Advisory Committee on Diagnostic Facilities

TERMS OF REFERENCE

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A. Background

Under the authority of the *Medicare Protection Act*[1] (the Act) and the Medical and Health Care Services Regulation (the Regulation),[2] the Medical Services Commission (the Commission) regulates aspects of diagnostic facilities that provide publicly-funded diagnostic services. Under Section 33 of the Act, the Commission has the authority to approve diagnostic facilities for the purposes of permitting services that are benefits to be delivered there. Approvals may be temporary, and conditions may be imposed on approvals. The Commission has established

[1] Particularly, but not exclusively, Parts 6, 7, and 8
[2] Particularly, but not exclusively, Part 7 and 8

the Advisory Committee on Diagnostic Facilities (the Committee) as a panel pursuant to Section 6 of the Act. The Commission has delegated authority to the Committee to consider applications and make Section 33 approvals, as well as to attach, add, delete, or amend conditions as necessary or advisable.

B. Purpose

The Commission has delegated authority to the Committee, under Section 6 of the Act, to consider and, where appropriate, approve applications relating to diagnostic facilities and services and to provide advice and assistance to the Commission related to diagnostic facilities that provide or intend to provide the following outpatient diagnostic services:[3]

- diagnostic radiology (including, computerized axial tomography—CT/CAT)
- diagnostic ultrasound
- nuclear medicine scanning
- pulmonary function
- polysomnography
- electromyography
- electroencephalography
- electrocardiography

Like the Commission, the Committee facilitates reasonable access throughout British Columbia to quality medically necessary outpatient diagnostic services for beneficiaries. The Committee's work and decision-making to this end must be performed in a manner consistent with the Act and Regulation, the *Policies and Guidelines of the Medical Services Commission's Advisory Committee on Diagnostic Facilities* (the Policies and Guidelines, http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/diagnostic-facilities/policies_and_guidelines_of_the_acdf.pdf) and the Minute of the Commission delegating specified authority to the Committee (the Delegation), both as may be amended from time to time. The Committee is empowered and expected to exercise its discretion and best judgment in the exercise of its powers and the performance of its duties. It will consider all relevant factors in the exercise of its delegated discretion and will exercise that discretion in a manner that conforms to the legislative objects and scheme of the Act. The Committee is accountable to the Commission for the exercise of the Committee's powers and performance of its duties [See Section J for accountability details].

C. Definitions/Interpretation

[3] Note: Prior Commission/Committee approval is required in relation to professional fees for practitioners providing CT services regardless of patient accessioning (for instance, including some CT services provided on an *inpatient* basis); however, with that exception, the Commission and Committee's mandate and role to consider and approve diagnostic services relates exclusively to *outpatient* diagnostic services, and the Terms of Reference are to be understood and interpreted in that context.

Terms defined in the Policies and Guidelines (http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/diagnostic-facilities/policies_and_guidelines_of_the_acdf.pdf) have the same meaning in this Terms of Reference, unless a different definition is provided in this document.

D. Duties and Powers

1. The Committee has the following duties and powers, to be exercised and performed in accordance with the Delegation under the Act, as well as the Act, the Regulation, and the Policies and Guidelines:
   a) Review and, where appropriate, approve applications pertaining to diagnostic services and facilities, such as applications for:
      - A new facility or certificate of approval (and provision of diagnostic services);
      - Relocation of a previously-approved facility;
      - Expansion (that is, either physical expansion, addition of a new service not previously-approved, and/or significant change);
      - Transfer of material financial interest in a facility;
      - Renewal or extension of a time-limited approval; and
      - Removal or amendment of a condition on an approval.
   b) Place conditions on an approval, at the time of granting an approval.
   c) On its own initiative, or on the direction of the Commission, provide advice and assistance (including recommendations, if appropriate or requested) to the Commission on any diagnostic facilities matter.
   d) At any time, either on the Committee's own initiative or on the application of a diagnostic facility, add, delete, or amend a condition on an approval.
   e) For the purposes of giving effect to the policy related to significant change, including monitoring and assessing compliance:
      - Set, communicate, and amend approved baselines for existing and new facilities;
      - Where a significant change occurs but a significant change application has not been submitted and approved, enquire into the nature and extent of a significant change and its internal and external causes; and
      - Generally administer policy related to significant change, including monitoring and assessing changes in diagnostic facilities' Medical Services Plan billings, and, if the Committee desires, add or amend a condition of a facility's approval or stipulate an approved maximum capacity.
   f) Specify information elements additional to those listed in the Policies and Guidelines that are required to be submitted with an application.

