**MANDATE**

The Health Education Reference Council (HERC) is established to act as a strategic forum to facilitate informed and integrated planning and provide advice and/or recommendations on a coordinated provincial approach to issues involving health sciences education.

The HERC recognizes that effective communication and coordination between the Government of British Columbia as represented by the Ministry of Advanced Education, Skills and Training, and public post-secondary institutions with a mandate to deliver health and medical education programs, is vital to meeting established and emerging health education priorities.

The HERC will leverage the experience and knowledge of members representing the broad range of health sciences disciplines, and through discussion and consultation provide advice and identify strategies to ensure an ongoing effective alignment between health education, post-secondary institution mandates and responsibilities, and government priorities.

The HERC recognizes the importance of ensuring health and medical education programs can adapt to student, employer and provincial needs. Key areas to be addressed by the council include, but are not limited to:

* Clinical placement policy, models, and innovation;
* Transition to practice;
* Changes in student and employer needs and pedagogical approaches;
* Potential program seat expansions; and
* Program policy recommendations.

The HERC will provide advice and recommendations to the Assistant Deputy Minister, Post-Secondary Policy and Programs, Ministry of Advanced Education, Skills and Training. The HERC may also be asked to provide advice directly to the Planning Board for Health and Medical Education – a joint committee of the Ministry of Advanced Education, Skills and Training and Ministry of Health.

**RESPONSIBILITIES**

1. Act as a forum to facilitate and maintain effective communication and coordination between the Government of British Columbia and the post-secondary sector with respect to strategic planning and policy for health sciences education in the province.
2. Identify and respond to strategic issues and emerging priorities that impact development, expansion and sustainable delivery of health education programs.
3. Review and make recommendations on opportunities and challenges to coordinated provincial approaches on key strategic issues impacting alignment of health education and provincial health human resource priorities.

**MEMBERSHIP**

As a reference council, members will be drawn from a range of health education disciplines, regional interests and provincial priorities. Membership will consist of representatives from post-secondary institutions and/or sector groups, who accept the responsibility to balance the interests of the diverse ranges of health education stakeholders, and through consultation, have the capacity and interest to comment on, respond to, and relay information on issues raised up to, by, and through the reference council. More important than members’ ability to speak to every issue that may arise is their skill at connecting people who should be part of the conversation.

Members will be selected by their respective stakeholder organization. Membership is expected to rotate every two years on a staggered schedule. The initial membership will consist of one representative from the following:

* Ministry of Advanced Education, Skills and Training (Chair)
* University of British Columbia Health
* British Columbia Institute of Technology[[1]](#footnote-1)
* Nursing Education Council of BC
* Committee of Health Sciences Deans and Directors (4 representatives, with consideration of regional and urban/rural perspectives)

The HERC may, from time to time, benefit from participation of additional representation, such as students, regulatory colleges, unions, post-secondary sector associations, health authorities, etc. Such invitations will be at the discretion of the Chair.

The Ministry of Advanced Education, Skills and Training will act as Secretariat.

**GOVERNANCE AND REPORTING**

The HERC will be chaired by AEST and will report as requested to the Planning Board for Health and Medical Education – a joint committee of the Ministry of Advanced Education, Skills and Training and Ministry of Health.

The HERC operates through consensus, with opportunity to engage and receive input from all participating members. Final approval for recommendations, as required, will be the responsibility of the chair.

The HERC may establish working groups to address areas of concern and specific time-limited issues.

**MEETINGS AND ADMINISTRATION**

Meetings will occur three times per year or as needed and will normally be scheduled for two hours. The Chair may also occasionally request input from the members via email or short teleconference on emerging or time-sensitive issues.

All meetings will have either videoconferencing or teleconferencing options available.

Cost to members to participate will be covered by their organization.

**ALTERNATES**

Participating organizations may appoint an alternate if required, or if that individual is better-placed to speak to the particular issue(s) being discussed. The member and the alternate are responsible for relaying information between one another and, as needed, with the group they represent.

1. UBC and BCIT have permanent membership on the HERC based on the size and breadth of their health and medical education programs. [↑](#footnote-ref-1)