, and will represent the MAG in that capacity at those meetings.</p> <p>.</p> <p>For all members, odd number year teams are also permissible, and may be of value in staggering.</p>

For its quality and safety assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the Medical Advisory Group is accountable, through the chair, to the BC Renal Executive Committee, and, subsequently, through the BC Renal Executive Director / chair of the Executive Committee, to the PHSA board of directors, and each of the other BC health authority boards of directors (VCH/PHC, FHA, IHA, NHA, VIHA). Reports from the committee will be presented annually or as required:

1. Records created by, or produced for, the Medical Advisory Group are restricted for use only as directed by the Medical Advisory Group.
2. Documents created by or for the Medical Advisory Group are to be headed "Privileged and Confidential: For Quality Improvement Purposes", or otherwise indicated as "For Use by the BC Renal Medical Advisory Group".
3. Records that are not created specifically by or for the Medical Advisory Group (e.g. the original health authority record) are not restricted from disclosure by the group, but are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA), and PHSA policy on access to records.

Discussions and information shared regarding the clinical practices and quality improvements under review are held in strict confidence by committee members.

	<p>notice of each meeting to all voting members of the MAG and to the Executive Director of BCR. Meetings may be for information or for decision making; a quorum is required for decision making votes.</p> <p>The administrative coordinator of the meeting will record minutes of that meeting, including the names of all persons in attendance. Each voting member of the MAG must attend at least 2/3 of all regular meetings. The BCR Executive Director, in consultation with the Chair, will have the right to remove any voting member of the MAG who does not meet this attendance requirement. To facilitate communication, conference or video calls instead of face-to-face meetings will be organized as needed.</p> <p>Quality and safety reviews under the Section 51 of the BC Evidence Act shall be maintained as “Privileged and Confidential: For Quality Improvement Purposes”. This part of the meeting that is performing the quality and safety assurance function shall be recorded “in camera” separately in the meeting minutes.</p>
8. Quorum	A quorum for all meetings of the MAG will be a majority of the voting members. If within 30 minutes from the time appointed for a meeting a quorum is not present, then the meeting will defer any voting issues and continue on with other business that does not require voting.
9. Voting	Each voting member of the MAG present will have one vote at all meetings of the MAG. No voting member has the right to vote by proxy. The Chair will have a second or casting vote in the event of a tie. The Executive Director, BCR, is not a voting member.
10. Remuneration	In recognition of the time away for meetings, the MAG members will be compensated for 1 sessional (3.5 hours) and expenses related to travel to the BCR. The Chair, if not the Senior Medical Lead, is entitled to a yearly payment of \$10,000. While it is recognized this is not complete remuneration for time spent, this at least partially offsets the potential loss of income time dedicated. The value of the MAG should be seen by all nephrologists and so this activity is construed as a professional obligation and commitment. Note is made that most MAG are not reimbursed at all.
11. Communications	Members of the MAG will represent their regions/health authorities with respect to issues related to renal care. As such representatives, they will need to be a member of the Health Authority Renal Program in their HA, and communicate regularly with medical and allied health, or administrative members of the renal team(s) in their region, as appropriate. Members of the MAG will be elected/selected by their peers from the renal health authority.

12. BCR Staff Support	<p>BCR administrative staff will ensure minutes and pertinent communications are sent to members or others in a timely manner under the direction of the chair.</p> <p>BCR administrative staff will provide organizational and administrative support to the BC Nephrologists' Dinner. <i>See BC Nephrologists' Dinner procedure.</i></p> <p>The BCR Leadership Team will be accessible as a resource for the MAG as required.</p>
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