IMG Working Group – Return-of-Service Agreements
Minutes from meeting of February 10, 2006

Item	Discussion	Agreement/Action	Status
Why RoS?	The connection between an IMG postgraduate medical education and a RoS agreements is made in the FoM October 31, 2005 proposal. Every effort in second year FP will be made to link an IMG's distributed training with a community where a RoS might take place. There is some concern about having a resident trained in a facility that may be hiring her/him. RoS will be with the Health Authority; the Health Authority may choose to confirm where the IMG will go towards end of PGME, as HA needs may change during the time of training.	MoH should consider a mini match for IMGs/ HA RoS.	Every effort in second year FP will be made to link an IMG's distributed training with a community where a RoS might take place.
How long should a RoS be?	Ontario requires a 5-year RoS, regardless of whether it's for assessment for independent practice, supplementary training, or PGME. Options are to (A) have 3-year return-in-service agreements for all, or (B) 1 year of service for every year of PGME, up to a maximum of 3 years. Although there is interest not to differentiate between FP and specialty RoS because this may cause problems in the future, there is a greater interest to have the community capture the IMG's interest to continue to practice, rather than have a lengthy RoS.	Working group recommends 1 year of service for every year of PGME, up to a maximum of 3 years. In effect, FP will have 2-year RoS, specialties 3-year RoS.	Mock-up of RoS drafted.

Item	Discussion	Agreement/Action	Status
What should the escape clause cover?	Ontario RoS captures repayment for every cost, including resident's salary and benefits, if the RoS is broken. Options are to: (A) have all costs repaid; or (B) have most costs, but not salaries and benefits repaid. In its stewardship role, MoH will set out the policy guidelines/expectations for a RoS and provide a RoS template, but HAs will likely determine the specific terms and conditions of the agreement.	Working group acknowledged MoH would determine which costs are to be repaid in the RoS policy guidelines/expectations.	
Issues to be considered at another table/ time	How will the RoS be distributed among the HAs? What might a memorandum of agreement look like between MoH and an IMG, pending the signing of the RoS?		

Attendees:
Rod Andrew
Dave Butcher
Jill Kernahan
Jason Kur
Elliott Phillips
Libby Posgate
Alfredo Tura

D R A F T

RECORDS OF DECISION/MINUTES
RETURN OF SERVICE WORKING GROUP
FRIDAY, JULY 7, 2006 – 4:30 pm – 6:~~10pm~~15pm

Participants/Members:
Dr. David Butcher – (Chair)
Barb Bracewell ~~(secretariat) –~~ MoH
Lori Charvat (Associate Dean, Equity – UBC FoM)
Christine Evans (Public Member)
Bev MacLean-Alley – MoH
Dr. Elliott Phillips – CPSBC

Regrets/Members:
Dr. Yuriy Savchuk (IMG in practice)
Dr. Jenny Shaw (IMG in practice)

This meeting was conducted via conference call.

At the last IMG Task Force Meeting, issues to be addressed in the ROS Agreement were flagged ~~and distributed~~ and then distributed to the Working Group members for discussion in this conference call meeting.

The ~~offer~~ letter of intent was sent to the 16 IMGs on Thursday, July 6th. The letter was signed by Peter Van Rheenan, Executive Director, Physician Human Resource Management, Ministry of Health. The Agreement will be ready for the IMGs to sign by September 1, 2006.

Proposed Terms of Reference, with proposed membership, was also distributed to Working Group members.

Dr. Butcher has put in a call to Dr. David Poulin (IHA), and Dr. Michael Levis (VIHA) to request their participation in the Working Group. Dr. Butcher will advise the Working Group of their response when he receives it.

The ROS needs to give the IMGs a little more specifics (at the moment it is felt ~~some pieces are~~ schedule 2 is too vague) of how the match will happen.

A policy will be developed before September 1, 2006, and the Working Group can fine-tune it between now and when the IMG has to sign ~~i~~the addendum (1 year).

Format of the match – to ~~if the match~~ happen~~s~~ early on; ~~, the~~ IMGs are loath to go through their training and not know where they will be ending up.