g) Specify information elements, the frequency, and the manner of routine diagnostic facility reports to the Committee, and receive and review facility reports.
h) Receive, review, and investigate reports of or concerns about actual or potential conflicts of interest in relation to an approved diagnostic facility.
i) Receive, review, document, and report to the Commission in a timely matter regarding the following types of notice provided in respect of diagnostic facilities:
    - Notice of an intention to transfer an ownership interest in a diagnostic facility that is not a material financial interest; and
    - Notice of an intention to cease operations of a diagnostic facility.

2. The Committee and the Chair of the Committee (the Chair) each (that is, jointly and severally) have the following duties and powers, to be exercised and performed in accordance with the Delegation under the Act, as well as the Act, the Regulation, and the Policies and Guidelines:
    a) Either on the Committee's/Chair's own initiative or on the application of a diagnostic facility, renew or extend a time-limited approval.
    b) Communicate with diagnostic facility owners, prospective owners, applicants, and agents and representatives with respect to applications or any other matter relating to the Committee's mandate.
    c) Consider and, where appropriate, grant applications for an extension of time in relation to implementation and lapse in service policies.
    d) Assess and approve applications for relocation of a minor nature, that is, where there is unlikely to be any impact on any other existing diagnostic facility and the relocation is to a location a very short distance from the previous location, for instance, within the same building, on the same block, or within a few blocks.
    e) Assess and approve privately-owned facility applications in respect of pulmonary function Category IIA and Category IIB diagnostic services and electromyography diagnostic services.
    f) Refer any application or other matter related to diagnostic facilities and the Policies and Guidelines directly to the Commission at any time the Committee/Chair considers it appropriate, having regard to the nature, magnitude, complexity, and significance of an application.

E. Membership and Chair

a) The Committee will consist of up to nine members, but not fewer than seven.
b) In order to be eligible for membership, nominees/prospective members must have ready access to and reasonable facility with computers and electronic means of

communication, including access to and familiarity with Microsoft Office and Word and email.

c) All members must be appointed by the Commission and nominated in accordance with the following:
    - There will be three physician members, nominated by the Doctors of BC's Board of Directors.
    - There will be three government members, nominated by the Assistant Deputy Minister having responsibility for outpatient diagnostic services within the mandate of the Committee.
    - There will be between one to three public/beneficiary members (at least one of whom is not a practitioner), nominated by the Assistant Deputy Minister having responsibility for outpatient diagnostic services within the mandate of the Committee.
d) The government members will have indefinite terms. All other members' terms will be set by the Commission at the time the members are appointed, in accordance with the following guidelines:
    - To the extent possible, and not in the circumstance of the Commission's appointment of Committee members for the first time under this Terms of Reference, terms will be set so that the number of new members appointed to the Committee should not exceed two per year.
    - Term lengths will be a minimum of two years to a maximum of four years.
    - Committee members are limited to two consecutive terms, unless the Commission determines otherwise.
e) Termination of membership on the Committee may occur as follows:
    - A member may resign at any time upon written notification to the Chair; or
    - The Commission may terminate a member's membership, at its sole discretion.
f) The Commission will appoint a government member as Chair of the Committee, following nomination of a government member as Chair by the Assistant Deputy Minister having responsibility for outpatient diagnostic services within the mandate of the Committee. In addition to the duties and powers listed in Section D, 2 [Duties and Powers] the Chair is responsible for:
    - Coordinating and ensuring secretariat services (administrative and logistical support) to the Committee are provided by Ministry of Health staff.
    - Scheduling quarterly meetings of the Committee and any *ad hoc* special meetings required to complete time-sensitive or otherwise exceptional business of the Committee.
    - Preparing an agenda for each meeting of the Committee.

g) The Commission may designate another government member as Vice-Chair. The Vice-Chair is responsible for assuming the Chair's responsibilities and exercising the Chair's powers at the request of the Chair or when the Chair is unable to fulfill his or her responsibilities.

