BC Renal Glomerulonephritis Advisory Panel

Terms of Reference

Last updated: August 2026

Category	Description
1. Purpose	**The BC Renal Glomerulonephritis Advisory Panel is an initiative of the BC Renal Network (BC Renal, BCR) whose overall goal is to identify, implement and evaluate health care programs and health policy initiatives that target patients with glomerulonephritis (GN), and to ensure communication of such activities to relevant stakeholders. The BCR GN Advisory Panel falls within the mandate of the current BCR infrastructure because patients with GN have been identified as unique in that they represent a rare and high-risk subpopulation of CKD patients who will benefit from provincial infrastructure support.** A fundamental purpose of the BCR GN Advisory Panel is to integrate information, research, and clinical activities, so that systematic evaluation of GN-related initiatives is possible in real time. Specifically, the BCR GN Advisory Panel will describe the number of GN cases in BC, clinical outcomes, and health utilization. The BC GN Registry, embedded within existing BCR information systems (PROMIS), has been established to facilitate data capture. As of March 1, 2013, prospective data on patients with GN in BC is being captured as of the time of kidney biopsy. In more specific terms, the advisory panel's purpose is: • To facilitate the identification, implementation and evaluation of clinical care programs and health policy initiatives that improve the care of patients with GN in BC in a financially sustainable fashion. • To ensure knowledge translation of such initiatives to key stakeholders, including patients and physicians. • To facilitate prospective capture of important information in the BC GN Registry (e.g., clinical, laboratory, pathology, and outcome data) which is necessary to support the goals of the BCR GN Advisory Panel, and to promote data capture through a sustainable infrastructure that leverages existing resources. • To ensure awareness and promotion of information generated from the BCR GN Advisory Panel, and to promote research in the field of GN. • To monitor and provide information to the provincial renal community regarding the incidence, prevalence, outcomes, and health care utilization of patients with GN. • To review and report on quality of GN care in general.
2. Accountabilities	• Health services specific to patients with GN. • Educational initiatives regarding GN targeting key stakeholders.

	• Data capture and reporting on patients with GN, using the BC GN Registry.

3. Responsibilities	• To facilitate evidence-based clinical management and treatment of glomerular diseases for patients throughout the province through development and utilization of standardized tools.
	• To develop and implement a set of knowledge translation activities for physicians, patients and other stakeholders.
	• To ensure accountability and transparency regarding outcomes of patients with GN.
	• To promote research in glomerular diseases through access to:
	  ○ Clinical trials.
	  ○ Investigational medications.
	  ○ Observational cohort studies.
	• To provide guidance and oversight to provincial GN initiatives that relate to the above-stated goals, and to ensure implementation of such initiatives.
	• To appoint, as necessary, work groups as the advisory panel deems necessary to address specific initiatives related to the above-stated goals.
	• To receive, consider and act upon recommendations related to GN that are received from the above-stated work groups, other advisory panels within BC Renal, and other health care providers outside of BC Renal.
	• To provide advice regarding the capture and utilization of data for patients with GN in BC.
	• To exercise, by delegation, the quality-of-care functions of 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 – in respect of quality-of-care matters within the scope of the BCR GN Advisory Panel.

4. Deliverables	• To provide regular communication to the provincial nephrology community regarding the activities of the BCR GN Advisory Panel. • To provide regular updates to the BCR Leadership Team regarding the activities of the BCR GN Advisory Panel. • To develop mechanisms by which regular data presentation and review can be conducted with the provincial nephrology

	community regarding the incidence, prevalence, health utilization and outcomes of patients with GN in BC.
5. Composition and Appointment Process	The BCR GN Advisory Panel shall consist of the following, to the extent possible and practical (which do not need to be mutually exclusive): • A member from each of the following BCR advisory panels and groups: Medical Advisory Group (MAG), Pharmacy Services Advisory Panel (PSAP), Kidney Care Advisory Panel (KCAP). • The BCR Executive Director. • A member from each BC health authority. • A representative from PROMIS. • A representative from BCR's Analytics and Methodology team (statistician). • One-two members experienced in GN research and/or other research-related fields. • The BCR GN Advisory Panel Chair (who is also the GN Advisory Panel and GN Registry Medical Lead). • Representatives from Laboratory Medicine and Pathology. • Representatives from Rheumatology and Obstetric Medicine (if available). • Other health care providers with an interest in GN, including physicians, pharmacists, IT specialists, statisticians, etc.
6. Chair and Reporting Relationships	The Medical Lead of the BCR GN Advisory Panel and GN Registry will be the Chair, reporting to the MAG and the BCR Leadership Team quarterly. The Chair will be appointed for a term of 5 years, with the right to be reappointed by a simple majority of votes under the conditions of quorum, and without limitation on the number of terms served.
7. Duties of the Chair	• Organize and chair the BCR GN Advisory Panel meetings every 6 months, or as required. • Provide leadership for the GN Advisory Panel projects and operations.
8. Duties of the Advisory Panel Members	• Act as representatives of their respective health authority, BCR advisory panel or group or other appropriate specialty groups. • Communicate with such groups regarding the activities of the GN Advisory Panel.
9. Meetings	The BCR GN Advisory Panel shall meet at least every 6 months, or more frequently as needed, either in person or by videoconference.

	Notice of such meetings shall be initiated by the Chair. Minutes of each meeting will be kept and circulated. Each voting member of the advisory panel shall attend at least 2/3 of all meetings, virtually or in person as appropriate. The BCR Executive Director, in consultation with the Chair, may remove any voting member who does not meet this attendance requirement. Work group meetings may be more frequent.
10. Quorum	A quorum shall be defined as the majority of the voting members present at a meeting within 20 minutes of the scheduled meeting start. Failure to meet quorum shall result in deferral of the meeting.
11. Voting	Each voting member has one vote, and must be present in person or by videoconference to vote. No votes by proxy will be allowed. The Chair is allowed a second vote in the event of a tie. All initiatives must pass by a majority of votes. The BCR Executive Director will not be a voting member.
12. Remuneration	There will be no remuneration for membership in the advisory panel.
13. Communications	Members of the advisory panel shall represent their health authorities, BCR advisory panels or other specialty groups in issues related to GN. Members shall communicate regularly with their respective groups regarding activities of the advisory panel.
14. BC Renal Support	Recognizing the GN Advisory Panel's data-centred and data-driven approach, BC Renal will provide the necessary project management and analytics/statistical support to the advisory panel, its operations, and projects. BC Renal will also provide administrative support to the advisory panel, to facilitate the coordination and operation of the advisory panel activities as needed under the direction of the Chair, and ensure minutes and communications are distributed to members in a timely fashion.
15. Section 51 Considerations	For its quality assurance activities for which reporting is restricted by Section 51 of the Evidence Act, the BCR GN Advisory Panel 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 (FHA, IHA, ISLH, NHA, VCH/PHC). Reports from the advisory panel will be presented annually or as required: • Records created by, or produced for, the BCR GN Advisory Panel are restricted for use only as directed by the advisory panel.

	• Documents created by or for the BCR GN Advisory Panel are to be headed "Privileged and Confidential: For Quality Improvement Purposes", or otherwise indicated as "For Use by the BC Renal GN Advisory Panel". • Records that are not created specifically by or for the BCR GN Advisory Panel (e.g., the original health authority record) are not restricted from disclosure by the advisory panel 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 advisory panel members. Quality 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.