3 main areas:

1) What are we asking them to pay back?
2) What are actual definitions (be tighter)
3) How is match going to take place, and what kind of principles.

TO BE ADDED TO SCHEDULE 2(a)

Three main areas:

1) Opportunity to practice in BC
2) Match where urgent needs are
3) Equity across health authorities

State principles up front that the match will occur one year before, but the IMGs will be engaged in regular dialogue with the health authority of where the opportunities are.

Health Match can be used as a conduit for information.

We want to get away from competing with resources with each health authority – that is why we are doing a match rather than leaving it wide open~~ – otherwise it becomes a bidding war~~.

Suggestion: Each of the 6 health authorities will be given 2 GPs. If PHSA does not take the 2 GPs, then they will automatically be given the specialists. That will leave 5 health authorities to bid for 12 GPs.

Give all candidates the opportunity to rank the GP positions and the health authorities will also need to interview the candidate before a match is made.

Suggestion: All the candidates will rank all of the positions – this will guarantee the candidate a position and the health authorities at least 2 candidates.

The NHA would have to work on the IMGs throughout their training because of the difficulty to recruit to the north. The NHA would have a recruiting strategy and would work with the candidates as to which of all available positions they would like to go into.

Suggestion: The health authority would provide information on the 3 highest practice opportunities in family practice and the candidates would rank the order.

The IMGs need to be advised that they are being offered an opportunity, and it may be in a remote area. They need to be aware that they are applying to practice in BC, and BC is a province that has remote areas that need them.

Suggestion: The IMG will match to a health authority and not to a specific community. The health authority will meet with IMG at least 3 months before physical match and sell the opportunities and communities to them. This could be at a recruitment event. Reason for this is opportunities may change by the time the IMG is ready to practice.

There needs to be full disclosure and openness with IMG. If a health authority does not want to play by the rules, they could be disqualified from the match.

We need to play role as a facilitator to support the IMG and health authority so that everyone is supported to the best of their ability. Don't get into selling or defending programs too much. Be transparent – advise them they are selected to be in this unique group – need to communicate to them their uniqueness and the opportunity afforded to them. Need to build relationships so they know they can trust ~~us~~.

What are policies – the candidate will have an opportunity to meet with the health authority to identify need and opportunities.

Match will be performed with equity of choice, and that each health authority will recruit 2 or 3 GPs depending on their need. The match will try to provide to match each IMG's best interest.

Suggestion: Schedule 2; paragraph (d) – can it be removed in it's entirety? Paragraph (e) – can the first two sentences be removed?

Health authorities should be showing what practice opportunities there are and getting approval before the match (when the list comes out) rather than after the match.

Suggestion: Schedule 1 – paragraphs 6 and 7 are too vague – can they be removed?

There will be a match, if policies of match change, there is room for discussion – if it changes dramatically, it would need to be negotiated.

Suggestion: Schedule 1 – paragraph 5(a) – take out salary out of sum provided ~~– work/salary is not repayable~~. Can say something like: "for this opportunity, the repayment will be $ (state amount)", or "if you want to enter into this is what you must pay back – can indicate it is for education, staff, etc."

Suggestion: Schedule 1 – paragraph 5 (a) – take out of Schedule 1 and include it somewhere in ROS Agreement paragraph 4.1.

(Bev~~/Libby~~ will seek legal ~~counsel~~ advice regarding amount to be paid back, and wording).

Suggestion: add to Section 5 – for specialty training return of service will be one year for each year funded (1:1) to a maximum of 3 years. If the physician wishes to pay out and not do a return of service, the physician will pay back the full amount for the 4 or 5 years of training received.

Suggestion: clause to be added – ROS may be deferred if there is an agreement between health authority and IMG (and approved by MoH) for additional skills training.

Maternity and sick leave – if there is a serious illness or maternity leave that require deferral, this will be jointly entered between health authority, candidate and MoH(?).