F. Secretariat

Secretariat functions to be performed include, but are not limited to:

- Ensuring agenda packages are assembled and circulated to Committee members no later than two working days in advance of the meeting in which such material will be considered, or, in the case of special meeting, as far in advance of the meeting as is practicable.
- Ensuring the following documentation protocol is observed:
    - draft minutes and any supporting documents will be circulated to all Committee members following each Committee meeting promptly, with all members being provided an opportunity to correct inaccuracies;
    - a record and related documentation is kept on any matter involving the exercise or performance of any duty or power of the Committee or Chair;
    - approved minutes of meetings and reporting are completed and maintained;
    - written declarations respecting Committee members' undertakings to abide by the conflict of interest and confidentiality provisions of this Terms of Reference are completed and maintained on file.
- Preparing Committee briefing materials and reports.

G. Meetings and Voting/Decision-Making

a) The Committee will exercise any powers or perform any duties at quarterly meetings or *ad hoc* special meetings scheduled by the Chair. The Chair may exercise any powers or perform any duties indicated as powers or duties of the Chair in Section D, 2 [Duties and Powers] at any time and in the manner he or she determines to be appropriate.
b) All Committee members will have one vote on matters voted on at any Committee meeting.
c) In the case of both regular quarterly meetings and special meetings, a quorum shall be 50 percent of total Committee members existing at the time of the meeting in question; however, a quorum may not be less than four members.
d) Meetings may be conducted in person or in an electronic or other manner determined to be appropriate by the Chair.
e) In the case of an equality of votes on a resolution, the Chair will not have a second or deciding vote in addition to the vote the Chair casts as a Committee member, and the

proposed resolution will not pass; in such circumstances the Committee may refer the matter to the Commission.

H. Term/Duration of Committee

The term of the Committee begins when Committee members have been appointed by the Commission in accordance with the Terms of Reference. The Committee's term shall run indefinitely, ending only if and when:

- the Commission terminates the Committee; or
- the authority for the delegation of powers from the Commission to the Committee lapses.

I. Confidentiality and Conflicts of Interest

a) Committee members will maintain confidentiality with respect to all relevant matters and information, including but not limited to maintaining confidentiality of discussions, documentation and minutes in accordance with the Confidentiality Undertaking (**Appendix A**), which must be signed and submitted before a member may participate in the Committee in any capacity.

b) A member must not use information obtained as a result of his or her membership on the Committee for personal benefit. Members shall avoid activities which might create the appearance that he or she has benefited from confidential information received in connection with his or her membership on the Committee.

c) At the earliest opportunity, Committee members will disclose all interests and circumstances that may give rise to an actual, potential, or apparent/perceived conflict of interest in relation to Committee business/mandate, and will not attend related parts of any meeting, participate in discussion, and/or vote on (or otherwise attempt to influence) any matter in which they have an actual, potential, or apparent/perceived conflict, in accordance with the *Conflict of Interest Policy for the Advisory Committee on Diagnostic Facilities* (**Appendix B**). A Conflict of Interest Disclosure Undertaking Form (Appendix B, Schedule A) must be signed and submitted before a member may participate in the Committee in any capacity. All conflict of interest disclosures and measures taken to mitigate conflicts of interest will be documented as part of meeting minutes.

J. Accountability and Reporting

a) The Committee is accountable and must regularly report to the Commission.
b) Promptly following any meeting of the Committee or any exercise or performance of a power or duty by the Chair, the Chair will report to the Commission on it.
c) The Commission may view the minutes and any other documentation or record relating to the Committee at any time.

K. Reimbursement and Remuneration

Non-government members of the Committee will be reimbursed and remunerated as approved by the Commission.

L. Version/Revision History

Version	Date Approved by Commission	Comments/Summary of Changes
1.0	October 29, 2014	Original. These Terms of Reference are established in concert with new Policies and Guidelines approved May 14, 2014 and effective June 1, 2014.
1.1	October 1, 2015	Updated to remove references to laboratory medicine and specimen collection (from Part B. Purpose), as these (outpatient) services are no longer under the authority of the Medical Services Commission and the Advisory Committee on Diagnostic Facilities as of October 1, 2015.
1.2	April 27, 2016	Updated to indicate that both the Advisory Committee on Diagnostic Facilities (ACDF) and the ACDF Chair can assess and approve privately-owned facility applications pertaining to pulmonary function Category IIA and Category IIB and electromyography diagnostic services.
1.3	June 29, 2016	Removed the Committee's power to cancel a Certificate of Approval, formally under Part D. Duties and Powers.
1.4	September 30, 2016	Removed the Committee's power to cancel a Certificate of Approval, formally under Part A. Background.