

## **Section of Communities of Practice in Family Medicine (CPFM)**

### **Prison Health Program Committee Terms of Reference**

#### **Purpose**

- (i) To represent the interests of all CFPC members providing care to incarcerated men, women and youth, their families and communities, 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 CPFM of the issues relevant to these members, and
- (iii) To advocate for the highest quality of medical care provided by family physicians in Prison Health.

#### **Responsibilities**

1. To carry out discussions and make recommendations to the CPFM Council with respect to the following areas of CFPC activity:
  - (i) Communications and networking among members involved in Prison Health
  - (ii) Development of CFPC policies and/or positions related to patient care and the practice needs/environment of members involved in Prison Health
  - (iii) Advocacy on behalf of the members involved in Prison Health
  - (iv) Identification of areas in need of accredited CME/CPD programs related to Prison Health
2.
  - (i) To be a resource to faculty, medical students and residents in Prison 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 Prison Health.
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 Prison 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 Prison Health as part of their broad scope practices as well as those with special interests or focused practices in Prison 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 Prison Health.
8. To participate in the CFPC review process of third party endorsement requests when they relate to Prison Health.

#### **Accountability**

- (i) The Prison Health Program Committee will report to the CFPC Executive and Board through the CPFM 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 relation to health, health care and/or public policy, directly to the CFPC Executive Committee and Board for review and approval.
- (ii) 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(s). Such conjoint subcommittees or working groups must be approved by the CPFM Council and the CFPC Executive and Board.

#### **Chair**

- (i) The Chair of the Prison Health Practice Program Committee will be appointed by CFPC Executive Committee/Board following recommendation by the CPFM Council.

- (ii) The Chair of the Prison Health Program Committee will have a voting seat on the CPFM Council.
- (iii) The Chair of the Prison Health Program Committee will serve a 3 year term, renewable once.

#### **Committee Membership**

- (i) The Prison Health 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 Prison Health, an Enhanced Skills Program Director/Coordinator will be a voting member of the Prison Health Program Committee.
- (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 the Prison Health Program Committee representing family physicians with a broad scope comprehensive continuing care practice.
- (v) There may be observer members.
- (vi) There may be a representative from the Section of Medical Students or Section of Residents on the Prison Health Program Committee.

#### **General Members linked to each Communities of Practice in Family Medicine Program**

- (i) The Prison Health Program Committee will maintain a list of all CFPC/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 CPFM Program with which they are aligned.
- (ii) Members of a 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 CPFM Programs.