Suggestion: Wording for leave – "In the event of serious illness or maternity leave, the MoH will consider deferral of (a) postgraduate training, (b) initiation of ROS

Dispute resolution mechanism (appeal) – PARBC (Section 3.02) – has steps laid out for resolution of differences, policies and grievances – this may be a useful model, and we may be able to borrow some of the wording. **(This needs to be run by MoH legal counsel).**

NEXT CONFERENCE CALL: Wednesday, July 12, 2006 – 1:00 – dial-in ~~information to be confirmed.~~ number is the same (1-866-596-5278; conference ID: 6788509)

Meeting adjourned approximately 6:~~10pm~~15pm

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CONFERENCE CALL
ROS WORKING GROUP

WEDNESDAY, JULY 12, 2006; 1:00PM

Participants:
Dr. Dave Butcher - Chair (NHA)
Barb Bracewell - Secretariat (MoH)
Lori Charvat (Associate Dean, Equity – UBC FoM)
Christine Evans (Public Member)
Dr. Elliott Phillips (CPSBC)
Libby Posgate (MoH)
Dr. Jenny Shaw (IMG in practice)

Regrets:
Bev MacLean-Alley
Dr. Yuriy Savchuk (IMG in practice)

There was no formal agenda prepared for this conference call. The purpose of was to followup on the July 7, 2006 call, provide additions/changes to the minutes of July 7th, and look at next steps for the Working Group.

Some changes were made to the July 7th minutes.

Dave Butcher and Barb Bracewell will take the suggestions and issues raised from the July 7th and July 12th minutes, and combine them into a single document that ensures consistency and reflects what could become a Policy Framework.

Dr. Jenny Shaw, an s.22 trained OBGYN IMG who went through the FP program s.22 provided input to the ROS Agreement, Schedule 1 & 2, and the minutes of July 7th.

Suggestion: To extend the ROS over a longer period of time to allow a more flexible work week for female IMGs with young family (eg: work 4 days out of 5). This needs to form part of the policy.

Work arrangement will be part of agreement between the candidate and health authority.

The intent is for the health authority to get together with the IMG and sell them on the practice opportunities that are likely available.

Relocation incentives and payments should be the same as for any other physician who would be relocating.

ROS wording needs to be reworked to state upfront that the IMG will be treated the same as nay other recruit regarding benefits, incentives, etc.

Suggestion: Include Rural Incentives in package to IMGs.

Policy needs to be worked up as soon as possible, and state up front to the IMG that they will be getting their contracts in September.

Suggestion: Have an information session with the IMGs.

Lori would like to play an active role in providing good grounding in the professionalism of practicing medicine in Canada.

Suggestion: At the information session, Lori should have a part to provide information on what services and resources are available to the IMG participants.

Human Rights or Equity issue - Lori would assist as a consistent element as IMGs are getting ready for practice.

Call adjourned at 2:15pm

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ROS Working Group – Teleconference
Thursday, January 25, 2007
Minutes

Item	Discussion	Agreement/Action	Status
Exceptions to the rule – 5 IMGs have requested to be accommodated re: rural placement for ROS	5 IMGs from the Cohort 2006 would like special consideration: s.22	1) Suggest practice opportunities in Mission, Maple Ridge, Pitt Meadows, and Downtown Eastside. Need clear documentation (from attending physician or pediatrician) of the degree of disorder of child's needs, and proof the child will suffer harm leaving current environment. Needs to be very clear as will be precedent-setting. 2) Was matched to Gibson/Sechelt so this should be OK 3) If not accepted in Gibson/Sechelt, suggest Mission, Maple Ridge, Pitt Meadows, and Downtown Eastside. Can make a case to allow as a special circumstance this year only as partners of IMGs did not realize their career would be disrupted with the IMGs move in province. This will not be an issue in future. 4) NHA can'tt assure funding for IM resident for a further year. If IM does 3 yr ROS in NHA, and NHA doesn't have $$, IMG is free to get sponsorship in another HA. Both sides act in good faith to achieve goal. 5) Go through negotiator – will be required to enforce deadline to entice IMG to do something.	1) Signed contract – need clear documentation of s.22 needs. 2) Has been successfully assigned to s.22 No further action required. 3) Has interview scheduled with rep. s.22 Will wait and see if this works – if not, move onto second choice. 4) s.22 s.22 Contract not signed. 5) Contract not signed.

