

**Terms of Reference for the Section of Communities of Practice in Family Medicine Program  
Committees:**

**Global Health Program Committee**

**Purpose**

- (i) To represent the interests of all CFPC members providing Global Health (includes international health, refugee health, aboriginal health and other marginalized groups), including those for whom this is part of their broad scope family practice and those with a special interest or focused practice,
- (ii) To ensure discussion and communication within the CFPC and its Section of Communities of Practice in Family Medicine of the issues relevant to these members, and
- (iii) To advocate for the highest quality of medical care provided by family physicians practicing Global Health

**Responsibilities**

1. To carry out discussions and make recommendations to the CPM Council with respect to the following areas of CFPC activity:
  - (i) Communications and networking among members involved in Global Health
  - (ii) Development of CFPC policies and/or positions related to patient care and the practice needs/environment of members involved in Global Health
  - (iii) Advocacy on behalf of the members involved in Global Health
  - (iv) Identification of areas in need of accredited CME/CPD programs related to Global Health
2.
  - (i) To be a resource to faculty, medical students and residents in Global Health,
  - (ii) To review and consider applications for activities related to the establishment of training/education programs and the assessment and recognition of family physicians with a special interest or focused practice in Global Health
  - (iii) To provide feedback on the standards for core training in Residency in Family Medicine as well as enhanced training, competency based training for the 2<sup>nd</sup> year of Residency and Undergraduate Education, where appropriate
  - (iv) There will be collaboration with CIDMEF, WONCA, WHO, PAHO, CIDA, CSIH and other International Organizations

3. To ensure that all of the above are deliberated and recommendations made with 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 Global Health.
6. To contribute to the planning of the Annual Scientific Assembly program at Family Medicine Forum for program content relevant to all members who include Global Health as part of their broad scope practices as well as those with special interests or focused practices in Global Health.
7. To provide opportunities for participation and collaboration with other medical organizations whose members are involved in providing patient care, teaching, and research in Global Health.

### **Accountability**

- (i) The Global Health Program Committee will (a) report to the CFPC Executive and Board through the Section of Communities of Practice in Family Medicine Council in relation to the governance, administration or management of the CPFM Program Committee and its Program and (b) submit proposals for policies / position statements related to health, health care and/or public policy, directly to the CFPC Executive Committee and Board for review and approval.
- (ii) Section of Communities of Practice in Family Medicine 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).
- (iii) All Communities of Practice in Family Medicine 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 Communities of Practice in Family

Medicine Program. Bi or multi- lateral accountability for the subcommittee may be required, including the CFPC and one or more other organization(s). Such conjoint subcommittees or working groups must be approved by the Section of Communities of Practice in Family Medicine Council and the CFPC Executive and Board.

### **Chair**

- (i) The Chair of the Section of Communities of Practice in Family Medicine Program Committee will be appointed by the CFPC Executive Committee/Board following recommendation by the Section of Family Physicians with CPFM Council.
- (ii) The Chair of each CPFM Program Committee will have a voting seat on the CPFM Council.
- (iii) The Chair will serve a 3 year term, renewable once.

### **Committee Membership**

- (i) Each Special Interest or Focused Practice 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).
- (ii) When nationally accredited enhanced skills residency training programs (PGY3s) exist in the given area of care, an Enhanced Skills Program Director/Coordinator will be a voting member of the CPFM Program Cmte.
- (iii) The Committee may also appoint up to 3 other members representing key areas of expertise (e.g. CME, Teaching, etc.) as needed.
- (iv) There must be at least one member on each the Section of Communities of Practice in Family Medicine Program Committee representing family physicians with a broad scope comprehensive continuing care practice.
- (v) 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 Communities of Practice**

- (i) Each the Section of Communities of Practice in Family Medicine Program will maintain a list of all CFPC/Section of Family Physicians with CPFM members in good standing who have indicated their interest in the given area of care. As part of their memberships in the CFPC and the CPFM, these individuals will also be considered members of the Section of Communities of Practice in Family Medicine Program with which they are aligned.
- (ii) Members of an CPFM Program may be CFPC members with part or full time commitments to, or an interest in, a given area of care.
- (iii) CFPC members may belong to any number of the Section of Communities of Practice in Family Medicine Programs.