



JOINT STANDING COMMITTEE ON RURAL ISSUES

TERMS OF REFERENCE

October 2005

Purpose:

Under the terms of the Rural Subsidiary Agreement (RSA) between the Government and the British Columbia Medical Association (BCMA), the Joint Standing Committee on Rural Issues (JSC) is established to enhance the delivery of rural health care.

The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing some of the unique demanding and difficult circumstances attendant upon these physicians and by enhancing the quality of the practice of rural medicine.

Reporting:

1. The JSC reports to the Medical Services Commission (MSC) for those programs directly related to the Available Amount.
2. All other parameters of the RSA are the mandate of the JSC.
3. The JSC minutes will be forwarded to the MSC, the BCMA Board, and the ADM of the Medical and Pharmaceutical Services. The JSC will seek MSC input on all significant issues.
4. The JSC will report in-person to the MSC at least once a year.

Membership:

- 5 voting Members appointed by Government
- 5 voting Members appointed by the BCMA
- Each party may designate up to 3 voting alternates
- Alternates may attend with prior notification

The JSC may consult other stakeholders for advice on matters and appoint working groups / subcommittees as appropriate.

Duration:

The JSC is appointed for the duration of the RSA.

**Quorum:**

A quorum is required for all meetings and consists of at least 3 members each from the Government and the BCMA.

Voting:

The Committee will try to work by consensus, however it is recognized that from time to time, votes may be required. Members may designate an alternate if a vote is required.

Chair:

The JSC shall be co-chaired by a member chosen by the Government and a member chosen by the BCMA.

Staff Support:

The Government and the BCMA will each designate one staff member who are not voting members of the JSC.

Meetings:

The JSC will meet a minimum of 6 times per year.

Meetings schedules shall be set out at the beginning of each fiscal year. The date for any meeting may be changed only by mutual agreement.

Either co-chair may call additional meetings. Any such additional meetings must take place within 2 weeks, unless otherwise agreed.

Confidentiality:

The Joint Standing Committee on Rural Issues (JSC) agrees to abide by the confidentiality provisions of the Master Agreement between the Government of the Province of British Columbia, the Medical Services Commission and the British Columbia Medical Association.

Expenses:

Each party will pay for the expenses of its own representatives.

Duties:

- The JSC must annually review communities covered by the RSA;
- The JSC must annually apply the Point Rating System as per the RSA to the eligible communities and amend the points accordingly. Where a community does not meet the minimum point requirement, the JSC must delete it;



Where a new community has been recommended for inclusion, the JSC must add that community using the Point Rating System. If the evaluation results in a rating for the community of at least the minimum number of points, the JSC must add the community;

- The JSC may periodically review the medical isolation and living factors and their weighting and may make recommendations on changes to the Medical Services Commission, the Government and the BCMA;
- Govern the Northern Isolation Travel Assistance Outreach Program (NITAOP), the Rural Locum Program (RLP), the Rural Continuing Medical Education Program (RCME), the Rural Education Action Plan (REAP), the Rural Retention Premium (RRP) and the Recruitment Contingency Fund;
- Address ways of enhancing the delivery of rural health care, including the use of innovative and emerging technologies, such as telemedicine; and
- The May 2002 *Memorandum of Agreement* between the Government of British Columbia and the BCMA dissolved the Northern and Isolation Committee (NIC). Any responsibilities for the application and administration of rural programs now reside with the JSC.

Review Process:

A physician and / or Health Authority may appeal, in writing to the JSC, a decision of the JSC. The JSC may choose to hear this appeal in-person. If the JSC chooses not to alter its decision, the physician and / or Health Authority may request a review, in writing, to the MSC. At the MSC's discretion, it may review the issue/case and make recommendation to the JSC.

Decisions of the MSC regarding the Available Amount are binding.

Dispute Resolution:

In the event the JSC is unable to agree on a matter that it is required by the RSA to decide, either Government members or BCMA members may refer the matter in dispute for adjudication to Colin Taylor (or to Brian Foley if Colin Taylor is unable to hear the issue within 14 days of referral).

The adjudicator will render a final and binding decision on the matter within 14 days of the date of the hearing. The adjudicator may determine practice and procedure for the adjudication, but must give an opportunity for the parties to present evidence and make submissions.

The costs of the adjudicator will be shared equally between the parties, and each party will be responsible for all of the costs of its own participation in the process.