DRAFT
PROPOSED TERMS OF REFERENCE

WORKING GROUP FOR THE INTERNATIONAL MEDICAL GRADUATE (IMG)
POSTGRADUATE MEDICAL EDUCATION (PGME)
RETURN OF SERVICE (ROS) PROGRAM

Proposed Members:
Dr. Dave Butcher, Chair (HA Representative)
Barb Bracewell (MoH)
Lori Charvat (Associate Dean, Equity- UBC FoM)
Christine Evans (public member)
Bev MacLean-Alley (MoH)
Dr. Elliott Phillips (CPSBC)
Dr. Yuriy Savchuk (IMG in practice)
Dr. Jenny Shaw (IMG in practice)

Still need to confirm:
- 2 other HA representatives with an interest in ROS

Aim:
The aim of the working group is to develop the policies and procedures required to implement and support the ROS, and to organize an effective match process for the return of service portion of the IMG ROS Program.

Reporting Structure:
The working group will make recommendations to the Task Force on Assessment, Training and Support of IMGs in BC.

Working Principles:
The working group will have core members. When needed, individuals may invite individuals to participate. Delegating is discouraged because confidentiality is key. Once the Task Force has discussed and agreed with the Working Group's recommended policies and procedures, only then will it be available to people outside the Task Force.

Purpose:
The Working Group will:
1. Develop policy for ROS contract
2. Develop policy for the match process
3. Track agreements
4. Deal with conflict resolution/appeals process

THE RETURN OF SERVICE AGREEMENT CONTRACT

Terms and Conditions for Health Authority and IMG Expectations

Return of Service Agreement: includes the Main Part, Schedules 1 & 2, and the Addendum. The Agreement (Main) is a signed contract between the Participant and the Ministry of Health.
Schedule 1: applies to ROS Program, which in its entirety includes the Participant in the IMG assessment, the PGME Program and the two/three year period of ROS, in accordance with the terms of the Agreement.
Schedule 2: delineates the procedure for determining the specifics of the ROS, including the matching process that determines ROS location, the timeframe and start date.
Addendum: is the signed contract between the Participant and the Health Authority, includes the specific terms and conditions of the ROS and is approved by the Ministry of Health.

RATIONALE:
In order to ensure there are enough, and the right mix of physicians now and in the future for a sustainable, affordable, publicly-funded health system, the Ministry of Health agrees to fund the Participant's Postgraduate Medical Education in exchange for providing services to the British Columbia health system for a time period of two/three years and in the place where needed, upon completion of the course and upon acquiring certification in their field of study/specialty.

TIMELINE
The Participant will sign the Return of Service Agreement (Main portion) on the *first day* the Participant begins their Postgraduate Medical Education Program.

The Ministry shall conduct a matching process among Health Authorities and the Participant *within 90 days* of the Participant beginning her or his final year of Postgraduate Medical Education, wherein the Participant will be matched to a Health Authority community for the purpose of the Return of Service.

After the matching process, the Participant shall seek the Ministry's approval to return service in a specified Health Authority. Specifically, the Participant shall submit the completed Addendum *within 120 days* of beginning the final year of Postgraduate Medical Education, or within such other timeframe as approved by the Ministry.

The Ministry will review the Addendum and will indicate to the Participant in writing whether the Ministry approves or denies the proposed Return of Service. In case of discrepancy, the Ministry will help facilitate a match

based on specifics laid out in Schedule 2 of the Return of Service Agreement.

The Ministry will administratively track the agreements, match process and placements.

DISTRIBUTED MEDICAL EDUCATION IN PGY2

The IMG program will be distributed beyond the lower Mainland. Core specialty rotations will be take place at different hospitals and communities in the lower Mainland the first year, and an active search will ensue for suitable training opportunities in clinical academic campuses, affiliated regional centers and dispersed rural settings in BC to support distributed medical education.

The PGY2 training opportunities should be an ideal opportunity for the IMG participants and the Health Authorities to determine if there might be a "fit" later on, for the return-of-service portion of the program.

~~MATCH PROCESS~~

RETURN OF SERVICE ASSIGNMENT PROCESS

The IMG Return-of-Service ~~matching~~ assignment process will complement the UBC mini-match process used to place IMGs into the PGME family medicine and specialty programs in May 2006. The mini-match process is a non-computerized match based on the Canadian Resident Matching Service.

