

Prenatal Genetic Screening Program (PGSP) Advisory Committee *Terms of Reference*

PURPOSE:

To provide opinions, analysis and direction to the PGSP with regards to possible issues, concerns and challenges that may arise regarding the provision of prenatal genetic screening and diagnostic testing in BC.

To oversee and ensure that the PGSP is meeting its mandates:

1. To establish and maintain a provincial program for prenatal genetic screening.
2. To maintain a consistent and high standard of prenatal genetic screening around the province.
3. To continue to support health care providers, patients, and other stakeholders with ongoing education related to prenatal genetic screening.
4. To establish an Outcomes Database, and develop the means to report on genetic screening and pregnancy outcomes in BC.

MEMBERSHIP:

The membership of the Advisory committee should reflect a range of backgrounds and disciplines relevant to the mandate of the PGSP. It will be composed of representatives from all Health Authorities. In order to remain effective and efficient, the number of members will not exceed 20 persons.

Standing members:

- Medical Director – PGSP (Chair)
- Program Lead – PGSP (co-Chair)
- Director – Prenatal Biochemistry Laboratory
- Executive Director and/or Medical Director – Perinatal Services BC
- Information Systems Lead – Perinatal Services BC
- Medical Lead – BC Women’s and Children’s Hospital, Pathology and Laboratory Medicine Division

Rotating members:

- Family Practitioner – 1 or 2 from different HA’s
- Registered Midwife – 1 or 2 from different HA’s
- Radiologist
- Sonographer
- Genetic Counsellor (Clinical and/or Laboratory)
- MFM
- OB/Gyn – 1 or 2 from different HA’s from each other and Family Practitioners

Corresponding only members as applicable:

- Perinatal Leads from each HA
- Perinatal Services BC Steering Committee

PARTICIPATION:

All Committee members (except Standing members) will serve a term of three years which may be renewed once. One scheduled meeting will be held annually (approximately a ½ day online) with additional 1 – 2 smaller adhoc online meetings called, if necessary. Adhoc but minimal email correspondence may be expected throughout.

COMPENSATION:

Rotating Members not salaried at a health authority institution may be compensated with sessional rates or honorariums, as per established guidelines for time spent on medical committee work.