

MEDICAL ADVISORY COMMITTEE

TERMS OF REFERENCE

BACKGROUND:

The BCPRA is a virtual organization, predicated on a functioning network of professionals interested in ensuring the best outcomes of patients with CKD, at all stages. As such, there are a number of committees and working groups which exist to ensure timely communication, appropriate input and involvement in decision making. The matrix configuration of the BCPRA (with dual reporting of all to HA and to BCPRA and in turn, PHSA, as well as to professional societies etc) can be confusing.

The existence of the MAC is intended to facilitate the functioning of the BCPRA, keep the nephrologists involved in key activities which are important to them, and to improve the understanding of all nephrologists of the BCPRA.

Importantly, all new nephrologists who join the community should be apprised of, and invited to, be involved in activities related to the BCPRA.

Category	Description
1. Purpose	To provide advice and counsel on the practice of nephrology on behalf of the BCPRA, to nephrology colleagues (physician and non physician), health authorities and other interested parties.
2. Responsibilities	<ol style="list-style-type: none"> 1. To provide the opportunity, at each regular meeting, for a report of BCPRA activities and issues from each Renal Region/ 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 that are specific to the BC context 4. To appoint such sub-committees as the MAC deems necessary for the supervision, review and analysis of clinical work on behalf of the BCPRA by nephrologists or other specialists (pharmacists, etc); 5. To appoint and support the chairman of each sub-committee appointed by the Medical Advisory Committee and to ensure that each sub-committee meets, discharges its responsibilities and prepares written minutes of its meetings for reporting to the MAC and the Board 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 each of its sub-committees; individual nephrologists, and other committees within and outside the BCPRA 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 BCPRA and its affiliates; 8. To report to the Director of BCPRA and the Chief Executive Officer of PHSA concerning the practice of nephrology and standards of care on behalf of the BCPRA, 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 the BCPRA. 10. To advise as necessary the Director of the BCPRA and the CEO of PHSA 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 requested by the PRA or PHSA or larger renal community from time to time. 12. To ensure communication of BCPRA related activities to the medical community.
<p>4. Deliverables</p>	<ol style="list-style-type: none"> 1. Regular communications re: activities to the BCPRA Executive 2. Regular communication to the Nephrology community 3. Organization as necessary of extraordinary meetings of the Nephrologist Community
<p>4. Composition and appointment process</p>	<p>The BC Nephrology Physician community (BCNPC) shall appoint the members of the Medical Advisory Committee (MAC) from each Health Authority constituency of nephrologists. Membership of MAC will include the Medical Directors (Kidney Services) and up to two additional representatives from each health authority, as follows:</p> <ul style="list-style-type: none"> Fraser Health Authority (2) Vancouver Island Authority (2) Interior (2) Northern (1) Vancouver Coastal (2) BC Children’s (1) Medical Directors for each region BCPRA: Director (non-Voting)
<p>5. Reporting Relationships</p>	<p>The voting members of the MAC shall elect a Chair and Vice-Chair, who shall each hold office for a term of two (2) years, with each term commencing on Jan 1. This can be renewed for a period of 2 additional years, but plans for succession planning should be overt. The offices of Chairman and Vice-Chairman will be held by a practicing nephrologist, on a rotating basis. The Chairman and Vice Chair should not be from the same Renal Region or Health Authority.; and where possible not be a Medical Director of a region, as this may be perceived potentially as a conflict of interest.</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 Chairman, or designate, shall attend all meetings of the Executive Committee, and will represent the MAC in that capacity at those meetings.</p>

	<p>The person shall be selected by the MAC. The Chair position will rotate HAs follows: VIHA (current), VCH, FH, IH, BCCW. NH is excused from the rotation.</p> <p>For all members, odd number year teams are also permissible, and may be of value in staggering</p>
<p>6. Duties of the Chairman and Vice-Chairman</p> <p>6b Duties of the MAC members</p>	<p>The Chairman and Vice-Chairman shall:</p> <ol style="list-style-type: none"> 1. Be the Senior Medical Advisors to the Executive committee of PRA and thus to the Chief Executive Officer on all matters relating to the organization, function and responsibilities of the Nephrologists 2. Facilitate the development of province wide consensus guidelines as to best practices. 3. Be ex-officio members of all sub-committees reporting to the Medical Advisory Committee; or designate MAC member to be so; 4. Attend Executive Committee meetings, or delegate a member of the MAC to attend, and present and discuss the report of the MAC at each regular meeting 5. Carry out all acts and duties relating to the MAC as requested by the Executive Committee from time to time. <ol style="list-style-type: none"> 1. To ensure good communication between and within HA regarding medical matters of interest to Nephrology 2. To work with the Medical Director of the HARP, to facilitate initiatives and communication 3. To bring forward issues identified locally.
<p>7. Meetings</p>	<p>The MAC shall meet at least once every three (3) months during the calendar year, by phone or in person. The Chairman shall give, or shall cause to be given, notice of each meeting to all voting members of the MAC, to the Exec Director of BCPRA. Meetings may be for information or for decision making; a quorum is required for decision making votes.</p> <p>The secretary of the meeting shall record minutes of that meeting, including the names of all persons in attendance. Each voting member of the MAC must attend, in person, at least 66 % of all regular meetings. The BCPRA Exec Director, in consultation with the Chair, shall have the right to remove any voting member of the MAC who does not meet this attendance requirement. In order to facilitate communication, conference calls instead of face to face meetings will be organized as needed.</p>
<p>8. Quorum</p>	<p>A quorum for all meetings of the MAC shall 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 shall defer any voting issues and continue on with other business that does not require voting.</p>
<p>9. Voting</p>	<p>Each voting member of the MAC present, in person, shall have one vote at all meetings of the MAC. No voting member shall have the right to vote by proxy. The Chairman shall have a second or casting vote in the event of a tie. The executive Director BCPRA will not be a voting member.</p>
<p>10. Remuneration</p>	<p>In recognition of the time away for meetings, the MAC members will be compensated for 1 sessional (3.5 hours) and expenses related to travel to the BCPRA. While it is recognized that this is not complete remuneration for time spent, one hopes that this is at least partially offsets the potential loss of income and inconvenience. The value of the MAC should be seen by all nephrologists and so this activity is construed as a professional</p>

	obligation and commitment. Note is made that most MAC are not reimbursed at all.
11. Communications	Members of the MAC 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 Renal Steering committees 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 MAC will be elected/selected by their peers from the Renal Region.
12. BCPRA Staff Support	<p>BCPRA 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>The Director of Communications (Gloria Freeborn) will be accessible as a resource for the MAC in the event that this required.</p>