Health authorities will create and update a list of geographical areas of need for return-of-service physician services in non-urban areas of British Columbia. Participants will identify and submit a ranked list of at least 3 locations based on areas of need, along with their application for placement in the match. Health Authority personnel will rank-order their list of participants based on submitted applications. Interviews will be conducted and offers for a match will be made to participants with the best fit.

To ensure the IMG Program is closely linked to health authority need and physician human resource planning, the Ministry of Health, prior to the Participant starting his or her return-of-service, will approve the signed Addendum between Participant and Health Authority.

SINGLE RATE RECOVERY

If an IMG does not fulfill their ROS obligation the single rate recovery will be $108,000 per IMG per year of postgraduate medical education to a maximum of three years. The average cost for PGME over the next five years, excluding salaries and benefits is $109,524. The determined rate of $108,000 is close to the average cost, is easily divisible for accounting purposes and works out to $9,000 per month that each IMG did not fulfill their obligation.

Questions

1. ROS agreement, main part is between MoH and Participant; Schedule 1 is ROS Program (assessment, PGME and ROS); Schedule 2 delineates specifics about the matching process; Addendum is the signed contract between HA and Participant and approved by MoH. So, who is in charge of doing the actual match? UBC PGME or MoH?

2. Would Medical Directors do the interviews?

3. Distributed medical education in PGY2 for FPs helps communities and participants streamline their selection.

4. Community ranks applicants based on interviews; participants rank communities. Should the Ministry create a computer generated mini-match process – this would be fair and transparent. Is this feasible? Given the small 'n' it may not be necessary.

5. What level in the HA should Jan Goode be dealing with – recruiter level (Carla Babcock) or the next level up (David Poulin level).

*The Ministry will administratively track the agreements, match process and placements.

TERMS OF REFERENCE (updated July 2010)

WORKING GROUP FOR THE INTERNATIONAL MEDICAL GRADUATE (IMG) POSTGRADUATE MEDICAL EDUCATION (PGME) RETURN OF SERVICE (ROS) PROGRAM

Proposed Members:
Dr. Dave Butcher, Chair (HA Representative)
Dr. Michael Murray (HA Representative)
xBarb Bracewell (MoH)
xLori Charvat (Associate Dean, Equity- UBC FoM)
xChristine Evans (public member) – new replacement public member
Bev MacLean-Alley (MoH)
xDr. Elliott Phillips (CPSBC) – new deputy registrar when Elliott retires
Dr. Yuriy Savchuk (IMG in practice)
xDr. Jenny Shaw (IMG in practice) –
Dr. Alfredo Tura (IMG in practice)
John Mabbott (Executive Director, HMBC)

Still need to confirm:
- Dr. Michael Murray (IHA) & Alfredo Tura

Aim:
The aim of the working group is to develop the policies and procedures required to implement and support the ROS, and to organize an effective match process for the return of service portion of the IMG ROS Program.

Reporting Structure:
The working group will make recommendations to the Task Force on Assessment, Training and Support of IMGs in BC.

Working Principles:
The working group will have core members. When needed, individuals may invite individuals to participate. Delegating is discouraged because confidentiality is key. Once the Task Force has discussed and agreed with the Working Group's recommended policies and procedures, only then will it be available to people outside the Task Force.

Purpose:
The Working Group will:
1. Develop policy for ROS contract
2. Develop policy for the match process
3. Track agreements
4. Deal with conflict resolution/appeals process

THE RETURN OF SERVICE AGREEMENT CONTRACT (updated July 2010)

Terms and Conditions for Health Authority and IMG Expectations

Return of Service Agreement: includes the Main Part, Schedules 1 & 2, and the Addendum. The Agreement (Main) is a signed contract between the Participant and the Ministry of Health Services.
Schedule 1: applies to ROS Program, which in its entirety includes the Participant in the IMG assessment, the PGME Program and the two/three year period of ROS, in accordance with the terms of the Agreement.
Schedule 2: delineates the procedure for determining the specifics of the ROS, including the matching process that determines ROS location, the timeframe and start date.
Addendum: is the signed contract between the Participant and the Health Authority, includes the specific terms and conditions of the ROS and is approved by the Ministry of Health Services.

