Section of Communities of Practice in Family Medicine (CPF\textit{M})

Dermatology Program Committee
Terms of Reference

Purpose
To represent the interests of family physician members with a special interest or focused practice in dermatology, and ensure discussion and communication within the CFPC and its Section of Communities of Practice in Family Medicine (CPF\textit{M}) of the issues relevant to these members.

Responsibilities
1. To carry out discussions and make recommendations to the CPF\textit{M} Council on issues relevant to dermatology with respect to the following areas of CFPC activity:
   
   (i) Communications and networking among members with the same areas of special interest or focused practice
   (ii) Development of CFPC policies and/or positions related to patient care and the practice needs/environment of family physicians with a special interest or focused practice in dermatology
   (iii) Advocacy on behalf of the members involved in dermatology
   (iv) The development of accredited CME/CPD programs related to dermatology

2. If a Program has interest in exploring the elements listed under Academic Standing**, the committee may develop proposals for CFPC approval and support for such. If approved, the committee shall address the issues related to the area(s) of academic standing, directly or through approved subcommittee(s).

**Academic Standing includes one or more of the following areas: accredited postgraduate training, accredited enhanced CME/CPD programs, attestations of completed training or enhanced CME/CPD, examinations, certificates of special competence, diplomas, credentials/special designations.

3. To ensure that all of the above are deliberated and recommendations made with priority consideration of the impacts on patients seeking comprehensive continuing care and the family physicians providing such.

4. To ensure ongoing communication and liaison with other relevant CFPC Programs and Committees appropriate to the issues being deliberated (e.g. Section of Teachers, Accreditation Committee, Board of Examiners, Health Policy, CME/CPD Committee, etc.)

5. To establish communications links between CFPC and its Chapters and among Chapters to ensure coordination, input and feedback regarding issues and activities related to areas of special interest or focused practice being addressed by either CFPC and/or Chapter Committees.

6. To contribute to the planning of the Annual Scientific Assembly program at Family Medicine Forum for program content relevant to members with special interests or focused practices.
7. To provide opportunities for participation and collaboration with other relevant medical organizations whose members are involved in providing patient care, teaching, and research in the same area as the special interest or focused practice family physicians.

Accountability
1. CPFM Program Committees will report to the CFPC Executive and Board through the CPFM Council.

2. CPFM Program Committees that originated from CFPC Patient Care Committees with conjoint/collaborative membership and accountabilities to the CFPC and one or more other organizations may maintain these relationships as CPFM Program Committees ("grandparenting" provision). All CPFM Program Committees may however establish subcommittees or working groups that are conjoint or collaborative with a sister organization whose mandate, membership and practice focus link to or overlap with the CPFM Program. Bi or multi lateral accountability for the subcommittee may be required, including the CFPC and one or more other organization. Such conjoint subcommittees or working groups must be approved by the CPFM Council and the CFPC Executive and Board.

Chair
1. The Chair of a CPFM Program Committee will be appointed by CFPC Executive Committee/Board following recommendation by the CPFM Council.

2. The Chairs of each CPFM Program Committee will have a voting seat on the CPFM Council.

3. The Chairs will each serve a 3 year term, renewable once.

Committee Membership
1. Each CPFM Program Committee will be a Regional Committee with a Chair and one member from each of the CFPC’s 5 regions – BC/Alta; Sask/Man; Ont; Que; and Atlantic Canada (NB/PEI/NS/Nfld-Lab).

2. The Committees may also appoint up to 3 other members representing key areas of expertise (e.g. CME, Teaching, etc.) as needed.

3. There must be at least one member on each CPFM Program Committee representing family physicians with a broad scope comprehensive continuing care practice.

4. There may be observer members on a Program Committee representing outside medical organizations whose members are involved in the same area of special interest or focused practice (e.g. Royal College of Physicians and Surgeons, Specialty Societies, etc.) (see (ii) under Accountability for Conjoint Subcommittees).

General Members linked to each CPFM Program
1. Each CPFM Program will maintain a list of all CPFM members in good standing who have indicated their interest in this area. As part of their memberships in the CFPC and the CPFM, these individuals will also be considered members of the CPFM Program with which they are aligned.
2. Members of a CPFM Program may be family physicians with part or full time commitments to, or an interest in, a given area of focused practice.

3. CFPC members may belong to any number of CPFM Programs.

4. Membership in a CPFM Program will also be open to other health professionals who are CFPC members in good standing.