

Gastrointestinal Endoscopy Advisory Committee (GIEAC): Terms of Reference

Context

The Premier's mandate letter to the Minister of Health, in 2017, stated that one of the top priorities for the Ministry of Health is *"to reduce wait times and implement a province-wide co-ordination to manage and to actively monitor waitlists..."*. As part of the Surgery and Diagnostic Strategies announced in March 2018, a provincial Colonoscopy Services Action Plan was developed. Key goals of the Action Plan include: 1) improve timely access to appropriate gastrointestinal (GI) endoscopy procedures; 2) improve accountability and monitoring; and 3) improve the patient experience as they wait for, and undergo, their procedure. Shortly thereafter, the provincial GI Endoscopy Advisory Committee (GIEAC) was developed.

In May 2020, the Minister of Health announced the *"Commitment to Surgical Renewal in B.C."*; a plan to increase surgical and endoscopy capacity to address postponed non-urgent scheduled procedures due to the COVID-19 pandemic, and to meet growing demand for surgery and endoscopy. The Commitment to Surgical Renewal outlines 5 steps: 1) increasing surgeries/endoscopies; 2) increasing essential personnel; 3) focusing on patients; 4) adding more resources; and 5) reporting on progress.

Purpose

The GIEAC serves as a forum to advise on and support successful implementation of deliverables within the annual GI Endoscopy Services Action Plan and align its work with the priorities outlined in the Commitment to Surgical Renewal; acting as an interface between stakeholders in the Ministry, patients, physician groups, and the Health Authorities (HA).

Scope

The scope of this committee encompasses strategic advice, engagement, and planning that is provincial in nature involving the continuum of GI endoscopy care, as directed by the Ministry of Health.

Responsibility for service delivery rests with the respective HAs, as outside the scope of this committee. Medical services provision and payment, and physician compensation models are managed by the Medical Services Commission (MSC).

Objectives

The GIEAC is responsible for the following:

- Identify and develop solutions to barriers, constraints, and challenges that exist across health authorities and programs;
- Where beneficial, develop common or provincial strategies across health authorities and programs;
- Collaborate with partner organizations across the health sector that include the Health Quality BC, BC Cancer, the Doctors of BC, and others.

- Direct the formation of working groups that have responsibility to research, provide expertise, and formulate recommendations for issues identified by the committee;
- Advise on data collection and reporting regarding access to GI endoscopies to ensure standardized, accurate, reliable, and comparable data across the province; and
- Provide a venue for reporting on performance indicators against targets, monitoring progress on improvement plans, and sharing lessons on system improvement.

Accountability and Reporting

The GIEAC is co-chaired; by one Ministry of Health representative and two physicians, for a term of two years. Co-chairs will be solicited through an expression of interest process carried out by the GIEAC secretariat.

Active co-Chairs include:

- Laicy Ball
- Dr. Adrian Bak
- *General Surgeon TBD*

The GIEAC is accountable to the provincial Specialist Services Committee and Acute Standing Committee. Recommendations that require funding shall be escalated to the Executive Director of Surgical Renewal and Assistant Deputy Minister within the Ministry of Health for review and approval.

Membership

Membership of the GIEAC is comprised of:

- **Ministry of Health** – representatives from areas that have accountability for provincial policy, strategy initiatives related to GI endoscopy services.
- **Health Authorities** – representatives with accountability for provision of programs and services related to GI endoscopy.
- **Endoscopists** – representatives from the physician community who manage patients needing GI endoscopy and/or who perform GI endoscopies (e.g., gastroenterologists, surgeons, general practitioners).
- **BC Cancer** – representative from the provincial Colon Screening Program.
- **Support organizations** – representatives from organizations such as the BC Patient Safety Quality Council and the Specialist Services Committee (SSC) of Doctors of BC whose role is one of support: for providers, change, communication, etc.
- **Patient Partner** – a representative of the patient’s perspective on GI endoscopy, with experience in the development of provincial approaches or initiatives.

Members can appoint a delegate to attend on their behalf on an ad hoc basis, subject to approval of the three co-Chairs. Members must ensure that guests have a comprehensive understanding of the content and objectives, and expectations for confidentiality of information shared at the meetings.

Committee members are responsible for providing expertise and insight leading to recommendations on behalf of the areas and positions they represent on the committee. The Committee will make every effort to reach decisions by consensus; quorum will be 60% of members plus co-chairs. Members are expected to demonstrate shared leadership and responsibility in advancing the work of GIEAC, and in strengthening communication throughout HAs, programs, and partner organizations.

Term

This GIEAC is supported by the SSC and will continue until its concluded.

Meeting Schedule

Meetings will be scheduled for 2 hours every three months (quarterly). Meetings will predominately take place by teleconference. If necessary, face-to-face meetings may also take place.

Support

Members will be supported by a secretariat within the Ministry of Health who will be responsible for the communication of meeting materials, meeting planning and record keeping, including the preparation of the agenda and minutes.

Remuneration

Expenses incurred by members are the responsibility of their employer organization, where appropriate.

Physicians without an administrative role in a HA will be supported by funding made available through the SSC of Doctors of BC.

Patient representatives will be supported by the Patients Voices Network.