RATIONALE:
In order to ensure there are enough, and the right mix of physicians now and in the future for a sustainable, affordable, publicly-funded health system, the Ministry of Health Services agrees to fund the Participant's Postgraduate Medical Education in exchange for providing services to the British Columbia health system for a time period of two/three years and in the place where needed, upon completion of the course and upon acquiring certification in their field of study/specialty.

TIMELINE
The Participant will sign the Return of Service Agreement (Main portion) prior to the *first day* the Participant begins their Postgraduate Medical Education Program.

Participants shall communicate with Health Authority recruiters and Health Match BC throughout their residency. The Participant can select a community based on the Health Authority's identified rural communities of need, as long as the position is still available based on the distribution of placements per year. (Family practice distribution: FHA -1 position; VCHA-DTES -1 position; VCHA-rural -1 position; VIHA -2 positions; IHA - 3 positions; NHA - 4 positions.)

The Return of Service Addendum can be signed with the Health Authority representative any time in the last year of residency, up until the final month of residency training.

The Participant shall provide the Ministry with the executed Return of Service Addendum at least 30 days prior to completing Postgraduate Medical Education.

The Ministry will review the Addendum and will indicate to the Participant in writing whether the Ministry approves or denies the proposed Return of Service. In case of discrepancy, the Ministry will help facilitate a match based on specifics laid out in Schedule 2 of the Return of Service Agreement.

The Ministry will administratively track the agreements, match process and placements.

DISTRIBUTED MEDICAL EDUCATION IN PGY2

The IMG program will be distributed beyond the lower Mainland. Core specialty rotations will take place at different hospitals and communities in the lower Mainland the first year, and an active search will ensue for suitable training opportunities in clinical academic campuses, affiliated regional centers and dispersed rural settings in BC to support distributed medical education.

The PGY2 training opportunities should be an ideal opportunity for the IMG participants and the Health Authorities to determine if there might be a "fit" later on, for the return-of-service portion of the program.

RETURN OF SERVICE ASSIGNMENT PROCESS

Health authorities will update a list of rural communities of need for return-of-service physician services in British Columbia. Participants will work with Health Authority recruiters and Health Match BC to organize site visits. Recruiters help facilitate communication between participants and physicians. The deliverables of the addendum are agreed to by the participant and the Health Authority Medical Director.

To ensure the IMG Program is closely linked to health authority need and physician human resource planning, the Ministry of Health, prior to the Participant starting his or her return-of-service, will approve the signed Addendum between Participant and Health Authority.

SINGLE RATE RECOVERY

If an IMG does not fulfill their ROS obligation the single rate recovery will be $108,000 per IMG per year of postgraduate medical education to a maximum of five years. The average cost for PGME over the next five years, excluding salaries and benefits is $109,524. The determined rate of $108,000 is close to the average cost per year, is easily divisible for accounting purposes and works out to $9,000 per month that each IMG did not fulfill their obligation.

International Medical Graduate Return of Service Working Group
Terms of Reference (September 2012)

Purpose

In order to ensure there are enough, and the right mix of physicians now and in the future for a sustainable, affordable, publicly-funded health system, the BC Ministry of Health agrees to fund Postgraduate Medical Education positions in the IMG-BC Program in exchange for services to the BC health system for a time and in a place where needed. The Return of Service Contracts and placements are aligned with Ministry priorities and Health Authorities service delivery plans. The expected commitment is one year of service for each year of postgraduate medical education, to a maximum of three years.

The purpose of the International Medical Graduate (IMG) Return of Service Working Group (ROSWG) is to ensure ROS policies and procedures are developed and updated to facilitate a seamless training/ROS assignment, and to review IMG requests for accommodation and provide a determination.

Authority

The IMG ROSWG is a subcommittee of the Medical Human Resources Planning Task Force (MHRPTF). It reviews and provides recommendations regarding ROS policies and procedures to facilitate a seamless training/ROS assignment, and to review IMG requests for accommodation and provide a determination.

