



## **JOINT STANDING COMMITTEE ON RURAL ISSUES (JSC)**

### **TERMS OF REFERENCE**

**Amended September 2012**

#### **Interpretation:**

If there is a disagreement regarding interpretation of the Joint Standing Committee on Rural Issues (JSC) Terms of Reference and the Rural Practice Subsidiary Agreement (RSA), the RSA will supersede this document.

#### **Purpose:**

Under the terms of the RSA between the Government, the British Columbia Medical Association (BCMA) and the Medical Services Commission (MSC), the JSC is established to enhance the delivery of rural health care.

The goals of the JSC are to enhance the availability and stability of services provided by physicians in rural and remote areas of British Columbia by addressing some of the uniquely demanding and difficult circumstances attendant upon the provision of those services by physicians.

#### **Reporting:**

1. The JSC reports to the 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 must develop a work plan on an annual basis and report to the Physician Services Committee (PSC).

#### **Membership:**

- Five (5) voting Members appointed by the Government
- Five (5) voting Members appointed by the BCMA
- Health authority representatives
- Each party may designate up to three (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 three members each from the Government and the BCMA.

**Voting:**

The Committee will make all decisions by consensus. The JSC must adopt appropriate procedural rules to ensure the fair and timely resolution of matters before it.

**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 is not a voting member of the JSC.

**Meetings:**

The JSC will meet a minimum of six days per year.

The JSC must establish, before March 31 of each year, a schedule of meetings for the next 12 months. The time 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 two weeks, unless otherwise agreed.

All documentation to support agenda items must be received by the JSC Secretariat at least two weeks prior to the meeting date. Any items received after that time may be added to the agenda under New Business for discussion only (no decision), as time permits, and or may be included in the following meeting agenda, if necessary.

**Confidentiality:**

The JSC agrees to abide by the confidentiality provisions of the Physician 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 duties of the JSC are to be in accordance with the terms of Article 5 of the 2012 Rural Practice Subsidiary Agreement.

**Practices and Procedures:**

The JSC must establish practices and procedures appropriate with respect to decisions regarding disbursement of public funds, including conflict of interest guidelines. The practices and procedures adopted by JSC must include provisions that promote accountability, transparency and, consistent with section 5.3 of the PMA, confidentiality.

**Communication Protocol:**

The JSC must follow the communication protocol developed by the Physician Services Committee. The Co-Chairs must pre-approve any communication about JSC business and/or affairs.

**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 the 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 its discretion, the MSC may review the issue/case and make a recommendation to the JSC. MSC decisions regarding the Available Amount are binding.

**Dispute Resolution:**

In the event that the JSC is unable to reach a consensus decision with regard to any matter that it is required to decide, the Government and/or the BCMA may refer the matter in dispute for adjudication by the Adjudication Committee in accordance with section 21.2 of the Physician Master Agreement.