The Ministry of Health, as steward of the health system and funder of postgraduate medical education, holds final responsibility for the IMG ROS Program, its policies and procedures.

Membership

All members are appointed by the Ministry of Health.

- Ministry of Health Representative (1) - Manager HHR Planning, Physicians
- Health Authorities Representatives (2) - VP of Medicine and/or Medical Director - representing 2 HAs
- Practicing International Medical Graduates (2) - one with/one without ROS experience
- College of Physicians and Surgeons of BC (1) – Deputy Registrar
- Health Match BC (1) – Executive Director
- Public Member (1) – previous public member of the CPSBC

Term

Once appointed, members continue as long as they remain in their current position. Members may end their membership at any time and are expected to notify the co-chairs of this change.

Chair

The IMG ROSWG is co-chaired between the Ministry of Health and a Health Authority representative.

International Medical Graduate Return of Service Working Group
Terms of Reference (September 2012)

Meetings

The IMG ROSWG will meet as required at the call of the co-chairs and/or at the request of the MHRPTF. Meetings are usually held electronically or by teleconference.

Minutes and Briefing Documents

Minutes of, and briefing documents for, the meetings provide the running record of decisions. Decisions are reported to MHRPTF, as required.

Quorum and decision making processes

A quorum is at least 50% plus one of the IMG ROSWG members. Meetings are scheduled so that the majority of members are able to attend.

Decisions are made by consensus. Where this does not occur, voting will take place. A quorum of the members attending the meeting carries the vote.

Members are expected to consider the program as a whole (province-wide) when making decisions. If a member has a perceived conflict of interest, they will declare the conflict and abstain from voting.

Lines of Accountability and Communication

The IMG ROSWG is a subcommittee of the MHRPTF, and reports on business to the Task Force, as required.

Responsibilities

1. Recommend policy changes to the IMG Return of Service Program, as required.
2. Identify options for changes to the assignment process, as required.
3. Track ROS Agreements.
4. Review requests for accommodation and provide a determination.
5. Review the TOR of the IMG ROSWG and propose changes, as required.

Drafted: September 2012

Compassionate Consideration Advisory Committee (CCAC)
Terms of Reference

Post Graduate Medical Education (PGME) and Return of Service (ROS)

The Ministry of Health (the Ministry) agrees to fund PGME positions in the International Medical Graduate (IMG)-BC Program in exchange for a ROS to the BC health system for a time and in a place where needed. ROS contracts and placements are aligned with Ministry priorities and health authority service delivery plans. The expected commitment for an IMG is one year of service for each year of PGME, to a maximum of three years.

Purpose of the CCAC

Each year, the Ministry receives several requests for compassionate consideration from IMGs asking to change the location of their ROS due to an extenuating circumstance. The purpose of the CCAC is to review and make recommendations to the Ministry on IMG requests for accommodation. When a request is received it is first reviewed by the Ministry and then sent to the members for response. The Ministry considers the advice provided by the members when deciding to accept or deny an IMG's request.

Governance and Reporting

The CCAC is a subcommittee of the Provincial Medical Services Executive Council (PMSEC). The Ministry, as steward of the health system and funder of postgraduate medical education, holds final responsibility for the IMG-BC ROS Program, its policies and procedures including those governing requests for compassionate consideration.

Secretariat

The Ministry will provide secretariat support to the CCAC. Meetings will be scheduled as required and held by teleconference at a time when the majority of members are available.

Membership

All members are appointed by the Ministry. The membership is as follows:

- Medical Directors from 2 health authorities
- 1-2 practicing IMGs
- 1 representative from the College of Physicians and Surgeons of BC
- 1 representative from Health Match BC
- 1 public member

Term

Once appointed, members may continue as long as they remain in their current position. Members may end their participation on the CCAC at any time after notifying the Ministry. Outgoing members are encouraged to recommend a replacement for consideration by the Ministry.

Principles governing recommendations on requests for compassionate consideration

- The Ministry must receive recommendations from a majority of CCAC members prior to deciding on a request.
- Members are expected to consider the ROS program as a whole (province-wide) when making recommendations.
- If a member has an actual or perceived conflict of interest, they will declare the conflict and abstain from voting.